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The Arts & Health Handbook: *a practical guide*



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Preface

The Arts Council's interest in arts and health goes back to the 1980s when hospitals were the first public bodies assisted to acquire works of arts, usually paintings, under the Joint Purchase Scheme.

In the intervening 20 years, the world of arts and health has evolved greatly. The diversity of organisations and facilities grouped under the umbrella of local health boards is extremely wide, ranging from hospitals through day-care centres, children's units and health promotion services.

Artists have responded to this growth and diversity. The visitor to a centre for the elderly may meet an artist-in-residence, the typical patient in a general hospital may find his stay enhanced by an artistic installation, while the child in temporary care may find herself joining in a project to design and build a play-sculpture.

Since 1999, the Arts Council has made a determined effort to understand the dynamic of the arts within the healthcare environment. The Council has sought to define a role for itself, which is supportive and, at the same time, consistent with its place within the public policy environment.

This role is to advocate the value of the arts within healthcare, to support the artists and project organisers who are committed to 'making it happen', and critically, to help ensure that the artistic practice is of the highest standard so that it might realise its transformative potential.

The Arts Council's work in this area has thus far been greatly assisted by the pioneering work of doctors, nurses, care workers and administrators, and, of course, artists. The energy and commitment of these dedicated individuals ensure the survival and growth of the arts and health sector.

This handbook draws on these individuals' experiences to present a practical guide to managing an arts and healthcare project in Ireland. We hope that this sharing of information will further strengthen and develop arts and health activities.

Mary Cloake
Development Director

How to read this handbook

The guiding principles in this handbook are intended to be as useful to people working in small healthcare centres with few resources as to those who work in larger centres or those who have generous funding at their disposal.

Many projects begin with a single idea that grows as the benefits of arts and health work become apparent and as people become more familiar with the concepts and skills involved. The handbook is written with the view that too much information is better than too little, and discusses as many aspects of arts and health work as possible. Thus, it contains detail that may overwhelm or seem unnecessary to someone who simply wants to commission a painting for a waiting area, or to invite professional musicians to perform for a particular group of clients.

The information is set out in four parts. Part 1 describes a range of recent art and health projects both national and international, and examines the objectives and outcomes of such activities.

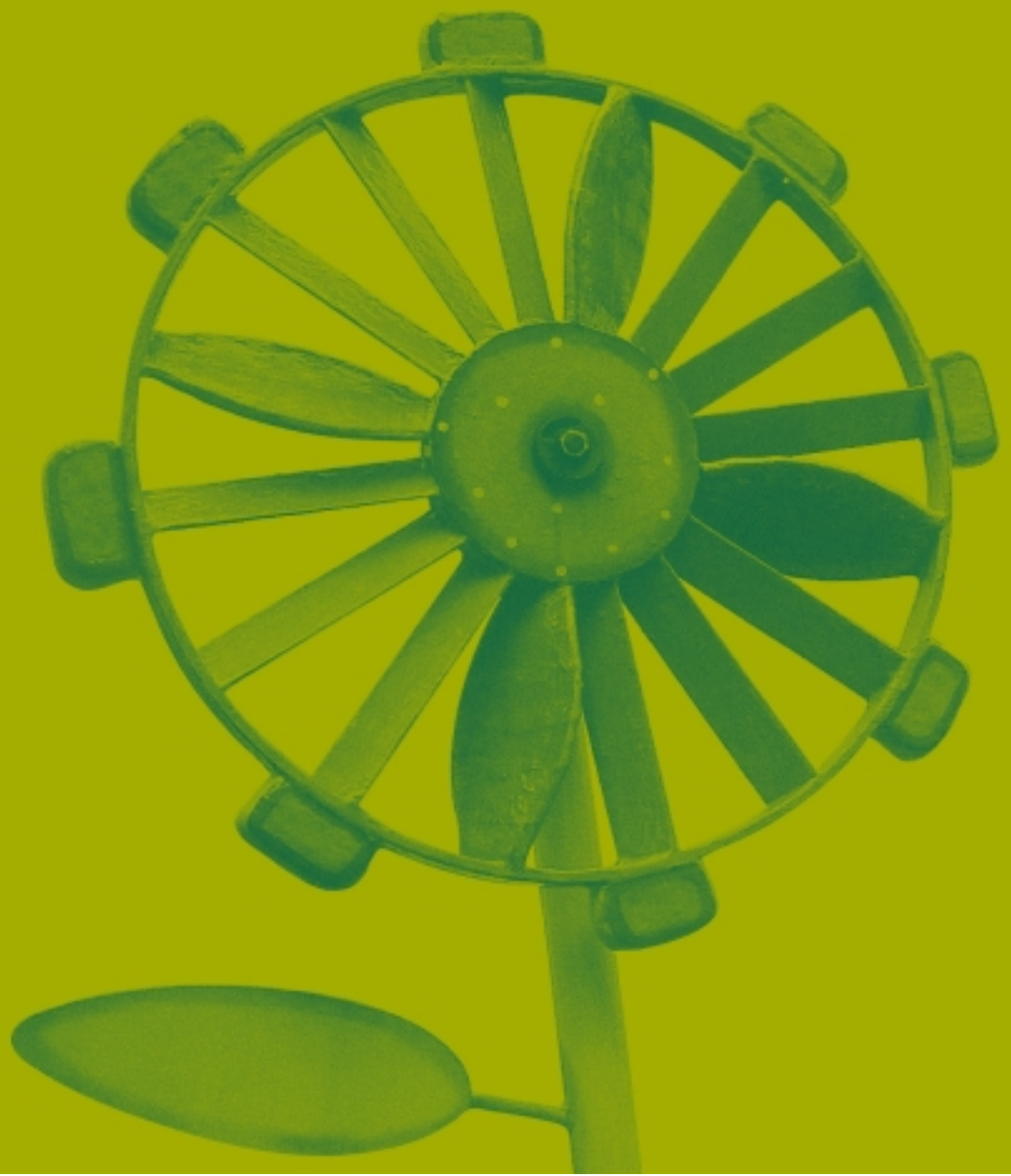
Part 2 takes a closer look at three current, or recent, projects in the Republic of Ireland, while Part 3 offers a practical guide to planning, financing, implementing and evaluating an arts and health project from start to finish.

Part 4 lists useful resources, both national and international, and defines terminology used in the arts and health area. While the resources information is as accurate and complete as possible at the time of printing, the sector is developing very rapidly. To be as current as possible, the Arts Council therefore has a web page dedicated to arts and health resources: see www.artscouncil.ie. This site offers links to other organisations and sources of information.



Part 1: Arts and health in context

Part 1 describes a range of recent art and health projects both national and international, and examines the objectives and outcomes of such activities.



Part 1:

Arts and health in context

Arts and healthcare projects: an overview

Arts and health work takes place in all kinds of healthcare settings, large and small, acute and chronic, residential and non-residential. There are no limits on the type of art involved. It may take the form of a single, initial project or an extended programme. It may begin with the decision to choose a painting or a piece of sculpture to brighten a hospital entrance. And it may end there. Or it may encourage staff, clients and artists to explore other possibilities in this complex and most rewarding field.

The following overview of various arts and health projects gives a sense of the scope and range of what is possible.

Visual arts

The installation of visual art, for example a painting or piece of sculpture, is often the first step taken by a healthcare centre to improve the environment of a particular area. Many arts and health projects of this nature begin with the initiative of a single person. The response to this initiative can often lead to further developments.

Shortly after the new Waterford Regional Hospital opened in 1990, a local general practitioner, Dr. Abdul Bulbulia, suggested using the visual arts to brighten the many long, dark corridors. An arts committee was set up, initiating the Waterford Hospital Arts and Healing Project. Initially, the committee commissioned a single piece of sculpture for the hospital lobby. That original committee has now evolved into the successful Waterford Healing Arts Trust (WHAT), with a number of highly successful projects to its credit, including a permanent art collection, works on loan, temporary exhibitions, participative arts projects and a healing garden (see Part 2: Case study 3).

Once arts programmes are well-established in healthcare centres, staff will often consult the artist or arts co-ordinator on a range of issues relating to design. In the old building of the Royal Victoria Hospital in Belfast, for example, staff in the Nuclear Medicine department approached the arts co-ordinator, Hilary Cromie, to ask for help in transforming a cramped, dull waiting area, where people must sit for long periods of time. As a result of this consultation, local artist Graham Gingles was commissioned to create a complex installation of boxes containing detailed figures evocative of childhood. A worksheet based on the pieces is available for children, to keep them occupied while they are waiting.

Transforming the physical environment

The creative transformation of a space affects all its users positively. The work done in St Kevin's Ward of Our Lady's Psychiatric Hospital in Cork by Cork Community Art Link is an example of the idea of transforming space within a space. Because the hospital was undergoing a phased closure due to changes in the psychiatric services, the project was given the use of a number of disused wards. Here, an art zone was created, featuring studio and gallery space (one painter alone has painted more than 800 striking large-scale paintings); a 'café' was decorated by the clients; also created were a multi-sensory room and a healing garden using found objects, both wooden and stone. The move to more modern premises means that clients will no longer have access to this art zone. However, an arts programme will continue in the new hospital in a different format, adapted to the new environment. For more information, contact Cork Community Artlink (see Part 4: Resources and definitions).

In the UK, The South Downs Health NHS Trust has pioneered a radical spatial solution to the problematic tendency of people with Alzheimer's disease to wander. Instead of looking for ways to confine patients, a team led by architect John Wells Thorpe has developed a trail of pathways that allow safe wandering¹.

Many initiatives start with a recognition of the special needs of children. One example of this is in the children's unit at Wythenshawe Hospital in Manchester. Here, a ward sister was playing a game of "let's pretend" with an anxious child in the lift on his way to the operating theatre when she had a wonderful idea. The theatre lift has since been transformed into a bright 'spaceship', with gleaming portholes and vivid patterns. The lift is so well-known that children ask to see it when they are admitted to the hospital².

Designing new spaces

The design team must include appropriate arts expertise from an artist to be successful, particularly when more far-reaching structural changes are planned. In recent years, many existing healthcare premises have benefited from artistic input throughout renovation and renewal programmes, such as that embarked on by the Royal Hospitals in Belfast.

The first project was the redevelopment of the Royal Children's Hospital. It was decided to initiate an integrated artworks programme at the outset of planning and local artist Rita Duffy was appointed Arts Co-ordinator. Lottery and other funding was made available and art became very visible in the hospital. Specially designed fabulist furniture makes the main lobby seem more like a playground than a clinical reception area, with an interactive wall and a sunken garden full of fantastical creatures under glass that is strong enough to walk on. A clever system of signage uses childlike images of animals and simple words. Every waiting room has a play area³.

¹ Friedrich, M. J. "The Arts of Healing" in *Journal of the American Medical Association* Vol. 281 No. 19 May 1999. (This article is available online at <http://jama.ama-assn.org>).

² "The Visual Environment" in Croall, Jonathan and Peter Senior (eds): *Helping to Heal: The Arts in Health Care* (1993). London. Calouste Gulbenkian Foundation. pp. 25 -37).

³ For an account of this project, see Cromie, Hilary in *Creating a Healthier Future: Proceedings of the Arts and Health Conference at Dublin Castle, 2000*. pp 18-23.

As a result of the success and popularity of this project, it was decided to integrate an arts perspective with the architectural process when the hospital began to design and plan its new main (Royal Victoria Hospital) building. The artist Philip Napier, consultant to the project, worked with a committee to put together a 'creativity team' comprising 14 artists with different interests, approaches and media. The team, selected through open competition, includes artists working in sculpture, print, poetry and glass.

Tracts of glass in both external and internal walls contribute to an impression of light, space and air, while a large-scale mobile fills the stairwell. Because of the proportions of the building, massive structures such as Michael Warren's *Screen*, made from a 100-year old piece of Irish oak, are easily accommodated, as are dramatic installations such as Alice Maher's *Fairytale Wall* or Janet Mullarney's many figures, which are suspended from ceilings and emerge from walls in waiting areas. The controversial railings that replaced the old hospital walls have become a local landmark.

The newly-built St Mary's Hospital in the Isle of Wight contrasts strongly with more traditional hospital environments. The building is full of light; corridors are laid out as 'streets', with large windows looking out to plant-lined and pebbled courtyards; art with specific local relevance, either in theme or in treatment, is everywhere, in consulting and waiting rooms, on the wards, on the stairs and in the corridors⁴. The benefits of artistic advice in the planning and design stages are clearly evident.

"Some modern hospitals have gone for the 'hotel feel' – efficient but de-personalised... We try to avoid that, and bring in the local community to get the individual feel. I think that's what makes it a healing environment."
Guy Eades, *Healing Arts (Isle of Wight)*⁵

Performance and participation

The performing arts are not always the first option that comes to mind when considering an arts project, but this type of work can have very positive outcomes, whether as performances or as participative activities. A recent research project undertaken by Music Network brought concerts performed by professional musicians to a range of healthcare settings around Ireland. This was so successful that a second project was initiated, featuring performances and workshops, in residential and day centres for older people in the Midland Health Board area. Both projects had benefits that far exceeded the expectations of staff (see Part 2: Case study 1).

⁴ "All Across the Authority: Healing Arts: Isle of Wight" in *Helping to Heal: The Arts in Health Care* (1993. London. Calouste Gulbenkian Foundation. pp. 85-91). Also: "Hospital Arts: Isle of Wight – Arts for the Hospital and the Community" in Kaye, Charles and Tony Blee (eds) *The Arts in Health Care: A Palette of Possibilities* (1997. London. Kingsley. pp 105–109).
⁵ "All Across the Authority: Healing Arts: Isle of Wight" in *Helping to Heal: The Arts in Health Care* (1993. London. Calouste Gulbenkian Foundation. pp. 85-91)

Age and Opportunity has initiated a similar “Arts in Care Settings” project, with a long-term aim of making the arts and creativity intrinsic to life-in-care settings for older people. The project involves a carefully structured series of arts workshops with the staff of long-term care settings. The workshops aim to offer new insights in the area of personal development and group relationships through involvement with the arts, and to equip participants with skills to facilitate creative activity with the older people in their care. So far, the training has involved drama, visual arts and dance. For more information contact Age and Opportunity (see Part 4: Resources and definitions).

London’s Chelsea and Westminster Hospital, famous for its striking collection of original artwork, is also known for its annual music festival. The hospital’s approach to the arts makes it a truly public space. People who live and work in the area come in, not only to see doctors or to visit patients, but to listen to performances or to drink coffee. This development is welcomed by Hospital Arts, the Trust which administers the arts programme within the hospital. The Director, Susan Loppert, argues that a hospital has a function similar to that of a medieval cathedral, existing “to give succour and shelter” to all who come within its precincts⁶.

In 1997, the hospital presented three performances of Mozart’s *Così Fan Tutti* by a local opera company (Pimlico Opera). The idea was controversial. The music critic Michael White expressed his initial reservations about the venue, given that the opera is, as he observes, about terminal illness. But he was won over by the quality of the production, staged in the “craziest performing space I’ve ever seen, suspended in mid-air between two banks of hyperactive lift shafts”. He concluded that the production was “heroic”, and that the true function of opera is to “serve the community”⁷. Since then, the hospital has staged other operatic productions.

Another radical approach to transforming the environment is the introduction of clowns, an initiative of Clown Care (USA) and Le Rire Medecin (France). Both use specially trained clowns to work with children in hospital situations to great effect. For anyone who might feel nervous about unleashing a force as anarchic as clowning in a hospital ward, it is reassuring to hear from Caroline Simonds, founder of Le Rire Medecin, that the first thing they did was to draw up a code of ethics and that they always work in close consultation with hospital staff⁸. Following an international conference held in Manchester in 1999, Le Rire Medecin went to Scotland, to help to train clowns there⁹.

“...practically no adult has a clue about the vitality of life. ... if I define health not as the absence of disease, which is a puny, meaningless definition, and instead define health as a happy, vibrant, exuberant life, it allows everyone to be healthy. Even the person with AIDS or cancer. Even the person dying that day can be healthy.” Patch Adams¹⁰

⁶ Loppert, Susan “Ars gratia sanitatis: the art of the possible” in Haldane, Duncan and Susan Loppert (eds): *The Arts in Health Care: Learning from Experience* (1999. London. King’s Fund Publishing. pp 69 - 80).

⁷ White, Michael: “Mahler 2, the way they do it at the Vienna Phil”, *Independent on Sunday*, September 12th, 1999.

⁸ Simonds, Caroline: “Clowns in French Pediatric (sic) Wards: A New Tradition” in *CHARTS*, pp. 32-34.

⁹ Senior, Peter: “Exploring the Next Step” in *The Next Step* (Conference Proceedings) (2001. Manchester. Arts for Health. pp. 8-9).

¹⁰ Adams, Patch: “Laughter is Contagious” in *CHARTS*, pp 34 – 38.

Participation

In some circumstances, staff will also consult with artists when they think a client could benefit from arts work. Musgrave Park Hospital in Belfast, a busy acute hospital specialising in orthopaedic work and spinal injury, is an example of this¹¹. Clients who suffer from restricted movement often experience boredom or frustration, in which case staff may call on the hospital artist, Nora Gaston. The artist works with clients on the wards, but when they become more mobile, they are also free to visit and work in the artist's studio.

There is a strikingly friendly atmosphere in Musgrave Park, partly created by a series of colourful banners at the entrance to the hospital and in the main reception area. The atmosphere is sustained by the vivid tapestries, murals, mosaics and paintings that decorate corridors, waiting areas and some wards. The children's unit uses murals specifically to divert and entertain the children, but the arts programme also reaches out to staff through workshops and the annual Christmas pantomime, which features staff from all departments and is open to patients, families and friends. The pantomime is written and produced by an active arts committee, who run it as a fundraiser for their own work in the hospital. A play, also written by the arts committee, tours the wards at Christmas time. Both events are an integral part of the life of the hospital.

*"This doesn't look like a hospital. It looks like a friendly place."
A child, coming into the Children's Unit at Musgrave Park Hospital¹²*

Soilse, an adult education training and rehabilitation programme, which is managed by the Northern Area Health Board, places great emphasis on the arts as part of its overall philosophy. In 1999, when the centre had recently moved into new premises, which had formerly been the home of the artist Harry Clarke, Soilse also took part in one of the pilot projects initiated by the Arts Council and the Eastern Health Board¹³. Because of the connection with Harry Clarke, glass was chosen as the medium for the project. Two artists, Carol McKeown and Fergus Johnston, devised a project with the participants and staff. They decided to use glass and sound mediated through a computer to produce an installation that expresses the participants' experiences of their journeys to recovery, using visual and auditory images of relevance to their lives. This project was highly ambitious and complex, and staff and participants appreciate the high standard of the resulting installation as much as they appreciate the benefits of the process that brought it into being.

¹¹ This programme is sponsored by ArtsCare, an organisation which administers 15 different artists working in different hospitals across Northern Ireland (see Part 4: Resources and definitions). The arts committee in Musgrave Park publishes a newsletter that contains detailed accounts of the programme's ongoing projects and achievements, which is available from ArtsCare c/o Musgrave Park Hospital, Stockmans Lane, Belfast BT9 7JB, - Tel 00 44 28 90535640. There is also an account of the programme in "The Visual Environment" in Croall, Jonathan and Peter Senior (eds) *Helping to Heal: The Arts in Health Care* (1993. London. Calouste Gulbenkian Foundation. pp 25-37).

¹² "The Visual Environment" in Croall, Jonathan and Peter Senior (eds): *Helping to Heal: The Arts in Health Care* (1993. London. Calouste Gulbenkian Foundation. pp 25 – 37).

¹³ Sarah Finlay, *No Drug Can Do That* (unpublished report). Information was also provided by Aoife Kerrigan, Education Officer at Soilse.

The question of standard, and of process versus product, is a key issue in arts and health work. Most health and social care workers agree that both are important. In Creag Aran (Kildare), a residential child care unit that was the site of another pilot project, staff were so impressed by the benefits of the process that they continue to use the principles they learned from the artist during the project in their work¹⁴. Creag Aran commissioned the artist John Langan to work with the children, with the overall aim of creating a lasting structure for the garden. Initial sessions were spent familiarising the children with art materials and concepts, building their confidence and exposing them to art (through field trips) and to ideas about art. The idea for the eventual 'product' of the project, a 'Wonder Web', was arrived at relatively late in the project's lifespan.

The web itself is a group sculpture surrounding a circular mosaic of portraits created by the children in the garden using coloured twine in which objects of 'wonder' are embedded. A variety of shrubs and climbing plants are planted at the base of the web. A totemic entrance features tiles decorated by staff and children and fired in bronze.

Several paintings by the children are framed and prominently displayed inside the building. The quality of the frames and the careful placing of the work undoubtedly contribute to the obvious pride that the children take in their work.

Challenging perceptions

The importance of the visual arts in the field of mental health is widely acknowledged. In England, the START Studios in Manchester forge strong links between clients of the mental health system and the wider community. The START programme offers its members free access to studio space and facilities and the opportunity to work alongside professional artists. It runs weekly studio-based workshops, outreach programmes and residencies and stages an annual exhibition of work by members¹⁵.

Another organisation that has been founded specifically to challenge perceptions of mental health issues, using art and creative writing as a forum, is the i am (inspired arts) movement, formerly the Arts and Mental Health Trust¹⁶.

"I found myself ten years ago in a life where everything disintegrated around me and I picked up a paint brush in the middle of what I call the mayhem. In applying paint to a surface, I began to understand where I was at the time, where I had been, and where I might have choices to place myself". Pdraig Tolan, artist and founder member of i am¹⁷

¹⁴ Sarah Finlay, *No Drug Can Do That* (unpublished report). Information was also provided by Noelle Connolly, Principal of the school at Creag Aran.

¹⁵ Promotional literature is available on this programme from START (see Part 4: Resources and definitions). Accounts have also been written, as in Brown, Langley: "START: The Art of Mental Health" in Kaye, Charles and Tony Blee (eds) *The Arts in Health Care: A Palette of Possibilities* (1997). London. Kingsley. pp. 217 - 227).

¹⁶ Ings, Richard: *i am London @ Tate Modern*, a report on inaugural conference of the London Network of i am, (London. London Arts. 2000).

¹⁷ Ings, Richard: *i am London @ Tate Modern*, a report on inaugural conference of the London Network of i am, (London. London Arts. 2000).

Brian Maguire's recent residency in Gransha Hospital (Derry), *The Day Room Project*, also set out to question perceptions of mental illness. In this project, a series of 'site-specific' portraits of clients were hung in public spaces as an antidote to the tradition of gloomy portraits of founders. A retrospective of the artist's work in the Hugh Lane Gallery, Dublin, (*Inside/Out*, 2000) took some of those portraits out of their original setting and brought them to the attention of the wider public. This exhibition clearly demonstrated that Maguire's concerns in *The Day Room Project* were not grafted on to his career in an artificial way, but were an intrinsic part of his artistic awareness¹⁸.

"This project could potentially be more enlightening than all the seminars, all the conferences, you name it. This could bridge a gap. The faces portrayed are the faces you find anywhere. They're not different. They're not mad." Anne Armstrong, participant in *The Day Room Project*¹⁹.

More recently, Calypso Productions, a Dublin-based theatre company, has entered into partnership with two of the city's psychiatric hospitals to bring readings, performances and music to clients as part of a conscious effort to reduce the stigma of mental illness and to facilitate access to the arts for people in long-term care (see Part 2: Case study 2).

Health education

Susan Macfarlane's touring exhibitions in the UK, *A Picture of Health* and *Living with Leukemia* are examples of bringing arts and health work out into the wider community. The projects began when Dr Geoffrey Farrer-Brown asked the artist to paint staff at work in his laboratory. The work developed into a study of the experience, diagnosis and treatment of breast cancer. A charity, *A Picture of Health*, was established, and a follow-up project, *Living with Leukemia* was commissioned²⁰. Fully-illustrated catalogues accompanied each exhibition. The catalogues contain reproductions of paintings along with support studies and essays by the artist and Dr Farrer-Brown, describing each project. Each catalogue also contains commentary by an art critic and articles by specialists in the diagnosis and treatment of the relevant illness. In the first, a woman describes what it was like to have and be treated for breast cancer, while in the second, a mother whose daughter died of leukemia has written an account of her experience. The aim of these exhibitions is to use art to promote understanding of the experience of each of these diseases and their treatment.

Art can also be used to challenge the perceptions of a hospital community. In Australia, a programme called *Art Injection* teams sculpture students from Sydney College of the Arts with hospitalised young people to create artworks that explore the experience of hospitalisation. This is organised by *Youth Art in Hospitals* (see Part 4: Resources and definitions).

¹⁸ Kelly, Liam (ed): *Brian Maguire: Portraits from a Day Room*. (1999. Derry. Orchard Arts and Foyle Health and Social Services Trust).

¹⁹ Kelly, Liam (ed): *Brian Maguire: Portraits from a Day Room*. (1999. Derry. Orchard Arts and Foyle Health and Social Services Trust).

²⁰ *A Picture Of Health: Paintings And Drawings Of Breast Cancer Care* by Susan Macfarlane: A Sheeran Lock Exhibition, published by Sheeran Locke Fine Art Consultants, NY & Yorkshire, 1995; and *Living With Leukemia: Paintings And Drawings Of Childhood Leukemia* by Susan McFarlane: A Picture of Health exhibition: London, Haymarket Medical Publications Ltd, 1998.

In their first project, *Technology and the Body*, the young people were asked to use technologies that had been used on them clinically to explore how they related to the hospital environment.

The art produced included murals, mosaics and sculptural portraits using hospital equipment: crutches, plaster, drips, wheelchairs. Patients and ex-patients then had the experience of gathering an audience to view representations of their bodies as artworks rather than as objects of clinical analysis and treatment. Hospital staff, in turn, were challenged to re-assess their assumptions and perceptions of their patients and the nature of the doctor/patient relationship²¹.

Partnerships

The Art Injection programme is one example of creative partnerships set up between cultural centres and healthcare centres. In France this principle is formally known as 'twinning'. As described by Patrice Marie at a conference held in Dublin Castle in 2000, most twinning 'encounters' begin with a meeting between representatives of the two organisations: the healthcare centre and the cultural facility²². Between them, they devise a programme that aims to put the resources of the cultural facility at the disposal of the healthcare centre. People from both environments work together. Patients, their families and staff from the healthcare centre visit the cultural centre and may co-host events (previews, private tours, screenings). In turn, staff from the cultural centre visit the healthcare centre to help set up events or activities such as concerts, exhibitions, a library or screenings. But twinning also involves clients of the healthcare centre in creative activity supported and advised by an artist or group of artists who work closely with healthcare staff over an agreed period of time. This aspect of the work usually culminates with some form of presentation of the art produced. The presentation may take place in the healthcare centre, in the cultural facility, or in both.

In Ireland, a similar partnership has been established between the Healing Ark²³ and the Children's Hospital, Temple Street (Dublin). As part of its ongoing work in children's healthcare settings, the Healing Ark offered to work with the hospital on a project designed to enhance the environment of the newly re-furbished casualty and day ward department.

A representative of the Ark, Dara Carroll, consulted with hospital staff about their needs and their preferences. There has been a range of outcomes from this project, which is still relatively new and undergoing development. The corridors of the new part of the hospital display a range of artwork, some of it by children and some painted by an artist working in conjunction with children.

²¹ Amanda Buckland and Michaelie Crawford et al (eds): "Introduction" in *Art Injection – Youth Art in Hospitals* Sydney. (The Children's Hospital and Sydney College of Arts. 1994).

²² *Creating a Healthier Future: Proceedings of the Arts and Health Conference at Dublin Castle, 2000* pp 32 – 36.

²³ A charitable Trust set up by the Ark Children's Cultural Centre (Dublin) (see Part 4: Resources and definitions)

In the treatment areas, each bed is surrounded by a brightly coloured curtain, and a series of vivid mobiles hang over the beds to serve as a distraction from medical procedures. An enclosed courtyard area, which is overlooked by waiting rooms and ward spaces, contains a collection of installations of fantastic figures to distract children from their more immediate clinical environment. Following the success of this project, the Healing Ark has been invited to work with Our Lady's Hospital for Sick Children in Crumlin (Dublin) on a similar project, but this time, from an early stage in the planning process.

Primary healthcare

Arts and health projects can be used just as effectively in a general practice, as Dr. Malcolm Rigler has proved in Withymoor village surgery in Brierley Hill (UK). In an area and at a time when few other resources were available, Dr. Rigler turned his surgery into a cultural centre²⁴.

The Brierley Hill Project began with the simple addition of colourful posters and mobiles to the waiting room. Since then, the surgery has hosted artists and writers-in-residence, has run art classes in the waiting room where clients make greeting cards to send to new babies, and has staged live theatre performances and concerts.

Inevitably, not everyone responds positively to such radical change. While many people visit the surgery and join in with whatever is going on, others have left the practice, preferring a more traditional environment. But Dr. Rigler is convinced of the value of the changes. So are the artists who have worked there, many of whom have gone on to set up a new organisation, Celebratory Arts for Primary Health Care, which offers similar services to other practices.

"People's lives have changed. Some of us can see the arts having a dramatic effect, as strong as penicillin, in getting patients where they need to be ... It's also kept staff very buoyant and morale high; there's always a project to look forward to. It balances up having to cope with so much distress." Dr. Malcolm Rigler, Brierley Hill²⁵

Celebration

Some healthcare centres will use the arts to celebrate a very specific event or milestone. In Dublin, the National Maternity Hospital (Holles Street, Dublin) ran an ambitious arts programme to celebrate its centenary in 1994. This programme was supported (financially and in-kind) by corporate sponsors and by the Arts Council. Among its many features, it included the appointment of a writer-in-residence (Eavan Boland).

²⁴ Blee, Tony: "Celebratory Arts: The Arts in Primary Health Care" in *The Arts in Health Care: A Palette of Possibilities* (1997). London. Kingsley) and "But is it Medicine?" in *CHARTS*.

²⁵ "But is it Medicine?" in *CHARTS*.

A play, *Portia Coughlan*, was commissioned from Marina Carr. An exhibition, *Síolrú*, featuring the work of over 140 Irish artists, was held in the RHA Gallagher Gallery and several site-specific works were commissioned. A number of workshops and other activities exploring themes of maternity, fertility, regeneration, birth and death, were co-ordinated as part of an outreach programme²⁶.

Activities also included performances and a carnival. The overarching intent of these disparate activities, celebrating creativity and celebrating life, was well realised. Yet this project, like the Waterford Healing Arts Trust and many others, began with the vision of one person when an artist, Barbara Cullen, approached Maeve Dwyer, Director of Nursing at the National Maternity Hospital (Holles Street) with a view to developing an arts project that would enhance the hospital building. The Director of Nursing consulted with colleagues and they set up a committee in consultation with arts practitioners. The programme was enthusiastically taken up and supported by personnel within the hospital, and the project has left an enduring legacy in terms of both visual and literary artwork generated.

Objectives and results

The core purpose of arts and health projects is to improve the quality of life experienced by all people in health and social care settings, whether they are being cared for, are simply visiting, or are working either on the healthcare team or as an artist. The interplay between the arts and healthcare worlds has a significant impact on the many different categories of people and spaces involved:

Healthcare centres

A primary aim of many arts and health projects is to improve the physical space in order to create a more positive environment for the people using the healthcare services and for the people working there. Paying attention to these aesthetic considerations sends out a positive message about the ethos of the centre.

Service users and visitors who come to a centre that has been well-designed will clearly feel more welcome than they would in a dark, run-down building. Time spent waiting for a daunting procedure or diagnosis might be less stressful if care has been taken to enhance the environment. Many arts and health projects begin with a straightforward plan to improve the atmosphere of an entrance lobby or a waiting area through the addition of a sculpture, painting or series of paintings, or by consulting an architect to redesign the layout of the area.

²⁶ Grehan, Mary: *A Report on the National Maternity Hospital's Arts Programme, March 1994 – March 1995* (unpublished).

Large healthcare buildings can be confusing, so signs and directions are also important. Working with artists, many hospitals have developed a system of signs and/or colour coding that is clear, effective and aesthetically pleasing. Striking artwork can also help people to get their bearings in a maze of corridors.

Increasingly, healthcare centres invite professional musicians and actors to perform within the centre. The benefits of this extend beyond the actual performance and include a sense of anticipation before the event and a common interest afterwards that may contribute to an atmosphere of community²⁷. In some cases, performances may be open to the public, while in others they are staged for a specific group of service users in a more intimate setting.

The success of these various measures is evidenced by the fact that many centres use images and/or accounts of arts projects in their promotional literature to raise the profile of the healthcare centre. In Japan, for example, where demographic changes mean that there is increased competition among residential facilities for older people, evidence suggests that centres with artistic or cultural dimensions programmes are more likely to attract clients²⁸.

Service users

Empowerment

Participation in the arts may help service users to retain a sense of themselves as individuals, with an identity beyond the circumstances that have brought them into a particular healthcare setting. For some, the discovery or development of a creative talent may bring positive new dimensions to their lives.

Healthcare personnel may also come to have a different awareness of service users through observing or sharing an artistic experience with them.

Sense of ownership

Service users and their visitors may gain an increased sense of ownership and investment in their environment through participation in arts projects.

Some long-term service users have a desire to make their mark on a place that has sheltered them during a period of crisis, for example, ill-health or rehabilitation. Arts and health projects can offer them an opportunity to fulfill this desire.

²⁷ This observation is based on the findings of Music Network (See Part 2: Case study 1).

²⁸ "Art, Culture and Hospital Design in Japan" in *Culture, Health and the Arts, an Anthology* (2000. Manchester: Arts for Health/Manchester Metropolitan University. p 17).

Enhanced recovery

Experience suggests that being in an aesthetically enhanced environment promotes well-being. Some commentators suggest that post-operative recovery time is reduced when a patient has artwork to look at. Exposure to the natural environment may also help and the installation of healing gardens is an increasingly popular feature of many healthcare centres²⁹.

Some hospitals are investigating the influence of improved environments on the pain levels experienced by patients³⁰.

Staff

Attracting and keeping staff is a key issue for many healthcare centres. Given a choice, it is reasonable to expect that most workers would opt to work in a bright, spacious and well-planned environment³¹.

When members of staff come together to participate in arts projects, across departments and with a focus beyond clinical outcomes, a strong sense of community and shared interest is generated which may transcend any boundaries between departments.

In some cases, people who might not have experienced art in a direct or positive way get the opportunity to explore their own creativity and to acquire new skills that may benefit them both personally and professionally.

Artists

Traditionally, the discussion of arts and health activities has focused on the benefits to the healthcare sector, but it is becoming apparent that the arts sector is also enriched and has much to gain from this interaction.

For artists who often work in relative isolation, there are positive aspects associated with engaging with different communities. Through arts and health work, an artist may connect with more diverse audiences, and encounter fresh challenges in dynamic and unconventional settings; the ideas generated from engagement and dialogue with specific groups with particular needs may enable an artist to bring an original perspective to his or her work.

²⁹ Ulrich, Roger "The Effects of Viewing Art on Medical Outcomes" in *Culture, Health and the Arts, an Anthology* (2000: Manchester. Manchester Metropolitan University); Friedrich, M. J. "The Arts of Healing" in *Journal of the American Medical Institution* Vol. 281 No. 19 May 1999. (This article is available online at: <http://jama.ama-assn.org>); John Wells Thorpe, Conference Paper given at *The Arts as Medicine* Conference, Glasgow 2001 (proceedings available from: info@artsasmedicine.org.uk); John Wells-Thorpe "Architecture and Therapeutic Advantage" in *Culture, Health and the Arts, an Anthology* (2000. Manchester. Arts for Health/Manchester Metropolitan University pp.15 –16). See also Scher, Peter and Peter Senior: *The Exeter Evaluation: An Evaluation Research Project of Exeter Health Care Arts*. (1999. Manchester. Arts for Health/Manchester Metropolitan University); Spencer, John: *Live Arts Experiences: Their Impact on Health and Wellness*. (2000. New York. Hospital Audiences Inc.).

³⁰ Other evaluation studies, such as those being conducted by London's Chelsea and Westminster Hospital are currently pursuing this line of investigation: research.project@chelwest.org or info@chelwest.org.

³¹ Recent research at the newly-built St Mary's Hospital in the Isle of Wight, one of a growing number of hospitals designed from the planning stages with arts and health principles in mind, suggests that it attracts more applications for staff positions than other hospitals. Researchers believe that the extensive arts programme is also a key factor in this. "All Across the Authority: Healing Arts: Isle of Wight" in Croall, Jonathan and Peter Senior (eds): *Helping to Heal: The Arts in Health Care* (1993. London. Calouste Gulbenkian Foundation. pp. 85-91).

Equally, arts projects and practices in healthcare settings can do a lot to augment public access to and understanding of the arts.

An increase in the number of arts and health activities with high artistic standards has one very practical outcome for the arts sector – these projects can provide meaningful employment possibilities for artists that utilise their skills and talents as artists, outside of the traditional employment opportunities.

— The wider community

An arts project in a healthcare environment may reduce the level of anxiety felt by members of the local community in relation to the conditions that might bring them there, such as illness or visiting a sick relation.

A growing trend towards mounting exhibitions and performances within healthcare settings means that the surrounding community may view the centre with new eyes and develop a positive sense of ownership in it. This in turn may promote confidence in the services it provides³².

A further benefit to the community is that arts projects in healthcare settings help to bring the arts out of exhibition and performance spaces, where they are typically experienced, and into more diverse places and, potentially, to new audiences.

— Checklist of benefits:

The following checklists draw together the potential benefits from arts in a healthcare setting as illustrated by the foregoing examples. A version of this list may be useful when you look for support for your project or apply for funding. It will need to be supported by a clear plan – see Part 3: Practical guide.

— To the healthcare centre:

- Reduction in stress within the environment
- More positive experience of the healthcare environment for staff, service users and visitors
- Improved perceptions of the centre
- Stronger sense of community
- More attractive to staff as potential places of employment
- More attractive to potential clients

— To service users:

- Sense of ownership of the environment
- Retaining a sense of identity beyond their current circumstances
- Development of creativity and talent
- Enhanced relationships with staff
- More positive experience of health

³² Loppert, Susan “Ars gratia sanitatis: the art of the possible” in Haldane, Duncan and Susan Loppert (eds): *The Arts in Health Care: Learning from Experience* (1999. London. King's Fund Publishing. pp 69 - 80).

- Increased well-being and self-confidence
- Enhanced recovery
- Increased access to the arts
- Increased capacity for creative and critical thinking skills
- Some participants develop a latent talent

— To staff:

- Improved working environment
- Stronger sense of community
- Increased creativity
- Enhanced awareness and appreciation of both service users and staff as individuals
- Possibility of developing new or existing skills

— To artists:

- Artistic and personal development
- Engagement with the community
- More diverse audience
- Increased public understanding and appreciation of the arts

— To the community:

- Reduction in sense of intimidation or alienation from a public service
- Increased sense of ownership of a healthcare centre
- Increased access to the arts



Part 2: Case studies

This section takes a closer look at three current, or recent, arts and health projects in Ireland.



Part 2: Case studies

We have chosen the following three projects as subjects for a more in-depth account for several reasons. Between them, they represent a broad range of arts work and of healthcare environments across the country. They encompass a spectrum that includes artist-led work, environmental enhancement projects, performance and participation. Each represents an imaginative and creative approach to arts and health work, making the most of whatever resources they have at their disposal while meeting the challenge of matching a set of artistic objectives with a specific set of circumstances.

Case study 1: Music Network

Case study 2: Calypso Production

Case study 3: Waterford Healing Arts Trust

These three case studies represent our account of each project and are not 'case studies' in a formal sense.

Case study 1:

Music Network

“Concerts in Healthcare Environments” and “Music in Healthcare”,
Phases One and Two.

Organisations involved

Various healthcare centres around the country participated in the initial “Concerts in Healthcare Environments” project, including residential centres for older people, day centres for older people, central remedial clinics, residential centres for adults with learning difficulties, educational training centres for young people with physical and/or learning disabilities and one general hospital.

“Music in Healthcare”, a more tailored and sustained programme that evolved from the initial project, focused on six residential and day centres for older people in the Midland Health Board region.

Music Network was established by the Arts Council in 1986 to develop music on a nationwide basis. The organisation is committed to making music accessible to all people in Ireland, regardless of circumstance or location.

Background

In 1998, the “Concerts in Healthcare Environments” project, an initiative of the Minister of Arts, Heritage, Gaeltacht and the Islands was developed in conjunction with the Arts Council. Music Network was chosen to design and manage the project, which was funded by the Arts Council and the Department. The “Concerts in Healthcare Environments” project facilitated once-off concerts, performed by professional musicians in healthcare environments.

Aims

The original aims of the project were:

- To provide people in a variety of healthcare environments with access to live music concerts.
- To measure the impact of these concerts within participating centres.

The aims of the subsequent “Music in Healthcare” programme are:

- To provide older people accessing day-care or living in residential care environments with access to live music experiences, including performances and participative workshops.
- To measure the impact of these experiences within participating centres.

“Concerts in Healthcare Environments”

Description

In this initial project, 22 concerts were held in 22 centres. Nine musicians were involved in the concerts, which drew an estimated audience of 900 people.

Music Network made the initial approach to most of the healthcare centres, but following publicity, other centres offered to host concerts as well. Once initial contact was made, a member of staff from each centre gave a profile of the work of the centre and of the expected audience in order to plan the content and duration of concerts.

The musicians planned their performances according to the attention span or physical stamina of the audience. They chose music that they felt would be familiar to the audience and that would relate to their lives in some way. Where possible, a local flavour was added to the programme.

At the beginning of each concert, the musicians spoke about their instruments. Each piece was introduced verbally by one of the musicians. Afterwards, audience members said they particularly enjoyed this approach. In most cases, the musicians stayed on after the performance to chat to the audience more informally.

Benefits

People living in healthcare environments and people with disabilities often have restricted access to live performances of music. The Music Network concerts exposed some of the audience members to live performances of classical music for the first time in their lives, whereas others had played instruments in former years and welcomed the opportunity to re-visit that experience.

The social impact of these performances was remarkable. The level of interaction offered by the musicians gave a context for the experience, but it also encouraged communication between group members, both during and after the concerts. In all cases, both staff and group members wanted repeat performances. Many observed that there was a sense of ‘special occasion’ about the concerts.

It was also noted that in centres where participants were exposed to other arts activities, the audience members were more vocal in expressing their preferences and in asking for repeat performances. This suggests that expectations are lower among groups who are less aesthetically engaged.

“Music in Healthcare”, Phases One and Two

Description

The design and plan of this project is based on an evaluation of the “Concerts in Healthcare Environments” project and incorporates learning from the recommendations made within that evaluation report (written by Jackie O’Keeffe). This follow-on programme was designed by Music Network in partnership with administrative and care staff from the Midland Health Board.

In this programme, two phases of which have taken place to date, participatory workshops and performances took place in six long-stay residential and day care centres in the Midland Health Board region. Each phase consisted of six weeks of activity in each participating centre. Phase One ran from April to June 2000, and Phase Two from October to December 2000. Two facilitators led each phase of the programme, each working with two other professional musicians in three venues.

The facilitators and the musicians attended Music Network’s Continuing Professional Development workshops before each phase of the programmes commenced. Each of the venues appointed a project liaison person to work with the facilitators, to co-ordinate the sessions within their venue and to act as a point-of-contact. This person and other staff members received a day’s training from the programme facilitators before each of the two phases of in-centre activity began.

The project evaluators found that participants particularly enjoyed and responded to the quality of the performances and the presence of professional musicians.

Benefits

“She can’t speak since the stroke but she mouthed the words to the songs. I didn’t know she could.” Member of staff, following a Music Network Concert

Participation and creativity

The participative workshops revealed levels of ability and enthusiasm in certain participants that surprised even staff who knew them well, as in when people made music with instruments that staff would have expected them to have difficulty holding.

Communication

The performances stimulated communication between the participants and between participants and staff, a situation that continued between workshops and performances as well as immediately after them. One member of staff reported that “when you see a client discover a new talent, at keeping a rhythm or something, you see them in a new light.” Music itself is a means of communication beyond language. This meant that people with speech defects and language problems could also participate.

Access

Very few of the older people involved are able to attend performances outside of the hospital setting, due to ill health or disability. This means that their only access to performance is when performers (in this case, musicians) come to them.

Variation in routine

For many of the participants, this was their favourite aspect of the project. Staff took advantage of this by encouraging conversation between sessions about what had happened in the last one, or what would happen at the next one. Participants commented on having something to look forward to. At some centres, staff helped the older people to practice between sessions.

Pleasure

Both staff and participants expressed their enjoyment of the sessions and noted a resulting improvement in mood.

Increased confidence and ability

Staff noticed an increase in participants’ confidence over time. They also noticed an improvement in concentration and ability to follow direction.

“It brought the beat to my heart, playing that drum!”

Participant, Music Network workshop

Observations:

The second project is notable for the way it has included the recommendations of the evaluation report written during the first. In this way it is a model for extended arts and health projects, and an example of how effective it is to build a focused evaluation into the structure of a project.

The projects placed high demands on staff in terms of setting-up the performance/ workshop space and bringing participants to the space. While staff enjoyed the projects and expressed the benefits they had witnessed and experienced, showing a great deal of dedication and goodwill, this situation needs to be formally catered for through a funding structure that includes payment for additional staffing hours.

Staff appreciated the training that they had received, and would like to extend it, so that they can continue the work of the project in various ways.

The “Music in Healthcare” programme entered a third phase in January 2002. This third phase will last for three years and will build on the work of the previous phases. It will focus on cementing a partnership between Music Network and the Midland Health Board, in order to ensure the programme’s sustainability for the future.

Funding:

The “Concerts in Healthcare Environments” project was initiated by the Arts Council and jointly funded by the Department of Arts, Heritage, Gaeltacht and the Islands and the Council. The “Music in Healthcare” programme has, to date, been funded by the Department of Health Lottery Fund, the Department of Arts, Heritage, Gaeltacht and the Islands, the UN International Year of Older People, the Arts Council and the Midland Health Board.



Case study 2: Calypso Productions

The Special Care Therapy Unit, St. Brendan's Psychiatric Hospital (Dublin) and The Recreational Unit, Central Mental Hospital, Dundrum (Dublin).

Organisations

This project came about as a result of co-operation between a theatre company (Calypso Productions) and two specific units within psychiatric hospitals.

The Special Care Therapy Unit in St. Brendan's Hospital, Dublin is the leisure time activity and relaxation centre for the four special care units within the hospital. Clients who attend the Calypso programme here have a variety of psychiatric illnesses or personality disorders and some may have a challenging behaviour component to their illness. The age profile of clients varies from 16 – 80 years.

The Central Mental Hospital is the location of the national psychiatric forensic service. The Recreational Unit has been in operation for the last five years and runs alongside other vocational programmes.

Calypso Productions is a Dublin-based theatre company that aims to produce dynamic and distinctive productions challenging injustice and social exclusion in today's rapidly changing world. Because of their commitment to arts for all, they also provide artistic programmes in both St. Brendan's Hospital and in the Central Mental Hospital, which are aimed at breaking down the stigma and social exclusion experienced by people who suffer from mental disorders.

Background

In 1999, Calypso approached Una Murphy, the Special Care Unit Clinical Nurse Manager at St. Brendan's, for background information as part of their preparation for staging a play about mental illness. In gratitude for the information they received, they offered to stage some Christmas entertainment in return, but what the Unit really needed was something more sustained.

Calypso developed a proposal for a pilot project of poetry, prose and play readings by actors and writers, to be held on a weekly basis for clients in the 'Snoezelen Room'. A group of freelance actors and writers was formed and the programme began in February 2000.

Following its success in St. Brendan's, Jim Cullen, the Recreation Officer at the Central Mental Hospital, invited Calypso to bring the programme to his unit. It has been in operation there since November 2000.

Aims

The aims of the project are to provide:

- Meaningful relaxation and entertainment for participants.
- A safe environment for discussing topics arising from the material.
- Access to the performing arts for participants.
- Improved quality of life for participants and staff.

Description

The Snoezelen (multi-sensory environment) Room in St. Brendan's is a calming, relaxing space (about 16' X 12') with wall seating and cushioning on two of the walls and comfortable padded chairs against the third. The basic colour scheme is blue, pink and cream. A special lighting system, involving a bubble tube, mirrors, fibre-optic strands, a spotlight and a colour wheel, projects balls of slowly changing colour onto the ceiling and the walls. An aromatherapy diffuser generates a scent that also helps to differentiate the space from the ward outside.

In the Central Mental Hospital, which uses a similar lighting and aromatherapy system, the walls are painted cream and gold and lined with cushions, while the floor is padded. Here, participants sit on the floor and recline on cushions during the sessions.

In both hospitals, the Calypso sessions are always supervised by a member of staff. When the door is closed, both rooms have a calm, sanctuary-like atmosphere. The Snoezelen is an ideal environment to help generate an atmosphere of openness and trust.

Sessions take place for one hour once a week. Two actors/writers and a facilitator take part. Six to ten clients participate and other members of staff and/or visitors from outside the two hospitals occasionally visit the project. Work is performed and discussed by the actors/writers. Participants may also read or perform. Music and singing are often featured.

Benefits

Staff report many benefits from the Calypso sessions in the Snoezelen room. It has been noticed that participants have an increased attention span during these sessions and that participant interactions are positive.

A strong group feeling is generated during the sessions. Participants will sometimes open up in response to a reading and may volunteer a story of their own. This can give staff additional insight into a participant. More often it is the expression of the story or memory that has value to the group, as well as to the individual.

Staff have observed an increase in the confidence of participants in the sessions. For example, one regular attendee in St. Brendan's, a person with severe speech difficulties, will now speak out with confidence, even in front of visitors, whereas before he would have been reluctant to express himself.

Other advantages to the programme include the fact that the actors and writers who come in to the Unit bring a link to the outside world. Because of the nature of their work, a participant may recognise an actor and this adds to the sense of the outside world coming into the Unit.

For the actors and writers associated with the programme, this work helps to break down the stigma of mental illness.

From a different perspective, staff at St. Brendan's say that they now have ambassadors for the hospital and the Unit out in the wider world, people who know that wonderful things are being achieved in the Unit. Because of their relationship with Calypso, they feel that they have the arts on tap. If they want to organise something, they contact Calypso and they can arrange for a production to be staged in the hospital.

In the Central Mental Hospital, the participants are enthusiastic about the benefits of the programme. Asked what their advice would be to anyone thinking of setting up a similar project, their response was: "Just go for it." The group describes a sense of enjoyment and relief from pressure during the sessions.

But there are other benefits. One participant says that the Calypso sessions make poetry more accessible. After a reading of Oscar Wilde's "The Happy Prince," this person took the Complete Works out of the hospital library and loved it. Another participant describes how his thought processes were affected in an accident, but the conversations generated during the Calypso sessions help him to think more clearly.

Observations

There is a definite need for a member of the healthcare staff who is familiar with the participants to act as a facilitator for these sessions.

Members of Calypso believe it is an advantage that they know nothing about participants other than their first names. This means that they see and interact with people for who they are, rather than with any preconceptions or assumptions.

Calypso also contributes to productions such as the Christmas Variety Show at the Central Mental Hospital.

Funding

The initial project in St. Brendan's was funded by Calypso, which, in turn, is partly funded by the Arts Council. The Snoezelen rooms are funded by the Health Boards (the East Coast Area Health Board manages Dundrum, while the Northern Area Health Board manages St. Brendan's).



Case study 3:

Waterford Healing Arts Trust

Organisations involved

Waterford Regional Hospital provides medical services to a catchment population of more than 390,000 people. A busy general hospital, it has 460 beds and out-patient clinics that cater for 70,000 service users per year.

In 1991, the Waterford Regional Hospital Arts and Healing Project was set up as a committee within the hospital. The Project has since evolved into the Waterford Healing Arts Trust (W.H.A.T.), still run by the hospital arts committee in conjunction with an arts co-ordinator, and supported by arts workers and administrative staff funded by FÁS.

Background

In 1991, recognising that the new hospital building was confusing and off-putting for many people, a local general practitioner, Dr. Abdul Bulbulia, suggested using the visual arts to enhance and transform the hospital environment. An arts committee was set up and the Waterford Regional Hospital Arts and Healing Project began. At the time, the idea of arts and health was relatively new in Ireland and, over the next several years, the work of the Project was to evolve into a model for arts and health practice in the Republic of Ireland.

The initial Arts Committee included the Hospital Manager, the Director of Nursing, various members of staff and representatives of locally-based arts initiatives. Their first project was to commission a piece of sculpture for the entrance lobby and they enlisted the advice of the Sculptors' Society of Ireland (SSI) in doing this. The successful proposal was Remco de Fouw's "Quintessometry", a complex interactive piece that uses stone, metal, water and light to create a focus for staff, service users and visitors in the hospital lobby. At the same time, a private benefactor purchased and donated Janet Mullarney's "Couple on a Bench", a wooden sculpture depicting two people touching. Both pieces are an integral part of the large entrance area of the hospital and they invite people to look at them, touch them, interact with and even sit on them.

Following the success of this initiative, an artist was employed to develop an arts plan for the hospital. The arts plan was drawn up in consultation with members of staff and with arts and health organisations in the United Kingdom, where such projects were more established.

The artist who drew up the plan, Aifric Gray, was hired as arts co-ordinator for the hospital. The position was subsequently extended to cover a wider regional area.

Aims

- To enhance the hospital environment by reducing anxiety for service users and visitors and by introducing pleasant, less stressful working conditions for staff.
- To enhance healing and demystify the arts by making the hospital a channel to improve access and participation in the arts and to provide a forum for fostering an awareness of the therapeutic value of the arts in a healing context.
- To create bonds within the hospital community by bridging boundaries between professionals through involvement in arts activities.
- To promote good practice by establishing links between practicing artists and art establishments that would encourage appreciation and inclusion of works of good standard.
- To establish links between the hospital and the local and wider community.
- To take the lead in establishing a project model in the Republic of Ireland for the benefit of arts and health organisations, including health boards, government departments and other hospitals.

Description

The work of the project can be roughly divided into different strands:

- Enhancing the hospital environment.
- Participative arts activities (involving staff as well as service users).

Enhancing the hospital environment

At every step of the project's development, the arts co-ordinator has worked in consultation with members of staff. This initially helped to introduce the project to the wider hospital community, where it is now a familiar and well-established aspect of hospital life.

First, the arts co-ordinator worked with staff to choose images from catalogues that staff felt were relevant to their particular work area. There are now over 250 of these reproductions on display around the hospital, helping to give an individual atmosphere to different departments.

The original project goal to establish a collection of original art work of high quality for the hospital has been effectively pursued over time through various mechanisms – commissions, donations, purchases and the artist-in-residence schemes. The Trust has a policy of collecting works by people who are associated with the catchment area of the hospital. Other works are on loan from private collections. In addition to this, the Trust has hosted temporary exhibitions that show the work of local artists and artists' groups as well as the work of staff, arts workers and artists-in-residence.

Artists-in-studios

One valuable outcome of the hospital's generous allocation of unused ward space to the Trust is the artists-in-studios scheme. In 1999, three artists worked together in the studio, generating a terrific atmosphere and some wonderful work. In 2001, the Trust supported one artist in this way and plans to continue at that level over the next few years.

The artist, in lieu of studio, light, heat, a modest materials budget and a launch exhibition, agrees to leave a portion of his or her work with the Trust.

The Healing Garden

The Healing Garden is a space for quiet reflection, currently located near the chapel. Designed by Aifric Gray and sculptor Saturio Alonso, the garden is based on the tradition of healing stones and wells in Irish places of ritual. The garden is a circular space with sculpted stone, encircled by a growing hedge and healing herbs and with specially-designed seating. It took five years to plan and to make, and used a range of donations, community employment schemes and volunteer work during its construction.

Participative arts

The Art Kart

In Waterford, art materials are wheeled from ward to ward in an adapted medications trolley known as the 'Art Kart'. This is a popular feature of the hospital arts programme and a regular presence on Paediatric, Geriatric, Psychiatric and some Orthopaedic wards. During Art Kart sessions, an arts facilitator works with service users to explore and develop their own creativity and express themselves freely through art.

Work with staff

At different times, the Trust has extended its facilities more specifically to staff, through offering an open studio during lunch hour, curating exhibitions and staging an annual Art Day, where one of the corridors is converted into an art fair and staff, service users and visitors are encouraged to participate in various activities. Staff-focused projects are not always feasible due to workload, but where they have occurred they have been a huge success.

The river tapestry

The Friends of Waterford Regional Hospital got involved with the Project in its early stages. Despite a lack of previous experience with arts work, a team of women worked with the arts co-ordinator and arts workers to design a tapestry in four panels depicting life on the river Suir, which is a central feature of Waterford. This tapestry, which still hangs in the entrance hall, won second prize at the National Crafts exhibition in the R.D.S. in 1997. The group has continued to work together on other tapestry projects.

Outreach work

The Trust has worked with Youthreach in workshops both at the Youthreach premises and in the hospital. The outreach programme has also facilitated art sessions, on the same principles as those used within the hospital, at a home for older people, at a psychiatric care centre and at a refuge for women.

Other activities

Other activities organised by the Trust include visits from Waterford Youth Drama and a puppet show put on by arts workers. More recently, monthly live music performances have been offered on the wards. The Trust has plans to broaden its spectrum to include the verbal and literary arts when it can secure funding for that purpose.

Benefits

In purely practical environmental terms, the presence of such varied works of art, while aesthetically satisfying, also helps a person to get their bearings and serves to reduce the sense of distance between different parts of the hospital and the stress levels experienced by people navigating those corridors. The presence of Patricia Crossey's witty sculpture "Walking Wounded" in one of the courtyards, easily visible from different corridors, is one example.

The benefits of the participative dimension of the arts programme are harder to measure. But if enjoyment, enthusiasm and anticipation are measures of success, then W.H.A.T. is clearly successful. There are a number of personal success stories in terms of confidence building, emerging talent among staff and service users and even recovery.

The programme has also been of benefit to the hospital's relationship with the wider community, both in terms of positive experiences of visiting the hospital and of the outreach programmes, which have strengthened links between the hospital and other local organisations.

Observations

In addition to its striking successes and achievements across a range of activities, W.H.A.T. is remarkable for its thorough and painstaking approach to the work it has done. The impression generated is one of a busy, dynamic, modern hospital that engages with the outside world and reflects on its own role through its active promotion of art.

Funding

Sources of funding for different aspects of this project have been many and varied over the years. The South Eastern Health Board and the Arts Council provided initial funding, while additional money has been raised from the Calouste Gulbenkian Foundation, and from private sources through the Trust and through the Friends of the Hospital. FÁS and the Department of Social Welfare have also funded the project, paying for additional workers through Community Employment and Summer Student Employment schemes. Waterford Regional Hospital has provided essential support in terms of space, staff support, electricity and phone costs. Ingenious methods of sourcing private business sponsorship have been used – for example, in making the Healing Garden, limestone was donated by Roadstone, while Waterford Corporation provided transport.





Part 3: **Practical guide to setting up a project**

This section offers a practical and flexible approach to planning, implementing and evaluating an arts project in a healthcare setting.

Part 3:

Practical guide to setting up a project

The demands of a small arts and health project, such as the purchase of a single painting, are not enormous. But more complex projects, involving an extended relationship with an artist or an arts organisation and the participation of service users and staff, usually require more detailed planning.

In compiling this guide we have drawn on the experience and recommendations of artists, arts co-ordinators, project managers, healthcare workers, participants, and evaluators who have worked on a range of recent projects in this country. The principles are not intended to be prescriptive, but try to address the main issues. Thus it contains a level of detail that may overwhelm, or seem irrelevant. Remember that the extent to which you incorporate our suggestions into your arts and health plan will depend entirely on the demands of your own project and the resources of your particular healthcare centre. However, one recommendation applies whatever the size or type of project – an artist or arts specialist should be involved from the outset.

This guide is divided as follows:

- 1 Setting up a committee
- 2 Setting objectives
- 3 Ethics
- 4 Health and safety issues
- 5 Evaluation
- 6 Drawing up a plan
- 7 Funding and resources
- 8 Finding an artist
- 9 Documentation
- 10 General administration
- 11 Launching your project

But first, a summary of the issues that may arise in a typical arts and health project:

You have an idea. You want to set up a tea dance for service users in a day centre for older people; you'd love to hire a clown as a permanent member of staff on your children's ward; there is an unused atrium in your building that you want to convert into a healing garden ...how do you go about it?

First, you find your people. Both inside your organisation and out, you need to gather people who will support you, who share your enthusiasm for the idea and who are likely to have skills you can put to good use (Setting up an arts committee).

When you have gathered your people together, you will need to decide what, precisely, you want to achieve (Setting objectives). As you get more used to working together, you can work out the ethical basis for your work, how it will be carried out and how it relates to the overall work of your centre (Ethics). This is a good time to figure out how you will handle issues that relate directly to bringing someone in to work in your centre who may be inexperienced in the nuances of your field (Health and safety issues).

How will you decide whether your project has been a success? How will you adapt what you learn so that you can improve your next project? How will you convince the relevant people that you deserve more funding in the future? If you intend to evaluate your project, it's more effective to build that evaluation into the project from the early stages. This can be a relatively informal system of checks and balances that you agree in advance among yourselves, or something more formal, commissioned from a professional evaluator, depending on your intentions and your resources (Evaluation).

A detailed plan for your project, including a brief for the artist, is essential (Drawing up a plan).

You need to establish how much your project is going to cost and where that money will come from, if money is required. It may be the case that you simply need space for an activity, and perhaps a local business can donate the materials you need (Funding and resources).

What kind of artist should you look for and where will you find one? (Finding an artist).

What kind of records should you keep and why? (Documentation). What general administrative issues do you need to keep in mind as your project unfolds? (General administration).

And finally, how will you mark the completion of your project? How will you celebrate your achievement? Will you have a launch, an exhibition, a performance, a party? Will it be open to the public or will it be a more intimate occasion for project participants, family and friends? Planning a launch for your project gives everyone a specific completion time and goal to work towards. Your launch should be enjoyable, to mark and celebrate the conclusion of your project (Launching your project).

Some of the steps we have outlined in this guide may seem unnecessarily detailed and time-consuming. But taking time to plan your project and consider all the issues involved will pay off later. In any case, once you read the suggestions offered here, you will make your own choices based on what suits your project, your centre and the people who use your service.



1 Setting up an arts committee

You may not need a committee and you may not even like the idea, but support is always valuable. If you decide to set up a formal committee, its size will depend on the level of interest that exists in your centre and the complexity of your project.

The role of an arts committee is to agree on your overall objectives, to form a management structure for your project, to plan and oversee its implementation, to carry out an evaluation (if required), and to consider the possible development of an arts policy within your centre.

Committees vary in size and obviously this will depend on your centre, but a team of six people is both practical and manageable.

The committee should be drawn as widely as possible from within your centre, to ensure a broad base of support for your project. Identify the talents and interests of other workers – what skills and contacts (information technology, catering, other services) are likely to be useful? Someone from your finance department, if you have one, will be invaluable, not only in handling the finances of the committee and in facilitating payment schedules, but also in identifying possible resources and helping you to make realistic plans. It helps to have direct support from senior personnel within your organisation.

It is important that at least one member of the committee has an arts background and you may have to consider inviting external people to join.

The effectiveness of the committee will depend on the availability, interest and commitment of your members. Determine an initial lifespan and schedule of meetings for the committee, so that members know what level of commitment you expect before they agree to join. Review the activities and structures of the committee at the end of this initial period to decide how workable it is.

Take some time to discuss your objectives and establish what resources are available to you within your own organisation (e.g. space, material, staff availability and expertise).

The committee needs to be flexible, but it should select its own officers (facilitator, secretary, treasurer) and agree its own working methods. Who will arrange meetings? Who will be the contact person? Will you be open to suggestions from within your own centre? Is there a mechanism for staff or service users to approach the committee with a suggestion? How will such approaches be handled?

It is a good idea to meet with similar groups, if possible, to exchange information and support.

Committee checklist:

Have you identified your:

- *Role?*
- *Size and composition?*
- *Skills?*
- *Level of time commitment?*
- *Contacts with other groups?*
- *Resources?*
- *Objectives?*
- *Officers?*
- *Working methods?*

2 Setting objectives

*It is essential to establish clear and realistic objectives before the project begins.
What do you hope to gain?*

You should identify the aims and objectives of your project before you look for an artist to help you meet them. State your objectives clearly in the artist's brief (see Finding an artist).

A project aim may be quite general, such as to enhance the environment of your centre or to expose the people who use your service to the experience of live music. Objectives are more specific, and describe how you plan to achieve your aims: through the creation of a safe wandering trail, or through a series of musical performances followed by a workshop.

Your initial objectives will become more detailed and focused once the artist has been selected and included in discussions.

When your project is completed, an evaluation will help you to establish how successful you have been in meeting your objectives. Project evaluations are most effective when they are built into the structure of a project from the beginning. If you intend to evaluate your project, decide what criteria you will use during the planning stages.

You will need to strike a balance between the requirements of your centre and the artistic principles and integrity of the project.

Set aside enough time to clarify objectives, ethical issues and methods of evaluation with the artist. This process has the additional benefit of allowing participants to establish a working relationship and it may reduce the risk of complications later.

The statement of objectives will be useful when you apply for funding or approach your administrator with a plan.

Questions to consider in a statement of objectives include:

- What do you plan to do?
- Why are you doing it?
- Who is it for?
- What are your aims?
- Do the aims of your project match the aims of your centre?
- Do you expect additional benefits?
- Have you included enjoyment, entertainment, fun, and the possibility of surprise?

Checklist of objectives:

Have you included:

- *Your overall aims?*
- *Your objectives?*
- *How do these relate to the aims and objectives of your organisation?*
- *Do they reflect the needs, circumstances and abilities of your service users?*
- *Do they include the development of future arts work within your organisation?*
- *Do they extend to the wider community?*



3 Ethics

Each project and each healthcare centre will have its own set of concerns, circumstances and demands, which are best articulated during the planning stages of a project.

It is important to consider the ethical implications of your project at the outset. All participants in a project - staff, service users and artists - should draw up an agreed code of ethics. In the process of discussion, potential issues will become apparent and problems can be avoided by setting parameters that address specific concerns.

An agreed written code is a valuable reference tool as the project develops, while the process of discussion helps to clarify the aims and objectives of various parties. You may need to negotiate a balance between apparently conflicting claims. It is better to work these details out at the beginning of the project. Consider the following issues:

Consent and confidentiality

It is not ethical to undertake a project that makes assumptions about a client group or intends a medical or social outcome that is not revealed to participants.

Equally, participants should have the right to give or withhold their consent to participate in a particular project.

The issue of consent is also relevant later, in the context of any exhibition, performance or display. If the artistic outcome is to include an exhibition, performance or display, then you should make this clear to participants and discuss it with them.

Confidentiality must always be respected. Pay attention to sensitive material, exposure and boundaries. This must also be kept in mind in relation to evaluation and publicity.

Medical issues

A healthcare centre has a responsibility to ensure that no participant engages in an activity that may undermine their health or well-being, or is beyond their physical strength. You should also take any potential psychological impact into account.

Consider ethical and medical issues that are relevant to your centre. For example, material displayed and workshops held in a unit that caters for children should be age-appropriate. This is an area where a liaison worker is invaluable. Artists cannot reasonably be introduced into an unfamiliar and emotionally-charged setting without the guidance of a member of staff who is alert to nuances and issues of which the artist may be unaware.

Monitor all participants throughout the process so that potential problems will be recognised and addressed.

Establish a system of ongoing communication and review. Where necessary and appropriate, alert the artist to any potential medical issues that may affect the project.

You should work out Health and Safety issues in relation to the artist, including insurance and immunisation details (see Health and safety issues).

The artistic process

Once you have engaged the services of an artist, trust that person's expertise and allow them to respond to your environment and to the brief you have given them.

Be open to the possibilities inherent in your project. The artist will not be able to work in conditions where the objectives or parameters of the project are too rigid. A good system of communication should help to avoid problems in this area.

It is important that participants are allowed to experience the process fully and independently, regardless of their perceived ability.

Presentation of work

Where there is an artwork or series of artworks, you should pay attention to the presentation. For example, thematically sensitive visual art should be mounted in appropriate settings, and installations should be displayed in suitable lighting and viewing conditions.



Ownership of work

If there is a tangible and lasting result from the project, such as a series of paintings, establish who will own it and who will be responsible for its maintenance.

Such an artwork is likely to remain the property of the centre that has commissioned and paid for it. But the artists and other participants or contributors also have a vested interest in the work. Issues of copyright and ownership should be worked out and agreed in advance within the contract. If a piece of music is composed for a specific healthcare context, will copyright issues and fees be due every time the piece is played or performed? What about the exhibition of visual art outside the original setting? Who gives permission for moving the work and who will supervise its care and mounting in a new environment? In the case of publication, whose permission is needed if quotations or extracts are used? You might seek advice from an appropriate arts organisation or specialist (see Part 4: Resources and definitions).

Evaluation ethics

Elaborate evaluation procedures, based on measurable physiological responses to a project, may interfere with the experience of the process and raise questions about the ultimate purpose of the project. Is the project being carried out to satisfy a need for information on the part of the organisation or are the participants being given the opportunity to participate in an artistic experience for its own sake?

Evaluation of an artistic or aesthetic experience is often subjective. If the artist helps to draw up a frame of reference for the evaluation, a dimension of artistic appreciation and understanding will be added.

Ethics checklist:

Have you given due consideration to:

- Consent of participants?
- Medical issues?
- The integrity of the artistic process?
- Presentation of the artistic product?
- Ownership and copyright?
- Context-appropriate or specific concerns of the particular healthcare environment?
- Confidentiality?
- Evaluation ethics?

4 Health and safety issues

Under the Safety, Health and Welfare at Work Act, 1989, all employers are required to prepare a safety statement. A self-employed person must also prepare a safety statement and may be requested to produce it when undertaking work with individual organisations. The safety statement must be based on an identification of hazards and an assessment of the risks at the location to which the statement refers. Prior to the commencement of a project a risk assessment should be carried out to examine what could cause harm to people in the work place, to assess whether there are enough precautions in place and to identify control measures to reduce the risk of injury. An action plan should be formulated regarding the implementation of these control measures and should include identification of people responsible for health and safety issues.

The following are some examples of potential hazards found within the health services:

- Infectious diseases.
- Violence and aggression.
- Chemicals.
- Injuries from sharp objects.
- Slips, trips or falls.
- Fire.
- Electricity.

The following are some actions and/or issues that may apply to your project:

- Provide all visiting personnel (writers, performers, artists) with copies of your standard safety statement and any additional information regarding health and safety codes or practices.
- You may need to consider potential health issues relating to the artist's own experience.
- Secure a Garda clearance certificate before an artist starts to work in your centre.
- Visiting artists or facilitators should never be left alone with a vulnerable or potentially volatile group of clients.

- Make sure that the artists and the project are fully insured and that artists/facilitators/visiting performers are made fully aware of difficult issues that may arise.
- Where there may be a risk of infection, see that vaccinations and/or immunisations are offered to visiting artists. Allow enough time for these to take effect before the project begins.
- Where there is a risk of physical injury, materials or activities may need to be modified. The physical safety of all participants is a priority.
- Consider the specific environmental requirements of a project and its materials, such as adequate ventilation, uncluttered space, etc.
- There should be clear guidelines regarding what action needs to be taken in the event of a problem or accident, and how these should be reported. Make sure the artist is made aware of these guidelines.
- Make sure that all participants are aware of the evacuation procedures for the building.

Health and safety checklist:

Have you provided artists/facilitators/performers with:

- Information about potential risks?
- Copy of the standard code of practice?
- Copy of standard Health and Safety regulations and observances?
- Adequate insurance cover?
- Adequate protection against infection?
- An environment appropriate to the specific demands of their artform and/or materials used?
- Means of alerting healthcare workers to potential problems?

Have you obtained a:

- Garda clearance certificate?

Have you considered the suitability of your:

- Materials?
- Activities?
- Theme?

5 Evaluation

In order to be effective, methods of evaluation should be agreed and set up at the beginning of a project.

From the point of view of the project and the potential for extending or developing it, the main purpose of evaluating the work is to discover what works well, what activities suit a particular client group and what improvements could be made in the future. This is important for future planning and also for the general pool of knowledge about arts and health work. And simply put, projects that are successful are more likely to be repeated or extended.

Particularly from the point of view of the health boards, the primary concern is whether the project has a beneficial effect on service users. This may be evaluated either scientifically or subjectively. Subjective evaluations are based on perceptions of increased well-being among participants, and/or temporary or more lasting positive effects on the environment.

From an artistic point of view, the success of the project may be measured in terms of the integrity of the process as well as the quality of any artwork produced.

It is also important to consider the artistic development of the individual artist. Has the artist benefited from the experience of exposure to the healthcare environment and service users?

Issues in evaluation:

A major issue for arts and health work is the difficulty of measuring results, due to the subjective nature of the responses. An arts and health project may bring about changes in attitude, an increased sense of well-being or self-esteem or a decrease in levels of anxiety or tension. This difficulty of measuring results is currently being addressed by the wider international arts and health community either within long-established networks, through newly established medical faculties, through the exchange of ideas at seminars and conferences, or by specifically commissioned pieces of research.

Ethics in evaluation

Because the goal of evaluation is the gathering of information extrinsic to the project, it is important to honour the concerns and principles of the project in making such an evaluation and not to impose other concerns upon it or to distort the process.

Checklist for evaluation:

As far as possible, all relevant staff, participants and other groups such as visitors or audiences should be included, along with the artist, in the evaluation process.

- What worked? Why?
- What didn't work? Why?
- Was the project suited to the people who use your service?
- Have the aims and objectives of the project been met?
- Have the core aims of the healthcare setting been preserved?
- Have the participants had a meaningful, productive, artistic experience?
- If so, can this be described?
- Did the process have artistic merit?
- Did the final product have artistic merit?
- How has the artistic development of the artist been enhanced by the experience of working on this project?
- Drawing on the experience of working on this project, what recommendations can be made for future projects?



6 Drawing up a plan

Draw up a working plan to address practical issues relating to your project. This plan will be useful as a reference document throughout the project.

A discussion of the following practical requirements and any constraints that may affect the project will help to clarify the parameters of your project. These may need to be modified to suit the environment and the process as it evolves.

Time

Be sure to take the operational schedules and staff rosters of your centre into account when setting up your project.

It is a good idea to draw up a timeline or schedule at the beginning of your project. Include headings that detail specific tasks and personnel. When meetings and review dates are included in this schedule, they become internal goals to work towards.

Space

Allocate a specific and separate space to your project, if at all possible. This will avoid the need to spend time setting up or clearing away before and after each session. When a visual arts project or workshop is ongoing, it is vital that the work and the materials are left undisturbed between sessions, so that when participants return to a project after a day or a week, they can pick up exactly where they left off.

A separate, independent space will also minimise disruption to the general work of the centre.

Communication

Establish a clear system of communication with the artist, preferably through a liaison worker or arts co-ordinator. Decide how to exchange information between the artist and members of the arts committee.

Decide who will be responsible for setting up and documenting meetings.

Make sure that staff of your centre understand the project and, if possible, give them the chance to take part.

Group composition

The size of any group will depend on the general health and mobility of the members, the nature of the project and practical factors such as available space and any need for transport (including within larger centres). Discuss these issues with the artist.

Potential changes in the physical or mental health of participants need to be taken into account, particularly in the case of a planned performance.

Flexibility

It is important to allocate time at the beginning of a project to allow participants and artists to get to know each other and to understand the nature and purpose of the work involved. Inclusion of and respect for the ideas of the participants are important.

If your objectives include a finished piece of work or event, maintain some balance between your emphasis on that end result and remaining open to the nature and experience of an artistic process.

Personnel

Consider your own staff requirements during the project. Areas of responsibility assigned to all personnel (including the artist) associated with the project should be agreed and put in writing. Allow for the fact that staff who are engaged with the arts project will not be available for other work while sessions are in progress. In particular, think about the following:

The arts co-ordinator

For complex or extended projects, an arts co-ordinator may be needed to supervise the work. Artists have often fulfilled this function but the need for a designated arts co-ordinator, with its own set of duties and responsibilities, is increasingly recognised within larger healthcare centres.

An arts co-ordinator will build a knowledge base and a network of contacts over time, both within and outside the organisation. S/he is uniquely placed to influence future developments.

The liaison worker

Smaller organisations may not need an arts co-ordinator, or have the resources to hire one. In this case, you will need to designate a member of staff as a liaison or arts worker.

This person will act as a link between the committee (if there is one), staff, participants and artist. S/he will monitor the progress of the project and mediate any difficulties or concerns between the parties involved.

Questions to consider in planning your project:

- How long will your project last?
- How much will it cost?
- What other resources will be drawn on (space, material, personnel)?
- Where will the money come from?
- Who will manage the project?
- Who will be the liaison worker/arts co-ordinator for the project?
- How will it be monitored?
- How will you measure the achievement of your objectives?
- How will the project be evaluated and by whom?
- What personnel will be involved?
- Have you drawn up an artist's brief?
- Will there be an event to mark the completion of a project, such as a launch, performance, unveiling or exhibition?
- If so, how will it be managed?
- How will the project in general and the launch in particular benefit your organisation?

Take the following practical details into account:

- Space requirements.
- Time requirements.
- Overall time schedule.
- Communications between staff and artist.
- Communication between the artist and participants.
- Monitoring time schedules.
- Monitoring development of the project.
- Monitoring staff input and attitudes.
- Composition of participant group.
- Defining time schedules.
- Defining staff responsibilities.
- Deciding on presentation of the work.

Planning checklist:

This process may be repeated when an artist has been selected:

- Clarify the aims and objectives of your project.
- Decide on a budget for the project.
- Set up a schedule and method of payment.
- Discuss the timing of the project in relation to staff requirements and the built-in schedules of the centre.
- Discuss the duration of the project and its ultimate outcome, including performance and/or launch and/or exhibition arrangements.
- Establish and agree a code of ethics.
- Establish and agree health and safety guidelines.
- Inform the artist about any special requirements that the participants may have.
- Inform the artist about any other potential areas of concern.
- Establish a liaison person and systems of communication and review.
- Agree a process of evaluation.
- Sign a contract.



7 Funding and resources

This section offers a guide to drawing up and implementing a budget. A clear plan, with solid objectives that conform to the aims of the organisation, will help when applying to various sources for funding.

It is vital to ensure that funding mechanisms are in place before the project begins. Yet, for many projects, the difficulty in identifying potential sources of funding and an overall lack of resources prove to be the biggest obstacle.

In the absence of any centralised policy or agency to oversee funding for arts and health projects, each project has to find its own way of garnering money and resources. This has implications for the long-term development of individual arts programmes and the sector more generally. It is difficult to plan when resources are limited and sources and structures of funding are so varied. Under these conditions, the suggestions made here can only be provisional. But with persistence and imagination, you may identify several sources of funding, materials and services, which, combined, will give you the resources you need to carry out your project.

A partnership model often works best in funding situations. For example, your Health Board may agree to partially fund your project, while Community Employment schemes might fund temporary or part-time arts workers to support it. Your local authority arts officer may also help you to apply for grants. Various arts organisations, such as the Irish Writers' Centre, operate schemes such as the writers-in-community scheme. Under these schemes, many of these arts organisations will agree to route money to groups, once the application has been approved, to pay writers' fees for readings, workshops and residencies.

Possible sources of funding

- **Local health boards:** There are ten area health boards throughout Ireland that provide a comprehensive range of health and personal social services including health promotion, health protection, diagnosis, treatment, rehabilitation, continuing care and support throughout the country (see Part 4: Resources and definitions).
- **Local authorities:** Talk to your local arts officer for advice on resources and for information about the work, expertise and interests of local artists, writers, theatre groups etc (see Part 4: Resources and definitions).
- **The Percent for Art Scheme:** This scheme applies to all government departments with construction budgets. You should apply to the relevant Departments for funds as part of any application for construction and/or capital funding. In the case of arts and health projects, the Department of Health is in a position to release funds via the regional health boards for commissioning art projects in the health sector.

Amounts from one percent up to a ceiling of €63,486 (£50,000) on any construction budget can be made available, and where there are smaller budgets, these can be pooled. These funds do not detract from clinical budgets.

- Hospital trust funds: These are set up with money endowed for the benefit of service users, as distinct from clinical/medical budgets.
- The Arts Council: The Arts Council is an autonomous statutory body, appointed by Government and funded by the Oireachtas to promote and assist the arts and to develop public appreciation of the arts. The Arts Council also operates a loans scheme, which enables certain organisations to borrow works of art from the Arts Council's collection for periods of up to two years. For funding guidelines, see the Arts Council's annual publication *Awards – a guide for individuals and organisations to Arts Council Bursaries, Awards and Schemes*.
- Arts organisations: These may pay artists' fees or absorb costs such as advertising/consultancy fees (see Part 4: Resources and definitions).
- Healthcare centres: Your centre may make a substantial contribution to the cost of running your project, whether financially or in kind.
- Sponsorship from private sources, businesses, religious or community organisations: This will depend on your local situation and on the particular emphasis and relevance of your project. It will take research and goodwill on the part of your committee to form a relationship with a sponsor, but these arrangements can work very well for all concerned.
- Organisations such as *Friends of ...* (your centre), who are already involved in raising money for the benefit of the centre.
- Other local sources, such as local area development bodies and local task force groups (e.g. a local drug task force) may have an interest in supporting relevant projects.

Setting up a Trust

If you plan to carry out a programme of activities or establish an arts presence in your centre for an appreciable length of time, consider setting up a charitable trust. Corporate and private sponsors may donate money, which will in turn be tax deductible. The trust will be independent of the fluctuations, exigencies and demands of having to apply continually for public funds. It will also protect the interests of any lasting work produced.

You will need professional advice in setting up a trust as there may be legal, financial and taxation implications. In the case of small projects, this may not be necessary or even advisable.

Other resources

If you look closely enough, you may find hidden resources within your organisation. Unused storage space or wards may be turned into studios, performance spaces, or a darkroom.

It may be feasible for some of the project's costs to be absorbed by the existing running costs of the centre – for example, the cost of postage, telephone, paper, photocopying, office supplies and printing.

If you have a support organisation, such as the 'Friends of... (your centre)' or a volunteers' office, enlist their help. This may take the form of fundraising or planning events such as launches.

Don't be afraid to ask for donations of goods, material or services from local businesses or suppliers. Sometimes these are easier to raise than money, especially if you have established a goodwill network for your project over time.

Scheduling issues

There may be time costs hidden within a project. As far as possible, you should try to anticipate these. Make sure that additional staff time is recognised and catered for when arranging staff rosters. If a project requires close attention to and supervision of service users, this will make staff unavailable for other work. Administration of the project will also require staff time.

Pay attention to the daily routines of the organisation and to staff rosters when drawing up a timetable for the project. For example, if you have a high level existing demand on client and staff time in the morning, then it makes no sense to schedule workshops and performances for that time.

If you are drawing on the goodwill of staff who volunteer extra time for a project, e.g. in arranging transport for participants to a venue outside your centre, be aware of the ramifications, both practical and otherwise. No matter how dedicated staff are, projects can not be run in such an *ad hoc* way indefinitely. If these hidden costs are documented, a realistic assessment of costs will be possible for any future planning if the project is repeated or extended.

If you have appointed a liaison person, or if there is a core group of staff who are directly involved with the project, it is important that they are present for key project activities, such as workshops.

Artists' time

Remember to include the planning phase of the project in the budget. Artists need to be paid for this phase of the work, which may include raising awareness of the arts within the organisation and staff training or workshops.

Make adequate allowance for the full extent of the artist's time throughout the project. If, for example, you are paying professional performers by the hour, include an allowance for the time they take to discuss aspects of the performance and to answer audience questions afterwards.

Long-term planning

It is vital to plan ahead. If you are submitting a project proposal within your centre, to your health board or to an arts or local authority organisation, it will take time to process.

You should allow time to find an artist, unless the project has originated with a particular artist or group of artists. Remember to take the publication schedules of the newsletters of various arts organisations into account (see Finding an artist).

Budget preparation

Have you put funding in place for all stages of the project, including planning, implementation and wrap-up? Have you included a project evaluation?

Set up a workable system to access project funds, including expenses.

Try to make sure that all funds are available from the beginning of the project. You may want to set up a separate bank account. Make sure that payments are made within the agreed timeframe.

Set up a clear schedule of payment for the artist and include targets if possible, such as a phase of work completed. This makes invoicing and processing of payments easier.

Allow for expenses, such as documentation and technological costs, fees payable to any consultant if relevant.

Leave room for contingencies or unforeseen developments.

Make sure your accounting systems are able to process invoices when they come in. Nothing can sour a project more quickly than confusion about payment.

_____ Budget checklist:

Have you allowed for all phases of the project:

- Planning/preparation/research?
- Implementation?
- Wrap-up?
- Evaluation?
- Have you included the cost of recruitment (advertising costs, consultancy fees, fees payable for a proposal)?
- Have you made adequate provision for the artist's time?
- Have you considered staff salaries for additional time given to a project?
- Have you allowed for the preparation of a work plan after the artist has been hired?
- Have you included workshop/studio/session time?

Have you included all expenses:

- Materials?
- Documentation?
- Transport costs, if any?
- Launch costs, if any?
- Have you established procedures and schedules of payment?

8 Finding an artist

This section suggests ways of finding and choosing an artist, and highlights factors to consider when hiring an artist or group of artists.

Sometimes an arts and health project is initiated when an artist or group of artists approach a healthcare centre with an idea. But when the idea for a project originates from within the centre, an artist will have to be found. You could start by talking to your local authority arts officer, who should be familiar with the work and interests of local artists and arts organisations.

The basic methods of finding an artist are through:

- Open competition
- Direct invitation
- Advertising
- Partnership arrangements with cultural facilities

Depending on your resources, and the complexity of your project, you may need to approach an arts consultant or curator to advise you.

Artist's brief

When drawing up an artist's brief, try to stay open to the possibilities inherent in your project. Consider using various artforms. Be flexible in your brief. Allow your artists to develop their own response to your centre or to your chosen themes, based on their own interest, experience and expertise. These ideas can be usefully discussed and developed during the later planning stages.

The brief should include basic information about your centre, and the fundamental aims and objectives of your project.

Checklist for an artist's brief:

- Background to the project
- Description of service users and project partners
- Project aim
- Guiding principles
- Eligibility
- Evaluation

- Health and safety
- Garda clearance
- Finance
- Selection process
- Application procedure
- Advertising
- Timescale, if relevant

Advertising

It is a good idea to advertise for an artist in the newsletters of arts organisations or other relevant arts journals. Arts newsletters are often published bi-monthly, and you should make allowances for this in your plan. Many arts organisations will place an advertisement for an artist in the relevant discipline at no cost to you (see Part 4: Resources and definitions).

It may also be useful to contact relevant arts organisations for advice on how to structure a specific brief.

Selection of artist

Your interview panel should reflect a broad range of interest and expertise. The interview panel should include at least two people with an arts background, preferably with experience of working in a health or community care setting.

The members of the panel will read and consider the artists' responses to your brief and work together to choose an artist or artists based on those responses.

At this stage of the selection process, Garda clearance should be obtained.

The artist

Previous experience of working in a similar setting should not be mandatory, but some experience of working with groups or in community-based projects is advisable.

The successful applicant should show a clear understanding of the aims of your centre and should have a proven ability to work to deadlines and stay within a budget.

Ask to see samples of the artist's previous work. He or she should be flexible and open to working in new settings and in new ways.

Drawing up a contract

A contract detailing a schedule of work, duration and scope of the project, responsibilities of the artist and ultimate ownership of the project should be drawn-up and signed in the early stages of the project. The contract should address the issues of display, performance and copyright.

Drawing-up a contract may take time, and should take the special requirements of each individual situation into account. A feasibility study may be required before a contract can be fully negotiated and agreed.

Once an artist has been hired, it may take time and a period of immersion in the life and culture of the environment before s/he can determine what artistic activities will be feasible. An initial period of research, with its own separate contract, may be required. This time should be included in the budget.

The role of the artist should be clearly defined. Clarify issues such as project objectives and the value of the artistic process as distinct from the final outcome.

The artist needs time to get to know the staff and participants as well as the routine and atmosphere of your centre to help him/her to choose an approach to the project and draw-up a work plan. The artist will also need to adjust to a new environment, and to specific systems, routines and hierarchies. The liaison worker should be particularly aware of this and be ready to give advice and support throughout the duration of the project.

During this time, the artist may also run workshops with staff to help everyone to understand the kind of work that will be done and the skills involved.

Once the artist and project have been selected, it is a good idea to:

- Re-visit and clarify the aims and objectives of the project.
- Discuss the budget for the project.
- Discuss schedule and methods of payment.
- Discuss the timing of the project in relation to staff requirements and the built-in schedules of the centre.
- Discuss the duration of the project and its ultimate outcome, including performance and/or launch and/or exhibition arrangements.
- Establish and agree a code of ethics.
- Establish and agree health and safety guidelines.
- Inform the artists about any special requirements that the participants may have.

- Inform the artist about any other potential areas of concern.
- Establish a liaison person and systems of communication and review.
- Agree a process of evaluation.
- Sign a contract.

Checklist for a contract:

Not all of these issues will be relevant to your project. Arts organisations can give guidance on contracts related to their particular fields.

- Artist details
- Details of participants
- Project/commission description (attach)
- Work plan (attach with time payment schedule)
- Budget breakdown (feasibility, implementation, completion)
- Progress/meeting schedule
- Guarantee
- Copyright
- Originality
- Licences and permits
- Maintenance
- Relocation
- Credits
- Resale rights
- Documentation
- Evaluation
- Arbitration
- Signatures

9 Documentation

While initially time-consuming, a regular schedule of documents helps with the planning, implementation and evaluation of a project.

At least one person should take responsibility for keeping a complete record which contains all information and correspondence relevant to the project as it progresses.

These documents are an aid to project management. They do not have to be official or long-winded, or even printed. Taking photographs is a simple and effective way of recording the development of a project. Meetings should be minuted or tape-recorded, with the agreement of all present.

This record will be invaluable, both in monitoring the project on an on-going basis and will also assist in planning future projects.

Documentation checklist:

- Statement of aims and objectives of the project (including background information).
- Artist's brief.
- Artist's/facilitator's contract.
- Statement of individual responsibilities.
- Timeline/schedule of works drawn up at the outset of the project.
- Actual schedule achieved.
- Minutes of relevant meetings.
- Code of ethics.
- Health and safety guidelines.
- Project evaluation.
- Recommendations for future work in the area/further development of the project.
- Photographs, sketches, video or audio recording.

10 General administration

If effective systems of administration, communication and documentation are established, many potential problems will be avoided.

A regular schedule of review, to assess the progress of the project in relation to your plan, will help to keep it on track, as will the maintenance of accurate records.

An atmosphere of openness and receptivity will help participants to say if something is not working, or is worrying or frustrating them in any aspect of the process. You should check in with them on a regular basis as part of your process of review.

Recognition of staff contributions and inclusion in communication is important. When the community of service users and providers who make up your centre feel a sense of involvement in and ownership of the project, you will generate a great deal of interest and goodwill.

It is a good idea to establish networks with other arts and health workers, both for the sake of your own project and for the benefit of future projects.

Checklist for healthcare staff:

- Keep a documentary record of the project from the outset.
- Make sure all documentation is available to the artist for reference.
- Schedule regular contacts between the liaison worker and the artist.
- Monitor participants for potential problems.
- Refer to your timeline and work schedule to ensure that the project is proceeding according to plan. If not, then why not? How can efficiency be improved?
- Arrange a system of review: make contact with the artist and with the participants for feedback concerning the process and its effects.
- Arrange a schedule of regular meetings, appropriate to the overall timescale and development of the project, so that all personnel can check/monitor their position against what has been agreed.
- Check with auxiliary staff, to see if they have observed problems among participants and/or if they are experiencing difficulties with their own workload.
- Establish a payment schedule with your financial department and monitor payments.
- As the project develops, you may need to revise your expectations. It is important to recognise that this is a process, subject to change and/or unexpected developments.

Checklist for the artist:

- Keep a documentary record of the development of the project and any feedback from the outset.
- Make contact with the liaison worker at regular intervals or as soon as any problems arise.
- Check with participants for feedback and be receptive to their perceptions and experience of the project, which may differ from yours.
- Be alert to potential difficulties within the group and don't be afraid to approach healthcare staff to voice your concerns.
- Refer to the timeline and work schedule from time to time to ensure that the project is proceeding according to plan. If not, then why not? How can efficiency be improved?
- As the project develops, you may need to revise your expectations. Be aware that this is a process taking place in a setting with its own particular demands and concerns and that it may be subject to change or development in unexpected directions.



11 Launching your project:

The timing and nature of your launch, performance, screening or exhibition should be carefully considered and planned in consultation with the artist and participants.

How and where will any artwork be performed or displayed and for how long? If you produce a publication, will you have a launch? Will you have a special screening of your film or video? Will a piece of visual art be on permanent or temporary display?

If there is a performance or exhibition, who will be invited? Staff, visitors, relatives? Sponsors? Members of the wider community? Events such as these have a double benefit. They authenticate and validate the experience of participants, while bringing the project to a resolution or conclusion. But they also influence the perception the wider community and the general public has of a healthcare centre.


Do you want a big, glitzy event with invited dignitaries? Or would a smaller, more informal party including families and friends of the participants be more appropriate? Who is the event primarily for? What do you want to achieve? (Don't forget that fun is a legitimate goal!)

If your project had the support of an arts organisation then they may agree to arrange or sponsor this event. Or the participants may prefer to be more directly involved. Again, this will vary from project to project and from setting to setting.

The primary issue is to be loyal to your project and to all its participants. But as with every significant activity that requires imagination, effort and commitment, some form of celebration always helps to bring it to a satisfactory conclusion.

Checklist for a launch:

- What form will your launch take - party, performance, screening, exhibition, readings?
- Who will you invite?
- Who is it for? (i.e. who is expected to benefit?)
- Which is more important, to promote the project or the work of your centre, or to allow participants to enjoy the outcome of their work?
- When is the best time to hold it?
- Where is the best place to hold it?
- Who will organise the event and how?
- How will you publicise it?
- Do you want to invite an official speaker? (you will need to give plenty of notice).
- Have you included the cost of your launch in your budget?



Part 4: Resources and definitions

This section lists useful resources, both national and international, and defines terminology used in the arts and health area.

Part 4:

Resources and definitions

Resources

Internet resources

This section provides a selection of useful website addresses. These websites were selected on the basis that they provide useful resources: descriptions of projects, material available to download, or links to other relevant organisations. The list is not comprehensive, but offers a sample of accessible and useful sites.

—— The Arts Council/An Chomhairle Ealaíon
www.artscouncil.ie

—— Art, Health and Medicine
www.cofa.unsw.edu.au/research/stanford/artmed/index.html
Funded by the Australia Council, this site provides links to arts and health projects, featured artists and artworks, research papers, and resources.

—— Art Injection - Australia
www.cofa.unsw.edu.au/research/stanford/artmed/artinj/index.html
Essays and extracts from *Art Injection* edited by Amanda Buckland available online.

—— Artslynx - International Arts Resources
www.artslynx.org/index.htm
General resources for people working in the arts.

—— Arts for Health Centre
www.artdes.mmu.ac.uk/arts4hth/introduc.htm
Arts for Health provides practical help, information and advice to all who are concerned with using the arts as a complementary part of healthcare.

Arts In Medicine - America

www.shands.org/aim/arts.html

The Arts in Medicine and its programme at Shands at the University of Florida are dedicated to exploring the relationship between the art of creativity and the art of healing.

Exeter Health Care Arts

www.ehca.org.uk

Exeter Health Care Arts, the arts project for the Royal Devon and Exeter NIHS Trust. This site includes extracts from the Exeter Evaluation.

Healing Arts – Isle of Wight

www.iowht.org.uk/arts/main.htm

Gives a description of the Healing Arts programme at St. Mary's Hospital, the Isle of Wight.

Hospital Arts Inc, New York

www.hospaud.org/director/monog/monograph.pdf

"Live Arts Experiences – Their Impact on Health and Wellness", this article is available online. There is also an online gallery devoted to outsider artists.

Irish Writers' Centre

www.writerscentre.ie

Includes a database of writers available to give workshops readings and seminars.

National Network for the Arts in Health, UK

www.nnah.org.uk

Includes fact sheets on planning, research and evaluation, suggested reading, arts in health courses. There are further online benefits available for members.

Planetree

www.planetree.org

Provides an introduction to the Planetree philosophy for healthcare.

Society for Arts in Healthcare, USA

www.societyartshealthcare.org

Provides information on this organisation with links to other organisations/projects in the USA.

Snoezelen

www.rompa.com/snoezelen.html

Commercial site of ROMPA, global developers of Snoezelen.

The Arts and Healing Network, UK

www.artheals.org

Provides links to various arts and health-related sites.

UK Regional Arts Boards

www.arts.org.uk Links to UK regional arts boards. See in particular strategy and policy documents for arts in health from South East Arts and West Midlands Arts Boards are available online. Also descriptions of projects.

West Midlands Arts: www.arts.org.uk/directory/regions/west_mid

South East Arts: www.arts.org.uk/directory/regions/south_east

Youth Arts in Hospital, a Creative Challenge - Australia

www.cofa.unsw.edu.au/research/stanford/artmed/nchw/youth.html

Outlines the Youth Arts Program, an initiative of the Department of Adolescent Medicine at the New Children's Hospital, Westmead, Sydney, Australia.

Useful organisations

This section provides information on some key arts resource organisations in Ireland. They may provide information, advice and further contacts regarding specific art forms and artworkers.

At regional level the arts officer at your local authority offices, the arts centre and local libraries are all good sources of information, advice and support, and can put you in touch with relevant artists, individuals or organisations.

Age and Opportunity (Bealtaine and Arts and Care)

Address: Age & Opportunity, Marino Institute of Education,
Griffith Avenue, Dublin 9.

T: 01 8370570 **F:** 01 8535117
E: ageandop@mie.ie **W:** www.olderinireland.ie

Age and Opportunity is the national agency working to challenge negative attitudes to aging and older people, and to promote greater participation by older people in society. Arts and Care is an arts project run in partnership with the Midlands Health Board. Age and Opportunity is actively seeking to develop this programme and would welcome queries.

Bealtaine is a month-long national festival celebrating creativity in older age. Bealtaine aims to bring about a shift in attitudes and practices that will create opportunities for older people to participate fully and meaningfully in the arts.

Publications: *Challenging Attitudes*, bi-annual magazine; *Sharing a Personal Pleasure - All you need to know about setting-up Senior Reading Groups*, 2001, in co-operation with An Chomhairle Leabharlanna/the Library Council and the National Reading Initiative; *Go for Life* newsletter, bi-annually; *Older People and the Arts*, occasional; fact sheets – *Introductory Guide to Volunteering in Retirement, Starting a Group, Getting Involved in the Arts*, etc. Various other titles are available.

The Ark, A Cultural Centre for Children

Contact: Outreach Officer
Address: Eustace Street, Dublin 2.

T: 01 6707788 **F:** 01 6707758
E: info@ark.ie **W:** www.ark.ie

The Ark, A Cultural Centre for Children, is Europe's first and only custom-designed arts centre for children. The Ark is dedicated to cultural work for, by, with and about children. The Healing Ark, one of four major outreach programmes developed and funded by the Ark Cultural Trust for Children, is committed to a long-term exploration of how the arts can be incorporated into the daily lives of sick children in different healthcare environments.

ArtsCare

Address: 25-27 Adelaide Street,
Belfast, BT2 8FH.

T: 0044 28 90535640

ArtsCare aims to bring the creative arts into the healthcare environment to contribute to the recovery of patients.

Publications: *ArtsCare Matters*, quarterly newsletter.

The Arts Council/An Chomhairle Ealaíon

Contact: Special Projects Executive
Address: 70 Merrion Square, Dublin 2.

T: 01 6180200

F: 01 6761302

Callsave: 1850 392492

E: info@artscouncil.ie

W: www.artscouncil.ie

The Arts Council is an autonomous statutory body, appointed by Government and funded by the Oireachtas to promote and assist the arts and to develop public appreciation of the arts. It works in the context of a public policy that aims to enable the people of Ireland to express as participants or engage as audiences with their own and others' cultures.

The Arts Council's purposes are to promote the value of art in society, to enhance the quality of people's experience of the arts and to recognise both promise and achievement in the making of art.

Publications include:

Awards - a guide for individuals and organisations to arts council bursaries, awards and schemes: published annually.

The Arts Plan 2002-2006: outlines the Arts Council's strategic plan over five years

Art Matters: a quarterly web-published newsletter

Mapping the Arts in Healthcare Contexts in the Republic of Ireland, 2001

The Arts Council of Northern Ireland

Address: MacNeice House, 77 Malone Road,
Belfast BT9 6AQ.

T: 00 44 28 90385200

F: 00 44 28 90661715

W: www.artscouncil-ni.org

The mission statement of the Arts Council of Northern Ireland is "Inspiring the Imagination, Building the Future". The Arts Council of Northern Ireland is the prime distributor of public support for the arts in Northern Ireland.

Architectural Association of Ireland

Contact: Administrator

Address: 8 Merrion Square, Dublin 2.

T: 01 6614100

F: 01 6614150

E: aaadmin@eircom.net

W: www.irish-architecture.com/aa

The Architectural Association of Ireland aims to promote and afford facilities for the study of architecture and the allied sciences and arts, and to provide a medium of friendly communication between members and others interested in the progress of architecture. It sponsors a public lecture series and annual awards scheme.

Publications: *Building Material*, quarterly publication.

Association of Irish Composers

Address: c/o IMRO, Copyright House,
Pembroke Row, Dublin 2.

T: 01 494 2880

F: 01 494 2880

The Association of Irish Composers is the representative body of composers of contemporary music in Ireland. It aims to improve standards of composition and to obtain support and recognition for composers and their work.

Publications: *AIC News* - quarterly newsletter.

Association of Irish Festival Events – AOIFE

Contact: Chairperson
Address: 1 Upper Main Street, Arklow, County Wicklow.

T: 0402 32732 **F:** 0402 91030
E: aoifeireland@eircom.net **W:** www.aoifeonline.com

AOIFE brings together the organisers of festivals in Ireland and acts as a forum for the sharing of ideas.

Publications: *Shenanigans*, bi-monthly members' newsletter; *AOIFE Yearbook*.

Association of Professional Dancers in Ireland

Contact: Administrator
Address: APDI @ THE MINT, 6 Henry Place, Dublin 1

T: 01 8734573 **F:** 01 8734584
E: prodance@iol.ie **W:** www.prodanceireland.com

The Association of Professional Dancers in Ireland is the national resource agency for professional dancers. It provides classes and workshops, and maintains a database to provide information and services for the professional development of dance and dance theatre throughout Ireland.

Publications: *Prodance*, a bi-monthly bulletin.

CAFE - Creative Activity For Everyone

Contact: Administrator
Address: 10/11 South Earl Street, Dublin 8.

T: 01 4736600 **F:** 01 4736599
E: cafe@connect.ie **W:** www.communityartsireland.com

Creative Activity For Everyone (CAFE) is an arts-enabling organisation. It offers advice, information and training in a broad range of areas to artists and arts organisations. It supports the development of the arts in community contexts. Services are available to members and non-members. Services include project development and support; training and education; finance and administration; strategic and policy development.

Publications: *CAFE News*, six issue per year; case studies on arts projects; *Funding Handbook*, 2000.

Contemporary Music Centre

Contact: Director
Address: 19 Fishamble Street, Temple Bar, Dublin 8.

T: 01 6731922 **F:** 01 6489100
E: info@cmc.ie **W:** www.cmc.ie

The Contemporary Music Centre exists to promote and document 20th century Irish classical music.

Publications: *New Music News*, three issues per year; *Irish Composers, a Directory*.

Cork Community Art Link

Address: Unit 2, Watercourse Industrial Estate,
Watercourse Road, Cork City

T: 021 4508154
E: artlink@iolfree.ie

CCAL's Hospital Arts Programme has been running since 1993. CCAL gives marginalised individuals the opportunity to work in several different media, primarily developing painting and drawing skills as well as music, singing and reminiscence. The hospital programme provides an outlet for creative expression and communication improves the social and environmental aspects of everyday life and gives individuals the opportunity and confidence to access hidden talents. A number of individuals participating in the programme have developed their work to award winning exhibition standard.

Cork Film Centre

Contact: Manager
Address: 3rd Floor, ICC Building, 46 Grand Parade, Cork.

T: 021 4270833 **F:** 021 4270833
E: corkfilm@eircom.net **W:** www.corkfilmcentre.com

The Cork Film Centre is a resource organisation focused on developing, promoting and facilitating people working creatively in the medium of the moving image.

Publications: *Members' newsletter* – quarterly.

Crafts Council of Ireland

Address: Administration, Crescent Workshops, Kilkenny.

T: 056 61804

F: 056 63754

E: info@ccoie.ie

W: www.craftscouncil-of-ireland.ie

The Crafts Council of Ireland is the national design and economic development organisation for the craft industry in Ireland. The Council acts on the industry's behalf in advising government and state agencies on issues affecting the industry, in assisting the industry in promotion and marketing and in vocational craft and design training.

Publications: *Stopress*, monthly newsletter; *Short Courses*; *Retail Guide*; *Successful Craft Entrepreneurship*; bulletins.

Drama League of Ireland

Contact: Project officer

Address: Carmichael House, North Brunswick Street, Dublin 7.

T: 01 8749084

F: 01 8735737

E: dli@eircom.net

W: www.dli.ie

The Drama League of Ireland (DLI) is the national representative body for amateur drama groups, societies and individuals working to foster and promote theatre in all parts of the country. The DLI offers members a wide range of services and a network of support.

Publications: *DLI Magazine*, bi-monthly

Dublin Healthy Cities Project

Contact: Co-ordinator

Address: Carmichael House, North Brunswick Street, Dublin 7.

T: 01 8722278

F: 01 8722057

E: dhcp@indigo.ie

W: www.dublinhealthycities.ie

The Dublin Healthy Cities Project aims to enhance the health of the city, its environment and its people. The Healthy Cities Project is an initiative of the European office of the World Health Organisation.

Publications: Brenner, H: *Arts and Health - Directory of Groups/Activities; Proceedings from a conference held at Dublin Castle 2000*. For a full list of publications, see website.

Federation of Music Collectives

Contact: Chief Executive Officer
Address: Space 28, North Lotts, Dublin 1.

T: 01 8782244 **F:** 01 8726827
E: info@fmc-ireland.com **W:** www.fmc-ireland.com

The Federation of Music Collectives (FMC) is a cross-border umbrella group for music collectives in Ireland. The FMC aims to promote, encourage and develop the work of music collectives, to facilitate those already in existence and to help in the establishment of new groups.

Publications: *FMC Newsletter*, quarterly.

Film Base

Contact: Managing Director
Address: IFC, 6 Eustace Street, Dublin 2.

T: 01 6796716 **F:** 01 6796717
E: filmbase@iol.ie **W:** www.filmbase.ie

Film Base is a resource centre facilitating indigenous film and video making in Ireland.

Publications: *Film Ireland* - monthly magazine; *Ireland on Screen* – a production directory, published annually.

Galway Film Resource Centre

Contact: Manager
Address: Cluain Mhuire, Monivea Road, Galway.

T: 091 770748/58 **F:** 091 770746
E: info@galwayfilmcentre.ie **W:** www.galwayfilmcentre.ie

The Galway Film Centre is a resource centre for film makers in the west of Ireland, providing training, education and equipment.

Publications: *Film West*, quarterly magazine

Irish Association of Creative Arts Therapists (IACAT)

Address: PO Box 4176, Dublin 1.

E: iacat@eircom.net

W: www.iacat.ie

The Irish Association of Creative Arts Therapists is the professional representative organisation of creative arts therapists in Ireland. It aims to promote, regulate and support the work of creative arts therapists in Ireland by establishing and maintaining:

- A register of professionally qualified members.
- Standards for ethical practice.
- Professional standards of creative arts therapies training.
- Pay and conditions for creative arts therapists.
- Jobs information exchange and advertisement.
- An information system on the creative arts therapies.

(NB: The collective title creative arts therapists includes the four distinct professional titles of music therapist, art therapist, drama therapist and dance-movement therapist, each of which has their own distinct qualifying clinical training for registration to practice.)

Publications: *IACAT Information Document*; twice-yearly journal.

Irish Film Board/Bord Scannán na hÉireann

Contact: Information co-ordinator

Address: Rockfort House, St. Augustine Street. Galway.

T: 091 561398

F: 091 561405

E: film@iol.ie

W: www.iol.ie/filmboard

The Irish Film Board is a semi-state body established to ensure the continuity of film production and availability of Irish films to home and international audiences. It also aims to raise public awareness of the cultural, social and economic benefits of film-making activity in Ireland.

Publications: Various publications on festivals, post-production and training.

Irish Museum of Modern Art (IMMA)

Contact: Education and Community Programme
Address: The Royal Hospital, Kilmainham, Dublin 8

T: 01 6129900 **F:** 01 6129999
E: info@modernart.ie **W:** www.modernart.ie

IMMA aims to foster awareness, understanding and involvement in the visual arts, through policies and programmes that are innovative and inclusive.

The collection tours throughout Ireland through IMMA's National Programme. If works cannot be exhibited at IMMA, the organisers endeavour to show them somewhere in Ireland. The basic function of the collection is to take artworks by a wide range of artists into the public domain, in order to make them available to the widest possible range of people.

The Education and Community Programme engages with a broad range of publics on many levels, from guided tours, seminars and symposia to a variety of workshop programmes exploring artworks and artists' work practices. The programme has worked in partnership with a number of small focus groups to create learning experiences from which to extract models of good quality arts education practice in an Irish context. "Focus On..." is a combined workshop and gallery programme, which is facilitated by artists and gallery mediators and is available to all community groups, youth and after-school groups and to people with learning and physical disabilities.

Publications: Fleming, T and A Gallagher: *Even her nudes were lovely* – A research report on the Museum's programme for older people, 1999; *...and start to wear purple*, 1999.

Irish Writers' Centre

Contact: Director
Address: 19 Parnell Square, Dublin 1.

T: 01 8721302 **F:** 01 8726282
E: info@writerscentre.ie **W:** www.writerscentre.ie

The Irish Writers' Centre assists writers to pursue their work, promotes cultural exchanges between Ireland and other countries and aims to cultivate an interest in the work of contemporary Irish writers.

The Irish Writers' Centre will route money to organisations, on a partnership basis, to pay writers' fees for readings, workshops and residencies, on the basis of applications. Funding levels are modest. The Centre also gives informal advice about setting up projects. A lot of this information is available online.

Publications: *IWC News*, bi-monthly newsletter.

Music Association of Ireland

Address: 69 South Great Georges Street, Dublin 2.

T: 01 4785368 **F:** 01 4754426

E: music.association@indigo.ie

The Music Association of Ireland works to raise awareness of and to lobby for music issues. It also runs an education programme, which brings musicians into the community, schools and institutions.

Publications: *Music Association of Ireland Newsletter* and *Music Association of Ireland Events Guide*.

Music Network

Contact: Education and Healthcare Programmer

Address: Coach House, Dublin Castle, Dublin 2.

T: 01 6719429 **F:** 01 6719430

E: deirdre@musicnetwork.ie **W:** www.musicnetwork.ie

Music Network aims to make music accessible to everyone through a programme of locally-owned initiatives.

Music Network runs a Music in Healthcare programme in partnership with the Midlands Health Board. This programme seeks to provide elderly people living in healthcare environments with access to the therapeutic experience of live music and to measure the impact of live music within participating centres.

Publications: *Musiclink*, a quarterly newsletter; *The Irish Music Handbook*; *The Directory of Irish Musicians*.

The *Irish Music Handbook* is available online.

National Gallery of Ireland

Contact: Keeper and Head of Education

Address: Merrion Square, Dublin 2.

T: 01 6615133 **F:** 01 6615372

E: info@ngi.ie **W:** www.nationalgallery.ie

The National Gallery Education Service exists to support, enable and encourage the public, through the range of services it provides, to seek their own level of understanding, appreciation, creativity and enjoyment from the works of art in the national collection and the visual arts in general.

Publications: Various education resources.

National Museum of Ireland

Contact: Education and Outreach Officer
Address: Collins Barracks, Benburb Street, Dublin 7.

T: 01 6777444 **F:** 01 6791025
E: education@museum.ie **W:** www.museum.ie

The National Museum of Ireland, through its Education and Outreach programme, aims to investigate alternative methods of exploring and understanding its various collections. It also aims to encourage audiences to see and interact with the collections in new ways, and to develop innovative and experimental ways of working with target audiences.

Publications: Various education resources.

National Theatre of Ireland

Contact: The Outreach and Education Department
Address: Abbey Theatre, Abbey Street, Dublin 1.

T: 01 8872223 **F:** 01 8729177
E: outreach@abbeytheatre.ie **W:** www.abbeytheatre.ie

The National Theatre's Outreach/Education Programme uses the resources of the National Theatre to create meaningful access to and engagement with drama as an artform. The programme provides a forum for older people, theatre practitioners and educators/facilitators to explore the formal work of the Abbey and Peacock Theatres, to engage in artistic and aesthetic experiences, in creative and critical dialogues and to devise and make drama.

Paintings in Hospitals (Ireland)

Contact: Chairman
Address: 23 Ranfurly Avenue, Bangor, Co. Down, BT20 3SJ.

T: 00 44 28 91462812 **F:** 00 44 28 7935 1701
E: mail@paintingsinhospitals.org.uk **W:** www.paintingsinhospitals.cwcom.net

Paintings in Hospitals (PiH) is a registered charity that provides a picture rental service to NHS hospitals and healthcare establishments throughout the UK and Ireland. The collection includes over 3,000 works of art available for hire, offering a range of styles and sizes including paintings, watercolours, prints, textiles and photography.

Publications: Newsletter, published bi-annually.

Poetry Ireland/Éigse Éireann

Contact: Education Officer
Address: Éigse Éireann, Bermingham Tower,
Dublin Castle, Dublin 2.

T: 01 6714632 **F:** 01 6714634
E: poetry@iol.ie **W:** www.poetryireland.ie

Poetry Ireland/Éigse Éireann is the national organisation for poetry in Ireland. It acts as a resource and information point for everything to do with Irish poetry. It works to promote and develop opportunities for poets working or living in Ireland.

Publications: *Poetry Ireland Review*; *Poetry Ireland News* (six issues per year) and other occasional titles.

Sculptors' Society of Ireland - S.S.I.

Contact: Information Officer
Address: Corner of Halston St & Mary's Lane, Dublin 7.

T: 01 8722296 **F:** 01 8722364
E: info@sculptors-society.ie **W:** www.sculptors-society.ie

Through a number of proactive strategies, the Sculptors' Society of Ireland aims to develop and inform individual sculptural practice and the sector in Ireland, generally.

Publications: S.S.I. newsletter, bi-monthly newsletter.

The Theatre Shop

Contact: Administrator
Address: 7 South Great Georges Street, Dublin 2.

T: 01 6704906 **F:** 01 6704908
E: admin@theatreshop.ie **W:** www.theatreshop.ie

Theatre Shop addresses and promotes Irish theatre and dance in an international context. Primary activities include an annual conference, network development, publication of the *Irish Theatre Handbook* and the creation of an internet database of new Irish plays.

Publications: *The Irish Theatre Handbook*.

W.H.A.T. - Waterford Healing Arts Trust

Contact: Arts co-ordinator.

Address: Waterford Regional Hospital, Dunmore Road, Waterford.

T: 051 842664

F: 051 848572

W.H.A.T aims to enhance the well-being of patients, staff and visitors in Waterford Regional Hospital by involving the arts in the holistic healing process.

Publications: *“W.H.A.T.’s Art?” – a study of the Arts and Health Initiative of Waterford Regional Hospital.*

Training

Art Therapy - Crawford College of Art and Design

Address: Sharman Crawford Street, Cork

T: 021 4966777

F: 021 4962267

E: rmelling@cit.ie

W: www.cit.ie

Music Therapy - University of Limerick

Address: University of Limerick, Limerick, Ireland
Music Therapy Department

T: 061 202700

F: 061 330316

E: i.m.c@ul.ie

W: www.ul.ie

Training for facilitators:

CAFÉ (see Useful organisations)

IMMA (see Useful organisations)

Arts and health organisations – international

In England, both Arts for Health and the National Network for Arts and Health are useful resource organisations and a good initial point of contact. As in Ireland, many arts and health projects and programmes are run by a small team and they may not be able to respond to individual enquiries quickly. Consult their websites before you ask for specific help on issues relating to your own projects.

Arts for Health Centre

Contact: Director

Address: The Manchester Metropolitan University,
All Saints, Oxford Road, Manchester M15 6BH, United Kingdom.

T: 00 44 161 236 8916 or 247 1091

F: 00 44 161 247 6390

W: www.artdes.mmu.ac.uk/arts4hth/introduc.htm

Arts for Health Centre is a national centre established to provide practical help, information and advice to all who are concerned with using the arts as a complementary part of healthcare.

Publications: Senior, Peter et. al: *The Next Step*, proceedings from Arts for National Seminar held April 2000, Manchester Metropolitan University.
Turner, Francesca and Peter Senior (eds): *"A Powerful Force for Good", Culture, Health and the Arts Symposium – an Anthology*. (2000).

For further information on publications, contact Arts for Health directly.

British Association of Art Therapists

Address: Mary Ward House, 5 Tavistock Place, London,
WC1H 9SN, United Kingdom.

T: 00 44 207 3833774

F: 00 44 207 3875513

E: baat@ukgateway.net

W: www.baat.co.uk

The British Association of Art Therapists is a representative body for arts therapists and arts therapy practice.

Centre for Arts and Humanities in Health and Medicine

Contact: Director
Address: University of Durham Business School, Mill Hill Lane,
Durham City, DH1 3LB, United Kingdom.

T: 00 44 191 3743748

E: cahhm.info@durham.ac.uk

W: www.dur.ac.uk/cahhm

The Centre for Arts and Humanities in Health and Medicine is an independent research and evaluation resource based in the University of Durham. CAHHM investigates and promotes the practical applications and benefits of arts and humanities in healthcare. CAHHM's ultimate aims are to encourage change in the way we learn, work and communicate in healthcare, and to build trusting creative partnerships between health professionals and the public.

Publications: Smith, Tom: *The Common Knowledge: Interim Evaluation Report*. (2001)

Chelsea and Westminster Hospital Arts Research

Contact: Director
Address: 369 Fulham Road, London SW10 9NH, United Kingdom.

T: 00 44 20 88466864

F: 00 44 20 87468111

E: research.project@chelwest.org

W: www.chelseawestminster.co.uk

Chelsea and Westminster Hospital Arts Research is currently studying the effects of the visual and performing arts in healthcare at Chelsea and Westminster Hospital. The aim of the study is to produce a qualitative analysis and critical evaluation of the effects of the arts on patients, staff and visitors at the hospital.

Publications: Dillon, Tasmin and Sally Tallant (Co-ordinators): *Don't Worry, Exhibition of Specially Commissioned Works at Chelsea & Westminster Hospital*. (2000)

Exeter Health Care Arts

Address: Bowmoor House Royal Devon & Exeter Hospital (Wonford), Barrack Road
Exeter EX2 5WD, United Kingdom.

T: 00 44 1392 402366

F: 00 44 1392 403908

E: info@ehca.org.uk

W: www.ehca.org.uk

Exeter Health Care Arts was established in 1991 as the arts project for the Royal Devon and Exeter NIHS Trust. The organisation's work has three main strands: exhibition of artists' work in public and clinical areas of hospitals; environmental schemes in public and clinical areas, both inside and out; and live art events for the public at large and within the wards of hospitals.

Publications: Scher, Peter and Peter Senior: *The Exeter Evaluation, Evaluation Research Project of Exeter Health Care Arts*. (1999)

Healing Arts – Isle of Wight

Contact: Arts Director
Address: Healing Arts: Isle of Wight, St. Mary's Hospital,
Parkhurst Road, Newport, Isle of Wight PO30 5TG,
United Kingdom.

T: 00 44 1983 534253

F: 00 44 1983 525157

E: healingarts@iowht.swest.nhs.uk

W: www.iowht.org.uk/arts/main.htm

Healing Arts aims to provide a comprehensive high quality Arts in Healthcare programme for any person under the care of the IW Healthcare NHS Trust, who is recovering from illness, receiving healthcare in the community, or living with a special healthcare need.

Publications: Various information leaflets.

Hospital Audiences Inc. (HAI) 'hope and inspiration through the arts'

Contact: Executive Director
Address: 548 Broadway 3rd Floor, New York,
NY 10012-3950, USA.

T: 00 1 212 5757676

F: 00 1 212 5757669

E: hai@hospaud.org

W: www.hospaud.org

Hospital Audiences Inc. aims to provide access to the arts for people in healthcare by bringing people isolated from the cultural mainstream to cultural institutions and other visual and performing arts experiences, or by presenting the arts directly to them in the institutions. Also aims to provide access through the arts to life-saving information and decision-making skills regarding critical public health issues.

Publications: Spencer, M J: *Live Arts Experiences: Their Impact on Health and Wellness* (available on website).

i am – Inspired Arts Movement

[The UK forum for the arts in mental health, working with regional arts boards in the UK to raise their profile and promote their work.]

i am London Network

Contact: Strategic Relations Officer
Address: London Arts, 2 Pear Tree Court, London EC1R 0DS,
United Kingdom.

T: 00 44 020 7608 6100

F: 00 44 020 7401 5052

W: www.arts.org.uk/londonarts

i am aims to explore issues surrounding arts and mental health and to provide a network of support.

Publications: Ings, Richard: *i am London @ Tate Modern* – A report on the inaugural conference of the London network of i am – the inspired arts movement, held on World Mental Health Day 2000.

Integrated Arts

Address: 933 Parker Street, Suite 45, Berkeley, CA 94710, USA.

T: 00 1 510 841 1466

F: 00 1 510 841 1631

E: iarts@integratedarts.org

W: www.icomm.ca/iarts

Integrated Arts is a San Francisco-based organisation that works to dismantle perceived boundaries between arts work by persons with disability and arts work by persons without disability.

Publications: *The Arts Access Network Newsletter*

International Academy for Health and Design

Address: P.O. Box 230, Karolinska Institutet, 171 77 Stockholm, Sweden.

T: 00 46 87777122

F: 00 46 87450002

E: academy@designandhealth.com **W:** www.designandhealth.com

The International Academy for Design and Health (IADH) was created at the turn of the millennium to stimulate and develop research on the interaction between culture, design and health. The Academy is multi-disciplinary and research-based. Educational and healthcare institutions in different countries are linked through membership in the Academy.

Publications: Dilani, Alan: *Design and Health*. (2001)

A Picture of Health

Address: PO Box 253, High Wycombe, Buckinghamshire, HP144ET, United Kingdom.

T: 00 44 149 4481573

A Picture of Health is a registered charity working to contribute to an understanding of how disease can be conquered. The touring exhibitions of Susan Macfarlane's work aim to help combat the fear of the unknown and encourage discussion.

A Picture of Health continues to explore ways of using art to explore illness and promote health. The exhibitions *Living with Leukemia* and *A Picture of Health* are touring exhibitions and would be available to tour suitable Irish venues.

Publications: Macfarlane, Susan: *Living with Leukemia: Paintings and Drawings of Childhood Leukemia*, A Picture of Health Exhibition. (1998)

Macfarlane, Susan: *A Picture of Health: Paintings and Drawings of Breast Cancer Care*. A Sheeran Lock Exhibition. (1995)

National Network for the Arts in Health

Contact: Information Officer

Address: 123 Westminster Bridge Road, London SE1 7HR,
United Kingdom.

T: 00 44 20 72611317

E: info@nnaah.org.uk

W: www.nnaah.org.uk

The National Network for Arts and Health (NNAH) provides dedicated resources and a range of benefits and services for organisations and individuals interested in the field of arts and health including fact sheets, members forum, projects directory and a bibliography.

Publications: NNAH Newsletter, published quarterly

The Society for the Arts in Healthcare

Contact: Administrative Director

Address: Society for the Arts in Healthcare, 1632 U Street N.W.,
Washington, DC 20009, USA.

T: 00 1 202 2448088

F: 00 1 202 2441312

E: mail@TheSAH.org

W: www.societyartshealthcare.org

The SAH is a member-based, non-profit organisation advocating the integration of the arts into healthcare settings on a national and international level.

START in Salford arts project

Contact: Artist/Project Manager
Address: Pendleton House, Broughton Road, Salford M6 6LS,
United Kingdom.

T: 00 44 161 7362675 **F:** 00 44 161 7360839
E: **W:** www.startinsalford.co.uk

START is devoted to providing arts training and facilities for people with mental health problems.

Area Health Boards

Eastern Regional Health Authority

The ERHA is the statutory body with responsibility to plan, arrange and oversee health and personal social services for the 1.5 million people who live in counties Dublin, Wicklow and Kildare.

Address: Mill Lane, Palmerstown, Dublin.

T: 01 6201600 **F:** 01 6201720
W: www.erha.ie

Services are delivered by three Area Health Boards, the Northern, East Coast and South Western Area Health Boards and 36 voluntary providers.

Northern Area Health Board:

Address: Swords Business Campus, Balheary Road,
Swords, Co. Dublin.

T: 01 8131800 **F:** 01 8131870

South Western Area Health Board:

Address: Oak House, Millennium Park, Naas,
Co. Kildare.

T: 045 880400 **F:** 045 880482

East Coast Area Health Board:

Address: Southern Cross House, Boghall Road,
Bray, Co. Wicklow.

T: 01 2014200 **F:** 01 2014201

Midland Health Board

The Midland Health Board has responsibility for health services in Counties Laois, Offaly, Longford and Westmeath.

Address: Arden Road, Tullamore, Co. Offaly.

T: 0506 21868

Mid-Western Health Board

The Mid-Western Health Board has responsibility for health services in Counties Limerick, Clare and Tipperary North Riding.

Address: 31-33 Catherine St., Limerick.

T: 061 316655

North-Eastern Health Board

The North-Eastern Health Board has responsibility for health services in Counties Louth, Meath, Cavan and Monaghan.

Address: Navan Road, Kells, Co. Meath.

T: 046 40341

North-Western Health Board

The North-Western Health Board has responsibility for health services in Counties Donegal, Sligo and Leitrim.

Address: Manorhamilton, Co. Leitrim.

T: 072 55123

South-Eastern Health Board

The South-Eastern Health Board has responsibility for health services in Counties Carlow, Kilkenny, Tipperary South Riding, Waterford, and Wexford.

Address: Lacken, Dublin Road, Kilkenny.

T: 056 51702

Southern Health Board

The Southern Health Board has responsibility for health services in Counties Cork and Kerry.

Address: Cork Farm Centre, Dennehy's Cross, Wilton Road, Cork.

T: 021 545011

Western Health Board

The Western Health Board has responsibility for health services in Counties Galway, Mayo and Roscommon.

Address: Merlin Park Regional Hospital, Galway.

T: 091 751131

Local Authority Arts Officers

You should contact your local Arts Officer for advice and information relevant to your local arts network and funding opportunities in your area.

Carlow Arts Officer

Address: Carlow County Council, County Offices, Athy Road, Carlow.

T: 0503 70300

F: 0503 41503

E: artofficer@carlowcoco.ie

Cavan Arts Officer

Address: Cavan County Council, The Courthouse, Cavan.

T: 049 4331799

F: 049 4361565

E: artsofficer@cavancoco.ie

Clare Arts Officer

Address: Clare County Council, New Road, Ennis, Co. Clare.

T: 065 6821616

F: 065 6828233

Cork Corporation Arts Officer

Address: City Hall, Cork.

T: 021 4924298

F: 021 4314238

W: www.corkcorp.ie

Cork County Council

Address: County Hall, Cork.

T: 021 4346210

F: 021 4343254

W: www.corkcoco.ie

Donegal Arts Officer

Address: Donegal County Council, Letterkenny, Donegal.

T: 074 72222

F: 074 41205

Dublin Corporation Arts Officer

Address: 20 Parnell Square North, Dublin 1.

T: 01 8722816

F: 01 8722933

E: arts@dubc.iol.ie

W: www.dublincorp.ie

Dun Laoghaire Rathdown Arts Officer

Address: Dun Laoghaire Rathdown County Council, County Hall,
Marine Road, Dun Laoghaire, Co. Dublin.

T: 01 2054700
E: arts@dlrcoco.ie

F: 01 2806969
W: www.dlrcoco.ie

Fingal Arts Officer

Address: Fingal County Council, Fingal County Hall,
PO Box 174, Main Street, Swords, Co. Dublin.

T: 01 8905099
E: fingalartsoffice@eircom.net

F: 01 8906259
W: www.fingalarts.ie

Galway County Arts Officer

Address: Galway County Council, County Hall, Prospect Hill, Galway.

T: 091 509000
E: info@galwaycoco.ie

F: 091 509010

Galway Arts Officer Corporation

Address: Galway Corporation, City Hall, College Road, Galway.

T: 091 536841

F: 091 563964
W: www.galwaycorp.ie

Kerry Arts Officer

Address: Kerry County Council, Tralee, Co Kerry.

T: 066 7183541

F: 066 7183613
W: www.kerrycoco.ie

Kildare Arts Officer

Address: c/o Kildare County Library, Newbridge, Co. Kildare.

T: 045 431215
E: colibrary@kildarecoco.ie

F: 045 432490
W: www.kildarecoco.ie

Kilkenny Arts Officer

Address: c/o Kilkenny County Library, John's Street,
Co. Kilkenny.

T: 056 52699

F: 056 63384

W: www.kilkennycoco.ie

Laois Arts Officer

Address: Laois County Council, County Hall, Portlaoise, Co. Laois.

T: 0502 64182

F: 0502 22313

E: artsoff@laoiscoco.ie

W: www.laois.ie

Leitrim Arts Officer

Address: Leitrim County Council, County Hall,
Carrick-on-Shannon, Co. Leitrim.

T: 078 20005

F: 078 22205

E: secretar@leitrimcoco.ie

W: www.leitrimcoco.ie

Limerick Corporation Arts Officer

Address: City Hall, Merchant's Quay, Limerick.

T: 061 415799

F: 061 415266

W: www.limerickcorp.ie

Limerick County Council Arts Officer

Address: County Arts Office, 79-84 O'Connell Street, Limerick.

T: 061 214498

F: 061 317280

E: arts@limerickcoco.ie

W: www.limerickcoco.ie

Longford Arts Officer

Address: c/o Longford County Library, Town Centre, Longford.

T: 043 41124

F: 043 41125

E: longlib@iol.ie

W: www.longford.ie

———— Louth Arts Officer

Address: UDC Town Hall, Dundalk, Co. Louth.

T: 042 9335457

F: 042 9334557

E: dundarts@eircom.ie

———— Mayo Arts Officer

Address: c/o Library Headquarters, Castlebar, Co. Mayo.

T: 094 24444

F: 094 23937

E: artsstaff@mayococo.ie

———— Meath Arts Officer

Address: Arts Office, Dunshaughlin, Co. Meath.

T: 01 8240000

F: 01 8240233

W: www.meathcoco.ie

———— Monaghan Arts Officer

Address: c/o Monaghan County Museum, Hill Street, Monaghan.

T: 047 64180

F: 047 82739

———— Offaly Arts Officer

Address: County Arts Officer, Offaly County Council, Co. Offaly.

T: 0506 46800

F: 0506 46868

E: artsoffice@offalycoco.ie

———— Roscommon Arts Officer

Address: Roscommon County Council, Courthouse, Roscommon.

T: 0903 37285

F: 0903 25477

E: rosartsoffice@eircom.net

———— Sligo Arts Officer

Address: Sligo County Council, Riverside, Sligo.

T: 071 40987

F: 071 41119

E: arts@sligococo.ie

South Dublin Arts Officer

Address: Town Centre, Tallaght, Dublin 24

T: 01 4149000

F: 01 4149111

E: artsofficer@sdblincoco.ie

W: www.sdcc.ie

Tipperary North Arts Officer

Address: Tipperary NR County Council, The Courthouse, Nenagh, Co. Tipperary

T: 067 44852

F: 067 31478

E: artsoffice@northtippcoco.ie

Waterford Arts Officer

Address: Waterford Corporation, City Hall, The Mall, Waterford.

T: 051 309900

F: 051 844709

E: art@waterfordcorp.ie

Waterford County Council Arts Officer

Address: c/o Arts Centre, Dungarvan, Co. Waterford.

T: 058 41416

F: 058 42911

Wexford Arts Officer:

Address: Wexford County Council, County Hall, Wexford

T: 053 65000

F: 053 43532

W: www.wexford.ie

Wicklow Arts Officer

Address: Wicklow County Council, Arts Office, St Manntan's House, Kilmantin Hill, Co. Wicklow.

T: 0404 20155

F: 0404 66057

E: wao@eircom.net

W: www.wicklow.ie

Arts officers – Northern Ireland

Antrim Borough Council Arts Officer

Address: Clotworthy Arts Centre, The Steeple, Antrim BT41 1BJ
T: 00 44 28 94428000 **F:** 00 44 28 94460360

Ards Borough Council Arts Officer

Address: 2 Church Street, Newtownards BT23 4AP
T: 00 44 28 91810803 **F:** 00 44 28 91823131

Armagh City & District Council Arts Officer

Address: The Market Place Theatre, Armagh BT60 7AT
T: 00 44 28 37521821

Ballymena Borough Council Arts Officer

Address: Ardeevin, 80 Galgorm Road, Ballymena BT42 1AB
T: 00 44 28 25660300 **F:** 00 44 28 25660400

Ballymoney Borough Council Arts Officer

Address: Riada House, 14 Charles Street, Ballymoney BT53 6DZ
T: 00 44 28 276 62280 **F:** 00 44 28 276 67659
E: ballymoneybc@psilink.co.uk

Banbridge District Council Arts Officer

Address: Downshire Road, Banbridge, BT32 3JY
T: 00 44 28 40660600 **F:** 00 44 28 40660601
E: info@banbridgedc.gov.uk

Belfast City Council Arts Officer

Address: Cecil Ward Building, 4 – 10 Linenhall Street, Belfast, BT2 8BP
T: 00 44 28 90320202 ext: 3571/2/3 **F:** 00 44 28 90270325

Carrickfergus Borough Council Arts Officer

Address: Heritage Plaza, Antrim Street, Carrickfergus, BT38 7DL

T: 00 44 28 93366455

F: 00 44 28 93350350

Castlereagh Borough Council Arts Officer

Address: Bradford Court, Upper Galwally, Belfast, BT8 6RB

T: 00 44 28 90494500

F: 00 44 28 90494515

Coleraine Borough Council Arts Officer

Address: Flowerfield Arts Centre, 185 Flowerfield Road,
Portstewart, BT55 7HU

T: 00 44 28 703833959

F: 00 44 28 703835042

E: flowerfield@dnet.co.uk

Cookstown District Council Arts Officer

Address: Council Offices, Burn Road, Cookstown, BT80 8DT

T: 00 44 28 86762205

F: 00 44 28 86764360

Craigavon Borough Council Arts Officer

Address: Pinebank Community Arts & Resource Centre,
Tullygally Road, Craigavon, BT65 5BY

T: 00 44 28 38341618

F: 00 44 28 38342402

Derry City Council Arts Officer

Address: 98 Strand Road, Londonderry, BT48 7NN

T: 00 44 28 71264177

F: 00 44 28 71370080

E: recreation@derrycity.gov.uk

Down Civic Arts Centre

Address: 2-6 Irish Street, Downpatrick, BT30 6BN

T: 00 44 28 44615283

F: 00 44 28 44616621

E: dpkartcentre@hotmail.com

_____ Dungannon District Council Arts Officer

Address: Circular Road, Dungannon, BT71 6DT

T: 00 44 28 87720300

F: 00 44 28 87720368

E: artsstudio@hotmail.com

_____ Fermanagh District Council Arts Officer

Address: Town Hall, Enniskillen, BT74 7BA

T: 00 44 28 66325050

F: 00 44 28 66322024

_____ Larne Borough Council Arts Officer

Address: Smiley Buildings, Victoria Hall, Larne, BT40 1RU

T: 00 44 28 28260088

F: 00 44 28 28260660

_____ Limavady Borough Council Arts Officer

Address: 7 Connell Street, Limavady, BT49 OHA

T: 00 44 28 77760304

F: 00 44 28 77722226

_____ Lisburn Borough Council Arts Officer

Address: Island Arts Centre, Laganvalley Island,
The Island, Lisburn, BT27 4RL

T: 00 44 28 92509509

F: 00 44 28 92509510

_____ Magherafelt District Council Arts Officer

Address: 50 Ballyronan Road, Magherafelt, BT45 6EN

T: 00 44 28 79632151

F: 00 44 28 79631240

_____ Moyle District Council Arts Officer

Address: Sheskburn House, 7 Mary Street, Ballycastle, BT54 6HQ

T: 00 44 28 20762225

F: 00 44 28 20762515

E: dev@moyle-council.org

Newry & Mourne District Council Arts Officer

Address: Newry & Mourne Arts Centre, 1a Bank Parade, Newry, BT35 8DJ

T: 00 44 28 30266232

F: 00 44 28 30266839

Newtownabbey Council Arts Officer

Address: Mossley Hill, Newtownabbey BT36 5QA

T: 00 44 28 90340000

F: 00 44 28 90340062

North Down Borough Council Arts Officer

Address: Tower House, 34 Quay Street, Bangor, BT20 5ED

T: 00 44 28 91278032

F: 00 44 28 91271370

E: arts.officer@northdown.gov.uk

Omagh District Council Arts Officer

Address: Mountjoy Road, Omagh, BT79 7BL

T: 00 44 28 82245321

F: 00 44 28 82243888

E: arts.officer@northdown.gov.uk

Strabane District Council Arts Officer

Address: 47 Derry Road, Strabane, BT82 8DY

T: 00 44 28 71382204

F: 00 44 28 71382264

Suggested further reading:

Artservice: *Good Medicine* (1993) and *Good Medicine Update* (1999) Arts and Health in the West Midlands, commissioned by West Midlands Arts.

Bateson, Ray (ed): *Creating a Healthier Future, Arts and Health Conference*, (Proceedings), (Dublin. Dublin Healthy Cities Project. 2001).

Bolton, G: *The Therapeutic Potential of Creative Writing - Writing Myself* (London. Jessica Kingsley Publishers. 1999).

Buckland, Amanda and Crawford, Michaelie, et al: *Art Injection – Youth Art in Hospitals*. (Sydney. The Children's Hospital and Sydney College of Arts. 1994).

Dilani, Alan: Design and Health. (Stockholm. 2001) [available from www.byggbokhandeln.com].

Dillon, Tasmin and Sally Tallant (co-ordinators): *Don't Worry: Exhibition of Specially Commissioned Works at Chelsea & Westminster Hospital*, (London. Chelsea and Westminster Hospital Arts. 2000).

Dix, Ann: "Does NHS Art Make You Sick?" in *The Health Service Journal*, vol 105, no 5477, November 1995, p 22 - 25.

Fondazione Giovanni Michelucci: *The Hospital and the City*, proceedings from the conference of the same name held in Florence, December 1998. (Proceedings published May 2000).

Fox, John: *Poetic Medicine, The Healing Art of Poem Making*. (New York. enguin Putnam. 1997).

Graham Pole, John: *Illness and the Art of Creative Self-Expression*. (Oakland, Ca. New Harbinger Publications. 2000).

Greene, Lesley: *Commissioning Art Works*. (London. Arts Council of England. 1996).

Haldene, Duncan and Susan Loppert (eds): *The Arts in Health Care: Learning from Experience*. (London. Kings Fund in association with Lulham Art Publications. 1999).

Ings, Richard: *i am London @ Tate Modern*. A report on the inaugural conference of the London Network of i am. (London. London Arts. 2000).

Kaye, Charles and Tony Blee (eds): *The Arts in Health Care - A Palette of Possibilities*. (London. Jessica Kingsley Publishers. 1997).

Kelly, Liam and Brendan McMenemy (eds): *Portraits from a Day Room*, (Derry/Londonderry. The Orchard Gallery in association with Foyle Health and Social Services Trust. 1999).

Kirklin, Deborah and Ruth Richardson (eds): *Medical Humanities: a practical introduction*. (London. Royal College of Physicians. 2001).

McDonnell, B: *Serious Fun: The Arts in Primary Health Care*. (Yorkshire & Humberside Arts).

Macfarlane, Susan: *Living with Leukemia: Paintings and Drawings of Childhood Leukemia*. A Picture of Health Exhibition. (London. Haymarket Medical Publications. 1998).

Macfarlane, Susan: *A Picture of Health: Paintings and Drawings of Breast Cancer Care*. A Sheeran Lock Exhibition. (New York & Yorkshire. Sheeran Lock Fine Art Consultants. 1995).

McKeon, E: *Arts in Health Strategy*. (Tunbridge Wells. South East Arts. 1999).

Miles, Malcolm (ed): *Artists-in-Residence in Hospitals: The contribution of artists to the quality of life in acute and long-stay hospitals*. (Dundee. British Health Care Arts. 1992).

Mosley, Pete: *A Guide to Evaluation*. (London. Arts Council of England, 1999).

Moss, Linda: *Art for Health's Sake*. (The Carnegie United Kingdom Trust, 1987).

Ó Cuív, Ruairí and Jeni Baker: *"W.H.A.T.'s Art?": A study of the Arts and Health Initiative of Waterford Regional Hospital*. (Waterford. Waterford Healing Arts Trust. 2000).

Scher, Peter and Peter Senior: *The Exeter Evaluation, Evaluation Research Project of Exeter Health Care Arts*. (Manchester. Arts for Health/The Manchester Metropolitan University.1999).

Senior, Peter and Johnathan Croall: *Helping to Heal: The Arts in Health Care*. (London. Calouste Gulbenkian Foundation. 1993).

Senior, Peter et. al: *The Next Step: proceedings from Arts for Health National Seminar April 2000*. (Manchester. Arts for Health/The Manchester Metropolitan University. 2000).

Sheeran, John (ed): *Helping to Heal: Photographs of the Arts in Health Care by Jerry Hardman-Jones*, (Yorkshire. Sheeran Lock Fine Art Consultants. 1995).

Spencer, Michael Jon: *Live Arts Experiences: Their Impact on Health and Wellness*. (New York. Hospital Audiences Inc. 2000).

Turner, Francesca and Peter Senior (eds): *"A Powerful Force for Good", Culture, Health and the Arts Symposium – an Anthology*, (Manchester. Arts for Health/Manchester Metropolitan University. 2000).

Ulrich, Robert: "View Through a Window May Influence Recovery From Surgery" in *Science* vol 224, April 1984, p 420 -421.

Unesco: *The Seed Is Sown - 10 years of Arts in Hospital* (Vienna. Austrian National Commission for UNESCO. 1998).

Williams, Dawn: *Communication Skills in Practice, A Practical Guide for Health Professionals*. (London. Jessica Kingsley Publications. 1997).

Definitions

The phrase 'arts and health' is generally taken to refer to the emerging area where the arts sector and the health sector intersect. Within the handbook, 'arts and health' work refers to arts activities that take place within a healthcare setting. We make a clear distinction between arts practices, whose primary goal is the experience of art or the production of art, and arts therapies, whose primary function is therapeutic.

We use the terms 'arts practice', 'arts activity' and 'arts project' interchangeably. When we refer to an arts activity, we refer to all disciplines within the arts, any of which can be adapted to a healthcare context. A specific art form may be chosen because it suits the goals of a project, or as a result of the experience, talents or interests of healthcare staff, or because it is the chosen form of the artist involved. The visual arts (painting, sculpture, photography), performing arts (music, dance, drama, mime, story telling), literature, film and video, architecture, landscape architecture and design are all currently in use or have been used in recent projects. Artists will often work together in an interdisciplinary collaboration.

Arts therapies integrate the experience of a given art form with the theories and practice of psychology, psychotherapy and psychiatry as a unique form of therapeutic intervention, whereas arts practices have a focus on artistic processes and artistic outcomes for their own sake. The distinction between the two is sometimes difficult to make, as many arts therapists are also practicing artists. But it is important, since art, drama, music or dance movement therapists are qualified health professionals equipped to deal with therapeutic work. One way of looking at the distinction is to consider that, from the perspective of a therapist, the intention is primarily therapeutic in that art is used as a means of communication and expression. Positive enjoyment of art is a bonus added to the value of their work. For artists, on the other hand, the primary intention is artistic and any therapeutic effect is seen as a bonus. This is a continuing area of discussion in arts and health work and should be clarified in relation to each project. The various disciplines included within arts therapies comprise a distinct and complex area that is beyond the scope of this handbook. For more information on arts therapies, contact the Irish Creative Arts Therapists' Association (see Part 4: Resources and definitions).

Throughout the handbook, we use the term 'healthcare centre', 'healthcare setting', 'healthcare environment' or 'healthcare context' to apply to any health and social care setting: hospitals, clinics, general practices, day care centres, rehabilitation centres, long-term residential care facilities, hospices, psychiatric units and any other environment where people come together to take care of a specific health need, in short-term or long-term situations.

Health itself is a term with many meanings. Artistic and cultural well-being are a fundamental part of a healthy, fulfilled human life. Artistic projects can be undertaken in the broader context of health education and the promotion of healthy living, but there is also growing worldwide recognition that artistic experience has the potential to facilitate the healing process.

For our purposes, the term host organisation is used to refer to any healthcare setting that initiates or agrees to host an arts project.

Participants may be patients, clients, service users, or residents of a healthcare centre. They may be members of staff working in any capacity within the centre. The term may also include visitors and relatives.

An artist may practice in any discipline, work in any medium, or in more than one. When we use the term 'artist', we mean writers, musicians, film-makers, sculptors and installation artists as well as painters. Artists often collaborate on projects to include more than one form. The function of an artist in an arts and health project in a particular context is to work as an artist as well as to facilitate, initiate and consult on arts work within that context.

An arts consultant offers professional advice on aspects of arts work and assists in raising awareness of the potential for arts and health initiatives. Arts consultants will have different approaches and work in different ways. It is important to select someone who works within the appropriate discipline. In some cases arts organisations will provide advice and contacts. In others, individual consultants can be hired on a contract basis to co-ordinate a project.

For the purposes of this handbook, arts and health work falls into three main categories, each having a different focus:

1 Environmental enhancement

This refers to work that sets out to improve the physical environment of a healthcare centre through the addition of works of art (paintings, sculpture), through planned events or performance (for example, music, drama, video), through changes at a tactile or olfactory level, or by using artistic principles in the design and planning stages of new and renovated buildings. Changes to the physical environment of a centre can be permanent or temporary.

Environmental enhancement projects may be artist-led or they may involve participants more directly in their planning and execution. They may have a primary focus on an end-product (a work of art that enhances the environment) or they may assume the creative process, experience or performance to be an end in itself.

2 Arts activities

Usually referred to as participative arts activities, these may take the form of creative writing, drama, video, visual art or music workshops. They include the participation and input of clients, staff and visitors and may happen once or in a series over time. The experience of participating in a workshop may be an end in itself or there may be a final product, such as a publication, a reading, a performance or an exhibition.

3 Health promotion/education projects

These projects use the arts to promote health and healthy living. They may or may not be participative in nature. Health promotion projects sometimes work with specific social groups to devise campaigns that promote awareness of relevant health or social issues.

Clearly, there is a degree of overlap between the strands. Theatrical or musical performances contribute to environmental enhancement and may also be participative in nature. Participative processes such as workshops and studio time may lead to an exhibition or installation of a product such as a mural or a tapestry relevant to the setting and the client group. They may also lead to the production of performances, or videos, or the publication of a pamphlet or a book. The presence of a visual art studio in a healthcare centre offers a renewable source of material for the enhancement of the centre but also provides opportunities for participative activities.

Sources and acknowledgements

This handbook draws heavily on several recent research projects:

Four pilot projects commissioned by the Arts Council and the Eastern Health Board (1998 – 2000). These projects were directed by Annette Clancy and evaluated by Sarah Finlay in a report entitled *No Drug Can Do That* (2000). A subsequent fifth project at Creag Aran (2000-2001) synthesised the knowledge and experience gained from the first four.

A report commissioned by the Arts Council and carried out by Ruairí Ó Cuív and Leargas Consulting Limited: *Mapping the Arts in Healthcare Contexts in the Republic of Ireland* (2001).

An Evaluation Study of Waterford Healing Arts Trust, an unpublished report carried out by Ruairí Ó Cuív (1999).

Evaluation reports on two Music Network projects: *Concerts in Healthcare Environments*, evaluated by Jackie O’Keeffe (1999) and *Music in Healthcare*, evaluated by Judith Wilkinson (2000).

Dreamin’ in the Snoezelen: Poetry, Prose and Play Readings in the Snoezelen Room of St Brendan’s Hospital, a report commissioned by Calypso Productions and written by Aoife Conroy and Una Murphy.

A Report on the National Maternity Hospital’s Arts Programme, March 1994 – March 1995, by Mary Grehan (1995).

A preliminary study by Marian Lovett, commissioned by the Arts Council: *Getting Better: An Overview of Some International Approaches to the Arts in Healthcare* (2001, unpublished).

Additional sources include:

Snoezelen – A New Dimension to Mental Health Care by Una Murphy: Paper given at the 3rd World Snoezelen Congress in Toronto, October 1999 (unpublished).

Special Care Therapy – Annual Report, 2000, St. Brendan’s Hospital (unpublished).

St. Brendan’s Hospital Special Care Therapy Unit Profile (unpublished).

W.H.A.T.’s Art? – a study of the Arts and Health Initiative of Waterford Regional Hospital, edited by Jeni Baker and based on a report by Ruairí Ó Cuív.

The handbook is also based on published accounts of the development of arts and health projects nationally and internationally and on material more generally available from service providers and resource organisations as listed in the footnotes and in the Resources section.

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