

Australasian Health Facility Guidelines

Arts in Health Framework

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The Whale, woven sculpture, Juluum-nyarr gaagalgu (Mountains to the Sea) by Aboriginal high school students at Nambucca Heads High School, Macksville High School and Bowraville Central School, Macksville Hospital, NSW 2020.

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Australasian Health Facility Guidelines

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The AusHFG are an initiative of the Australasian Health Infrastructure Alliance (AHIA). AHIA membership is comprised of representatives from government health infrastructure planning and delivery entities in all jurisdictions in Australia and New Zealand.

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Cover image: Gurruuja (Whale) Mother and Baby, Macksville Hospital NSW, 2020. Woven by Gumbaynggirr weavers Aunty Laruen Jarrett, Jasmine Stadhams and Denise Buchanan with support from Ricky Buchanan and in partnership with community including Nambucca Heads High School, Macksville High School and Bowraville Central School, plus the CWA Macksville Branch. The Gurruuja are a reminder of the importance of nurturing a child from where it is born to where it will live. Image courtesy Jay Black.

Above: Arterie Program, Royal Prince Alfred Hospital, Sydney Local Health District, NSW 2019.

Index

01 Introduction To Arts	4
1.1 Introduction	4
1.2 Purpose of this Guideline	4
1.3 Planning for Arts Integration Excellence	5
02 Overview of Arts in Health	6
2.1 Definition of Arts in Health	6
2.2 Arts in Health Infrastructure – Clarity of Purpose	6
2.3 Evidence	6
03 Process for Delivering Arts in Health Infrastructure	8
3.1 Commissioning Roadmap	8
3.2 Consultation with Aboriginal and Torres Strait Islander Communities	9
3.3 Consultation with New Zealand Māori Communities	9
3.4 Arts in Health Process Workflows	10
3.5 Governance	11
04 Resources	14
4.1 Arts in Design – Integrating the Arts in the Design Phase	14
4.2 Visual Arts Considerations	15
4.3 Arts in Care – Programs Integrating the Arts in the Provision of Care	16
4.4 Public Art	17
4.5 Co-Design	18
4.6 Asset Management	19
4.7 Value and Impact of Arts in Health Settings	20
4.8 Further Reading	21

01 INTRODUCTION TO ARTS

1.1 INTRODUCTION

Engaging the senses across all art forms from heritage to music, dance and literature, arts in health infrastructure contributes to placemaking and welcome at its most elementary interpretation; it can distract and delight, provide for emotional escapism and play, often unexpected in clinical settings.

Integrated in models of care, arts in health infrastructure provides therapeutic benefits, to empower healing through real and relevant experiences and acknowledges the extraordinary role community can contribute thereof, be it at schematic design or beyond the life of a capital project. In so doing, arts in health infrastructure enables improved clinical outcomes, deeply impactful to our human connection as staff, clinicians, patients or visitors.

AHIA recognises the vital role of arts in health settings and its value as a tool for social sustainability in healthcare, not unlike fit-for-purpose medical equipment that needs to be considered early in design and cared for thereafter. This guideline aims to improved arts integration in health settings that is closely aligned with international and national research, policies and standards with implementation being dependent on individual jurisdictions.

1.2 PURPOSE OF THIS GUIDELINE

This guideline offers a simple toolkit to support early and effective integration of arts in the majority¹ of health infrastructure projects. Specifically, the guideline addresses key opportunities to improved arts integration:

- Clarity of purpose for arts in health settings;
- Commissioning roadmap for earlier integration of arts in health infrastructure from master-planning and functional design briefing;
- Governance models for effective decision making; and lastly
- Access to resources supporting the inclusion of Arts in Health initiatives.

¹ This guideline will apply to c. 75% of arts integration activities on the majority of health infrastructure projects and assumes that c. 25% of a project will need to be tailored to the specific context of the community in which a given development may be commissioned.



Source: Khut (2019). Available online: <https://www.georgekhut.com/portfolio/the-heart-library-project/>

1.3 PLANNING FOR ARTS INTEGRATION EXCELLENCE

An excellent arts integration strategy will:

- Be embedded from initial project planning, and responsive to the needs of the health facility;
- Engage tailored approaches reflective of context of the site and the community the facility will serve;
- Leverage existing resources and local contacts;
- Engage communities through commissioning; and
- Provide for sustainable arts in health operations beyond the life of the capital development.

Included within this guideline are several resources. In addition, health and design project teams are encouraged to contact Jurisdictional Health Planners to assist with connection to jurisdictional Arts Community of Practice representatives.

This guideline should be read in collaboration with [Culturally Sensitive Planning & Design, AusHFG 2018](#).

02 OVERVIEW OF ARTS IN HEALTH

2.1 DEFINITION OF ARTS IN HEALTH

Arts in health is a field dedicated to using the power of the arts to enhance health and well-being in diverse institutional and community contexts.

Comprised of many subfields and affiliated fields, arts in health supports health as defined by the World Health Organization (WHO), as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

Importantly, engagement with the arts in this context, consists of five broad categories: performing arts (music, dance, film), visual arts, design and craft, literature, culture, online, digital and electronic arts.

2019 WHO (Europe)

“Arts interventions are often low-risk, highly cost-effective, integrated and holistic treatment options for complex health challenges to which there are no current solutions.”

2.2 ARTS IN HEALTH INFRASTRUCTURE – CLARITY OF PURPOSE

The role of arts in health infrastructure is the provision for services that will:

- Create a less clinical environment, such as via commissioned public art works in public areas, visual arts and heritage displays, music, lighting and wayfinding; and
- Integrate therapeutic arts capability, such as encouraging arts in models of care, through the Schedule of Accommodation and identified areas for participatory and receptive experiences in clinical wards, performances in auditoriums, courtyards and staff zones etc. For example, provide facilities that enable preparation, storage and activity spaces, artwork display areas, General Power Outlets (GPO) for sound systems or patient lounge, (lockable) storage for musical instruments, puzzles, reading and craft areas (i.e. wet areas and activity tables). When these areas are designed at the outset and purpose built within the health facility, the investments outlay will provide high operational impact for all users.

2.3 EVIDENCE

Integration of art in hospitals can improve patient, staff and community wellbeing by:

- Enhancing the experience for patients, staff and visitors, improving up to 15% variance of positive satisfaction in health care systems;
- Reducing the length of stay;
- Reducing the use of medication;
- Having a positive impact on clinical outcomes; and
- Enhancing the quality of holistic service delivery.

As a result, health facilities around the world are fostering the alliance between arts and health including governments across Australia with all State, Territory and Federal Cultural and Health Ministers endorsing the National Arts and Health Framework in 2013.

The recent [World Health Organisation \(WHO\)](#) finding is that **there is a robust impact of the arts on both mental and physical health**. Based on international research accepted at the highest level, best practice now demands the incorporation of the arts into health facilities. This meta-analysis of results from over 3000 studies identified a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness.



The Glad Tomorrow by Artist Tony Albert, 2014-2018, Queensland Children's Hospital, Brisbane, QLD.

03 PROCESS FOR DELIVERING ARTS IN HEALTH INFRASTRUCTURE

3.1 COMMISSIONING ROADMAP

The commissioning roadmap workflow is a guide for establishing gateways for consistent and improved arts integration activities. Jurisdictional arts/health planners are a valuable resource for advice and guidance in considering the below key factors to great outcomes:

Budget

- Early articulation of financial investments is essential for improved arts integration in health care settings.
- Implementation costs for each jurisdiction will vary, for which a sliding scale relative to the scale of the overall project might be considered appropriate, e.g. paediatric needs may have considerably higher % of overall GCC given the role of creative play in models of care, equally Multipurpose Services with residential care and demand for creating home-like environments. Some projects e.g. substations or ambulance stations, may not have a need for arts integration nor financial contribution thereof.
- For major redevelopments and greenfield sites, a guide of 0.25%-1% of Gross Construction Cost (GCC) is advised to be committed to arts integration at cost planning stages and identified as a separate and quarantined budget line item, subject to Business Case approvals. Where possible, this should be encouraged by third party contributions.
- Ongoing facility management resources and responsibilities as part of the capital commission decisions should equally be considered early in planning. There are many examples of third-party support for operational activities, big and small, such as The Starlight Foundation or auxiliaries, and is a great reason to consider early how arts may be embedded across the health campus and the infrastructure needs thereof.

Creative Practitioners

- Artistic vibrancy is important to deliver quality assurance in health settings that must demonstrate high levels of care. It enables arts in health capital and operational programs to be relevant, engage consumers, connect to communities and supports the development of quality art for long term value. A useful resource is: <https://www.australiacouncil.gov.au/programs-and-resources/artistic-vibrancy/>.
- Professional and qualified clinicians and artist led experiences are essential to delivering quality outcomes on arts/health projects, with capacity to elevate a project from the mundane to the memorable.
- Led by professionally trained arts engagement facilitators, community arts activities can be significantly valuable to connecting community to arts/health projects. Local arts organisations are a valuable resource to support social sustainability and will often be enthusiastic to assist and connect relevant people and organisations.
- Utilise existing resources and industry expertise. There are industry supported templates and guidelines to assist teams working with creative practitioners, such as copyright and commissioning agreements. Helpful resources can be found on the websites: <https://www.artslaw.com.au/> and <https://visualarts.net.au/>.

Stakeholder Engagement

- Stakeholder consultation with key representatives involved with the building of health facilities are essential to delivering holistic arts integration strategies. These stakeholders include staff, patients, carers, community representatives, First Nations people¹, facilities management, architects, project planners and arts and communications personnel.
- The earlier the stakeholder and governance structure is resolved, the easier this will be to manage across the life of the project.
- Ensure that roles and responsibilities are clearly defined, and that ongoing management of assets is considered.

3.2 CONSULTATION WITH ABORIGINAL AND TORRES STRAIT ISLANDER COMMUNITIES

State and Territory policies around Australia reflect cultural safety in various interactions including a commitment to make all health consumers, carers and staff feel welcome and 'at home'.

Most State and Territory health facilities have reconciliation policies requiring an Acknowledgement of Country, to provide a welcoming environment for First Nations people and consideration on the National Agreement on Closing the Gap.

This is invariably communicated through art and can extend to wayfinding or naming of areas within the health facility.

Prior to planning any arts strategies, specifically those with Aboriginal and Torres Strait Islander communities, it is important to widely consult Elders and cultural knowledge holders, Aboriginal Health Unit teams and/or Aboriginal Lands Councils as appropriate.

(Refer to Section 4.5 Co-Design).

3.3 CONSULTATION WITH NEW ZEALAND MĀORI COMMUNITIES

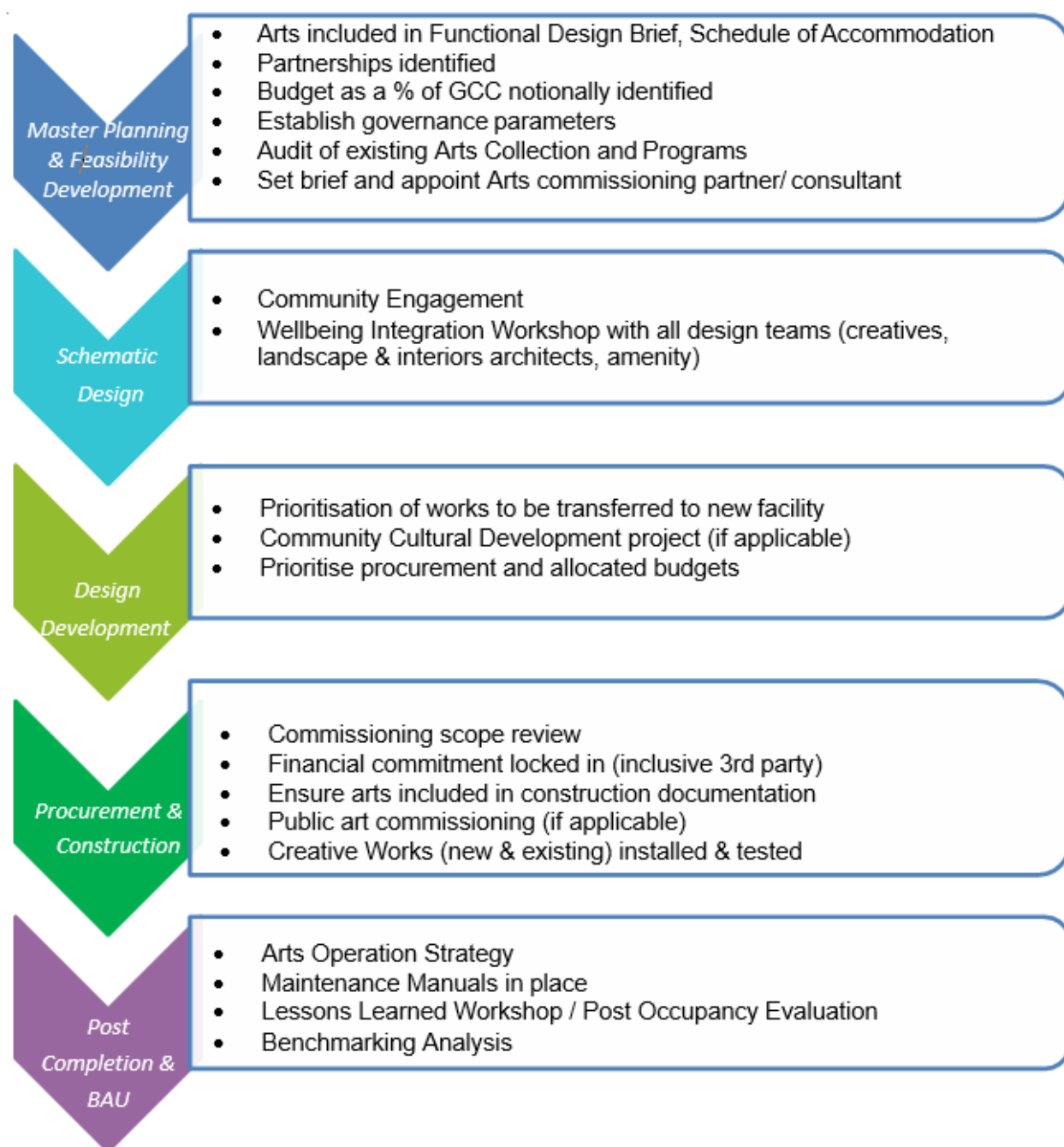
[He Korowai Oranga, the Māori Health Strategy](#), affirmed in the [New Zealand Health Strategy, 2016](#) sets the overarching framework to guide the government, health and disability sector to achieve the best health outcomes for Māori. The overarching aim of He Korowai Oranga is Pae Ora - healthy futures.

He Korowai Oranga outlines the Government's vision for Māori health; pae ora (healthy futures), mauri ora (healthy individuals), whānau ora (healthy families), and wai ora (healthy environments).

[Find out more about He Korowai Oranga.](#)

¹ For the purpose of this document, First Nations people refer to, but are not limited to, Māori, Aboriginal and Torres Strait Islander peoples, inclusive of Elders, cultural custodians and Indigenous communities.

3.4 ARTS IN HEALTH PROCESS WORKFLOWS



3.5 GOVERNANCE



Megan Jackson, Dappled Light I 2017, vinyl window safety film University of Canberra Hospital, Canberra Health Services, ACT.

How decisions are made, by whom, and at what point of the planning stages will have an impact on the outcomes of the arts integration work. The earlier arts governance can be established, support functional design briefing and schematic design, the more impactful their contribution to project deliverables will be.

Each jurisdiction, State and/or Territory will have varying degrees of consultation and decision makers pending the scale of the project. The below is a guide for arts governance for three distinct purposes:

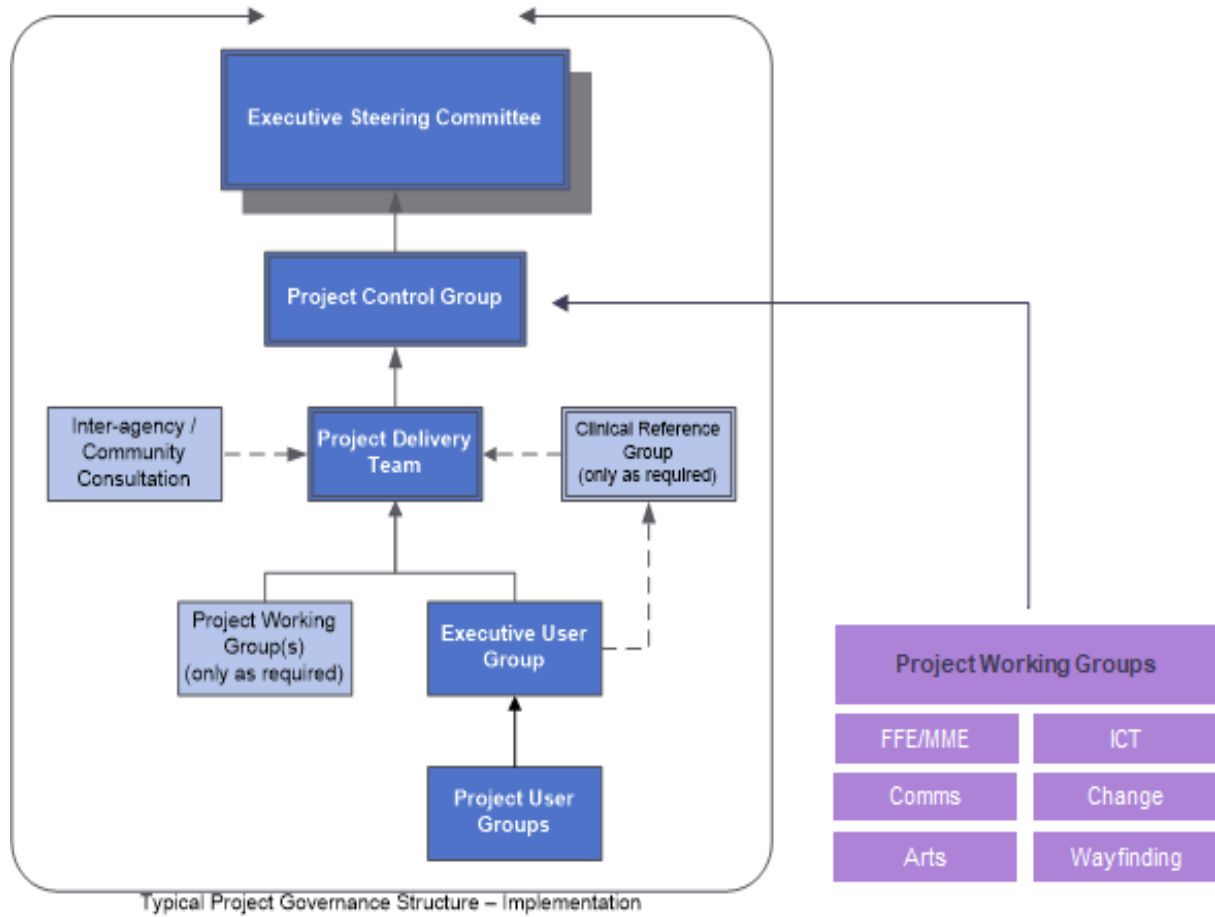
1. High level strategic positioning for arts integration overall, reflective of the health service, project team and community it serves, chaired by a senior member of the Health Service executive team, with administrative support offered by the Project team.
2. In the event that public art commissions are being considered, specialist skills are advised to support the implementation of this work. Members from the above strategic group may sit on the public art panel, however additional arts professionals are encouraged to support its delivery to meet the project's broader best practice and quality standards deliverables.
3. Project User Groups (PUGs) may be a valuable consultation resource for smaller projects, or to connect to specific clinical teams if arts integration planning is considered after schematic design, though is not recommended as an alternative to project governance in general.

The below table and diagram suggest good governance for arts health infrastructure, as aligned with other core advisory groups such as Information, Communications and Technology (ICT), Major Medical Equipment (MME) and Furniture, Fixtures and Equipment (FFE), each reporting to a consistent lead project governance group.

	Strategy	Implementation	Smaller projects
Governance Name	Strategic Arts Working Group Membership	Arts Working Group	Project User Group (PUG)
Activated	Functional design	Design Development	As required
Membership (suggested)	Chair – best served as a senior Health Service representative	Chair (to share and feedback staff consultations)	Arts lead
	First Nations people	First Nations people	Project manager
	Project Director	Project Manager/ Builder	NUM/ nominated staff
	Clinician/s (to share and feedback staff consultations)	Project Director/	
	Communications lead	Communications lead	
	Operations Manager	Creative advisor/s	
	Cultural leader (pref. from a public organisation within the district)	Arts consultant/lead	
	Community representative with creative background	Architect/Landscape designer	
	Arts consultant/lead		
	NGOs that may be working in the facility		

Example Governance Structure

The below diagram shows an example of a governance structure. This can vary depending on the size and scale of a project.



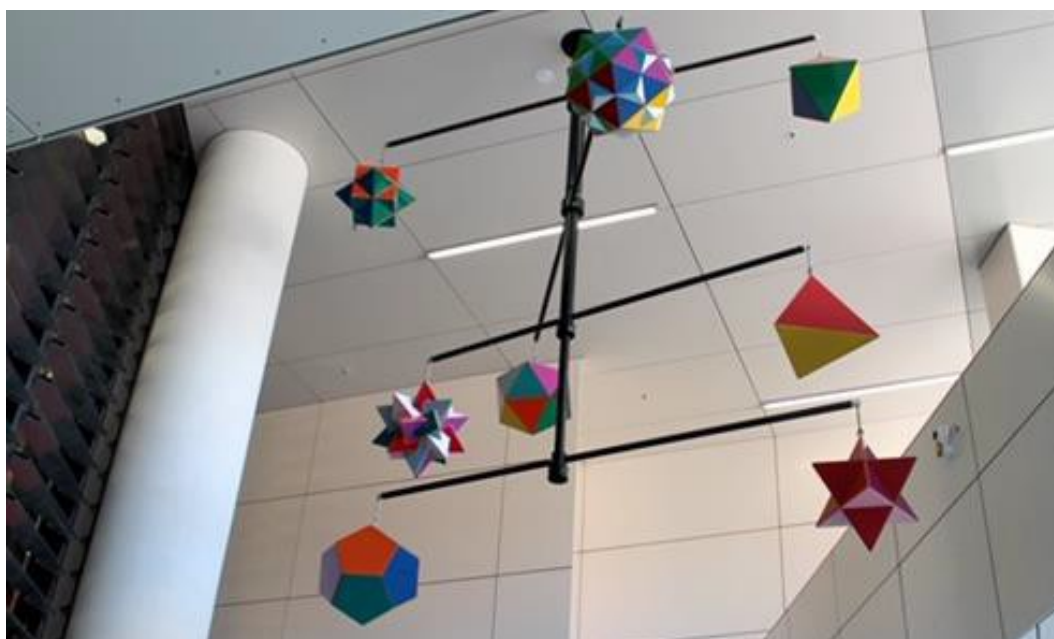
04 RESOURCES

4.1 ARTS IN DESIGN – INTEGRATING THE ARTS IN THE DESIGN PHASE

The functional brief of all new builds and major redevelopments has great capacity to incorporate the arts as part of the healing environment, integrated with the architectural and natural landscape design across the health facility.

INTERVENTION TYPE	CLINICAL SETTING	CLINICAL & BEHAVIOURAL OUTCOMES	OTHER RELATED OUTCOMES
<ul style="list-style-type: none"> • Visual imagery and projections • Music • Poetry • Music Technology • Virtual reality • Digital programs • Performance • Participatory art projects • Diversional and distraction therapy using art • Art Therapy • Music Therapy • Artist in Residence programs • Literature • Wayfinding • Interior design 	<ul style="list-style-type: none"> • Cancer care • Cardiovascular units • Paediatrics • Psychiatric wards • Dementia wards • Neo-natal intensive care • Paediatrics (CT Scans & ECGs) • Children's emergency • Rheumatoid arthritis • Laceration repair • Gynaecology • Cervical examinations • Urology • Infusion clinic • Palliative care • Rehabilitation 	<ul style="list-style-type: none"> • Distraction from pain • Reduction in stress and anxiety • Reduced levels of distress • Increased pain tolerance • Mood adjustments • Relaxation • Therapeutic benefit • Positive mental health outcomes • Prevention of depression • Adjustment to hospital environment • Increased motivation for other therapies and clinical intervention • Expression of emotion 	<ul style="list-style-type: none"> • Increased social engagement and reduced social isolation • Improved staff well-being (anxiety, burnout and in some circumstances post-traumatic stress disorder) • Improved staff to patient relations

4.2 VISUAL ARTS CONSIDERATIONS



Mobile Branch, Queensland Children's Hospital, Brisbane, QLD.

- Display of artworks within the health facility will be guided by environmental, aesthetic and cultural parameters. Artwork display systems will be determined by the environment for display (e.g. public access, clinical or administrative areas) and it is recommended to consider using security hangers (that reduce theft or damage of works) or to utilise hang tracks in secure areas to allow for a more flexible display system.
- It is no longer appropriate to have individual hooks which may cause damage to walls and create ligature points in public areas. Hanging rails remove these risks, allow flexibility in display, can be left empty if required without increasing risk, require little or no maintenance and encourage best practice gallery programs. There are many picture rail systems across Australia and NZ to provide appropriate solutions.
- Artwork framing and presentation must consider infection prevention and control measures and Occupational Health and Safety (OHS) issues, whilst maintaining best practice for art collection management. Acrylic glazing is preferable to glass framing for safety.
- These however may not be appropriate in clinical areas such as Mental Health Units. Anti-ligature art installation infrastructure installed at point of construction may be best suited to these areas.
- Lighting rails are also advised where hanging rails are limited and/or artificial lighting is being considered, to enable professional and flexible display.
- Sourcing artwork for patient areas is encouraged to be curated in consultation with Nurse Unit Managers, and/or via Project User Group governance to ensure suitability of artworks within sensitive areas.
- Selecting artworks for wards or patient rooms may be considered in context of infection control policies, patient and staff safety and ward-based need, e.g. Emergency Units may require screen based or enviro-graphic wallpapers over moveable artworks, common also in Mental Health Units. Palliative Care wards may encourage reading libraries and Paediatric areas play spaces.

4.3 ARTS IN CARE – PROGRAMS INTEGRATING THE ARTS IN THE PROVISION OF CARE



Music therapy, Monash Children's Hospital, Victoria.

If it is intended to have a music therapy, environmental music or performance program in the public or clinical areas, even at bedside, design will need to consider if it is live or recorded, whether acoustic panelling, sound insulation or power is required, if specific technology needs to be installed, how performances that draw people may impact flow through an area.

- Many health facilities have art collections, gallery exhibition spaces, artwork in rooms or music therapy programs. Provision of appropriate storage space for instruments, storage racks or drawers for preservation of art works, art transport (trolley), curator materials (trolley, ladder) and workspace is necessary for appropriate storage and cleaning of works
- To meet professional standards of arts health staff on site, provision for the staff and a purpose-built treatment or activity room or storeroom for music equipment (portable keyboard/harp, art trolleys, music trolleys, audio equipment etc.) must be considered.
- Consideration to the provision of space to conduct therapeutic interventions should be given, i.e. whether the therapy occurs at the bedside, designed treatment space, patient lounge, or in public areas. Storage and coordination spaces will be required to support this. Consideration should be given to whether these activities will be volunteer-run, and where it will be located to prepare and develop materials.

4.4 PUBLIC ART



Monash Health, Public Space, Victoria.

Local government policies, State and Territory public art guidelines, or developer contributions may inform the scope and expectations of any public art commission. Professional advice is strongly advised prior to committing to public artworks given stakeholder time, budget and ongoing maintenance requirements.

The Public Art budget should be built to cover all aspects of the artwork commissioning, including:

- Artist fees, material and artwork production, engineering & installation expenses;
- Art coordination fees and expenses;
- Artist selection process expenses;
- Maintenance reporting produced by the artist;
- Visual documentation of the project's process and completion, produced by the artist; and
- Communications and project management support.

Where possible, the artwork should be integrated or embedded into the built architecture to maximise the cost efficiency of project, e.g. using glass artwork within windows.

4.5 CO-DESIGN



Guwuligabang Barribang (Women's Long Dance Belt), Johnathon Jones & Auntie Diane McNaboe with community, 2009, Dubbo Base Hospital, NSW.

The *National Safety and Quality Health Service (NSQHS) Standard 2; Partnering with Consumers*, aims to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services. Evidence shows that consumer experience and outcomes are more positive when these partnerships are effective, authentic, and where feasible consumer led.

The dimensions and organisation of the facility may be designed for procedural efficiency and industry best practice with health planning experts, however when supported by consumer co-design, greater community ownership, familiarity and sense of welcome, plus service confidence is improved.

This requirement for welcome is more strongly articulated in the *National Safety and Quality Health Service Standards, User Guide for Aboriginal and Torres Strait Islander Health 2017* that similarly recommends the creation of a welcoming environment that recognises the importance of cultural beliefs and practices of Aboriginal and Torres Strait Islander patients.

The suggested approach is for the facility to work in partnership with local Aboriginal and Torres Strait Islander communities to identify ways to create and maintain a welcoming environment and that Aboriginal and Torres Strait Islander workforce and community members be actively involved in the design and creation of this welcoming environment.

These National Standards require a strong and highly visible signal at gateway locations that the health facility is heavily invested in the local community and contemporary Aboriginal and Torres Strait Islander experience. The link to this resource is:

<https://www.safetyandquality.gov.au/publications-and-resources>.

4.6 ASSET MANAGEMENT



Inter/active 2016 by Artists VJ Zoo – Kat Black and Jasper Cook, Perth Children’s Hospital, WA.

Bringing arts into the planning and design phase enables a cost-effective integration of the arts into the Clinical Service Plans and Functional Design Briefs. Arts Operations Strategies, developed as part of the planning process, can strengthen the capacity of all teams to make informed judgement on arts investment pre and post redevelopment, capital and recurrent.

Suitably qualified arts personnel, supported by operational funding to manage arts programs and care for collections in the healthcare setting, will ensure capital investments remain fit for purpose, meet Moveable Heritage Policy standards and communicate key messages to the community.

4.7 VALUE AND IMPACT OF ARTS IN HEALTH SETTINGS



Rob Suisted Mural, Haematology Department, Auckland Hospital, New Zealand.

Post Occupancy Evaluation is as relevant for arts in health settings as it is for other streams of health infrastructure.

Early planning enables an integration of change benefits, equally important post occupancy in providing clear measurables against which those benefits are realised and tested. These may include benefits in human experience, in clinical trials, research or attracting private and public investment via third party collaboration.

Monitoring new arts projects in context of impact and benefit with quantifiable data will determine the economic and social value of investment with lessons learned being a key part of any successful arts in health infrastructure endeavour.

4.8 FURTHER READING

Health and the Arts Australia

1. Territory, State and Federal Arts and Health Ministers, 2013, The National Arts and Health Policy Framework:
<https://www.arts.gov.au/documents/national-arts-and-health-framework>
2. NSW Health and the Arts Framework:
<https://www.health.nsw.gov.au/arts/Documents/nsw-health-and-the-arts-framework-report.pdf>
3. Examination of the use of the arts to improve health and healing in Western Australian hospitals:
<https://www.cacwa.org.au/documents/item/504>
4. Arts, public health and the National Arts and Health Framework: a lexicon for health professionals:
<https://onlinelibrary.wiley.com/action/doSearch?AllField=4.%09Arts%2C+public+health+and+the+National+Arts+and+Health+Framework%3A+a+lexicon+for+health+professionals>
5. The arts and creative industries in health promotion:
<https://www.vichealth.vic.gov.au/search/arts-evidence-review>.

Evidence

1. World Health Organisation and Health Evidence Network, 2019, What is the evidence on the role of the arts in improving health and well-being? A scoping review (pdf 2.2MB) Evidence Network Synthesis Report 67, Denmark.
2. Department of Health, 2007, Report of the Review of Arts and Health Working Group, United Kingdom.
3. Australia Council for the Arts, 2017, Connecting Australians: Results of the National Arts Participation Survey:
<http://www.australiacouncil.gov.au/research/connecting- australians/. Australia>.
4. Australian Academy for the Humanities, 2020, A New Approach, A View From middle Australia: perceptions of Arts, Culture and Creativity:
<https://www.humanities.org.au/wp-content/uploads/2020/05/ANA-InsightReportThree-FullReport.pdf>, Canberra, ACT.
5. Australia Council for the Arts, 2019, Protocols for using First Nations Cultural and Intellectual Property in the Arts, Sydney, NSW.



Lark, 2016 by Artists Tony Jones, Ben Jones and Angela McHarrie, Perth Children's Hospital, WA.