

NATIONAL ARTS AND HEALTH FRAMEWORK

Our commitment

Australia's Health Ministers and Cultural Ministers are committed to improving the health and wellbeing of all Australians and recognise the role of the arts in contributing to this.

Framework purpose

This framework has been developed to enhance the profile of arts and health in Australia and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities. It has relevance for all agencies, departments and organisations with a role in promoting health and wellbeing and in delivering health care and services, including arts agencies and all those already engaging with arts and health practice.

Through this framework we:

- acknowledge the value and benefits of arts and health practice and outcomes
- endorse collaborative relationships between arts and health sectors nationally, and within each state and territory, as well as across the spheres of government and the non-government sector
- value the professionalism, excellence and ongoing development of those working in the field
- acknowledge the importance of continuing the research into arts and health practice and outcomes and growing the body of evidence about the benefits.

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Arts and health definition

In its broadest sense, arts and health refers to the practice of applying arts initiatives to health problems and health promoting settings. It involves all art forms and may be focused at any point in the health care continuum. It also has an impact on the determinants of ill-health by changing individuals' attitudes to health risks and supporting community resilience.

Arts and health initiatives can be delivered across a range of settings. Benefits can accrue for all stakeholders including government, health service providers, artists, those in health care and the wider community and include improved communication, better understanding, attitudinal change and clinical outcomes. Arts and health activities have their effect through different means and are achieved through experiencing the arts as an artist or creator, as a participant or member of an audience.

There is clear empirical evidence that arts and health activity is a health-promoting endeavour for all members of society. Attachment 1 provides an expanded definition and examples of approaches to arts and health practice. Attachment 3 provides an overview of the evidence and links to reviews and reports.

Recognition of arts and health practice

The Health Ministers and the Cultural Ministers recognise:

- that arts and health policies, programs and initiatives with deliberate health and wellbeing goals are in evidence across all states and territories and take place in a multitude of settings, including in health care facilities and within remote, rural, regional and urban communities
- this practice involves the work of different spheres of government, the not for profit sector including funded organisations and cultural heritage institutions, the community, the education sector, and others such as justice departments
- that arts and health activities have intrinsic, instrumental and institutional values and have a demonstrated range of social, artistic, environmental, cultural, economic and health benefits, including the potential to improve the quality of health care
- the contribution of arts practice to the enhancement of health and wellbeing across the continuum of health services – from encouraging healthy living and communicating on health issues, to prevention, treatment and the management of illness and chronic disease, and in rehabilitation and recovery as well as end of life care
- that attention to the arts and good design can make the difference between health environments and buildings that work and those that excel in promoting health and wellbeing for patients, staff, clients and visitors

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- that arts and health practice can contribute to achieving government objectives, in particular across the themes of better health services, reducing health inequalities and Closing the Gap on Indigenous Disadvantage
- that advancing arts and health practice in Australia relies on a diversity of sectors and stakeholders working together.

Approaches to arts and health – what is happening now?

Building on decades of work and recognised achievements in this area of practice, Australians are being engaged through diverse arts and health programs and initiatives that are conceived with broad ranging objectives. Informed by a growing body of evidence which shows, for instance, that arts and health activities in hospitals can help deliver better health outcomes for patients and support higher staff retention rates and shorter bed stays, exemplary approaches to arts and health include those that:

- deliver activities and arts outcomes in health care facilities that engage patients and staff, provide a positive focus, and reduce stress and anxiety
- occur within community settings and engage individuals and diverse population groups to build and sustain social and cultural capital, foster community cohesion, promote awareness of health issues, facilitate interaction, inclusion, intellectual stimulation and reduce isolation
- recognise and place Indigenous cultural maintenance central to health and wellbeing and use this holistic approach to inform the delivery of health services
- promote positive mental health through improved communication and enhanced self expression and self esteem
- assist people with disability to build on their skills, experience health related outcomes and pursue career opportunities in the arts and cultural sector
- engage with people with age related health conditions including dementia, and their carers, to provide stimulation, reduce isolation, ease boredom and enhance wellbeing
- use sensitive and good design and public art to create buildings and environments that are inspiring, engender civic pride, create community identity and support healthy living.

The breadth of approaches to arts and health practice and examples of activities and outcomes are contained in attachments 1 and 4 of this document. Attachment 1 also includes a section that describes how arts and health relates to arts and disability.

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Arts and health working together

Australia's Health Ministers and Cultural Ministers encourage collaborative partnerships across the health and arts sectors to develop strategies and new approaches to arts and health practice. Through these partnerships, and the initiatives they foster, the potential of the arts to add value to health facilities, services and care will be realised.

The Ministers acknowledge and encourage the ongoing leadership of both the arts and health portfolios in engaging with other sectors and agencies across the spheres of government and the non-government sector that contribute to the health and wellbeing of individuals and communities.

Within the parameters and resources of each jurisdiction, **Arts and Health departments and agencies** could consider the inclusion of arts and health initiatives across a spectrum of practice models and portfolio responsibilities, including through the following areas.

Promoting health and wellbeing using the arts to:

- support health communication and education about the social determinants of health including on issues such as sexual health and relationships, early childhood and parenting, dying with dignity, mental health and healthy aging
- communicate about preventative health matters including alcohol and drugs risk and harm reduction, obesity and health literacy across a number of areas.

Through partnerships, collaboration and relationships, build strategic alliances and collaborative approaches across arts and health sectors, the spheres of government, the community, business, education and the non-government sector to:

- expand the breadth of agencies and organisations involved in this work
- strengthen recognition and awareness of arts and health practice and its value and outcomes
- achieve greater acceptance and integration of arts and health practice and approaches into health services and health care settings
- provide opportunities for health care workers to use alternate evidence based models of care
- continue to grow the models of practice and optimise the potential of the arts to contribute to achieving health and wellbeing outcomes
- engage the arts to support the development of social capital and aid community cohesion
- explore enhanced opportunities for workforce development and training of both arts and health professionals
- increase opportunities for artists to explore new and innovative practice.

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Ongoing research, evaluation and documentation of arts and health practice to:

- strengthen the case for arts and health by growing the body of evidence about the benefits
- develop and build on existing expertise and professionalism in arts and health
- grow and share information, case studies and learnings about practice and outcomes
- refine research methodologies and measures of progress, outputs, outcomes and impacts arising from arts and health practice.

Integrating the arts into health facility buildings and their environs by:

- implementing different approaches and funding models to achieve this
- including the integration of art in facility design and functional briefs
- creating spaces for arts practice and activities to occur within health facilities.

Contributing to the achievement of Government priorities through:

- the delivery of arts and health programs and initiatives that address government priority agendas including Closing the Gap on Indigenous Disadvantage, preventative health, mental health, dementia and primary health care.

Attachments

Four attachments complete this document and are to be read in conjunction with it. It is intended that Attachment 2, 3 and 4 will be active and dynamic documents that are updated to reflect exemplary practice, resources and evidence.

- 1 Arts and health practice – framework scope
- 2 Resources
- 3 Research and evidence
- 4 The framework in action – examples of approaches to arts and health

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ATTACHMENT ONE

ARTS AND HEALTH PRACTICE – FRAMEWORK SCOPE

What is arts and health?

Arts and health refers broadly to the practice of applying creative, participatory or receptive arts interventions to health problems and health promoting settings. These arts and cultural interventions have a role across the full spectrum of health practice; from primary prevention through to tertiary treatment¹.

Or more simply, arts and health can be defined as:

Creating arts and health experiences to improve community and individual health and wellbeing².

Arts and health is recognised as a specific and often specialised genre of arts practice. While the creation of art has its own intrinsic value, artists practicing in arts and health have a focus on achieving health and wellbeing outcomes and reducing health inequality for those they work with.

When arts professionals collaborate with health professionals, or are involved in the delivery of projects with health and wellbeing outcomes, they bring great capacity, skills and insight. Partnerships across the arts and health sectors flourish because of the capability of the participants from both spheres, and the arts and health fields both benefit.

Arts and health practice provides wellbeing benefits through participation and creative engagement with the arts or through connection with and experience of the arts as an audience member. It involves all art forms and artistic media including visual arts, craft and design, writing, literature and story telling, music, performing arts, dance, theatre, film and digital arts.

It has a place across the continuum of health services from the promotion of health and wellbeing, through prevention, early intervention, treatment, rehabilitation and recovery as well as in end of life care.

Arts and health practices can work across and with different professional disciplines. They can have different objectives, outcomes and impacts and take place across a range of settings including health services and hospitals, aged care facilities, workplaces, schools, Indigenous cultural centres, online environments, community facilities and cultural heritage institutions.

Arts and health practice is applicable to population health and can take place with diverse communities and cultural groups. It can focus on individuals of all ages, on groups and geographic communities. It can target population groups, including young people, children and families or older people, as well as those linked through common interests or concerns.

Over the thirty years or more that the field has been developing in Australia the terms *arts in health*, *arts for health* and others have become interchangeable and arts and health is now most commonly used to describe practice in this field.

1 Institute for Creative Health (formerly Arts and Health Foundation) submission to the Australian Cultural Policy, Deb Mills on behalf of the Institute for Creative Health (formerly Arts and Health Foundation 21/10/2011

2 Adapted from Putland, Christine (July 2010) *Overview of arts and health field*, a presentation developed for Arts and Health Roundtable, SA

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Arts and Health can be for:

- health promotion – to improve population health outcomes and reduce health inequities (for example, by promoting healthy lifestyles, discussing sensitive health issues, communicating health-related concerns and increasing health literacy)
- healthcare – to improve the quality of services and the experiences of consumers and staff (for example, by increasing staff satisfaction and communication skills and improving healthcare environments)
- community wellbeing – to develop community capacity and wellbeing (for example, by building community cohesion and resilience, cultural maintenance for Indigenous and other population groups, promoting cultural diversity).

Arts and health can be a:

- therapy, rehabilitation or treatment in itself
- tool for promoting healthy living
- means of inclusion and a link between members of socially isolated groups (eg people with disability, people with mental illness, young mothers, seniors, people who are homeless)
- way of enhancing healthcare environments
- way of celebrating and strengthening cultures and creating a bridge between different groups (eg culturally and linguistically diverse groups)
- way of communicating sensitive health issues
- means of individual self expression and personal development
- way of improving attention and observation, empathy and communication skills amongst health professionals
- form of community recovery and regeneration after trauma
- means for a community to articulate and solve a health and wellbeing problem by inspiring new ways of thinking
- tool for enhancing community engagement, social relationships and communication³.

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How does arts and health relate to arts and disability?

Arts Access Australia notes on its website that while there is significant overlap between arts and disability practice and arts and health practice there are a number of key differences.

Disability is just one aspect of the arts and health mandate, and arts activities that improve health are just one part of the arts and disability remit. The end product of arts and health work is health and wellbeing. The end product of arts and disability work is access and inclusion⁴.

The two areas differ in their underlying values and approaches which can influence the way arts and health project objectives and delivery modes are conceived when arts and health initiatives are being progressed with members of the disability sector.

Approaches to arts and health and outcomes of practice

As well as the examples in the framework, the following approaches are being implemented.

Arts programs, projects and initiatives:

- provide access to the arts in both community and health care environments, including through exhibitions, performances, integrated artworks and opportunities for creative participation, engendering social and personal benefits
- facilitate rehabilitation, enhance the healing process, provide a positive focus and reduce boredom, stress and anxiety when used in evidence-based allied health care programs
- can deliver outcomes that reduce anxiety and depression in those undergoing treatment for chronic diseases
- in health care facilities, contribute to increased staff satisfaction and improved communication, enhanced empathy and an understanding of patient needs and are a mechanism to support professional development
- assist people with disability to build on their skills, experience health related outcomes and pursue career options in the arts and cultural sector
- use digital technology and social media as mechanisms for engaging individuals and communities in arts and health initiatives, ensuring access to this practice particularly for those in rural and remote areas and building the capacity of arts and health practitioners
- use the arts to create culturally sensitive environments and underpin approaches to health care and health promotion for Aboriginal and Torres Strait Islander people and other population groups

3 Arts and Health, The Evidence, Department of Health and Human Services, Tasmanian Government, August 2012
4 <http://www.artsaccessaustralia.org/resources/advice-sheets/61-definitions>

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- are part of an holistic approach to Indigenous cultural maintenance and healing that recognises and places Indigenous culture central to healing and health and wellbeing and, as one outcome, using this approach to inform the delivery of health services
- enhance the capacity and responsibility of consumers of health to take control of their lives through positive action and engagement and provide them with a stronger voice and means of communication
- can be achieved through unique partnerships that combine resources to deliver services in different ways, such as co-funding positions across the arts and health sectors.

Architecture and built environment design:

- is used effectively and with sensitivity to create buildings and environments that have a positive impact, are inspiring, engender civic pride and enhance facility reputation, create community identity and support healthy living
- is being used to create well designed health care facilities and public spaces, and includes the integration of art into buildings and environments, to enhance the calming and uplifting impact of the human environment on health status
- of well designed and considered health care facilities, has a positive impact on health care staff, including on staff morale, retention and job satisfaction and the provision of quality health care
- uses the arts as a the creative resolution of health care logistics such as wayfinding and waiting areas
- is used effectively to humanise the patient environment, including through the provision of access to nature and the creation of interior design that is accessible and welcoming, assists relaxation and speeds recovery.

Public artworks:

- are incorporated to enhance built environments, complementing buildings and public spaces and contributing to an enduring aesthetic and identity
- are achieved through a range of commissioning approaches that deliver significant works of art as well as artist designed functional elements integrated within health facilities
- within health facilities, make places more accessible and positively engage patients, staff and the public while contributing to the creation of calming, restful and meditative environments.

Web links to case studies that illustrate some of these approaches can be found in attachment 4.

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ATTACHMENT TWO

Resources

Links to web based arts and health and related organisations, guidelines, publications and relevant programs. This is not an exhaustive list nor does it intend to present every web based reference available, or every organisation that has ever engaged with arts and health practice. It highlights examples that will inform and inspire the development of partnerships, the initiation of arts and health practice and programs and the pursuit of evaluation and research.

The examples and links in this attachment will continue to be extended as the practice grows and increased web based resources are created.

AccessibleARTS, Arts and disability NSW, provides practical checklists and information sheets for arts and cultural organisations to assist in improving access and developing audiences. See too Arts Access Australia statement in Attachment 1 regarding the relationship between arts and disability and arts and health. <http://www.aarts.net.au/resources/accessing-the-arts/>

Alzheimer's Australia is the peak body providing support and advocacy for Australians living with dementia. It administers a range of innovative national dementia programs and services which provide information, support, counselling, training and education to people with dementia, their families and carers as well as to professionals working in the dementia field. <http://www.fightdementia.org.au/>

Arts Access Australia is the peak national body for arts and disability. Website includes information about Australia's arts and disability sector including resources, advice, reports and definitions of 'arts and disability' and 'disability arts' and 'arts and health' as it relates to the disability sector. The organisation advocates for the rights of people with disability to have access to arts activities for the benefit of their health and wellbeing. <http://www.artsaccessaustralia.org/resources/research-and-reports/55-the-state-of-arts-and-health-in-australia>

Arts and Health Australia is a networking and advocacy organisation and consulting agency established to enhance and improve health and wellbeing within the community through engagement in creative activities. Arts and Health Australia provides current research and strategic solutions to its clients. It hosts conferences, forums and training programs. Website includes links to resources, research and case studies. <http://www.artsandhealth.org/>

Arts in Health at Flinders Medical Centre (FMC) has, since 1996, integrated the arts into the daily life of the hospital, enhancing FMC's role as a leading health promoting hospital and improving the physical and social environment to help create a healthier, healing culture for patients, families, visitors, staff and volunteers. Program elements include gardens, gallery spaces, public art and performances. <http://www.flinders.sa.gov.au/artsinhealth/pages/intro/>

1 Institute for Creative Health (formerly Arts and Health Foundation) submission to the Australian Cultural Policy, Deb Mills on behalf of the Institute for Creative Health (formerly Arts and Health Foundation) 21/10/2011
2 Adapted from Putland, Christine (July 2010) *Overview of arts and health field*, a presentation developed for Arts and Health Roundtable, SA

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The Institute for Creative Health (formerly the Arts and Health Foundation) aims to improve individual and community health and wellbeing in Australia by increasing the knowledge, evidence and capacity of arts activities in all health settings and has played a leading role in campaigning for a national arts and health policy. It supports arts programs in health settings, community-based arts activities and research which develops an understanding of the benefits of the arts to health and wellbeing. Website includes links to research, resources and examples of practice, including a link to Placestories: Arts and Health Stories website.

<http://instituteformcreativehealth.org.au/>

Arts Health Institute believes that the arts enrich our lives, help humanise institutions and are vital in providing quality in care. The Institute provides national programs, education and facilitates research to bring the arts into health and aged care environments and uses the expertise of professional performers, artists and musicians. <http://www.artshealthinstitute.org.au/>

Arts OutWest is the peak arts and cultural body for the Central West of NSW. In 2008, in partnership with the Western NSW Local Health District, it launched the Bathurst Art & Health Program. Initially based at the Bathurst Health Service, it extended to include work in other centres such as Cowra and in local health settings through the Aboriginal Maternal Infant Health Strategy. It has involved local partners and stakeholders across health services and the arts. Website features projects including in arts and health, as well as resources and workshops. http://www.artsoutwest.org.au/projects/bathurst_arts_and_health.php

Arts SA signed a simple agreement with the SA Department of Health in 2008 in which the intention of the arts and the health agencies to work together to maximise the potential of the arts to add value to current priority health strategies was agreed.

<http://arts.sa.gov.au/wp-content/uploads/2012/10/Signed-2008-AGREEMENT-Arts-SA-SA-Health.pdf>

Australian Creative Arts Therapies Association is a national, non-profit organisation that maintains professional standards for the practice of creative arts therapies in Australia. It provides professional support and communication networks for its members. Arts therapists use creative, arts-based processes as part of their therapeutic work with clients, to facilitate self expression, communication, self awareness and personal development. <http://acata.org.au/>

Australian Indigenous HealthInfoNet is a web based resource that aims to inform practice and policy in Indigenous health by making research and other knowledge readily accessible. This contributes to 'closing the gap' in health between Indigenous and other Australians. An academic unit of Edith Cowan University (ECU). <http://www.healthinfonet.ecu.edu.au/>

Australian Institute for Patient and Family Centred Care is a not-for-profit organisation comprising patients, family members and healthcare professionals that aims to transform the quality and safety of Australian healthcare by developing effective and innovative partnerships, creating a supportive and effective culture and improving healthcare environments through integrated art, architecture and design. <http://www.aipfcc.org.au/>

Cultural Development Network is an independent non-profit organisation that links communities, artists, local government and organisations in order to promote cultural vitality. It advocates for a stronger role for cultural expression to build a healthier, more engaged and sustainable society. <http://www.culturaldevelopment.net.au/resources/page/2/>

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DADAA – providing access to arts and culture for people with disability or a mental illness. It is a not-for-profit community arts and cultural development organisation with a focus on creating significant positive social change and opportunities. DADAA follows a social model of disability, which views disability as a problem of exclusion from ordinary life and not a medical condition. Work through local and cross-sector partnerships bring arts and health together in a way that effectively responds to the needs of communities. <http://www.dadaa.org.au/content/about/>

Disseminate - a partnership between DADAA, Rio Tinto WA Future Fund, Healthway, The University of Western Australia and Australia Council for the Arts - is an evaluation, research and publishing project focused on arts and health. Disseminate also offers consultancy services to the arts and health sector and undertakes evaluation of specific projects that provides evidence for the effectiveness of arts and health programs to inform advocacy work. The website is a resource hub with information on evaluation approaches, a toolkit for artists, and case studies. <http://www.dadaa.org.au/project/> and <http://www.dadaa.org.au/project/4/disseminate/>

MIECAT is a not-for-profit education provider in the tertiary sector in Australia offering registered and accredited courses in experiential and creative arts. It provides a program of study for those specifically interested in becoming creative arts health and education practitioners or community development workers. <http://www.miecat.org.au/about-us/history/>

Placestories - Arts and Health Stories is a growing online community of artists and health professionals committed to integrating the arts into state and federal government health policies. Website was created by the **The Institute for Creative Health** and it's project partners Regional Arts Australia and the Rural Health Alliance: It features case studies and stories of arts and health including shared experiences about how art has helped people and why they believe art has a big part to play in the future of national health policy. <http://ps3beta.com/community/ArtsandHealth>

Placestories – Arts and Health policy forum site presents a number of documents including the Institute's submission to the Federal Government in response to the National Cultural Policy discussion paper. <http://ps3beta.com/project/8131#!v=docs>

Regional Arts Australia is the key national body representing the interests and concerns of those working with and for the arts in regional, rural and remote Australia. It has achieved better recognition and support for the contribution of regional arts to the cultural, economic and social wellbeing of the nation. Website features information about projects and partnerships and presents publications and stories. <http://regionalarts.com.au/>

The Victorian Health Promotion Foundation, known as **VicHealth**, works in partnership with organisations, communities and individuals to make health a central part of the daily lives of all Victorians and has a focus on promoting good health and preventing ill-health. Priorities include a focus on innovation, building and sharing health promotion knowledge, and working across many sectors to broaden the benefit of health promotion strategies. The website features project summaries, research, reports, fact sheets and publications. <http://www.vichealth.vic.gov.au/>

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Australian publications and articles

See also attachment 3 – Research and evidence

Arts in Health at FMC – Program Report and Arts in Health at FMC – Towards a Model of Practice, prepared by Christine Putland for FMC (2012). Publications examine the way the FMC program has been shaped and modelled by the people who have delivered and engaged with it over a two year period. They provide an in-depth analysis of an arts in health program and are a valuable tool in highlighting the diversity of practice and contributing to the growing evidence base. <http://www.flinders.sa.gov.au/artsinhealth/pages/publications/publications/>

Fourth national mental health plan: an agenda for collaborative government action in mental health 2009-2014 - offers a framework to develop a system of care that is able to intervene early and provide integrated services across health and social domains. It notes the need for across portfolio collaboration including with the arts.

<http://www.health.gov.au/internet/main/publishing.nsf/content/mental-pubs-f-plan09>

The National Arts and Disability Strategy aims to encourage the universal accessibility of arts and cultural activities, recognising that improvements made to support the aspirations of people with a disability have a positive impact on the community as a whole. Governments have agreed to work to improve the opportunities and choices people with disability have to engage with and participate in the arts. <http://cmc.gov.au/sites/www.cmc.gov.au/files/arts-disability-0110.pdf>

Seeded: Great arts and health stories grown in regional Australia, written from conversations with Moya Sayer-Jones, and produced with assistance by the Regional Arts Fund, an Australian Government initiative supporting the arts in regional and remote Australia, and the National Rural Health Alliance. The publication features stories that demonstrate the power and effectiveness of arts and health in promoting health and wellbeing for individuals, at risk groups and the whole community. <http://nrha.ruralhealth.org.au/publications/?IntContId=14951&IntCatId=6>

Vic Health – Publications: social connections, arts & new media features a number of publications including the comprehensive Building Health through arts and new media Vic Health Action plan 2010-2013; Benefits of group singing for community mental health and wellbeing; together with a range of case studies, fact sheets and reports.

<http://www.vichealth.vic.gov.au/Publications/Social-connection.aspx>

Health facility construction SA Health provides leadership in health reform, public health services, research and policy development and planning with an increased focus on wellbeing, illness prevention, early intervention and quality health care. Website includes the brief for the new Royal Adelaide Hospital development which will feature the latest in architectural design to create a healing environment for patients, a positive working environment for staff and a welcoming, attractive environment enhancing the patient, staff and visitor journey. It will present integrated works of art. <http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/health+reform/the+new+royal+adelaide+hospital>

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Government of Western Australia, Department of Health - Designing Western Australia's new tertiary hospital – fact sheet. The Fiona Stanley Hospital team of architects and health planners has worked with hundreds of medical, nursing, allied health and other health care staff, private, non-government and research organisations, patients and members of the public to design WA's new tertiary hospital. The design of the hospital is underpinned by national and international research and collaboration specialists. The design is based on principles of environmental sustainability, good accessibility and a healing health care environment. <http://www.fsh.health.wa.gov.au/About-us>

A sample of international links

The Global Alliance for Arts & Health, formerly the Society for Arts in Healthcare, is a non-profit corporation in Washington, DC. Founded in 1991, it is dedicated to advancing arts as integral to healthcare across a number of areas. http://thesah.org/template/page.cfm?page_id=811

The Kings Fund: Enhancing the Healing Environment Programme encourages and enables nurse led teams to work in partnership with patients to improve the environment in which they deliver care. <http://www.kingsfund.org.uk/projects/enhancing-healing-environment>

National Alliance for Arts Health and Wellbeing, UK. Website presents a range of resources and examples showing the ways that creative activity can benefit the health and wellbeing of individuals and communities, including practical guides, tools, research and more. <http://www.artshealthandwellbeing.org.uk/>

The International Academy for Design and Health is a global, interdisciplinary knowledge community dedicated to the stimulation and application of research concerning the interaction between design, health, science and culture. Providing a highly visible global forum for an ongoing exchange of research findings among scientists, designers and industry, the Academy works in close partnership with an international network of governments, universities and commercial organisations to promote human health, well being and quality of life through environmental design. <http://www.designandhealth.com/>

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ATTACHMENT THREE

Introduction to the evidence for arts and health

Evidence for the connections between arts and health and wellbeing is contained in many published reports and a few systematic reviews, and spans a continuum from the effectiveness of the arts in treating illness to the contribution of the arts in promoting and maintaining health. The evidence is growing rapidly, although for several reasons it can seem inaccessible:

- 'health' encompasses a broad range of highly specialised areas of practice, and the arts are found across many of these areas playing a variety of roles in each case;
- as with health research in general, studies of the relationship between 'art' and 'health' tend to focus on a particular area, generating evidence in relation to one or two aspects of health at a time;
- as in all health research, there are many different approaches to practice requiring a variety of research methods and accompanied by continuing debates about the quality of the evidence.

To date there has not been significant investment in research examining arts, health and wellbeing in Australia. As a result much of the literature is based on work in the UK, USA and Europe, although many of the findings have international relevance. To assist in making the growing body of literature more accessible, this attachment includes a paper prepared for the Institute for Creative Health for inclusion in this framework that offers a quick guide to where the evidence is located in the field:

- Putland, C. (2012) Arts and Health – A guide to the evidence, Background document prepared for the Institute for Creative Health Australia.

The Deeble Institute has prepared a paper which summarises the evidence of the effectiveness of arts and health strategies across the spectrum of population needs. The paper focuses on arts based practice in clinical contexts but evidence concerning art and health in the community is also included.

- Fenner, P., Rumbold, B., Rumbold, J., Robinson, P., Harpur, S. (2012) Is there compelling evidence for using the arts in healthcare? Health policy evidence brief, Deeble Institute, Australian Healthcare and Hospitals' Association.
http://ahha.asn.au/sites/default/files/publication/15794/deeble_institute-evidence_brief-arts_and_health_0.pdf

To supplement the above papers, the following links are provided to a number of articles and reports that summarise the evidence for particular art approaches in relation to specified areas of health and wellbeing:

- Victorian Health Promotion Foundation (VicHealth) (2003). Creative connections: Promoting mental health and wellbeing through community arts participation.
<http://www.vichealth.vic.gov.au/Publications/Social-connection/Creative-Connections.aspx>

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- Department of Health and Human Services Tasmania. (2012) Arts and Health: The Evidence. http://www.dhhs.tas.gov.au/about_the_department/our_plans_and_strategies/a_healthy_tasmania/issues_papers
- Arts Council England (2005) Your health and the arts: a study of the association between arts engagement and health, Supplement to Research Report 37, February 2005. http://www.artscouncil.org.uk/publication_archive/your-health-and-the-arts-a-study-of-the-association-between-arts-engagement-and-health/
- Staricoff, R.L. (2004) Arts in health: A review of the medical literature. Research report 36. London: Arts Council England. http://www.artscouncil.org.uk/publication_archive/arts-in-health-a-review-of-the-medical-literature/
- Staricoff R. & Clift, S. (2011) Arts and music in healthcare: An overview of the medical literature: 2004-2011. Chelsea and Westminster Health Charity, London. <http://www.lahf.org.uk/sites/default/files/Chelsea%20and%20Westminster%20Literature%20Review%20Staricoff%20and%20Clift%20FINAL.pdf>
- BMA (2011) The psychological and social needs of patients, London: British Medical Association. http://www.ahsw.org.uk/userfiles/Other_Resources/Health_Social_Care_Wellbeing/psychologicalsocialneedsofpatients_tcm41-202964_copy.pdf
- State of the Field Committee (2009) State of the Field Report: Arts in Healthcare, Washington, DC: Society for the Arts in Healthcare. <http://www.thesah.org/doc/reports/ArtsInHealthcare.pdf>
- Ruiz, J. (2004) A Literature Review of the Evidence Base for Culture, the Arts and Sport Policy. Report to the Scottish Executive prepared by the Research and Economic Unit of the Scottish Executive Education Department. <http://www.scotland.gov.uk/Publications/2004/08/19784/41507>
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ARTS AND HEALTH – A GUIDE TO THE EVIDENCE

Background document prepared for the Institute for Creative Health (formerly Arts and Health Foundation) Australia

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Introduction

Arts and Health is an emerging field encompassing an extremely broad and diverse range of practice that spans multiple disciplines and sectors. As a result, although evidence for the connections between the arts and health and wellbeing is growing, it remains relatively inaccessible and hard to synthesise. Increasing numbers of literature reviews are being published, however in order to provide a detailed and coherent account these tend to define selected areas of practice rather than giving a comprehensive overview. This report draws on such reviews, offering a quick guide to current evidence across the entire Arts and Health field to support the development of an inclusive National Policy Framework in Australia.

After a brief outline of the research context as background, a summary of key findings is presented using a health determinants framework. This is followed by an overview of key points in support of the evidence linking the arts to health and wellbeing and consideration of the economic implications. A short list of references is attached for more detailed consultation.

Research context

The broad field of Arts and Health which is the focus of the research represented in this report can be characterised as:

- Comprising arts and cultural programmes that are designed to improve health and wellbeing for individuals and communities
- Ranging across the arts spectrum from receptive (spectator) to participatory (active art making) experiences
- Addressing health and wellbeing across the spectrum of determinants, from health promotion and prevention of ill-health to the treatment and management of acute and chronic conditions
- Including settings such as health care and other services, community facilities, art centres, public spaces, virtual spaces (websites, blogs etc) and private homes

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- Representing an inclusive array of art forms – from performance (dance, theatre, music) to visual (painting, photography, print making, sculpture), literature, film, public art and new media
- Consisting of 5 main domains: art in health care design; art programs (performance, exhibitions) in health care services; art therapy (visual, dance, music, drama); community-based (participatory) arts; arts and humanities in health professional education.

The two main types of research linking the arts to health and wellbeing are:

applied research – studies examining the effects of arts-based strategies or practical interventions and comparisons

small-scale studies and evaluations of practice - examining the extent to which particular arts initiatives have achieved goals and expectations and met needs.

This research is underpinned by:

large-scale epidemiological studies of the association between broadly defined cultural participation and mortality and morbidity in populations. Such studies in Scandinavia, USA, UK and Australia have shown a link between receptive and active participation in arts and cultural activities and indicators of health and wellbeing outcomes.

basic research explaining the science behind the documented effects (eg studies of brain function and sensory responses in neuroscience).

Research designs in this field are extremely variable, based on the need to demonstrate different kinds of effects and answer different kinds of questions. Randomised controlled trials (RCTs) and systematic reviews (assessing quality and quantity of research) which represent the ‘gold standard’ in the health sciences, may be more appropriate in some parts of the field (for example, arts therapies) than in others (for example, small-scale community based projects). Both qualitative and quantitative methods are regularly employed in researching Arts and Health and both contribute equally to the development of a robust evidence-base.

Evidence at a glance

The following table, based on a continuum of the determinants of health and wellbeing, shows a very broad map of the identified effects of the arts across the spectrum. The evidence categories represented here are derived from studies available from one or more of the following reliable sources:

Reviews summarising published research literature (peer-reviewed) on selected aspects of the connections between the arts and health and wellbeing

Systematic reviews of literature (peer-reviewed) which appraise research findings according to standard criteria of quantity and quality

Reports of individual studies and evaluations published in peer reviewed journals, government and non-government organisation reports.

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Known effects of arts and health on a continuum of determinants of health and wellbeing

Focus	Well population Primary care & prevention Social and economic determinants	'At risk' population Secondary care & prevention	Established disease Tertiary care & treatment Clinical management	Chronic (controlled) Management
HEALTH INTERVENTION DOMAINS	Public health Health promotion (Other sectors)	Public Health Primary Health Care Preventative health	Acute hospital care Specialist care Therapy	Community care Primary Health Care
ARTS PRACTICE DOMAINS	(Public participation in art/culture Community-based arts)	Community-based arts (Art therapy)	Art in health care environment Art programs in health care Art therapy (Art & humanities in Health Prof Ed)	Community-based arts Art therapy

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Focus	Well population Primary care & prevention Social and economic determinants	'At risk' population Secondary care & prevention	Established disease Tertiary care & treatment Clinical management	Chronic (controlled) Management
KNOWN EFFECTS OF ARTS & HEALTH	<p>Receptive & participatory arts are associated with <i>improved morbidity and mortality</i> in Europe, USA, UK, Australia.</p> <p><i>Personal development</i> (confidence, knowledge, identity, empowerment, quality of life measures).</p> <p><i>Sense of control</i> (efficacy, mastery) linked to immune system.</p> <p><i>Skills</i> (learning, team-work, flexibility, communication) lead to employability.</p> <p><i>Physicality</i> (dance, singing, musical instruments etc.) maintains cardiac function & fitness, brain health.</p> <p><i>Social engagement</i> (supports, networks, empathy, belonging) assists in coping.</p> <p><i>Community building</i> (engagement, motivation, cooperation, healthy environments).</p> <p><i>Social cohesion</i> (group identity & pride, tolerance & understanding of difference).</p>	<p>(see effects for well population – also apply to the most vulnerable, at risk groups)</p> <p><i>Mental health needs</i> (improved self-worth, self-efficacy, mutual aid and positive outlook, mastery, autonomy).</p> <p><i>Raise awareness</i> of issues and promotes public understanding.</p> <p><i>Healthy lifestyles</i> (support systems, planning and organising skills).</p> <p><i>Health literacy</i> (knowledge and understanding, addressing sensitive issues, expressing needs).</p>	<p><i>Reduce stress & anxiety</i> for:</p> <ul style="list-style-type: none"> ● Patients pre-operative ● Intensive care ● Cardiac care ● Infants & children ● Visitors & families ● Outpatient procedures ● Cancer patients <p><i>Reduced pain and increased comfort</i> for patients:</p> <ul style="list-style-type: none"> ● post-operative ● serious illness ● nausea & vomiting in bone marrow transplant ● sleep & rest <p><i>Reduced demand for pain medication, anaesthesia & sedatives:</i></p> <ul style="list-style-type: none"> ● during procedures ● post-operative ● chronic conditions <p><i>Neonatal care:</i></p> <ul style="list-style-type: none"> ● improved heart rate, sleep patterns <p><i>Health professional education</i> – improved observation, concentration, empathy.</p>	<p>(see effects for well population and 'at risk' effects)</p> <p><i>Management of conditions like dementia:</i></p> <ul style="list-style-type: none"> ● cognitive, psycho-social, physical ● caregiver support and respite.

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Focus	Well population Primary care & prevention Social and economic determinants	'At risk' population Secondary care & prevention	Established disease Tertiary care & treatment Clinical management	Chronic (controlled) Management
SYSTEM IMPACTS WITH POLICY IMPLICATIONS	<p>Structural & social factors influencing <i>resilience</i></p> <p>Community safety & cohesion linked to reduced <i>crime and race-based discrimination</i></p> <p><i>Human capital</i> (education & skills) linked to productivity</p> <p><i>Cultural capital</i> (creative skills, values & institutions) linked to social innovation</p> <p>Contribution to addressing key public health issues upstream</p> <p>PROMOTES GOOD HEALTH — PREVENTS DEVELOPMENT OF 'RISK' FACTORS</p>	<p><i>Empowerment</i>: Increased capacity for vulnerable people to make changes in their lives</p> <p>Harm reduction, problem prevention</p> <p>Reduced <i>burden of disease</i> (mental health, heart disease, obesity, diabetes, cancers)</p> <p>Reduced <i>health care costs</i> (fewer doctor visits, reduced medication)</p> <p>Effective vehicle to support behaviour change & address emerging risk factors</p> <p>PREVENTS ESTABLISHMENT OF DISEASE & PROGRESSION OF ACUTE OR CHRONIC CONDITIONS</p>	<p>Reduced need for analgesics, pain relief</p> <p>Shortened length of stay</p> <p>Environmental design reduces stress for patients – increases efficiency</p> <p>Improved perceptions of care quality</p> <p>Improved staff-patient communication & patient 'management'</p> <p>Improved staff morale & retention</p> <p>Culturally appropriate health care</p> <p>Contribution to improved service delivery, supporting staff to deliver patient-centred health care</p> <p>ENSURES BEST-PRACTICE, PREVENTS INEFFICIENCIES & UNNECESSARY WASTE</p>	<p>Maintaining <i>brain vitality</i> and function</p> <p><i>Quality of life</i> for those living with disease or disability</p> <p>Reduces <i>health care costs</i> (fewer doctor visits, reduced medication)</p> <p>Supporting people to live independently</p> <p>PROMOTES DIGNITY — PREVENTS RE-ADMISSIONS, COMPLICATIONS</p>

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Evidence overview

The research literature is expanding at every stage of the continuum, although the kind and extent of evidence available depends on the level of population focus and corresponding type of health ‘intervention’.

Tertiary Care and Treatment, managing chronic conditions

The Briefing Report by the Deeble Institute (June 2012) provides a summary of the range of evidence in relation to art programmes in health care: http://ahha.asn.au/sites/default/files/publication/15794/deeble_institute-evidence_brief-arts_and_health_0.pdf.

There are a growing number of controlled studies of interventions with individual patients in clinical settings, particularly in relation to art and music therapy, which demonstrate consistent patterns of effects as summarised in the table above. In addition there is a substantial body of research investigating the impact of the physical environment and documenting responses to the visual art, performance and music programmes that are now regarded as best practice in health care (BMA 2011). Clinical findings include diverse effects such as the positive impact of music and visual images on the body’s immune system resulting in reduced stress and anxiety, reduced blood pressure in high risk pre-natal patients, recovery from myocardial infarction (lowering heart and respiratory rate, reducing oxygen demand), a defence against infection, and better quality of life for cancer patients (Staricoff, 2004; State of the Field Committee 2009; Staricoff & Clift 2011). As an aid in the management of chronic conditions, the arts have been shown to be particularly effective in maintaining brain health, improving cognition for patients with dementia and confusion, and supporting ‘active ageing’ in a myriad of ways (Cohen 2009).

Population health – promotion and prevention

Art programmes addressing the upstream social and economic determinants are found throughout the world and are increasingly the focus of research and evaluation. Notwithstanding the great variety of initiatives and apparent unevenness of research methods, the evidence is strengthened by increasing numbers of:

- rigorous studies based on sound research designs
- synthesis of findings in significant parts of the field - eg mental health and participatory arts (Secker et al 2007)
- good quality programme evaluations showing a striking consistency in documented findings (Clift 2012).

Collectively these sources present a persuasive case for the health and wellbeing benefits of art programmes in relation to known social and economic determinants of health and wellbeing, as represented in the table above. The research also documents the particular characteristics of the arts which act as pathways to achieving these powerful psycho-social and socio-structural effects:

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- Arts programmes tend to provide composite experiences and so typically ‘bundle’ many of the benefits (Craemer 2009). As such they are able to address the complexity of health promotion, taking into account the connections between different determinants and fostering the *interactions* between emotional and cognitive, physical and mental health aspects of health and wellbeing.
- Most arts programmes are social activities, providing opportunities for people to form friendships, networks and *social support systems* (Raw et al 2012).
- People voluntarily become involved because they are enjoyable, making the arts an ideal vehicle for transmitting information in accessible and acceptable ways (health knowledge and literacy) (Daykin et al 2008).
- The creative process involves experimentation, decision-making, expressing ideas and forming judgements – by its very nature the arts helps people to learn life skills while developing a sense of *control and mastery* over their circumstances and surroundings: these qualities are central to action on the social determinants (Marmot et al 2010).
- The arts employ metaphor and expressive forms, providing a ‘safe’ setting within which particularly *vulnerable groups* are able to address difficult issues that have profound health and wellbeing implications (eg domestic violence, race-based discrimination) (VicHealth 2010).
- The flexibility of art programmes makes them accessible and adaptable to a wide range of needs and an effective medium in addressing health inequalities (Clift 2012): *marginalised groups* have found a ‘voice’ through which to raise issues; ‘hard to reach’ groups, including young people, have explored *new technologies* as creative forms and settings.
- *Diversity* within the population is reflected and celebrated in arts programmes; as groups come together across age and cultural differences in a spirit of cooperation, they develop understanding, respect and tolerance (VicHealth 2010).
- Arts programmes are integral to most *community renewal projects*, bringing people together to engage with others in their local communities and to take action to improve their environment (Evans 2005).

Economic benefits

To date there has been limited research into the cost-effectiveness of arts programmes for health and wellbeing, however with the emergence of stronger evidence for their effects, there is growing interest in the economic implications and potential cost savings. Analysis in the UK context highlights opportunities to relieve the burden associated with physical and mental illness in terms of:

- high cost of treatment
- loss of productivity through reduction in skills and employability
- overloading health care services
- longer term impact on families and communities (Aston 2010).

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Efficiencies in health care services associated with faster recovery times, shorter stays, and lower staff costs through improved satisfaction and retention, have also been identified (Aston 2010).

Studies in the USA (State of the Field Committee 2009) have specified a range of cost-benefits in health care linked to arts programmes including:

- improvements in environmental design resulting in reductions in hospital staff turnover
- introduction of music found to eliminate the need to administer sedation in certain procedures with the result of conserving nursing resources
- integrating art in 'wayfinding' systems to facilitate navigation of the environment not only found to reduce stress in patients and visitors but also found to avoid unnecessary distraction and loss of staff time in giving information and directions
- participation in singing groups for older people living independently was found to be associated with less falls, reductions in use of medication and fewer doctor visits, leading to considerable savings in health costs (Cohen, 2009); this aligns with assessments of cost-savings resulting from 'healthy ageing' programmes in the UK (Mayhew 2010).

In Australia, three pathways have been identified whereby the documented effects of the arts in promotion and prevention directly address some of the most important causes of disease burden (Craemer 2009):

- Mental health – addressing anxiety and depression, developing coping strategies
- Physical and mental activity – reducing risk of heart disease; maintaining brain health – vital with increased longevity in the population
- Social connection – alleviating social isolation which is associated with morbidity and mortality and a range of lifestyles risk factors.

A health economics analysis compared the cost-effectiveness of an arts-based approach in the treatment of mild to moderate depression with pharmacological and psychotherapeutic interventions. Based on the literature indicating broadly similar levels of clinical effectiveness, it is suggested that the arts-based approach is likely to be cheaper whilst yielding similar health improvements in participants (Craemer 2009).

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Concluding comments

Bearing in mind the difficulty in synthesising findings from individual studies examining such a diverse range of activities and purposes, when appraising the evidence base for Arts and Health it is important to note certain features which Clift (2012) asserts have considerable face validity. Firstly, the growth, scope and variety of practical initiatives in the field can and should be regarded as prima facie evidence in support of their effectiveness: ‘such activities would not continue to happen, if their value was not recognised and if the experiences on the part of artists, health professionals and participants did not point to tangible benefits’ (p.123). Secondly, the consistency in the widespread reporting of benefits is remarkable: ‘we are not dealing with a situation of extraordinary claims requiring extraordinary evidence, nor are we dealing with forms of invasive treatments where there are risks to be weighed against possible benefits. The experiences of people who feel they have benefited from participation in arts-based interventions for health deserve to be taken seriously, not as anecdotal evidence but as serious personal testimony’ (p.124).

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ATTACHMENT FOUR

The framework in action – examples of approaches to arts and health

Links to web based examples, case studies, project summaries and articles about arts and health practice that illustrate the current approaches and modes of arts and health practice. These examples, listed under the headings used to describe “Arts and health working together” in the framework document, are illustrative only and do not reflect the extent of current practice.

It is intended that this attachment will be a dynamic document and further quality examples will be added as arts and health practice continues to deliver exemplary outcomes and documentation.

Promoting health and wellbeing

- Alan Hopgood’s HealthPlays, health and relationship information, including about diabetes, prostate cancer, depression and mental illness, (VIC) <http://www.healthplay.com.au/alan-hopgood/>
- Just one less, (NSW) – long term project highlighting binge drinking among young people <http://be.org.au/page/164/Just%20One%20Less> and <http://www.justoneless.org.au/>
- It’s your choice (NSW) – young people making anti smoking cinema advertisements <http://be.org.au/page/180/Its%20Your%20Choice>
- Playful Engagement project which won the Creative Partnerships Arts and Health Award in Queensland in 2013 <http://www.arts.qld.gov.au/blog/index.php/the-role-of-theatre-and-play-in-dementia-care/>
- 4MBS Sliver Memories project which uses music in management of dementia <http://www.arts.qld.gov.au/blog/index.php/the-role-of-music-in-the-management-of-dementia/>
- Milpera State High School which uses art and music as healing for young refugees <http://www.arts.qld.gov.au/blog/index.php/creative-therapies-cross-cultures-and-enhance-lives/>

Partnerships, collaboration and relationships

- Building strategic alliances and collaborative approaches across arts and health sectors: Arts & Health –Orange Health Service, (NSW) <http://www.orangeartsandhealth.org.au/>
- Bathurst Arts and Health at the Arts Out West website, (NSW) http://www.artsoutwest.org.au/projects/bathurst_arts_and_health.php
- West Darling Arts – Arts in Health program, Inclusion of Medical Humanities Education Component into the Broken Hill Extended Clinical Placement Program <http://www.westdarlingarts.com/page11.html>

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- Conference paper: Arts, health, community resilience and healing: the importance of the story, Rosa Maria McManamey, University Department of Rural Health, University of Tasmania. http://nrha.ruralhealth.org.au/10thNRHC/10thnrhc.ruralhealth.org.au/papers/docs/McManamey_Rosa_Maria_A8.pdf
- Response to the Victorian Bushfires - community working with artists (VIC) <http://www.rav.net.au/storyboard/>
- Creative recovery – building resilience, Arts Queensland (QLD) <http://www.arts.qld.gov.au/projects/recovery-pilot.html>
- BE projects involving making and painting pregnant belly casts to connect young Aboriginal mothers with elders and midwives <http://be.org.au/page/185/Sea%20of%20Bellies> and <http://seaofbellies.org.au/>
- BreastScreen Queensland using Indigenous art throughout its services <http://www.health.qld.gov.au/breastscreen/aboriginal-tsi-women.asp>
- Tasmanian Regional Arts builds vibrant communities through arts and cultural development: www.tasregionalarts.org.au
- Kickstart Arts (KSA) is an independent arts company based in Hobart. KSA work statewide in cross-sectoral partnerships to produce inclusive, innovative, multi-arts projects in order to develop community capacity and improve the health and wellbeing of Tasmanians: <http://www.kickstart.org.au/projects.html>
- Big hART partners with artists and communities to run projects that empower communities to change through the arts: <http://bighart.org/public/?p=99>

Access to exhibitions and performances in health care environments including at:

- Sydney Children's Hospital Foundation Art program, (NSW) <http://www.schf.org.au/content/Arts%20Program.aspx>
- Art at St Vincent's Hospital Melbourne, (VIC) <http://www.svhm.org.au/aboutus/community/Pages/ArtatStVincent's.aspx>
- Cinema in Royal Children's Hospital Melbourne, (VIC) <http://blogs.rch.org.au/inthenews/2012/10/03/hoyts-cinema-rch/>
- The Children's Hospital at Westmead – Youth Arts Program (NSW)
- Women's and Children's Hospital Foundation, (SA) <https://www.wchfoundation.org.au/arts-in-health-main-page>
- Arts in health at FMC, Flinders Medical Centre, (SA) <http://www.flinders.sa.gov.au/artsinhealth/pages/intro/>

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Ongoing research, evaluation and documentation

- ANAT at The Children's Hospital at Westmead – art and science research project <http://www.anat.org.au/2011/05/synapse-6-dr-george-poonkhin-khut-the-childrens-hospital-at-westmead/> and <http://khut2011.anat.org.au/>

Integrating the arts into health facilities buildings and their environs

- Designing the new Royal Children's Hospital, (VIC) <http://www.artshub.com.au/au/news-article/opinions/arts/designing-the-new-royal-childrens-hospital-186296> and http://www.rch.org.au/info/virtual_tour/start-the-tour/
- Designing Western Australia's new tertiary hospital - design considerations, (WA) <http://www.fsh.health.wa.gov.au/About-us>
- Contemporary art in healing environments, ArchitectureAU article, referencing Queensland Children's Hospital and Melbourne Children's Hospital, (QLD & VIC) <http://architectureau.com/articles/contemporary-art-in-healing-environments/>
- Queensland Health, fact sheet Art and the Gold Coast University Hospital, (QLD) http://www.health.qld.gov.au/goldcoasthealth/docs/factsheets/131031_art_fs.pdf
- Australian Journal of ArtsHealth, Volume 1 2009, Not the main game: Arts Collections in hospital spaces; the Westmead experience, Susan Barclay and Dr Pamela James <http://www.newcastle.edu.au/Resources/Research%20Centres/ArtsHealth/Australasian-Journal-of-ArtsHealth/Vol-1-2009/06-Not-the-main-game.pdf>
- Use of art and design as wayfinding in Melbourne's Royal Children's Hospital (VIC) <http://www.australiandesignreview.com/architecture/19756-royal-children%E2%80%99s-hospital>

Contributing to the achievement of Government priorities:

- <http://magsq.wordpress.com/2012/06/22/nga-art-alzheimers-outreach-program-comes-to-toowoomba/> and <http://www.abc.net.au/radionational/programs/artworks/art-and-alzheimers/3086220> and http://www.artsoutwest.org.au/news/news_item.php?nid=311 information on the National Gallery of Australia's (ACT) Art & Alzheimer's Outreach Program
- Media Resource Centre's program with the Mental Health Coalition (SA) <http://mindshare.org.au/>
- Milk Crate Theatre (NSW) with people who have experienced homelessness and/or social marginalisation <http://www.milkcratetheatre.com/our-impact.html>
- Reminiscing kits for hire by aged care activity coordinators, Museum Victoria, (VIC) <http://museumvictoria.com.au/education/reminiscing-kits/>
- BE – using the arts to influence change for people living on the margins <http://be.org.au/>

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- Western Desert Kidney Health Project, (WA), culturally appropriate health message & service Creative Livelihoods project for remote Indigenous communities in Far North Queensland – Australasian Centre for Rural and Remote Mental Health
<http://acrrmh.com.au/assets/Uploads/ACRRMH-Four-Good-Stories.pdf>
<http://www.bcna.org.au/galleries/digital-storytelling-project>
- Moonshine Movies and Palliative Care Australia - clip of Life Before Death <http://www.moonshineagency.com.au/video-production/cause-videos/our-health-our-community/> and article <http://www.australianageingagenda.com.au/2012/09/06/a-healthy-artistic-partnership/>
- Arts NSW & NSW Health funding partnership with Information and Cultural Exchange. Raising drug and alcohol awareness for Koori youth, (NSW) <http://ice.org.au/project/makeartmakechange/>
- A showcase of projects and associated events being delivered across Victoria and the research, resources and tools which VicHealth has developed to assist more organisations to create health through the arts <http://artsforhealth.com.au/>
- There are many web based articles and examples of arts and health case studies. Further examples and arts and health stories can be found at **Placestories – Arts and Health Stories** website which features the shared experiences of everyday Australians about how art has helped them, their families, their friends and why they believe art has a big part to play in the future of national health policy. <http://placestories.com/community/ArtsandHealth>