

I am a practicing artist and an arts professional. In my arts practice I deliver public art works that utilise placemaking principles to create more colourful, playful and thoughtful everyday environments. I incorporate an audience engagement framework to these artworks, engaging community in artist led workshops to develop connection to place, strengthen inter-personal relationships and creative thinking skills.

In my professional practice I work in non arts organisations as a creative producer, commissioning and developing arts programs and artists' projects to ease the stress points in the organisation. I have developed specialisation in the hospital setting, in both adult and paediatric. I manage teams of salaried artists to deliver arts engagement activities to patients, staff and families and work with project based commissioned artists to respond to contextual needs.

Arts in health is a complex field as it spans the diversity of health needs within a society. My work spans community context to acute services in a clinical setting. The work I undertake is not therapy, my teams and I are not therapists but artists in hospitals. This provides a unique and often overlooked support structure for patients and staff within hospital settings that provides higher quality health care and effective wellbeing initiatives for staff. In this submission I will focus on the clinical setting as it is a niche field that requires further support and understanding.

First Nations First

Challenges = Many Aboriginal and Torres Strait Islander people present with complex co morbidity to a hospital setting. In urban locations where the majority of Aboriginal people live, there is a high proportion of people who present to ED bypassing the primary medical offerings. This causes upward financial and resource pressure on hospital systems. In consumer engagement work with community in Sydney that I have undertaken indicate high levels of shame associated with accessing healthcare and histories of trauma associated with health systems.

Opportunities – Identified artist roles within hospitals, delivering bedside workshops that connect with Country or producing artworks that communicate cultural competency are a solace for patients. Using arts in this way is a practical way to deliver real world benefits from artistic practice.

Centrality of the Artist

Challenges – difficult to find part time work that allows time for creative work to occur

Opportunities – Arts in health has the potential to open up multiple new part time jobs that utilise the artistic skills of arts workers in highly meaningful ways. The integration of socially engaged art in arts practice has led to many artists being well equipped to share their skill sets in clinical settings. With specialised training (see below) artists can be effective contributors to societal and whole person health outcomes.

Engaging the Audience

Challenges – Arts workers in health settings are often untrained and ill equipped to understand the complexities of healthcare, the trauma an individual may be experiencing or due to the intimacy of the arts encounter may over share and overexpose themselves beyond professional boundaries.

Opportunities – develop accreditation or training of this growing workforce to ensure accountability and standards can be met before 1:1 arts activity occurs. Hospitals are key sites to engage audiences in cultural activity, particularly new audiences. Often people are willing to try new things or have time to be culturally engaged when the normally would not prioritise this. Well trained staff can introduce and engage people with cultural practices leading to ongoing engagement.

How this matters in your practice – staff burn out can be high in health settings. Training, accreditation and oversight of the artists in hospitals would ensure a high standard of practice and ensure staff have skills to continue work in this setting.