



Arts in Health at FMC

Program Report

including Environmental Art Consultancy Phase 2

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for Arts in Health at FMC
Flinders Medical Centre, South Australia





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Artists represented in photographs: Leigh Warren & Dancers, Diwani Oak, Karl Telfer and dancers, Adelaide Symphony Orchestra, Australian String Quartet, Eloise Green, Heather Frahn, Bridgette Minuzzo, Avril Thomas with Minister John Hill (SA Minister for Health and Ageing, Minister for Arts), Dan Monceaux, Ian Dixon, Richard Chew, Rebecca Cambrell, Paul Taylor, Kat Worth, Sam Oster.

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

Artworks represented (page): *Leigh Warren & Dancers* by Alex Makeyev (5, 84) *Morphe VIII* by Marc Agzarian (9) *Community Consultation* by Alan Sumner (17) *Floating Vessels* lead artist Evette Sunset (19) *Orientation and Circulation* by Bridgette Minuzzo (20) *Basking in the Afternoon Sun* by Tim O'Shea (45) *Graffiti Art Project* by Chris Dallwitz (52) *Tappa Parruna* by Karl Telfer & Gavin Malone (65).

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Report Outline

This Report documents the arts program initiated by Arts in Health at FMC during 2009. It provides information about the full range of arts initiatives on offer and incorporates a report on the independent evaluation of selected components of the arts program. Notably, it also includes a report on the projects initiated as Phase 2 of the Environmental Art Consultancy associated with the redevelopment of FMC. The Report is aimed at a wide audience including Flinders Medical Centre staff, other health care services, health and arts professionals, government departments and the general public. In its pages readers will find examples of the great variety of arts initiatives that can be offered in a major teaching and acute care hospital like Flinders Medical Centre.

The Report seeks to answer three main questions:

- > What kinds of art initiatives have patients, visitors and staff experienced?
- > How have patients, visitors and staff responded to these experiences?
- > What has been learned about delivering an art program within a hospital?

The Report is in three separate Parts which can be read independently or as a whole.

Part 1: Summary of Arts in Health at FMC 2009 Program Evaluation Findings

This Part sets out to provide an overview of the full scope of the 2009 program and associated evaluation findings in accessible form. It includes a snapshot of the different kinds of projects, vital statistics about levels of activity, and examples of responses by staff, visitors and patients to the initiatives.

Part 2: Evaluating the Arts in Health at FMC 2009 Program

This Part focuses directly on the evaluation process and the implications of its findings for the future of the program. The background to the evaluation is outlined including information about the Flinders Medical Centre and the Arts in Health at FMC program. The rationale for selection of program elements for independent evaluation is explained and an overview of the evaluation approach and methods adopted is provided. This is followed by an account of the implications of the evaluation findings for the future planning and delivery of the Arts in Health at FMC program.

Part 3: Individual Project Evaluation Reports

This Part provides more detailed information about individual projects within the Program in the form of reports on each of the separate evaluations. In each case the artists, participants and project aims are described followed by details of data collection and summary of findings.

Abbreviations used in this Report:

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

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DVDs

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

A photograph of a man and a woman in a close embrace, looking upwards. The man is on the left, wearing a blue plaid shirt and a green and white plaid skirt. The woman is on the right, wearing a light pink sleeveless top and a light blue and pink striped skirt. They are both looking upwards with their eyes closed. The background is a blurred crowd of people in a large indoor space, possibly a theater or a community center, with bright lights visible.

Part 1

Summary of
Arts In Health At FMC
2009 Program Evaluation

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

1.0 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?

1.1 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.

Overleaf 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' bedside, 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 (45 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. (45 Maternity & Gynaecology)

1.2 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.

1.3 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.





Part 2

Evaluating the
Arts in Health at FMC
2009 Program

Part Two - Evaluating the Arts in Health at FMC 2009 Program

2.1 Program Background

Over the past decade addressing the psychological and social needs of patients as well as the clinical demands has become entrenched as a mark of best practice in health care. It is recognised internationally that the arts and humanities play a significant role in achieving a therapeutic health care environment. The British Medical Association reports that measured improvements include:

- > Inducing positive physiological and psychological changes in clinical outcomes
- > Reducing drug consumption
- > Shortening length of hospital stay
- > Promoting better doctor-patient relationships
- > Improving mental health. (BMA 2011)

Arts initiatives in hospitals form part of the broad field of Arts and Health practice which also encompasses community-based programs and the specialised areas of art-based therapies, art and design in health facilities and training health professionals. In Australia as elsewhere interest in this field is growing, with the recent establishment of the national Arts and Health Foundation supported by the Australia Council for the Arts, and four major conferences held by Arts and Health Australia hosting national and international speakers on Arts and Health held in 2008-2010. In South Australia this trend is reflected in the 'Arts and Health Partnership Agreement (2008)' formed between the Department of Health (SA Health) and Arts SA which cements a commitment to working together to maximise the potential of the arts to add value to a range of health strategies.

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 with a catchment population of nearly half a million people. In 1996 Arts in Health at FMC was established with the purpose of integrating art and cultural activities into the life of the Flinders Medical Centre for the benefit of patients, visitors and staff. Since then Arts in Health at FMC has grown into a dynamic year-round program, encompassing many different art forms and offering art experiences to a wide range of hospital users.

With the assistance of funding from the FMC Foundation, Arts SA and additional support from fundraising, sponsorship and donations, Arts in Health at FMC 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.

2.2 Program Categories

While visual arts and music are commonly introduced in acute health care settings, Arts in Health at FMC has a continuing commitment to initiatives that extend beyond the normal reach, exploring new applications for the arts in this setting. The program has become well known around Australia and elsewhere for its ground breaking and sustained work in presenting an eclectic range of practice, for example:

- > multiple art form projects involving creative 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 continuously changing exhibition program in the public galleries;
- > 'roving' visual artists and musicians working with patients at their bedsides;
- > environmental and public art initiatives;
- > music therapy as part of allied health teams;
- > seminars and forums on Arts and Health.

The 2009 Program elements fall into several categories as outlined below.

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, incorporating 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 that are open to the public as well as the users of FMC, but which were not the subject of independent evaluation in 2009.

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.

Patients' 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. These 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:

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 (EAC) conducted in association with the re-development of FMC facilities. The EAC aimed to integrate art in the design of spaces as a means of creating a more healing environment. Phase 1 involved intensive consultation with FMC staff and patients and negotiation with the Redevelopment design team. Phase 2 involved the introduction of several initiatives based on the consultations in Phase 1. With the exception of Musical Instruments the resulting discrete projects were the subject of independent evaluation.

Floating Vessels:

A cross-cultural weaving project led by artist Evette Sunset and 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 by Rebecca Cambrell based on musical instruments and exhibited as permanent installation in the Promenade Gallery and Ward 4SMG.



(Additional) Category 4: Advocacy and development

Arts in Health at FMC continued to be at the centre of state and national initiatives advocating for the development of Arts and Health more generally in 2009. Although this additional category was not the focus of an evaluation it is included here in order to give a full account of the scope of the program.

Staff from Arts in Health at FMC were repeatedly asked to provide guidance and assistance to other health and arts professionals based on their depth of knowledge and experience. Fifteen years of experience at FMC enables Arts in Health at FMC to make a significant contribution to debates in the field and to strategies for raising awareness of the benefits of the arts in health care in tangible ways.

In 2009 this included:

- > Conference presentations
 - > Society for Arts in Healthcare – Buffalo, US
 - > ArtsHealth Symposium #2 – University of Newcastle, NSW
 - > Creative Ageing Conference – Adelaide SA
 - > Australian Science Communicators – Canberra, ACT
- > Hosting international visitors
 - > Ian Anstee, Live Music Now, UK, workshop and presentation
 - > Mary Grehan (Eire) and Guy Noble (UK), Talking Sense, presentation
- > Presentations to forums and seminars
 - > FMC Grand Round, Flinders University
 - > Queensland Children's Hospital, Brisbane QLD
 - > Country Arts Tasmania, Southern Regional Office
 - > Museum of Contemporary Art and Australia Council Executive (AHF event)
 - > SA Health presentation to consortia bidding for New RAH development
- > Membership
 - > Arts and Health Foundation, Australia
 - > Arts in Health Steering Committee of the Women's and Children's Hospital Foundation
 - > Society for the Arts in Healthcare (USA)
 - > Philanthropy Australia
 - > Community Arts Network SA
- > Training and Education
 - > In-service sessions for FMC Staff
 - > Arts in Health medical elective for GEMP students.

2.3 Evaluation Framework

Evaluating practice is of particular importance in an emerging field to generate evidence for the effectiveness of new approaches. In reality Arts and Health is a field where many practitioners are learning 'on the job', and most programs are required to respond with little warning to the vagaries of funding opportunities and circumstances as they arise in order to survive. This situation does not lend itself to careful planning and rigorous evaluation.

In Arts in Health at FMC it is recognised that evaluation can be a means of ensuring that the hospital community's needs are being met. Questions of 'engagement' (how people become involved in the program), 'response' (how they respond when they do become involved), and 'effect' (the kinds of impact that their involvement has as a result) are of primary concern. For these reasons it was decided to build an evaluation process into the program in 2009 in an attempt to make plain the intentions underlying different program elements, their implementation and responses from participants.

The broad purpose of the evaluation was to:

- > **Document** the range of initiatives across the 12 month period
- > Gather **feedback** from hospital users and staff about their experience of selected initiatives
- > Provide a framework for artists and Arts in Health at FMC staff to **reflect** on their experiences
- > Analyse the different **approaches** in each of the initiatives and their outcomes
- > Record **lessons** learned for the benefit of FMC staff, artists and other practitioners.

There are three central questions about the Program that the evaluation addresses:

1. What kinds of art activities have patients, visitors and staff experienced?
2. How have patients, visitors and staff responded to these experiences?
3. What have artists and program staff learned about effective practice?

Methods and Issues

The health care context imposes distinctive challenges, opportunities and constraints for the design and delivery of an arts program and by extension also for its evaluation. Key features of Arts in Health at FMC have implications for the evaluation process:

> *Functional needs*

The program is naturally defined by the functional needs of the hospital, its physical environment (a convoluted network of corridors, public and private, indoor and outdoor spaces), the transitory nature of most patients' and visitors' stay in the hospital and the high level of demands on staff time and attention. These have necessitated diverse entry points and modes of delivery which cater to people's varying capacity to engage with particular art forms, their patterns of movement around the hospital, and the different dimensions and features of available spaces.

> *Evolving program*

The program is multi-dimensional comprising a balance of different types of initiatives with varying aims and approaches rather than being coherent or singular in form. This is reinforced by an uncertain funding environment and the need to respond to opportunities as they arise. The program is therefore continually evolving and many initiatives do not have a pre-determined end point (for example, on 31 December 2009).

> *Access to informants*

The functional demands of the hospital also mean that availability of staff and patients is unpredictable and the program is required to be flexible and adaptable to changing circumstances. One effect of this is that people experience the program unevenly and may have only fleeting interaction with initiatives.

> *Ethical issues*

Practical considerations influence the ways in which patients are able to participate in the initiatives as well as whether they are able to give consent to participate in the evaluation. Considerable sensitivity is necessary to the needs of the more vulnerable population groups.

> *Resources*

Limited resources available to the program also limit the scope of the evaluation. The evaluation should not take precedence over the delivery of the program itself.

In light of these features and reflecting the stated purposes of the evaluation, its main concern was to gather the kind of information that might usefully inform the development of the program. Specifically it emphasised:

- > Understanding how the program works (ie knowledge generation) for the purpose of learning about and improving practice
- > Formative evaluation questions appropriate to examining practice at a point in time within a continually evolving program (as opposed to summative judgements about the outcomes of the program)
- > Flexible designs based on inductive processes to identify actual effects that can be compared with goals and objectives
- > Understanding the internal logic of each of the initiatives as well as how it connects to the overarching program aims
- > Responsive and opportunistic research techniques that include feedback from a range of perspectives, direct observation and informal reflection.

As evident from Section 2.2 previously, the initiatives vary greatly in almost every respect: art media, participant backgrounds and numbers, type and intensity of involvement, and length of engagement. Some initiatives did not lend themselves readily to evaluation for practical reasons, including timelines and resources, and attention was paid to those which were more amenable to the kinds of feedback processes required. Even in the latter cases, however, the potential for comparison between initiatives and use of standardised evaluation designs remained limited. There were few opportunities to collect quantitative data, other than in the most basic form, and a predominantly qualitative design was employed which favours small sample sizes and questions about 'how' and 'why'. In line with the purpose of learning about and improving practice, the process was iterative, with feedback from reflections and analysis informing subsequent stages of each initiative to refine its delivery.

The methods used in each project/initiative are outlined at the start of the relevant sections in Part 3: Individual Project Evaluation Reports. In summary these include:

- > Individual face-to-face or telephone interviews
- > Group interviews and focus groups
- > Observation (independent evaluator and staff)
- > Reflective group discussions
- > Document analysis (mainly field notes).

Sample data collection tools can be found in Appendix A.



2.4 Implications of evaluation findings for program development

The third purpose of this evaluation is to assist in understanding how the whole program works and to inform its future development. As it has evolved the program has assumed different forms in response to changes in health care policies and the funding environment over the previous one and a half decades. The evaluation has succeeded in shining a spotlight on the various elements that make up this mature and flourishing program for a full year, and facilitated reflection on its future scope and sustainability. Analysis of the experiences of artists, project and program staff in developing and delivering the program, taking into account present resources and trends in the field, have subsequently informed a shift in emphasis in overall approach.

In summary, looking back over the year has shown:

- > A very dense program involving ongoing activities, music therapy pilot, together with intense periods of focus on major projects, as well as finalising EAC phase 1 and implementing the phase 2 initiatives;
- > Different program elements place different kinds of demands on program and hospital staff in terms of investment and commitment, with the main distinctions being one-off 'project' mode compared to the more sustained 'ongoing' initiatives involving artists 'in residence' (includes music therapist) over longer time periods;
- > Based on analysis of the experience in 2009 these different modes have been found to have inherent strengths and associated challenges; key variables were found to be:
 - > Patient-artist relationships
 - > FMC staff-artist relationships
 - > Artists' experiences
 - > Ethical issues for patient care
 - > Public profile
 - > Alignment with arts in health care theory
 - > Funding sources
 - > Administration
 - > Supervision and support

There have been two main repercussions of this appraisal for program development and in terms of contributing to the wider field of Arts in Health Care:

- > Firstly, the program has evolved towards an emphasis on the 'ongoing' elements during 2010 as a more sustainable mode in the present context.
- > Secondly, this shift in emphasis has been documented in the form of a 'model of practice' which is published as a companion to this Report: *Arts in Health at FMC – towards a model of practice*. This publication aims to disseminate the learning from analysis of Arts in Health at FMC about the possibilities and constraints of practising art in an acute care setting.





Part 3

Individual
Project Evaluation
Reports

Part Three - Individual Project Evaluation Reports

3.0 Introduction

Separate reports on each of the initiatives and projects which were the subject of independent evaluation are included in this Part. While in every case the project/initiative was scheduled to be completed during the 2009 year, a flexible approach to this delineation has been required since some initiatives were cut short while others have evolved over a longer time frame or have experienced delays. Unpredictability is characteristic of art programs in health care settings given that their implementation is dependent on many external variables and changing needs.

The project summaries presented in Part 3 have been prepared over a number of months to allow for this where possible and are documented here at their stage of development at the time of finalising this Report. Arts in Health at FMC may continue to update the status of these projects as necessary and appropriate.

The individual project evaluation reports are presented in the order of Categories outlined in Part 2 as follows:

Category 1: Special projects

Medico Manoeuvres

My Favourite Things

Heartsong

Category 2: Ongoing creative program

The Art Trolley & Sound for relaxation

Music Therapy

Category 3: Environmental Art Consultancy projects

Floating Vessels

Theatre Works

Re-develop

With some exceptions (including Medico Manoeuvres) the Project Evaluation Reports each conform to the same structure comprising:

1. Project description
2. Aims
3. Participants
4. Data Collection
5. Summary of Outcomes

The Summary of Outcomes sections include quotes from qualitative data collected from various informants. In some cases names are given to distinguish the speaker; aside from the artists, however, these are not their real names.





3.1 Category 1: Special Projects

3.1.1 Special Project 1: **Medico Manoeuvres**

The full report on the evaluation of Medico Manoeuvres was submitted to Arts in Health at FMC and Leigh Warren & Dancers in April 2009. It can be found in Appendix B, with a summary of its 'Evaluation Highlights' presented here:

In a nutshell, the two week residency by Leigh Warren & Dancers in Flinders Medical Centre involved:

- > 30 performances over 6 performing days in 23 different spaces throughout the Flinders Medical Centre
 - > More than 226 staff and 310 patients/visitors in the outpatients and inpatients areas had the opportunity to view these performances
 - > Performances included a public event as part of the Adelaide Fringe Program in collaboration with musician and vocalist Heather Frahn
 - > More than 150 audience members at public event (including staff, patients and visitors)

Evaluation findings

Performances in wards, inpatients and outpatients areas, café etc.

Observation and feedback shows that the dance program effectively:

- > offered an experience which generated interest, distraction and enjoyment for many patients
- > provided a welcome distraction from routine for many staff
- > introduced contemporary dance to many people who had little or no previous experience
- > helped to create a positive shift in the mood of the health care environment.

Public Performance in courtyard

Feedback from audience members shows that:

- > the majority of people were overwhelmingly positive about the performance
- > many people stressed the very high quality of both music and movement
- > the performance drew attention to the uniqueness of the courtyard environment within the hospital
- > the performance added to the public's high regard for the Arts in Health program at FMC
- > the event helped to raise the image of FMC as an accessible and humanising environment through its establishment as an alternative arts venue for the Adelaide Fringe.

Residency – reflections on practice

Reflection and analysis by members of Leigh Warren & Dancers and Arts in Health at FMC have identified a series of important factors in the success of the initiative including:

- > the value of preparation and support for dancers to work effectively in non-traditional settings
- > taking account of the practicalities of working in health care settings from the perspective of dancers/artists and hospital staff
- > understanding the powerful impact on the hospital community of dance in health care
- > awareness of the significant contribution that documenting this collaborative venture can make to the wider development of Arts in Health.



3.1.2 Special Project 2: **My Favourite Things (MFT)**

A. The project

MFT was a music, movement and film project based in the Paediatric Unit commencing in November 2008 with the purpose of creating new dance, song and film work through a collaborative process between professional artists, patients, families and staff.

Four patients were selected to participate by the Diversional Therapist and the Clinical Services Consultant from those available on the day. The team of artists worked with each of the four young patients for a day, observing and interacting with them, their carer and staff, to create four short pieces exploring ideas and reflections that captured their interest. Lyrics were created with each participant based on their concepts and interests derived from discussions aimed at 'getting to know them'. An original song accompanied by 'gestural' movements was also developed with each young person. The piece was rehearsed and then performed with the patient at the bedside or elsewhere in the ward. The process and the final performances were filmed and later edited into 4 x 3 minute films including studio recording of the songs.

Please note: As reflected in the aims below*, the original project outline included a second stage of the project in which the films would be screened for FMC staff and visitors, the participants and their families. In the event Stage 2 did not take place; the reasons for this are addressed in 4.0 Summary of Outcomes.

B. The participants

Artists:

Dance Artist & Artistic Director – Kat Worth

Musician/Composer – Heather Frahn

Film makers – Jeni Lee, Sieh Mchawala

Patients:

The four patients selected from those present on the chosen days were:

2 females, both junior high school age: 'Sarah' and 'Amy'

2 younger boys, pre-school and junior primary school age respectively: 'Sam' and 'Matt'

Paediatric Unit Staff:

Maggie Phillips – Diversional Therapist

Sharon Crowley – Clinical Services Consultant

C. The aims

The original aims of the project were extensive, focusing on both the achievement of creative outcomes as well as on the direct benefits of the process for the participants. As follows, they aimed to:

- > provide a positive activity and experience for children and families, creating good memories of their time as a patient
 - > create a new dance, song and film work with children and families in the FMC community through a collaborative process between professional artists, patients, families and staff
 - > generate creative material that expresses the participating children's lives, attitudes, experiences and circumstances
 - > educate all participants in the process of constructing a song, a dance and shooting a film
 - > develop a distinct, powerful and evocative creative outcome
 - > enable the child to be involved in an activity which empowers the individual through self-expression and self-direction, in an environment where choices are limited by clinical procedures and/or treatment
 - > open links for children and families to further explore arts opportunities
 - > share the project with the broader FMC community (patients, staff and visitors) through exhibiting of the film and sound during 2009*
 - > create a positive atmosphere for staff and caregivers in what is frequently a busy and stressful environment
 - > conduct a formal project evaluation process to inform the future direction of Arts in Health at FMC
- (* see 5.0 below)

D. Data collection

Considerations

A formal evaluation process involving tracking the creative sessions with patients and seeking feedback along the way was originally designed as part of the project realisation and included in the project aims above. In the second stage of the project, the public screening of the films, it was planned to conduct an audience survey to gather feedback. A number of ethical considerations resulting in the decision not to proceed with stage 2 not only affected the project plan but also influenced the scope of the evaluation. In addition to the general issue of data collection from patients in FMC the involvement of minors in this project made ethical considerations even more compelling. Data collection was therefore driven by opportunistic decisions.

Data collection methods

Given the uneven capacities of the older and younger patients, different approaches were necessary in each case and the following varied feedback mechanisms were adopted:

Observation

Attendance at selected sessions with each of the patients to observe:

- > the unfolding of the creative process
- > patient responses and willingness to engage as well as reactions to each of the components (music, lyrics, dance, filming)
- > anecdotal comments from carers/parents and staff on the wards.

Written feedback

An outline of topics for discussion was provided to the Diversional Therapist who endeavoured to elicit responses through conversation with the older female patients and record these in writing.

Interviews

All parents were invited to engage in an informal interview to discuss their observations and impressions of their child's experience of the project.

Ward staff survey

Through consultation with the Diversional Therapist and the Clinical Services Consultant in the ward it was decided that the best means of eliciting staff feedback was through brief written surveys.

Discussions with artistic team

Attendance at the preliminary planning meeting and debrief sessions with artists after each day of filming afforded a sense of the progress being made and the necessary adjustments to process with each patient. In addition a focus group was held with the full artistic team, Arts Coordinator and Diversional Therapist at the end of the filming which covered:

- > Expectations and extent to which the aims were met
- > Analysis of practice, strengths and weaknesses
- > Feedback from patients and general observations.

Discussion with clinicians

A meeting was held with Dr Brian Coppin (Clinical Director), Dr Peter Gilchrist (Consultant), Diversional Therapist, Arts Coordinator and Lead Artist Kat Worth to discuss the second stage of the project involving viewing and public screening of the films.

E. Summary of outcomes in relation to aims

E.1 Preliminary issues

Written feedback

The Diversional Therapist elicited responses through conversation with one of the female patients and recorded these in writing (patient's preferred method).

Interviews

Two parents volunteered to be interviewed about their observations of their child's experience: the mothers of one of the younger boys and one of the older girls respectively.

Ward staff survey

Three completed surveys were received.

E.1.2 Changes to project plan which affected outcomes

The selection of patients as project participants was guided by the ward staff with the Diversional Therapist playing a liaison role. The main considerations were:

- > physical capacity to engage and sustain creative processes
- > current mental and emotional wellbeing
- > pattern of treatment and care allowing time for creative development
- > interest in the arts/music/film media
- > parents' interest and consent.

Taking into account the above factors, the different ages naturally meant that the approach varied considerably, including:

- > More direct involvement of parents in the case of the younger patients
- > Greater creative input and control by the older patients.

In addition, ethical issues raised by the nature of the intensive work with single patients experiencing a range of health issues and degrees of illness demanded flexibility in terms of the overall project plan.

For instance, it was explained to the prospective patients/carers that while it was assumed that it would be a positive experience for them, their consent to be part of the project could be withdrawn at any time and did not bind them to an agreement to the public screening of the final product. The intention was that the participants/carers would receive a copy of their film and song when completed and that participants/carers would then decide whether they agreed for it to be viewed in the public domain. In other words, there was no certainty that stage two would go ahead and that the aim of sharing the project outcomes with the wider FMC community would be fulfilled. During the selection of patients, therefore, particular patients were not excluded on the grounds that they may represent a greater risk in this respect.

Following the completion of the film production phase a screening was held for clinicians responsible for the patients' care. The clinicians' perceptions of the process to date and the impact on the patients were aired. While the clinicians had no concerns about the process to date and expressed the observation that the young people appeared to have enjoyed it, in light of concerns about the future welfare of the young female patients it was decided not to proceed to the next stage with these two patients. As a result it has not been possible to share the creative outcomes with the broader FMC community.

E.1.3 Presentation of feedback

Several factors dictate the way in which the feedback is presented, for example:

- > different kinds of data available in relation to each participant
- > small numbers of participants and the need to protect their identities
- > ethical issues alluded to above regarding the female patients.

The feedback draws on different sources for the two age groupings:

- > Younger/males based on observation and reports from parent (1 case), FMC staff, and artists' observations
- > Older/females based on observation, self-reporting (written/verbal), reports from parent (1 case), FMC staff, and artists' observations.

E.2 Creative outcomes

As planned, four short films were produced with four patients. The artistic team spent between one half and one whole day with each patient, depending on their capacity to sustain the necessary concentration.

Observations about the creative development process.

- > The artistic team worked cooperatively and iteratively, quickly settling into their respective roles: Kat leading and slowly drawing out stories and ideas from the patient, followed by Heather introducing the guitar, playing with melodies and expressing their stories through lyrics, then Jenni and Sia following up to stimulate interest in the camera and demonstrate the use of different techniques.
- > Patients responded in varied ways to each of the art forms depending on their interest and experience:
 - **Sarah** was reserved at first but engaged and interested and articulate about lyric development;
 - **Amy** readily picked up the guitar and played, clearly at ease with this medium;
 - **Sam** was keen to play with a ball and chatter, then became fascinated by the 'big' guitar the like of which he'd never held before, strumming loudly while Heather taught him to beat it like a drum;
 - **Matt**, the youngest, could concentrate for short periods and sing simple songs.
- > The ward staff mostly continued on with their work around the team while visitors gave curious looks; there were some notable shifts in mood, for instance, when Amy played the guitar and sang with Heather, the background buzz retreated and a quiet settled over the ward. People in the vicinity were visibly moved by her level of concentration and musicality.

While only the creative team and clinicians have had the chance to view the final product, this group were universally impressed by the high quality of the music, direction and photography. The achievement of the art work in such a short space of time was considered remarkable.

E.3 Benefits for participants

Enjoyment

All of the participants clearly enjoyed the creative process based on their behaviour and the kinds of comments they made, as well as reports from parents and staff. The older females were able to express this in detail:

Sarah said she 'enjoyed the whole day', 'the whole experience was really good'. She liked the way that she was asked lots of questions about her life and then the song was made around it. Sarah especially enjoyed listening to Heather's voice: 'it was really beautiful, it made me feel happy'.

Amy thought it was fun: 'really good and so different'. She enjoyed that fact that it took her mind off being in hospital: 'I really miss being outside and it made me think of other things'. She pointed out that normally she is by herself and it was good to have a room full of people.

Sam found it a distraction and really enjoyed it, according to his mother. He said it was fun, particularly playing the 'big guitar'. At one point when he heard the song for the first time he announced: 'that was a really great song!'

Matt evidently enjoyed himself, progressing from being curled up with a dummy in his mouth and a 'blanky' over him when the team arrived, to running joyously around the courtyard.

A new experience

The combination of art forms in a single activity spanning several hours was a novel experience for all of the young people.

Sarah remarked that it was new: 'I never listen to music here or anywhere' and 'I never have thought of doing something like this'. She was surprised at how quickly it all came together as a whole: 'I thought Kat was going to just have movements that didn't have any meaning but we talked about the lyrics and movements that related to the music.'

Amy often sings, plays guitar and writes her own songs, but she noted that it was very different doing it with Heather.

Sam found the guitar exciting: 'After we sing the song I'll have the guitar again!'

Learning about art and media

Sarah learned how songs were created and how they could take form in such a short time. She also learned that she actually enjoyed writing a song and filming. 'The camera angles surprised me, how many we could film it from.'

Amy, like Sarah, was amazed at how it all happened in one day. Similarly she felt she learned a lot about film-making which she hadn't known before.

Sam's mother reflected that he was 'missing out on things at school like the band playing, and getting bored'; she thought it was valuable educationally as it had some 'continuity with school activities and a taste of festivity'. His grandmother, herself a teacher, was very impressed!

Emotional response

Sarah's mother explained that she hadn't seen her daughter smile for some time: 'She's been so angry and refused to talk to anyone in a reasonable way – it is so moving to see her this way.' She also reported that when Sarah told her what each part of the song and movement meant to her she nearly 'bawled': 'I had not heard any of this before, it was the first time'.

Sarah herself said she wasn't sure how she felt but that she would always remember it: 'When I look back on it I will remember because it is about my life. Not many people have that opportunity to have a song written about their life.'

Sam's mother described it was a link to 'normal life', a break from 'focusing on his leg'. This experience gave 'him something to focus on, something special for himself.'

Amy said: 'I don't get bored doing it and it is not too tiring. At the end of the day I felt a real achievement. All the people were really nice, it felt normal, not like being in hospital.'

Experience of the process

Amy indicated she was quite comfortable with the filming 'because everyone was so nice'.

Sam appeared not at all intimidated by the filming process and completely absorbed in playing with the guitar. When asked 'what will you do when you get home?' he replied: 'See my brothers, play with toys, sing the Lamborghini song!' [ie the song composed with him in the project]. His mother added that she will start getting the guitar out at home having realised how much he enjoyed it. Sam's family, including grandma and grandpa, were very interested in the whole process and enquired about where the team was up to each time they saw them: 'What are you doing now?' 'Have you written the song yet?' Afterwards they came in specially to thank the whole team and were overwhelmingly positive.

Sarah said she was most comfortable with the song writing. Her mother's comments gave an insight to this experience: 'It was fantastic... [her] life has become ingrained with having [this illness] but she forgot for a while just for the day. It was 'huge'... This process tapped into her creativity and was a whole lot more good than bad, even though she was exhausted by it.'

E.4 FMC Staff comments

Partly because the artistic team spent several hours on each occasion in the ward, they tended to merge into the background to some extent and many of the ward staff hardly noticed what they were actually doing or how the patients reacted. In addition to their busy schedule this may explain the low return rate for the written feedback surveys. Nevertheless several observed verbally that the experience had 'really lifted the spirits of one of the teenage girls that day. She was really proud of her efforts.' Other comments about the patients included:

'Were more positive afterwards'

'Had lots of smiles for the rest of the day'

'Became interested in songwriting'

Ward staff reflected on whether it is a good idea to have such a project on this ward:

'Definitely, particularly with adolescents'

'It is good for the right patient. Would not be appropriate for everyone'

'Is very beneficial for the kids that are interested'

In terms of whether they themselves found it interesting having artists on the ward the responses were uneven but mostly positive:

'It was interesting'

'They were very respectful of any nursing interactions that had to take place'

'I found some of the sounds, singing, music, annoying'

'It has been great having them, a great bunch of people'.

One staff member had an opportunity to comment in more detail about the value of the experience:

'Often for some of those people it's very isolating, and [it contributes to creating] a positive atmosphere that they might not be able to get into themselves. I think for the older girls, its educating children in their creative process... for the younger ones, a piece of their expression in that environment is really important. Particularly when they are... really restricted in their movement. It was an opportunity for them to really express and create.'

'If you'd been in my shoes afterwards, they were so positive about it - it was just so good.'

Despite the decision not to proceed to the second stage of the project involving a public screening, the clinicians both indicated that they were happy with the creative process and the image portrayed, acknowledging that it was probably a therapeutically positive experience and very intriguing. Speaking about one of the girls one said: 'I could see she loved the process and really embraced it.'

E.5 Process issues and lessons

This project demonstrates the sensitivity and flexibility required in delivering creative projects within a hospital. The same issues which necessitated the decision to truncate the project also prohibit a detailed discussion of the reflection by the project team. Key lessons were identified in the focus group, however.

E.5.1 Working in a hospital can be challenging for many artists, who respond differently depending on their personal and professional experience.

I was really excited about the challenge of being in a new environment and just felt very refreshed as an artist that I was challenged, and that there was new stuff going on for me.

Yes, you just never quite know what the end result is going to be and what it's going to stir up in people.

I just expected that we would have to be on our toes and have to be really open to making those on-the-spot decisions...I thought that's how it would have to be, and it's certainly how it was.

It is not usual for me to work with one participant at a time. Sometimes that occurs within a group but the project must still return to the needs of the overall group. I really enjoyed the focus we all had with one person and that is most likely part of how we sourced such deep material in just one day.

E.5.2 Often the patients who are most likely to benefit from the creative experience may also be the most vulnerable and therefore most at risk in the process. This demands a high level of sensitivity and reflective practice on the part of artists working with such patients, knowing how to engage in an appropriate way and how to withdraw.

...because with [Sarah], I wanted to just open my heart and say, 'how are you', and 'talk to us', but then feeling that's not our place, and having to step back, I guess. But it didn't feel natural.

I just wonder how they felt seeing us again each week, and whether it's a good thing that they see us again, or whether it's good just to see us just for that day, and then not see them again.... Do we go and say hello to them and talk to them in a quite intimate manner again, or is it casual, or do we just leave them alone? I didn't really know how to react or how to be with them. I wasn't sure where and if a line had been drawn after we'd left.

E.5.3 Competing priorities arise when working in a hospital between the integrity of the creative process and the final product. This was heightened in this project as a result of the decision not to proceed to stage 2. It raises more general questions about the responsibilities of both the artist and Arts in Health at FMC for the effects of the project.

So...are we just doing this just to get the end product of a film that we can put on our website and show in the hospital, and blah, blah, blah. But what are we leaving behind?

Any ideas on how – I mean, we can offer counselling and stuff [to artists], but maybe there's other things, and clear aims I think, being really clear about what we're doing and why we're doing it.

F. Concluding Comments

The fact that this project did not progress to the second stage, disappointing as it was for the artistic team, should not be allowed to overshadow the success of the first stage of this project. The young participants clearly experienced a great deal of pleasure during the creative process and although they were not able to view the film, they did receive a CD of their song. In addition, notwithstanding that it will not be viewed in public, the final product was of an exceptionally high quality.

3.1.3 Special Project 3: **Heartsong**

A. The project

Heartsong has been a multi-dimensional project inspired by the experiences of staff, patients and their carers on the Cardiac Care Unit at Flinders Medical Centre. Incorporating music, video, animation, visual art and text in composition, design and improvisational performance, it followed the journey of a heart attack patient and explored:

- > emotional issues surrounding the fragility of the human heart
- > the realities of dealing with heart failure and illness as witnessed and experienced by staff, patients and their carers
- > the effects on patients and staff of the technical sounds and images which support patient diagnosis, treatment and recovery.

The artists composed a musical and visual performance piece representing the experience of heart 'failure', from initial heart attack through to hospital admission, diagnosis, treatment and recovery. The basis of the lyrics relied on information gathered from patients and carers in consultation with staff of the Cardiac Care Unit, FMC. Textual and sculptural works designed in collaboration with the musicians and audio-visual artists were integrated into the set at each venue.

The performances took place in two venues at the end of 2009: the Cardiology Linkway Room adjoining Flinders Private Hospital on Thursday 3rd and Friday 4th December, and the Royal Institution of Australia (RiAus) in Adelaide on Saturday December 5th and Friday December 11th. The final performance coincided with The Heart Library Project, an installation by George Poonkhin Khut, and included a panel discussion featuring the artists from both projects.

B. The participants

Artistic team:

Cheryl Pickering – producer and lead artist (singer and psychologist)

Richard Chew – composer and musician

Ian Dixon – musician (sound specialist)

Dan Monceaux and Emma Sterling – audio-visual (Danimations in association with Closer Productions)

Diwani Oak – sculpture (visual artist)

Ian Gibbins – words (poet and neuroscientist)

Sally Francis – project coordinator

The 'script' for the performance was developed in consultation with staff, patients and their carers on the Cardiac Care Unit, Flinders Medical Centre.

C. The aims

The stated aims in the original conception of the project were to:

- > express through music some of the psychological issues surrounding the fragility of the human heart
- > explore a variety of emotional responses to heart failure with staff, patients and their carers
- > provide an opportunity for patients to be involved in an arts activity and contribute to a public performance piece
- > profile different elements of patient care and recovery on the Cardiac Care Unit
- > represent some of the technical aspects which support patient diagnosis, treatment and recovery, eg. ecg machines, cardiac monitors.

Additional creative aims:

The artists were consulted about the purpose, the proposed audience and the anticipated responses to the production during its development stage as part of the evaluation process (See 'Data Collection' Section 4 below). Clarification of the aims identified a collective vision for the production as follows:

Purpose:

Acknowledgement

- > of the experiences of patients and staff
- > to ensure that people feel listened to and feel they have had input

Sharing perspectives

- > from patients, carers and staff with a wider audience
- > about the emotional and spiritual side of the physical assault on the body that is associated with heart failure
- > in order to promote healing, compassion and understanding

Responding creatively

- > to augment people's stories about the experience
- > to provide a heightened sense of awareness of heart issues
- > to offer an inspiring and enjoyable experience
- > as a gift to people who are coming to terms with their vulnerability.

Audience:

- > FMC Staff – in particular nursing staff in Cardiac Care Unit
- > Patients and families for sharing their journeys
- > Arts in Health program staff – to contribute to an integrated role within hospital
- > The wider public – including those with some history or who may experience heart problems in future
- > Anyone who has a connection with the CCU or with heart conditions
- > Artists and others with an interest in artistic expression, particularly multi-media collaborations
- > Medical, health and nursing students.

Anticipated responses:

- > Uplifted: with enjoyment/warmth/peace/reflection
- > Acceptance: coming to terms with one's own or others' experience
- > Affirmation: the role of staff and carers
- > Innovation: the audience will have seen/heard/felt nothing like it before
- > Celebration: highlighting the experiences and thoughts of the people who inspired the content
- > Constructive: that it has been useful in some way.

D. Data collection

Considerations

The project was flexible in its design. This was partly a response to the subject matter which evolved as information was gathered by the lead artist from patients and staff and woven into a 'script' of sorts. The resulting performance piece was intentionally fluid and improvisational in form. Early on in its development the composition of the team of artists changed for artistic and practical reasons, including availability. This fluidity and changing composition suggested the need to revisit and clarify the aims of the project with the artists (see Methods below).

Selected patients at FMC had been involved in initial conversations about their experiences of heart-related illness and of the treatment received in the Cardiac Care Unit. This informed the content of the project and ideally these informants would have provided feedback. Names of contributing individuals were not available for follow-up however.

Methods

Preliminary steps

Acknowledging the integral nature of planning to a successful evaluation, a preliminary interview was conducted with each artist as a means of clarifying the focus and aims of the project and engaging the artists in the evaluation process. These interviews addressed the purpose of the project, its main audience, and the expected responses. A summary of artists' responses were then circulated to the whole team for reference. (See 'Creative Aims' in section 3.0. above). These also served as a more detailed set of aims to evaluate against and a guide to the kinds of questions asked of audience members after each performance.

The main sources of feedback were audience members and the artists involved.

i) Audience survey

Feedback was sought through brief audience surveys administered at the end of each of the four performances. Respondents were asked to indicate their agreement or disagreement with a series of statements about the performance and offered the opportunity to provide additional comments in their own words. The statements were based directly on the stated aims of the project. Although this is regarded as a fairly blunt research instrument, it was necessary to provide a tool which could be administered quickly as people filed out of the venues. This was especially important in the case of FMC where audience members included staff on their short lunch break not able to linger.

ii) Artists' group reflection

A focus group was conducted after the final performance with all members of the artistic team and the Arts Coordinator from Arts in Health at FMC. The purpose of this session was to provide an opportunity for artists to reflect on the process and the outcome and to identify its strengths and weaknesses. Participants indicated that they found it a useful exercise in itself, over and above its value in generating data for the evaluation.

iii) RiAus reflection

An open-ended qualitative interview was conducted with two key members of the staff of RiAus to gauge their impressions of the value of hosting these performances and the quality of the collaboration with Arts in Health at FMC.

E. Summary of outcomes in relation to aims

E.1 Preliminary results

Attendance

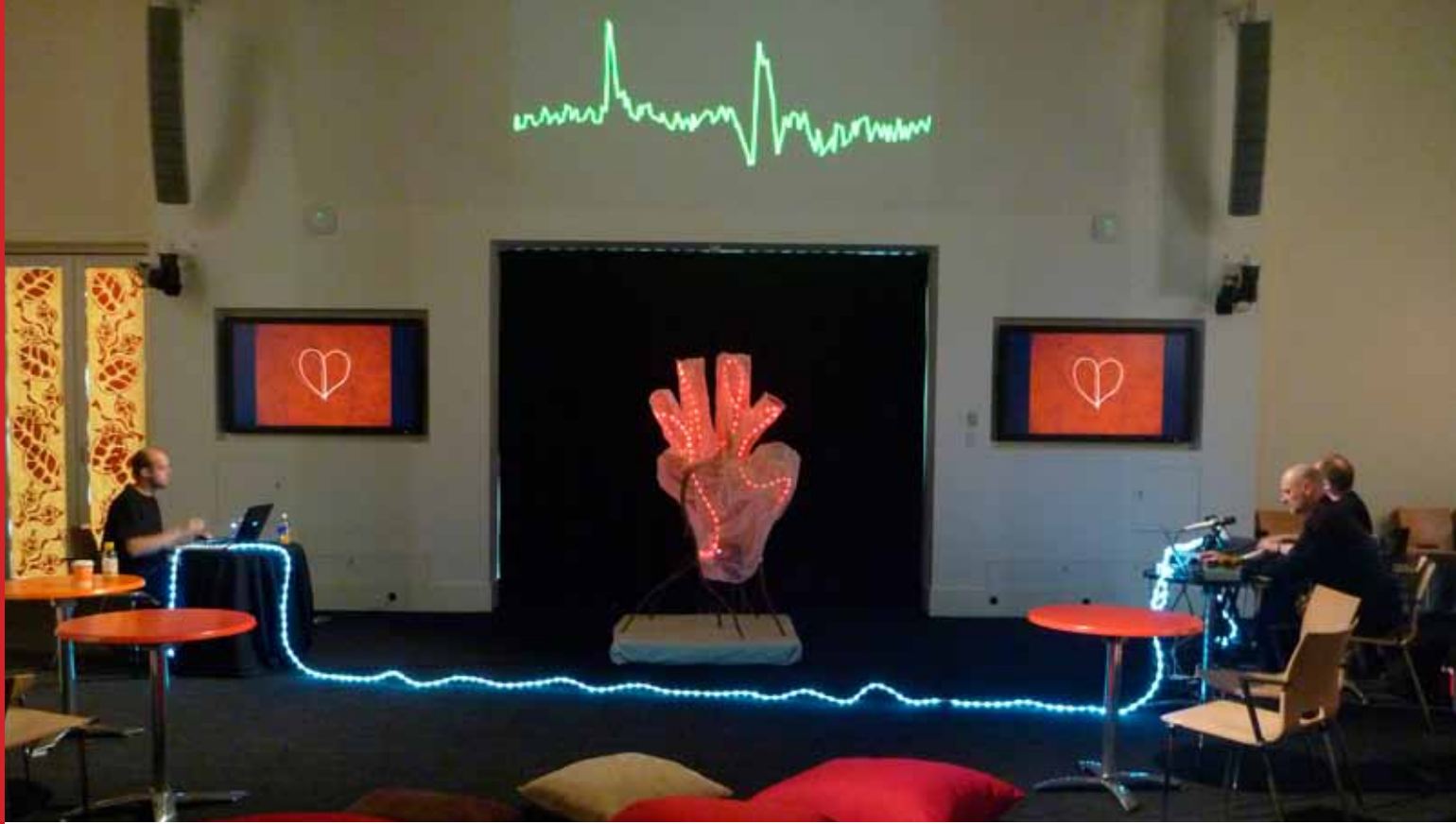
The total audience numbers were estimated at approximately 210 — this comprised 150 at FMC and 60 at RiAus (2 performances at each venue).

A total of 121 completed feedback forms were received — 76 from FMC and 45 from RiAus. This represents proportionately more at RiAus, partly because the smaller audience made it easier to collect forms.

Please note:

In some instances a form was completed by one person on behalf of a group of audience members and so the feedback represents a greater number of respondents than this suggests. This was especially the case at FMC.

Some respondents did not complete every question and so responses do not consistently add up to the total of respondents. This limits the accuracy of the tool and suggests that the percentage of responses to any question should also be read with caution.



Reasons given for attendance were unsurprisingly different at each venue.

At FMC:

FMC or Flinders University Staff: 40

Member of public: 20

Family/friend of patient: 4

Patient: 1

Volunteer: 1

At RiAus:

Artists' networks: 14

RiAus networks: 17

Unknown: 14

Respondents were asked to indicate how they found out about the performances in each venue.

Method	FMC performances	RiAus performances	Total
Passing by	0	n/a	0
Arts in Health publicity (flyers/ posters)	23	5	28
General Media	2	3	5
Word of mouth	24	22	46
FMC Staff	23	2	25
Other	Artists' networks 5	Artists' networks 14 RiAus networks 17	36

As a result of the different profiles of audiences at each venue the feedback is presented separately in the first instance to allow for the possibility of this influencing their responses.

E.2 Feedback from audiences

Respondents were asked to indicate their level of agreement or disagreement with a series of statements designed to show how they responded to the performances.

Table 1: FMC performances

Statements:	I agree strongly	I agree	I am not sure	I disagree	I disagree strongly
It was beautiful	21	32	5	0	0
The experience of heart attack was well represented	29	34	10	0	0
It was surprising and new	30	29	8	5	0
It made me feel happy	19	35	16	2	1
I found it interesting/informative	35	32	8	0	0
It took my mind off other things	29	29	10	3	0
It made me feel relaxed	25	32	11	5	0
It was inspiring and uplifting	29	36	8	1	0
As a patient or carer I felt my experience (of a heart attack) was affirmed*	13	17	19	1	0
I didn't want it to finish**	9	22	27	9	2

This data suggests that the great majority of audience members responded positively to the performances. There were two exceptions to this trend of positive responses, indicated by asterisks * and **.

*Many audience members had difficulty responding to the first of these statements since they had not had direct experience of a heart attack, hence the high numbers of 'Not sure' responses. **The second was an ambiguous statement which could have been taken to indicate a lack of interest in the performance or alternatively a sense that the performance ran for the right length of time, or simply that they felt satisfied at its conclusion. In light of the very positive responses to the other statements it is unlikely to indicate a lack of interest or dissatisfaction.

Table 2: RiAus performances

Statements:	I agree strongly	I agree	I am not sure	I disagree	I disagree strongly
It was beautiful	24	18	1	1	0
The experience of heart attack was well represented	20	13	10	1	0
It was surprising and new	22	17	3	2	0
It made me feel happy	7	13	17	7	0
I found it interesting/informative	19	21	3	1	0
It took my mind off other things	15	20	5	4	0
It made me feel relaxed	13	20	9	1	0
It was inspiring and uplifting	22	16	4	2	0
As a patient or carer I felt my experience (of a heart attack) was affirmed*	3	5	9	1	0
I didn't want it to finish**	6	11	15	10	0

Once again the trend was towards positive statements with the exception of the last two indicated by * and **.

Notwithstanding that the number of respondents in this venue was less than half of those in FMC it is interesting to compare the positive responses in the two venues. Table 3 shows the percentages of respondents who indicated 'agreement' or 'strong agreement' with the statements.

Table 3 Percentage of respondents agreeing or strongly agreeing with statements

Statements	FMC	RiAus	RiAus Variance compared to FMC
It was beautiful	70%	95%	+25%
The experience of heart attack was well represented	86%	75%	-11%
It was surprising and new	81%	88%	+7%
It made me feel happy	74%	45%	-29%
I found it interesting/informative	89%	90%	+1%
It took my mind off other things	82%	80%	-2%
It made me feel relaxed	78%	75%	-3%
It was inspiring and uplifting	88%	86%	-2%

It is evident that there is substantial consistency across the two venues with a few notable exceptions. In particular many more people at RiAus agreed that the performance was beautiful. This may reflect the different audience motivation for attendance at each venue and the predominance of people predisposed to art and science as opposed to health and cardiac care. By contrast at RiAus far fewer people agreed that the performance made them feel happy compared with FMC. In both venues however a significant number of people were unsure about this question. To a less marked extent RiAus respondents were somewhat less likely to agree that the experience of heart attack was well represented.

Overall the RiAus respondents were more likely to indicate they were 'Not sure' than at FMC which may have been a measure of greater familiarity with the subject of heart failure in the FMC, particularly amongst staff.

Additional comments

In addition to responding to the statements respondents were invited to offer comments in their own words. Responses included both positive feedback and suggestions for improvement in relation to a number of emerging themes as presented below. Comments from FMC and RiAus are combined for two reasons: 1) not all respondents made comments and so there is no consistent basis for comparison; and, 2) in the event there were no distinct differences in responses between these groups.

Content – informative/accurate/awareness

Very innovative and informative

It was also provoking - and makes me realise how precious what I have is - I need to look after me.

It made me aware of the heart and its function in a very easy and pleasant way without resorting to scientific facts and statistics etc.

Very informative as well as being of high artistic merit.

Have never explored concept of heart attack - am glad to have witnessed it - thankyou for the experience.

Visual/Audio/Scientific areas of learning make for effective learning - well informed.

It affirmed the staff and was informative as well. Such a creative way to acknowledge people's experience and to educate and inform in a beautiful, artistic way.

Very interesting way of portraying a patients experience of heart disease.

Have seen this from both perspectives – very real and well represented – well done.

Very informative, educational and thought provoking.

Great for general public awareness of heart disease and its life changing effects.

The integration of art, health education, impro and quality entertainment. Brilliant.

Suggestions about content:

I suspect it underplayed the major disruption to life for the patient and their immediate families.
I don't think I represent your target audience. I would like more science and facts!
More info on foods to avoid.

Form - aesthetic appreciation/visual imagery/sound and music

A rich and textured performance. Trumpet awesome; brilliant graphics.
I would like to get a CD of Richard, Ian and maybe one or two others playing music of similar style.
It was perfect in its timing.
Technically excellent and the disparate parts combined very well.
Nice artwork on walls and windows.
Very well put together and performed. Exceptional talent - trumpeter, keyboard, media.
The lighting was very suitable (spot on). The music was amazing and the sound was very clear.
I loved the sculptural representation of heart, I felt the music and visual design really complemented the sculpture/text.
Absolutely loved the trumpeter! AV and music and sculpture melded together creatively and imaginatively. Great!
It was gentle and reassuring. The music was very appropriate.
Just fantastic – Well Done.
Very novel approach.
The graphic design and depiction of the heart, arteries, capillaries in nature and dot painting were amazing. Music and musician were inspiring.
It was just beautiful.
Nice heart light sculpture. Loved the mini hearts in hands graphics. Good “narrative” using real patients/staff. Well Done.
I particularly enjoyed the music.
It was all very beautiful. Music was beautiful. (People from Tutti).
A beautiful combination of imagery and spoken word.
Very entertaining.
Diwani's heart was very good.
Suggestions about form:
Wall hanging should be hung behind heart sculpture
Lovely music too but too loud and intrusive for the hearing-challenged.
Fantastic - would be better with a vocal artist also.
A bit repetitive – words – more variation needed.
Could be a little bit shorter.
Bit repetitive at times.
A little repetitive.
I would have preferred to have the musical background to be greatly reduced in volume if not dispensed with altogether. I'm 86 and familiar with ... bypass surgery. I could not hear the voices for the background music. The background of the monitor was effective and should be retained.
To some extent the narrative was irritating (repetition).

Effects – emotions/moods

A wonderful and uplifting performance, brilliantly presented. Well Done!!

Excellent, hair raising.

Very meditative.

Hypnotic at times.

Stimulating in a peaceful way. A great collaboration.

It was very touching.

Positive and reassuring.

Reflections on personal experience

My dad died in his sleep of a heart attack. There was no warning. He died unknowing. His family suffered the shock. I am still not sure what is best.

My beautiful father died in Flinders Med. Centre recently and nursing staff could find no pillow for him for nearly 5 hours...and the cost of this "beautiful" performance? Clearly I am not the audience you were hoping for!

From what my friend who is 44 and just had a heart attack... I don't really think so. She explained it very differently. It left me wondering who you thought this was aimed at?

It renewed strongly my grief at the recent death of a loved one by heart attack. I wept through the opening segments. This was not a negative experience!

The patient voice was heard, it affirmed although things seemed out of control for the patient, people (staff) were in control.

I felt it was expressing our evolution as life (represented by the beating heart) but hinting at all life – perhaps even the life of the planet and how we all go on. A spiritual experience well connected to our ordinary world life.

Great to hear the positive comments people made about health care - we usually only hear the negative.

Interesting to see Adrian Guthrie's name on program for 'text' - one of my UniSA lecturers.

It reminded me of my grandfather.

It was so good because it had an influence on me, I am a girl born with heart disease.

An invitation to dwell on the theme, on others experiences, on humanity.

Wider relevance and application

Needs a wider audience, maybe not so focussed on FMC to provoke talk about hearts

Should be a short video on web - describing pre-attack - great info - I had no IDEA. Thanks - excellent lunch activity. Include in "Flinders in Touch" next time through MACO at the uni.

We would like to see another performance (Filled in by Ruth Carter on behalf of a group from Heart Support Australia).

I could imagine it on Sunday Arts on the ABC

There should be more things like this! A nice break from work for staff too.

The DVD would be good for patients to have.

Patients could use the DVD music for relaxation taught through the cardiac rehab program.

I think it's fantastic that more arts programs are run in hospitals – these ideas need to be continued.

Great to see art and medicine and caring combined.

Essential that art is incorporated into health care.

Excellent presentation. Should be of significant value to all sufferers of a heart attack.

I believe it would be a good public health tool - especially I think the heart foundation may be interested.

E.3 Artists' impressions

The impressions from the artists were gleaned from the Artists' Group Reflection. Discussion centred on four main areas: **Observed responses**, **Artistic integrity**, **Process issues** and **Artistic development**. Within these areas a range of themes emerged as outlined below together with examples of artists' comments.

Observed responses

The artists talked at length about the unexpectedly strong responses from the audiences:

I thought the response from the audience probably was stronger than I had hoped for... that did exceed my expectations, that so many people thought, 'This is a great thing; we want to use it in various health areas, not just in heart.'

I also had other people saying, 'It lulled me into this meditative kind of feeling, and I found that I could take in the information in a way I've never heard people talking about.' So I think it had a huge impact.

What was interesting for me was that it was an art piece in itself, but it actually changed a lot of people's ideas. I talked to a couple of doctors, and they said, 'We're so used to looking at hearts and these kind of things from a surgical [perspective], and this was amazing to see it put in a different context, and it's given me a different sensitivity; it's given me a different understanding.'

... there were a lot of hospital people there [at FMC], and to have consultants walking in at the back, it's sort of like, wow, this is great, so there was a real buzz in the fact that there were 70 people at both performances and the obvious impact it had on people and their appreciation of the work.

Several referred to responses from the group of Tutti Ensemble artists who attended one of the FMC performances:

It was so special that they were here... Some of them were in tears, and like they said, a lot of them have got heart problems, and they really felt it. So it was very moving.

But also they were here as Tutti artists, so they were really fascinated, because it was their weekly thing on the visual arts, so they were really interested in seeing what Dan and Emma do, and Diwani's work, and putting the whole thing together.

The theme of **acknowledgement** had been highlighted in the artists' pre-performance interviews and continued to be recognised as a key to the success of the project.

To me the underlying theme was acknowledgement, and I think when people go through something extreme, they need to tell their story, they need to be acknowledged, and that was really apparent here, but obviously with all the other people who had gone through different things too, and the same thing with the nursing staff.

One of the really beautiful elements for me was [the] intention, right at the beginning, that the interviews and the patients and the voice of the CCUs and everyone was the core and the backbone of the whole thing. For me, that just got stronger and stronger with the performances.

'[One FMC staff person described how she had said to her colleagues]: 'Look, these people [artists] have put so much hard work into this project'... 'I know how much work went into doing this. The least we can do is come along and see it.' I thought, that's really great, because it's not saying 'I love art; I'm going to come because I love this music or that'. But [its saying]: 'I'm coming because I really appreciate that you care enough about us and what we do to actually put all that work into producing this. Whatever we think of it, we appreciate the fact that you think it's valuable enough that you want to do that.'

Artistic integrity

The pre-performance interviews with artists stressed the idea that the creative response should heighten understanding of the subject through its artistic integrity. Reflecting on the outcome, this was thought to have been achieved in three main respects.

The first was in terms of its **evolving form**; the ways in which the original concept took shape over time in response to the text and the collaborative process, yet remained dynamic and unpredictable to the end:

I wasn't quite sure how something like that would fit, how the sort of opera type thing would fit in the hospital, and I remember mentioning it to you and at that time it was to be just a film of the music, so from there it just grew into this whole other concept... so the whole thing just really metamorphosed into something way beyond I think what we originally thought.

It takes me back to the original idea, which I'd forgotten about, using the old CCU and actually setting up the installation, and it was going to be a permanent installation.

In a way for me, that was a lovely bookend for it... because in a way it started with the discussions on the CCU, and it ended with the responses from the people on the floor. To me that really tied it up beautifully...

...[by last performance] I thought there was a total connection between everything that was going on, which you can't predict because of the nature of the piece.

There was a value coming from the fact that...each performance was like a 'seat of the pants' thing, and the audience gets that [buzz].

The second was how certain elements held the disparate parts together, creating **thematic coherence** and allowing the music and images to flow freely:

I was trusting the patients to tell me what it was about. And once I had that, then I could create the framework.

... and I thought it was a beautifully crafted tape that you had done for us all to weave in and out of.

I think the transformation of the room far exceeded my expectations of what it could have been... trying to find a kind of link between Diwani's aesthetic and the work that Dan and Emma do was quite difficult.

When I saw Diwani's four hangings in the windows, I thought it started to really make sense. It started to kind of coalesce into something. There was a warmth about the space which I don't think it naturally has.

I think it really intensified that whole emotion... the way that that [heart sculpture] actually brought everybody in.

Finally, the artists recognised **the delicate balance between art and health** – the need to balance artistic integrity with the imperative to convey information and do justice to the experiences of patients and staff.

You can't afford to make 'useless' art when you're working in a hospital and when you have a certain remit... but equally you can't afford to be too utilitarian, because it has to have something around it that enhances the subject matter.

[but] you have to actually let it breathe in its own kind of way.

Somehow it got away from that whole idea of the heart as the seat of emotions or looking at the anatomy of the heart and all that kind of stuff, which you could have gone on about and been very sort of 'artistic' about, and I don't think it would have meant anything. It would have been very clever, and it might have been very pretty, but the 'rootedness' of the textual thing, and the way in which that related to what Dan and Emma then produced I think really made it kind of very secure.

I think there are probably two quite different ways of doing arts and health projects. One is to bring in someone like gorgeous Emma Horwood and have her sing and play her harp, and it's extremely beautiful, it's intrinsically valuable and beautiful, and people feel healed and touched and taken out of themselves by listening to her, and that's art as art, being intrinsically valuable. The other one is this sort of project which is where we try and keep it cohesively together as a work of art and to have its own artistic interpreting, but the whole remit is to make it much more interconnected to the reality of the hospital and what goes on, and to hopefully have something more utilitarian and practical come out of it, and it's quite a different approach to an arts and health project. I think they're two quite separate worlds.

Process issues

The complexity of working across different art forms, the evolving mode and improvisational form, all ensured that the project would raise many process issues. While at the time they represented hurdles or problems to be overcome, in the retrospective discussion artists were encouraged to focus on the lessons that had been learned as a result.

> **Responding to context**

Artists noted that each warranted a slightly different kind of performance project to suit the space, the audience and their expectations:

.... if there'd been lots of time and money, we would have probably presented two slightly different versions of the same thing for each audience space, because they expected slightly different things.

> **Working across different art forms**

This prompted reflection on the different patterns of working and how they slowly converged to a greater or lesser extent in the final production:

So we [musicians] haven't got quite the limitation that Dan has with his sort of sequence of energies. We can map a completely different show, but the images are fixed in that sense. In a way, what we did I think was work in a way where Ian and I did develop a palate which we drew on. There were certain elements which we used each time in the performance and it kind of starts to coalesce into a composition.

These differences were compounded by the change in personnel with Closer Productions transferring the creative work to Dan and Emma. This generated some logistical issues, principally in terms of handing over information and clarifying roles, as well as administering the fees. In the end, however, the resulting creative relationships were also regarded very positively.

I think it was a very good call for the final outcome and for the process.... It was an immediate click.

> **Timing**

One of the main difficulties that flowed from the demands of different art forms was timing.

The timing I think was where we had slightly different mindsets about how that was going to work. For me, always the timing wasn't remotely important, because I didn't ever see that they were going to be timed together, whereas for you obviously, coming from your background, that was a really critical thing for you, and it's a different approach to the material. I always thought that it would be more improvisatory and that it would be more echoed rather than illustrated.

When we're creating something that is of all these separate elements, then we didn't factor in the time that said, 'Now that we've got all our separate bits there, let's just adjust them a little bit,' and we needed time to do that.

All acknowledged the uneven effect of timing and that its greatest impact was on the production and coordination of visual images:

The text was far too late for you [Dan], and I think that that compromised what you could do in terms of reacting to it. I take responsibility for that, because I was basically recording it.... Initially what we planned to do was get a group of people in one room and record them [voices] in sequence, and it just didn't work out, because there wasn't the time. With the team changing and then the ideas changing, these sorts of things tended to coalesce very late on.

Because I'd given you the written text, I assumed that you had what you needed, whereas you obviously needed the timings, but I wasn't aware of that... If I'd known that you needed the timings, then we probably would have sorted our working differently for that as well.

Out of necessity, I [Dan] found myself listening more to the text than I did to the music, and responding as much as I could to the text cues, but with more lead time, I'd have been able to balance my listening against the music and the text.

So I still didn't successfully meet my own expectations of my own ability to interact with the text in a closer way which created tension within the project and also made me feel like I was behind and that I was at a disadvantage in terms of reaching those expectations that I set for myself throughout that rehearsal period and the performance period. So for me I perhaps don't have the fully bloomed sense of satisfaction that others in the group may be feeling....

I agree with Richard in terms of the satisfaction that came from the union of the elements. I think the fourth, the final performance, was the most evolved and you'd hope that would be the case, that as we practise and become more intuitive with the work that it falls into place in an increasing measure. But I still don't think, from my perspective, we got there, to where I wanted there to be at least.

The nature of the collaboration placed additional demands on all artists and a number of factors were cited as being particularly important to make it work:

> **Planning to allow for flexibility**

You've got [to have] a consensus as to what we're trying to achieve.

I think, what you do is you have an idea of how you want things to be, but then actually realising that, there are always going to be some variables as to how it comes out. But I think what we planned, I think it's all in the preparation for it, really, but that's how you assure that you have kind of quality at the end of the day.

Well, it's a very complex project to put together, because there are so many disparate elements to it. Everyone in their own field is extremely talented, and it's a very high quality of stuff coming into the mix, and I think in this sort of project it's really important to have a sort of a central vision of the artistic side that keeps the theme going and makes sure that everything is correlating.

> **Clear and open communication**

Communicate clearly all along the road. Don't assume that people know what you're thinking the end point will be.

So our understanding was that Sophie had imparted all of that to Dan and Emma when they came on board, and I think I was probably remiss in that; thinking [now] as coordinator of the artistic side of things I'd better make sure they're on the ball.

Because I think it's all about debate and it's all about the fact that sometimes people don't talk or communicate at the right moment or communicate their ideas clearly.

I think that conflict is a necessary part of what we do. I think that, as long as it comes out in the right kind of way and at the end of it you feel like you've gone somewhere and you've learned something, I think that's good. If it just remains this thing that churns you up inside where you think, 'Oh, I just didn't say what I felt', I think it's worth being really honest about it... I think that that's a good thing, because you come through at the other end having produced this, which I think is a very high quality piece, but the conflict was a necessary part of it.

> **Leadership, roles and decision-making**

But you hadn't any personal experience of our artistic work; you really didn't know, and I think you really trusted us, and you gave us a lot of space to work, when you didn't really know what it was going to be at all. It takes a very strong leader to say, 'Yes, come and do it; I'm not quite sure what you'll do but it will be okay.'

Where it all came to [the fore] for us was during that graphic design sort of subcomponent where I was getting different information from the two producer and project coordinator, and then even a third party got involved....It was very difficult, and I was very mindful of us already having passed our target deadline and was working through the weekend to accommodate these changes that were coming from different perspectives, and sometimes conflicting, which was some extra stress that I didn't necessarily need or foresee.

Artistic development

In general the artists felt that the outcome surpassed their expectations and that most of their learning was around the process of collaboration rather than in terms of their artistic development. There were two main areas where the project had an impact on the artists' practice, however.

> *Interaction with other artists' ideas*

I was happy with my sculpture as it was, and a bit purist about how it should go, and they came along and said, 'Oh, you could put some lights in that', and I thought, 'Oh, get out!' But then we tried them, and they were astounding. And then they also added the projector and it was like giving the whole thing another life for me.

We were all working beyond our disciplines, too, like integrating the light into your sculpture and the idea that we became quite preoccupied with that as creating a centrepiece for the exhibition...[it] kind of gobbled into our animation time a little bit but also... became the image that represented the show.

> *Working in a hospital/health context*

It's not that in itself it's going to change the way I work particularly, but it did evolve my understanding of cardio consumers... and health issues and about the hospitals, about this other world outside my normal experience.

Doing it in this space, in a walkway [at FMC], was terrific.... It was good doing it in an institution [at RiAus] as well, especially with the response that they have, how well they see science and art [together]. But doing here in situ, it completely trumped doing it in a dedicated performance space.

A very, very gratifying part of the project was the intimacy of that feedback here.

E.4 Partnership with RiAus

The partnership with RiAus came about chiefly because of previous professional connections between staff in both organisations. The basis of the liaison was established trust and an understanding of different roles.

The Heart Library project by George Khut was already programmed to be exhibited in the RiAus gallery and the opportunity arose to stage the Heartsong project at the same time to contextualise and build on the theme.

As a very new organisation this represented for RiAus an exciting collaboration; the facility had only been running for 6 weeks at the time and the performance mode promised to extend its reach over and above the usual lecture/forum format. The interview with key staff in RiAus highlighted the following factors in the success of the partnership:

> *Technical issues*

RiAus was very well set up in terms of resources, technology, administration and capacity to host the events. Despite initial teething issues the audio-visual side of the project worked well.

RiAus staff were very interested in watching how the team used audiovisual effects in an improvised format.

> *Relationships*

The agreement was not very formal but mostly based on clear roles and cooperative working relationships. Everyone communicated their needs well.

RiAus considered Heartsong represented complementary programming, not just the provision of a venue but a partnership that added value to both organisations.

The partnership worked at the organisational level as well as between the artists and technicians.

> *Outcomes*

Feedback directly to RiAus was very good and all positive. People thought the space was used well but in an unusual way, with layers of seating at tables and on cushions. The production was interesting, well-integrated and made ideas accessible in new ways.

For RiAus this presented challenges in terms of marketing to new audiences for performance, however as a new organisation 'everything was challenging at the time'. Audience numbers were good but since that time interest and attendances have escalated dramatically and now they would expect double the numbers.

It provided a good starting point for RiAus to extend its impact into new populations and groups.

The panel discussion flowed well and added another dimension to the event. It gave artists an opportunity to develop networks and come together to explore ideas and common interests from different perspectives.

> ***Future collaboration***

RiAus considered there are many benefits and would definitely like to be involved in further collaboration with Arts in Health at FMC. They recognise that this is a new kind of approach and they are keen to be part of helping people to access health science through creative processes.



3.2 Category 2: Ongoing Creative Program

3.2.1 Ongoing Creative Program 1: Art Trolley & Sound for Relaxation

A. The projects

The ongoing creative program offers art-based activities and experiences to individual patients at their bedside or in their room. In 2009 the program comprised two projects:

- > The Art Trolley is a mobile interactive initiative encouraging patients and families to join in making art with their hands.
- > Sound for Relaxation involves musician Heather Frahn bringing gentle music using string instruments, voice and Tibetan Singing Bowls to the hospital wards on a fortnightly basis.

Despite their obvious differences these two aspects of the program share certain characteristics:

- > *Informality* – ward staff suggest patients who they believe may be interested and these patients are invited to join in the experience; this is not a formal referral and patients decide for themselves whether and how they wish to participate.
- > *Flexibility* – patients may participate at different levels, from listening or watching to painting and drawing or singing and playing instruments.
- > *Commitment* – patients determine their own terms of engagement, whether they want to participate for 5 minutes or whether they wish to have repeat visits, display their art in their rooms and so on.

B. The participants

Art Trolley

Artists:

Bridgette Minuzzo (February-August) and Louise Byrne (September-December)

Patients:

Wards 4A, 4E, 5C, 5D, 5E, 5G, 5K, 6B, 6C, 6F, 6G

Sound for Relaxation

Artist:

Heather Frahn

Patients and visitors:

All wards in FMC including out-patient clinics, intensive care and neonatal unit.

Staff:

Group Workshops including Social Work staff.

C. The aims

The program aims to provide:

- > distraction from hospital routines for patients who are confined to their beds
- > diversion from health issues
- > positive relaxation and sense of wellbeing
- > a creative focus for expressing thoughts and emotions
- > opportunity for staff to develop new ideas and learn creative skills.

D. Data collection

Considerations

The nature of the program demands yet a different approach to evaluation. Rather than a discrete project with a beginning and end, the practice is continuous and entirely unpredictable in its form and duration. The artists keep a record of work with patients, but it has not been possible to gather meaningful data about the experience in any formal or independent way and the basis for evaluation as such is very limited. The following methods were adopted to provide feedback to the artists and an opportunity for reflection on practice:

D.1 Art Trolley

- > Artist invites patient to complete a written feedback form at the end of each session. This purpose-designed tool is intended for self-completion but in many cases the patient requires assistance.
- > Observation by evaluator of selected sessions with patients to glean an overall sense of interactions.
- > Interviews with artists to inform understanding of the process and to refine the feedback tool.
- > Artists keep records of patients (bed number) visited and brief summary of activities.

D.2 Sound for Relaxation

- > Informal interviews with key staff on wards visited.
- > Observation by evaluator and Arts in Health staff of selected sessions with patients.
- > Interview with musician to inform understanding and to gain reflections on process.
- > In addition the musician records detailed written reflective notes on the practice and how patients respond.

E. Summary of outcomes in relation to aims

E.1 Art Trolley

E.1.1 Written feedback from participating patients

Between January and December 2009 a total of 35 feedback sheets were collected.

Please note: Some of these had not responded to all questions and so the numbers of responses are inconsistent.

The following responses were recorded:

	True	Not sure	Untrue
I enjoyed doing the AT activity	32	1	
I learned something new while doing the AT activity	28	1	3*
While I was doing the activity I did not think about being in hospital	29**	3	1
I would be interested in doing more of this activity in future	28	4	

** those who reported that they did not learn something new also indicated that they already had skills and/or experience*

***2 of the respondents who reported that they did not think about being in hospital stressed that this was very true.*

In addition patients were invited to comment on the value of the activity for themselves and more generally. The following comments were recorded in descending order of frequency:

- Taking mind off sickness (1 said 'thinking about my garden') (13)
- Something new (2 said they would like to continue to do it at home) (13)
- Distracts from boredom (11)
- Very enjoyable (9)
- Positive activity makes you feel cheerful (8)
- Helpful and cheerful artists (7)
- Proud of art work (3 added they had discovered a creative side) (6)
- Good for less mobile people (5)
- Rediscovering previous skills (4)
- Art work makes the room bright (3)



The positive responses are to be expected given that those who chose to participate in the activity were likely to be motivated and inclined to recognise its value. Nevertheless there were strong indications that they had found the experience enjoyable, that it had induced a positive mood, and helped to distract from the monotony and negative aspects of the hospital experience.

The feedback tool was amended late in 2009 for future use to allow for patients to expand on the reasons for their responses.

E.1.2 Feedback from evaluator

Observation of sessions was problematic for some of the same reasons that this mode of practice is challenging for artists: in particular, the unpredictable pattern of interaction. It was not unusual for ward staff to recommend a patient who was then unexpectedly either called away for tests, in the bathroom, resting or otherwise unable to participate. In addition the presence of another person (the observer/evaluator) in the room was unhelpful while the artist and patient were attempting to establish a rapport. A small number of observations were undertaken early in 2009 which reinforced this impression and did not produce any tangible data so this method was not pursued.

E.1.3 Feedback from artists

Unstructured interviews with artists were conducted both in the early stages of developing the Art Trolley initiative as well as later in the year when the pattern of visits and relationships with ward staff were better established.

Several themes emerged:

i) Engaging patients

The session begins with the artist approaching patients to whom they have been referred by staff. They might introduce themselves in an upbeat and friendly way with: 'Hello, I'm here with the Art Trolley, would you like to do something with me?' If the patient says 'no' or says they 'can't draw', the artist may simply stop for a chat in an undemanding way. Some patients indicate more strongly that they are not feeling well but most will be happy to talk. The artist may start playing with the art materials or say: 'I'll just draw or make this and you can watch if you like'. Many patients are quite comfortable with this and the artist sometimes asks: 'What do you think I should put here... or...what colour should this be...?' Some get involved in this way and others begin to talk about their health and how they feel about being in hospital. For example, one woman with a brain tumour opened up about her frustrations and how it had upset her family. Louise eventually put a piece of paper within reach of her and she said, 'Oh all right then,' and started doodling, building on her drawing as she expanded on her story, then adding: 'Now look what you have made me do, telling you all my problems!'. Louise pointed out what she saw in the drawing and the woman seemed quite surprised she had created something interesting. 'Did you enjoy it?' Louise asked, and she answered emphatically: 'Yes I did!'

ii) connecting drawing and life stories

The artists' approach is very open and flexible and patients are able to participate in a variety of ways. Louise understands her role partly in terms of providing company and allowing them to talk about their lives. She listens as she works and recognises that this relaxed approach makes it valid and legitimate to talk about their feelings without being judged or needing to be bright and positive all of the time. One day she visited a young male who had been suicidally depressed. He wanted to make something for his fiancé so she gave him some materials and he started to work. As he did he opened up about how he wanted to get his life back on track. Louise felt that there was a strong connection between what he was creating and his need to give his life some meaning through the telling. The drawing provides a medium, a focus outside of oneself, making room for the talking. By verbalising in such a way that someone else might want to hear about it, one's life starts to have a shape - a past, present and future. 'It's like I'm real, I'm here'.

iii) expectations and outcomes

The artists reflected on how to capture the value of this activity and how to appraise its effect. In the early interviews there appeared a more tentative approach to working with 'people in such a vulnerable state and who had not chosen to be there. It can feel like an imposition'. With experience there is the growing sense that it can't be expected to appeal to all patients and 'less is more' – working with a few for a quality experience is better than trying to cover many patients.

In the later interviews with each of the artists it was clear that a more relaxed and playful approach had developed. Bridgette described it as surprising, a 'magician's box', with one person asking: 'do we have to pay?' The artist behaves as though it is the most natural thing in the world for her to sit and draw or paint or make things while she listens to someone talk about their difficulties and perhaps join in at some stage.

Louise links its effect to the way in which using one's hands allows people to express themselves more naturally and to work through ideas and thoughts in a less pressured way. For many who have limited mobility it also makes them feel useful. For example one elderly lady who was 'as bright as a button' said: 'Oh, my legs aren't working', but she could still sit and crochet and knit outfits for dolls to give to the volunteer service. At least half of the patients liked having their finished art work up on their walls afterwards. It makes them feel positive about themselves.

E.2 Sound for Relaxation

E.2.1 Feedback from key staff on wards visited

Liaison staff on a number of the wards (ICCU, HODU, 6B) visited were invited to give feedback on the program in writing or verbally. All preferred to have informal conversations and the responses are presented thematically with examples of comments:

General approach

Heather's approach was considered flexible and responsive to the surroundings. For example:

- 'when the 'gong' was too much, too loud, she adapted to different instruments'
- 'she tailors it to the audience, to the feelings around her'
- 'she moves informally around the ward and this works well'
- 'some patients need it close up as they are not very aware, but she is not intrusive'
- 'a very unobtrusive presence – quiet and soothing. Like a travelling minstrel. Works well.'

Responses from patients

Patients react differently depending on their awareness and situation. For example:

- 'Many patients not aware in an obvious way'
- 'One fellow said he lost track of time and days in here so it is good to have her visit – particularly for those who are aware but physically 'stuck'. It is a diversion.'
- 'Patients don't always comment but seem happy enough.'
- 'One woman said not now, not a good time as just received bad news and cant stand more input. It is as though they think something will be demanded of them.'
- 'No one seems to feel uncomfortable. We are very busy but Heather is out of the way. Some did actively enjoy it, it really suited them; one requested weekly visits.'

Responses from staff

'No problem with scepticism as not demanding.'

'Staff are open to it.'

'The first time I thought we may have grumbles from staff but not at all, people left offices to listen, intrigued.'

'Some come to listen, all have their own views but like to hear something different, so we should keep it happening.'

'I really like it, cant do any harm. Not heard any negative comments.'

'I talked to a few nurses, all seem fine. Often too busy to notice much unless there is a problem.'

'No negative comments, no complaints.'

General comments on program

'Not sure if it heals but it is very pleasant.'

'Hard to tell if it is different from the cello playing – perhaps the difference is valuable.'

'Roaming is a nice part of it though, walking around, I felt it works better.'

'Not just limited to one instrument – creating an ambience.'

'We would be disappointed if were not available – how is it funded?'

'I really like it, it can't do any harm.'

E.2.2 Informal observation by evaluator and Arts in Health staff of selected sessions

Opportunities for independent observation were limited however Arts in Health staff were able to observe informally. Some general points about the practice were highlighted:

- > Responses from hospital users are varied depending on the context. In outpatients for instance many people are preoccupied and tend to avoid direct eye contact, appearing slightly uncomfortable; others look up from their reading from time to time; some watch and listen intently. The overall effect is one of calm.
- > In the wards the interaction is different, with the potential for more intimate contact and also the risk of intrusion which requires a more delicate balance. Responses depend on how the patient is feeling; reactions are not always pronounced, often simply a gentle shift in attention or the general ambience.
- > People may be hesitant at first as it is strange to them and they are not used to it. It works better not to announce her arrival, just to move slowly in and start playing quietly so they can see musician and guitar, something familiar. Entering the room with a general focus rather than catching people's eyes at first, so not demanding or confronting.
- > Patients may find the instruments interesting – the strange and different sounds provide a talking point.
- > Observing on the women's ward, a patient volunteered the comment: 'very relaxing, soothing, very nice. Very special, magical.'
- > In another room a woman was clearly very receptive – she explained that she appreciated it as she is musical too – a pianist – she was intrigued by the instruments as 'you don't see it everyday'.
- > Arts in Health staff have observed that ward staff may not be used to the different effect on the environment and so may say 'no' if asked initially – they fear it will get in the way and they feel they have no time to stop. Then as they see that Heather can move in and out without affecting their work, the second time round they are usually more open. It takes time.

E.2.3 Feedback from musician

The following is a summary of Heather's reflections on her practice at FMC to inform understanding and to gain reflections on process.

Health care context

Performing in a health care context is very different from a set venue where the audience choose to attend and often want songs they already know, more a form of entertainment. In hospital it is improvisation, not so much performing but creating an atmosphere, drawing attention away from illness using the medium of sound and music. It involves connecting in the room or at the bedside, getting a general sense of how they are feeling and then interpreting what they say through lyrics and music.

It is very intimate, more like an intervention. Heather sees her role as more similar to counselling where people open up and connect on a deeper level, based on trust. She feels she is as much 'spiritual advisor' as musician as her work is based on Buddhist philosophy. She offers people the chance to join in singing or playing bowls or the mandola.

Reactions from patients

Responses can vary but most become calmer, removed from stress or pain. They may say: 'I needed that' or 'I feel better now'. There is often a release of emotions, of good associations. One time an elderly lady became upset as she was reminded of how her husband, now deceased, would play music. Although upsetting at the time expression of emotions can be a good thing for healing.

Staff reactions

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'.

The effect of music

Music has the ability to affect us deeply, the cosmic resonance, vibration, energy, which is what we are as humans. Subconsciously and consciously harmonious sound hits the body and travels into the person. Music creates a mood, an ambience, it is sound in space. 'My music and lyrics do not create a literal story as in song, but a distraction from the hospital environment, moving into a different balance, it is meditative, melodic, using tones with no beginning and end.'

Reflection on practice

'Initially you may feel the need to apologise for the strangeness of the bowls as people may fear them, they clash with western culture. It requires belief, to be centred and confident in what I am offering. Some days it is hard to come in here if I am not feeling these things. I am always a bit hesitant, dealing with so many different people and expectations, and fitting into world where my music does not necessarily belong. But it is important not to take rejection personally as artist. You just need to be open and let things happen, learn how to pace it and be efficient. It is very simple really but our mind tries to make it complicated. My motivation is spiritual, my medium is music.'

'I always ask patients if they would like it, and they can say no. They may say: 'I'm too sick to appreciate it', but often don't want to be rude. I tell them they don't have to open their eyes. Performers often feel uncomfortable about this - but no reaction is OK, you've got to learn to accommodate that.'

'Often there is so much going on in the space – you need to be flexible as there may be too much noise, you are competing with the TV etc.'

'In bays with 4 people it is hard to balance people's wishes; one person may want you to come in but not others so I can't go in. Mornings are hard as everyone is too busy with the hospital routine, so I may try babies.'

3.2.3 Ongoing Creative Program 1: Music Therapy

A. The project

Early in 2009 a pilot Music Therapy program was introduced in FMC under the auspices of Arts in Health at FMC. Music therapy is the planned and creative use of musical experiences including listening to music, singing, playing instruments, writing songs, moving to music and guided visualisations, to achieve specific therapeutic outcomes. It was trialled in 2 main areas for 10 weekly sessions:

- > Ward 5A to support patients in recovery from neurological damage
- > Neonatal Unit to support parents to use music and singing to nurture their infants.

In addition the Music Therapist worked with an individual patient with dementia in the Aged Care Unit.

B. The participants

The artist:

Registered Music Therapist: Carolyn Hart

The patients:

- > Ward 5A patients in recovery from neurological damage
- > An individual patient with dementia in the Aged Care Unit.

C. The aims

The application of music therapy varies from patient to patient but includes:

- > Improving mood and motivation
- > Reducing confusion and agitation
- > Stimulating and improving speech response
- > Enabling the expression of emotions
- > Improving quality of life
- > Uncovering residual strengths and abilities.

D. Data collection

Considerations

Music Therapy is unlike other music programs delivered by Arts in Health at FMC insofar as it is designed to achieve specific therapeutic outcomes. The focus of evaluation for Arts in Health at FMC is assessment of the wider impact of programs on staff, patients' families and carers, and the hospital environment, however, rather than on such therapeutic effects. As a pilot, the Music Therapy program in 2009 was not the subject of a formal evaluation, but in light of the planned expansion of the program in 2010 to take in both Wards 5A (Neurology) and 6C (Aged Care), preliminary feedback was sought from key informants among staff to inform its establishment and guide program development.

Methods

Monitoring responses to Music Therapy at an individual patient level is built in to the practice through detailed therapy plans, observation and assessment of progress recorded in clinical notes and illustrative vignettes. Detailed reports on both pilot programs have been submitted.

Feedback was invited from the Allied Health and Nursing staff in 5A and from one key informant (Allied Health) in relation to an Aged Care patient. They were asked to comment on reactions to the program regarding:

- i) *Observable benefits for patients*
- ii) *Support for family members/carers*
- iii) *Acceptance and perceived value by other staff*
- iv) *Impact on health care delivery in the unit.*

E. Summary of outcomes in relation to aims

E.1 Preliminary results

Data was collected from Allied Health staff through 2 face-to-face interviews (recorded as written notes) and one summary of a group meeting (written notes recorded by one staff member). The collective points raised are summarised below. This feedback has already informed the development of the program in 2010 as well as a more formal evaluation process. No feedback was received from the nursing staff in the form of completed surveys.

E.2 Observable benefits for patients

Staff reported that patients exhibited more positive moods and their behaviour was more chatty, open and relaxed after the Music Therapy sessions.

Example 1:

I had the opportunity to work with Carolyn with patient 'Sue' who had a long stay admission and a tracheostomy in situ (she was in the process of transitioning to using a speaking valve on her trachea to give her voice). This case was a good example of how we could effectively work together during a session. The patient was given some information regarding Music Therapy before we conducted the joint Ax (sic) and expressed some anxiety that "she couldn't sing very well" and reluctance to participate. After a short discussion to explain there was no expectation for her to "perform" but rather for her to enjoy the therapy and participate only when she felt comfortable she said she would "give it a go".

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".

Example 2:

It was very good timing with patient 'Fred' – he just took off. He had been a jazz musician previous to brain injury and dementia. She helped him to communicate what he liked and had him engaging in conversation. It is possible to change behaviour of someone with dementia through managing difficult behaviours. The staff could see this – she was modelling different ways to work with him through focusing on his strengths.

It was noted on several occasions that it was difficult to distinguish the benefits of the music itself from the effects of Carolyn's professional skills and personal approach:

She has a good manner and can draw them out, she is caring and concerned and she is not over-worked like all the other staff! The music is all encompassing and neutral, not challenging or confronting, testing or pushing them to do difficult things.

She is open and gentle and is not responsible for trying to get them to go home quickly! So she gets a good reception from patients. Some patients are too poorly and can't manage to participate for much time but for others it is a breath of fresh air to have such quality time.

Her presence, skills and available time are all valuable.

E.3 Support for family members/carers

The positive effects on partners and families was observed by staff.

Example 1:

Carolyn was able to choose songs of interest to Sue and her husband and it would be my observation that the psychosocial aspect of the music therapy was beneficial for both patient and husband as it was something they were able to do together and broke the mundane day to day routines of a hospital - lifting both of their spirits for the day.

Example 2:

It was wonderful for Fred's wife too. They were obviously a lovely couple prior to his accident but his physical needs became too hard for her to manage. Music Therapy helped her too as it reinforced her reason to come in and gave her something to do with him. She plays videos and jazz CDs for him and it is a means to communicate with him. Music is so wonderful – a great relief from depression. He has been here for 2 years and has now passed his second Xmas. His lovely family - 4 girls and a boy - took him home for Xmas, it was great. They said they showed him to his room with his music and he found his drums. It was very emotional, they videotaped him playing his music. Carolyn brings the family in as part of the unit of care. Her approach is very much geared to individual needs. Fred can be placed in residential care now and she has played a part in that.

E.4 Acceptance and perceived value by other staff

Music Therapy is not well known or understood in 5A and it is necessary to build trust and understanding slowly. Initially there were concerns among staff that Music Therapy could cut across other approaches to therapy, for example by straining vocal chords (speech pathologists) or by opening 'emotional floodgates'. They wondered if Carolyn knew how to manage this kind of thing.

The complexity of fitting into the Allied Health context was also noted. With greater demands on hospitals much time is spent assessing and discharging to keep turnover up over and above actual therapy:

It is not easy to slot into an acute ward. Allied Health has been short staffed and attempts to seek additional funding were rejected therefore the more satisfying aspects of their work often have to be curtailed. So some staff are suspicious of Carolyn having funding for her 'discretionary' role, when they don't have enough for their core roles. Some staff are effectively jealous of her having the chance to spend time with patients. But I think given they are not able to do this kind of thing any longer it is good for the patients to have this chance with Carolyn. There would be uproar if she were funded from with Allied Health funding however.

Notwithstanding some initial caution, many staff have developed a greater understanding of Music Therapy. This is attributed to Carolyn's professionalism, sensitivity and good communication:

Her maturity and ease is helpful in this situation and she gives good feedback to staff about patients – she is very professional.

She practises intelligently and sensitively – art is her medium but she is a professional and she knows her limits. She is accountable to the team for her outcomes and communicates well about the patients.

Interacting with Carolyn is good – she sees herself as part of a strong multi-disciplinary team and works well with us. As Allied Health we work all over the hospital. She understands that nurses are attached to the ward, and patients are their responsibility so they have a need for control; she has found allies because she understands the need to develop their trust.

Some of the staff in 5A had not had a chance to observe directly and indicated that they were unsure about the purpose and process of the program, and its impact. Recognising this factor, Carolyn introduced information sessions for all staff in Aged Care with very good feedback:

In Aged care she gave a presentation to the team including Allied Health and students, all of whom found it very informative and were keen to have her involved as part of the multi-disciplinary team in new Aged Care Unit at FMC. It was excellent. The staff feel well-informed as she visited and presented information to them about her approach and how it fits in with their roles and then left some background reading – it was a good introduction.

One staff member offered the example of working together with Carolyn as an effective model for integration with other allied health professions:

Carolyn and myself worked with Sue. I was able to monitor her use of the speaking valve, ensuring adequate oxygen levels etc., and analysing voice quality and fatigue levels. I discussed with Carolyn that it was best at this stage for Sue to hum along to songs rather than sing to avoid vocal abuse as she had only just commenced using the speaking valve. I think music therapy is something that needs to be used in conjunction with other therapies rather than an "individual therapy" to maximise its input and potential benefits to the patient.

E.5 Impact on health care delivery in the unit

As a pilot it would be unrealistic to expect evidence of the impact of the Music Therapy program on delivery of care more broadly at this stage. Nevertheless there were some comments on how this might be achieved into the future.

I don't think I would say that the Music Therapy has changed the way staff interact with patients. I think it may have had more of an opportunity to impact staff if the role had been conducted in a way that was working with other allied health professionals in joint sessions (as per my experience) rather than an individual/separate role from the team. It may be more beneficial to concentrate on assisting other team members in achieving the patients' goals in those given disciplines. For example, the patient I worked with Carolyn with - one of the goals I had with that patient was to improve the strength of her voice and use of the speaking valve while maintaining her secretions adequately. Humming to familiar songs was an effective therapy session for working towards achieving this goal with the added benefit of improving the psychosocial aspect that Music Therapy has to offer.

In regards to how Music Therapy could contribute to the treatment of patients of Ward 5A, I feel there is a role in terms of the psychosocial aspect in helping pt's and families have something enjoyable that they can share together in the hospital environment that is positive and uplifting. This in turn may reduce low mood in patients and assist in helping them achieve other therapy goals across different disciplines.

E.6 General comments

In addition to observations about the impact of Music Therapy in the hospital, there were several comments about the impact of the hospital context on Carolyn's capacity to work effectively. These mainly referred to the frustrations of working in an unpredictable environment and inability to engage with patients in a regular way.

The difficulty we all face in the current climate is to have adequate "therapy" time with our patients. As staffing and hospital resources are stretched, the turnover of patients can sometimes be very high, with length of stay quite short before potential rehab patients are transferred to other places like the RGH for more intensive therapy. This may make it difficult for Music Therapy to set longer term goals.

As a result of progress made in this pilot the decision was made to seek further funding from the FMC Foundation to expand the program to 2 full days in 2010. This application was successful.



3.3 Category 3: Environmental Art Consultancy projects

3.3.1 Environmental Art Consultancy Project 1: Floating Vessels

A. The project

Floating Vessels was conceived as an inter-generational and cross-cultural weaving project developed in consultation with the Neporendi Southern Indigenous Weavers Group. It was originally designed as a series of public workshops conducted in the FMC courtyard over the course of a week during May 2009, culminating with an exhibition launched as part of the FMC Reconciliation week event in the courtyard.

Through consultation with the Southern Indigenous Weavers Group it became evident that the week-long timeframe was not compatible with their ways of working. The Group focused strongly on the process of weaving rather than being outcome-driven towards a defined product. As a result the project format was revised as follows:

- > The non-indigenous weavers were invited to join in the existing weaving program held at Neporendi over 5 weekly sessions. During this time they got to know each other and to build a working relationship through exchanging materials, techniques and ideas.
- > The 6th session was held as an 'open studio' in the FMC courtyard 2 days before the Reconciliation event; the Indigenous women agreed to attend and were happy to have people come and watch and ask questions about their work.
- > The 7th session the day before the event was attended by non-Indigenous artists and attracted a few additional participants.
- > On the day of the Reconciliation event the Indigenous weavers contributed to the finishing touches, decorating the canoe and demonstrating their basket weaving to visitors.

B. The participants

Lead artist:

Evette Sunset

Basket Weavers:

Neporendi Southern Indigenous Weavers Group

Liaison:

Laney Mackean, Karpa Ngarrattendi

Basket Weavers (non-Indigenous):

Miriam Dodd and Astrid Carthew

C. The aims

The project aimed to provide an opportunity for Indigenous and non-Indigenous women to work together to:

- > create fibrous woven vessels embodying ideas around the theme of nourishment and women's values;
- > share weaving skills and techniques as well as stories, experience, culture and community;
- > offer to visitors the chance to be involved in the creative development and to appreciate the cultural significance of the weaving;
- > participate in the launch of the works during Reconciliation Week in the Courtyard;
- > contribute to redevelopment through installation of woven works.



D. Data collection

D.1 Considerations

This project is a good example of the importance of adaptability in response to the changing needs of hospital users and communities. In this case it is less the unpredictability of the hospital environment that demanded flexibility and more that the needs of the particular community group were not fully anticipated in the project's design. This also had an impact on plans to collect feedback on the project. Initially it was intended that this project would be the focus for two medical students studying the Arts in Health elective. They were to spend time in the courtyard interviewing the artists and participants throughout the week. This was amended to informal discussions with the artists on a limited number of occasions.

D.2 Methods

i) Informal observation and conversations with weavers during 'open studio'

Two second year medical students spent time observing the process and talking with the weavers during the sessions in the courtyard. They prepared a written report on their findings as part of an overall report on their student elective.

ii) Telephone interviews with artistic team

Interviews were conducted with three of the Indigenous members and three of the non-Indigenous members of the team. The interview theme list was as follows:

- > Description of involvement/role in the project
- > Involvement in similar projects in the past (basis for comparison)
- > Perceived benefits for self, for community, for FMC, for wider public
- > Things that could have been done differently to make it work better
- > Willingness to be involved in similar/different project in the future.

E. Summary of outcomes in relation to aims

E.1 Reflections from medical students on their observation and informal discussions.

Student 1

Floating vessels was originally designed to be a collaborative weaving workshop running over the course of a week and culminating with an exhibition launch as part of FMC's reconciliation week - was to be the final event in the elective programme. Led by the artist Evette Sunset and involving members of the Southern Indigenous Weavers Group, the project was to combine the skills of both indigenous and non-indigenous female weavers in a cross cultural & inter-generational sharing of techniques, experience, culture & community, with an emphasis on the cultural importance of water for indigenous women. However, following discussion with the Weavers group and in respect of their techniques and time constraints, it was decided that public participation would be unfeasible and the project was redesigned as an open studio set up in the FMC courtyard. In light of the changes, our involvement with the project, originally intended to focus on evaluation techniques and gathering feedback from participants - would instead focus on the creation of the event as a dynamic process, a feature of many Arts in Health projects. Throughout the week we assisted with the weaving and took the opportunity to interview individual artists on how they had come to be involved, how the project had shaped itself, and what meaning it held in the context of a healthcare setting. Evette Sunset, the project's designer, took us through the ideas that had led to the creation of Floating Vessels:

...the idea was to have a space where you could go & do something with your hands...a place that brought strangers together with arts...it was inspired through interviews with female patients in chronic care about what would improve their hospital experiences ...tapestry and weaving came up... something creative, that provided

social interaction, a chance to chat, to escape, to debrief, to heal, to be together and to do something productive, something that would distract from the negative frame of mind that many of the women were in... at the same time I wanted to use this space [the courtyard] in a meaningful way ...a space for women...I had an idea for a water sculpture residency... and that's where the Indigenous Weavers came in...something with cultural significance... the idea was to involve public participation...to share in the creation of something ...but when I met the weavers we realised the impossibility of it, the traditional weaving is such a long & intricate process, and there just wouldn't be the time or ability to show people how to do it ...so instead it was changed to an open studio where people could just come and watch and chat with the artists and hear their stories...watching everyone doing their different things and overcoming obstacles... I brought in some non-indigenous weavers and sort of had this idea of a cross-age collaboration, using three generations of women; puberty, middle age and post-menopausal...both groups were to create woven objects, but there was to be a joint project, something to tie it all to the water and its cultural significance for women and Indigenous culture ...to coincide with reconciliation day...

Aunty J, a member of the Southern Elders Weaving Group commented on the cultural meaning that the project held for her:

...it's [arts at FMC] wonderful, gives a feeling of healing, of togetherness...it's creating a good environment, making it feel more like home... and it's great having an open space where people can go to get away. Indigenous people, in particular, can have a strong reaction to the hospital...negative...a strange place, strange concepts, scary. Since art has been introduced here it's become a much different atmosphere...comforting, cheerful, a less frightening place, its de-institutionalised the space...there's now a bit of them here that tells them they're welcome...

In this context, Floating Vessels functioned once again to enhance public healthcare through community engagement and the creation of a positive hospital environment, both coming to light with the hugely successful community event of FMC's Reconciliation Day. In particular, this event also functioned to strengthen cultural ties with health institutions.

Student 2

Floating Vessels started out as a plan by Evette Sunset for a collaborative basket weaving project incorporating Indigenous and non-indigenous women from different generations, plus a workshop for weaving – which would conclude with the weaving being exhibited as part of Reconciliation Week in the FMC courtyard. We visited the artists during the week leading up to the Thursday lunchtime Reconciliation concert. The weavers set up an open studio in the courtyard where the weaving could take place. At the start of the week there was not much real collaboration between the weaver, and the workshop aspect had been changed to an open studio event where people of the community could not really get involved weaving, but were welcome to come and check out what was going on and talk to the weavers. The process of how this all changed due to time constraints and other factors was an interesting process to review, and room for considerable flexibility is one aspect which has to be taken as par of the course of Arts in Health within the hospital. This flexibility required within the program is also another way in which it is juxtaposed with the way the rest of the hospital operates – constantly regimented and scrutinised for efficacy, performance and results.

We spoke to the artists involved about their experiences of hospitals and arts within them. Auntie J from the Southern Weavers Group was enthusiastic about FMC as a setting for art, and really felt it helped create a positive healing environment for patients and their families, helping them feel more at home. She said she would in addition like to see more communal spaces for patients where social interaction and activities for creative expression could take place, as place to relax, breathe and promote healing. She sees the courtyard at FMC as a place where you can really get away from the hospital feel, and a valuable and unique part of FMC – I agree.

Auntie J spoke about Aboriginal people in particular having a strong negative reaction to the hospital environment, as a strange place, unusual concept, perhaps scary. She said that since the introduction of art in to the hospital in recent years there has been a dramatic change in the atmosphere, and her experience talking to indigenous patients is that they now find it a much less frightening place, and that the inclusion of art in to the environment means there is a piece of them here making it a more welcoming place. These factors help to deinstitutionalise the hospital setting for Indigenous patients. This enabled a more pleasant experience for these patients, and thus art in the hospital environment was able to enhance their healthcare

E.2 Telephone interviews

Each interview covered the theme list from different perspectives, but in order to protect confidentiality they are presented here together. Feedback about the value of the project is paraphrased below under four themes:

> Working together

It's good to get different groups to work together and mix their skills and exchange knowledge – the traditional and the contemporary approaches.

We started doing individual baskets but then opened up to doing it new ways and showing each other things. Although the two groups of weavers came from very different approaches to basket making, by taking time to develop respect for each others' work they were able to be open to others skills and ideas.

At the Reconciliation event the Indigenous women spent several hours demonstrating their techniques and displaying the baskets.

It felt good to help patients who come from remote and rural places to feel comfortable in the hospital – to be around something familiar and that has been made by an Aboriginal person.

> Cultural value

It's important to teach the children and to keep alive the weaving, to explain how it is done and the fact that it has been done in the same way for 100s of years.

It connects across the years and generations and gives a lot of enjoyment as a group.

It embeds significant knowledge and is an opportunity for women elders to pass on traditional oral education via story telling.

> Quality of relationships

A mark of the trust that had developed is that the Indigenous weavers agreed to have their photos taken with their baskets and to make a statement about what the basket weaving itself meant to them;

Gradually the Indigenous weavers asked to be shown how the others were working and by 5th session they suggested 'why don't we all work on the same thing?'

In particular they agreed to have their work on permanent display at the entrance to the women's ward in FMC. The latter also was seen to be an important way of welcoming Aboriginal women to the hospital and making them feel more comfortable.

The project established a connection between the Southern Indigenous Weavers and the SA Basket weavers (internationally known group who said they had been interested in making contact for some time). They have agreed to meet in the future.

It felt good to be asked back to do this again.

I had not worked with Indigenous groups before and I learnt a lot from them.

> Product on view

Great to create a conversation point and there was lots of interest in it

The large boat installation and other works, displayed outdoors in the courtyard for several weeks afterwards excited much interest and wonder from patients and visitors.

It will be seen out there and show that these elders are still able to do this and achieve something they learnt as a child.

The hospital people will understand more about reconciliation and that we want to cooperate.

Outcomes of such projects go beyond immediate benefits for patients into the realm of wider community relationships. Arts projects can help to make FMC known as a more hospitable, culturally safe place.

E.4 Summary of process issues

Participants were canvassed about suggestions for future projects of this kind:

Would like to do it again but next time we should sit down and talk first to make it work even better.

It was an interesting project (although initially off the mark in terms of how it would work!!) which demonstrated that collaboration with Indigenous people must allow enough lead time for mutual initiatives and concepts to develop when designing a project; perhaps underestimating the need to allow for different kinds of protocols regarding collaboration.

Agreements about the broad terms of engagement (event date, outcome, payment etc) may be honoured in different ways in different cultural contexts.

This is an example of inching towards reconciliation through generating respectful interaction and acceptance.

Environmental Art Consultancy Project 2: Theatre Works

A. The project

Theatre Works is the title given to the exhibition of drawings and paintings which were the result of an artist-in-residence project in the Operating Theatres at FMC. It was conceived in the context of the FMC Redevelopment and facilities upgrade as a way of focusing attention on the people and environment of the Operating Theatres. Unlike most of the wards, outpatient and public areas of FMC, the theatres are not normally accessible to anyone other than the staff group who work there. Patients are generally unaware of their surroundings during their visit to theatre and for many people their only impression of the space and behaviours is through fictional renditions on television or in movies. At the same time, theatre staff have limited access to the regular arts program in FMC because of this separation.

The residency involved the artist spending extended periods of time in the theatres, observing the staff at work, making sketches and taking photographs to record her observations. After working in her studio on the growing body of drawings and paintings, she would return to the theatres periodically for shorter cycles of observation and recording. Throughout this time she interacted with theatre staff, in particular the Theatre Unit Manager, and talked with them about their work in context.

The body of art work produced by the artist was exhibited in the FMC Promenade Gallery A. 'Theatre Works: an artist's view into operating theatres' was opened by the Minister for Health and the Minister Assisting the Premier in the Arts, Hon. John Hill in August 2009 as part of SALA (SA Living Artists) Festival. This event was followed by an Artist's talk for the benefit of FMC staff and visitors. Selected works have been hung in the entry to the Operating Theatre Suite. Other works were purchased by private individuals including theatre staff and consultants.

B. The participants

Artists:

Avril Thomas
Operating Theatre Staff

C. The aims

The project broadly aimed to support the goals of the EAC by improving the health care environment for the benefit of staff, patients and visitors. While there were no documented objectives for the project, preliminary consultation with the Theatre Manager, Arts in Health Coordinator and the artist indicated that there were 3 main aims:

- > To reveal aspects of this relatively hidden side of health care to the wider community
- > To acknowledge and celebrate the special contribution of theatre staff to patient care at FMC
- > To represent these subjects in works of very high quality which are both informative and sensitive to all of those involved

D. Data collection

As explained in the Overview of EAC in Part I, the purpose of evaluation in relation to Phase 2 initiatives was to gain feedback from hospital staff and users about their responses to the art work installed. Due to the difficulty in making contact with staff the Theatre Unit Manager who was also the coordinator/liaison person for the Theatre Redevelopment assisted in organising opportunities to gain face-to-face feedback, however the time available was very limited.

The final data collection plan included:

- a. Unstructured face-to-face interviews with Theatre Unit Manager, Arts in Health Coordinator and Artist after first stage of residency - *process review*
- b. Follow-up face-to-face conversations with individuals and small groups of theatre staff members (total 9) - *process review and feedback on art work.*
- c. Written self-complete survey administered at the exhibition launch in August 2009 (total 44 respondent) - *immediate response to art work.*

E. Summary of Outcomes in relation to Aims

E.1 Preliminary results

Written responses to surveys from individual theatre staff, especially medical staff, was extremely low. The feedback from other data collection methods is presented in 2 parts:

- > Summary of themes emerging from feedback about residency gathered from face-to-face interaction with theatre staff;
- > Summary of written survey responses to Theatre Works exhibition opening.

E.2 Feedback on residency

E.2.1 Comments about Process

Preparation

Staff were informed about the residency at a staff meeting and provided with a flyer which described the process. By the time Avril arrived most knew to expect her although not all staff had been able to attend the meeting. She introduced herself as an ex-nurse as well as an artist and brought in a book to show them examples of her work. Most felt they were well-prepared although it was suggested that a longer lead time would have been beneficial to ensure that everyone was properly informed.

Negotiating the creative process

Initially Avril had hoped to be present throughout the patient's experience from the time of arrival in theatre. She was confident and unintimidated by the surroundings given her nursing background and experience in surgery. Arrangements about her presence in theatre were negotiated and boundaries were set to the satisfaction of all concerned with regard to ethical and practical issues:

- > Some surgeons had been uncertain about her presence in theatre at the start, the less confident ones expressing concerns about medico-legal aspects. Others were enthusiastic about having personal portraits.
- > Concerns were raised about her being present while the patient was prepared: 'It is a hive of activity while we are setting up tubes and positions, all rushing around, and there is a risk of her being in the way or contaminating the scene...she could observe from the scrub room and enter when it is calm and in control'.
- > The issue of patients' consent was raised but in the end identifying characteristics of individual patients were never visible (with the exception of the new-born baby) and the focus of attention was on the staff.
- > Avril was keen to work in clinical speciality areas such as Obstetrics and Gynaecology; although there were initially some concerns about the appropriateness of this the issue was resolved and it did occur.

Staff perceptions

After initial caution and some negotiation staff responded favourably to Avril's presence in the theatres. They described her work observing, sketching and taking photographs:

'Avril was so keen and excited at being there'

'She knew enough to keep out of the way.'

'There was overwhelming support.'

'Staff will enjoy seeing the exhibition'.

'She invited us all to come to her studio to see the work'.

'We had a choice to participate, we didn't have to'.

'It helped that Avril was experience in surgery, she had empathy and was familiar with the place'.

'She would just come in quietly and observe'.

'At first we were aware then we forgot she was there and just got on with it'.

'I wonder did we behave better because she was there?'

'She would ask permission to come in and were we all fine including the patient and doctors'.

'She showed us examples of her work and we were all comfortable with it'.

5.2.2 Comments about outcomes

Practical outcomes

The residency produced a very large body of work consisting of paintings and drawings documenting a wide range of situations and subjects, and featuring many different characters. Eight pieces were selected to hang at the entrance to the theatre suite. There was some discussion about how to choose particular pieces, what was the appropriate focus for this context, and staff expressed differing views about whether they wanted to have their images on display.

The value of the work

Conversations with theatre staff were consistently positive about the value of the residency and in particular about the value of recording the environment in which they work and featuring people like them at work. Responses highlighted three main themes:

> Informing the wider public

'Raising consciousness of outsiders about our work – what is it we do in theatre?'

'I shows it's not at all like it is on TV!'

'It is hidden work.'

'Important to acknowledge what happens here'

'Recognise the intense focus and energy that people don't realise or think about.'

'Not many come in to theatre from the outside world of course'.

> Quality of the portrayal

'...a steady focus and serenity in paintings'

'She is very talented – we were impressed'

'Very realistic images and characters good likeness'

'Shows how everyone is focused on one patient, even one body part'.

> Sense of validation

'It felt very special – we felt we can stand straight after it'

'Some surgeons some were able to show to their partners to explain what they do all day! Very pleased'

'She can come back anytime!'

'Our work is different – it's really good to have a focus on our work. We are very keen to see the exhibition.'

'It was in the hospital news – it's good to give others information about what theatre staff do. That we really take care – it is important'.

E.3 Audience responses to Theatre Works opening

E.3.1 Preliminary results

An estimated 100 people attended the opening of the Theatre Works exhibition. The survey questions were brief and simple to answer in order to maximise the completion rate. A total of 44 completed feedback forms were received.

To place their responses in context respondents were asked to indicate their reason for attending FMC on this occasion:

33 of these described themselves as interested members of the public

6 as members of FMC or Flinders University staff

1 as a volunteer

1 as 'visiting a patient'

(3 did not complete this question)

Respondents were also asked to indicate how they found out about the exhibition and their responses were as follows:

Word of mouth or through a friend: 16
Personal invitation: 13
Flyers/posters: 11
Passing by: 2
Other media: 0

E.3.2 Feedback about the exhibition

i) Feelings about the exhibition

Respondents were asked to indicate which of the following described their response/s to the exhibition. (Respondents were able to choose more than one description.) The frequency of responses is shown here in descending order:

Amazed 24
Moved 23
Interested 22
Informed 17
Surprised 12
Pleased 12
Reassured 3
Amused 1
Confronted 0
Confused 0
Unaffected 0

ii) Personal comments about the exhibition

Respondents were then invited to describe in their own words how they would rate the art work. All responses were very positive. Aside from 2 which offered a numerical rating (8/10 and 9/10 respectively), comments received focused mainly on three themes:

Technical skill and aesthetic quality of the work, for example:

'Photographic realism – beautifully and well-crafted works'
'Technically exceptional – ideal in this environment'
'Excellent. Professional. I admire Avril's technique'
'Fantastic – the quality is outstanding'
'Detailed, skilful, perceptive'
'Very beautifully executed'
'Highest quality – eg depicts compassion, detail, colour and shade, texture'
'Absolutely impressed and thrilled for Avril'
'Captivating'
'Avril is a top rate portrait artist – this exhibition rates with many world class events I have visited'
'First class – exceptional!'
'Amazing variety of work'.

Warmth and compassion for the subject, for example:

'Intimate moments lovely and sympathetically observed through a variety of styles producing a dynamic exhibition'
'First class non-verbal description of tensions and energy involving the people involved in this work'
'The concept of displaying OT work as art is amazingly effective of humanising the subject'
'Each image tells a different story and communicates with everyone'
'Insightful and sensitive representation of team work, concentration and humanity'
'The detail and skill and warmth of these paintings is astounding and breathtaking'

Insightful and informative, for example:

'The work combines documentary realism with a sympathetic approach'

'Brilliant – an insight into all the staff involved'

'Excellent stuff. Gives great insight into what goes on in theatre unseen by most – even the patients'

'Thought provoking and pleasurable'

'The power of the war artist - engaged, involved'

'Very insightful'

'An insight. Inspired to drive more carefully so as not to be a theatre 'prop'!'

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

'Captures the world of operating theatre – both with patients and without'.

In addition there were a few comments conveying some constructive critique:

'Nice to see art using pencil - perhaps more licence to depict figures/faces without the masks?'

'Interesting idea...but would never hang in my house! Love #1 (but not in a house – in a hospital!) Beautifully done art.'

'Not for my home but lovely in the hospital'.

iii) *Additional comments about the exhibition*

Finally respondents were invited to make any additional comments about the exhibition. Some of the responses also referred to the work by other artists featured in the other galleries and others made comments about the Arts in Health program in general.

Additional comments about Theatre Works:

'This is a significant body of work'

'Fantastic exhibition portraying surgical theatres, the people, the 'costumes' worn and surgical paraphernalia which should hold great interest for all'

'Would like to see portraits of the patients and/or patients and nurses interacting'

'The theatre work is brilliant – but not public work as in I wouldn't hang it at home'

'Why has it not been done before? Fantastic'.

Comments about the concurrent exhibitions:

'Good contrast in there'

'Love the presentation – colours'

'A most enjoyable and sensitive exhibition'

'Thoroughly enjoyed Lindsay Kerr's work and his various mediums also the fruit and Flinders Ranges ones.'

'Loved the quinces and pomegranates'

'Liked the variety of work by 3 artists'.

Comments about the Arts in Health program in general:

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

'The space should be way bigger – long and narrow crams it up'

'Congratulate the organisation'

'In a busy hospital? – incredible!'

'Keep them coming'

'There isn't much support in SA: congratulations FMC corporate'

'I will return some other time to have a better look – very crowded'.



Environmental Art Consultancy Project 3: Re-develop

A. The project

Relocating to a new working environment in a busy hospital can be a disruptive and stressful experience for staff. The Redevelopment Photographic Project was developed in response to information gathered from the FMC Environmental Art Consultancy and direct requests from ward staff and designed to acknowledge the experiences of staff in a positive way.

The FMC Redevelopment Photographic Project consists of two parts:

1) **New Building Phase I & II** - creatively interpreting elements of the on-site construction process to illustrate the complex and intricate aspects of the (South Wing) redevelopment and to give recognition to the people, materials, equipment and infrastructure otherwise unseen in the construction process. Twelve photographs were selected by hospital staff, the architects and construction staff, in consultation with the artist and Arts in Health at FMC.

2) **Existing ward environments** - creatively capturing aspects which have particular significance to staff and provide a connection between past, present and future. These include spaces that no longer exist and those with particular meaning for the staff. Decisions about subject areas to be photographed and selection of those for framing and installation in the new wards were taken in close consultation with ward staff.

The complete collection of thirty photographs was exhibited in the Promenade Gallery between August and September 2010 prior to installation in the wards and public spaces of the new South Wing of the hospital and Level 3 wards on completion of construction.

B. The participants

Artist:

Lara Merrington

In consultation with:

FMC staff in relevant wards

Woodhead architects and Boulderstone builders

C. The aims

The Re-develop project aimed to support all involved in the redevelopment of hospital facilities by honouring aspects of the 'old' and celebrating the challenge of creating the 'new'.

Through Part 1 it aimed to:

- > acknowledge the physical and psychological impact of relocation for the hospital staff
- > bring together the past experiences and memories of the staff with the expansion and growth of the hospital environment
- > celebrate the differences of the old and new environments in a positive and respectful way, providing continuity in sense of place.

Through Part 2 it aimed to:

- > expose elements of the building works which become hidden in the final stages of construction (eg. electrical wiring, plumbing, air conditioning)
- > recognise the technical skill and hard work of the on-site building workers
- > catalogue the building process at two significant points of construction
- > create visually interesting artwork for installation in high traffic public spaces of the hospital redevelopment.

D. Data collection

Two phases of data collection were planned:

- > Surveys of staff members, visitors and patients about their response to the exhibition
- > Surveys to gather feedback from FMC staff involved in redevelopment.

The first of these is complete and the feedback is summarised below. The second has not occurred as a result of delays in the overall facilities redevelopment which has produced delays in installing art works.

E. Summary of outcomes in relation to aims

General Feedback from surveys

A total of 25 feedback forms were returned: 10 from staff members, 8 from patients, 4 from visitors (includes 1 'member of public'). Among the respondents, 13 had found out about the exhibition simply from 'passing by', while 4 had seen the publicity flyers and 1 by word of mouth.

It should be noted that 3 of the feedback forms were incomplete and so the numbers of responses below do not correspond to the total number of respondents.

Respondents were asked to indicate their response to the work in the exhibition by choosing from a list of 'descriptors' as many as were applicable. The following shows the responses in descending order of frequency:

Inspired	12
Interested	10
Fascinated	10
Impressed	10
Amazed	8
Pleased	8
Surprised	7
Informed	3
Reassured	2
Disappointed	0
Confused	0
Uncertain	0

Respondents chose exclusively positive descriptors to indicate their responses, with the majority favouring 'inspired', 'interested', 'fascinated' and 'impressed'. These were followed closely by 'amazed', 'pleased' and 'surprised'. Bearing in mind that not all forms were completed, none of the respondents chose negative descriptors.

Respondents were then asked to indicate what they thought about the exhibition as a whole by indicating agreement or disagreement with a series of statements related to the project aims. The following table shows their responses:

Statement:	I agree strongly	I agree	I am not sure	I disagree	I disagree strongly
The exhibition gives us insights into daily life at FMC	13	7	1		
The images tell the story of the redevelopment	12	4	4	1	
Projects like Re-Develop show that FMC cares about its staff and patients	14	5	2		
I would like to see more exhibitions like this	15	3	1		

The responses show that between 60-80% of respondents agreed strongly or agreed with the statements about the exhibition. This suggests that based on these responses the exhibition achieved its general aims in terms of showing behind the scenes at FMC, giving a sense of the redevelopment and presenting a caring image. Most respondents gave a sign of approval in seeking to view more exhibitions like this one. There was some ambivalence among a small group, in particular about whether the images told the redevelopment story.

Respondents were invited to offer comments to provide more detail.

Visitors to FMC indicated they appreciated the distraction:

Absolutely lovely, both visitors (especially next of kin of the very ill) and patients alike brighten. Made me feel much better, took my thoughts away from worry for a moment.

Haven't got my glasses but exhibition is simple but beautiful/extraordinary.

Great photographs.

Patients offered a range of comments, from simple statements of appreciation:

Great colours – pastels.

It brightens up the hallways and we always look forward to seeing it.

A lot of time and effort went into these projects obviously. Great work guys.

...to more detailed feedback about the content of the images and their effects:

Fascinating series of photos, particularly like the early construction ones, would like to see more of these as project progresses plus some final shots.

Art in hospitals and doctors offices makes such a difference to me as a patient. I think those images are aesthetically compelling and give a human touch to the machinery and equipment and general hospital environment, making a calming effect. Also I was very surprised by how many bright colours exist in the hospital. In addition I observed many people passing by the work, taking a moment to take a look.

...and finally a plea to improve the environment in other parts of the hospital:

I'm disappointed and disgusted with the lack of art work and staff photos going down Margaret Tobin Centre area. You have the sign and underneath it there a lots of garbage bins. This communicates to me when I was transferred from A+E to MT that "you are putting out the garbage". Not a nice feeling. What can you do to improve that area for patients and their families?

The staff members were generally very pleased to see the lively images and found them interesting and thought provoking:

Lara you're a star!

Certainly brightens up the corridor. Inspiring, how mundane unpromising materials (rods, cables) can yield great photos. Inspires me to look at such things more closely.

Some music playing in this area that reflects the photographic work would enhance the whole effect of the display.

Helps staff revisit their past – pricks memories – promotes positive staff interaction!!

The photos of staff express a great camaraderie.

One staff member found the focus on her place of work unhelpful, although she indicated that she generally did appreciate the work in the gallery:

I come along this corridor to have a micro moment of relief from work. To be confronted again with hospital 'work' themes rather than something unrelated and relaxing makes me feel further stress and agitation. I love all your other exhibitions.

Summary

The feedback gathered about this project was very limited, partly because of the delays described. It is difficult to assess its achievements against the aims, although there were some indications that staff identified with the subject matter and that the images captured the changing environment, documenting the process through a study of the building elements. It clearly generated a high level of interest among visitors, patients and staff at FMC.



Appendices



Appendix A:
A selected sample of
Feedback Tools
used in Evaluations

TO STAFF IN THE PAEDIATRIC UNIT AT FMC

WE ARE SEEKING **YOUR** FEEDBACK ON
THE *ARTS IN HEALTH AT FMC* PROJECT:

'MY FAVORITE THINGS'

As you may be aware an *Arts in Health at FMC* project called 'My Favorite Things' has been running in the Paediatric Unit over the past few weeks. It has involved a group of artists working for one day with each of 4 patients developing songs and dance movements that express their ideas and their lives. This creative work has been filmed and will be launched to the wider FMC community in March 2009.

It is *Arts in Health at FMC* practice to evaluate each of its projects in order to ensure that they are enhancing the care environment at FMC and the lives of all users of the hospital, including staff. For this reason we would be grateful if you would give us your views of the My Favorite Things (MFT) project by responding to the following questions. You can do this in one of two ways:

- By writing your answers on the reverse side of this page and passing it on to Maggie Phillips, or
- By letting Maggie know that you would prefer to talk about your views with the evaluation consultant, Christine Putland at a time to be arranged.

Your responses are treated confidentially and there is no need to identify yourself by name unless you wish to do so.

1. How did you become aware of the MFT project? (eg heard about it from other staff, saw the artists on the ward and asked about it...etc.)

.....
.....

2. Did you observe how each or any of the 4 patients responded at the time? (eg did they seem pleased, unsure, proud, focused... etc.)

.....
.....

3. Did you observe any changes in their behaviour in the following days? (eg did they talk about their experience...etc.)

.....
.....

4. Did you notice how their family members reacted to the experience?

.....
.....

5. What was it like for you having artists working on the ward? (eg was it interesting, were they unobtrusive, was it distracting... etc.)

.....
.....

6. Do you think it is a good idea to have 'Arts in Health' projects like this on the ward? (please feel free to give us constructive criticism!)

.....
.....

THANK YOU FOR TAKING THE TIME TO GIVE US YOUR FEEDBACK!

**MUSIC THERAPY
AN 'ARTS IN HEALTH AT FMC' INITIATIVE
NURSING STAFF & VOLUNTEER FEEDBACK – Nov 2010**

Arts in Health at FMC is committed to evaluating its program to ensure that it is meeting the needs of the hospital community – including staff, patients, and visitors. In this context we are keen to hear from you about your observations of the Music Therapy programme. Specifically, we are seeking feedback on the following broad questions:

1. What is your understanding of the purpose of the Music Therapy programme?
.....
.....
2. What is your understanding/observation of how the Music Therapist works in the ward?
.....
.....
3. What has been the nature and degree of your interaction with the programme?
.....
.....
4. Have you observed any changes in patients' moods or behaviours that might be attributed to the Music Therapist's work? (eg *reduced agitation/confusion, quality of life, strengths, abilities*)
.....
.....
5. Have you heard any comments from patients themselves or their carers about their experience of working with the Music Therapist?
.....
.....
6. Have you observed any impact on how other staff respond to the care of patients as a result of interaction with the Music Therapist?
.....
.....
7. *One of the features of the Music Therapist's approach is continual learning about what works with particular patients and in particular contexts.* Have you any suggestions about how the programme could contribute more effectively to the care of patients over the coming weeks or in the future?
.....
.....
8. Do you have any other comments? (you can use the reverse side of this sheet to comment)

Please return completed forms to.....
Contact Christine Putland, evaluation consultant for Arts in Health at FMC, if you have any questions or would like to arrange individual feedback sessions on 0418 809 848 or cputland@internode.on.net.

Arts in Health at FMC P: 08 8204 3096 E: artsinhealth@health.sa.gov.au

*Arts in Health at FMC in collaboration with the Royal Institution of Australia presents
Heartsong*

Audience feedback FMC

To ensure that we are meeting the needs of hospital users and the wider public Arts in Health at FMC is committed to evaluating its programs.

Please tell us what you thought of the performance today by completing the following short survey. Just place X in the box that best describes your response to each statement. YOU DO NOT NEED TO GIVE US YOUR NAME.

Statements:	I agree strongly	I agree	I am not sure	I disagree	I disagree strongly
It was beautiful					
The experience of heart attack was well represented					
It was surprising and new					
It made me feel happy					
I found it interesting/informative					
It took my mind off other things					
As a patient or carer I felt my experience (of a heart attack) was affirmed					
I didn't want it to finish					
It made me feel relaxed					
It was inspiring and uplifting					

Would you like to make any other comments about today's performance?

.....

(please feel free to use reverse side of page)

Please circle the category that best describes the reason for your visit to FMC today:

Patient Family/friend FMC Staff Volunteer Member of public
 of patient member

Other.....

Please tell us how you found out about this performance:

Passing by Media Flyers/posters Word of mouth FMC staff

Other.....

Thank you for your time! For more information about Arts in Health at FMC please contact us on 08 8204 3096 or email: artsinhealth@health.sa.gov.au

ART TROLLEY FEEDBACK

The Art Trolley is a new project of Arts in Health at FMC. We are keen to hear from you about how you have found the activities. Please take a moment to complete the following questions. If you would like someone to help you to do so please ask one of the staff.

Based on your experience with the Art Trolley Activity, please read the following statements and circle the answer that shows how true they are for you:

I enjoyed doing the Art Trolley Activity

True

Not sure

Untrue

I learned something new while doing the Art Trolley Activity

True

Not sure

Untrue

While I was doing the activity I did not think about being (sick) in hospital

True

Not sure

Untrue

I would be interested in doing more of this activity in future

True

Not sure

Untrue

Please complete the following sentences to show us more about what you think:

The best thing about doing the activity was...

.....
.....

I *would/would not be happy to have my art work on display in the hospital** (*please delete whichever is not appropriate).

The Art Trolley is a good idea for patients like me because...

.....
.....

I have been visited by the Art Trolley...

Once

More than once

(please circle the correct answer)

Thank you for your feedback. It will help us to make the Art Trolley an even better experience for patients at FMC!

PLEASE GIVE US YOUR FEEDBACK

Re-develop

by Lara Merrington
Exhibition in Promenade Gallery level 2, Flinders Medical Centre
Launch 3 August 2010

This exhibition of photographs profiles the recent building redevelopment here at Flinders Medical Centre. We would love to hear what you think about this work – please complete the questions below and return to the Arts in Health office on level 2.

Which of the following describes your response to the work? (please circle as many as you like):

- | | | | |
|-----------|--------------|------------|----------|
| surprised | interested | fascinated | inspired |
| uncertain | impressed | confused | pleased |
| amazed | disappointed | reassured | informed |

Please tell us whether you agree or disagree with the following statements:

Statement:	I agree strongly	I agree	I am not sure	I disagree	I disagree strongly
The exhibition gives us insights into daily life at FMC					
The images tell the story of the redevelopment					
Projects like Re-Develop show that FMC cares about its staff and patients					
I would like to see more exhibitions like this					

Would you like to make any other comments about the exhibition?

.....
.....

Please tell us the reason for your visit to FMC today by circling one of the following:

- | | | | | |
|---------|--------------------|----------------------|-----------|------------------|
| Patient | Visiting a patient | FMC/Uni Staff member | Volunteer | Member of public |
|---------|--------------------|----------------------|-----------|------------------|
- Other.....

Please tell us how you found out about this exhibition (circle the main source):

- | | | | | |
|------------|-------|----------------|---------------|---------------|
| Passing by | Media | Flyers/posters | Word of mouth | FMC/Uni staff |
|------------|-------|----------------|---------------|---------------|
- Other.....

*Thank you! For more information about **Arts in Health at FMC** please call 8204 3096 or leave your email address here:*

.....

**Arts in Health at FMC
Artist Feedback Survey**

We would like to acknowledge your contribution and learn from your experience as an artist working at Flinders Medical Centre. In order to learn from your experiences and to shape future Arts in Health at FMC projects, we would greatly appreciate it if you would respond to the following questions. Please feel free to add additional information, as you see fit.

Name:..... **Date:**.....

Date of commencing work in FMC:.....

Date of completing work in FMC:.....

Locations in FMC where you worked:

.....
.....
.....

1. Have you have worked at FMC in the past? YES/NO

Approx dates:.....

2. Was this the first time you have worked in a health care environment? YES/NO

3. What were your first impressions on working in FMC for the first time?

Re Physical environment:

Re People (staff, visitors, patients):

Re Your own responses:

4. How did patients/visitors/staff respond to your work?

5. Have you found working in a health care environment different from other settings?
If so, in what ways:

6. What were the most challenging aspects?

7. Do you think you were well-prepared for working in FMC?

8. Did you feel that you were well-supported in your role by FMC staff?

9. Do you have any comments or suggestions to improve the experience of artists working in FMC?

Very many thanks for taking the time to let us know your thoughts.

Please return this form to Sally Francis, Arts Coordinator, Arts in Health at FMC, Flinders Medical Centre, Bedford Park, SA 5042 or email:

sally.francis@health.sa.gov.au



Appendix B:
Medico Manoeuvres II;
Leigh Warren & Dancers Residency
2-13 March 2009

Evaluation Report

Acknowledgments

In February 2009 I was commissioned by Leigh Warren & Dancers to undertake an independent evaluation of the residency at Flinders Medical Centre which is the subject of this report. Leigh Warren and Dancers is to be commended for its determination to engage with new audiences in this way and in particular for seeking to improve its practice in non-traditional settings through evaluation. I am grateful to Leigh, Pam, Andrea and the dancers Jo, Chris, Lizzie and Ninian for giving up time to reflect on the experience and contribute their valuable insights.

Many staff, patients and visitors of the Flinders Medical Centre have generously provided feedback about this project and their reflections on the value of dance in their hospital. Medical students, Lyn and Rose, gave valuable assistance with data collection for the public performance. Many thanks to the dynamic team at Arts in Health at FMC, Sally, Lara and Louise, who continue to demonstrate their commitment to a high quality program by providing support and assistance to the evaluation.

Christine Putland PhD

Research and Evaluation Consultant

Evaluation Highlights

In a nutshell, the two week residency by Leigh Warren & Dancers in Flinders Medical Centre involved:

- > 30 performances over 6 performing days in 23 different spaces throughout the Flinders Medical Centre
 - > More than 226 staff and 310 patients/visitors in the outpatients and inpatients areas had the opportunity to view these performances
 - > Performances included a public event as part of the Adelaide Fringe Program in collaboration with musician and vocalist Heather Frahn
 - > More than 150 audience members (including staff, patients and visitors)

Evaluation Findings

Performances in wards, inpatients and outpatients areas, café etc.

Observation and feedback shows that the dance program effectively:

- > offered an experience which generated interest, distraction and enjoyment for many patients
- > provided a welcome distraction from routine for many staff
- > introduced contemporary dance to many people who had little or no previous experience
- > helped to create a positive shift in the mood of the health care environment.

Public Performance in courtyard

Feedback from audience members shows that:

- > the majority of people were overwhelmingly positive about the performance
- > many people stressed the very high quality of both music and movement
- > the performance drew attention to the uniqueness of the courtyard environment within the hospital
- > the performance added to the public's high regard for the Arts in Health program at FMC
- > the event helped to raise the image of FMC as an accessible and humanising environment through its establishment as an alternative arts venue for the Adelaide Fringe.

Residency – reflections on practice

Reflection and analysis by members of Leigh Warren & Dancers and Arts in Health at FMC have identified a series of important factors in the success of the initiative including:

- > the value of preparation and support for dancers to work effectively in non-traditional settings
- > taking account of the practicalities of working in health care settings from the perspective of dancers/artists and hospital staff
- > understanding the powerful impact on the hospital community of dance in health care
- > awareness of the significant contribution that documenting this collaborative venture can make to the wider development of Arts in Health.

Project Background

Introduction

In 2007 Leigh Warren and Dancers (LWD) in collaboration with Arts in Health at FMC undertook 'Medico Manoeuvres', a one-week performance residency in the Flinders Medical Centre. The success of this initiative led to the proposal to conduct a second residency in March 2009, 'Medico Manoeuvres II'. The latter comprised a series of performances by a group of 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 Program. Medico Manoeuvres II ('the project') is the subject of this evaluation report.

FMC is a tertiary teaching hospital and the major referral centre for acute care and emergency services in the Southern Region of Adelaide with a catchment population of nearly half a million people. In 1996 Arts in Health was established with the purpose of integrating art and cultural activities into the life of the Flinders Medical Centre for the benefit of patients, visitors and staff. Since then Arts in Health has grown into a comprehensive year-round program, encompassing many different art forms and offering identified benefits to a wide range of hospital users.

Internationally, studies have shown a range of different effects from such programs, depending on the art forms and the kinds of participation they entail. Outcomes include therapeutic benefits in terms of aiding recovery and healing, reducing stress and anxiety associated with medical treatments and managing pain, and bringing about changes in mood and behaviours. Emerging research into neuroplasticity has highlighted the benefits of new and unfamiliar experiences which challenge the brain to learn new pathways. It is thought that the arts may contribute to 'brain health' in this way. In addition, by enhancing the quality of the environment the arts have also been shown to contribute to a positive experience of health care for patients and visitors as well as improving staff morale.

While visual arts and music are the more common art forms in acute health care settings for practical reasons, dance and theatre performances are well-established in community settings. In these contexts it is thought that the combination of movement and music in dance tends to communicate in ways that transcend literal expression; by creating an ambience that engages a range of senses dance can induce shifts in mood and emotional responses.

Arts in Health has demonstrated a commitment to the development of initiatives that extend beyond the normal reach of the arts in health care settings, exploring new applications for the arts and forging links with artists across diverse art forms. The collaboration with LWD represents just such a challenging new direction. Feedback from FMC staff about 'Medico Manoeuvres' in 2007 highlighted the value of dance in the hospital:

- > shifting expectations and roles in a hospital – jolting people out of their normal relationships as doctors or patients, as everybody becomes just ordinary observers on the same level;
- > sometimes the hospital seems like a little universe all on its own, and one that is owned by staff not patients – this kind of experience introduces something mysterious and wonderful and suddenly we can step out of this world;
- > it is a reminder that hospitals are about humanity – art makes it less daunting and people can feel more at home as it accommodates emotions and feelings.

The project

Feedback from the 2007 project helped to inform the development of this residency 'Medico Manoeuvres II' which has comprised a season of performances throughout the hospital over 6 days during a 2 week period. Four distinct dance pieces were performed by a troupe of four dancers, each piece designed for a different area in the hospital: outpatients/clinics; various medical wards; paediatric unit; Margaret Tobin Mental Health Centre; and, public café run by volunteers. The 'roving' nature of the performance program in many different sites throughout the hospital was designed to reach a good number of people. In addition the program included a collaboration with musician Heather Frahn, culminating in a live public performance in the FMC level 2 courtyard as part of the Adelaide Fringe Program.

The project aimed to contribute to the goals of Arts in Health in supporting staff to provide a caring and healing environment for patients and visitors. While it is notoriously difficult to demonstrate that projects of this type and scale are able to bring about actual changes in physical and mental health, they have been shown to influence a range of conditions that have been associated with health and wellbeing more generally. These include distraction from worry and pain, mental stimulation from being exposed to new and challenging experiences, pleasure and enjoyment from watching performances and a sense of being valued and respected by providers of health care services.

In this light the specific objectives of this project were:

1. To improve the care experience of patients and visitors in FMC by offering interesting and enjoyable experiences to offset the anxiety and pain associated with illness and disease
2. To promote the public perception of FMC as an accessible and humanising environment through its establishment as an alternative arts venue for the Adelaide Fringe
3. To support FMC staff to provide high quality care by introducing an interesting distraction from routine
4. To introduce new audiences to the experience of contemporary dance.

Overview of Evaluation

Context and scope

From the outset evaluation was considered to be a core component of Medico Manoeuvres II. Evaluation of process and outcomes is critical in arts and health initiatives as a means of building a body of evidence in this emerging field. In this project it has been especially important given that introducing dance into hospital wards and outpatient areas represents ground-breaking creative practice, particularly in Australia. LWD and Arts in Health were therefore committed to incorporating evaluation in the development of the project.

The purpose of evaluation in this context is to generate knowledge to inform:

- > Continuous improvement in community based practice by LWD
- > Development of dance and choreography specifically relevant to Arts in Health at FMC
- > Support from funding bodies for future programs and submissions
- > Contributions to a wider understanding of the value of dance in health care environments.

It therefore focused on gauging responses from the hospital community (patients, visitors and staff) as well as learning from reflective practice (dancers, artistic director, FMC Arts Coordinator, stage manager).

The evaluation was designed to take advantage of the opportunities to gather feedback about the process and the impact of the project within the constraints of the hospital setting. As a series of one-off experiences for patients, visitors and staff rather than sustained participation by an individual or group, it was necessary to concentrate on gathering as much data as possible in situ since follow-up contact was likely to prove unreliable. This need was reinforced by the highly transient population of hospital patients and visitors and the irregular hours of the hospital workforce. Based on the project objectives and the identified purpose of the evaluation it was agreed that the data collection would focus on four main aspects:

- > The immediate response by FMC staff, patients and visitors to performances
- > The impact of performances on patients as observed by FMC staff, dancers and the evaluator (eg changes in mood, interaction, treatment and/or recovery experience)
- > The impact of the residency on the quality of the hospital environment more generally
- > Lessons learned by LWD about improving the effectiveness of the program.

Evaluation methods

A combination of qualitative and quantitative approaches are employed in this evaluation to capture different types of information and feedback from different sources. The dance residency not only comprised a range of dance styles and locations but also performed to distinctly different audiences and therefore required the application of a range of data collection tools as follows:

Performances in wards, inpatients and outpatients areas, café etc.

- > **observation** undertaken by independent evaluator; a range of observable responses by people in their environment (eg body language/facial expression, behaviours, comments) are recorded
- > **staff survey** to obtain written feedback about their own responses and their observations of others; this was implemented in the week following the performances to allow for some degree of reflection and discussion among staff
- > **telephone interviews** – very brief informal conversations with selected key staff

Public Performance in courtyard

- > **short survey** to obtain immediate written feedback; assistance in distribution and collection of feedback tools was provided by Medical Students
- > **spontaneous unsolicited feedback** was also received by email and this is included in the report

Residency – reflections on practice

- > **group interviews** with dancers (and stage manager) before and after residency
- > **individual interviews** with dancers during residency
- > **individual interviews** with artistic director, FMC Arts Coordinator.

(Copies of all data collection tools used are included in Appendix.)

The findings from each of these 3 main aspects of the residency are presented below in the above order.

Summary of Findings

Performances in wards, inpatients and outpatients areas, café etc.

The main activity in the residency was the cycle of performances throughout selected areas of the hospital. A total of 29 separate performances were presented over 6 performance days in 22 different spaces.

There was considerable variation in the nature of the data collected using the different methods (observation, survey and telephone) and so these will be presented separately.

Observation

The main source of data was through observation carried out by the evaluator in relation to 25 of the 29 performances. Its purpose was to gauge the responses of the FMC patients, visitors and staff in terms of the key Objectives:

To improve the care experience of patients and visitors in FMC by offering interesting and enjoyable experiences to offset the anxiety and pain associated with illness and disease

To support FMC staff to provide high quality care by introducing an interesting distraction from routine

To introduce new audiences to the experience of contemporary dance.

A rough estimate of the numbers of people observed was able to be made. Conservatively, audiences comprised upwards of:

- > 226 staff (includes volunteers – approx. 20)
- > 310 patients and visitors (approx 1/6 visitor)

Observation in this context is not concerned with detailed analysis of individual responses, with comprehensive accounts of actual events, or with quantifying categories of responses. Rather it is used to generate a qualitative account by one observer, in this case the independent evaluator. Drawing on key themes embodied in the project objectives the data is presented here in terms of indications of:

- > interest in the performance and distraction from routine/illness
- > changes in mood including enjoyment/lift and calm/relaxation
- > exposure to new or different experiences.

The scope of this evaluation does not allow for an individual analysis of each of the 25 performances observed. The performances fall readily into groupings based on the style of dance and music that was developed to suit particular environments, however. The data is therefore organised according to these 4 styles (listed a. to d.) using examples from a range of venues and some comparison between them.

a. Medical wards (inpatients) and day clinics – Lullaby (with pillows)

Most of the performances fall into this group, with a total of 12 observed. Typically the dancers were accompanied by a 'team', including the Arts Coordinator, Artistic Director and Stage Manager, who would enter the ward first to make contact with liaison staff, obtain advice about the space available and sensitivities with particular patients, and set up the mobile amplifier. The gentle, haunting music would precede the entry of the four dancers as they weaved

their way down corridors and in and out of rooms. There were diverse reactions apparently depending on two main factors: the type of ward and medical area (for example, whether neurology or oncology, and how mobile or alert patients were); and, the initial response from the senior nursing staff. In one notable case a senior staff member was very negative which appeared to lower the tone of responses from others, while in several wards the dancers were greeted with enthusiasm (*'oh good, the dancers are here!' 'We are very lucky today!'*), setting a more upbeat and positive mood.

Theme: interest in the performance and distraction from routine/illness

Often the staff, in particular the doctors, would not seem to notice at first, or else tended to ignore the dancers and continue to concentrate on their work. Nursing staff were more inclined to pause and watch as were cleaning and catering staff, smiling and glancing at each other in amusement.

The dancers would move as if in slow motion down the corridors, sometimes pausing at the door of single rooms, or moving into the group rooms to perform in the 'neutral' space in the centre. Initially patients tended to look surprised, blank or puzzled as this was a totally unexpected sight and sound. Some continued to be reluctant to take their attention away from the TV or newspaper, resisting any engagement. Others would determinedly keep reading while sneaking peaks at the dancers from time to time. The mellifluous music and dreamy, fluid movements of the dancers gradually penetrated the spaces, creating a quiet atmosphere into which many people appeared to be drawn. Some of the patients simply stared in fascination, while the more mobile people emerged from their rooms to watch. One man followed falteringly as the dancers circled through the ward – he appeared to want to continue out of the door after them had he been allowed. A stroke patient was wheeled into a viewing position in his chair – as the dancers moved by he indicated to his nurse to turn him so he could keep watching. Two young children who were visiting a patient as the dancers moved by were spellbound – the older boy took the younger girl by the hand and they followed the dancers out of the ward and into the lift 'to see where they were going next'. (They were returned safely to their parents).

When the dancers left each ward it was typical for the silence to give way to a quiet murmur or chatter as patients exchanged comments with other patients, staff or the visitors huddled around their bedsides. Staff would slowly resume their tasks and some would playfully mimic the dancers' movements.

Comments from staff:

*'oh good the dancers are here – they [patients] all want something interesting to see'
'it's the first time he's [dementia patient] been quiet all day'.*

Comments from patients:

*'that broke up my day'
'interesting, different...'
'I've no f...ing idea what that was about'.
'I've seen everything today!'
'at my age there's not much to think about'.
'we saw them in the courtyard today too, thank you so much.'
'Did those people with pillows come here? Oh, I must have missed them.'*

Theme: positive changes in mood including enjoyment/lift and calm/relaxation

As the dancers progressed through the space many people's expressions tended to change from surprise to smiles of pleasure and amusement. The general ambience varied from ward to ward – some settling in to a quiet, watchful calm while others graduated into a low level 'buzz' of interest. In many wards there was gentle or enthusiastic applause after the performers moved from space to space followed by countless comments about the beauty of the music and movement.

One of the more memorable scenes was the result of an unscheduled performance in a 'high dependency' ward. Staff in this area had noticed the dancers performing in the neighbouring ward and beckoned eagerly for them

to continue on through the dividing door ('please can you come in here too?'). Despite the intensity of the level of care in this area the warm and welcoming atmosphere was palpable – most of the patients had clusters of family members or friends around their beds and whole groups watched attentively and with obvious pleasure as the dance unfolded before them. Staff stood still to watch, exchanging quiet comments of approval ('isnt it beautiful?' 'the music is so lovely and relaxing' 'it is so quiet and peaceful'). As the dance came to a close one group clapped and another followed suit. Several staff and visitors were keen to offer feedback. One visitor commented: 'my daughter used to dance, it is so great to see it in here, I love it'. A nurse went out of her way to say: 'Thank you so much, it was so good to see D's [patient] face – he was delighted and surprised and he even gave a clap'.

Comments from staff:

'isn't this fantastic?'

'we are very lucky today'

'coming to work today I was feeling frantic – this has been good to take a breather'

'we should have them come up at 6pm (sleep time)!'

'Awesome! Now they'll [patients] all want to go to sleep!'

'it's 'tontine therapy''

'let's have a pyjama party!'

Comments from patients/visitors:

'they can come back again anytime!'

'beautiful music, very subtle'

'I'm so glad I saw it – very graceful like ballet'

'it is very soothing and relaxing'

'I was here when the symphony orchestra came and enjoyed that too, thank you' (showing her sleeping baby): 'look how soothing the music was'.

'I thought I'd died and gone to heaven!'

'very good, terrific – give them a big hug from me!'

'food for the soul – great stuff'.



Theme: exposure to new or different experiences

The value of providing people with new or different experiences does not necessarily rely on appealing to an individual's likes or dislikes in terms of music and dance. Rather it draws on theories about the benefits for the brain of grappling with new information or learning new things. In this respect the element of surprise that accompanied the performance of dance in such an unlikely setting as a hospital ward was significant. Facial expressions showed that people were struck by its unexpectedness; in the majority of cases the initial startled and puzzled looks soon gave way to curiosity and intrigue. Some patients remained distant or confused, however. The extremes of reactions are captured in a comparison of two responses. In one case an elderly woman using a walking frame emerged from the bathroom of her room as the dancers were passing through. Her first fleeting expression was one of alarm which quickly relaxed into a beaming smile as she paused to watch intently and with obvious delight. Following the performance she exclaimed: 'I bet those pillows have never been better treated'. In another ward a young woman similarly emerged from her bathroom during a performance. She was so taken aback that she seemed unable to absorb what was happening and retreated quickly, closing and locking the door of the bathroom behind her.

Comments from patients:

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

'quite an experience, I've never seen anything like that'

'something different, good'

'Interesting!' (as she laughs nervously)

'we didn't expect that, we are all talking about it'

'they are so fluid and flexible – I used to do headstands when I was young!'

Comments from visitors:

(to patient): 'are they supposed to be in here?'

(describing the performance on mobile phone): '...it was certainly something different'.

b. Outpatients, Women's clinic and Emergency waiting areas – crooning vocals (Frank Sinatra)

Six performances were observed. The quality of the environment in these areas is obviously very different from the wards as most people are sitting waiting expectantly in small groups. The performance was therefore more static than in the wards. It was also explicitly humorous and light hearted: dancers dressed in surgeons' scrubs seated among the patients, the staccato style of dance contrasting with the smooth crooning voice of the singer. The effect of the experience was less intimate, more akin to 'street theatre' in public places and in most of the performances the audience responded accordingly with grins, chuckles and loud applause at the end.

Theme: interest in the performance and distraction from routine/illness

The sudden appearance of people dressed in hospital uniforms climbing over the furniture to musical accompaniment was surprising and momentarily confronting for audiences. There were expressions of alarm in people's eyes and their body language indicated a need to draw away to avoid being associated with this strange behaviour. In most cases this soon eased into a more relaxed sense of engagement with what they understood was intended to be 'a bit of fun'. Many staff had warning that the performance was about to start and some stood still to watch, while patients took photos with their mobile phones. In one area where there were fewer people, they seemed less comfortable and more restrained; some sat quietly and nervously while others kept their noses in their books, pretending not to notice.

Comments from staff:

'that gave them something different to look at.'

Comments from patient:

(laughing as he is called into the clinic): 'All this carry on and I nearly didn't hear my name being called'.

Theme: positive changes in mood including enjoyment/lift and calm/relaxation

Staff tended to enter into the humour of the experience, some shaking their heads ('can you believe it?') as they continued with their work, most pausing to watch the dancers. After their initial surprise and cautiousness, patients and visitors in most areas gradually began to smile and chuckle, nudging each other and quietly cracking jokes.

Comments from staff:

'you can see people loved it'.

'far out, that was good'

(arriving late) 'can they do it again, I missed it.'

Comments from patient:

'that was classic'.

'I thought the doctors were going mad!'

'I thought: you're putting the doctors through hell these days!'

(to nurse as he is being wheeled into clinic): 'thanks for getting me away from all that!'

Theme: exposure to new or different experiences

The impromptu nature of the performance took everyone by surprise but some comments also indicated that this was a new kind of experience for them.

Comments from patients:

(to his neighbour): 'they must be actors'.

'I think this is the Fringe'.

c. Paediatric Unit - ska music

There were 2 performances in this ward and both were observed. They unexpectedly coincided with a time when there were fewer children on the ward than usual, and most were very young. Despite the very upbeat and contemporary style of dance selected the small numbers of parents and children meant that these performances were more subdued than most. The age of the children (many pre-verbal) also meant that it was harder to gauge reactions.

Theme: positive changes in mood including enjoyment/lift and calm/relaxation

There was a buzz of excitement from staff as the dancers entered the ward. Parents were enthusiastic and happy for the entertainment, holding their babies and jiggling in time to the music. Children were brought out of their rooms by parents or staff and some were seated in chairs along the corridor where they stared in fascination, tapping toes and fingers. A baby being held by its mother was laughing and giggling.

Comments from staff:

'It is a pity it wasn't a day when there were more children here to see it.'

Comment from parent:

'that was great, thanks, we saw them in the courtyard too.'

d. Margaret Tobin Mental Health Centre, Volunteer café, Operating Theatres staff room (also Frank Sinatra performed here) – *Tango*

Five performances were observed in this group. In each area the dance was centred around the four sides of a 'dining' table in the middle of a well-populated space. The style of dance ranged from small and contained to dramatic and flamboyant movements. These are very diverse areas and each elicited different kinds of responses.

Margaret Tobin Mental Health Centre

Dancers performed in two wards in this centre, in each case wearing the uniforms of hospital staff. Everyone who had already gathered in the common room, including staff, stopped what they were doing to watch. Encouraged by staff, some patients emerged from the rooms down the corridor to see what was happening and there was a sense of slightly more formality than in other wards as patients perched on seats or tables and leaned on walls. Most displayed a very high level of interest and attention, smiling and even engaging in quiet conversation. A few of the patients remained a little stunned or uncomprehending; one or two continued to pace back and forth or were reluctant to take their eyes from the television. At the end there was enthusiastic applause and some patients approached the team to talk about it and offer positive feedback. One young male patient in particular was very keen to talk to the dancers afterwards about how he had been involved in drama and liked interpretive dance.

Comments from staff:

'they're very good aren't they?'

'we all really enjoyed that'

(to patient) 'wasn't that great?'

'are they performing again?'

'when are they in the courtyard?'

'I wonder are the uniforms confusing for patients?'

Comments from patients:

'please keep them coming back'.

'it was different...at first I thought: is he going to be beaten up?'

'can I join in?'

Volunteer café

On two occasions performances were observed in the public café where the dancers were in surgeons' scrubs. Here people were coming and going and many were unaware of the dancers until they almost stumbled across them. The music was not as prominent a signal since there was so much peripheral noise and chatter. One group of people went to sit down at a nearby table and suddenly realised they were right alongside the dancers. They looked around uncomfortably and then moved to another table further away. Most of the people seated at tables shifted their attention to the dancers and watched with considerable interest and amusement. One older man kept up a steady flow of commentary ('wow, you'll break your bloody neck if you do that....what are they doing anyway [ie the dancers]?') Another man avoided looking in their direction until his wife joined him at the table when he turned around and started to engage. A steady flow of people walking by the café paused to watch, some pointing, laughing and whispering to each other. It was clear that people enjoyed the distraction and it gave them something to talk about.

Comments:

(Father of small child who had been restive throughout): 'he is scared of surgeons and prefers the wiggles!'

(Volunteer): 'it takes their minds off things, great'

Visitor: 'disruptive – but in a nice way!'

OTS staff room

Two dances ('Tango' and 'Sinatra') were performed during one lunch time in the staff room. Several staff were already settled in around the table eating their lunch. Senior staff rallied people from the corridors and offices to come and watch ('The Fringe comes to Operating Theatres!'). The room filled with curious people as tables and chairs were reorganised to make space for the dancers. It was a very busy and intimate setting; some staff who could not fit in still paused in the doorway and peered over heads to see. It was not possible to undertake a direct observation because it was too crowded, but comments were overheard as staff left the room following the performance. Faces showed surprise and amusement and there was loud applause.

Comments:

'well that was unusual'

'I wasn't sure what to expect'

'I'm not sure what to make of it!'

'they're really good aren't they'

'fantastic, thank you, very interesting'

'that's one for your book of revelations!'

'plenty to talk and think about'

'when is the public show?'

Staff survey

In addition to the direct observation, staff members were asked to provide confidential feedback in the form of short written surveys about 3 main aspects:

- > Their observations of how patients responded to the performances
- > Their own responses to the performances
- > General comments about the experience and the value of dance in hospitals.

Survey forms were distributed to all of the areas where the dancers had performed and collected either in person or through internal hospital mail.

A total of 38 forms were received from a range of different areas in the hospital. It is common to experience a poor return rate in such cases and this was no exception. The results cannot therefore be regarded as representative of staff views. Many of the respondents also failed to complete all of the questions and so it is not relevant to attempt to quantify the responses. On the basis of observing immediate responses to the performances it might have been expected that they would be more positive than they were. It is well known that those who are negatively disposed towards an experience often feel more motivated to state their views than those who are indifferent or positively inclined, however, so this too is unsurprising. The responses fall into 3 broad groups as follows:

Positive responses

More than one third of respondents were positive about the experience on their own account and also on behalf of patients. Typical comments were:

Very surprised

Some quiet and enjoyed watching/some were smiling more and found it funny/lots were talking about it!

Shocked and stunned at first then smiling and laughing

It made them stop and look- some slightly confused, some shocked, many laughing but all interested

Families of patients and their children all really liked it

Most people came out of their rooms and showed interest

We all talked about it afterwards and patients really enjoyed it

They applauded heartily

I noticed the atmosphere change to calm

They were all talking to each other after the show

This group of respondents also enjoyed it themselves, for example:

*Different kind of lunch break!/very good dance and music
A change to the day/something to talk about/interesting fun
Nice to break the mood of the ward/strange, felt kind of like hallucinating
Loved it, well thought-through, suited the environment
Felt extremely uplifted after it
When are you coming back? We need more!
Well executed and fun*

Some noted that it had no direct effect on their work while others said:

*Work came to a standstill!
Nice to have a break from the desk.*

There was general approval for the value of dance in hospitals from these respondents such as:

*Different – a great conversation point
Nice for patients to visualise something different and break up their day
Art is an enormously important part of life!
It is a good thing. It did lift people's spirits.*

Negative responses

Just under one third of respondents were unimpressed by the performance on their own account and believed that it was not a positive experience for patients. Most of these observed that patients felt confused or uncomfortable as a result, for example:

*Mild amusement/Some were distressed/Commented on how odd it was
Majority wanted to ignore performance/embarrassment, did not know where to look/most were glad it was over
Most patients seemed surprised and some appeared uncomfortable
Embarrassed and bewildered/confusion of what it was all about/talked about how strange it was
Confusing for patients who are already confused
All comments were negative, nothing positive
Many thought it was silly, one person liked it.*

Despite this negativity, most acknowledged that it had attracted the attention of patients who talked about it afterwards, for example:

*Questions were asked what was it all about?
They couldn't believe their eyes*

In this group respondents typically did not enjoy the performance themselves and thought it inappropriate for the location. The main reasons given were that it was a waste of time or money and/or that they did not like the style of dance:

*Don't bother / Waste of time
I felt it was insensitive to the patients at the time/I was more stressed as we had very ill patients on the ward/
money could be better spent
Highly inappropriate/ridiculous/disruptive
[Prefer] ballroom dancing – in the past dancers have been great but not this year
PJ's were stupid
It stopped me working
Music or singing is more appropriate
Ball gowns, tap dancing, not silly interpretive stuff
Regular styles of dance in this ward would have been lovely.*

Ambivalent responses

A third group were more ambivalent about the experience for a range of reasons. Some noted the confusion of elderly patients but agreed that the dance was very clever and that patients had shown a lot of interest.

Others thought it was not suited to the particular location:

Not really appropriate for operating theatres but good in other ward areas.

Some found the particular performance strange but approved of dance in hospitals in general:

Yes I think it is all good just the message from this performance didn't quite get across.

Patients were shocked at dancers in scrubs and masks coming towards them/not really a positive experience

Everyone seemed stunned/anything that is light and colourful has to be positive overall.

Telephone interviews

The survey feedback was supplemented by 12 brief telephone interviews with selected contacts in each performance area. The telephone conversations focused on two simple questions: 'what did you think about the performance?' and 'did you observe any reactions from others?'

Comments fell into the same 3 categories.

Most offered *positive* responses including:

It helps you to see a different side to health

It's nice to stop for a few minutes in the middle of a very busy day – we are always rushing, we move so fast around here

It is good to have a change of pace on the ward

Patients were very interested and found it very relaxing

Some staff will say: 'what's all this rubbish?', but you cant please everyone, there are always a couple who will not like it. They might prefer a different kind of experience.

As in the written responses there were some negative impressions:

Just second hand but patients found it frightening, creepy, not comfortable, didn't like it; I heard staff talking and they couldn't see why patients didn't warm to it and thought it a bit odd.

A number were more ambivalent

Not sure how patients responded but staff were less positive this time round.

Patients did not understand it necessarily but many were intrigued; perhaps explain it more; there were no negative comments from them.

Good, very interesting; some patients thought it was unusual and unsettling though – a mixed bag.

Summary of data for performances in wards, inpatients and outpatients areas, café etc.

Overall the observation and feedback shows that the dance program effectively:

- > offered an experience which generated interest, distraction and enjoyment for many patients
- > provided a welcome distraction from routine for many staff
- > introduced contemporary dance to many people who had little or no previous experience
- > helped to create a positive shift in the mood of the health care environment.



Public Performance in courtyard

In the second week of the residency the dancers performed in the outdoor public courtyard as part of the Adelaide Fringe Festival. This event was a collaboration with Heather Frahn, musician and vocalist. It was estimated that upwards of 150 audience members were in the immediate vicinity for the duration, while others arrived during the performance or left before its conclusion. Additional staff and visitors lined up along the corridors to watch through the windows.

With the assistance of second year Medical students who are undertaking the Arts in Health elective as part of their studies, feedback survey forms were distributed to most of the audience members and collected as they left the area. A total of 86 completed surveys were received. Based on information provided by respondents, audience members described themselves as:

- Patient x 3
- Visitors to patient x 7
- FMC staff member x 37
- Member of public x 38
- (not all provided this information)

Respondents were asked to indicate how they found out about the performance (permitted to cite more than one answer):

- Fringe Guide x 16
- General Media x 3
- Flyers/posters x 32
- Word of mouth x 19
- Other 21

Examples of 'others' in descending order of frequency:

- Regularly eat lunch in courtyard
- Chance - eg 'on smoko'; I work next door; taking grandchild for a walk while mum was in labour
- Email lists of artists
- Arts in Health Emails
- Arts bulletins (eg CAN SA)
- Friend
- School
- Information on FMC ward

Respondents were asked to indicate their level of agreement or disagreement with statements about the public performance. Table 1 summarises responses and shows that the great majority of audience members responded very positively:

Statements:	Agree strongly	Agree	Not sure	Disagree	Disagree strongly	Total
It was surprising	39	33	8	6	0	86
It made me feel happy	42	27	11	3	1	84*
I found it interesting	60	21	2	1	1	85*
It took my mind off other things	53	22	6	3	1	85*
I didn't want it to stop	35	22	17	5	4	83*
It made me feel relaxed	46	24	11	3	1	85*
I would like to see more arts events in FMC	65	19	2	0	0	86

Table 1 (* some did not complete all questions)

Respondents were also invited to make further comments about the performance and many of them took the opportunity to offer feedback. Again, responses were overwhelmingly positive and tended to fall into four main categories as follows:

Expressions of Enjoyment

Amazing, inspiring

Great stuff

It was great, very unique and refreshing

Inspiring

I really enjoyed the performers

Would have loved to see more.

Very powerful and emotional work

I loved it! Best dance in fringe!

Fantastic collaboration with the company and FMC – brilliant concept! Thank you!!

Dancers moved with grace and evoked beautiful emotions

Loved it, absolutely amazing

Lovely

With the audio and visual expression it was very atmospheric.

It was a good mix of group and solo dance. I particularly enjoyed the duo pieces.

Exciting, different

It was cool

Wonderful, thank you!

This was very uplifting, the whole idea of dancing for patients and staff is brilliant.

Great fun!!!

Excellent

It was very beautiful, very ethereal and fantastic

We enjoy how Leigh combines different music with his dancers!

Very well choreographed

I think the length of the performance was good.

Comments on venue/setting

good courtyard venue

It's a very enjoyable area

Was inspired by patients and the location, fantastic!

Venue played a part in the peace I felt during the piece.

Delightful. Another time here the harp was a delightful surprise – just loved it.

It made me become aware of the courtyard environment.

It was enjoyable and very moving watching dancers inhabit spaces that can benefit from arts in healing ways.

Amp a little loud for the space?

Comments on music

Heather Frahn's voice was amazing, it extended the dances and created a certain ambiance

Fantastic music

Voice was amazing

Beautiful atmospheric music.

The voice of the singer was so extraordinary and really resonated inside me

Heather's sound was excellent.

Heather Frahn was amazing – I would like to see/hear more of her

Critical comments and suggestions

Needed more explanation between dances

Should be better advertised

I enjoyed being so close up and became much more aware of my own attention compared with watching dance "end on". I simultaneously enjoyed witnessing the private worlds of four apparently pre-occupied people but also felt somewhat ignored. I felt that the outdoor context invited a transaction of some sort – not participation (eek!) but experiencing being experienced by the dancers.

As a former dancer I would have liked to see the dancers in some form of dance attire rather than street wear.

Some dancers were mesmerising, others were ho hum

More upbeat music

Too noisy

It was okay I guess

prefer quieter and more soothing

The sound was not uplifting at all – it made me feel lonely and although I am a hospital employee, I would not like to be unwell.

General comments about Arts in Health

Noticeably inspiring and extremely positive motivation behind the arts program at a public hospital.

Hope it is kept active!

Great they came up to psych wards!

Please continue with all the arts. Paintings lovely. Thank you.

A number of unsolicited emails were also received from members of the public expressing their delight in the experience:

Super!! today lunch time, just super.

We have just returned from watching this fantastic performance at

Flinders and wanted to tell you how very much we enjoyed it. Also to comment how commendable the programme is that you are doing in the hospital!

I recently visited Adelaide and attended the Leigh Warren dance performance at the Flinders Medical Centre, which I really enjoyed. It was a definite highlight of my visit to Adelaide. I also enjoyed seeing the artwork in the hospital's foyer.

Summary of data for Public Performance in courtyard

Feedback from audience members shows that:

- > the majority of people were overwhelmingly positive about the performance
- > many people stressed the very high quality of both music and movement
- > the performance drew attention to the uniqueness of the courtyard environment within the hospital
- > the performance added to the public's high regard for the Arts in Health program at FMC
- > the event helped to raise the image of FMC as an accessible and humanising environment through its establishment as an alternative arts venue for the Adelaide Fringe.

Residency – reflections on practice

The final component of the evaluation involves reflection on the lessons learned during the residency about good practice. Three opportunities for reflection by dancers were provided in this evaluation:

- > initial group discussion about impressions and expectations following the orientation visit to FMC
- > individual interviews with dancers about early reflections and impressions of their role
- > group interview or debrief at end of residency.

Opportunities for debriefing are valuable for two reasons

- > to capture the knowledge and experience gained by the team members to inform future initiatives
- > as a structured framework for artists to discuss their observations about the experience and to consider others' ideas in order to consolidate their own learning.

In addition, the Artistic Director, Arts Coordinator at FMC and Stage Manager provided feedback.

As well as the more structured opportunities, the presence of the evaluator as observer in most of the performances allowed for collection of informal reflections and observations from all involved. The dancers, for instance, became attuned to observing relevant body language and expression and could feed this in immediately. This process was useful to debrief but also to develop a more rounded impression of peoples reactions.

Interviews were transcribed verbatim; transcripts of individual interviews have been made available to respective dancers while the group transcript has been made available to all members of the Leigh Warren and Dancers team. The key points that emerged for practice are summarised below under broad thematic headings.

Preparation

For many dancers the opportunity to perform in a health care setting is a very new experience. Depending on their background and previous experience of hospitals they may be unsure of what to expect and/or be unaware of the changes in hospitals towards a more patient-friendly environment. Concerns may include the fear of being intrusive or getting in the way of medical staff; encountering medical crises during performances and not knowing how to react; apprehension about how patients and staff will respond. Strategies that helped to prepare dancers included:

- > orientation visit to hospital as a group to view performance areas and meet some staff
- > viewing the film of previous residency to gain a sense of the look and feel, and envisage how dance fits in to the spaces
- > hearing about the experience from the previous dancers recorded as part of the 2007 evaluation/reflection
- > having the opportunity to discuss expectations in the initial group as part of the evaluation.

Practising dance in health care settings

The residency is an individual journey for each performer – there will be many different reactions but also many commonalities. For example:

- > adjusting to the available space for dance – moving through the busy and sometimes cluttered corridors, pausing outside the small and private bedrooms
- > understanding that every ward is so different in terms of its focus and pace and general ambience
- > accepting the unpredictability of how things will flow and being prepared for positive and negative events
- > being flexible, for example returning to the Emergency Department three times before the circumstances were judged by staff to be receptive to dance
- > understanding the staff perspective – some will find the dance confronting as it momentarily shifts control of the space where they feel a sense of responsibility
- > being moved by particular situations or patients – the oncology ward, the small children, or the woman who had tears flowing down her face after the performance
- > becoming attuned to the strange surroundings, growing more comfortable over time and eventually feeling like they belong in the hospital
- > growing in confidence and beginning to open outwards towards the audience, interacting rather than withdrawing
- > experiencing a different kind of exhaustion that comes from the environment (emotional rather than purely physical) and from giving out a lot of energy without drawing energy in return
- > conserving energy through the different pattern of performances (short bursts over several days rather than one long intense session)
- > discovering that there is no need to hold back because of confined spaces and patients restrained in beds – ('you can still give 100%')
- > appreciating this chance to explore different ways of working with audiences
- > discovering how rewarding intimate performances can be – and even reviewing directions as a dancer as a result.

Observing the impact on hospital audiences

Responses from audiences varied considerably over the weeks depending on the ambience of the performance space and the people in it. Dancers were in a position to see and hear examples of the many different ways in which dance can affect audiences:

- > faces showed expressions ranging from surprise and lack of comprehension, to secret smiles and intrigue, to openly joyous
- > being close to patients in intimate and private settings means dancers are aware of immediate reactions and emotions – this is unlike most stage performances where there is a rush of feedback at the end of the show
- > this immediacy brought out different reactions among the dancers – they found it hard to stop from laughing at some responses while at other times felt almost overwhelmingly moved
- > there was some surprise about the unpredictable staff responses – the nurse in the first ward who voiced her disapproval loudly and bluntly; or the cleaner who started dancing with her mop; or the seemingly immature giggles of some
- > the value of dance came through strongly for the dancers, for example:
'...to give the patients a little bit more either hope or just a more positive outlook on their day, and to make it more interesting for the day. A lot of them, they're stuck here for however long, and it's a different space to what they're used to, and it can just make it a little bit more—even though they probably feel uncomfortable when you first come in, I think it probably helps them to feel more comfortable in the end.'

Practical factors

A range of factors were identified that had been found to support the dancers and improve the overall program in this second residency:

- > the role of stage manager was critical for smooth organisation and allowed the dancers and artistic director to focus on the artistic aspects
- > support from FMC to provide a room for changing and resting between performances
- > the sequence that developed at the start of each performance whereby the Arts coordinator and stage manager would reconnoitre initially to make contact with ward staff and establish the boundaries allowed for a more organic entry by the dancers
- > the residency running over 2 weeks allowed time to settle in and become more confident and adventurous as well as time for word to get around FMC – this was reflected in the staff responses in later performances
- > matching the dance and music and costumes to the different settings was more refined in this residency as a result of greater knowledge about what works
- > the incorporation of an evaluator as part of the team was thought to have facilitated a dynamic process of reflection and to have freed the Arts Coordinator to focus on managing the residency.

Suggestions

Suggestions for future consideration included:

- > identifying alternative as yet unexplored performance spaces in the hospital eg corridors?
- > timing of public performance - moving it earlier in the residency may attract attention to the presence of dancers in the hospital?
- > Different combinations of dancers – would smaller groups give more flexibility in terms of programming, available performance spaces?

Summary of data for Residency – reflections on practice

Reflection and analysis by members of Leigh Warren & Dancers and Arts in Health at FMC have identified a series of important factors in the success of the initiative including:

- > the value of preparation and support for dancers to work effectively in non-traditional settings
- > taking account of the practicalities of working in health care settings from the perspective of dancers/artists and hospital staff
- > understanding the powerful impact on the hospital community of dance in health care
- > awareness of the significant contribution that documenting this collaborative venture can make to the wider development of Arts in Health.

APPENDIX A

**Arts in Health at FMC
LEIGH WARREN AND DANCERS**

General observation

Location

Name of observer.....

Stats:

Number of people observed (approx)

Gender spread

Age spread

‘Observables’	Record range, examples, changes (eg initial and later reactions)
Facial expressions (eg smiling, frowning, blank, pensive, concentration etc.)	
Behaviours (eg fidgeting, chatting, looking away, craning neck, people leaving, crying etc.)	
Body language (observable moods) (eg calm, interested, happy, irritated, surprised, raised eyebrows etc)	
Audible/anecdotal (eg applause, specific comments, conversations, general buzz/silence etc)	(especially after performance)

Add any general impressions over page...

APPENDIX B

**Arts in Health at FMC
LEIGH WARREN AND DANCERS 2009**

FEEDBACK FROM STAFF

Arts in Health at FMC aims to support staff to provide a caring and healing environment for patients and visitors. To ensure that we are meeting the needs of everyone at FMC, we are keen to hear about people's responses to the performances by Leigh warren and Dancers in March 2009. Your feedback is confidential – just complete this form and leave it in box provided.

Did you observe any of the patients' responses to the dance?

For example, did they show interest or comment on the performance?

.....
.....

Did you notice any changes in their mood or facial expressions?

.....
.....

Did patients talk about it afterwards or show any changes in behaviour?

.....
.....

What was your own response?

For example, did you enjoy the performance?

.....
.....

Did it have any effects on your work?

.....
.....

Do you have any comments on the dance or the music?

.....
.....

What were your general impressions of the experience?

Overall do you think it was a positive experience for people?

.....
.....

Do you have any other comments about the value of dance in hospitals?

.....
.....

If you would like to discuss your feedback in person please feel free to contact Christine Putland, evaluation consultant, on 0418 809 848 or

cputland@internode.on.net. OR

Arts in Health at FMC on 08 8204 3096 or artsinhealth@health.sa.gov.au.

APPENDIX C

Arts in Health at FMC presents
***Leigh Warren and Dancers
 with Heather Frahn***

Audience feedback

As part of its 2009 program, Arts in Health at FMC is presenting a variety of music and dance in the wards and public spaces throughout the hospital. This program is designed to support FMC staff to provide a caring and healing environment for patients and visitors.

To find out if we are meeting the needs of hospital users we are evaluating the Arts in Health program. After the performance by Leigh Warren and Dancers today we will be seeking feedback from members of the public, staff, patients and visitors in the FMC courtyard.

Please tell us what you thought of the performance today by completing the following short survey. Just place X in the box that best describes your response to each statement. YOU DO NOT NEED TO GIVE US YOUR NAME.

Statements:	I agree strongly	I agree	I am not sure	I disagree	I disagree strongly
It was surprising					
It made me feel happy					
I found it interesting					
It took my mind off other things					
I didn't want it to stop					
It made me feel relaxed					
I would like to see more arts events in FMC					

Would you like to make any other comments about today's performance?
(please use reverse side of page)

Please circle the category below that best describes the reason for your visit to FMC today:

- Patient Visiting a patient FMC Staff member Volunteer Member of public/other

Please tell us how you found out about this public performance:

- Fringe guide Media Flyers/posters Word of mouth Other.....

Thank you! For more information about the program please contact Arts in Health at FMC on 08 8204 3096.

APPENDIX D

Arts in Health at FMC 2009 Leigh Warren and Dancers

Interviews with individual dancers

10. What did it feel like when you entered the ward/s to dance for the first time?
11. Was it different from other performances – if so how?
12. Have you noticed any responses from staff/patients/visitors? If so how do they make you feel?
13. What have you learnt so far about the process of performing in a hospital?
14. What has been the most challenging aspect so far?
15. Do you think you were well prepared by the visit to FMC etc?
16. Have you felt well-supported in your role by FMC staff etc?

Group de-brief with Dancers

1. How does it feel now the residency is over?
2. Thinking back to your first impression when you entered the ward/s on day one, do you feel any differently about the experience now?
3. Did your approach to the dancing change over time?
4. Did it have any affect on your sense of your professional role (as a dancer)?
5. Were there any responses from staff/patients/visitors that have stuck in your mind or made a particular impression on you?
6. Where there any surprises?
7. What was the most valuable thing you learned?
8. What would be your advice to other dancers intending to work in a hospital?
9. Would you do anything differently next time?

Arts In Health At FMC

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