Submission to planned revision of the National Cultural Policy, *Revive* (2023).

Arts Health Network NSW / ACT
Arts Health Network Queensland
Victorian Network for Creativity and Wellbeing
Arts Health Network South Australia

Executive Summary

We are writing on behalf of the Arts Health Networks in Queensland (AHNQ), New South Wales and ACT (AHNNA NSW/ACT) and South Australia, along with the Victorian Network for Creativity and Wellbeing. These groups represent thousands of practitioners, arts leaders, researchers, policy and decision-makers, working to develop, deliver, integrate, and evaluate best practices in the Arts and Health sector, ranging from bespoke research projects aimed at specific cohorts, mental health support, to broader programming initiatives across health, culture and community.

The field of arts and health has a synergistic relationship with the Australian Government's National Cultural Policy. *Revive* was substantively informed by the evidence of social benefit arising from the arts across multiple domains; in turn, *Revive* provided a framework for both acknowledging this and for leveraging the hundreds of 'active ingredients' (Warran et al. 2022) in arts and cultural activities to address multiple social challenges. Since the launch of *Revive,* Australia has significantly grown research and capacity in creative health and socially engaged arts practice, making unique contributions on the global stage and delivering powerful programs with profound impacts for Australians. However, the full realisation of these potential benefits will remain limited without grassroots-embedded national infrastructure for arts; without structures and processes that actively overcome silos and barriers to cross-portfolio collaboration; and most of all, without ensuring the sustainability of the arts and health/ creative health workforce into the future.

Recommendation #1: Arts-wellbeing initiatives must be trauma informed, anti-oppressive and fit for the challenges of climate change. (Pillar: First Nations First).
Recommendation #2: Create structures, mechanisms and processes that deliver meaningful cross-portfolio integration with shared funding streams. (All 5 Pillars, but especial relevance for Engaging the Audience.)
Recommendation #3: Create a grassroots-embedded national body for creative health / arts and wellbeing. (Pillars**:** Strong Cultural Infrastructure and A Place for Every Story).
Recommendation #4: Ensure sector sustainability by strengthened arts education and increased economic security for artists. (Pillars: Centrality of the Artist and Strong Cultural Infrastructure.)

Arts, Culture, Health and Wellbeing

The Arts Health Networks in Queensland (AHNQ), New South Wales /ACT (AHNNA NSW/ACT), South Australia and Victoria (VNCW) are the product of a decade of practitioner-led growth in creative health across Australia. Past achievements in the arts and health sector have accumulated over decades and at one time included a national advocacy body. A record of some of this work can be found in (Barnett et al. 2023, 2022) and a partial timeline of policy and practice documents can be found in the Australian collection on the Repository of Arts & Health Resources: https://www.artshealthresources.org.uk/australia-timeline/. Creative Therapies are part of the Arts and Health sector and a brief history of their 50-year development in Australia can be found in (van Laar et al. 2025)

Since *Revive* was released in 2023, Australia has seen the growth of a range of practitioner-led initiatives and organisations, and an interconnected group of internationally recognised arts and health research centres. A high percentage of these have engaged with Creative Australia to advance programs of work across workforce needs, impact assessment and communication, data collection and record keeping, and focus areas of development, within the framework provided by *Revive.* There have been notable achievements in all 5 pillars.

Relevant to ***First Nations First***, achievements have included practitioner-led programs of work that embedded trauma-informed approaches to arts and health; the research outcomes of the *Remedy* project, which identified music as a cultural determinant of health for First Nations communities and set out a pathway for research as healing; and the models of holistic, culturally embedded care presented by Aboriginal Community Controlled Health Organisations and multiple primary care providers.

Relevant to ***A Place for Every Story***, achievements include the world's first arts-health promotion campaign, *Good Arts Good Mental Health* in Western Australia, which included 31 partner arts organisations, large banner displays at large football matches, involved the Prime Minister and Leader of the Opposition as participants, and which provided twice the reach and intention to act on the message of comparable health promotion campaigns, with a very low cost of delivery. Informed by ***First Nations First***, Australia has also seen world-leading arts-health initiatives oriented to climate change and disaster risk reduction, including the production of *Together We Can*, Creative Recovery Network's roadmap for embedding arts-based programs into disaster planning to support and strengthen communities. A major report mapping community arts and cultural development activities across Australia, *Where Community Meets Creativity* (2025), *The Pinnaroo Project* (2021-2023) and a suite of research outcomes from *Creative change: How can community music play a role in addressing social inequalities in Australia* (2021-2025), demonstrated the effectiveness and impact of the arts in addressing the greatest contemporary challenges of social inequality, social fragmentation and isolation, and consequent poor physical and mental health. Summing much of these achievements, the report *What Does an Arts Health Organisation Do* (2024) set out how such organisations expand access to care beyond clinical systems, integrate creative practice into healthcare as a mode of human-centred treatment, coordinate partnerships across arts, health, education and research sectors, and produce evidence linking cultural participation to measurable outcomes in mental health, wellbeing, and community resilience. The peer-reviewed, mixed-methods article *Empowering Voices* (2025) centred the voices of 93 disabled people who have accessed creative therapies, illuminating how people themselves story their experiences of arts engagement as a lifeline.

Relevant to ***Centrality of the Artist***, the same 2024 report reiterated the core proposition that arts and cultural assets for health cannot be available without healthy artists. The Creative Australia *Creative Solutions* workforce report (2023), the *Mental Health and Wellbeing in the Creative Industries Australia* report (2024), and the Arts Industry Council of South Australia *Art Sector Wellbeing, Mental Health & WHS Report* (2024) showed that arts-and-health work is constrained by a structurally fragile workforce marked by systemic precarity, low and unstable income, high exposure to anxiety, depression and burnout, unsafe or unsupported working conditions, a lack of coordinated training, professional development, and the absence of the long-term support needed to sustain artists delivering health-related outcomes. Relevant to ***Strong Cultural Infrastructure*** are the return of national meetings to connect and share knowledge across the sector, including the Creativity and Wellbeing Research Institute annual meetings (CAWRI), dedicated programming within the Australian Social Prescribing Institute for Research and Education (ASPIRE) annual conference, and specialist meetings concerning (inter alia) arts and aging, dance for health and arts, creativity

and education. Research has also identified the critical role of regional museums and galleries in disaster preparation and response. The expansion of training and professional development opportunities has also occurred, with practitioner-led, peer-learning and mentorship training programs such as the *CASE Incubator* and *Scene Shift programs* (NSW regions), annual multi-disciplinary *Creative Mental Health Forums* (regional Vic 2021-2025), and alongside institutional offerings, most recently including a *Teaching Artistry* short course (NSW). Additionally, the establishment of the College of Creative and Experiential Therapies (CCET), a division within PACFA, the Psychotherapy and Counselling Federation of Australia, means that Creative Therapists can maintain their identity as creative practitioners with specific capabilities, and are also recognised as practitioners covered by the new National Standards for the Counselling and Psychotherapy Workforce, adopted by the Australian Government in 2025.

Relevant to ***Engaging the Audience*****,** shifts towards community-engaged programming in cultural institutions has seen a flowering of programs that address illness, Disability, neurodivergence, mental wellbeing, chronic pain, and social connection, such as the effective *Culture Dose* program which expanded from the Art Gallery of NSW to regional museums and galleries. High impact programs that address regional community grief, isolation and challenge in relation to the polycrises emerging from climate change and that facilitate transition planning and implementation, such as the Blue Mountains Planetary Health Centre, the Northern Rivers Creative Industries Recovery Forum, and the Mt Alexander Shire Centre for Reworlding, have emerged as models for this work. Arts on Prescription programs have continued to be developed and trialled as major drivers of developing social prescribing models, and Creative Therapies Pilot Projects are currently active and being delivered via Murray PHN and Healthy North Coast.

These are impressive achievements. But to realise the full potential of arts and culture as critical, essential infrastructure, key to addressing the challenges of an increasingly volatile future, barriers to cross-sector collaboration and the growing crisis of sustainability in the sector must be addressed.

Our first recommendation concerns the pillar First Nations First.

Recommendation #1: Arts-wellbeing initiatives must be trauma informed, anti-oppressive and fit for the challenges of climate change.

- Australia provides distinctive contributions to arts and health globally as a result of First Nations leadership and collaboration that require centring justice practices – epistemic as well as social and extending to Country as well as to community. This framework is what gives arts and culture-based initiatives unique affordances for addressing the challenges of increasing climate change (Watfern et al. 2026; Hooker et al. 2026).
- The major **opportunity** we see in this pillar is to set targets and provide resources that are **First Nations informed and led,** and **community-engaged and co-designed,** to expand these strengths. A structure – roundtable, working group, or committee – that specifically develops and implements practical strategies for increased utilisation of arts and cultural capital in community-based disaster risk reduction across the 'PPRR' (Prevention, Preparedness, Response and Recovery) cycle, together with resources for local government, local health agencies and disaster response agencies to deploy these, is an urgent requirement.
- The major **challenge** that we envisage is the absence of flexibility within Ministries and Agencies to accommodate ways of working that best reflect and support Aboriginal ways of knowing, being and doing – which are also ways of working that enable communities, especially regional communities, to respond to divisive environmental and social issues in ways that increase community connection and capacity for trauma-informed response. These challenges can be addressed in part by implementation findings from effective

Australian models of this work as mentioned above, and through our second recommendation, the development of mechanisms for intersectoral collaboration.

Our second recommendation applies across the 5 pillars of the National policy, but particularly applies to the Engaging the Audience pillar.

Recommendation #2: Create structures, mechanisms and processes that deliver cross-portfolio integration with shared funding streams.

- Intersectoral engagement was an aspiration of *Revive*, but in practice, Government Ministries and Agencies are siloed; there is limited knowledge of the high return on investment and synergistic effects to be gained from arts-engaged or arts-facilitated projects and processes in other portfolios. The major **challenge** we see in **all five pillars** is the lack of mechanisms to achieve cross-portfolio activities. This challenge is also recognised in creative health work internationally.
- In a constrained funding environment, structural change is the **most significant opportunity** available to the Commonwealth to leverage arts and cultural assets for high impact facilitation of health, wellbeing, social and environmental goals across all Government portfolios. If **joint funding instruments** were provided, with the onus on non-Arts portfolios to supply at minimum equal funding for programs that engage the arts to more effectively achieve portfolio impacts, this very small redistribution (even at 1% of agency funding) would provide a feasible means to both achieve higher outcomes within portfolios and alleviate the developing sustainability crisis in the arts, within the same, or a very similar, resource envelope.
- The policy should commit to specific structures, processes and funding rules that lower the cost of working across portfolios, *particularly* the Arts, Education, Disability and Health portfolios. A standing cross-portfolio coordination function jointly resourced by the Office for the Arts and the portfolios of Education, Health, Social Services, Disability, Environment and Disaster Response is needed. Other mechanisms for increased cross-sectoral collaboration include shared impact assessments frameworks (so that initiatives commissioned by one portfolio are designed, from the outset, to inform the other portfolios with related responsibilities); public, transparent reporting on cross-portfolio outcomes through a single annual statement; and the provision of infrastructure such as paycodes, rates, scope of work, and safety and quality frameworks, for artists and arts outcomes in all agencies.

Our third recommendation applies to the Strong Cultural Infrastructure and A Place for Every Story pillars.

Recommendation #3: Create a grassroots-embedded national body for creative health / arts and wellbeing.

- From an arts and health perspective, the most significant opportunity in the Cultural Infrastructure pillar is the creation of a sustainable, grassroots-embedded, structure or organisation, that can provide information and advice to the Australian Government concerning opportunities and policies for creative health, and advance the research base and support translation into practice for sector benefit. The need for such a body has been recognised repeatedly over successive policy cycles, including most recently in the Australia Council for the Arts' Arts, Creativity and Mental Wellbeing Policy Development Program (2022). It is relevant that the key recommendation of the Social Prescribing in the Australian Context: A National Feasibility Study (2025) report was to establish a National Institute with these capacities, recognising a parallel need for social prescribing. Rather than reliance on committed individuals, such a body would enable capitalising on existing investments in infrastructure such as quality frameworks that connect the

creative health workforce with the communities they service, and provide capacity for integrating and analysing Australian data and research to assess impact and guide program design and implementation.

- A sector-wide engagement and co-design process to inform the best design for such an entity would be an ideal achievement for the next policy cycle. Notably, this could occur via the Networks who have together provided this Submission, in collaboration with the major arts and health research Centres (eg CREATE at University of Sydney, CARI at Griffith University, BARC at UNSW, CAWRI at University of Melbourne, Assemblages at Flinders) socially engaged arts organisations (eg The Cad Factory), and professional bodies (eg CCET) with whom we work closely.

Our fourth recommendation applies across all 5 pillars but particularly to the Centrality of the Artist and Strong Cultural Infrastructure pillar.

Recommendation #4: Ensure sector sustainability by strengthened arts education and increased economic security for artists.

- The biggest **challenge** across **all 5 pillars** is lack of sustainability. There is extensive evidence that the cultural sector is unsustainable, with two **main challenges** particularly affecting the arts and health sector: poor wellbeing in artist practitioners stemming from working conditions defined by economic precarity, and severe losses in arts education across the lifecourse, which is already creating a skills shortage, deepening inequality of arts access, and worsening the very health challenges that the creative health workforce responds to. *Poor wellbeing in artists.* Arts and health rely on healthy artists, but artists report significant levels of mental and physical ill-health that is strongly determined by economic precarity arising from low pay, reliance on short term and unstable grant funding, and short-term contracts (Throsby and Katya, n.d.). This is leading to a loss of artists (Ware 2026), often in socio-economically deprived areas, including regional Australia, where the need for arts engagement and cultural infrastructure is highest. Given large-scale longitudinal population health studies that demonstrate the positive impacts of arts and cultural engagements across the lifecourse, and the severe and longlasting negative consequence of lack of access to the arts in geographically and socio-economically disadvantaged groups (Fancourt 2026; Fancourt et al. 2023; Fancourt and Warran 2024), and given evidence of inequitable access in Australia in the *Widening The Lens: Social inequality and arts participation* report (2023), the lack of sustainability is concerning.
- More worrying still, the pipeline of emerging artists is deeply imperilled by the severe erosion of arts education from early years, through primary and secondary schooling, to severe cuts to the tertiary sector particularly during the Covid-19 years (Gattenhof and Saunders 2026), and the few opportunities for economically accessible professional education. The structural problem for arts education in primary and secondary years is one of delivery: out-of-field teaching; inadequate Initial Teacher Education in the arts for primary generalists; regional and low-socio-economic inequity such that access to arts education is currently shaped by postcode and school resourcing rather than by the curriculum entitlement and the students most likely to benefit from sustained arts learning are the least likely to receive it; and an over-reliance on co-curricular rather than curriculum-based provision.
- Recognising the challenges of the current fiscal environment, we nonetheless insist that the most important **opportunities** for a renewed national cultural policy lie in addressing these interconnected issues structurally. We suggest a trial of a boundaried income support scheme on a limited scale, for example: a basic income for artists scheme, or a fellowship scheme, or a cross-portfolio placement or secondment scheme, with minimums established for numbers of participants, length of scheme and scale of secure

income. There are multiple **opportunities** for addressing erosion and inequality in arts education through **mechanisms** that connect education initiatives to other socially engaged arts activities. A future creative health workforce strategy must be developed jointly with the Ministry of Education and explicitly linked to the points in the pipeline that produce, or fail to produce, the workforce in question, and that educate the health sector about the value this workforce brings. Quality Frameworks for the sector must ensure that artists are cared for by provision of minimal healthy and safe working conditions.

Conclusion

The past three years have shown that arts and culture are not supplementary to public policy outcomes, but central to addressing complex challenges across health, social connection and climate adaptation. To realise this potential, the next National Cultural Policy must move beyond aspiration to structural change—enabling integration across portfolios, securing the creative workforce, and establishing enduring national coordination. With these foundations in place, Australia can fully leverage its cultural assets as a driver of collective wellbeing and resilience.

The four Arts Health Networks recognise the many related submissions from across the sector, including but not limited to those from the CREATE Centre, NAAE, Arts Disability Network Australia, Creative Climate Action Alliance, Community Arts and Cultural Development Alliance, and leading socially engaged arts organisations (The Cad Factory, Milkcrate, CuriousWorx etc).

References

Barnett, Tully, Alex Cothren, and Joanne Arciuli. 2022. *Telling the Story of Arts and Health in South Australia*. Report. Flinders University. South Australia. https://apo.org.au/node/321047.

Barnett, Tully, Alex Cothren, and Joanne Arciuli. 2023. "A History of Arts and Health in South Australia: Policy and Practice." *Journal of Applied Arts & Health*, ahead of print. https://doi.org/10.1386/jaah_00153_1.

Fancourt, Daisy. 2026. *Art Cure: The Science of How the Arts Transform Our Health*. Cornerstone Press.

Fancourt, Daisy, J. Bone, F. Bu, H. Mak, and A. Bradbury. 2023. *The Impact of Arts and Cultural Engagement on Population Health: Findings from Major Cohort Studies in the UK and USA 2017 – 2022.* University College, London.

Fancourt, Daisy, and Katey Warran. 2024. "A fRAmework of the DetermInants of Arts aNd Cultural Engagement (RADIANCE): Integrated Insights from Ecological, Behavioural and Complex Adaptive Systems Theories." *Wellcome Open Research* 9: 356. https://doi.org/10.12688/wellcomeopenres.21625.1.

Gattenhof, Sandra, and John Nicholas Saunders. 2026. "The Polycrisis for Arts and Creative Education in Australia." *Australian Journal of Education* 70 (1): 87–106. https://doi.org/10.1177/00049441261421275.

Hooker, Claire, Anna Kennedy-Borissow, Natasha Beaumont, and Isabelle Galet-Lalande. 2026. "How Arts and Cultural Activities Can Reduce Disaster Risk and Improve Recovery Outcomes: An Interdisciplinary Scoping Review with Thematic Synthesis." *Progress in Disaster Science* 29 (January): 100501. https://doi.org/10.1016/j.pdisas.2025.100501.

Throsby, David, and Petetskaya Katya. n.d. *Artists as Workers: An Economic Study of Professional Artists in Australia | Creative Australia*. No. 7. Creative Australia. Accessed May 7, 2026. https://creative.gov.au/research/artists-workers-economic-study-professional-artists-australia.

https://doi.org/10.59158/001c.128556

Ware, Ianto (The Conversation). 2026. "The Artist Population of Greater Sydney Is Shrinking – and Becoming Less Culturally Diverse." May 5. https://doi.org/10.64628/AA.h7p4ep5wk.

Warran, Katey, Alexandra Burton, and Daisy Fancourt. 2022. "What Are the Active Ingredients of 'arts in Health' Activities? Development of the INgredients iN ArTs in hEalth (INNATE) Framework." *Wellcome Open Research* 7: 10. https://doi.org/10.12688/wellcomeopenres.17414.2.

Watfern, Chloe, Priya Vaughan, Katherine Boydell, Michelle Luk, and Ans Vercammen. 2026. "Arts-Based Approaches to Climate Change, Mental Health and (Un)Natural Disasters: A Scoping Review." *Arts & Health* 0 (0): 1–30. https://doi.org/10.1080/17533015.2026.2663005.