Are there any other things that you would like to see in a National Cultural Policy?

I am writing as a transdisciplinary practitioner whose work and experience sits across cultural programming, social and cultural engagement, creative practice, and arts-led collaboration with diverse artists, communities and stakeholders. My work involves developing and supporting cultural programs, contributing through my own arts practice, and bringing together people, organisations and sectors through creative methods to respond to complex whole-of-culture challenges. I also write with experience as President of the Arts Health Network NSW/ACT, which has submitted a response as an organisation, and as Lead Curator and Creative Director for Maridulu Budyari Gumal / SPHERE (Sydney Partnership for Health, Education, Research and Enterprise). My work with SPHERE is now in its tenth year as a whole-of-system creative collaboration focused on living together well while working with diverse health challenges across the lifespan.

From an arts, health and wellbeing perspective, the development of a new National Cultural Policy is an opportunity for radical rethinking of the role of arts and culture across government, health, education, community and care systems. Arts and culture should not be positioned only as creative industries, public programs or cultural outputs, but as vital social infrastructure that supports meaning-making, connection, cultural identity, prevention, care, recovery, wellbeing and community resilience.

There is a significant opportunity for the next National Cultural Policy to move beyond recognition of arts and culture toward their integration as part of Australia's wellbeing infrastructure. This would align Australia with a wider international movement toward Creative Health and whole-of-culture models, where arts and culture are increasingly understood not only as cultural goods, but as social, emotional, preventative and community infrastructure that supports health and wellbeing across the life course. This direction is visible in the World Health Organization's arts and health work, including evidence identifying the role of the arts in prevention, health promotion, and the management and treatment of illness across the lifespan, as well as in the establishment of the UNESCO Chair in Arts and Global Health.

Ireland's Creative Ireland Programme and Scotland's arts, culture, health and wellbeing networks provide useful international comparators for Australia. Creative Ireland is significant because it frames creativity as an all-of-government culture and wellbeing concern, not only an arts-sector responsibility. Its focus on people, places and communities, and on every person realising their creative potential, broadens cultural participation beyond conventional definitions of the arts. Scotland offers a complementary networked model, linking research, policy and practice across arts, culture, health and wellbeing, and positioning culture as part of the common good.
Together, these models point toward a more porous and inclusive cultural policy for Australia: one that values professional arts practice while also recognising community creativity, cultural heritage, storytelling, music, movement, design, ceremony, craft, food, gardening, festivals, digital creativity and everyday forms of cultural expression. This breadth matters because Australia's cultural policy must be able to respond to whole-of-society pressures, including a warming climate, climate disasters, the pervasive mental health and loneliness crisis, and the rapid onslaught of AI and technological change.

I support the positioning of First Nations as the first pillar of the National Cultural Policy. For tens of thousands of years, the world's oldest surviving culture has flourished here, offering

deep knowledge about the interconnection of culture, Country, community, creativity, health and wellbeing. This inheritance is central to any meaningful national cultural policy and provides a unique opportunity to move forward with a more conscious, sustainable and holistic approach to living together well.

Centring First Nations knowledge and leadership is essential for building a grounded, innovative and sustainable creative ecology. First Nations artists and cultural practitioners have long understood the intimate relationship between cultural practice and individual and community wellbeing. This is evident in arts, health and healing work across many forms: from the practice of artist and midwife Marianne Wobcke, a proud Girrimay woman, through to Professor Naomi Sunderland, Professor Phil Graham and colleagues' work on First Nations music as a determinant of health, and the many powerful films, music, dance and visual art for which Australia is known nationally and internationally. These practices demonstrate that culture is not only heritage or expression, but a foundation for health, healing, identity, social and emotional wellbeing, and systemic reform.

This requires more than a commitment to "closing the gap". It requires First Nations leadership across culture, health and the arts, and a policy framework that actively supports collaboration, consultation, partnership and self-determination. The integrated nature of arts and health within First Nations belief systems should guide a broader understanding of creative health in Australia: one that recognises story, ceremony, language, Country, kinship and cultural practice as central to individual, social and community care.
Storytelling is central to First Nations culture and to human experience more broadly. Stories strengthen cultural and spiritual identity, build bonds within and across communities, and help people make sense of past, present and future. They create pathways for memory, change, acceptance, healing and imagination. As a creative pillar, storytelling invites artists and communities to reveal hidden histories, honour everyday lives, and generate shared meaning for the future.

The arts also help communities metabolise experience, create meaning and imagine futures. In times of illness, grief, uncertainty, climate anxiety, social disruption and systemic change, creative expression allows people to hold complexity, process difficult experience, communicate across difference and generate new forms of shared understanding. The arts are therefore not only a support after crisis has occurred; they are part of how communities sustain identity, build connection and develop the imaginative capacity needed to live together well into the future.

A key point of reference for any future policy is the National Framework for Arts and Health 2014. This framework was endorsed by the Ministers for Health and Ministers for Arts in every Australian state and territory and was a significant accomplishment. Yet despite this landmark document, there were no formal mechanisms embedded to enact the framework, including dedicated funding streams. This is a gap that must be addressed.
There is extensive data demonstrating the health and wellbeing benefits of the arts and culture for a range of contexts, including prevention of morbidities and chronic illness, addressing mental health, alleviating physiological symptoms of specific health conditions, and enriching quality of life across the lifespan from maternal wellbeing and early childhood development through to creative ageing.

In revisiting the 2014 National Framework for Arts and Health, Australia should also consider the role of contemporary quality assurance frameworks that have emerged

internationally. The Creative Health Quality Framework developed by the Culture, Health & Wellbeing Alliance offers one useful model, identifying eight principles for quality creative health practice: person-centred, equitable, safe, creative, collaborative, realistic, reflective and sustainable. These principles are highly relevant to an Australian context because they connect creative ambition with lived experience, access, trauma-informed practice, cultural safety, practitioner support, fair pay, safeguarding, evaluation and long-term sustainability.

A renewed Australian framework should not simply ask whether arts and health "works", but should help steward ethical, care-based and culturally safe practice. It should support artists, cultural workers, creative therapists, health partners, communities and participants to work within shared standards of quality, safety, reciprocity and care.

There is already a strong base of ongoing programs and initiatives that have evolved outside a strong national framework and advocacy network. Since the development of the National Arts and Health Framework in 2014, the body of national and international research and community support for the value of integrated arts, health and mental wellbeing practices has continued to grow. However, in Australia this has happened in an ad hoc way, often driven by individual champions, rather than as part of a fully recognised and funded system of policy drivers, bureaucratic support and official engagement.

Past achievements in the arts and health sector have accumulated over decades and at one time included a national advocacy body. The reinstatement of a national Arts and Health advocacy body should be a priority because the vacuum has clearly led to a fragmented sector, a limited professional communication system and has hampered Australia's true potential for systemic innovation.

A national advocacy body could connect state and territory networks, First Nations leaders, researchers, artists, creative arts therapists, health services, cultural institutions, disability advocates, aged care providers, primary care, social prescribing initiatives and community organisations. It could also support national quality standards, workforce development, ethical guidance, professional communication, data collection, case-study mapping and international exchange.

Trauma-informed and anti-oppressive approaches need to be considered mandatory and Indigenous-led. This is critical to address and challenge historical remnants of toxic and oppressive beliefs that sabotage creative transformation processes. If arts and health practice is to expand across hospitals, aged care, mental health, disability, schools, community settings and social prescribing pathways, then care, safety, cultural accountability and ethical practice must be built into the system. These are not administrative extras; they are core conditions of quality, safety and trust.

Critically, it is important to maintain more than an instrumental view of the arts. The value of people's arts engagement comes from more than specified health outcomes or addressing gaps in mental health reform. The inherent meaning and value of the arts contribute to individual and community experiences as part of a holistic, interconnected system. Whole-of-culture models should not reduce the arts to a tool for delivering health outcomes more cheaply. Rather, they should recognise that arts and cultural participation have intrinsic, social, relational, spiritual, cultural and public value.

While a radical expansion of existing arts and health models is needed, the arts and creative industries need to be able to join from a place of strength, which includes funding, skills development, formal leadership and collaboration across sectors. There is also a need to advocate for sustainability of programs and sole-trader artist work beyond large-scale funding injections. A different model is needed beyond “research-funded” or “user-pays” approaches. Those who cannot afford it also need equitable access.

Social prescription is an approach to addressing social isolation and loneliness, a growing public health issue that has been emphasised in the wake of COVID-19 lockdowns. Social prescribing should be understood as one pathway within a broader Creative Health ecosystem, not as the whole field. Arts and cultural organisations, community artists, libraries, choirs, festivals, neighbourhood groups and informal creative networks often hold the spaces between formal encounters with health, care and government systems. They create continuity, connection and trust. They support participation across the full spectrum of creative accomplishment, from first-time engagement to highly skilled artistic practice. For social prescribing and creative health policy to be ethical and sustainable, these community and cultural spaces must be recognised not as optional extras, but as essential parts of a connected cultural and wellbeing system.

Throughout Australia, centres for creative health programming operate out of several public and private health services and include the work of highly credentialed program managers and creative therapists. Several programs address the crucial value of creativity to mental health and wellbeing and are directly informed by those with lived experience - voices that are crucial to success and outcomes. These projects are currently achieved with minimal funding and maximal networking and partnership. This position is replicated within the tertiary sector, where there is recognition of the efficacy of integrating creative thinking into clinical education, and where groups of academics collaborate wherever possible, but with limited funding support.

An effective arts and health sector in Australia should align across disciplines and communities, be embedded into healthcare and education, and support the training of creatives in the special skills required to flourish within the sector. This cohesion can be achieved, as overseas examples have demonstrated, through a fully representative, funded and empowered national advocacy body.

The next National Cultural Policy has a critical role in embedding arts and creative participation within a more connected, preventative and human-centred health system. It can build on the 2014 National Framework for Arts and Health, learn from Ireland’s whole-of-government culture and wellbeing model, Scotland’s arts-health network infrastructure, and global arts-and-health movements, while developing an Australian model grounded in First Nations leadership, quality practice, care, access, sustainability and cross-sector collaboration.