



# Arts and Health Pilot Projects

## Interim Report

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## **1 Introduction**

In 1998 the Eastern Health Board and the Arts Council began working together to develop an arts policy for the Eastern Health 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 four pilot arts projects within Eastern Health board locations.

### **1.1 Arts and Health in Ireland and the UK**

Arts activity in health environments is not a new idea. Throughout Europe and particularly in the UK arts work in health environments is a common practice.

There has been some activity in Ireland also. Waterford Regional Hospital has employed an arts co-ordinator over the past few years who has initiated a series of arts events within the hospital setting. This has included a healing garden, visual arts exhibitions in the wards and corridors, art classes for staff, music performances and arts activity for patients. To mark the centenary of the National Maternity Hospital in 1995, a programme of arts activities was initiated which resulted in the appointment of an arts officer and the continuation of the arts programme.

In Northern Ireland ArtsCare was established to provide hospitals and health care premises with access to professional artists. For example, the Musgrave Hospital in Belfast has a comprehensive arts programme which incorporates sculpture, interactive work with patients in all arts disciplines and performances from the Ulster Orchestra in the hospital setting. Other examples include the Integrated Artworks Project at the Royal Belfast Hospital for Sick Children.

However arts and health initiatives in Ireland are happening in an ad hoc fashion and in the absence of policy both at Health Board and Arts Council level. The overall purpose of these pilot projects is to develop a code of good practice and a policy that may offer a framework for future arts work in this area.

## **2 Arts and Health Projects**

### **2.1 Background**

Over the past six months groups of carers in four health board locations have come together on a regular basis to reflect on their practice and explore the possibility of developing a new kind of project. For many of these people, the Arts and Health Pilot Projects have been their first introduction personally and professionally to the arts. Others have had more experience but not necessarily the resources to pursue their ideas. We are now at the point of inviting artists to submit proposals for projects in these four locations and as the first phase draws to a close it is worth reflecting on how we got here.

## 2.5 The Projects

Four projects in Eastern Health Board locations were selected by the Steering Group to take part in the pilot initiative. These projects were intended to represent broadly the range of Eastern Health Board services. The projects are funded jointly by the Eastern Health Board and the Arts Council, and will take place in the autumn of 1999 and into the spring of 2000. The Eastern Health Board in conjunction with the Arts Council is examining a fifth project in the area of child care.

## 2.6 Project Aim

The project aims to develop, document and evaluate a number of pilot arts projects in a range of EHB health locations to inform policy on arts in health environments and to establish models of good arts practice in health environments.

## 2.7 Guiding Principles

The guiding principles for the pilot projects are as follows;

- A high quality collaborative process with a tangible result (this may be an informal showing/presentation of the project among participants, or involving the wider community) should underpin the project. The project should contain new ideas or approaches developed by the team (artist, host organisation, target group) in collaboration.
- The artistic integrity of the project is of primary importance.
- Artists should be able to demonstrate a high standard of arts practice and proven ability to work in the context.
- The project should address the creative development of the group.
- The project should be consistent with the core aims of the host organisations and should advance the development objectives of the organisation for the target group selected.
- A clear distinction between arts practice and arts therapy should be made within the work of the project although this does not preclude collaborations between artists and art therapists

### The four projects are:

- Soilse is the EHB's drug rehabilitation unit in Henrietta Place
- Cuan Ros is a residential care unit for older people on the Navan Road
- St Joseph's Intellectual Disability Service at St Joseph's Hospital, Portrane
- Four organisations in the Wicklow region offering services for persons with physical disabilities
  - Marino Clinic, Bray
  - Open Door Centre, Bray
  - Ardeen Cheshire Home, Shillelagh
  - Irish Wheelchair Association, Arklow

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## **2.8 The process**

The Project Director and the Project Evaluator have worked with the four host organisations over the past six months to identify the aim of the project in each location, identify the resources needed and to create an evaluation framework which will be used to analyse and record the projects as each stage emerges.

Meetings were held on a monthly basis with the host groups where issues around art, art therapy, health and its relationship to both were hotly and passionately debated by care workers.

A series of information days was held which gave host organisations the opportunity to speak with artists, to question the role of arts activity in their setting and to inform themselves of current arts practice.

The Steering Group has met monthly and as issues have emerged within the projects, these have been fed back to the Steering Group. Overall responsibility for decisions around policy, budgets etc. rests with this group.

### 3 Overview

The first six months of this project has concerned itself with establishing clear aims and goals for arts projects in the four host organisations. While a simple objective, it has proved a useful catalyst for a range of *discussion and debate around the nature of arts work in health settings*. For many of these organisations it was the first time they had taken time out of their schedules to talk about this issue. The level of interest and commitment from staff has been impressive with core groups in each organisation maintaining continuity and interest with the individual groups.

The pilot projects in the EHB region have placed the art practice at the heart of the initiatives. It has been clear from the outset that they are artist led initiatives which do not seek to deliberately improve the health and well-being (in a medical sense) of the participants.

This approach distinguishes these pilots from a number of initiatives currently underway in the UK where the arts activity or practice is used as a "tool" for healing. While the impact of the arts projects will be evaluated across a range of parameters to do with the health care environment, part of the evaluation will also look at the impact of this kind of work on the artist in terms of their professional development and practice.

### 4 Issues Identified

#### 4.1 Arts Practice versus Arts Therapy

One of the most fruitful debates has been about the line between what is arts practice and what is art therapy. Many of the carers themselves would admit to having been confused about this relationship. A useful information day in March brought together Suzie Cahn (art therapist) and Ailbhe Murphy (artist) with the host organisations to explore the issue.

#### Information Days

- Jan 99 Aifric Gray (Arts Co-ordinator at Waterford Regional Hospital) introduces her programme. Ronnie Dunne from Artscare talks about their model in Belfast
- February 99 Cuan Ros go to Belfast to see the Artscare model in situ
- March 99 A one day information exchange on arts therapy and arts practice with Ailbhe Murphy (Artist) and Suzie Cahn (Art Therapist). All host organisations participate
- May 99 The Wicklow groups attend a half day session at the Irish Museum of Modern Art where they view parts of the collection and see work created as a result of the education and outreach programme
- July 1999 Information day for artists wishing to meet host organisations and the EHB in advance of submitting proposals

While there is, of course, a place for art therapy within health care environments, there is also a place for creative activity which does not seek to process emotions and contribute directly to the emotional development of the individual. As we discovered at that day, it is the intention of the practitioner that is important in both instances. Ailbhe Murphy spoke about the need for a clear and bounded space into which an artist can be invited to work.

The separating out of the two disciplines as described above seemed to unlock the creativity of the four groups. A certain permission had been given to explore art for its own sake and a noticeable shift happened in the content of the discussions with groups about possibilities, projects and in particular the aims and objectives of the initiatives.

#### **4.2 Aims and Objectives**

Each of the groups has worked to clarify, as far as possible, the aims and objectives of the arts projects in their particular environment. This process has given us an evaluation framework which will be the primary reference for the overall evaluation of the initiative. As we have gone through this process of trying to name "why an artist", "why this project", "why are we doing this" people have been very open about their fears and prejudices. Many of the debates within the arts sector about access and education have been rehearsed in these rooms over the months. "Why art and not proper facilities?" "Art isn't for us, it's for artists or other people", "We don't need an artist, we're already doing it", "it's not as important as..."

#### **4.3 Artist as Professional**

One of the significant learnings has been around the difficulty of perceiving the artist as professional in their own right. Many carers found it difficult to invite artists to respond to their situation, to not have to describe in detail what was required, to trust that an artist would be able to offer a response, come up with ideas etc. The different ways of working in the arts and health sectors have challenged each other at this initial stage. The recent information day where artists and host organisations met has been a significant and important step in capacity building the hosts for future initiatives. A member of one host organisation spoke about her surprise and delight that an artist had understood completely the context in which she was working.

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## **5 Pilot Projects in a broader context**

Not all of the discussion has happened within the individual host organisations. A number of information days, as referred to above, have offered the groups the opportunity to interact with each other as well as discuss issues with those in arts practice. The information days have been augmented by a number of trips to see arts activity in similar settings and by visits to IMMA to see art in a gallery context.

In each of these cases the trips were organised to offer the groups a sense of the possibilities. Naturally, many carers came to this project feeling that arts activity might not be suitable for their clients. The traditional ideas of what art entails - skill, dexterity etc. were gently challenged by the project team and as the months have gone on it has been encouraging and rewarding to see the host organisations developing more sophisticated ideas of what they want both for themselves and their clients/residents.

The level of enthusiasm and commitment from staff for these projects has been directly related to the amount of information they have received about art, particularly from artists.

## **6 Art for art's sake, art for health's sake**

At the Arts in Health conference in Manchester (April 1999) many projects described a process whereby the arts were used as a tool for healing as distinct from describing arts projects which took place in a health context. The fine line between both is important and will give rise to debate and discussion long after these pilot projects have finished. The similarity between the two areas is striking and the most pertinent question that has emerged so far in this initiative concerns the role of the artist and the art work (process or product). Our decision to evaluate the impact on the artist of this way of working will hopefully lead to a more informed debate about the role of the practising artist in a community or health context.

Any good arts project in a community context will impact on those taking part and we confidently expect that to happen - it has already begun to happen with the host organisations. The quality of the contact between artist and group and the quality of the process or product will be capable of being criticised alongside any other traditional art form or practice. Art can and does take place in environments that are outside of the gallery/theatre/art space system.



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## 6.1 For Arts Sake?

In many community/health contexts art is often used as a tool for another outcome - personal development, health, well being, political agendas etc. At the outset of discussions we found that many carers were naturally approaching these projects with that agenda. The success or otherwise of the projects would be measured in the increase/decrease in the health and well-being of residents. While a worthy aim in itself, this led to discussions about whether an arts project was the appropriate mechanism for delivering this outcome and was there an "other" that an arts project might bring.

The host organisations had removed themselves as participants until they realised there would be an impact on them, and for many, this has been a welcome realisation. By placing the arts practice at the heart of these initiatives care workers have found that there is, and will be, an impact on themselves, their residents and clients. The sense of possibility and excitement around what may emerge is palpable and while the outcomes identified by the groups remain it is quite possible at this stage that a range of others, not yet named, will also emerge.

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## 7 Conclusion

At this point we have had no actual arts activity. We have had a process of arts education, discussion, debate etc. The impact on the host organisations has been significant in terms of increased

- confidence
- creativity
- ability to reflect on their practice and
- ability to set goals and objectives that are arts specific.

In many ways they have been engaged in arts education. It was not envisaged at the outset of these pilot projects that arts education would be a focal point but it has proved a most important factor for many of the groups in feeling confident about discussing the arts and in meeting and discussing projects with artists.

At the time of writing this report we are awaiting proposals from artists to work with the four host organisations. The first phase of development has drawn to a close and while it took significantly longer than originally anticipated, it has been an important learning experience for all involved.

We hope to bring the work between artist and host organisation from September onwards and drawing to a close in the early spring. During this phase, many of the observations, debates and challenges will come into closer focus as they are acted upon and realised between artist/host organisation and participants

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