



The Practice of Arts in Healthcare

Eastern Regional Health Authority
Arts Council Steering Committee



EASTERN REGIONAL HEALTH AUTHORITY
Údarás Réigiúnda Sláinte an Oirthir

The Practice of Arts in Healthcare



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1 INTRODUCTION

In 1998, prompted by the increased level of arts activity within the health and personal social services, the former Eastern Health Board and the Arts Council began working together to explore areas of mutual interest and to examine how policy could be developed and formulated. A joint working group was established which included representatives from the Eastern Health Board, the Arts Council, and other relevant bodies.

The Group's terms of reference were to:

- Run a number of pilot arts projects for clients of the Board.
- Evaluate these to establish their benefits to service users.
- Determine whether it would be advantageous to extend the projects to other services.
- Utilise the pilot projects to inform the development of an arts policy for the Board and a code of practice for arts in health environments.
- Recommend how works of art could be incorporated in all new and re-furbished health care buildings.

On 1st March 2000, following the dissolution of the Eastern Health Board, the Eastern Regional Health Authority was established as the statutory body with responsibility to plan, arrange and oversee health and personal social services for the 1.5 million people who live in Dublin, Wicklow and Kildare.

Three new Area Health Boards - the Northern, East Coast and South Western - took over the statutory responsibility in their own areas for the services previously provided by the Eastern Health Board. Within this new structure, the range of health and personal social services are delivered by the three Area Health Boards and by 36 Voluntary hospitals and Voluntary Intellectual Disability Agencies, through provider agreements with the ERHA.

From the date of the establishment of the new health boards, the Arts and Health Working Group has consisted of representatives of the Arts Council, the ERHA, the three Area Health Boards and the voluntary sector.

Initially some time was spent clarifying the distinction between arts therapy and arts practice.

This discussion was informed by a contribution from The Irish Association of Creative Arts Therapists. The Creative Arts Therapies were defined as: Music therapy, Art therapy, Drama therapy and Dance Movement therapy which are distinct professional disciplines. These four

professions operate within focused boundaries and clinical contexts to help address and resolve personal issues. These issues may be emotional, cognitive/intellectual, physical or social. The creative process rather than the creative product is of central importance in the work of Creative Arts Therapies.

These discussions were also informed by a programme of information days for all parties involved with the pilot projects.

The group agreed a working distinction between arts therapy, which is motivated by therapeutic intent and arts practice which is motivated by a broader range of quality of life concerns including the aesthetic quality of the environment and artistic development of individuals.

In setting out the scope of its activities, the Group decided to focus its activities on arts practice within healthcare contexts rather than on arts therapy.

ARTS AND HEALTH A GROWING WORLDWIDE MOVEMENT

The World Health Organisation (WHO) defines health as 'a state of complete psychological, mental and social well-being and not merely the absence of disease or infirmity'. This definition indicates the need to consider 'health' as a concept which combines the medical, social, psychological, environmental and spiritual dimensions of well-being.

The case for the arts in healthcare rests upon their value in promoting, developing and sustaining individual health and well being as defined in this broad sense. The increasing interest in the arts by medical and healthcare professionals worldwide bears testament to this value, emerging as it has from tangible, positive results achieved when the arts are brought into healthcare settings.

The type of projects which have been recorded as useful include those which are intended to:

- improve the environment of the healthcare setting by use of art works or use of artistic design within the environment;
- enable an artist to situate himself or herself within a healthcare environment and to create work relevant to and informed by that environment;
- provide the opportunity for an artist to work directly with clients and staff to support them to make or contribute to the making of art on a project basis
- involve the use of the Arts within rehabilitative or recreational programmes. e.g. painting classes, music appreciation, dance movement, drama, visiting performances.

International experience of these various types of arts intervention suggests healthcare outcomes which include expedited recovery rates, effective health promotion strategies, improved quality of life for both residential and non-residential patients or clients, improved carer/patient relationships and the sympathetic design of environments. Consequently, in the international

arena, the role of arts activities in healthcare contexts has become recognised as essential, rather than ancillary, to client well being.

This recognition can be seen in the increasing emphasis on imaginative approaches to architectural design, the incorporation of art-works into hospitals and other health-related buildings, the development of artists' residencies and programmes within health services and the creation of links between health care institutions and arts organisations. These new emphases are taking place in a environment in which "the notion of a hospital as an all encompassing institution has now fragmented into other institutions with names like rehabilitation centres, homes for the elderly, care homes for...children with special needs and so forth." Best international arts-in-health practice is varied, adapting to the specific needs of the context in which it takes place, and always responding to the unique contribution which can be made by client groups, as well as to their sensitivities and vulnerabilities.

Significant progress has been made in devising scientific methods to evaluate the benefits gained from the implementation of arts programmes in such settings. Accordingly, in many countries such as France and Norway there is now an acceptance that holistic approaches to health care acknowledge the potential of creative expression in the healing process.

Alongside these international trends, there has been a growing range of arts activities, performances and artists' residencies within a number of health board areas in Ireland. Notable examples over the last ten years include the Waterford Healing Arts Trust. The National Maternity Hospital at Holles Street in Dublin and Belfast Children's Hospital. Further, as a consequence of the expanded capital development programme within the health service an increasing number of art works have been purchased, commissioned or borrowed for health environments.

The growth of arts-in-health practice within the Eastern region was marked in November 2000, when a major conference, The Arts and Health 2000 - Healthy Cities, was held in Dublin. At the conference, the ERHA Director of Planning and Commissioning, Pat McLoughlin, emphasised the importance of the arts within healthcare, the need for a policy in this area, and the work of the Eastern Regional Health Authority/Arts Council committee in this regard. He said that the Eastern Regional Health Authority would seek to ensure that such a policy would be informed by best practice nationally and internationally and would "further explore the use of the arts to promote health, healing and social gain among clients, patients, their relatives and Board staff".

THE ART IN HEALTHCARE CONTEXTS INITIATIVE

In 1998, the Steering Group set out a work programme to address its terms of reference. This involved two elements:

- The creation of a series of pilot projects to establish standards of best practice and inform the development of policy for arts in healthcare environments; and

- A study of existing practice in regard to the commissioning of artwork for public buildings with a view to developing a policy for the commissioning of artwork in health environments.

1. PILOT PROJECTS

A dedicated project co-ordinator and project evaluator were appointed to implement and evaluate this programme, under the guidance of the steering group. A detailed account of the initiative is documented in the reports prepared by both the Director and the Evaluator (both of which are available upon request).

What follows in Section 2 of this document is a summary of this work comprising a brief description of the projects and their outcomes, a statement of the committee's findings and a series of policy recommendations.

2. ENVIRONMENTAL ENHANCEMENT

A sub-group was established to advance the development of a code of practice for commissioning art works. A report is given in Appendix II of this document.

2 PILOT PROJECTS

2.1 The Projects

The Steering Group initially piloted four projects among service users being cared for by statutory and voluntary agencies in the Eastern region. A fifth project also formed part of the Steering Group's work. This fifth project was not a pilot in the strict sense, but rather was used to test the learning of the earlier ones.

The projects were located in:

- Cuan Ros residential services for Older People, Navan Road.
- Soilse Drug rehabilitation programme, Henrietta St.
- Consortium of physical disability services in Dublin/Wicklow region.
- St. Joseph's Intellectual Disability Services.
- Creag Aran, Kildare

The five projects represented a broad range of care groups in the eastern region.

Cuan Ros, Community Unit For Older Persons

Operational since February 1996, Cuan Ros is a Community Unit for Older Persons in the Northern Area Health Board.

There are 46 beds, 6 of which are allocated to older persons in need of respite care and 5 of which are for convalescent or rehabilitation care. This leaves 35 long-term residents.

Aim

- Through the arts project, to encourage self fulfilment among the residents

Project

The project was originally intended to be drama based but it evolved with the help of both artist and participants into a multi-faceted approach involving many different forms.

Objectives

- To work on a project which will engender a sense of confidence among residents and staff
- To work in a way that encourages pride and ownership of the work among participants
- To run the project in such a way that allows for self expression
- To encourage a client-centred approach to participation

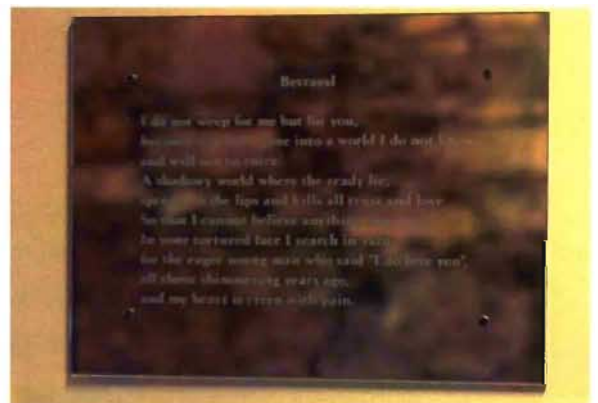
Soilse

Soilse provides addiction rehabilitation programmes for the three Area Health Boards, providing training, education, personal development skills, vocational guidance and employment opportunities to individuals in recovery from addiction. The client group is male and female, over 18 years of age, and at varying stages of recovery from active addiction; stabilisation, detoxification and rehabilitation.

Creative activity in general and the arts in particular are central to Soilse's integrated and holistic approach to addiction rehabilitation. The range of arts activities facilitated in Soilse includes painting, photography, video, computer graphics, creative writing and drama. To date, public viewing and presentations of participant artwork and projects have been integral to Soilse's rehabilitation practice.



Residents of Cuan Ros Enjoying the drama project



Glasswork / Poetry installations at soilse drug rehabilitation centre

Aim

Through the existing arts programme in Soilse, and the involvement of an artist in residence, to design, implement and evaluate a creative process and its relevance to health and social gain in the context of addiction.

Project

The project involved the initial interview of 24 clients. Of these 12 commenced and 7 completed the project. Two artists were commissioned to facilitate the installation of a multi-media art project, using glass as the central source material.

OBJECTIVES

- To recruit and hold ten people over a six month period in this specific creative process.
- To provide and nurture opportunities for participants who are stable in treatment.
- To use the six month creative process to address and challenge thinking as it may exist with regard to art and health by all those participating in the project: stable drug users, health personnel, artists, evaluator.
- On the site of Soilse's new addiction free facility, the former residence of stained glass artist Harry Clarke, to use glass work as the medium in the project theme, process and creation.

Wicklow Consortium

The Wicklow Project was collaboration between four services caring for people with physical disabilities based in Co. Wicklow. These were Open Door Centre in Bray; Cerebral Palsy Ireland Marino Services in Bray; Ardeen Cheshire Home in Shillelagh and the Irish Wheelchair Association in Arklow. All of these organisations are partially funded by the East Coast Area Health Board and three of the four rely heavily on voluntary and government employment scheme for staffing.

Aim

Through the drama project, to encourage self-development among all participants

Project

To involve the clients of four different centres for people with physical disability in the Wicklow area in a Drama Project.

Objectives

- To promote social contact among participants from four centres in the Wicklow area.
- To engender a sense of self-confidence through drama work.

- To develop confidence and ability in the use of dramatic skills.
- To work in a way that is participant-centred.
- Through the work of the drama project, to establish links between the group participants and the wider community.

St. Joseph's Intellectual Disability Service

St. Joseph's Intellectual Disability Service has 332 residents and 439 staff. About half the residents are in the severe to profound category of intellectual disability, many of these presenting with challenging behaviour. Roughly 40% of residents have a physical as well as a learning disability and more than half of the residents have challenging behaviour.

An active arts committee - comprising representatives from management, nursing, teaching and therapeutic staff - help to co-ordinate a broad range of arts activities which play an important part in the multi-disciplinary approach to care in St Joseph's. Arts expertise among this group draws largely upon personal experience and commitment to the benefits of the creative process.



St Joseph's Intellectual Disability Service

Aim

Through the visual arts project, to focus on ability (rather than disability)

Project

To involve users of the service in the design and work of large scale paintings which would be hung on a number of the corridors in St. Ita's Hospital.

Objectives

- To organise the project in such a way that both staff and residents have an opportunity to directly participate in arts activity.
- Through the art project, to create ownership of the creative act and the space.
- To select an art project in which a large number of residents and staff could participate.
- To have fun in the making of an artwork.

Creag Aran Child Care Unit

Creag Aran is a High Support Unit in the South Western Area Health Board. It exists to provide a safe, happy and purposeful environment by offering care and education to children, boys and girls, from 9 to 12 years of age

It is the purpose of all involved in Creag Aran to assist and enable the children in our care to come to terms with and overcome some of the problems and difficulties which may have affected their lives.



The wonder web at Creag at Aran childcare unit

Aim

Focusing on personal development and a purposeful sense of community, to work together as a group (artist children and staff) in the creation of a permanent artwork outside.

Project

The artist, children and staff designed and created a sculpture in the garden, along with various paintings and small sculptures in the process.

Objectives

- To create an awareness of the creative process
- To encourage a sense of responsibility for self and others
- To foster and sustain commitment
- To develop artistic skills
- To investigate and explore contemporary art
- To have fun

2.2 Findings

The arts within healthcare environments is an area of practice which, unlike many other interventions which are introduced following clinical trials, has emerged in practice prior to its being either clinically researched or evaluated. Although progress is being made in the area of documenting and quantifying impact, any conclusions arising from the outcome of five individual arts and health projects must be considered in this context. The Steering group has been at pains not to make unsustainable claims as to the wider value of the type of work with which it was concerned within the pilot phase. Rather, it wishes to describe its findings as being specific to its own experience, although findings from other projects, both nationally and internationally would seem to support many of the conclusions.

Internationally, the health gains reported to attend the pursuit of arts activity are:

- Improved quality of life through enhanced aesthetic awareness and opportunities for creative expression;
- Improved care of service users;
- Expedited recovery rates;
- Improved environments, which in turn contribute to well being.

The findings of the Steering group are considered under the following two headings:

❑ **Impacts** of the arts in healthcare projects.

These impacts are described as:

- Impact on service users
- Impact on staff
- Impact on Artists
- Impacts on the services/ agency

❑ **Organisational and administrative issues** arising from the process of planning and implementing the pilot projects

2.2.1 IMPACT OF PILOT PROJECTS

The impacts resulting from engagement in a creative process are not always easily - or immediately - identifiable. The action is often subtle and takes time to become evident. In addition to this, the more profound personal changes which contact with art can have on individuals may not be visible or available to the external observer. For the individual participant, both the conscious awareness of and the ability to articulate the impacts the project may have had, may take time to become explicit.

The impacts, on the health and well being of service users in general, are very positive; in some cases, quite remarkable, for a relatively brief intervention.

Staff, including those not directly involved with the pilot projects, became aware of the importance of art in their own environments.

I Impact on Service Users

CUAN ROS

- Residents became more fulfilled as a result of taking part in the project. It gave them confidence to offer their opinions and ideas

- Residents got to know each other better. People who would not usually interact began to do so. It gave them a focus and something to look forward to.
- Staff frequently commented on the buzz of activity and laughter from the project area
- The pride of the residents in their finished product was evident when an afternoon performance was held at the Unit, which families, and members of the ERHA and Arts Council attended. The performance helped spread awareness of the enormous potential benefits of "Arts Activity" in caring for older persons and much interest was expressed in the initiative. The short film video continues to be requested and enjoyed by everyone at the Unit.
- Following the success of the "Drama and Short Film Project," the artist who facilitated the initial project saw the huge potential for a creative writing project. The Northern Area Health Board funded this initiative. The skills of the artist enabled and enhanced the residents' latent ability to create and enjoy writing poetry and prose which reflects their lifetime of experiences, wisdom and wit. It was rewarding to see the interest and pride of the participants seeing their thoughts and emotions expressed in print.

SOILSE

- Participants showed significant positive changes in cognitive, behavioural and affective learning. This contributed to positive changes in self-esteem.
- The project was identified by many of the participants as a definite instigator of change in their lives.
- Tracking of clients who participated in the project revealed that changes in perception brought about by involvement in the arts and health project were sustained beyond the life of the project.
- The positive experience of the project encouraged clients to continue to engage with Soilse's rehabilitation programme after the conclusion of the dedicated arts and health project, thus increasing their opportunity for addiction rehabilitation.



Another example of the Glass installation at soilse

Typically participants in Soilse are socially marginalised and unfamiliar with the sort of inclusive engagement provided by the project. In this regard, participants in the Soilse project reported that the inclusive approach pursued positively challenged their existing views of statutory services.

- On completion of the project one individual began (and continues) to paint regularly at home. The same individual is also attending an evening course in stained glass and is exploring the possibility of showing his paintings publicly.
- Another participant reported that taking part in this project – having a focus for his energies – gave him the confidence and motivation to look for employment locally. He is currently part of a community employment scheme, and hopes to become independently employed on its completion.
- Two participants, who had contemplated for many years becoming drug-free, 'detoxed' during the course of the project. Although a series of happenings in their lives precipitated this choice, both individuals said that taking part in the creative process helped them (as one person put it) to "find again a side of their personalities which they knew was there", giving them the hope of a better life in the future. One of these individuals, on completion of the art project, participated in Soilse's drug-free programme. She is also exploring the possibility of attending Art College - something which she had wanted to do after leaving school but was discouraged from doing.
- With regard to the challenging stereotypical thinking regarding issues of art and health: most of the participants agreed that their preconceptions of what an artist might be ("arty", "hippy", "head in the clouds", not able to relate to drug users) were positively challenged. They said that, as soon as the project started, they found the artists to be "down to earth", "friendly", "open" and "helpful".

WICKLOW

- Self-development was clearly identified by all participants as being the main benefit of their involvement in this work.
- Almost all of the participants cited meeting new people as one of the most rewarding aspects of the project.
- Gaining the confidence to perform in front of others – both peers and audience – was named as a particularly significant personal development by most of the participants.
- Other participants (or carers observing participants) talked of (participants) becoming less fearful of being in a group and more willing to approach other people first.
- At least three people said that, having taken part in the public performance, they were less

self-conscious about their disability in public.

- One participant decided to make contact with one of the local amateur dramatic societies. Another participant, on completion of the project, began to write his first play and was also considering joining a drama group.
- All of the participants said they would like to do more drama.
- Most participants greatly valued the fact that their ideas for the drama work were welcomed and that their abilities were encouraged and embraced wholeheartedly. A parent of one of the teenagers said that she had "no idea [her] child could do what he did ".

ST JOSEPH'S

Most of the benefits for participants relate to personal and social development as listed below:

- A clear sense of pride and achievement was generated.
- Increased self confidence and sense of pride
- Increased sociability
- Increased self-esteem
- Increased sense of empowerment
- Increased motivation
- Sheer enjoyment in the artistic process
- A sense of ownership of the public space where the work is exhibited.



New light through old windows the finished project at St. Joseph's

Our service users were, and still are, aware and appreciative of their contributions to the pilot project. It is very much a part of their lives, the lives of their families and the staff who care for them.

CREAG ARAN CHILD CARE UNIT

- A huge impact on their creativity and artistic skills
- A increased confidence in their abilities
- A new awareness of contemporary art
- A great sense of achievement

II Impacts on staff

CUAN ROS

- A marked increase in morale became apparent among both staff and residents. As one member of staff said, when describing the positive impact which the project had on the general mood of one of the residents, "No drug could do that"
- Staff (in particular the Activities Nurse) learned new skills that she can use in her future work.
- Staff gained a greater understanding of the residents and their capabilities.



The Drama Project at Cuan Ros

The experience gained in the project gave staff the confidence and skills to initiate a further arts project in the Unit involving residents and students from a local convent school.

SOILSE

- Affirmed existing staff appreciation of value of arts and creative endeavour with participants.
- Challenging to see this particular project through to conclusion.
- Worthwhile to have art installation on ongoing display in the building.

CREAG ARAN CHILD CARE UNIT

- Increased awareness of contemporary art
- Ability to relax and enjoy creative process
- A new awareness of artistic ability

Seeing children in a new context.

ST. JOSEPH'S

This project firmly established St. Joseph's Arts Committee, which will now organise all arts activities in the service.

Although various arts projects have taken place in the service over the years, this project raised the awareness of the benefits of art to a different level.

Two staff information days given by the artist proved very successful in raising the awareness of all involved.



Clients and staff of St. Josephs admiring their work

The aspiration to integrate day and residential services was realised to a surprising extent.

The project was, at times challenging to co-ordinate for people who already had a full workload. Dedicated time allotted to staff would be an advantage.

III IMPACTS ON THE SERVICE/AGENCY

SOILSE

The arts project continues to act as an inspiration for further projects

On going requests by outside agencies to visit or revisit the completed arts project

CUAN ROS

- Other services for the elderly became aware of the potential of arts activity for their clients. Managers of two units in the Dublin area who attended the performance, have expressed interest in the initiative and, in one case, has taken steps towards realising a project.
- Following on the success of the drama project, the artist who facilitated this drama project, is due to start a creative writing project with the residents in Cuan Ros in January 2001.

CREAG ARAN CHILD CARE UNIT

- A More colourful place to be

ST. JOSEPH'S

A dedicated space has been established specifically for the arts.

All the corridors of the hospital are now vibrant and full of life. Maintenance and care of these spaces has improved considerably as a result of the project.

A new website for the arts has been established portrane.arts.com as a direct result of the project.

Funding presented problems with access to immediate cash proving difficult. This caused problems for both the artist and the arts committee.

IV IMPACT ON ARTISTS

- Establishment of new relationships with a variety of individuals
- Sense of privilege to have worked in the particular healthcare settings and seeing the sacrifices made

- Sense of contribution and achievement
- Sense of frustration due to administrative difficulties and delays
- Concern that artists working with people are under-funded
- Grateful for the support of staff in helping them to deal with difficult and unfamiliar situations.
- Due consideration should be given to the presentation of the final projects.

2.2.2. ORGANISATIONAL AND ADMINISTRATIVE ISSUES

Many organisational and administrative issues arose from the process of planning and implementing the pilot projects. These can be summarised as follows:

Administration

In the absence of dedicated administrative systems, problems arose, particularly in terms of funding and unrealistic work planning.

A lack of awareness on the part of healthcare services regarding the importance of art and health projects.

More appropriate recognition of resources was required within healthcare organisations for staff working on arts projects.

Artists

The recruitment of artists to work in healthcare environments required sensitive and careful planning.

Appropriate support for the artist needs to be put in place. This may necessitate a full time staff member for the duration of the project, depending on the client group.

Health and Safety

The need to allocate adequate time and resources to Health and Safety.

3 ENVIRONMENTAL ENHANCEMENT IN HEALTHCARE CONTEXTS

A sub-group of the Steering Committee was formed to make recommendations with relation to the acquisition and/or commissioning of art works for healthcare environments. The major funding mechanism for art in public places, the Percent for Art Scheme, is Government policy and has been implemented by the Department of Health and Children for some years. Acknowledging that there were some health facilities which had already developed sophisticated art acquisition policies to great benefit - Waterford Regional Hospital, Cork University Hospital, and the National Maternity Hospital being examples – the intention was to build on their successes.

The Steering Committee, informed by the sub-group, produced the **Joint proposal from the Eastern Regional Health Authority/Arts Council Steering Committee on the acquisition of artworks for healthcare environments.** (Appendix IV.)

The proposal was accepted by the former Eastern Health Board in autumn 1999 and as a result, will now be taken up by the three new area boards (Northern Area Health Board, East Coast Area Health Board, South Western Area Health Board).

In February 2001, the CEOs of the three area boards were invited to establish pilot projects in their own areas. In May 2001, the South Western Area Board nominated Phase II of Naas Hospital and this pilot project is now in train. Discussions are ongoing with the remaining two boards.

4 CONCLUSIONS

- 1 Taken as a whole, the impact of the pilot projects at all four levels of assessment – impact on service users, staff, artists and agencies were very positive.
2. The pilot projects strongly indicated that individuals' ability to express themselves artistically and to experience aesthetic qualities in their environment are central to their health and well-being.
3. The pilot projects also showed that enhancing opportunities for creative activity within healthcare settings assists in bridging the gap between medicine and self-care.
4. The positive impact of the projects was due to the standards adopted in planning and implementing each project through the expertise and support provided by the staff on the ground, the Director and the Evaluator and Steering Group. Staff acknowledged that the project stretched staff resources but nevertheless successful outcomes were achieved.
5. The impact of the pilot projects makes a clear case for their extension to and development of the arts in other areas of health and personal social services.

6. This will involve a number of supports, including appropriate administrative arrangements being put in place
7. The design quality of buildings is of significant importance to the well being of service users, staff and visitors. Therefore all opportunities should be availed of to encourage high quality design and environmental enhancement through the 'per cent for arts' scheme and other programmes
8. Appropriate administrative arrangements are required to implement projects effectively.
9. Both artists and healthcare staff need to have a deep awareness and understanding of the issues relevant to each other's work.
10. Appropriate resources are required within healthcare organisations for staff working on arts projects.
11. The recruitment of artists to work in healthcare environments requires sensitive and careful planning. The importance of realistic budgets, effective cost management and the exigencies of working in healthcare environments must be clearly understood.
12. Artists should have significant preparation and appropriate supports to work in what can be new and difficult environments for them.
13. Health and safety issues need to be recognised and addressed. Adequate time and resources must be allocated to Health and Safety issues.
14. The ownership of the completed projects should be agreed in advance.

PROPOSALS

On the basis of the results of the five pilot projects, the Steering Group is now making the following set of proposals to the Eastern Regional Health Authority, which would form the basis for an arts policy to be adopted by the health agencies in the eastern region.

Arts projects should be actively encouraged within the health service, contributing as they do to meeting the objectives of the Authority and statutory and voluntary provider agencies, to achieve health and social gain. The opportunity to participate in creative endeavour through arts practice is a health and social need.

The five pilot projects have shown the way forward and the learning experience gained should be applied on a wider basis across the region.

The arts should be incorporated in developing services for care groups and in the change management of care groups.

Health Boards and voluntary provider agencies within the eastern region should adopt an arts policy.

A commitment to high standards of arts practice should form a central element of this policy. This commitment would include projects involving major expenditure such as architectural design for buildings, through commissioning art work for these buildings and promoting best practice in arts projects within individual settings

The ERHA should establish an Arts Committee with representatives of the Authority, Arts Organisations, the Area Health Boards and Voluntary Provider Agencies, to further the recommendations of this report.

Extra resources should be made available to staff involved with arts and health projects

A series of practical supports should be put in place to facilitate arts and health projects. These would include the good practice handbook, based on the experience of the pilot projects and which addresses issues of health and safety, administration and artists' support.

Information/education programmes should be drawn up for health care staff

Education on the arts in health care should be included in training courses for healthcare professionals

A regional register of Arts in Healthcare Practitioners and Projects should be established.

Organisations should be encouraged to engage in activities that allow for interaction of clients and staff with other agencies involved in arts projects

On going evaluation into the benefit and effectiveness of arts practice in health care settings should be carried out.

Appendix I

Members of the ERHA / Area Health Boards / Arts Council Steering Group

Chairperson

Maureen Browne	Communications Director	Eastern Regional Health Authority
Mary Cloake	Development Director	The Arts Council
Mary Ellen Greene	Special Projects Executive	The Arts Council
Sheila Gorman	HR Executive	The Arts Council
Lisa Moran	Combined Arts Officer	The Arts Council
Eddie Matthews	Director of Services for Older People	Northern Area Health Board
Michèle Clear	Director of Services for Children and Families	South Western Area Health Board
Violet Harford	Director of Services for Persons with Disabilities	Northern Area Health Board
Aoife Kerrigan	Education Officer	Soilse
Marie Carpenter	Montessori Teacher	St. Joseph's Intellectual Disability Service
Sean Fahy	Day Services Manger	St. Joseph's Intellectual Disability Service
Justin Parkes	Senior Executive Officer	Office of the General Manager for Special Needs Groups
Anne Halpin	Area Administrator, CCA7	Northern Area Health Board
Lena John	Activities Nurse	Cuan Ros
John Browner	Project Manager, Technical Services	South Western Area Health Board
Julie Byrne	Community Employment Supervisor	Irish Wheelchair Association, Arklow

Noelle Connolly	Principal Teacher	Creag Aran
Joanie Cousins	Manager	Creag Aran

Many thanks to all members of the steering group, who gave so generously of their time and expertise.

Appendix II

Joint proposal from the Eastern Regional Health Authority/Arts Council Steering Committee on the acquisition of artworks for healthcare environments

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Context

In 1998 the former Eastern Health Board and the Arts Council began working together to develop an arts policy for the Board and a code of practice for arts in health environments. This policy is intended to address areas such as arts activities, artists' residencies and art works in health environments. The process of policy development will be informed by current practice nationally and internationally, and specifically by the development, documentation and evaluation of pilot arts projects within Health board locations.

A sub-group of the Steering Committee was formed to make recommendations with relation to the acquisition and/or commissioning of art works for healthcare environments.

Executive Summary

The healthcare system in Ireland is being refocused to include health promotion and disease prevention. The Health Boards are increasingly concerned with a health status also defined as a state of complete physical, mental and social well-being. A holistic approach, a consideration of the whole person, is more in evidence.

Research has suggested that the quality of healthcare environments is vital and will contribute to the well-being of all users. The arts can enhance the environment and can also assist in promoting health, healing and welfare. It has been proven that access to art works can reduce the risk of physical disorder and aid the recovery process.

The arts in general embrace such cultural activities as the visual arts, architecture, literature, music, opera, drama, film and video, and dance. Additionally, the development of new technology has led to many new, very exciting, types of art being created. The people who inhabit healthcare environments need and deserve to have access to quality art works.

Office of Public works Art Management Committee has successfully evolved policies and procedures for the acquisition of art works for public buildings using the Percent for Art scheme. It is envisaged that the Eastern Health Board will follow similar procedures.

Per Cent for Art Scheme

Under the Per Cent for Art Scheme, budgets for construction capital projects undertaken by relevant public bodies should include 1% as funding for an art work, feature, or project, subject to the limits set down below:

- Construction projects costing up to €2.55million may include a maximum art budget of €25,500.
- For projects costing between €2.55million and €6.3million, a further 1% (up to €12,500) is allowed, giving a maximum art budget of €38,000.
- For projects costing between €6.3million and €12.7million, a further 1% (up to €13,000) is allowed, giving a maximum art budget of €51,000.
- For projects costing in excess of €12.7million, a final 1% (up to €13,000) is allowed, giving a maximum art budget of €64,000.

It is to be noted that appropriate construction projects will include those involving a new-build, renovation, and extension.

The percentages are to be calculated in the VAT exclusive construction costs.

In order to allow greater flexibility and scope in the use of funds, and greater benefit to be derived from the scheme, the pooling of resources may be adopted in appropriate circumstances.

The Department of Health and Children strongly supports this scheme. It recognises the potential for significant therapeutic, environmental, cultural and other benefits to be derived from its implementation.

The Department of Health and Children recommends that the scheme be implemented in a way that will encourage ongoing arts activity in healthcare settings. It also recommends that the capacity of the scheme to act as a 'pump primer' be exploited where possible, to encourage continuing local involvement in this area and the generation of additional funding from other sources for arts projects in appropriate cases.

A broad and imaginative approach to the implementation of the scheme is also recommended. In this regard, an interdepartmental group is currently preparing a set of guidelines in relation to the scheme. These guidelines will be available to public bodies in the near future, and will offer advice on all aspects of implementation of the scheme, including selection procedures, choice of art form, 'pooling' of funds, contractual arrangements, inventory preparation, copyright, and other relevant matters.

In addition to this scheme, the Arts Council can assist with the acquisition of art works through both its Joint Purchase and Loan Schemes.

Recommendations

The Steering Committee recommends that:

- 1. A pilot scheme be put in place using the Per Cent for Art Scheme - administered by an arts and health group**
- 2. The Pilot Scheme be monitored and evaluated**
- 3. A model of best practice be evolved and documented in an ERH Art Handbook that clearly states acquisition procedures, policies and methods of implementation – (the OPW Art Management Handbook, and the evaluation of the pilot scheme will be used as a basis) with a view to the policy being adopted by the Health Agencies.**
- 4. An interim mechanism be devised to ensure that on-going opportunities for the use of the Per Cent for Art Scheme will be optimised**
- 5. A Research Project be carried out to consider how art works can be integrated into the existing Health Agencies.**
- 6. The above five recommendations be initiated and monitored by the sub-group.**

The Pilot Scheme

Naas General Hospital Project

This is Phase II of a four-phase development to provide a new modern acute hospital on the grounds of the existing hospital. Phase II consists of the provision of new wards, operating theatres, radiology department, surgical medicine, A&E department and out-patient departments.

The construction budget for Phase II is approximately 40million. This project, therefore, qualified for the maximum art funding of €64,000 under the Per Cent for Art Scheme. Funding has been made available, and an Arts Procurement Group is in place. It is planned to invite submissions from artists for this project in Spring 2003. It is also envisaged that the Per Cent for Art Scheme will be utilised in the future phases of the development of the hospital.

Introduction

The World Health Organisation defines health as the 'state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.

There are 1.4 million people living in the eastern region, which accounts for 38% of the population of the country. All of these are current or potential clients of the health and personal social services purchased by the ERHA.

How can art play a part in meeting their health needs?

What is art?

The arts in general embrace such cultural activities as the visual arts, architecture, literature, music, opera, drama, film and video, and dance.

Usually, it is the visual arts, such as paintings, fine art prints, wallhangings and sculptures, which have been located in or around public buildings. Many of us are familiar with both contemporary and historic representative works such as portraits, landscapes and still-lives. (Representative, or figurative, paintings would include recognisable figures and/or objects in realistic surroundings.)

Historically, paintings were executed in oils and watercolours on canvas or paper or, in the case of frescos, straight on to a wall or ceiling. Sculptures, often figures of people or animals, were usually made in carved stone or wood or, perhaps, cast in bronze or plaster.

The medical and the healthcare fields have advanced greatly over the last centuries; so has art and art works. Just as the discovery of anaesthetics in the mid nineteenth century enabled new types of surgery to develop, the invention of the camera around the same time enabled artists to consider new ways of making, and seeing, art. The camera enabled portraits and events to be recorded accurately and immediately. Prior to this, art had been representational - painting and sculpture being the only way to depict scenes from past lives, religious scenes, mythologies, to narrate or illustrate stories or to capture a likeness. As the camera could then perform these tasks more efficiently, many artists considered this kind of art less relevant.

Subsequently, contemporary art has evolved and now tends to embrace non-figurative, non-representational, abstract works (i.e. more concerned with expressing a feeling, mood, aspect of the subject or with the surface, colour and/or texture of the materials from which it is made). Such works would be considered less conventional by many as they can be less easily read or understood. They often include or consist of images that require a different approach from the viewer and provide a considerable challenge. The Needle, the proposed replacement for Nelson's Pillar in O'Connell Street, is an example.

New ways of making art include video, digital technologies such as CD-ROM or web pages, film, and performance art, (a live artwork often involving the use of the artist's body) in addition to the production of art objects, such as paintings and sculptures.

In addition, the *applied arts* involve the enhanced design or embellishment of functional items such as furniture, door handles, signs, seats, play stations, floor games, fabrics etc.

Why art in health environments?

The healthcare system in Ireland is being refocused to include health promotion and disease prevention. A holistic approach, a consideration of the whole person, is more in evidence. Research has suggested that the quality of healthcare environments can support individuals as they cope with stress and promote wellness and well being. Artworks can assist in promoting health, healing and welfare at every level by enhancing the environment. It has been proven that the social support provided by art reduces the risk of physical disorder and aids the recovery process.¹ This would reduce lengths of stay in hospitals for example, leading to a reduction of costs.

Art can contribute to the healing process by softening healthcare environments, making them more welcoming, and less austere and intimidating, and illustrating the ethos of the organisation. Art can make a hospital a place that can encompass and express compassion, beauty, delight and humour. It can in a way support those who cope with serious illness, crisis, death and bereavement - from visitor to patient to hospital staff. Good art can be about attempting to make order in a chaotic world, bringing order to a specific location, expressing emotions - all of which can be reflected in and recognised by the viewer.

Artistic embellishments are no longer seen as merely a discretionary luxury but as a necessity to improve and enhance the environments in which we work and live and those we visit. In a health context surely this is even more important. The health area is one in which the roles and terms can be interchangeable. An artist, a worker, can also be a patient, a visitor, or a client. They will almost certainly overlap at some time.

It is increasingly recognised that patients and clients in particular are not a separate group of people, but a changing body of individuals from various occupations. Hospitals house patients and staff, many of whom will be creative individuals in their own right.

High quality art can enliven and enhance the environment and provide uplift for spirits. It can provide a welcoming and stimulating atmosphere. Art can provide a way of reflecting, mediating, and mirroring moods. It can cushion crises and perhaps, if only momentarily, be interposed between an individual and a traumatic event and can reduce stress, and hence aiding the recovery process.

¹ Juliet Fowler-Smyth, Liverpool Hospital Arts Plan, South Western Australia, Web-site <http://www.central.com.au>; Dressler, 1991; Whittaker, Garbarino et al., 1983; Vaux, 1988; Blythe 1983

Where in Healthcare environments?

- Health Centres, hospitals, rehabilitation units, residential units etc.
- There are many miles of hospital streets which are ideal locations

- Reception areas
- Outdoors and indoors

Existing Health care locations in Ireland with established art collections and programmes include:

- Waterford Regional Hospital, Waterford
- National Maternity Hospital, Dublin
- Cork Regional Hospital, Cork
- St. Patrick's Hospital, Dublin
- Royal Belfast Children's Hospital, Belfast
- The Royal Victoria Hospital, Belfast

How to acquire the artworks

The Steering Committee recommends that:

1. A pilot scheme be put in place using the Per Cent for Art Scheme - administered by an experienced arts administration agency or individual
2. The Pilot Scheme be monitored and evaluated
3. A model of best practice be evolved and documented in an Art Handbook that clearly states acquisition procedures, policies and methods of implementation – (the OPW Art Management Handbook, and the evaluation of the pilot scheme will be used as a basis)
4. No art works be acquired without adhering to these procedures
5. A Research Project be carried out to consider how art works can be integrated into the existing Health Agencies
6. The above five recommendations be initiated and monitored by the sub-group

The OPW, under the guidance of their Arts Management Committee set up in 1991, has acquired a considerable collection. This includes original prints, paintings, sculpture, stained glass, murals, mosaics, installations, and applied art works such as commissioned carpets and customised furnishings, gardens, wrought iron gates, and stone seating areas using the Percent for Art Scheme. This Committee manages, maintains and accounts for artworks ensuring that they are included on the OPW Annual asset register. The OPW handbook covers such issues as Government Art Policy, Implementation of the Per Cent for Art Scheme, Acquisition Policy, Acquisition Procedures, and the Management of Art Works.

The ERHA/Arts Council Steering Committee is grateful for the considerable assistance already provided by the OPW, in particular Angela Rolfe, Architectural Services.

How do we pay for it?

Per Cent for Art Scheme

The ERHA and its provider agencies can fund its acquisition of artworks, in the main, through the implementation of the Per Cent for Art Scheme.

The Dept. of the Environment established an artistic embellishment scheme in 1986 based on the principles of Per Cent for Art scheme as originally conceived by the OPW in 1978.

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How can the Arts Council help?

The Arts Council is the development agency for the arts in Ireland. The Arts Council administers two schemes in particular, the Joint Purchase Scheme and the Loan Scheme, which can directly aid the ERHA and its various provider agencies with the acquisition of art works.

The South Western Area Health Board has under the Loan Scheme acquired six pieces from the Arts Council – two are on display in the Head Office at Millennium Park, Naas, and the other four are at Naas General Hospital.

The Joint Purchase Scheme

Public bodies can apply to this scheme to assist it to buy works of contemporary Irish art. The Council may contribute *up to 50%* of the purchase price and retains that percentage of ownership. The scheme has been run for almost forty years and during that time the Council has assisted in the purchase of thousands of works.

The Loan Scheme

This scheme allows public bodies to apply to the Loan scheme in order to borrow works of art from the Arts Council's collection for periods of up to two years.

The Council has been drawing together a collection of contemporary Irish art since its inception in 1951. To date, there are over 900 works that embrace a broad range of art practice. The collection represents emerging as well as more established artists.

Over 90% of the collection is on loan to public institutions around the country at any time. The aims of the scheme are to ensure that the maximum number of people should have access to this extensive collection of contemporary Irish art and to encourage organisations to start their own collections.

Glossary

abstract art non-figurative art	artwork concerned with expressing a mood, emotion, an aspect of a subject, or with the surface, colour and/or texture of the medium (rather than with the subject itself)
applied art	embellishments or designs on functional items such as furniture, carpets, soft furnishings, door handles, signs, children's playthings etc
visual art fine art	traditionally paintings, wall-hangings and sculptures - more recently also includes video, digital technologies such as CD-ROM or web-pages; film, performance art; artists' books
art work	a general word for art objects, installations, performance, video etc.
commissioning	employing a selected artist to make a particular item, usually at an agreed price / fee
contemporary art	art made by a currently living artist or art made within the last 10 years
figurative/ representational	recognisable and often familiar images (i.e. portraiture, still life and landscape), conventional works, illustrative and realistic works considered 'true to life'
fine art print/original print	a work/s individually made through the printing process i.e. the image is transferred from one surface to another. Such an image is a piece in its own right but can be made in editions so that there can be more than one of each image - fine art prints can incorporate such techniques as etching, mezzotint, engraving, aquatint, drypoint, screenprint, relief printing, lithography, monoprint, collagraph, carborundum
fresco	a method of making images on walls using a special paint onto a

	wet plaster surface (often used in previous centuries in churches)
installation	a work made for a particular location - would tend to be temporary
medium / media	the components with which the work is made i.e. oil paint, watercolour paint, stone, bronze, wood, recycled materials, plastic, film, video etc.
new media	digital technologies (i.e. CD-ROM, web sites); video etc
per cent for art scheme	any government department with a construction budget can allocate a proportion (1% up to stated maximums) of that budget for the provision of artworks: <ul style="list-style-type: none"> • up to £2 million allows a maximum of £20,000 • between £2m and £5m allows max. of £30,000 • between £5m and £10m allows max. of £40,000 • in excess of £10m allows max. of £50,000
performance art	a live art work often involving the use of the artist's body
reproduction	a duplicate of an artwork, i.e. a copy made photographically of a painting or other image - can be mass produced i.e. posters, reproductions of famous paintings, etc.
site specific art work	a work made for a particular location - would often be related to a commission - would tend to be permanent i.e. The O'Connell Street Needle
subject	the theme with which the work is concerned i.e. a person, people, landscape, religious event
emerging artist	one at the beginning of career
art practice	artist's method of working (studio, manufacture of work, exhibition, sales etc.)

