australasian health infrastructure alliance

Australasian Health Facility Guidelines

Arts in Health Framework

Uncontrolled when printed

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Australasian Health Facility Guidelines

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

Cover image: Gurruuja (Whale) Mother and Baby as part of Juluum-nyarr gaagalgu (Mountains to the Sea) installation, Macksville Hospital, NSW 2020. Woven by Gumbaynggirr weavers Aunty Laruen Jarrett, Jasmine Stadhams and Denise Buchanan in collaboration with Saltwater Freshwater Arts Alliance, with support from Ricky Buchanan, Nambucca Heads High School, Macksville High School and Bowraville Central School. 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.

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01 INTRODUCTION

1.1 INTRODUCTION

Engaging the senses across all art forms from heritage to music, digital and visual media, dance and literature, arts in health infrastructure contributes to placemaking, welcome, and way finding. It can distract and delight, provide for emotional escapism and play, promote optimism and wellbeing, often unexpected in clinical settings.

Arts in health infrastructure contributes to the successful implementation of models of care practices and provides measurable therapeutic benefits, whether as a means of empowering energy of community, or healing through real and relevant experiences. Arts in health infrastructure enables improved clinical outcomes, deeply impactful to our human connection as staff, clinicians, volunteers, patients, family and carers and 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 improve 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 majority[1] 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;
- Design considerations;
- Digital art;
- Sustainability; and
- Evaluation.

[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 in Health Strategy will:

- Be embedded from initial project planning, and responsive to the needs of the health facility;
- Engage tailored approaches reflective of site contexts, the type of health services delivered, and the community the facility will serve;
- Be sustainable – environmentally, economically and socially, leveraging existing resources, supply chains and local contacts;
- Foster partnerships both within the health facility and externally, with community and across sectors;
- Engage communities through commissioning; and
- Provide for ongoing 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 to:

- 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, by:
    - Encouraging arts in models of care, through the Schedule of Accommodation and identified areas for participatory and receptive experiences including clinical wards, auditoriums, courtyards and staff zones.
    - Providing facilities that enable preparation, storage and activity spaces, artwork display areas, General Power Outlets (GPO) for sound systems or patient lounge, technology to enable digital arts, (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.

Students from the Queensland Children's Hospital (QCH) School view digital prints by young First Nations artist, Dylan Mooney (Yuwi/Meriam/SSI) at QCH, 2022. Photograph: Sarah Osborn. 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 Gross Construction Cost given the role of creative play in models of care, as many multipurpose services with residential care requiring the creation of a home-like environment. Some projects e.g. substations or ambulance stations, may not require an arts integration budget.

- For major redevelopments and greenfield sites, a guide of 0.25%-1% of Gross Construction Cost (GCC) should 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, such as Foundations or auxiliaries.

- Ongoing facility management resources and cultural asset management resources and responsibilities as part of the selection decisions should be considered in early planning. A maintenance and cleaning budget as a percentage of construction costs is standard, and a dedicated arts component should be identified as part of this process.

Creative Practitioners

- Artistic vibrancy is important to deliver quality assurance for arts in health integrations across health settings that require 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/.

- Collaborations between professional clinicians, curators and qualified artists in the development of wellbeing focussed, artist-led experiences are essential to delivering effective arts in 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 can be an important resource to support social sustainability, create place-based connection and connect relevant people and organisations.

- 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: https://www.artslaw.com.au/ and https://visualarts.net.au/, however these should not replace the engagement of professionals in the area.

Stakeholder Engagement

- Consultation with key stakeholders involved with the building of health facilities is essential to delivering holistic arts integration strategies. These stakeholders include staff, patients, carers, community representatives, First Nations people[2], facilities management, architects, project teams 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.

- Roles and responsibilities must be clearly defined, ensuring that ongoing management of arts assets is considered.

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:

- Development of the Arts in Health Strategy, including engagement fees;

- Artist selection process expenses;

- Concept design fees;

- Design development fees including artist design, engineering, prototyping and rendering fees;

- Fabrication / commissioning fees including materials and artwork production, artist fees, transport and installation expenses including Safety Work Method Statements and Installation methodology;
- Communications and project management expenses;
- Maintenance reports; and
- Visual documentation of the project's process and completion, produced by the artist.

It is important to consider artwork integrations into the built environment so as to maximise cost efficiencies with existing project costs, for example, embedding artwork derived from a major commission in wayfinding graphics.

3.2 CONSULTATION WITH FIRST NATIONS PEOPLES[2]

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 a Welcome to Country or an Acknowledgement of Country, to provide a welcoming environment for First Nations peoples and consideration of the National Agreement on Closing the Gap.

This is primarily communicated through art media and may include wayfinding or naming of areas within the health facility.

Prior to planning any arts in infrastructure strategies, it is important to widely consult Elders and cultural knowledge holders, relevant Health Unit teams and/or First Nations Peoples' Corporations / Representative Bodies as appropriate.

Refer to Section 4.5 Co-Design.

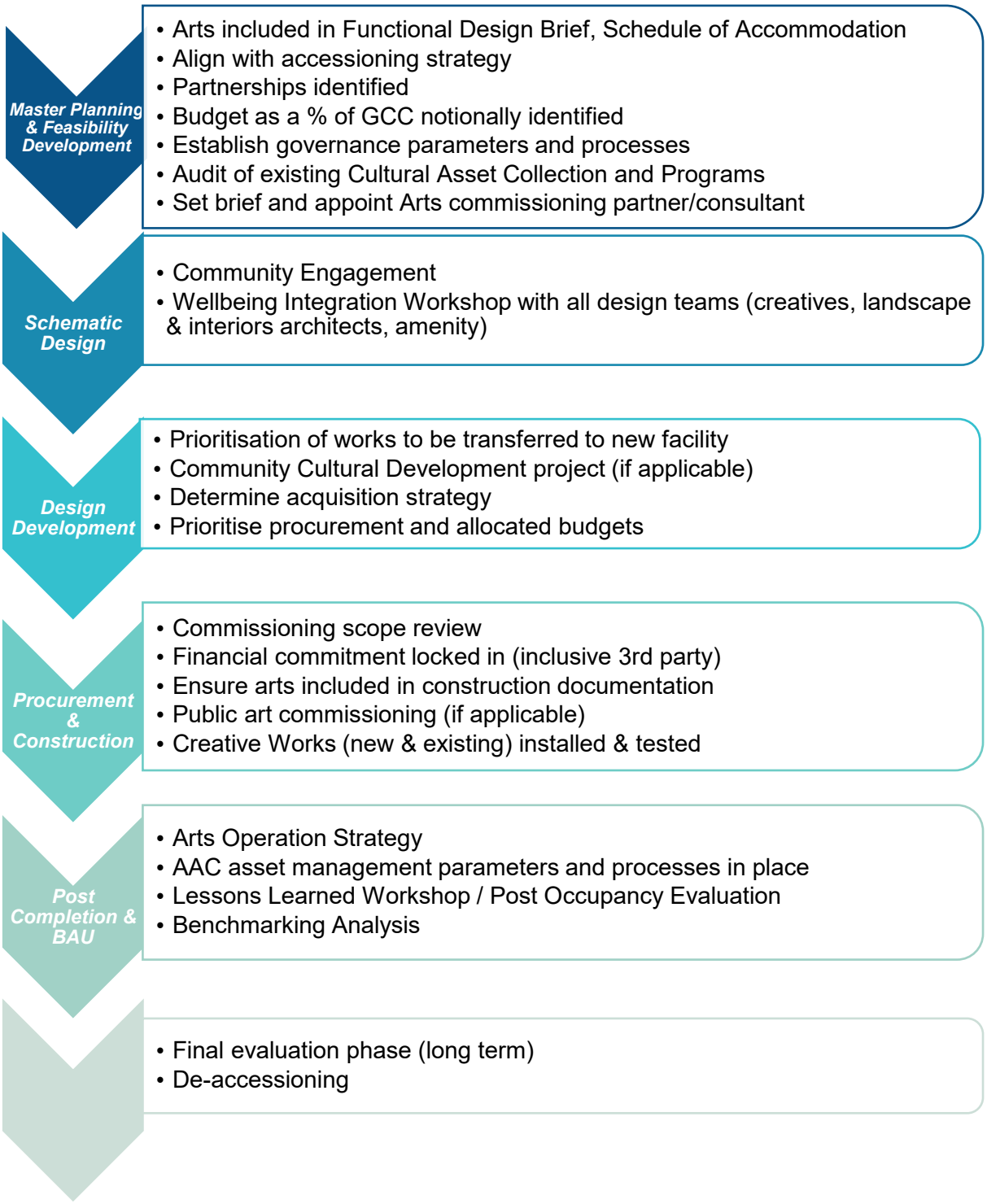
He Korowai Oranga, the Māori Health Strategy, affirmed in the New Zealand Health Strategy, 2016, sets the overarching framework to guide the government, health and disability sector to achieve the best health outcomes for Māori. The overarching aim of He Korowai Oranga is Pae Ora - healthy futures.

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.

[2]For the purpose of this document, the term 'First Nations Peoples' refers to, but is not limited to, Māori, Aboriginal and Torres Strait Islander peoples, inclusive of Elders, cultural custodians and Indigenous communities.

3.3 ARTS IN HEALTH PROCESS WORKFLOWS



3.4 GOVERNANCE

Holly Grace Traversing the interior, 2018, University of Canberra Hospital, ACT. Blown glass with glass powder and metal leaf surfaces, fired on decal imagery and gold leaf. Image courtesy Canberra Hospital Foundation.

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. Early establishment of arts governance supports integration in functional design briefing and schematic design, facilitating a more impactful contribution to project deliverables.

Governance structures and processes will vary between jurisdictions and will be shaped by the nature and scale of the particular project. However, the structure set out below is a generally applicable and best practices guide for arts governance across jurisdictions. for three distinct purposes:

1. High level strategic positioning for arts integration overall through establishing a strategic group, 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 provided 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 but are not an alternative to project governance in general.

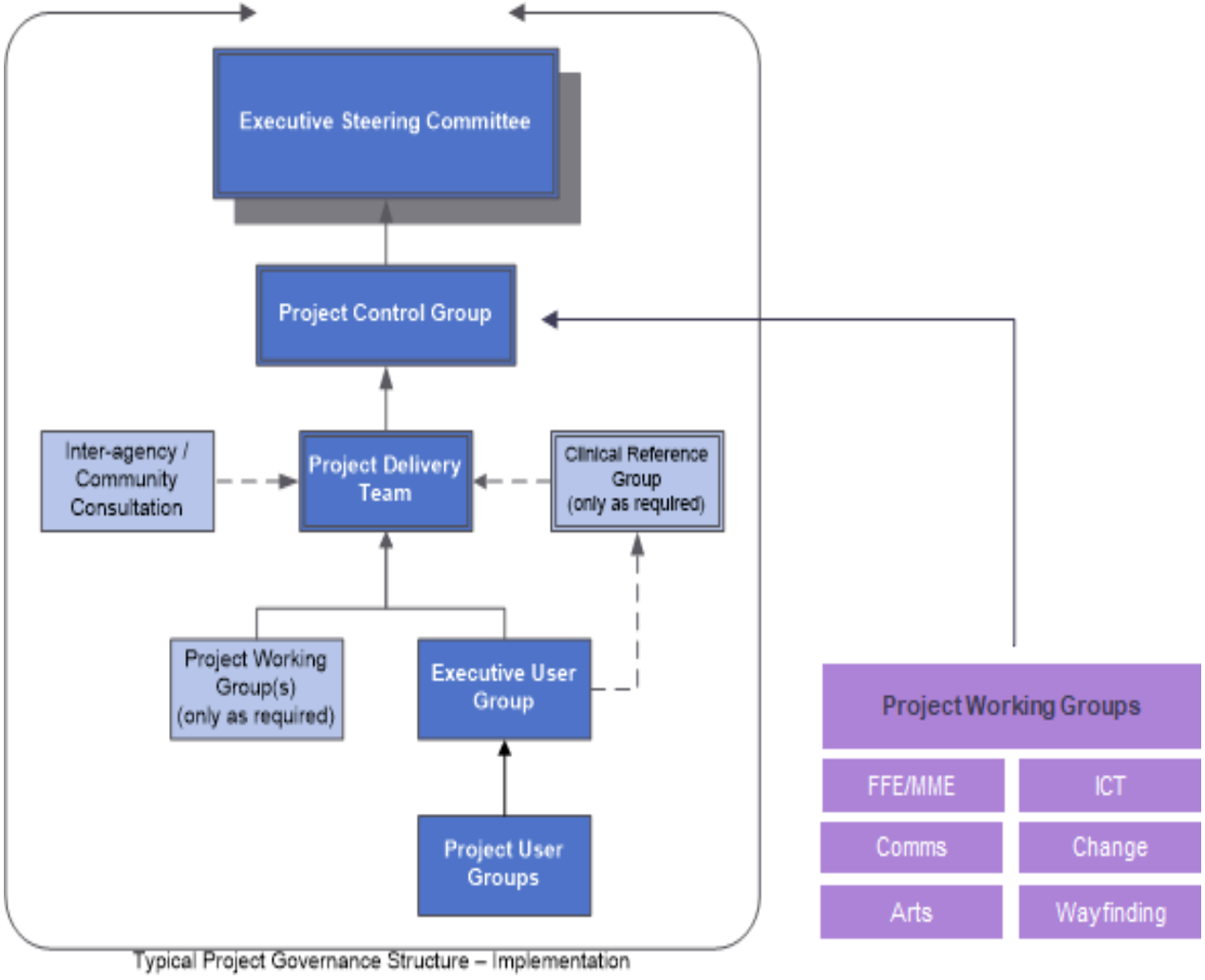
The below table and diagram provides a best practice arts in health infrastructure governance model, as aligned with other core advisory groups such as Information, Communications and Technology (ICT), Major Medical Equipment (MME) and Furniture, Fixtures and Equipment (FFE), each reporting to a consistent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

Table 1: Governance

	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 - preferably a senior Health Service representative	Chair (to share and feedback staff consultations)	Arts lead
	First Nations people	First Nations people	Project manager with access to advice from First Nations Peoples
	Project Director	Project Manager/Builder	Nominated staff
	Clinician/s (to share and feedback staff consultations)	Project Director	
	Communications lead	Communications lead	
	Community representative with creative background	Architect/Landscape Designer	Consumer/Community representative(s)
	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 nature and scale of the particular project.



Typical Project Governance Structure – Implementation

04 RESOURCES

4.1 ARTS IN HEALTH INFRASTRUCTURE CONTEXT

Arts in health infrastructure comprises two components:

1. Creative projects that form part of the built environment such as public artworks and/or permanent cultural assets; and

2. Creative programs aimed at supporting therapeutic outcomes and wellbeing.

These components are not necessarily exclusive, and may be prioritised as follows:

- Patient-centred focus
- May have a specific clinical focus and impact
- May contribute to health and well-being outcomes for clinicians, other staff, volunteers, family and carers
- Not medium specific
- May take the form of a public artwork (intended specifically for exhibition within a public space)
- May be permanent, semi-permanent or temporary.

4.2 SCHEDULE OF ACCOMMODATION & BASE BUILD CONSIDERATIONS

Functional briefing and schematic design can support a thorough scope of works for builders' contract and limit variations during the construction phase. Clarifying expectations, roles and responsibilities to balance the integration of cultural assets with the provision of therapeutic spaces for operational arts programming assists the integration of arts in detailed design as it transitions to construction phase. Table 2 over page offers high level suggestions when considering the role of arts in context of the Schedule of Accommodation and base build expectations. The governance workflows further support decision making related to key commissions and procurement pathways.

Table 2: Balancing base build design considerations for cultural assets and operational programs

Capital Considerations	Intervention Type
Base build design considerations for permanent and semi-permanent cultural assets	
• Arts experiences that require integration within the built form and base build program / cost e.g.: data, power, lighting & electrical, hanging track and display furniture joinery, footings, ceiling mounts and other structural supports. • These arts interventions are generally commissioned as a permanent, appreciating cultural assets and do not necessarily require operational programs to be activated or experienced. • They generally require tailored maintenance schedules to ensure they continue to appreciate in value.	Visual imagery and projections
	Public artworks
	Installations and exhibitions, including provision for collection asset storage
	Sensory Rooms
	AV equipment (fixed) e.g. speakers, sound showers
	Heritage interpretation
	Wayfinding
	Interior, architecture and landscape design
Base build design considerations for operational arts programming	
• Arts experiences that require consideration given to room configuration and design, materiality and furniture, power and data, wet areas and storage. • Requirements for these rooms / areas are less about commissioning permanent artworks, rather the provision of operational programs engaging arts experiences for therapeutic impact. • These arts interventions are generally delivered as operational programs as example, art making requires wet floor area with large sink. Music therapy will require deep cupboard space for instruments, and where feasible sound proofing / acoustic treatment.	Diversional / therapeutic program – Music, Art, Biblio- and dance therapy
	Virtual reality
	Digital programs
	Participatory art projects including crafts, sculpture and visual arts
	Installations and exhibitions
	Artist in Residence programs

Table 3: A guide to some clinical settings and outcomes from arts in health infrastructure – cultural assets and spaces for arts programs

INTERVENTION TYPE	CLINICAL SETTING	CLINICAL & BEHAVIOURAL OUTCOMES	OTHER RELATED OUTCOMES
Visual imagery and projections	Cancer care	Distraction from pain	Increased social engagement and reduced social isolation
Music	Cardiovascular units	Reduction in stress and anxiety	Improved staff well-being (anxiety, burnout and in some circumstances post-traumatic stress disorder)
Poetry	Paediatrics	Reduced levels of distress	
Music Technology	Psychiatric wards	Increased pain tolerance	Improved staff to patient relations
Virtual reality	Dementia wards	Mood adjustments	
Digital programs	Neo-natal intensive care	Relaxation	
Performance	Paediatrics (CT Scans & ECGs)	Therapeutic benefit	
Participatory art projects	Children's emergency	Positive mental health outcomes	
Diversional and distraction therapy using art	Rheumatoid arthritis	Prevention of depression	
Art Therapy	Laceration repair	Adjustment to hospital environment	
Music Therapy	Gynaecology	Increased motivation for other therapies and clinical intervention	
Artist in Residence programs	Cervical examinations	Expression of emotion	
Literature	Urology		
Wayfinding	Infusion clinic		
Interior Design	Palliative care		
	Rehabilitation		

4.3 GENERAL DESIGN CONSIDERATIONS

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. Professionally led curatorial planning adds value to this process.

The following matters may be considered in arts in infrastructure design phases, noting that this section does not provide an exhaustive list of design considerations.

Display and exhibition space

Display of cultural assets within the health facility will be guided by curatorial, environmental, aesthetic and cultural parameters. Artwork and heritage / object 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 and joinery (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 rail systems minimise these risks, allow flexibility in display, can be left empty if required without increasing risk, require little or no maintenanceand encourage best practice gallery programs. There are many picture rail systems across Australia and New Zealand to provide appropriate solutions.

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

Lighting

Sufficient and appropriate lighting is critical to full engagement with art works and programs. Lighting is also relevant to mood, wellness and therapeutic outcomes.

Lighting rails are advised where hanging rails and limited and/or artificial lighting is being considered, to enable professional and flexible display of visual arts works. Works need to be protected from heat and UV light, so UV filtering acrylic and conservation quality materials should be used.

Anti-ligature infrastructure

Ligature risks associated with rail systems can be managed by ensuring that the load to dislodge the track is less than 15kg. (This refers to the force required to remove the rack from the wall, rather than the weight of the artwork). The hanging cables should be as short as possible. 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 tothese areas.

Infection control

Reducing the potential for transfer of infection through touch and the harbouring of infectious material through build-up of dust and any airborne pathogens is a key design consideration. Some materials, such as textiles and textured surfaces, are a greater infection risk than others. Some works may need to be positioned to avoid human touch or airborne particles. Ease of cleaning needs also to be considered along with facilities for storage and cleaning of works.

Other safety considerations

Presentation of works, artwork framing and creative / therapeutic art program delivery must address patient, carer and visitor safety and Workplace Health and Safety (WHS) issues, whilst maintaining best practice for art collection management. Acrylic glazing is preferable to glass framing for safety.

Spaces for delivery of creative program spaces

If it is intended to have a music therapy, environmental music, performance program or other creative art program delivery in the health facility public or clinical areas, even at bedside, design will need to consider if it is live or recorded / digital, whether acoustic panelling, sound insulation or power is required, if specific enabling technology needs tobe installed and 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, storageracks or drawers for preservation of art works, art transport (trolley), curator materials (trolley, ladder) and workspace is necessary for preparation, 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.

Music therapy, Monash Children's Hospital, Victoria.

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.

Digital Arts

Digital art is a respected and widely used tool in the making and/or presentation of art. While it enables new and often surprising opportunities, the quality of the artist's vision remains the defining characteristic of the work. Digital art is especially exciting in the field of arts in health enabling new ways of connecting the facility and the community through the arts, with infection control benefit. Some examples include:

- A digital file produced by an artist can be readily integrated into new infrastructure and enables the client community to see itself reflected at scale and in new media. New technologies enable artists' files to be printed on walls, disposables (like curtains) even machinery (e.g. MRIs) to create an integrated therapeutic environment that meets infection prevention standards and community cultural safety concerns.
- Increased access to smart phone technology and connectivity in the health environment creates opportunities for real time interactivity; for instance, through visualised twitter feed messaging, scanned images of children's drawings, or motion sensor (interactive) video loops.
- Video / digital works have the potential to be shared through waiting room monitors, internal TV and radio stations, and can support management of the emotional

temperature of a given space. Art housed on the web, and shared / interacting with a select community in a health facility, offers more opportunities.

- QR codes can offer expanded information / experiences and connectivity.
- Robotic experience and engagement can offer enhanced opportunities for dance, portraiture and art making.

Considerations:

- The innovative programming of many arts organisations offering digital workshops for isolated participants represents an exciting partnership opportunity, enabling longer term hospital residents to maintain and build new connections.
- Care should be taken to ensure that the health facility's digital firewalls, established to protect privacy, are not compromised.
- Limited licenses should be created with the artists at the outset to enable replacement and re-use.
- The maintenance requirements of digital art can be very different from established media. It may be more appropriate to remove and replace a wallpaper using the original digital file and limited license than to repair it. Care should be taken that the reuse meets the parameters laid out in the license and negotiated with the creator.

4.4 SUSTAINABILITY

Incorporating environmental and social considerations into arts planning has economic benefit long term. Ensuring projects are environmentally and socially conscious, including a focus on the needs of vulnerable and disadvantaged cohorts, supports project relevance to community and stakeholder expectation. Benefits include improved resilience, reinvigorated cultural assets, increased third party support, as well as staff and volunteer attraction and retention. Arts in Health strategies that sustainably deliver on their purpose can be at the forefront of this change. Good governance, a patient-centred and approach, and planning enables this change.

Cultural Asset Management

Cultural asset management is an essential component of a mature and holistic approach to economically and environmentally sustaining arts in health integration. 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, appreciate in value, meet moveable heritage policy standards and communicate key messages to the community.

Once assets are in the process of being installed, it is important their materiality, location and related intellectual property (including First Nations Peoples' cultural and intellectual property rights) is appropriately registered in facility management processes. For this reason, it can be advantage to include facilities / assets engineers in the selection process. Cultural assets should form part of the asset service policies and procedures, sufficient to meet insurance requirements.

Recognition or attribution of cultural material is equally as important. Documentation of the work including maker details, brief description of content, dimensions, and description of production materials and/or artist statement is strongly encouraged to manage long term asset value.

Social Sustainability

Social sustainability refers to interactions an organisation has with employees, volunteers, suppliers, customers and clients and how its operations affect communities where it does business. Commissioning creative projects in collaboration with partners and co-design is key to delivering socially sustainable outcomes.

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. Social sustainability is enhanced where the emerging needs of community are considered, and the diversity of community is recognised in arts in health initiatives.

Partnerships

- The primary focus of partnerships and/or collaborations in arts health infrastructure is to deliver beneficial health and well-being outcomes for patients, and also contribute to positive experiences for health workers, volunteers, family, carers and the community.
- Partnerships with diverse community stakeholders also encouraged innovative responses which can enhance sustainability of arts in health initiatives.
- Partnerships with artists also helps to support and develop the arts sector, providing commissioning opportunities and quality employment opportunities and conditions, including for artists from marginalised groups. Partnerships may be internal to the health facility (local health worker team) or external, for example with consumer representatives, universities, community artists, non-government sector, local government, art galleries, private enterprise, other public or private health facilities.

Co-design & Co-delivery

- 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, service confidence is improved. This applies also for arts integration.
- Co-design and co-delivery in arts health infrastructure is a methodology for bringing artists, government, consumers, carers, families, health workers, and other stakeholders together at planning, development or commissioning of creative works across a project lifecycle, sometimes across two or three stages. It is a collaborative approach, utilising knowledge exchange, information sharing and pooling of resources
- Co-design refers to the ways in which distinct groups collaborate with artists to inform the final artwork concepts. An example of this is the New Maitland Hospital - New Maitland Hospital – 'Story Drifts' - YouTube .
- Co-delivery extends the co-design experience, engaging groups (staff, patients or broader community) to contribute to the creation of the final artwork/s as shown in Macksville Hospital, NSW https://youtu.be/9AeU4Nij4Zw.
- A less complex example can be sourcing artwork for patient areas which is encouraged to be curated in consultation with Nurse Unit Managers, consumer representatives and/or via Project User Group governance to ensure suitability of artworks within sensitive areas.
- A more complex example is the requirement for health facility welcome which is more strongly articulated in the *National Safety and Quality HealthService Standards, User Guide for Aboriginal and Torres Strait Islander Health 2017,* which recommends the creation of a

welcoming environment that recognises the importance of cultural beliefs and practices of First Nations Peoples patients.

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

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

In Australia, these National Standards require a strong and highly visible creative project 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.

4.5 EVALUATION – VALUE AND IMPACT OF ARTS IN HEALTH SETTINGS

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.

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4.6 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.