Arts in Health at FMC

Towards a Model of Practice

Prepared by Christine Putland
for Arts in Health at FMC
Flinders Medical Centre, South Australia

Government of South Australia
SA Health

Flinders Medical Centre

Flinders Medical Centre Foundation

Acknowledgements

This Report was commissioned by Arts in Health at FMC. It was funded jointly by Arts in Health at FMC and the Flinders Medical Centre Foundation (the latter in relation to the Evaluation of the Environmental Art Consultancy). The generosity of all who gave feedback about their experiences of the program is acknowledged, including the artists, FMC staff, patients, carers, visitors and volunteers. In particular the commitment of the Arts in Health Coordinator, Sally Francis, to the integrity of the evaluation process and to application of its findings in future program development is greatly appreciated.

Thanks to the Medical Illustration and Media Unit at Flinders Medical Centre for graphic design and photography.

Artists represented in photographs include: Diwani Oak, Becky Corlett, Rebecca Cambrell, Leigh Warren & Dancers, Tony Hannan, Emma Horwood, State Opera of South Australia, Heather Frahn.

We would also like to thank the patients who kindly agreed to be photographed.

Artworks represented (page): *As One* by Avril Thomas (8) *Leigh Warren & Dancers* by Alex Makeyev (10,18) *Whisper* by Ann Newmarch (12) *Morphe X* by Marc Agzarian (15) *Sea Cello* by Rebecca Cambrell (18) *Re-develop* series by Lara Merrington (21) *One People, One Place, One Future* by Ngala Cox, Glen Ash, Max Mansell, Yasemin Sabuncu & Simon Loffler (24) *Monkey Business* by Sue Aikin (25).

Christine Putland PhD
Arts and Health Research Consultant

Cover photo: *Re-develop* series by Lara Merrington

About this Publication

'Arts in Health at FMC – towards a model of practice' examines the nature of the arts program based in Flinders Medical Centre (FMC) as an ambitious example of integrating art into the life of an acute care hospital. It gives an account of the learning that has resulted from thinking through a 'model of practice' lens in appraising the parts that make up the whole program, and reflecting on the ways in which art is practiced in this setting.

Part 1 describes how the concept of a model evolved out of the evaluation of the *Arts in Health at FMC* 2009 program. It maps the existing practice at the time, explains a number of analytical tools developed to aid understanding and reflection, and ends with a summary of the implications of this process for decision making and future planning.

Part 2 provides a summary of highlights of the 2009 Program Evaluation findings, including a snapshot of the different kinds of projects, vital statistics about levels of activity and examples of responses to the initiatives by staff, patients and visitors. Part 2 is designed principally to provide background information to support Part 1.

'Arts in Health at FMC – towards a model of practice' sits alongside the 'Arts in Health at FMC Program Report' based on the 2009 Program Evaluation. The full Report is available for download from www.flinders.sa.gov.au/artsinhealth/. The two publications are designed to be read independently although readers may find that each provides valuable contextual information for the other.

'Arts in Health at FMC – towards a model of practice' is intended for an audience of practitioners, artists, health services personnel, government agencies and researchers and will be most accessible to those with some knowledge of the field of Arts in Health Care. While the particulars are specific to the FMC context, it is anticipated that many readers familiar with arts programs in health care settings will recognise the issues identified. It is hoped that they will find the strategies and tools of interest and useful in developing their own programs.

Abbreviations used in this Report:

FMC	Flinders Medical Centre
Arts in Health at FMC	the organisational unit which runs the Arts program
The Program	the Arts in Health at FMC program content in 2009
The Report	the Arts in Health at FMC Program Report 2009
EAC	Environmental Art Consultancy

Contents

Part 1
Developing a Model of Practice 5

1.0 Introduction 6

1.1 Learning from Experience 7
- A very short history 7
- Why develop a 'model of practice'? 9
- What we mean by a 'model of practice' 11
- Practical learning 11

1.2 Mapping Existing Practice 12
- The Arts in Health Care field 12
- Practicioners' insights 15
- Classifying program elements 16

1.3 The Model Matures... 19

Part 2
Summary of Arts in Health at FMC 2009 Program Evaluation 21

2.1 Experiences 22

2.2 Responses 24

2.3 Learning 26

Attachments 27

1. Scoping the 'Arts and Health' field 28
2. Arts in Health at FMC 2009 program categories included in model of practice 29

DVDs

Arts in Health at FMC Documentary
Leigh Warren & Dancers 2009 FMC Performances
Heartsong
My Favourite Things: Nick and Hamish

Part 1

Developing a Model of Practice

Part One - Developing a Model of Practice

1.0 Introduction

Flinders Medical Centre (FMC) is a 560 bed tertiary teaching hospital and the major referral centre for acute care and emergency services in the Southern Region of Adelaide. It has a catchment population of approximately half a million people.

Arts in Health at FMC delivers a year-round program encompassing many different art forms and experiences for patients, staff and visitors. It aims to enrich the life of the hospital by:

- creating a warm and welcoming physical and cultural environment
- supporting staff in their provision of high quality care
- contributing to a positive, nurturing experience for patients and carers
- providing opportunities for the public to engage positively with health services.

The program is assisted by funding from the FMC Foundation, Arts SA, and additional support from fundraising, sponsorship and donations.

In recognition of the unusually extensive range and depth of the program and the need to assess its effects, an evaluation of the main initiatives of Arts in Health at FMC was undertaken in 2009. As well as gathering feedback from within the hospital and the wider community about its perceived contribution to health and wellbeing, the evaluation was designed to enable learning about the program for future development.

This required close attention to aspects of practice: the complex layers of the program delivered in different sites within the hospital; varying approaches to art and ways of engaging with the hospital community; and, the artists' observations and experiences about their practice.

Through such examination it became evident that the evaluation data was a rich source of information about the kinds of art practice that are possible within this acute care setting. The questions then posed were: 'What types of practice will be most effective and appropriate in FMC?' and 'How will we gauge this?' In this way the evaluation fed into to a protracted analytical process which came to be referred to as 'developing the model of practice'.

In the following pages, the collective learning from a wide range of perspectives is summarised, showing how and why the idea of a 'model' emerged and the directions in which it has subsequently led Arts in Health at FMC.

1.1 Learning from Experience

A (very) short history

The historical development of Arts in Health at FMC is important for an appreciation of the present program. Over time the program has grown into one of the most substantial and varied in Australia and the foundations laid a decade and a half earlier have clearly informed today's shape and scale of practice.

The story of Arts in Health at FMC began in 1996, when the Manager of Health Promotion at FMC became inspired by a visit to hospitals in the UK and took steps to introduce the arts into FMC as a health promotion strategy. This early phase can be characterised as exploratory. In 1997, health promotion funding was secured and supplemented by an Arts Bequest, allowing for a number of different approaches to be tried in the form of projects and residencies. Early initiatives included:

- sculptural work commissioned for the hospital entry foyer
- a 'photo essay' exposing the 'behind-the-scenes' work of medical researchers to public view
- a residency working with patients, visitors and staff throughout the hospital to explore the possibilities for introducing community arts into an acute care setting.

An important function of such initiatives was to put people at ease about the presence of art in the hospital and to raise awareness of its potential contribution. To this end, the community artist-in-residence of the time recalls continually reassuring people that her role was funded by 'arts' and not 'health' dollars.

In 1999, when the initial funding ended, the Arts in Health Advisory Committee judged that building a sense of community was unrealistic given the profile of patients in the hospital (80% emergency arrivals and an average length of stay of 2-3 days). The second phase which followed, characterised here as consolidation, tended to cement a 'professional practice' model. Seed funding was obtained from the FMC Foundation to employ two half-time staff with backgrounds in performing and visual arts respectively. One of these positions represented half of a full-time position shared with the Flinders University Art Museum and had the added advantage of forging links with this neighbouring organisation.

The program focused on bringing professional artists into the life of the hospital to enhance the environment and lift the spirits of hospital users. In subsequent years, funding for initiatives was sought primarily from Arts SA and was supplemented by donations, Health Promotion grants and FMC volunteers. During this phase, two Promenade Galleries A and B were established, partnerships were formed with companies such as State Opera, and community access to the hospital was improved through the involvement of schools and community groups.

Late in 2005, FMC committed to funding the salary of the Arts Coordinator, marking the beginning of a phase of expansion and diversification. Building on experience and drawing on the strengths of earlier phases, the result has been an unusually broad and varied program. Between 2005 and 2009 Arts in Health at FMC became well known around Australia and elsewhere for its ground breaking and sustained work, presenting an eclectic range of practice. This included:

- multiple art form projects and collaborations
- artists working intensively with identified groups of patients and/or staff for a specified period of time
- longer term residencies in visual arts and dance
- weekly musical performances open to all hospital users and the public
- a continuous and regularly changing exhibition program in the public galleries
- 'roving' visual artists and musicians working with patients at their bedsides
- public and environmental art initiatives (including a consultancy for the Queen Elizabeth Hospital Haematology/Oncology Unit)
- music therapy as part of allied health services
- hosting international and national speakers, seminars and forums open to practitioners in the wider field of 'Arts and Health'.

Meanwhile, at an international level, interest in incorporating the arts in health care was escalating rapidly. The trend was apparent in Australia, with four major conferences hosting national and international speakers on Arts and Health held from 2008-2010, and the establishment of the national Arts and Health Foundation supported by the Australia Council for the Arts in 2009. In South Australia, an 'Arts and Health Partnership Agreement (2008)' was formed between the Department of Health (SA Health) and Arts SA, expressing a commitment to work together to maximise the potential for the arts to add value to a range of health strategies. This intensified level of interest was also accompanied by a growing urgency in the call for evaluation and research to generate evidence for the links between arts and health.

At FMC, these trends reinforced the growing expectations of many staff, patients and visitors. The program in 2009 comprised an extensive range of initiatives including several major projects (see Part 2 of this publication for details). Building on the success of its commissioned work on the Environmental Art Project in the Haematology/Oncology Unit at the Queen Elizabeth Hospital in 2007, Arts in Health at FMC embarked on an Environmental Art Consultancy (EAC) in conjunction with the redevelopment of the FMC facilities. Also resonating with wider trends, a decision was made to evaluate selected elements of the program in order to develop a deeper understanding of the scope and nature of the practice.

Why develop a 'model of practice'?

The decision to undertake more rigorous evaluation of program elements in 2008-9 provided the initial impetus for focusing on practice. Designing and implementing the evaluations highlighted a number of features of Arts in Health at FMC at the time which pointed in this direction.

i) With several of the initiatives in the program reaching beyond the scope of established practice in terms of scale and complexity, the program was seen to be breaking new ground, for example:

- The EAC aimed to integrate environmental art considerations in the redevelopment of hospital facilities through consultation from the earliest design stage, a goal which relied on interdisciplinary collaboration and intensive negotiation in the midst of an unpredictable and shifting development process.
- The residency by Leigh Warren & Dancers included impromptu performances throughout the wards and public spaces of the hospital, as well as an outdoor performance in the courtyard as part of the Adelaide Festival Fringe Program; for many people the introduction to dance in such diverse situations (from the oncology day centre to a high dependency ward) was surprising and challenging.
- My Favourite Things was a multi-form (music, movement and film) project in the Paediatric Unit which created new dance, song and film work in collaboration with patients, families and staff; working in such an intense way required sensitivity and a high level of coordination of all creative components.

These were demanding, multi-dimensional initiatives in themselves, made even more challenging by their execution in an acute health care environment.

ii) The availability of practical resources to guide the practice was limited, tending to fall into one of the following categories:

- Descriptions of initiatives – as an emerging field much of the focus was on scoping its very broad and diverse territory, providing examples, and marking general professional boundaries (eg therapy vs therapeutic arts);
- Basic Tool Kits – advice to health care professionals embarking on an arts program in health care about first principles and administrative issues when engaging with the arts sector.

As the above short history of Arts in Health at FMC indicates, the program had moved beyond many of the issues addressed in the practical literature. The present stage of development demanded more advanced analytical tools tailored to classifying and comparing different approaches in order to refine practice.

iii) The constraints and opportunities presented by undertaking evaluation in the hospital setting were becoming clearer. Against a background of evidence-based health care there was an overpowering demand for proof of the health benefits of arts programs. The limited investment in major research, however, meant a heavy reliance on project evaluations to justify this work and a corresponding focus on project outcomes.

In reality, experience showed:

- Collecting data about project outcomes in the context of acute care is constrained by the high turnaround of patients, the high level of demand on staff time, and other practical and ethical concerns.
- Comprehensive research projects are needed to generate the kind of data necessary for demonstrating benefits demanded by the health sciences, but funding for these is extremely limited, especially in relation to short-term projects.
- While the emphasis on outcomes is clearly important, the associated tendency to underestimate the value of feedback from hospital staff and artists is an unfortunate oversight; the former are often keenly attuned to recognising the subtle effects of art, while the latter tend to be insightful about their own creative practice and sensitive to others' responses.

The upshot of such observations was a move to introduce the idea of a 'model' into discussions in order to raise the level of thinking above the day-to-day practical tasks and ad hoc decisions, to consideration of an overall program approach, informed by theory, experience and evidence of how things work.


MOBILITY STATUS
PATIENT CARE

What we mean by a 'model of practice'

Our use of the term 'model of practice' warrants some further explanation. Firstly, 'model' is used here to refer to the mode or way of practising, rather than an 'ideal' type. The analysis aims to distinguish between different approaches as represented by the program initiatives, not to hold one up as the preferred approach. Decisions about the shape of the program are then able to be made based on a clearer understanding of the qualities of each approach and their appropriateness to the FMC context. Secondly, the concept of a 'model of practice' was adopted as a way to stress the need to focus on a unifying rationale for the program. It draws on fields such as social work where it is used to link various explanatory theories with the practical tasks undertaken by members of the profession in a coherent way. For Arts in Health at FMC it has provided a framework for appraising how the disparate parts of the program contribute to the whole. Finally, we stress the phrase 'towards a model of practice' because although the idea of a model exerts some unifying power, in reality the practice remains varied and the program dynamic in shape and content.

Practical Learning

As explained above, the evaluations in 2009 entailed an intense learning process which highlighted the potential for analysis of practice to inform the ongoing shape of the program. The idea of a model of practice first arose during the evaluation of Phase 1 of the Environmental Art Consultancy (EAC) associated with the Redevelopment of FMC facilities. The EAC was based on the concept of integrating art in the design of spaces: embedding colours, shapes and textures in the very fabric of buildings as a means of creating a healing environment. As a fundamentally collaborative approach, it requires that artists become part of the core design process. Its application in connection with the FMC Redevelopment raised many issues along the way, reflecting competing views about how the EAC should and could contribute to decision making in the overall redevelopment design. Early thinking was inclined towards developing a model in the form of guidelines to clarify and support such a process.

With subsequent evaluations of other projects and initiatives, it became clear that issues of practice were not confined to the EAC but arose in each case. Inevitably every project is a learning experience because many unforeseeable internal and external factors affect its course. While this is part of the excitement of working in the arts, in times of scarce resources it makes good sense to pay attention to the lessons gained by reflecting on both the successes and the difficulties. Thinking of the 'model' as a process comprising a set of analytical tools, rather than a prescriptive set of guidelines, provided a more flexible framework. It was informed by reflective questions such as:

Are we meeting the needs of patients and staff in the most effective ways possible?

Are artists able to develop and extend their practice through working in FMC?

Are we confident that Arts in Health at FMC offers a rounded and balanced program of experiences for the whole hospital community?

Are there unifying principles of practice that apply consistently across the whole program?

Is the experience at FMC unique or typical of acute care hospitals in general?

Late in 2009, a plenary session presented to the ArtsHealth Symposium #2 hosted by Newcastle University offered an opportunity for feedback from the field. As part of this presentation about Arts in Health at FMC, the evaluation findings including insights from practitioners were shared and the emerging idea of a 'model of practice' was discussed, to which participants responded positively. Over the ensuing months the model evolved and additional data were collected from the following sources:

- qualitative interviews with selected artists involved in a variety of initiatives 2008-2010
- written survey completed by individual artists involved in the program 2009-2010
- written records of Program Planning Meetings with selected key hospital staff in Units where the program was working more intensively in 2010
- written records of the Planning Meeting held with members of the Arts in Health at FMC Support Committee.


1.2 Mapping Existing Pracice

The mapping and analysis of existing program elements occurred incrementally alongside the evaluation of initiatives. The results are presented here under three headings:

- The Arts in Health Care field
- Practitioners' insights
- Classifying program elements.

The Arts in Health Care field

A useful starting point for understanding a multi-dimensional program like Arts in Health at FMC is to consider where it sits in relation to the broader field. Thinking very broadly, 'Arts and Health' describes a diverse array of initiatives which are linked by their orientation towards the creation of art and cultural experiences with health and wellbeing in mind. While terminology varies, a range of disciplines and professions are involved in five (sometimes overlapping) domains of practice:

- Art-based therapies (music/drama/visual art)
- Art and design in built environments (health and non-health)
- Art programs within health care services (exhibitions, performances, interactive/participatory)
- Community–based arts (participatory, community settings)
- Medical humanities (health professional education).
  (see Attachment for more details about these domains)

While each domain is sometimes referred to as a field in its own right, 'Arts in Health Care' can be best be regarded as a major subset of this broad field. It specifies a type of setting – that is, health care services – within which (most of) these domains of practice may be found. Arts in Health Care programs (such as Arts in Health at FMC) typically incorporate exhibitions, performances and some form of interactive or participatory experiences; some also engage art-based therapists as members of allied health teams and may integrate art into design of the built environment; a few also become involved in offering art in health professional education.

The exception in this group of domains is 'Community–based arts' which refers here to practice in non-healthcare settings like neighbourhoods, community centres, parks, streets, prisons, schools and so on. Although 'community arts' (Community Cultural Development) or participatory approaches may be applied in health care settings, the distinction revolves around the argument that working within a health care facility implies a more specific focus.

'Medical Humanities' also requires some comment: this term is more commonly used in the UK, however, there are Australian examples where training in the creative arts is incorporated in health professional education. Arts in Health at FMC, for instance, offers an elective 'Introduction to Arts in Health Care' to first year students in the graduate medical program as a means of embedding awareness of the field within the profession. It also supervises field placements by post-graduate students in allied health fields. The focus of this domain on formal education, however, means it is not the subject of analysis in development of the present Model.

The diversity of approaches represented within Arts in Health Care also reflects a range of prevailing theories about how (improved) health and wellbeing is brought about at an individual, group or population level. Different 'health models' start from different assumptions about the determinants of health and ill-health and presume different pathways to achieving improvements. Whether implicitly or overtly, Arts in Health Care practice therefore presumes certain kinds of relationships between 'art' and 'health/wellbeing'. Table 1 (opposite) summarises the key ways in which art is understood to contribute to achieving health/wellbeing goals according to different theoretical approaches in the health sector.

Role of art in health 'models' in acute care	Description	Underpinning theories	Focus of practice
A. Therapy *Art is part of patient's treatment*	Therapist works with patient individually or in group using planned activities to achieve goals as part of treatment team	Psychological/psycho-therapeutic models of treatment and healing	Addresses specific conditions in individual patients eg: > mental health > recovery and healing > cognitive improvement
B. Therapeutic benefits *Art supports treatment, aids healing*	Artists work in areas of care eg paediatrics, stroke unit, mental health unit or with particular groups of patients; degrees of active involvement by patient	Ancillary effects: supports formal treatment; aids recovery time; improves mood; calming or stress reduction; distraction from pain	Focus is on art with particular categories of patients; effects are indirect addressing symptoms or conditions affecting recovery
C. Promoting health/ wellbeing *Art is a catalyst*	Artists work in varied sites around hospital to engage people creatively eg workshops, murals, performances, residencies	Psycho-social theories re self-esteem, expression, control, morale, pleasure; Social determinants theories eg social inclusion.	Addresses psycho-social-ecological factors that support (primarily mental) health & wellbeing; involves individuals/groups – patients, staff, visitors; acts on 'normalizing' hospitalisation, creating positive experience, reducing isolation
D. Public health *Art helps to create an 'enabling' environment*	Art and design are incorporated into the look, feel, sound and function of the hospital (multi-disciplinary); includes permanent eg public art & ephemeral eg installations, exhibitions; artists interact with staff & public	Determinants models eg 'health promoting places'; social inclusion; capacity building. Links to 'Placemaking' & 'Community Cultural Development' approaches in the arts sector	Addresses environmental determinants (social/ physical) of health and wellbeing; reinforces patient-centred model of care & perceptions of health service quality; concerned with working environment for staff; involves all hospital users & general public
E. Health behaviours *Art is a tool*	Using creative means to raise awareness, educate, inform, & engage people in their own health care eg smoking; ante-natal care; typically artists work with health professionals.	Preventive health Reduction of risk factors Psychological theories of behaviour change	Addresses behaviours linked to ill-health and health; involves individuals/groups – patients, staff, visitors; acts on knowledge/skills/attitude/behaviour change

Table 1: The role of art in health and wellbeing models in acute health care settings[1]

Table 1 is presented as a typology of approaches linking art practice to health theory and as such it can give an impression of order in the field. In reality, the practice is less definitive, with considerable overlap between these approaches and many initiatives drawing on more than one at a time. As is commonly the case, the Arts in Health at FMC program occurred without explicit reference to such a typology, evolving incrementally in response to need and opportunity. Retrospectively, however, it is evident that the program aims encompass the full range of approaches represented in Table 1, with the exception of E which features implicitly rather than explicitly in initiatives. This is summarised below in Table 1a:

Arts in Health at FMC aims	Relevant health/ wellbeing Models
Create a warm and welcoming physical and cultural environment	C, D
Support staff in their provision of high quality care	A,B,C,D,E
Contribute to a positive, nurturing experience for patients and carers	B, D
Provide opportunities for the public to engage positively with health services	C, D

Table 1a: Relationship between Arts in Health at FMC aims and key health/wellbeing models.

[1]*Table 1 represents the accumulated knowledge gained from working with practitioners in a range of settings to address the central question: Why arts and health? Although it is not exclusively a direct product of the evaluation of Arts in Health at FMC, the concentrated analysis associated with developing the model of practice helped to flesh-out and refine the broad framework.*

Practitioners' insights

The evaluations conducted in 2009 incorporated elements of an action research approach. Recognising that practitioners are well-placed to examine and understand the detail of their practice through reflection and analysis, this approach draws on 'learning by doing'. Direct experience and observation supplemented other sources in providing valuable information about patients' responses and the impacts on health staff in the organisation. In addition they highlighted factors in the FMC context and the implications for practising art in this setting. Key observations are included below.

Physical spaces

- FMC is not homogeneous – particular spaces within the hospital have their own energies and place different demands on artists.
- A critical distinction is whether the space is public (eg circulation or meeting area) or private (eg bedroom).
- Art may occupy a space or be about the space – either way it is not a neutral interaction but affects the meaning of the art just as it shapes the quality of the space.
- Art influences a sense of place through the culture and tone of spaces not just the look and sound.
- Certain kinds of art practice (and artists) suit some spaces more than others.

Staff relationships

- The presence of art and artists changes the interpersonal dynamics; it may shift the focus and locus of control.
- Some staff are more receptive than others and responses are mixed.
- In some cases it takes time and consideration to develop understanding and mutual respect.

Patient/visitor relationships

- Patients/visitors have varying levels of interest in, and capacity to engage with, art experiences.
- Interactions vary depending on whether working with individual patients/families (eg at the bedside) or in public circulation areas.
- The different approaches and initiatives imply different kinds of relationships – roles range from audience members to active participants.
- Different models of practice work well with different groups.
- Vulnerable and very ill patients require a high level of sensitivity and skill over and above artistic expertise.

Model of care

- An acute care hospital is an unpredictable environment requiring a high level of flexibility.
- Clinical imperatives take precedence and artists must respond to changing demands.
- Art reinforces a patient-centred approach by offering a range of non-clinical experiences and supporting therapies.

(An overview of these data is provided in Part 2 and detailed in the 'Arts in Health at FMC Program Report' at www.flinders.sa.gov.au/artsinhealth/).

As well as providing insights about the context, artists working in FMC during 2009 were asked to reflect on their own experiences of practising in this environment. While working in an acute care hospital as an artist was portrayed very much as an individual journey influenced by factors such as previous experience, certain consistent themes emerged:

- sharp awareness of being surrounded by people who are in a vulnerable state – whether experiencing pain, anxiety for themselves or their love ones, feelings of mortality, fear or frustration;
- feeling a strong sense of responsibility for people's responses, wanting to give their best through their art – whether by lifting mood, distraction or pleasure, evoking memories and emotions, social interaction or a chance for self-expression;
- striving for a balance between flexibility and willingness to modify practice to suit the acute care context and maintaining their creative integrity;
- acute care experienced as more stressful than other settings as a result of the above concerns, especially for artists new to FMC;
- time to adjust to the physical and cultural environment as a necessity, to find their way around and get to know how the hospital functions and their place within it;
- reliance on information and opportunities for orientation and debriefing; while accepting the inevitable unpredictability in a hospital setting, these artists appreciated the support structures in place within Arts in Health at FMC;
- maximum satisfaction was gained from feeling a part of life in FMC, not an 'added extra'; this kind of integration is more achievable in longer term projects or residencies;
- collaborating with other artists and designers can be highly productive and satisfying but requires a high level of communication and planning.

Classifying program elements

Finding meaningful ways to sort program elements to facilitate comparison and analysis was an important step. For the purpose of evaluation the program elements were grouped in broad categories reflecting a combination of how the initiatives came about (that is, external project funding source, EAC project funding, or internal program funding) and the pattern of delivery (that is, one-off and short-term or continuous). The three main categories are: (1) Special Projects representing discrete, separately funded initiatives; (2) Ongoing Creative Program including continuous initiatives in public and patient areas of the hospital; and, (3) EAC Projects or those initiatives that were conceived and funded as part of the Environmental Art Consultancy. (More details about the categories of initiatives can be found in Attachment.) Table 2 below shows how they relate to the different models of health and wellbeing identified in Table 1.

Category	Description	Examples (2009)	Health/wellbeing model
Category 1 *Special Projects*	Discrete, short-term initiatives (usually externally funded)	Medico Manoeuvres (LWD) My Favourite Things Heartsong	C, D B, C E, D
Category 2 *Ongoing creative*	Continuous, year-round program across the hospital (internally funded)		
	In public areas	Exhibitions Performances	D D, C
	With patients at bedside	Art Trolley Sound for Relaxation Music Therapy	B B, C A
Category 3 *Environmental Art (Phase 2) Projects*	Discrete projects (funded as part of the EAC phase 2 redevelopment initiative)	Floating Vessels Theatre Works Re-develop Musical Instruments	D, C D, C D D

Table 2 Categories of Arts in Health at FMC initiatives showing links to health/wellbeing models

Table 2 affirms the broad scope of the program aims and gives a sense of the different structures of initiatives. Simple structural differences were found to have implications for a range of other factors including practical administration of the program, the intensity of the experience for patients/staff/visitors, and the nature of the arts practice.

It is one thing to categorise initiatives based on tangible aspects like funding source, however, and quite another to classify the practice itself and its place in the overall program. Many initiatives did not fit neatly within a definitive framework but were found to be more complex in terms of criteria such as motivation (drawing on more than one model of health and wellbeing), a focus on individuals as well as groups, and engaging the instrumental as well as intrinsic value of art. In reality most initiatives could be located more readily along a continuum in relation to each of these kinds of criteria. The 'heuristic' use of a continuum as a way of learning about how something works was particularly valuable for mapping how the different kinds of practice contributed to the integrity of the whole program.

The practitioners' insights above convey a sense in which the integrity of their own practice rests on understanding the multi-faceted 'context' and in responding appropriately through their art. Time and again artists would stress that FMC was not like any other context in which they practiced – not a neutral backdrop involving an indiscriminate array of social interactions – but a very particular kind of 'organism': one which could shape their practice and which, in turn, become shaped by it.

Inevitably this complex relationship is more pronounced in some types of approaches and initiatives than others, depending on a string of circumstances and variables. In an attempt to capture this synergetic connection between context and practice, these ideas were represented visually on a continuum depicting the varying intensity of the relationship. Figure 1 shows the three categories of Arts in Health at FMC initiatives in 2009 plotted on such a continuum. (Note: 'LWD' refers to Leigh Warren & Dancers).

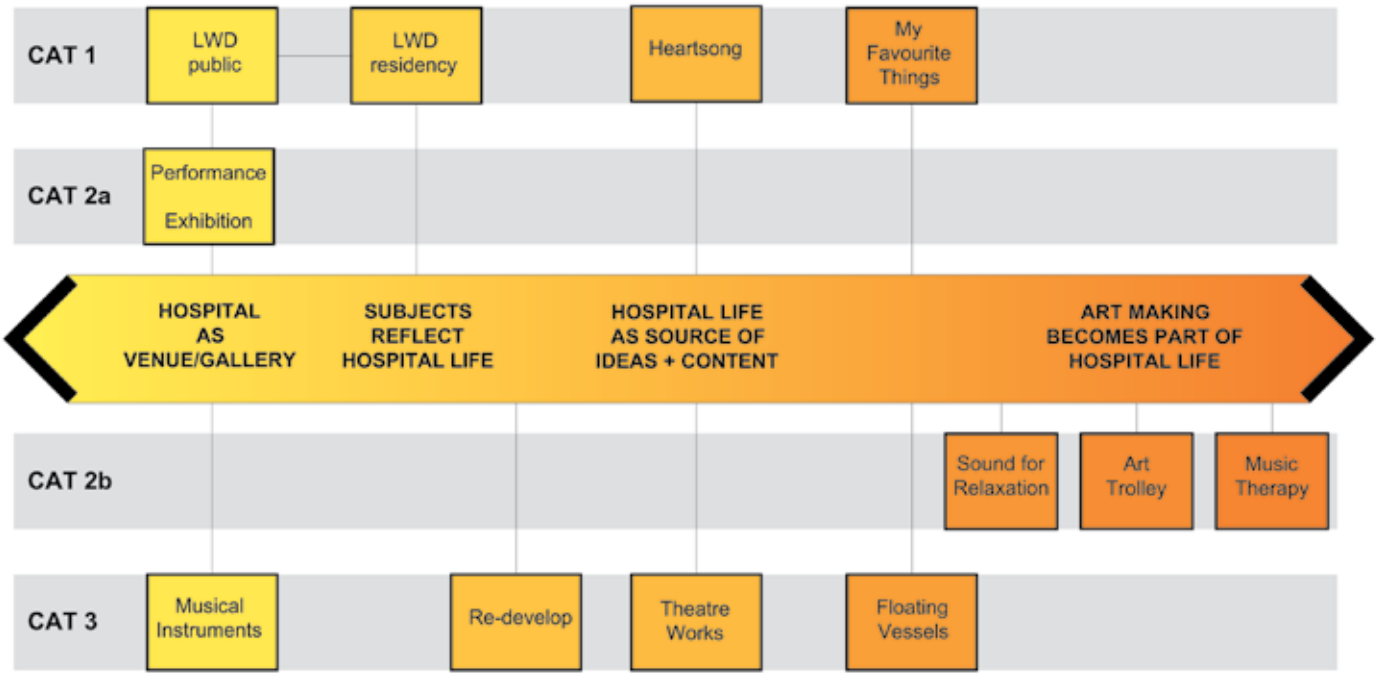

Figure 1: Arts in Health at FMC 2009 Initiatives - Relationships between context and art practice

Several features of the program can be read from this diagram. Primarily, the hospital context is seen as a dynamic entity in the creative process. Towards the left end, in courtyard performances and public art or exhibitions, 'the hospital' is represented as a site for the display/presentation of art works. Progressing along the continuum towards the right, aspects of hospital life (the facilities, functions, people) appear as the subject matter or general themes in performances and exhibitions. Further along are initiatives in which aspects of hospital life play a more active or explicit role in generating creative ideas and content, including direct engagement with patients and staff. Eventually we reach initiatives in which art is more thoroughly integrated into hospital life either by a sustained focus on working creatively with patients, staff and visitors or by forming part of the therapeutic program.

These degrees of intensity also align with a sliding scale of engagement in the creative process by the hospital 'community', from the left where control rests with the professional artist, through greater participation by hospital patients/staff/visitors, and ultimately to initiatives involving participants being supported as collaborators or 'art makers' in their own right. Interestingly, Categories 1 and 3 in the program are fairly evenly spread across the spectrum while Category 2 (a and b) initiatives are more polarised. Accepting that diversity adds to the richness of the program, the continuum is not a hierarchy but simply a way of showing how different approaches contribute in different ways. Not surprisingly, the different emphases have implications for the artists and their practice: each artist tends to find they are more comfortably located at particular points along the continuum than at others.

Additionally, applying such a tool in 2009 confirmed that the program was broad and far-reaching. Standing back from the achievements of individual initiatives and viewing the whole through a 'practice in context' lens provided a picture of how the parts fitted together. It showed how the program balanced competing demands by:

- working across a wide range of needs including individual patients, FMC staff, carers and families, visitors
- offering intense and sustained experiences to a small number while spreading opportunities for more fleeting experiences to all
- encouraging active engagement in art making among those interested while allowing for others to benefit from an ambient environment enhanced by the work of professional artists
- educating FMC staff as a whole about the benefits of the arts while developing strong and cooperative relationships with particular staff.

However, while such tools are useful, assisting in identifying the kinds of questions that need to be asked of practice, they do not provide all the answers. Making decisions about the future shape of the program required continuing consultation to identify what is important and most valued in the FMC 'community'.

1.4 The Model Matures...

The program was refined throughout 2010 and into 2011, informed by feedback and consultation with FMC staff. This confirmed the emerging impression that the cooperation of health staff was an important factor in its success. Key observations included:

- staff support for the program is important to ensure initiatives run smoothly
- the more staff are informed about the program, the more they are able to help patients to engage
- continuity in the program means that staff know what to expect and can accommodate it more readily
- there are benefits in longer term programs to enable staff to get to know an artist and develop a working relationship.

At the same time input from the Arts in Health at FMC Support Committee focused on some of the more pragmatic issues related to program sustainability in an insecure funding environment. Part-time program coordination was funded by FMC although at the time the tenure of the position was uncertain. The level of support from Arts SA had remained fairly even for several years, however annual project funding cycles continued to make forward planning difficult. In this situation, initiatives based on clearly defined 'blocks' of work were more manageable.

Taking into account all of the feedback and contextual issues, it was evident that a key determinant of practice remained the structural question of short-term, one-off projects versus the ongoing, regular work involving particular artists in a sustained way over a period of time. The practical implications of these different models were analysed in terms of key variables including relationships between patient-artist and staff-artist, artists' experiences, practical resourcing and ethical issues, relative profile in the community and how they align with the health models outlined in Table 1. Key observations from this analysis are summarised in Table 3.

Key variables	'project' mode (categories 1 & 3)	'ongoing' mode (categories 2 a & b)
Patient-artist relationships	Pre-planned enables clear aims & processes. But it also means less flexible & responsive; some tensions between artistic & 'therapeutic' goals (ie artistic integrity vs benefits for patients); artists feel added responsibility for patients' responses.	Direct work with individual patients is possible – more participatory. Regular presence in hospital facilitates follow-up with longer term patients, getting to know their needs & interests; even one-off interaction can be personalised & leisurely (essential with music therapy). But less predictable?
FMC staff-artist relationships	Some instantaneous rapport is possible. But overall limited chance to develop working relationships; contact is more superficial & less substantial, & outcomes less reliable.	Longer term presence means an opportunity for FMC staff to engage & feel committed to initiatives, & to develop understanding about how to 'refer' patients to artists & form supportive partnerships.
Artists' experiences	Project outline is clear so artists more secure; offers a public venue & profile for practice. But they are required to acclimatise quickly to the hospital environment which can be foreign & unpredictable (& even unwelcoming); the necessary focus on achieving outcome may constrain creativity.	Artists have time to explore different approaches & ways to work in context; develop specialised expertise with particular groups of patients; less pressure to produce a product & more emphasis on fluidity of practice with some surprising & exciting results.
Ethical issues	Involves considerable care & thought to ensure that practice is appropriate & ethical. But even so, unexpected issues can arise which require rethinking of project half way through.	Practice is flexible & responsive & able to be adapted as required to suit the needs of particular patients/ carers/staff; artists have time to acclimatise to particular areas in FMC, consult with staff & adjust practice accordingly.
Public profile	Projects are often high profile with moments of brilliance & good visibility; members of public may attend; public interest is generated which provides good opportunities for publicity.	Less visible & high profile; more likely to attract low key feedback from FMC staff, carers & patients based on more personal experience.
Alignment with arts in health care rationale	Particular projects lift the spirits of patients, carers, staff, visitors; enhance the physical environment & create a welcome distraction.	Art is integrated into the work & life of the hospital more thoroughly; it can be seen as another string to the therapeutic bow & support FMC staff in their care work.
Funding sources	Attractive to arts funding bodies, however this is increasingly limited.	Able to be funded within the program & 'internal' FMC sources. But in general less attractive to arts funding.
Funding & admin	Time-consuming & demanding with uncertain results.	Minimal & less frequent demands on time.
Supervision & support	High demand for short intense time – tends to absorb all staff resources for 'production' period; hospital context adds a layer of logistics on top of normal arts project management.	Lower intensity of support is required as artists develop experience & confidence.

Table 3 Comparison of 'project' vs 'ongoing' modes of implementation – practical implications

Based on analysis of practice in 2009 and in light of more recent developments the program has shifted emphasis towards the 'ongoing' elements during 2010 and 2011 as a more sustainable mode.

But the story doesn't end there…

In 2011, Arts in Health at FMC became a permanent department of the Division of Allied Health, a mark of its growing recognition as an integral part of the model of care at Flinders Medical Centre. It continues to provide an ongoing program of arts activities, roving performances and mobile workshops, with special projects and events funded annually through government grants, trusts and foundations, community organisations and individual donations.

A notable trend is the increasing number of specific requests from hospital staff for the involvement of the program in their area, showing how much it is valued. More formalised patient referral systems are being established by some departments to facilitate ease of access to specific activities, while others have taken the initiative to introduce longer term residencies in their areas, in collaboration with Arts in Health at FMC staff.

This development brings benefits in terms of being able to plan to a greater extent. But as always throughout its life, Arts in Health at FMC is a living thing, and as such its model of practice will continue to evolve in response to changing demand.

Part 2

Summary of Arts In Health At FMC 2009 Program Evaluation

Part Two - Summary of Arts In Health At FMC 2009 Program Evaluation

2.0 Findings

Arts in Health at FMC was the first hospital-based program in South Australia and remains one of the longest running, most extensive and diverse in Australia. Since its inception in 1996, it has delivered a continuous program of arts-based initiatives designed to improve and enrich the physical environment and health care experience at the Flinders Medical Centre (FMC) in the Southern Region of Adelaide, South Australia.

Recognition of this impressive record led to a focus in 2009 on documenting and evaluating its contribution. The simultaneous motivation for this focus was to track the program's evolution, share learning with others, and help shape future directions for FMC.

Full details of the Program and evaluation findings are presented in Part 3. This Summary provides an overview of the results of the documentation and evaluation of the 2009 Program, guided by three central questions:

1. **Experiences: What kinds of art initiatives have patients, visitors and staff experienced?**
2. **Responses: How have patients, visitors and staff responded to these experiences?**
3. **Learning: What have artists and program staff learned about delivering an art program within a hospital?**

2.1 Experiences

Opportunities to experience a very broad and diverse range of arts initiatives were provided including:

- continuous performances, workshops, exhibitions, recitals, forums and films open to patients, families, staff, visitors, volunteers throughout the year;
- three major special projects conceived in response to the hospital experience, together involving 15 artists working with 8 different art media;
- four additional visual arts projects that grew out of the Environmental Art Consultancy (in association with the facilities redevelopment) involving 8 different artists creating temporary and permanent art works in outdoor and indoor spaces;
- the chance for individual patients and their carers to be involved in visual art and music to support their care and treatment, or in the case of music therapy as part of the treatment spectrum;
- in-service workshops for FMC staff highlighting the value of the arts in health care and a study elective for the Graduate Entry Medical Program;
- different ways to engage, from simply 'soaking up the atmosphere' or passing by, to being a receptive audience or actively creating art works.

Opposite is a snapshot of 2009 initiatives. With the exception of 'Continuous public programs' these were the focus of evaluation in 2009.

Some vital statistics showing levels of activity throughout the year:

- 48 (weekly) musical performances in the courtyard and indoor spaces
- Promenade Gallery exhibitions open 365 days throughout the year
- 10 separate exhibitions across Promenade Gallery A and B
- 6 separate exhibitions in Community Gallery
- 6 separate opportunities for hospital users to participate in creative workshops
- A total of 150 South Australian visual artists involved
- Total sale of art works **$67,892**

Snapshot of Arts in Health at FMC 2009 initiatives and follow-up in 2010/11

	Title	Description	Art form / medium	Location / venue	Follow-up status
Special Projects	Medico Manoeuvres: Leigh Warren & Dancers	2 week residency in diverse locations including public performance as part of 2009 Adelaide Fringe	Dance, live music	FMC Wards, Outpatients, public areas, courtyard	AbaF - Arts and Health Foundation Award (2010) Scheduled repeat 2011
	My Favourite Things	Intensive 1-day workshops with selected paediatric patients	Movement, music, film	FMC Wards, patients' bedsides, courtyard	Decision not to proceed with Stage 2
	Heartsong	Designed in consultation with cardiac care patients and staff culminating in 4 public performances	Improvised music, video, animation, visual art, text	FMC (Cardiology Linkway Room), RiAus Science Exchange (Royal Institution of Australia)	DVD/CD in production
Ongoing Creative Program	Art Trolley	Interactive mobile program for patients and carers at bedside	Visual art	Wards	Continuing 2010/2011
	Sound for Relaxation	Creating sounds and music with voice and instruments; encouraging interaction	String instruments, voice, singing bowls, flutes, drums etc	Wards, Outpatients, public areas	Continuing 2010/2011
	Music Therapy (pilot)	Planned use of music (listening, singing, playing instruments) to achieve specific clinical and therapeutic goals	Live music, singing, playing instruments, song-writing, visualisation	Neonatal Unit Ward 5A (now 4B) - neurological Aged Care & Elderly Unit (ACE)	Pilot led to funding 2 days per week in 2010
(Continuous public programs – not evaluated)	Exhibitions	Bi-monthly program	Visual art	FMC Promenade Galleries A & B	Operates as commercial gallery based on 25% commission on works and with average annual income from sales of $25,000.
	Musical performance	Weekly performance by professional musicians open to the public	Voice, instrumental	Courtyard, Wards, public spaces	Ongoing in 2010/2011
EAC Projects (Environmental Art Consultancy)	Floating Vessels	Cross-cultural weaving workshops with Southern Indigenous Weavers Group	Basket weaving, storytelling	Neporendi FMC courtyard	Art works installed (4S Maternity & Gynaecology)
	Theatre Works	Exhibition of works resulting from artist residency in Operating Theatre Suite	Painting, drawing	FMC Promenade Gallery, Operating Theatres	Art works installed on completion of OTS redevelopment – Department of Surgery Offices
	Re-develop	Exhibition profiling the building redevelopment at FMC	Photography	Promenade Gallery	Art installed in Finance Corridor and relevant wards
	Musical instruments	Collection of works	Mixed Media	Promenade Gallery	Purchased for FMC Art Collection in response to popularity with staff. Installed (4S Maternity & Gynaecology)

2.2 Responses

Feedback from patients and carers as well as staff, shows a diversity of responses and identifies many beneficial effects for patient care such as:

- reducing stress and anxiety
- creating a calming and relaxing atmosphere
- improving mood and behaviours
- relieving boredom
- providing a distraction from illness and pain
- providing a talking point with family and carers
- feeling connected to 'normal' life
- feeling more positive about the hospital environment
- being agreeably surprised by new experiences
- feeling happy and joyful
- feeling proud of one's own creativity
- learning skills about art
- stimulating interest in art forms
- appreciating the company of artists at the bedside
- support for family members at difficult times

Patients' comments:

…it is very soothing and relaxing…

I was here when the symphony orchestra came and enjoyed that too, thank you.

You wouldn't think you would see that in the hospital!

The patient was very positive about the Music Therapy after the session and looked forward to the next session. Her previous anxiety and reluctance to participate had gone and she commented "it was good to hear some of those old songs again".

Staff and volunteers reported varied responses which highlighted:

- interest and surprise
- some initial uncertainty
- brightening the work day
- relieving the grind of routine
- feeling valued and appreciated
- feeling supported in their work with patients
- improved relationships with patients
- appreciating art as a 'new tool' or resource.

Staff comments:

…Coming to work today I was feeling frantic – this has been good to take a breather…

The music is all encompassing and neutral, not challenging or confronting, testing or pushing them to do difficult things.

These corridors would have been extremely barren and depressing without the paintings…

Many don't comment but get used to the music weaving in and out. Some, mostly nursing staff, might say 'I'm so glad you're here' or 'thank you, he needed that'.

Visitors and members of the public reported favourable responses to:

- improved physical environment and quiet spaces for reflection
- calming music in outpatients and waiting areas
- brightening-up the wards and corridors
- observing their family members' pleasure
- experiences brought right to the bedside
- distraction from boredom for children
- the use of hospital spaces for public events and performances
- high quality performances
- unexpected and interesting experiences
- making the hospital more comfortable and less alienating
- connecting with arts and other organisations in the community.

Visitors' comments:

Such a creative way to acknowledge people's experience and to educate and inform in a beautiful, artistic way.

Indigenous people, in particular, can have a strong reaction to the hospital...strange place, strange concepts, scary. Since art has been introduced here it's become a much different atmosphere...comforting, cheerful, a less frightening place; it's de-institutionalised the space...that tells them they're welcome...

Fascinating glimpse of an otherwise inaccessible world. Illuminating and personal.

2.3 Learning

Feedback from program staff and artists shows that working on a hospital-based arts program is a continuous learning experience. They contributed many insights into effective practice and new ideas about how to integrate art in the health care environment.

Artists' perspectives emphasised:

- the need for flexibility and adaptability in an unpredictable environment
- the value of preparation and support for artists working in 'non-traditional' settings
- the time needed to accommodate multi-art form and improvisational modes
- taking account of the practicalities of working in health care settings from the perspective of artists and hospital staff
- understanding the powerful impact on the hospital community of different art forms in health care
- similarities and differences between working with individual patients and groups in the community
- the demanding and challenging nature of practising art in a health care setting over and above the usual artistic demands
- the surprising and often underestimated opportunities for growth and development that working in a health setting offers to artists.

Program staff learnt from experience about key factors involved in running a successful arts program in an acute care hospital:

- *Complexity* – balancing the needs of different groups of people in the hospital requires constant monitoring and juggling
- *Flexibility* – working in an acute care hospital can be unpredictable and relies on sound planning to allow for a great degree of adaptability
- *Interdisciplinary skills* – working with so many different professional groups in both health and the arts demands understanding of these fields
- *Exploring unexpected venues* – a hospital contains many spaces and places that are commonly not accessible to the public and considering ways to open up this world to promote greater understanding and awareness is a continuing challenge
- *Continuity* – the longevity of the FMC program is one of its strengths; just as the hospital itself is 'alive' 24 hours a day, 365 days a year, so over time people have come to rely on Arts in Health as an unbroken thread of life of the hospital
- *Inclusiveness* – the diverse program provides different kinds of opportunities for many people to be involved
- *Perseverance* – for some staff in the hospital, arts initiatives can seem like yet another unwelcome interruption to their work routine; with regular information, liaison and exposure to the program however, most staff grow to value it for the very reason that it brings an unexpected, human element to their day.

Attachments

How to define the field of Arts and Health?

- A field that has grown out of practice, not policy, and which crosses sectoral, professional, theoretical and institutional boundaries
- Diversity in
  - health models
  - art forms
  - settings
  - focus on individuals, groups, communities
  - professional disciplines
  - theories of practice

Thus art may have a different purpose and impact depending on context eg:

- A therapy or treatment in itself
- An aid in the healing and recovery process
- A tool for encouraging participation
- Engaging people's creativity, imagination, questioning, problem solving
- Creating meanings, enables dialogue between people and social groups
- Self-expression
- Democratic cultural participation

Arts and Health: an inclusive description

'Creating art and cultural experiences with health and wellbeing in mind'

Broad domains of practice:

- Art-based therapies
- Art and design in built environments
- Art programs in hospitals and other health care
- Community–based arts
- 'Medical humanities'

➢ *Art-based therapy*

- The planned and creative use of 'art' experiences to achieve specific therapeutic outcomes
- Range of art forms includes music, visual art and crafts, drama, dance/movement
- Typically the Art/Music/Drama/Dance Therapist works with individuals or small groups to address health goals
- May be part of a team approach with health professionals, community and professional artists

➢ *Art and design*

- Creating environments (health facilities, communities and cities) with therapeutic and/or health promoting potential
- Encompasses 'evidence-based design', 'placemaking' and 'environmental art'
- Contributions from professions such as architecture, health geography, other art/design professions and public artists

➢ *Art programs in Health care*

- Professional and community artists working in hospitals, nursing homes, other health care facilities to create art and cultural experiences
- Diverse art forms including visual art, photography, digital media, public art, music, workshops, live performance, cultural events, literature, dance and theatre
- Typically responds to the needs of patients, their families and carers, and aims to support the hospital staff in delivering effective care

➢ *Community–based Arts*

- A dispersed field of practice which *typically:*
  - takes place in community (including community health) settings;
  - involves active (rather than receptive) participation by individuals or groups;
  - is oriented towards the broader social determinants of health (not treatment or therapy)
  - involves participants as members of the public rather than as consumers or patients.
- Typically addresses conditions that support health and wellbeing (eg social inclusion)
- Draws on community cultural development approaches and may include urban regeneration, festivals and cultural events.

➢ *Medical Humanities*

- The introduction of the arts and humanities into education and training for medical and other health professionals
- Aimed at improving concentration and observation skills
- Enables development of awareness of holistic health care and good relations with patients and families

***Arts in Health at FMC* 2009 – program categories included in model of practice**

Category 1: Special projects
Three discrete projects were separately conceived and externally funded through Arts SA and/or the Australia Council for the Arts. Each of these has been the subject of independent evaluation.

Medico Manoeuvres:

A two-week residency by Leigh Warren & Dancers comprising a series of performances by a group of four dancers throughout inpatient and outpatient areas of the hospital as well as a public performance in the hospital courtyard as part of the Adelaide Fringe 2009.

My Favourite Things:

A music, movement and film project based in the paediatric ward in which a team of four artists worked with four individual patients to create new dance, song and film work through a collaborative process.

Heartsong:

A multi-dimensional project created by a team of six artists and performed live on four occasions, twice at FMC and twice at the Science Exchange which houses the Royal Institution of Australia (RiAus). It was inspired by the experiences of patients and their carers, and staff in the Cardiac Care Unit at FMC and incorporated music, video, animation, visual art and text in composition, design and improvisation.

Category 2: Ongoing creative program
This broad category comprises the continuing program which is offered all year round. It includes the exhibitions and performances (2a) that are open to the public as well as the users of FMC, but which were *not* the subject of independent evaluation in 2009.

2a. Public Areas

Exhibitions
Promenade Galleries A and B show changing exhibitions every eight weeks featuring works by Aboriginal artists, members of the local and hospital community, student, professional and emerging artists. A regular highlight is 'Staff and Volunteers on Show' which provides a great opportunity for staff and volunteers at FMC to exhibit and sell their artworks, while promoting an inclusive approach. These galleries comprise 68 metres of linear wall space and are accessible to the public, situated adjacent to the busy central courtyard and on the thoroughfare to Flinders Private Hospital. Over 20,000 people visit FMC each week and a large proportion of these visitors walk down The Promenade Corridor.

In 2009, an additional six metre long Community Art Gallery was opened for use by artists in the community who may not have a complete body of work to fill the larger gallery spaces. It is an avenue for patients to display their work and provides a link between the hospital and the local community.

FMC now has over 120 artworks in a professionally accessioned art collection, managed, maintained and installed on the wards and in public spaces of the hospital by experienced staff in *Arts in Health at FMC*.

Performances
Weekly musical performances by professional musicians are presented on the wards and in the public spaces of the hospital. The diverse program features a variety of genres including classical, folk, blues, opera, Indian and oriental, vocal and acoustic. Audiences are exposed to a wide range of instruments such as Indian tabla and sitar, acoustic guitar, harp, chapstick, cello, percussion and strings.

The program matches the particular styles of each musician with the ward environment in which they will play. The public performances are advertised as part of a music schedule in the hospital. During the summer months the public concerts are held in the central courtyard, accompanied by the popular FMC Volunteer Service BBQ, and attended by up to 100 staff, patients and visitors each week.

The demand for musical performance by patients, staff and visitors is overwhelming, providing a positive distraction from the busy and frequently stressful routine of the hospital environment. Young performers are encouraged to participate and supported through mentorships and training opportunities. The hospital environment provides a challenging but ultimately rewarding experience for musicians, with the need for sensitivity, flexibility and adaptability being important considerations.

2b Patients' programs

Unlike the public programs, several other elements in Category 2 *were* the subject of independent evaluation in 2009. These comprised initiatives which typically involve artists working closely with individual patients and carers, focusing on developing their own creativity and/or addressing therapeutic needs. They were run on a weekly or fortnightly basis throughout the year and in a range of locations around the hospital including at the patient's bedside.

The Art Trolley:

A mobile interactive initiative involving visual artists encouraging patients and their family members to explore the process of creating an artwork from a wide range of materials.

Sound for relaxation:

Involving a musician moving freely around waiting rooms and wards, creating music with string instruments, voice and Tibetan singing bowls, flutes and drums to encourage relaxation and varying states of meditation.

Music Therapy:

Introducing the benefits of music therapy to patients individually or in small groups, including those recovering from stroke or with dementia, and parents and infants in the neonatal unit.

Category 3: Environmental Art Consultancy projects

In 2009, a series of initiatives were undertaken as part of Phase 2 of the Environmental Art Consultancy conducted in association with the re-development of the FMC facilities. The following were discrete projects and with the exception of *Musical Instruments* were the subject of independent evaluation.

Floating Vessels:

A cross-cultural weaving project developed in consultation with (Neporendi) Southern Indigenous Weavers Group. It involved joint weaving sessions, an open studio and Reconciliation Week event in the FMC courtyard.

Theatre Works:

An artist-in-residence initiative based in the Operating Theatres at FMC featuring visual artist Avril Thomas. This project resulted in a major exhibition of drawings and paintings in the Promenade Gallery A.

Re-develop:

An exhibition of photographs by Lara Merrington profiling the building redevelopment at FMC. Works are subsequently to be installed in Administration areas and relevant wards.

Musical Instruments:

Mixed media creation of art works based on musical instruments and exhibited as permanent installation in the Promenade Gallery.

‘A hospital is a world apart, running day and night by its own rules’

Louise Erdrich,
The Painted Drum

(We introduced) the idea of a model into discussions in order to raise the level of thinking above the day-to-day practical tasks and ad hoc decisions, to consideration of an overall program approach, informed by theory, experience and evidence of how things work.

…the concept of a ‘model of practice’ was adopted as a way to stress the need to focus on a unifying rationale for the program… it has provided a framework for appraising how the disparate parts of the program contribute to the whole…

Finally, we stress the phrase ‘towards a model of practice’ because although the idea of a model exerts some unifying power, in reality the practice remains varied and the program dynamic in shape and content. (And long may it be so!)

Christine Putland PhD
Arts and Health Research Consultant

Arts in Health at FMC

Flinders Medical Centre
Flinders Drive
Bedford Park SA 5042
artsinhealth@health.sa.gov.au
+ 61 8 8204 3096
www.flinders.sa.gov.au/artsinhealth

ISBN: 978-0-9872979-2-1

Government of South Australia
SA Health