



Global Arts
& Health Alliance

What does an arts & health organisation do?

Tully Barnett, Alex Cothren
& Joanne Arciuli

2024

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Make room for others
to learn, to heal,
to expand, to create,
to collaborate,
to generate, to inspire

—Kunle Adewale, Founder of the Global Arts in Medicine Fellowship

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Undertaking these interviews with 30 participants across 22 organisations has been a joyful experience. Talking to the people of the arts and health sector – whether they be artists or administrators, health workers or managers – was a privilege. Their knowledge, passion and expertise is palpable in these pages.

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About the Authors



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Executive Summary

There is currently a great deal of momentum in arts and health practice, research and advocacy around the world. To understand what is driving this momentum and how arts and health organisations and practitioners are operating in creating and/or benefitting from that momentum, this report gathers insights from people working in some of the world's best and most innovative arts and health organisations. We interviewed members of 22 different arts and health organisations across the globe, from Australia to Nigeria, Finland to Japan. We asked these 30 interviewees about the different roles arts and health organisations play in advancing the field: how they got started, what they saw as the key ingredients to their success, what challenges they faced while undertaking the work and how they sought to overcome those obstacles.

What emerges is a series of fascinating case studies on the different ways of being a transformative arts and health organisation. There are a wide range of organisations represented here, including research groups at universities, national membership networks, government-funded promotion centres, non-profits focused on practice or training, and private entities catering to specific client bases. Some are focused on their local region, while others have national, or indeed, global aims. Many are interconnected with each other in various ways.

Each organisation has its own story and vision. Some organisations are large and were founded with funding and the imprimatur of political entities or philanthropic bodies. Others were founded by small teams, or even individuals, and run on limited means. The 22 case studies beginning on page 85 attempt to capture these organisations' past, present and future in a few pages and in their members' own voices—a difficult task given the rich variety of work they do. In addition to using case studies to communicate the work of the 22 organisations, we have distilled some themes, connections, and disparities that connect or offer counterpoints between the organisations.

What does an arts and health organisation do?

Despite the variety in sizes, focuses and locations, we have discovered core characteristics that connect the arts and health work these organisations do: practice, networking, education and training, advocacy and public engagement, and research.

Organisations conduct on-the-ground arts and health **practice**, bringing the field's benefits to communities either within or beyond health systems. Some organisations need to contract and manage external artists with specialist skills. Other organisations include core team members who themselves have the ability to lead initiatives in the field. Practice includes a wide array of programs and activities, some of which have been going for decades and others that are renewed regularly. The practice looks incredibly different across the 22 case studies and the rich picture of that work demonstrates a diverse, creative, innovative sector.

Organisations conduct **research and evaluation** into arts and health to help advance the field. For some organisations, most notably those based in universities, research is their central goal, and they focus on activities that lead to new insights and add to the evidence base helping us understand the impact of arts engagements for health outcomes. For other organisations, research might be a secondary activity, sometimes more akin to project evaluation. There is a wide body of grey literature on the work of arts and health that forms a resource base for arts and health organisations.

Organisations use **networking** activities to help connect people in the often-disparate field of arts and health. For some organisations, particularly alliances or networks, this connection is at the heart of their contribution to the field, and their agendas are to lift up and support other individuals or organisations. Other organisations might use infrequent networking events, such as conferences, to augment their other activities. The networking activities of arts and health organisations emerged as a central and often singular most important thing that organisations do. Peer support was a strong component of networking activities in arts and health organisations.

Organisations offer **education and training** to build up the skills and knowledge for those working or seeking to work in the field. This can include formal educational degrees, such as master's degrees or professional diplomas, as well as informal sessions or short courses focused on developing new skills or offering entry-level introductions to the field. The importance of establishing pathways to employment in the field of arts and health, and developing the skills of current practitioners, was a theme that emerged over and over again in the interviews.

Organisations engage in **advocacy and public engagement** to help spread awareness of arts and health to both decision-makers and the wider public. For some organisations, influencing policy and public opinion is a core focus, while others may only seek to occasionally disseminate their findings or achievements. Often this advocacy and public engagement happens through peak bodies, collaboration or working with the tertiary sector. Many use social media to communicate the program work to a wider audience.

What challenges do arts and health organisations face?

We have also identified six key **challenges** that draw together the most significant of the various barriers and problems facing arts and health organisations across the world: funding and sustainability, diversity, political support, interdisciplinarity and collaboration, definitions, and evidence.

As arts and health is largely a field of disparate organisations without clear sources for financial support, **funding and sustainability** is a core challenge. Many organisations rely on year-by-year project funding which can limit the possibility for deeper and more effective work. Project funding may or may not include any funds for operational activities which can further challenge the delivery of programs. These funding pressures, together with the difficulty of working in what can be emotionally draining spaces, means organisation members are vulnerable to burnout. During the course of this research, several arts and health programs closed their doors, while others we interviewed had recently received a funding boost that allowed them to begin thinking long-term.

Another challenge is ensuring that organisations represent a **diversity** of lived experiences, ethnicities and worldviews in their workforces, communities, governance and approach. This was especially identified as a significant problem in Australia and the UK, where the arts and health workforce remains overwhelmingly white, able-bodied and middle-class, and amongst practitioners also largely female. A challenge for the future of the field is to better understand the causes of this, whether it be linked to the funding and sustainability of the organisations, the education and training pathways, the content of the programs,

or other reasons, and to actively work to create organisations and programs that attract and retain a more diverse workforce.

Arts and health organisations can more easily achieve their goals if they have **political support** in their country or local area. However, political support can shift quickly, and oftentimes the rhetoric of policy does not match the reality of support on the ground. This can create a challenging situation for organisations unsure whether to direct their attention to gaining higher-level political support or focus instead on slower and steadier grassroots development and the never-ending wheel of grant applications and acquittals.

As a field bringing together two very different sectors, and within them different artforms and approaches to health, navigating **interdisciplinarity and collaboration** is at the heart of successful arts and health work. However, clashes between the knowledge systems and hierarchies of these two disciplines can stymie effective collaboration. Furthermore, the limited resources available to the field can exacerbate the challenge of collaboration which can result in conflict and distrust.

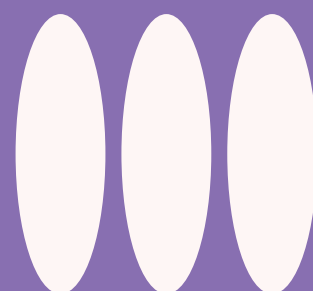
Related to this issue of interdisciplinarity, even the terms at the core of arts and health work are understood differently by different stakeholders, and this can lead to challenges around deciding on acceptable **definitions**. Arts and health encompasses a large range of practices and disciplines, contexts and histories, methodologies and evidence bases, and operating from conflicting understandings can derail productive work. Organisations must therefore decide on the specific definitions that encompass their work before moving forward.

For example, many organisations must determine whether ‘arts therapy’, with its specifically therapeutic outcomes, is included in their remit. Organisations also consider how they define concepts such as ‘arts’, ‘culture’, and ‘health’. Similarly, we noticed a strong attachment to different constructions of the name arts and health, including ‘creative health’ and the use of ‘wellbeing’ in the naming of the field. From arts and health to creative health to healing arts to arts for wellbeing (and to hyphenate well-being or not) there is a wide variety of nomenclature for the work that is happening in this field. Mostly this demonstrates vibrancy and local difference but we need to make sure we are talking about the same things or at least know when we are not. More mundanely, we note the wide variety of organisational approaches evident in the names of the organisations we talked to: from alliances, networks, labs and hubs, to centres, repositories and collectives. Organisations are trying to signal their focal points, their capacity levels and mechanisms for understanding and organising the work they are doing through their naming structures, though often this too is prompted by funding levels and sources, interdisciplinary disagreements or the search for the new in the sector.

Evidence is crucial to advancing the wider field of arts and health, and for garnering support for organisations’ individual projects and missions. Yet the field of arts and health is engaged in an ongoing debate about what *type* of evidence offers the best argument for the field, with different decision-makers and sectors varying in their expectations and shifting effectiveness of demonstrating evidence in different situations. This can be challenging for arts and health organisations, especially if their practice does not conform to narrower evidence requirements. Many interviewees argued that traditional

academic evidence is overestimated as a mechanism for unlocking decision-makers' support, pointing instead to the value of narratives and lived experience. Many interviewees were also concerned about how the evidentiary base is understood in different contexts by academia, by politicians and funding decision-makers, by health colleagues, and a range of other stakeholders, each with their own lens.

Each organisation interviewed here has its own mix of core characteristics and ways of working, as well as unique approaches to solving its central challenges. Nonetheless, we hope these five core elements and six challenges serve as an introduction to any seeking to intervene in the arts and health space.



Key Findings



We have identified a series of findings through comparative analysis across the interviews, regions and contexts.

■ The politics of evidence in arts & health

The research identifies that there is a strong evidence base for arts and health work but what is missing is the capacity to get the evidence into action. In Australia, this is in large part because the National Framework for Arts and Health was not implemented. Instead, state-based policies and frameworks continue, such as the 2017 NSW Framework for arts and health. South Australia needs a version of this as well as the capacity to contribute to a national push.

■ Diversity

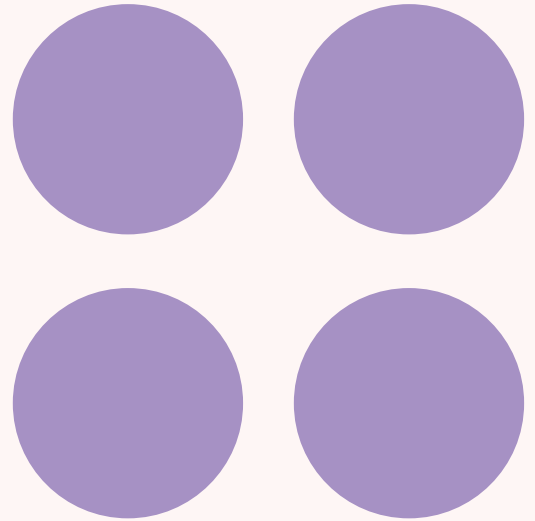
Arts and health networks in Australia, the UK, the US and Europe all reported an overwhelmingly white and female workforce. A significant challenge for the sector going forward will be how to diversify the workforce and its perspectives. Where organisations do have diversity across a range of different characteristics, including cultural diversity, it is identified as a strength. Diversifying the workforce of arts and health projects and organisations must be a major commitment for the sector.

■ There is a need to support First Nations people, concepts and knowledge to lead arts & health

Several of the interviewees highlighted the connection between arts and health work and First Nations knowledge and practice internationally. Funding should be placed to support this First-Nations led work, as it can offer vital new perspectives on some of the greatest challenges facing the field.

■ There is a unique opportunity to bring disparate threads of arts & health work together

Around the world, arts and health organisations of all kinds reported that in the last few years they have seen an uptick in energy, action and interest in the connection between arts and wellbeing. Some identified this as the result of COVID-era learning about the value of arts engagement in times of crisis, while for others it is about the maturity of arts and health internationally and its evidence base leading to new recognition of the return on investment of arts and health work. In Australia, it was identified that while many of our arts and health researchers have international connections, what is missing is an Australian focal point that can connect Australian networks with international networks.



■ Australia needs a national arts & health hub

In countries where arts and health is most established (such as England, Wales and the USA), there is a national network or centre that connects the disparate practitioners and organisations and amplifies their collective voice. This is currently lacking in Australia, although there are some very strong state- or region-based networks such as those in NSW and Queensland. Interviewees from Australia strongly recommended that a national organisation is needed for arts and health to take the next step here. This is connected to issues of funding and sustainability in the sector. The Australian research landscape is underfunded, and arts and health work faces further challenges in regard to funding eligibility because of the field's inherent interdisciplinarity. What is needed is an organisation that sits across both arts and health, that can communicate in both directions, and that is funded to upscale research and practice in the field of arts and health.

Recommendations

- Arts and health organisations, like arts organisations across the sectors, need funding stability. The efficacy of programs to reach individuals and communities and produce long term benefits relies on regular funding. We recommend a closer look at Wales' The Well-being of Future Generations Act (2015) as a mechanism that has enabled support for community-engaged creative practice such as arts and health and perhaps intervened into the endless debates about how we conceptualise and demonstrate the value of arts and culture.
- Workforce concerns in the field of arts and health require urgent attention internationally. This includes both developing and improving the accessibility of educational programs and training pathways, as well as, crucially, putting resources towards a better understanding of and means for addressing the significant burnout experienced in the field. We recommend distributed international programs of research and practice aimed at supporting the arts and health workforce and reconstituting the systems in which the work takes place to support a valued and happy arts and health workforce.

- As universities build up their formal arts and health degree pathways, organisations can help expand interest and expertise by offering informal education courses. Examples here range from Arts in Health Netherland's one-week arts and health summer school course to MAGIS Creative Space's 11-month Certificate Program in Expressive Arts Facilitation. Online courses can also allow organisations to connect teachers and learners across the globe, as shown by the excellent Global Arts in Medicine Fellowship program that has received applications from 60 different countries.
- The whiteness of the arts and health workforce was a problem in many areas. We recommend serious funded research and activity into better understanding and addressing barriers to entry into the arts and health workforce for people from First Nations, Black, non-English speaking backgrounds, and other racialized groups, as well as people with lived experience of disability. This activity should occur at the individual organisation level, at the national centre level, in research groups and as a broader program of research. Initiatives such as Arts & Health Hub's The Artists' Represent Recovery Network and Wales Arts Health & Wellbeing Network's Stepping In provide excellent examples of how to create new pathways into the field for previously underrepresented groups. There should also be a concentrated effort by academic journals to include more arts and health research from the Global South, such as the excellent articles described here by Sp(i)eel Creative Arts Therapies Collective.

- Universities should look to establish research centres, groups or initiatives with a focus on arts and health that bring together researchers and practitioners to develop solutions to complex problems in the sector. With interdisciplinarity a strong current focus in academia, arts and health has a unique ability to weave together diverse research interests, as shown here by the excellent interdisciplinary projects produced by the Arts-in-Health Innovation Lab, Creativity and Wellbeing Research Initiative, the Centre for Creative and Cultural Research, and the Arts Research Centre, among many others.
- Alongside traditional academic pathways, organisations and practitioners should also look for opportunities to share evidence and stories about arts and health with the public and decision-makers. For example, Good Arts Good Mental Health's Christina Davies talking about the benefits of arts engagement on a nightly news broadcast, the Creativity and Wellbeing Research Initiative's Creativity Talks Podcast, and the lived experience sharing sessions that NCCH Director Alexandra Coulter held in the UK House of Parliament.

- Organisations should seek to collect and host evidence and project evaluations produced by arts and health researchers and practitioners, making it easily accessible to a range of stakeholders. Examples of this approach featured here include the Arts and Health Singapore Repository, Réalta's resources website artsandhealth.ie, and the Wales Arts Health & Wellbeing Network Knowledge Bank. Information on the legacy of past arts and health organisations should also be maintained by current organisations, so that those new to the field can learn about its rich history. An excellent example of this is the Arts & Health South West Legacy Page hosted by the National Centre for Creative Health. This would serve as a foundation for the significant research translation activities that are required to ensure that the evidence base for arts and health is accessible to organisations and practitioners and policy makers everywhere.
- Instead of always seeking to innovate, organisations and practitioners should also look to adopt successful arts and health initiatives from across the world, adapting them for local cultural contexts. For example, Arts Alive's adaptation of New York's Museum for Modern Art Meet Me at MoMA program for older people with dementia in Japan.

- National or regional groups should conduct mapping or scoping studies of current arts and health activity taking place within their domains, as this can raise awareness of the depth and diversity of practice already taking place and help gain support for organisations that can act as a central hub. For example, the inquiry by the All-Party Parliamentary Group on Arts, Health & Wellbeing supercharged the field of arts and health in England and led to the National Centre for Creative Health. Similarly, a mapping study in Wales brought wider recognition for the field, and increased funding to the Wales Arts Health & Wellbeing Network. For a recent excellent example of a study attempting to connect the dots for arts and health in its region, see Arts in Health Netherland's 2024 white paper, *Arts in Health in the Netherlands: A National Agenda*.
- Arts and health festivals and public events are excellent ways to help spread awareness of the field beyond organisations' regular clients or settings. Examples featured here include Jameel Arts & Health Lab's Healing Art events and Arts Care's Here & Now Older People's Arts and Well-being Festival.

- Strong partnerships are required for the arts and health sector to navigate the political, funding and evidence challenges facing them. We recommend research into the politics of evidence in the arts and health research and evaluation sector.
- Many of these recommendations could be achieved by developing a national approach to arts and health in the style of England's National Centre for Creative Health. Australia needs a national arts and health hub that would serve as a knowledge repository and evidence translation service, training, skills, and peer support network.

Introduction

Arts and health's transformative power can occur anywhere in the world and in any context. It is an infant's heartbeat slowing to harp music being played in a neonatal ward. It is a young person gaining new resilience and strength from participating in an intergenerational community theatre production. It is someone with dementia gaining not only joy from picking up a paintbrush in their aged care home but also complex and less understood interactions with neural pathways. What we gain from combining the arts and our health is ultimately personal, unique and varied. It occurs on both an individual and community level, transforming families, neighbourhoods and regions through diverse arts practices.

As more and more become aware of the field's benefits, and as demand soars for its practices, arts and health organisations around the world are working tirelessly to facilitate, evaluate and share the power of arts and health. From on-the-ground practice to groundbreaking research and political advocacy, these organisations seek to elevate arts and health on a regional, national and even international level.

In 2022, we released the report, *Telling the Story of Arts and Health in South Australia*, which documented the growth of arts and health in our home state. What struck us then—after interviewing 47 stakeholders in the field—was that each individual and organisation had their own unique arts and health story, and yet were also connected by the ambitions they had for the field and their belief in arts and health's benefits—whether they had been convinced by a randomised controlled trial or an anecdotal story of personal or community transformation. They were united too by the challenges they faced in realising these ambitions,

which had their own nuanced inflections, but cohered around problems such as the politics of evidence, shifting government support, and limited resources for a field that often falls in the gap between the arts and health sectors.

For this report, we wanted a global perspective. While there have been scoping articles that include a number of organisations in their discussion of arts and health within a particular region,¹ there has not been a qualitative study that talks to key members of organisations in multiple countries, with an aim to pull together all that links and differentiates the various approaches to intervening in the arts and health space. We wanted to get a sense of how different organisations across the world are responding to the challenges and opportunities of the groundswell in arts and health. What actions do different arts and health organisations prioritise? What elements of arts and health work do they consider to be part of their remit? How did they start on their respective journeys, and where do they hope to go next? And on the other hand, what frustrations, barriers and problems do these organisations face? What solutions have they come up with to surmount these challenges?

To find out, we interviewed 30 members of arts and health organisations representing thirteen different countries: Australia, Aotearoa New Zealand, Nigeria, the Netherlands, Denmark, Finland, Singapore, Japan, South Africa,

¹ See Stephen Clift, et al., 'The state of arts and health in England', *Arts & health* 1, no. 1 (2009), <https://doi.org/10.1080/17533010802528017>; Susan Cox, 'Tipping the iceberg? The state of arts and health in Canada', *Arts & Health* 2, no. 2 (2010), <https://doi.org/10.1080/17533015.2010.481291>; Michael Koon Boon Tan et al., "Connecting the dots: The state of arts and health in Singapore", *Arts & Health* 15, no. 2 (2023), 131, <https://doi.org/10.1080/17533015.2021.2005643>

the United States, Ireland, the Philippines, and the United Kingdom (including England, Northern Ireland, and Wales). As expected, there is a fantastic diversity to the stories we encountered. But we also found much that connects both the activities and the challenges of those working in this field.

We believe that this report can be a useful starting point for anyone interested in starting an arts and health organisation in their own part of the world. By reading through the case studies of these 22 different organisations, readers can pick out the practices and approaches that best suit how they want to contribute to the field, learning from those who have established and thriven in what can be a difficult and often under-resourced space. We hope that those already well-established in the field will find inspiration here, too. Arts and health is inherently collaborative, and those who best progress in this field are always on the lookout for news ideas and solutions.

Our approach

This report isn't intended to be all-encompassing or statistically inferential, but to instead offer a glimpse of the types of arts and health work taking place across the globe. We used a snowball methodology, first approaching a number of organisations we were aware of from their reputation, published reports, research outputs, social media, and word of mouth, before asking each interviewee for further recommendations on who we should be speak to. Limited time and resources meant we didn't speak to every organisation on our list, although we hope to continue connecting in the future. We were also

limited by our reliance on the English language, and a lack of contacts in certain areas of the world. South America is the only continent unrepresented here, but in general we would have liked to have spoken more with those in the Global South.

The interviewees were semi-structured, and took place mainly online, although we enjoyed the opportunity to chat in-person when it presented itself. We asked our interviewees questions about their practice, about their organisations' funding and structure, about their history and future goals, and the challenges they faced. We also asked interviewees for their thoughts about the wider arts and health field, both in their local areas and around the world.

All interviewees we given full editing rights over their transcripts, to ensure their words reflected their organisation's visions correctly. At times, some interviewees asked to have certain quotes remain anonymous, and we respectfully granted that right.

We acknowledge that there are limitations to this research. We interviewed one or two people from each organisation, on a particular day, and their views may have been the result of specific activity and experiences happening in the organisation or in the community in which the organisation is embedded. Our ability to speak to organisations was sometimes hampered by the under-resourced realities of many of in this field. We heard about high turnover of staff, funding shortfalls, difficult choices about contracts and programs, and other conditions that make it hard to make time for an interview. A future piece of research on burnout of staff in arts and health organisations – whether individually or institutionally – is desperately needed.

Report structure

We have organised this report into three sections. First, we ask the question ‘What does an arts and health organisation do?’ We identify and explore the five major answers we got in response to that question from organisations around the world: practice, research, networking, education and training, and advocacy and public engagement.

In the second section of the report, we explore the key challenges that were identified through the interviews. These challenges include evidence, the policy and politics environment, the challenge of interdisciplinarity and collaboration, deciding on definitions, funding and sustainability, and finally, the diversity of the sector. We try to draw out different interviewees’ perspectives on a range of challenges and issues that emerged as common themes, as well as offer some of their solutions to these challenges.

In the third section of this report, we devote a significant amount of space to a case study on each organisation, allowing the interviewees to tell their own rich stories. These case studies showcase the lived experience of arts and health workers from very different contexts.

What Does an Arts and Health Organisation Do?

Each of the 22 organisations presented here have their own unique history, mission or remit, governance structure, funding model, and staff makeup. While connected by a firm belief in the importance of art and creativity for human health and wellbeing, every organisation has its own story, as explored in detail in the case studies beginning on page 85. The case studies show this diversity in detail, illustrating how the size, funding source, artform and program activity, governance, purpose, lifespan and direction, approach to evaluation and research, and more, are unique for each individual organisation.

However, by analysing the interviews that underpin these case studies—asking “what does an arts and health organisation do?”—we were able to group the variety of activities described to us into five core elements: practice, research, networking, education and training, and advocacy and public engagement. As the following sections will show, there is a great diversity of approaches within each of these core elements, offering any new arts and health organisation many possible paths to choose and learn from.

Practice

At their core, arts and health organisations exist to support or deliver arts engagements that can help with health and wellbeing outcomes for individuals and/or communities. While such support can occur at a remove—through arts and health research, advocacy, fundraising or networking—many organisations make the direct delivery of on-the-ground arts and health programs their core focus. Befitting the wide spectrum of arts and health work, there was great variety in both the types of practice being undertaken by our case study organisations, from one-on-one and small group art creation programs through to community-wide arts festivals. There was also variety in the exact role these organisations played in facilitating this practice.

For some organisations, their role is to contract and support outside artists to deliver arts and health programs. For example, Northern Ireland's Arts Care² contracts 26 artists-in-residence deployed across all five of the country's health and social trusts (statutory bodies responsible for the management of health and social care services within their designated area). Stephanie McKervill—Head of Operations & Artistic Direction—says Arts Care's role is to work closely with the trusts and artists to match skillsets with service users' needs: 'It's really a case of seeing where the greatest need is, and working with the trust to try and get kind of a balanced spread of what the artist can do and what services they have'. Ireland's Réalta³, through its Waterford Healing Arts program,⁴ also

2 Arts Care, <https://www.artscare.co.uk/>

3 Réalta, <https://Réalta.ie/>

4 Waterford Healing Arts, <https://www.waterfordhealingarts.com/>

manages a workforce of 19 artists across a range of more than 20 programs in different settings. The range of activities Réalta supports is particularly impressive, from storytelling and live music in settings such as a paediatric ward and a palliative care centre, to the Art at the Kitchen Table program in which professional artists visit participants in their homes.

While these organisations focus on supporting external artists to work into their programs, other organisations include members who are themselves involved in the on-the-ground practice with participants. Every member of South Africa's Sp(i)eel Creative Arts Therapies Collective⁵ has trained as either an artist, arts therapist or community arts worker. They combine their various skills to run community-based arts interventions addressing 'the intergenerational and complex trauma inherited from South Africa's complicated past'.⁶ Co-Founder and Director Marlize Swanepoel says their work often involves the team going into rural communities and working with participants from multiple generations to create stories that can bind them together: 'There's something in the telling of the elderly, in the listening of the children and vice versa, that creates a sense of connecting and ... a sense of being able to exhale and be together in another way'. Similarly, the Centre for Cultural and Creative Research at the University of Canberra⁷ runs a variety of arts and health projects that utilise the skills of the academic staff in the university to simultaneously facilitate arts and health practice while generating research. Paul Magee—Professor of

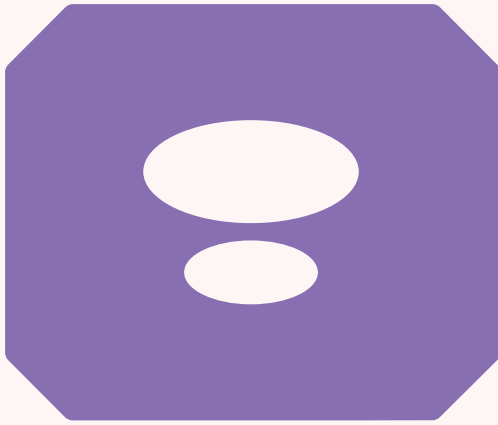
5 Sp(i)eel Creative Arts Therapies Collective, <http://spieel.org/>

6 Sp(i)eel Creative Arts Therapies Collective, "Our Programmes", 2021, [http://Sp\(i\)eel.org/our-programmes](http://Sp(i)eel.org/our-programmes)

7 Centre for Cultural and Creative Research at University of Canberra <https://www.canberra.edu.au/research/centres/cccr>

Poetry at the University of Canberra—both directs the centre and also works on a number of its projects, including Defence ARRTS (The Arts for Recovery, Resilience, Teamwork and Skills) in which members of the Australian Defence Force come to the university for long-term arts engagement. Magee says the abilities of tertiary creative arts teachers translates well to facilitating artmaking with community participants: ‘As creative writing teachers, we’ve all had ample experience of helping people to get the words on the page. We come to this primed with those kinds of knowledges, as undergraduate teachers, and we’ve honed our sensibilities and skills’.

Whether they are bringing in external artists or using the skills within their own teams, these organisations provide the on-the-ground practice that brings the benefits of arts and health to communities around the world.



Research

Many arts and health organisations engage in research, seeking to add to the wider evidence base of arts and health, evaluate their own programs, or both. For those organisations connected to universities, research and producing new knowledge about arts and health is usually their main goal, although the exact focus of this research varies depending on the disciplines and skillsets of the researchers. For example, the long-established Sidney De Haan Research Centre for Arts and Health at Canterbury Christ Church University⁸ first made its name through groundbreaking research on the benefits of group singing for older people. Meanwhile, the University of Utah's Arts-in-Health Innovation Lab⁹, one of the newer organisations featured here, has a deliberate focus on interdisciplinary innovation across mediums, leading to a range of experimental projects, such as Choreografish,¹⁰ a therapeutic virtual reality game aiming to help young adults with autism spectrum disorder (ASD) self-manage their social anxiety. When university arts and health groups provide seed funding for projects, they are able generate an impressive variety of research that extends beyond their core researchers' interests. For example, the University of Melbourne's Creativity and Wellbeing Research Initiative¹¹ has gone through four rounds of seed funding, generating dozens of diverse projects, such as

8 Sidney De Haan Research Centre for Arts and Health at the University of Canterbury <https://www.canterbury.ac.uk/research/research-centres/sidney-de-haan-research-centre-for-arts-and-health>

9 University of Utah's Arts Innovation Lab, <https://artsandhealth.utah.edu/>

10 Choreografish, <https://artsandhealth.utah.edu/work/choreografish>

11 The Creativity and Wellbeing Research Initiative (CAWRI) at the University of Melbourne, <https://www.cawri.com.au/>

Left/Write//Hook, which explores how the combined activities of writing and boxing can amplify the voices of female survivors of childhood sexual abuse and trauma;¹² and Finding Refuge, which explores how art can help communities prepare for climate disaster.¹³

Beyond academia, organisations look to produce research documents that can directly support artists in the field. An example of this is the Creative Health Quality Framework¹⁴ created by the UK's Culture, Health and Wellbeing Alliance (CHWA).¹⁵ The framework involved consultation with over 200 creative practitioners, participants, health commissioners, and researchers, and aims to articulate 'what "good" looks like for creative and cultural initiatives that aim to support people's health and wellbeing'.¹⁶ Fiona Moon — National Coordinator at CHWA — says the framework is designed to assist both new and experienced arts and health practitioners: "If you want to do this work, here's some guidance to help, and if you're already doing it, it's not about changing everything you do, it's how can you apply these elements to ensure safety and best practice?"

12 Left/Write/Hook project at CAWRI, <https://leftwritehook.org/>

13 Danielle Wyatt, Jasmin Pfefferkorn & Nikos Papastergiadis, 'Finding Refuge: art, emergency and "imagining the unimaginable" in the resilient city', 2022, https://research.unimelb.edu.au/__data/assets/pdf_file/0004/4564849/Finding-Refuge-WyattCAWRIFinalReport.pdf

14 Culture, Health & Wellbeing Alliance, 'Creative Health Quality Framework', <https://www.culturehealthandwellbeing.org.uk/resources/creative-health-quality-framework>

15 Culture, Health & Wellbeing Alliance, <https://www.culturehealthandwellbeing.org.uk/>

16 Culture, Health & Wellbeing Alliance, 'Creative Health Quality Framework', <https://www.culturehealthandwellbeing.org.uk/resources/creative-health-quality-framework>

Sometimes, research is angled more towards stakeholders outside the arts and health space. An example of this is Arts in Health Netherlands's¹⁷ 2024 white paper—*Arts in Health in the Netherlands: A National Agenda*—which gathers knowledge on the field from over 100 participants and aims to provide an introduction to the field's possibilities 'as the first step toward a national effort at building a sustainable field of arts in health in the Netherlands'.¹⁸ Launched at a big event in 2024, and now freely accessible via the organisation's website, Arts in Health Nederland Program Director Kirsten Krans says the white paper is an attempt at 'creating awareness for arts and health, especially with politicians and managers, and these kind of target groups'.

Some organisations focus instead on collecting the research conducted by others and host it in accessible online locations. For example, Arts & Health Singapore Repository¹⁹ is a free website that collates arts and health research studies, with a focus on work conducted in Singapore. Similarly, Réalta operates the website, [artsandhealth.ie](https://www.artsandhealth.ie/),²⁰ whose collection of resources — including research articles, reports, and systematic reviews — makes it a 'central information and support hub for artists, arts professionals, healthcare communities and researchers working or interested in the field of arts and health'.²¹

17 Arts in Health Netherlands, University of Groningen, <https://www.rug.nl/aletta/innovation/arts-in-health/arts-in-health-netherlands>

18 Ferdinand Lewis et al., *Arts in Health in the Netherlands: A National Agenda* (University of Groningen Press, 2024), 6, <https://doi.org/10.21827/65c5df4b7d0b3>

19 Arts and Health Singapore Repository: An Online Database Charting Arts and Health Development in Singapore, <https://www.artshealthrepository.sg/>

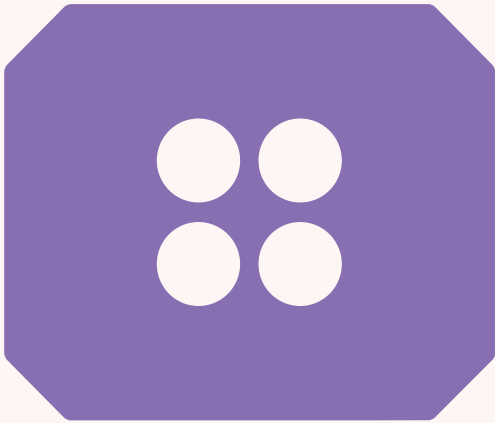
20 Arts + Health, <https://www.artsandhealth.ie/>

21 Arts+Health, 'About Us', 2024, <https://www.artsandhealth.ie/about/about-artsandhealth-ie/>

Finally, even organisations whose core focus is practice still frequently seek to evaluate their programs. Réalta's Claire Meaney says the organisation uses survey feedback from participants and reflective reports from artists to work on 'how can we improve things in the future'. Sometimes the motivation to evaluate a program comes from this internal desire to improve, while at other times it is driven by a need to validate practice in the eyes of external stakeholders. For example, Yoko Hayashi — Founder and CEO of the Tokyo-based organisation Arts Alive²² — initially encountered resistance to her program that facilitated guided art museum visits for older people: 'When medical doctors are sceptical about the program, there is no way that you can introduce a program'. In response, she conducted a three-month randomised controlled trial that proved the program effectively reduced depression in participants, and this led to wider acceptance of the program. The politics of evidence is present but differently expressed in many of the domains we looked at.

As the section on challenges regarding evidence will demonstrate later, simply conducting research is not always sufficient to achieve breakthroughs for organisations or their work. Nonetheless, research continues to be a core focus of many organisations interested in better understanding the effect of arts and health practice.

22 Arts Alive, <http://www.artsalivejp.org/>



Networking

The field of arts and health consists of people working in vastly different spaces and disciplines, and many organisations therefore seek to provide networking and peer support opportunities that can connect these various stakeholders. For example, the Wales Arts Health and Well-being Network²³ is a free national membership group that runs a range of programs including monthly online meetings as well as regular in-person “marketplaces” at various locations across Wales, all with a goal to ‘connect and empower changemakers across Wales’ arts and health ecology’.²⁴ Connection is also at the core of New Zealand’s Te Ora Auaha.²⁵ Borni Te Rongopai Tukiwaho—the organisation’s founding member and *Kaiārahi* (leader)—says the diversity of the collective’s backgrounds and disciplines means it has become ‘a place of connection and communication’. To facilitate this crucial connection, Te Ora Auaha runs a variety of in-person and online events, from symposiums and panel discussions to network meetings and webinars.

Organisations in larger nations, in terms of either landmass or population, tend to strategically break up their networks into regional sub-networks. Finland’s Taikusydän²⁶ and England’s Culture, Health and Wellbeing Alliance (CHWA) both take this approach. Fiona Moon says CHWA connects its wider network

23 Wales Arts Health & Wellbeing Network, <https://wahwn.cymru/>

24 Wales Arts Health & Wellbeing Network, ‘About the Wales Arts Health & Well-being Network’, <https://wahwn.cymru/about-us>

25 Te Ora Auaha Creative Wellbeing Alliance Aotearoa, <https://creativewellbeingnz.org/>

26 Taikusydän, <https://taikusydän.turkuamk.fi/en/>

via ‘regional champions’ because ‘we can’t possibly know everything that’s going on, and we’re based remotely all over the country’. Similarly, breaking its network into 14 regions across Finland helps Taikusydän in its goals of ‘engaging the local key operators’ and ‘identifying the strengths and development needs of the area’.²⁷

Networking organisations can also have a more local focus. London’s Arts & Health Hub²⁸ runs peer support events—alternating between online and London’s Southbank Centre—that give artists a space to talk about what they are working on and then receive advice from others, with a goal to ‘pool resources and provide feedback in a supportive environment’.²⁹ Founder and Creative Lead Daniel Regan says he has witnessed again and again the power of such networking opportunities: ‘The number one thing that we tend to hear when somebody comes along to one of our events is “I found my tribe of artists that are like me. These are my people”’.

Alongside regular meetings, organisations can supercharge the connections in their network by putting on arts and health conferences or other events. Recent examples from case study organisations include the Wales Arts Health & Well-being Network’s Weave conference that included the Deputy Minister of Mental Health and Wellbeing as a key speaker; the University of Melbourne’s Performing Creativity, Culture and Wellbeing conference with a keynote by Christopher Bailey, Arts and Health Lead at the World Health Organisation; and Réalta’s

27 Taikusydän, ‘Regional Networks’, <https://Taikusydän.turkuamk.fi/en/regional-networks/>

28 Arts & Health Hub, <https://www.artsandhealthhub.org/>

29 Arts & Health Hub, ‘Artist Peer Groups’, <https://www.artsandhealthhub.org/artist-peer-groups>

Check Up Check In event featuring Arts & Health Hub’s Daniel Regan as a keynote speaker. In announcing *Check Up Check In*, Claire Meaney commented on the importance of such events for the field of arts and health: ‘There’s simply no substitute for the human connection involved in physically coming together, to share, to exchange, to inspire and to re-connect with our peers, colleagues and friends’.³⁰

It is notable that in Australia there is currently no national network organisation with a remit to connect the disparate pockets of research and practice taking place in the country today. When Griffith University Professor Naomi Sunderland surveyed her colleagues about what they felt the field needed in Australia, she says ‘the number one thing that came out was connection. People are looking for connection’. The University of Western Australia’s Dr Christina Davies agrees that the field in Australia currently lacks a central hub through which different stakeholders can collaborate: ‘I think we need a stronger network. We need those meetings, we need that strategy’. Christen Cornell—Manager of Research Partnerships at Creative Australia—says that the field in Australia ‘needs to be able to see itself, it needs to be visible, it also needs to have a certain kind of coherence’. To move the field forward in Australia, Sunderland believes that a new organisation should be developed to play this role: ‘I think a meeting point through a national organisation would be excellent ... A meeting point for people to come together and have conversations, build relationships and do collaborative work, connected work’. While pointing out that there are plenty

30 Réalta, ‘Making Connections: Arts + Health Check Up Check In 2023 programme announced’, 25 September 2023, <https://realta.ie/events/making-connections-arts-health-check-up-check-in-2023-programme-announced/>

of smaller arts and health organisations spread out across the country, Meg Mumford — Senior Lecturer in Theatre and Performance Studies at University of New South Wales — agrees ‘there’s a place and a purpose for something that could be at the national level...a speaking power and a financial power of some sort’.

Perhaps the excellent network organisations profiled here—which gather together their nation’s or region’s arts and health workforce, amplifying their collective voice—can be an inspiration for a new central organisation sorely needed in Australia.

Education and training

As demand for arts and health work grows, so too does the need for practitioners with the appropriate training to successfully conduct this work. Creative Australia’s 2023 report, *Creative Solutions: Training and sustaining the arts for mental health workforce*, calls for the professionalisation of arts and health work via regulation and training accreditation.³¹ Creative Australia’s Christen Cornell says such accreditation is important for gaining the trust of health stakeholders: ‘If you want to have a conversation with health, you’ll find they want reassurance of quality frameworks, they want reassurance of training accreditation and forms of regulation’. Angela Rogers—Executive Director of the

31 Creative Australia 2023 *Creative Solutions: Training and sustaining the arts for mental health workforce* Report <https://creative.gov.au/advocacy-and-research/creative-solutions-training-and-sustaining-the-arts-for-mental-health-workforce/>

Wales Arts Health & Well-being Network—says artists in her network are well aware of the need to gain this proper training: ‘Every day I get phone calls or emails from individual artists saying, “what skills do I need? What training do I need?”’

To try and meet this demand, arts and health organisations offer either formal educational degrees or more informal professional training and development. Alongside Taikusydän, the research group at Turku University of Applied Sciences also helps run a master’s degree programme in Creative Wellbeing. This programme is aimed at professional artists or social and health care workers with at least two years’ experience working in their industries, with the goal of ‘widening their own professional core competencies and networks’ and helping them ‘become specialists in the branch of Arts, Health & Well-being’.³² Turku University also offers specialist training for experienced musicians looking to work in medical settings, as well as an open online course on the basics of creative wellbeing.

Virginia Commonwealth University is another higher education institution that offers arts and health opportunities, but instead of a formalized degree, it looks to connect its student artists to the university training hospital via unique projects. This includes a standardized patient program, in which drama students are trained to act as patients for medical trainees to practice person-centred care with. Aaron Anderson— Founding Director of the Standardized Patient

32 Turku University of Applied Sciences, “Arts, Health and Well-being”, <https://www.tuas.fi/en/research-and-development/research-groups/arts-health-and-well-being/>

Program in the School of Medicine at Virginia Commonwealth University — says the overarching aim is to offer artists new pathways into arts and health: ‘There are some artists who know that they want to work in the health system. And our job is to try to make the connection so that they can be better when they work there’.

Northern Ireland’s Arts Care, while not a university themselves, has developed a partnership with Queen’s University in Belfast to give medical students in training a deeper appreciation for the arts. Once a year, Arts Care helps facilitate an Arts and Health module in which third year medical students shadow artists in residences as they go about their work. Arts Care’s Stephanie McKervill says this allows the students ‘to get an experience of arts and health first-hand’ while also moving beyond theory and ‘seeing the service users as people as opposed to a diagnosis’. This three-week program also engages the medical students in art making, helping them ‘build their own resilience creatively’ in preparation for the emotional toll of working in healthcare. This is a model that occurs at numerous universities around the world. For example, at the Flinders University Museum of Art—in South Australia—Director Fiona Salmon works with the College of Medicine and Public Health to bring medical students into the museum for ‘object-based learning’ that improves their empathy by working with the museum’s art collections.³³ Nigeria’s Arts in Medicine Fellowship³⁴ has a similar hands-on approach to training, albeit on a much larger scale. This three-month course matches ‘seasoned experts and professionals in the field of arts

33 See a description of this program in Tully Barnett, Alex Cothren & Joanne Arciuli, *Telling the Story of Arts and Health in South Australia* (Flinders University, 2022), <https://apo.org.au/node/321047>

34 Arts in Medicine Fellowship, <https://artsinmedicinefellowship.org/>

and health’ with fellows from the arts, health, government or private sectors.³⁵ After five weeks of virtual learning, fellows are then guided through their own arts and health pilot project. Since its establishment in 2018, the Arts in Medicine Fellowship has trained 300 fellows, and is now expanding its reach beyond Nigeria with the Global Arts in Medicine Fellowship, which has received over 1000 applications from 60 different nations

While these excellent opportunities can help train the next generation of artists and medical professionals, there is also a need for professional development of those already working in the field. For this reason, Réalta offers training programs focused on topics such as working with older people in aged care settings and for poets and musicians looking to work in healthcare spaces. On top of this, Réalta also offers advisory support to artists, healthcare professionals, arts and health managers and organisations, either by phone, Zoom or in-person, with each ‘session tailored to the needs of the individual arts and health practitioner or organisation’.³⁶ Meanwhile, Arts Care offers quarterly training sessions for their artists-in-residence, with varying topics but a consistent focus on ‘experiential training’ that McKervill says allows the artists to ‘really put themselves in the shoes of other people to assess what they might be doing and how they can change their approach, how they can make their art accessible’.

In locations where the field is not yet well-established, there may also be a need for general introductory training on arts and health. In the Netherlands,

35 Arts in Medicine Fellowship, ‘About Us’, 2023, <https://artsinmedicinefellowship.org/about-aim-fellowship/>

36 Réalta, ‘Advice & Support’, 2024, <https://Réalta.ie/advice-support/>

for example, where the field is only just now gathering momentum, Arts in Health Netherlands have been offering arts in health training intensives in which participants ‘learn the fundamentals of using the arts and creativity to support well-being in hospitals, long term care, and communities’.³⁷ In a similar vein, MAGIS Creative Space is looking to introduce the field of arts therapy to the Philippines, offering an 11-month introductory course in partnership with the European Graduate School that prepares participants to facilitate group expressive arts therapy in their workplaces.

The demand for these organisations’ training and education services, whether formal or informal, is a positive sign of growing practitioner interest in joining or developing the arts and health field.

Advocacy and public engagement

Alongside delivering and researching arts and health work, organisations also look to spread the story of the field, hoping to influence decision-makers and the wider public. For example, Kirsten Krans—Program Director at Arts in Health Netherlands—describes the organisation’s advocacy role as one of ‘creating awareness for arts and health, especially with politicians and managers, and these kind of target groups’. Réalta also considers advocacy as part of its remit: ‘Our goal is to increase and improve awareness of the value of arts and health

37 University of Groningen, ‘Arts in Health Training Intensive’, <https://www.rug.nl/aletta/calendar/arts-in-health-training-intensive-19-21-june-2023?lang=en>

and advocate for the sector’s development’, including engaging with ‘policy makers to promote understanding, valuing and supporting arts and health practice’.³⁸ Finland’s Taikusydän has a similar mission statement to ‘influence decision-making and create greater understanding of arts and health’.³⁹

However, organisations with a research remit have to be careful not to mix their neutral evidence-building processes with advocacy for the field. One interviewee, who wished to remain anonymous, says it is important for university research organisations to separate their research and policy agendas: ‘I think as researchers, you’re always trying to have that bit of distance from policy ... We don’t want our research to be tied solely to an advocacy agenda because it’s more nuanced and more complex than that’. However, given the expertise residing within research institutions, this same interviewee says they are times when these organisations can look to collaborate appropriately with policymakers:

We do build close collaborations with policymakers. And sometimes we are commissioned to write policy reports. And I think that often we would end a research project and think, well, what are the implications for policy? So rather than it being the driving force behind it initially, we will then think, well, how can this connect to a broader policy agenda?

Jane Davidson—Professor and Chair of the University of Melbourne’s Creativity and Wellbeing Research Initiative (CAWRI)—believes it is important to disseminate completed research findings to the public, saying ‘it’s very

38 Réalta, ‘Advocacy’, <https://Réalta.ie/advocacy/>

39 Taikusydän, ‘Arts & Health Coordination Centre in Finland’, 2023, <https://Taikusydän.turkuamk.fi/en/about/info-2/>

important for me to get those things communicated'. To do so, CAWRI has a separate webpage dedicated to community outreach, which translates academic research through mediums such as webinars and podcasts. Organisations focused on public engagement and advocacy do not necessarily need to generate their own research. At Taikusydän, for example, the dissemination and translation of other organisations' arts and health research is a core mission. Taikusydän Project Manager Anna-Mari Rosenlöf says this role is crucial, as without it, important evidence on arts and health would not reach the right ears: 'The decision makers, the wider public and such they don't read this research, they don't know it exists. They can't find it, they don't have access to it'. For example, Rosenlöf says one of Taikusydän's greatest recent achievements was engaging the Finnish public with the World Health Organisation's 2019 scoping review, *What is the evidence on the role of the arts in improving health and well-being?*: 'One thing that was really, really crucial in Finland was the WHO report in 2019 ... We managed to get the launching of the report into Helsinki [and] we managed to spread the information. And nowadays, even the public knows about this report'.

Christina Davies' Good Arts Good Mental Health project,⁴⁰ operated out of the Centre for Arts, Mental Health and Wellbeing WA at University of Western Australia—has an even more direct approach to public engagement. Developed from Davies' epidemiological research connecting regular arts engagement to improved mental health, this 'dose' public message campaign aims to get Australians to engage in two hours of arts participation each week. To promote the campaign, Davies has spread her message across public-facing media, such as

newspaper articles, radio interviews, and social media apps like X or Instagram. When doing so, Davies says it is important to try and frame the value of arts and health in non-academic, accessible language: ‘As academics we use clever language. And I think that’s only clever when we’re talking to each other. We are better off using everyday language that everyday people can understand’. Similarly, Mikkel Ottow, Special Consultant for the Central Denmark Region,⁴¹ says a big part of his role is to explain the value of arts and health in a way that can be quickly understood: ‘We have to accept and acknowledge that a lot of people find this really strange, and very far from their own domains of knowledge. So we have to be really humble and really slow in our communication’. Beyond clear communication, Ottow also says the best arts and health advocacy makes an emotional connection with the public: ‘I really try to go to people’s emotions. You can get people to think about their own children or their own wives or husbands or their own parents’.

By spreading awareness of arts and health, from the decision-makers to the grassroots, these organisations are creating new opportunities for the field to grow and thrive.

41 Central Denmark Region, <https://www.rm.dk/om-os/English/english/>

Challenges

As organisations go about conducting their work, they inevitably come up against a variety of barriers and problems. This is especially the case for the field of arts and health, which is relatively new as a formalised area of work, and which often exists in a liminal space between long-established sectors and practices.

While the challenges facing each organisation are unique in their nuances, we were nonetheless able to group them into six key categories: evidence, political support, interdisciplinarity and collaboration, funding and sustainability, definitions, and diversity. These challenges are often very complex, and our exploration here does not pretend to have the golden solution to them. Nonetheless, by showing how frequently similar challenges occur in contexts around the globe, we hope to focus the arts and health community on those obstacles that most need overcoming for the field to collectively succeed.



Evidence

Organisations produce and gather evidence for a number of reasons. For research organisations, developing the evidence that can advance our understanding of the field is their central goal. For others, it may be more about evaluation or gaining support for their programs. In either case, many of the organisations profiled here find themselves in the middle of a long-standing debate over what types of evidence are appropriate and acceptable for arts and health.⁴²

Perhaps unsurprisingly for a field that straddles two widely different sectors, the types of evidence required depend on who it is presented to. Arts & Health Hub's Daniel Regan, who works with artists involved in a wide variety of projects, says that 'the data that we need to produce for different sectors is so different'. While Regan says arts funders are 'really happy to have qualitative, story-based narratives', health funders instead typically look for 'the gold standard of data', in particular 'quantitative data that is about long-term health benefits'. Virginia Commonwealth University's Aaron Anderson agrees that the health sector generally does not think of 'art as having value other than as applied to their very specific focus', and that focus is 'how do we improve the lives of patients, the health outcomes of patients? And how do we do that in a way that is measurable and replicable?' Christina Davies, drawing on her health background in epidemiology, agrees with this expectation, as she says she

⁴² For a quick history of this debate, we recommend Norma Daykin, 'Social Movements and Boundary Work in Arts, Health and Wellbeing: A research agenda', *Nordic Journal of Arts, Culture and Health* 1, no. 1 (2019), 9–20, <https://doi.org/10.18261/issn.2535-7913-2019-01-02>

wants the same level of evidence for arts and health as we typically demand for vaccines: ‘If that vaccination wasn’t done as a randomized controlled trial with this many people and all the rest, I wouldn’t have it’. Angela Pickard—Director of the Sidney De Haan Research Centre for Arts and Health—agrees that arts and health researchers ‘have to always be reflective and critical’, and ensure they are not making claims that cannot be replicated elsewhere:

With one group, something might work amazingly well and you may develop a model in a way of working ... and then you try it with another group, and actually, it’s not as useful or as beneficial or people are rejecting that in some way.

This belief is also common among medical decision makers. Creative Australia’s Christen Cornell has consulted widely with arts and health researchers across Australia, during which time she has frequently heard a fear that organisations are ‘not going to get a seat at the table unless [they] ... learn how to talk in the language of health’. Nisha Sajnani — Co-Founder of the Jameel Arts & Health Lab — says her organisation has felt this exact pressure: ‘We recognize that there is a hierarchy of evidence, that our medical systems are skewed towards positivist research...even as we began, we really thought about, should we be limiting the kinds of research that we do to randomized controlled clinical trials alone?’

However, many arts and health organisations are either unable or unwilling to capture the sort of data and evidence most valued by health. Aaron Anderson says arts and health research projects can struggle to recruit a sufficient number of participants to satisfy health’s evidence expectations, as with a ‘small number,

it is much harder to prove statistical significance ... it's hard to know whether or not it's just random'. Hannah Waterson — Research and Policy Manager at the UK's National Centre for Creative Health — says that while for some arts and health projects 'it might absolutely be possible to run a randomized controlled trial and generate what medical professionals might consider the highest standard of evidence', research around 'the holistic benefits of creative health [and its] multiple different outcomes...can't be measured in an RCT'.

Other arts and health organisations or researchers reject these 'gold standard' evidence methodologies not because they are difficult to meet but because they are too narrow to accurately capture the value of arts engagement. Christen Cornell says some of the arts and health researchers she's contacted believe that 'Our value add is we think with different epistemologies ... the very offering that arts and culture have to make is that we're not operating in clinical contexts'. Griffith University Professor Naomi Sunderland agrees that 'in arts health, we have a profound strength and ability to have a very broad conception of what evidence is'. For this reason, Sajnani says that the Jameel Arts & Health Lab ultimately decided to conduct research that produces a variety of forms of evidence:

We decided to leave it open, and to invite researchers to engage in rigorous research, however that comes about, in relationship to the questions that they're asking ... as long as there's integrity between the methodological choices that they're engaged in and the questions that they're asking.

University of Sydney Associate Professor Claire Hooker goes further and argues that health's strict adherence to gold standard evidence often sets

aside important complexity. Hooker appreciates both the intention and rigour of critiques of arts and health's evidence base, most notably from UK researcher Stephen Clift, but adds 'I wish people would do this [i.e. minutely scrutinise studies included in systematic reviews] more often in other areas of health, because similar weaknesses typically emerge'.⁴³ Drawing on theories of complex dynamic systems, in which causality is not as linear as the methodologies commonly used in health (such as RCTs) implicitly assume, Hooker argues that:

Stephen Clift is picking holes in studies that were implicitly founded on the notion that you can measure what Output B you get from any given arts input A. But this may well be false: arts input may lead to Output B or C or D depending on other factors and the dynamics of the system, and the fact that one measures 'Output B' may therefore be an artifact of the methodology. As is often the case in health research, RCTs are not always the most useful methodology.

Hannah Waterson agrees that there's 'some conversations that need to take place about what is accepted as evidence in the health care system', and that this may ultimately open up 'a different way of thinking that could help to demonstrate the wider value of creative health'.

43 As an example, Hooker points to John PA Ioannidis, 'Why most published research findings are false', *PLoS medicine* 2, no. 8 (2005): e124, <https://doi.org/10.1371/journal.pmed.0020124>; John PA Ioannidis, et al., 'How to survive the medical misinformation mess', *European journal of clinical investigation* 47, no. 11 (2017), <https://doi.org/10.1111/eci.12834>; and Deborah Apthorp, 'Publication bias, the File Drawer Problem, and how innovative publication models can help', In *European Conference on Visual Perception* (2012), <https://researchportalplus.anu.edu.au/en/publications/publication-bias-the-file-drawer-problem-and-how-innovative-publi>

Another frequent criticism from interviewees is that many evidence hierarchies are based on Western-centric knowledge systems that fail to capture the importance of the arts in First Nations ways of thinking and being. While Cornell recognizes the potential impact of systematic clinical evidence, she also notes that ‘that can’t be the end of the story, because it doesn’t help us understand the value or workings of Indigenous knowledge systems.’ Marlize Swanepoel recalls the disquiet she felt when publishing her work on arts interventions in communities in South Africa in a traditional academic journal article:

Just this process that I went through of having this article published in the North, there’s so many parts of it where I felt, ‘oh, that’s not even my voice anymore. The frame is so tight’ ... I think there has to be other ways. Creative ways, embodied ways ... The Western frame just need to listen deeply to that.

A number of interviewees described how the landscape seems to be changing in terms of what types of evidence are accepted or valued by decision-makers in politics and health. One interviewee, who wished to remain anonymous, says that while ‘historically, qualitative research is always considered secondary to the more numbers and stats-based work and evidence,’ they have noticed recently that ‘there’s such a proliferation of qualitative, nuanced work now that I’m not sure that we can ultimately say that it is always that perspective that’s taken’. In her consultations with researchers, Cornell has noted others’ arguments that

many decisions are made in hospitals without RCTs anyway, [so] why do we chase our tails and attack each other on this when there are other ways of influencing decision making and health is not as rigid as you might think.

There are a lot of clinicians and researchers in health who are really curious and willing to be persuaded by case studies and other approaches.

As part of the Organisations for Hope project, University of Manchester Senior Lecturer Simon Parry has spoken to a variety of health decision-makers, and while he says some talked of ‘the need for clinical standards of evidence’ others were equally or more ‘interested in narratives or lived experiences’.

Therefore, while the battle to get all types of arts and health evidence accepted is ongoing, many interviewees pointed out that the stories generated by arts and health practice have a unique emotional pull that can raise awareness of the field. Aaron Anderson says the standardized patient program at Virginia Commonwealth University received significant media interest in its early days as a result of its compelling story: ‘The narrative of how cool this is, that’s the fairy dust. It’s magic, it’s glowy, it’s shiny. And because of that, people will read a little deeper and you can get attention’. Angela Rogers says a crucial part of her advocacy approach for arts and health is presenting personal narratives to political stakeholders: ‘Going along to those cross-party groups and telling those really powerful stories ... It can be really powerful and compelling when you show a film where a participant is talking about the outcomes to their health. That’s where we get the traction, I’m finding’. Alexandra Coulter—Director of the UK’s National Centre for Creative Health—testifies to the power of arts and health narratives. During the UK’s 2017 inquiry by the All-Party Parliamentary Group on Arts, Health and Wellbeing, Coulter organised themed roundtables on arts and health within the Houses of Parliament, managing to gather together ‘politician types’ and ‘people with lived experience speaking out their stories’. Coulter says these stories had a profound impact on the key decision-makers

who attended: ‘The powerful people cared about it. They hadn’t ever necessarily been in a space where they heard all these different perspectives. And the voice of people with lived experience was always really powerful...it was like watching people change in the room...light bulbs going on’.

As organisations continue to build the evidence base for arts and health, matching different stakeholders’ expectations is an ongoing challenge. However, the touching stories contained in arts and health work—many of which inspired the interviewees we talked to here—are a powerful tool for those creating awareness and support for the field.⁴⁴

Political Support

Arts and health organisations do not operate in a vacuum but work within local, national and international cultural and political environments. When these environments are supportive, it is not surprising that organisations are more likely to find success. For example, a number of organisations we spoke to attribute their very establishment to the political support they have received in their respective nations. Taikusydän’s Anna-Mari Rosenlöf says Finland has been lucky enough to enjoy years of political support for arts and health: ‘In our country, arts and culture is seen more and more as an essential part of

⁴⁴ For a range of personal stories connected to arts and health in the researcher’s home region of South Australia, see Tully Barnett, Alex Cothren & Joanne Arciuli, *Telling the Story of Arts and Health in South Australia* (Flinders University, 2022), <https://apo.org.au/node/321047>

promoting health and wellbeing’. Taikusydän was itself founded on the back of this political interest in the field: when a national arts, health and wellbeing program ended in 2014, Rosenlöf says there was ‘a recommendation that we should have a centre for communicating about projects and research collaborations in Finland to all professionals, and also a wider audience’. Rosenlöf and the rest of the Arts, Health and Wellbeing group at Turku University of Applied Sciences successfully won the bid to run this centre—which they named Taikusydän, and Rosenlöf says they have since managed to turn political interest into lasting legislation: ‘There has been a lot of success in the strategic level. We have even changed some laws’.

The UK’s National Centre for Creative Health was also founded on the back of a groundswell of political support for arts and health. In 2014, an All-Party Parliament Group on Arts, Health and Wellbeing was formed with the mission to ‘improve awareness of the benefits that the arts can bring to health and wellbeing’.⁴⁵ To achieve this, the group launched a two-year inquiry into the field that culminated in a 2017 report, *Creative Health: The Arts for Health and Wellbeing*. One of the report’s recommendations was to establish ‘a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery’.⁴⁶ Hannah Waterson says the National Centre for Creative Health’s

45 All-Party Parliamentary Group on Arts, Health and Wellbeing, *Creative Health: The Arts for Health and Wellbeing - Second Edition* (All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017), 4, https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

46 All-Party Parliamentary Group on Arts, Health and Wellbeing, *Creative Health: The Arts for Health and Wellbeing - Second Edition* (All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017), 154,

aim, after establishment in 2020, was therefore ‘to carry on the work that had been put into the all-party parliamentary group report, and to specifically work towards advocating for creative health within policy and systems change’.

Recent political interest in arts and health has also supercharged the field in Wales, helping to boost the prominence of the Wales Arts Health & Well-being Network (WAHWN). Recent years have seen the establishment of a fund for arts and health work via the national lottery, a cross-party group on arts and health at the Welsh government level, and the placement of an arts and health coordinator in every regional health board in Wales, among other achievements. In 2018, Arts Council Wales conducted a mapping study of current activity in the country, describing WAHWN as ‘a key mechanism for sharing expertise and disseminating best practice in the field’ and recommending that further funding be provided to the organisation, something that Rogers describes as a ‘key moment’ in the organisation’s success.⁴⁷

Clearly, political interest can be a great boon for arts and health organisations. Yet the specific goals of politicians means they might only see value in certain aspects of the field. For example, when asked about what first draws government interest to arts and health, many interviewees pointed to the potential for economic savings and efficiencies, especially at a time when healthcare systems across the world are struggling. While advocating for

https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

47 Arts Council of Wales, *Arts and Health in Wales: A Mapping Study of Current Activity* (Arts Council of Wales, 2018), 47, https://arts.wales/sites/default/files/2019-02/Arts_and_Health_Volume_1_0.pdf

the establishment of an arts and health field in the Netherlands, Ferdinand Lewis—Director of Science & Education at Arts in Health Netherlands—says that ‘politicians and their policy developers are responding to efficiency and lost opportunities...That always gets heard’. Similarly, Rosenlöf says that government interest in arts and health in Finland often has an economic lens: ‘The most important challenge is to be able to prove that investing in arts and health activities, interventions and programmes prevents mental and physical ill health so that it can save money. The economic impacts of arts and health is what is constantly asked’. Angela Pickard similarly says that in the UK, ‘people will hear the stats and see the stats when you start talking about the economy and the economic difference’. For example, when seeking funding for a project around using dance to help prevent falls in old people, Pickard’s team focused on the potential cost savings:

We started with, “This is the percentage of older people that have a fall, this is the percentage of the drain on the National Health Service in terms of the economy”. And that really is important in order to get the funding. Money makes a difference.

Another common trend emerging from these interviews is that government interest in arts and health, particularly the preventative health benefits of the field, increased during the COVID-19 pandemic. Te Ora Auaha’s Borni Te Rongopai Tukiwaho says ‘people are now starting to shift because of the pandemic and all of a sudden, it’s a brand-new discovery’. Réalta’s Claire Meaney has witnessed a similar shift occurring in the political landscape in Ireland: ‘After COVID, everyone started thinking more about wellbeing and looking after ourselves’. In Australia, Christina Davies similarly argues that

‘COVID has made everyday people more receptive to the arts because they experienced that while in lockdown’. Indeed, Christen Cornell’s research at Creative Australia supports the claim that there was a strong increase in awareness of and engagement in arts and health after COVID. The 2023 report, *Creating Value: Results from the National Arts Participation Survey*, found that ‘half of Australians recognis[ed] that creative activities and experiences helped with their mental health or wellbeing during the COVID-19 pandemic’.⁴⁸

However, while political support can be instrumental in lifting the arts and health field and the organisations who work within in it, politics can also be unstable, and this support can quickly shift. Sadly, Borni Te Rongopai Tukiwaho has had a first-hand view of how unstable political support can be. Firstly, at the local level, a recent election in Auckland destabilized support for the arts: ‘Our politics here have just become quite fragile, especially in the arts space. We had a new mayor in Auckland who was looking to defund the arts altogether’. Following the 2023 national election, Borni Te Rongopai Tukiwaho says Aotearoa New Zealand ‘now also has a new national government who mirrors the Auckland Mayor’s views’, underlining how quickly support can shift. Even in Finland, where the field has garnered excellent, long-term support, Rosenlöf says a recent change in government has resulted in ‘major financial cuts concerning the funding of arts and culture’. She says this is despite ‘a lot of descriptions and mentions in the government’s program about promoting health and wellbeing by arts, culture and sports’. Therefore, Rosenlöf says that while ‘there is a lot of will and good strategies, the concrete actions and permanent long-term services and programmes are often missing’.

48 Creative Australia, *Creative Value: Results of the National Arts Participation Survey* (Creative Australia, 2023), 9, <https://creative.gov.au/advocacy-and-research/creating-value/>

Unfortunately, University of Melbourne Professor Jane Davidson says it is not uncommon, in her experience, for rhetorical support from politicians to ultimately lead nowhere in terms of funding:

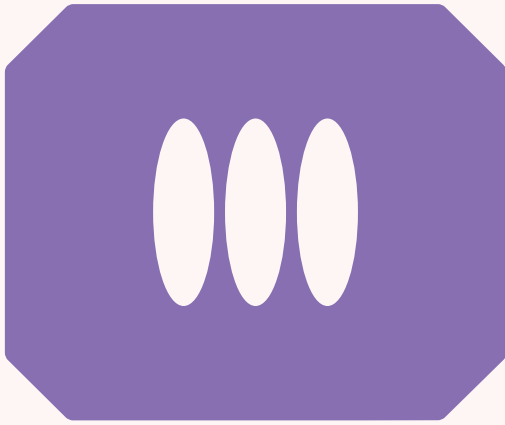
I think there probably is individual interests by one or two key shakers and movers in politics, wherever you are, and the work gets a bit of traction because there's a little bit of some glamorous data being shown, and then it gets lost in the maelstrom of money and provision of roads or whatever other services they prioritize above arts for health. So it would be good if it moved beyond the tokenistic level. But I still feel it's pretty tokenistic

Pickard says there is a similar contrast between 'rhetoric and reality' in the UK. In describing the work of the All-Party Parliamentary Group on Arts, Health and Wellbeing, Pickard says that while 'the rhetoric in those groups is amazing... the reality is, you get government messaging on national TV programs saying, "we would encourage people not to waste their time on educational subjects and degrees that don't have value in sight". They mean arts'. Although Christina Davies' project, Good Arts Good Mental Health, currently has national support in Australia—with her evidence referenced in the latest national cultural policy document, *Revive*⁴⁹—she is well aware of how quickly this can shift: 'I think that if we don't use this opportunity now, and especially while it's in the national cultural policy, we might have another decline in five years'. Adi Santos—Assistant Director for Communications at the Philippines' MAGIS Creative Spaces—agrees that relying on government support can be tricky when those in charge constantly shift: 'When it comes to the government level, it depends who's in the administration and who's sitting maybe on the board of a certain

government arm'. As an example, Santos recalls how MAGIS Creative Spaces had been set to partner on a project with a champion within the Department of Education, but this work stalled when there was a change of government: 'She left when the new administration came in [and] our projects went with her. That is one of the main challenges that we have in this country'.

As a result of this political uncertainty, many interviewees said that it is actually the grassroots from which the most sustainable development in arts and health occurs. Jane Davidson says that 'any change is really going to be grassroots, bottom up', and Claire Meaney agrees that, in Ireland, the major developments have been 'probably grassroots'. Mikkel Ottow similarly says the rise of arts and health in Denmark has come from local municipalities, as the field has 'lacked a strong support from a national level. There's no one whose job it is, on a national level, to spread arts and health'. In a South African context, Marlize Swanepoel says there is a lack of key political support, but 'on a grassroots level, there's an understanding that the arts is a healing practice. It is ancient and it's cultural, and it's understood'.

A grassroots approach would therefore focus more on raising public awareness and engagement with arts and health. Political leaders are beholden to a population, and the culture of a place has an important impact as well. For example, Rosenlöf describes how cultural support for arts and health in Finland has paved the way for the field: 'We have a cultural, political mission or vision in our country, that everyone should have access to arts and culture. It's like a democratic thing for all. We also support public funding and support for accessibility'. In comparison, Davies believes arts and health in Australia is held



back by wider cultural problems around support for the arts. She notes that, in Australia, ‘you can be sporty, and that is a compliment, or you can be arty and that’s a put down’. For this reason, Davies combines her epidemiological research approach with public messaging about arts and health, as she argues that ‘if the community doesn’t care, then no one cares about arts and health... It’s not only the political agenda that it needs to be in. It actually needs to be in the community’s hearts and minds’.

In an ideal world, of course, arts and health would have *both* key political support and acceptance by the wider public. But in the meantime, these organisations continue to use a variety of methods for raising awareness for the field at both the decision-making and grassroots levels.

Interdisciplinarity and collaboration

Interdisciplinarity is an inherent component of arts and health, a field that combines two very different ways of looking at the world. One interviewee, who wished to remain anonymous, describes how the single field of arts and health is in fact a combination of ‘two different fields with rich and different cultural histories coming together and colliding, bringing these different perspectives. [And this] is naturally going to create multidisciplinary, interdisciplinary languages’. While interdisciplinarity offers opportunities for innovation and sharing, it can also make collaboration challenging. In particular, a number of artists and arts researchers described feeling like those on the health side

devalued their work. Griffith University Professor Naomi Sunderland recalls having ‘early projects in my career where health researchers have come in and just completely mown down the arts researchers with this assumed superiority over forms of knowledge and ways of doing research’. Rebecca Zarate—Associate Dean for Research at the University of Utah—has encountered similar disrespect for her arts and health research: ‘Even though the university is engaging in all of this [arts and health research], and is really behind it, I’m still encountering spaces where I’m not perceived as a scientist’. One researcher, who wished to remain anonymous, says they have likewise frequently encountered health colleagues who have ‘a feeling of superiority because they’ve got medical knowledge and they feel that that is a superior form of knowledge that should be listened to more seriously than maybe something based on a different research area or publication’.

Other interviewees recounted instances in which arts and health work has been met with resistance from arts colleagues. Christina Davies recalls an incident early on in her career in which her epidemiological arts and health research was attacked: ‘I remember being yelled at the first time I presented at a conference that I was going to ruin the arts by quantifying the arts mental health relationship’. Borni Te Rongopai Tukiwaho says such artist backlash against arts and health work can sometimes come from a place of fear and misunderstanding: ‘I think artists and creatives are quite insular in a lot of ways. ... The fear I think comes more from the fact of not being understood, and that the languages are so completely different’. Aaron Anderson also describes trepidation from arts colleagues, in this case over worries that their limited financial resources will be depleted through collaboration with health:

In the arts there's often this fear of scarcity ... because of the sense of scarcity, they were worried that if the university put money towards arts and health and they weren't doing arts and health, that there would therefore be less money for them.

Given these challenges, interviewees spoke of the need for someone within an organisation or project who can 'translate' between disciplines. A lack of shared language, says Borni Te Rongopai Tukiwaho, is often the root cause of interdisciplinary trouble in arts and health: 'When you start putting those two teams together without a middle ground, no one can understand each other'. Davies believes that her training as both an epidemiologist and as an artist has been crucial to the success of her Good Arts Good Mental Health project: 'Being able to jump between fields and speak the right language is important ... I think that with a lot of this work, the translator is actually key, because you do need someone who instantly can jump between disciplines'. Christen Cornell agrees that this capacity for multiple disciplinary languages is crucial, especially when sharing evidence with different audiences: 'You develop the evidence based on the audience you're speaking to. There may be multiple definitions for evidence or ways of collecting evidence. It's like being polylingual, I suppose'. For this reason, Anderson says that artists looking to work in arts and health spaces should develop their understanding of different methodologies: 'I think most artists would benefit from an additional class or two on research methodologies and psychometric measures. Once you have interdisciplinarity, methodological rigor becomes more important'.

Instead of relying on a single team member with the capacity to speak across disciplines, other interviewees spoke of simply ensuring a correct balance of different disciplines across an organisation or project. For example, Sunderland says that one key to ensuring her projects do not become overwhelmed by the Western-centric health models she challenges is simply ‘having the numbers... we’ve got majority First Nations researchers, and majority musicians and artists, and probably minority social science, health researchers, or people who inhabit both spaces and want to inhabit those spaces’. In particular, she points to the importance of having an Indigenous Elder on her team: ‘For me, he’s been incredibly helpful, because he just keeps returning to cultural ways. So, he doesn’t let me sort of default back to dominant health research ways of doing things, which are often quite reductive and faster’. Professor Michael Balfour — Head of the School of Arts and Media at the University of New South Wales (UNSW) — says having a mix of qualitative and quantitative researchers has helped UNSW’s arts and health research group gain a realist perspective on how arts and health evidence is received outside academia:

It’s really good having a very powerful quantitative researcher in the group. If we’re all qualitative researchers, then we’d all be agreeing. It’s great to have that combination in the group. It amplifies the nature of what the policy environment actually looks like.

Claire Hooker points out that some of the most successful arts and health research organisations are those who both build a varied team and value all the disciplinary lens they bring equally: ‘They produce quantitative papers, epidemiological papers, qualitative papers, and lots of artworks. And they have it all just coexist, that’s their solution’.

When it comes to collaboration within arts and health projects, interviewees also discussed the importance of ensuring participants or service users are co-collaborators with appropriate agency. Borni Te Rongopai Tukiwaho says he is ‘a big advocate for ensuring that we don’t just impose our top-down findings from academia onto communities’. One interviewee, who wished to remain anonymous, describes how their research organisation agrees with this approach, looking to work and co-create with on-the-ground practitioners:

Working with an organisation, whether that’s a policy body or an arts organisation, or a healthcare institution on the ground, and ensuring that they have a major role in leading that work, helps to make sure that it does happen on the ground and take more of a grassroots approach ... Harnessing the potential of having major institutions like universities involved, whilst also ensuring that the people who are delivering it on the ground are the ones that really know the environment, so that you can help as many people as possible.

Hannah Waterson says working closely with local stakeholders is key to the recent National Centre for Creative Health programme, Mobilising Community Assets to Tackle Health Inequalities. This programme ‘aims to use local, cultural, and natural assets and activities to support improvements in health inequalities in the UK’.⁵⁰ Waterson says achieving this goal involves both ‘bring[ing] together different disciplines within academia’ while also working with ‘community partners and health system partners and local authority partners’.

50 UK Research and Innovation, “Mobilising Community Assets to Tackle Health Inequalities”, 2024, <https://www.ukri.org/what-we-do/browse-our-areas-of-investment-and-support/mobilising-community-assets-to-tackle-health-inequalities/>

Collaboration is also important on a macro level, as arts and health organisations invariably exist within a network of other organisations, and they must learn to work with and not against one another. This is particularly true for an organisation like the Culture, Health & Wellbeing Alliance (CHWA), as Fiona Moon says their goal is to help other arts and health organisations and individuals achieve their ambitions: ‘We are there for those organisations and individuals working throughout the sector. It’s about connecting with those other organisations, helping them get what they need. We’re just there to join the dots, really’. In a crowded arts and health space like the UK, Moon says CHWA therefore carefully monitors what other organisations are doing:

We have meetings once a month with the National Centre for Creative Health and other organisations here, just to make sure that we’re sharing practice, but also going, “Okay, you’re putting in for that bid, we’ll hold back from that. We’ll either not tread on your toes there, or can we join and make a bigger impact?”

Despite being Ireland’s national arts and health organisation, Claire Meaney says Réalta ‘doesn’t want to be delivering everywhere across the country’, as there ‘are loads of different people who are doing that in different settings’. Instead, Réalta sees itself as playing a collaborative supporting role to these other organisations: ‘We want to be a source of support while still delivering our program and using our program as a way to feed into the national work as well’. Likewise, the Wales Arts Health & Well-being Network sees itself as only one cog in a wider field, and Angela Rogers says contributing to this collaborative space is one of the most fulfilling aspects of her organisation’s work: ‘There is a really beautiful relationship between the different sectors. It feels genuinely

meaningful, everyone feels very generous, and kind to each other, it doesn't feel competitive ... We're all supporting each other for the benefit of individuals'. Borni Te Rongopai Tukiwaho says this collaborative approach is the best way to advance the field: 'If you've got many people who are trying to achieve the same benefit, surely it's better than working by yourself?' He relates the importance of collaboration to Māori knowledge around connection and unity:

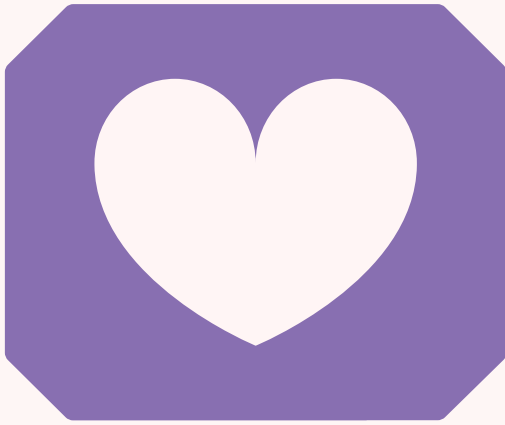
In Māori we have a concept called *Kotahitanga*. And it's not a mind-blowing concept. It just basically is around unity. *Kotahitanga* is actually part of the processes of Māori. It's one of the things that we abide to, is that we are stronger together.

Building on this idea of collaboration instead of competition, a number of interviewees spoke about resisting the pressure to constantly innovate, but to instead share and use what works best, while adapting it for local contexts. Alexandra Coulter says there are 'pressures around the cultural sector to be innovative. It's got to be new, different. You can't just repeat what you've done before'. As a result, Coulter says the focus on innovation can come at the cost of learning how to best implement good arts and health ideas and projects: 'We all get excited about innovations and change, but then we don't take enough time to think about adoption, and the conditions in which something is landing'. Mikkel Ottow says focusing on implementation over innovation is a central ethos for the arts and health work conducted in the Central Denmark Region:

Arts and health is for the greater good. We shouldn't try to come up with something new all the time. We should actually just be copying each other, and finding the best concepts globally, and bringing them to Denmark and to our region. And then just make sure that we do it as good as possible

Angela Rogers says she spreads just this message to those in the Wales Arts Health & Wellbeing Network: ‘We always say to all of our members: you don’t need to reinvent the wheel, there is amazing practice from across the world’.

Alongside learning how to speak one another’s disciplinary languages, and appreciate each other’s values and knowledge bases, one of the greatest lessons arts and health organisations can learn is how best to build upon the years of excellent work already existing in the field.



Funding and sustainability

Many of our interviews inevitably turned to the question of sustainability. How do organisations in an often under-resourced field gain the consistent funding that can keep them operational? And how do they stop team members from burning out when working in frequently challenging environments?

One constant refrain was how the project-based funding upon which arts and health work often relies can stall long-term progress. In her conversations with Culture, Health & Wellbeing Alliance members, Fiona Moon says she's heard again and again about the frustrations that such stop-start funding can bring: 'The program might stop if it's a pilot, and it might start again, with a new set of funding, and you have to prove [it] again'. Jane Davidson says this short-term funding creates a cyclical problem for organisations in the arts and health space: 'You do a research project, the funding runs out, you publish your stuff and fall into a bit of a hole, and then you pick yourself up again, and away it goes again'. Yoko Hayashi also describes how the end of funding can be difficult for participants who may have been gaining significant benefits from a program: 'No matter how much they enjoy the program, the end of the term is the end of the program. It's really horrible to tell them this is the last day'. Michael Balfour says that this stop-start nature can also lead to loss of knowledge in the field: 'As funding dissipates...there's a sort of almost institutional memory loss that goes with that ... It's very difficult to feel like progress is a linear thing'. The 2024 white paper produced by Arts in Health Netherlands perfectly captures the funding challenges for arts and health researchers and practitioners in not just the Netherlands, but many nations:

Support tends to be fragmented, isolated and project-based, and supported by time-limited research funding ... There is no structural support for arts in health programs, so when the project and/or research money dries up, the artists and managers move on to other projects, and the project's experience can be lost. This situation fragments the arts in health field, at a time when Dutch society most needs it to be cohesive.⁵¹

For this reason, Kirsten Krans says one of the central missions for Arts in Health Netherlands is to help such projects develop into something more long-term and sustainable: 'There are programs in the Netherlands, they're just not sustainable. They have project funding, but after one or two years they fall apart. And all this knowledge is getting lost'.

As a result, a key goal for many of the organisations we spoke to was to gain long-term funding, as this can make a significant impact on their ability to plan long-term, to evaluate their programs, and to retain, build on, and share knowledge across practitioners and organisations. For example, when the Wales Arts Health & Well-being Network received ongoing core funding from the Arts Council of Wales in 2023, Rogers was able to expand beyond her previous project-by-project planning: 'I don't have to keep on spending huge amounts of time writing funding bids. This gives WAHWN the absolute solid base to grow and sustain this work in Wales'. Similarly, when the Sidney de Haan Research Centre for Arts and Health received six-year core funding from the Oak Foundation in 2020, the centre website described how this allowed them to fund a core team of researchers engaged in 'building on pilot work

51 Ferdinand Lewis et al., *Arts in Health in the Netherlands: A National Agenda* (University of Groningen Press, 2024), 10, <https://doi.org/10.21827/65c5df4b7d0b3>

already conducted’ and ‘[launch] a programme of interconnected projects”.⁵² The obvious benefits that such long-term funding brings means that other organisations we spoke to are also searching for sustainable philanthropic investment. Jane Davidson says the Creativity and Wellbeing Research Initiative is seeking philanthropic funding, as ‘those people who run very successful institutes, I think a lot get philanthropic funding behind them, and they get a head of steam because the money’s guaranteed’. Christen Cornell agrees that philanthropic funding, at least in the Australian context, is something organisations should be looking to tap into: ‘There are a lot of pilots around Australia that are funded by philanthropists, and we’ve been in meetings where they’re like ... how do we upscale?’

Instead of focusing on maximising investment, other organisations look to sustain their work by not overcommitting themselves and growing beyond what they can manage. For example, Marlize Swanepoel says that the Sp(i)eel Creative Arts Therapies Collective has decided not to work out of a specific location, allowing them to save money and reduce their dependence on funders: ‘We don’t operate from a building or a space ... We really want to work in the places that we get invited into. We try to be sustainable by not having big overheads’. This approach, says Swanepoel, means Sp(i)eel does rely on ‘a funder to whose agenda we have to conform’, allowing the organisation to be ‘incredibly malleable or adaptive’, and to focus on the needs of individual clients. Hayashi has also taken a funding approach that focuses on her participants.

52 Canterbury Christ Church University, “Sidney De Haan Research Centre secures major funding from the Oak Foundation”, 9 August 2021, <https://www.canterbury.ac.uk/news/sidney-de-haan-research-centre-secures-major-funding-from-the-oak-foundation>

After funding for her Arts Alive program for people with dementia finished, Hayashi simply asked those participants who were interested in continuing the program to pay themselves, and she was delighted by their response: ‘There’s some people, especially after experiencing the program for half a year or a year, they really value the program. And they appreciate that we need funding, we need to pay for the costs. They’re very happy...they continue to pay’.

Alongside from funding challenges, interviewees also discussed the challenge of *individual* sustainability. Arts and health often intervenes in difficult health and social contexts, which can be challenging for practitioners. Kunle Adewale—Founder & Executive Director of the Global Arts in Medicine Fellowship—worked in a paediatric oncology ward, and he describes the emotional impact that comes with such a role:

To step into that environment can be very traumatizing for people who don’t have emotional stamina, because there are things you will see that will shake you. You will see children who are living with cancer, and if you don’t have that emotional stamina, you can’t stay there, you will just cry and you will just walk away.

Fiona Moon agrees that ‘there’s a big emotional toll to this kind of work’, and Stephanie McKervill describes the difficult situations encountered by Arts Care’s artists: ‘They’re coming across people who are in really vulnerable situations, who have been more often than not traumatized by the process of their health journey or whatever has happened to them’. To prepare these artists, McKervill says Arts Care offers ‘trauma informed training for all of our artists...enabling them to go in and be aware of the situation’. Naomi Sunderland says a lack of such training is serious issue in Australia:

There's a lot of burnout. There's a lot of vicarious traumatisation and secondary trauma because arts health workers and arts workers are often single entrepreneurs going into settings they're really not prepared for or not supported to work in ... The professional care is not there for the art workers.

Aside from offering trauma-informed training, Moon also argues for the importance of opportunities to connect individual practitioners—such as the network meetings organised by CHWA—as feeling like you are not alone makes 'it more sustainable to carrying on doing this work and not burnout. It helps with that staying power in an industry that's really, really tough'.

Both at an organisational and individual level, sustainability is a central challenge for arts and health organisations, but there are solutions available that can help them continue doing their incredible work.

Definitions

With arts and health encompassing a spectrum of disciplines, a key challenge for many organisations is deciding exactly where their own definitional borders are. In particular, many interviewees spoke about navigating whether or not to include the arts therapies within their organisation's remit. Réalta's website specifies that 'arts health practice in Ireland refers to non-clinical arts initiatives led by professional artists' and that 'Arts Therapy is a separate area

of practice’.⁵³ Claire Meaney says this separation from arts therapy helps to define Réalta’s projects as ‘not about therapeutic outcome’, but also explains that this decision was made by their funders: ‘That’s really coming from the Arts Council’s understanding of arts and health practice. When we were coming up with the editorial policy for artsandhealth.ie, that was our boundaries, that’s where we were working’. Kirsten Krans says Arts in Health Netherlands have settled on a similar definitional boundary, describing the arts therapies as ‘allies’ but ‘not the same’, as ‘they have a medical treatment outcome. Whereas participatory arts and health practice is focused on supporting wellbeing, and not specific treatments’. Paul Magee says the University of Canberra’s Defence ARRTS project deliberately avoids an arts therapy lens, as this helps its Australian Defence Force participants not feel like they are being evaluated in an institutional manner: ‘The fact that the participants know that there are no psychologists there...really frees them up. They don’t feel like they’re under observation’.

In other instances, interviewees were happy to include arts therapy under the arts and health umbrella. When organising the Performing Creativity, Culture and Wellbeing conference, Jane Davidson was aware of the divide that can exist between arts and health and the arts therapies, and she says she ‘tried very much to overcome perceived differences and challenges between community arts and therapists by integrating the different sectors of the arts community in sessions’. Nisha Sanjani similarly believes that arts and health is best thought of as a wide coalition with ‘a diverse sets of practices [and] creative arts therapies being one set of practices...within that’. Sp(i)eel Creative Arts Therapies

53 Réalta, “Advice & Support”, 2024, <https://Réalta.ie/advice-support/>

Collective contains team members from across arts therapy, community development and arts and health, and Marlize Swanepoel says a core ethos of the organisation is to value these different skills equally:

They all get paid the same fee to do the same work. A way of acknowledging that this arts-based healing work, we all do it, we just bring in different lenses, whether we've had the privilege to study for seven years, or whether we've worked for 20 years doing this in the community.

Organisations must also define their interpretation of terms such as 'arts', 'culture' and 'health'. Mikkel Ottow says that when defining what arts and culture means to his organisation, creative expression is at the core:

If you have sports, it often is about the goal is down there, if you get the ball into the goal, then you have success. But when we're talking about culture on prescription, the goal is subjective. For one person, it can be that you become sad because you remember something, but for another person, you can be laughing at the same poem or the same piece of music. So it's community, its creativity.

This definition is deliberately broad, and Naomi Sunderland similarly calls for a wide definition of arts that respects the innate human desire to be creative:

I just really support what people like Clive Parkinson have said in the past, that we can't forget who we are, in terms of creative beings, and that original impulse, for why creativity and arts are important in our lives. And I think whatever we do, we need to have that remembering. And also, we don't have to reduce ourselves to other people's paradigms.

Interviewees also spoke about defining the word ‘health’, particularly around where its boundaries do or don’t overlap with wellbeing. Anna-Mari Rosenlöf says wellbeing is the most frequent term in Finland, befitting that country’s focus on preventative arts and health practice: ‘I know that the international field of arts and health or arts for health, people always talk about health. But in Finland, we talk more about wellbeing’. Elsewhere, Angela Pickard says dividing the ‘terms of health and wellbeing...is an ongoing challenge and debate’. And while Pickard says it is common to divide health into ‘clinical outcomes’ and wellbeing into concepts around the ‘psychological...how are you feeling’, she personally believes there are ‘overlaps ... It’s tricky to divide them’. Borni Te Rongopai Tukiwaho believes that arts and health can contribute more if our understandings of the holistic nature of health and wellbeing are expanded. To explicate this point, Borni Te Rongopai Tukiwaho shares a powerful Māori concept that looks to reframe health as more than just physical ailments:

In Māori, we have a concept called Te Whare Tapa Whā which was coined by Tā Mason Durie, who’s one of our elders in the health space. Te Whare Tapa Whā means the house with four walls. It boils down to basics, and it talks about if our health was a house, then each wall will be dedicated to a different part of our health. So one wall is *Taha whanau*, which is family. One wall is *tinana*, which is your body. And then so on and so on, one is your mental health. And so the idea is for all peoples to understand if your house is fragile, you try to fix it. So fragility, regardless of where it is, will affect every other part of the house.⁵⁴

54 For more on this concept, see <https://mentalhealth.org.nz/te-whare-tapa-wha>

Building on this concept, Borni Te Rongopai Tukiwaho says that the health sector in Aotearoa New Zealand, and elsewhere, needs to focus more on preventative health: 'Everyone's very reactive. There's no mitigation happening. The tools aren't being made so that we don't need ambulances. People are still just band-aiding, and then we have to get an ambulance when someone's fallen off the cliff'. Hannah Waterson agrees that arts and health is 'part of a wider conversation about the value of investing in prevention'. She says the National Centre for Creative Health continues to advocate that 'there are opportunities for creative health to be incorporated into what's taking place at the moment to try and reduce some of those challenges more immediately, particularly in relation to long-term conditions, and maybe preventing the number of people that need to go to accident and emergency'.

Deciding on one's own definitional boundaries is a challenge for arts and health organisations, but thoughtful and deep exploration of these boundaries, perhaps with an eye to reforming or removing them, can also provide new opportunities for the field.

Diversity

As Borni Te Rongopai Tukiwaho shows in above discussion, definitions of arts and health can learn a lot from First Nations concepts, particularly around how closely intertwined art/culture and health/wellbeing truly are. For example, Marlize Swanepoel says the team at Sp(i)eel Creative Arts Therapies Collective ‘recognize it’s quite a Western construct to separate the modalities like this’. This was driven home to Swanepoel during a mapping project of arts and health work in South Africa that used World Health Organisation definitions of arts and health as a starting point: ‘We used that as a frame brief for practitioners in a focus group, and they absolutely annihilated it. The language in separating arts and cultural practices felt jarring to that group’. As a result, the project has had to start again with new definitions for the field: ‘We need to think about art and health in a different way than [the WHO does]. Art is culture, culture is art and spirituality and that it really is seen as one’. Mikkel Ottow, while coming from a Western background, agrees that we need to look to First Nations concepts around the interconnection of arts and health:

We forgot about the sense of community, the humanistic values in our eager to perform and run after everything. So honestly, I think that we should learn from a lot of people whom we’ve looked down at for a long time ... We have to realize that we can look other places to find at least an idea of how to create a good society.

Naomi Sunderland agrees that the arts and health field will be improved if these cultural conceptions can lead us to perhaps changing our definitions: 'I would love for the arts health movement...to become a forum where nondominant knowledges and cultures can really lead'.

To achieve this goal, arts and health will first need to improve the diversity of voices currently working in the field. Unfortunately, Daniel Regan says a lack of diversity is currently a big issue for arts and health: 'It's a very female, very white, very middle class, very middle-aged sector. If you go to a conference, that's who you expect to see. And I'm a brown, queer, disabled person, I'm constantly asking, "where are the people like me?"' Hannah Waterson agrees that the UK arts and health workforce 'remains overwhelmingly white and middle class', and she says that the National Centre for Creative Health plans to hire an Equality, Diversity and Inclusion consultant to 'work with us to think about how we can improve our diversity as an organisation, but also, within creative health more broadly, and in what we represent'. Christen Cornell agrees that, in the Australian context, there is a lack of diversity, and she says Creative Australia is recommending 'to build pathways and incentives that ensure that it is a more diverse workforce'. However, Cornell also points out that there is a deeper economic context that hinders these efforts: 'One of the major reasons it isn't [diverse] is because it doesn't pay well. So you default to white middle class over and over again. And so, if you want a more culturally diverse workforce, you have to address that economic issue'. Nisha Sanjani says that the Jameel Arts & Health Lab is also committed to diversifying the voices within the organisation 'in the hopes of striking every kind of balance we can hope to strike in terms of disciplinary, epistemological and gender balances as well as ethnic balances in

terms of who's involved in the decision making and steering of work that we're doing'. The lab's global reach also gives it the opportunity to amplify voices from across the world: 'We always are looking for opportunities where we're able to amplify the research, the perspectives of lower- and middle-income countries, where we can channel our resources there in terms of outreach, where we can facilitate global north global south partnerships'. An example of this is approach is the organisation's global majority scholarship, which Sanjani says aims

to facilitate capacity building [as] one step towards ensuring the better representation of indigenous black and other minority or global majority members within the art health space, both in terms of who's producing the research, who's talking about it, whose work is being given a platform to influence others.

Kunle Adewale also underlines the importance of giving visibility to the excellent arts and health practice and research occurring around the globe:

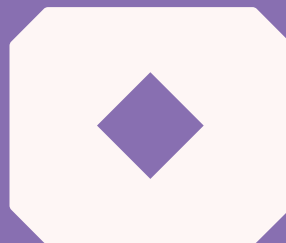
The research that is published, most are, maybe from Canada, from US, from the UK. How many case studies do we have from Africa on arts and health? It cannot amplify what people are not seeing. What you see in the UK it's actually happening in Rwanda, it's happening in Zimbabwe, it's happening in South Africa.

Adewale says amplifying these voices is a key goal of the Global South Arts and Health Week⁵⁵ event he has co-founded, as allowing each country to have ownership of arts and health will enable them to use the collective knowledge ‘in their own way, in their own culture, [it] doesn’t have to be imported. It can be what they do in their own country’.

The greatest challenge, but also the greatest opportunity, for arts and health is to improve the diversity within its workforce, while also amplifying the voices currently underrepresented in the field.

55 Global South Arts and Health Week, <https://gsahw.com/>

Case Studies



In total, we interviewed members of 22 arts and health organisations spread across 13 countries: Australia, Aotearoa New Zealand, Ireland, Denmark, Finland, the Netherlands, the UK (including England, Wales, and Northern Ireland), the Philippines, Japan, South Africa, the United States of America, Singapore, and Nigeria. A full list of interviewees can be found on page 185.

While the previous sections described what connects these organisations, here we drill into the contexts and experiences of the 22 organisations and describe what makes them unique, exploring their missions and visions, and telling the story of their formation, present focus, and future goals. We hope you are as inspired by their voices and their work as we are.

Arts & Health Hub

 England

London-based Arts & Health Hub is a small organisation dedicated to supporting artists as they navigate entering and working in the arts and health space. Founder and Creative Lead Daniel Regan is a visual artist whose own creative practice explores ‘complex and difficult emotional experiences [and] taboo topics such as mental health, grief, self-injury, suicide and racism’.⁵⁶ Regan says his work is inspired by his own lived experiences: ‘My connection to creativity is bound up with my mental health difficulties as a young person’. His desire to use ‘photography to process and understand complex mental health difficulties’ led him away from commercial photography and into the arts and health space, becoming what he describes as ‘an accidental artist working in this field... not having a road map, falling into this world and doing this kind of work’. Regan worked in multiple roles across arts and health, including as a director of an arts charity within the National Health Service, while always remaining ‘really interested in how people come into this field, particularly through lived experience’.

While delivering creative projects for a health centre, Regan asked the director for a room in which to host monthly meetings for ‘artists to get together and share ideas and projects and challenges’. Having seen first-hand the need for such peer support groups, Regan then founded Arts & Health Hub as a Community Interest Company in 2015. The organisation has since supported over 1000 artists through its peer-to-peer support groups and events. Arts &

Health Hub’s website declares that it is ‘*artist led* and primarily for *artists*’.⁵⁷ While still open to working with organisations and those from other sectors, Regan says the focus remains on those independent artists seeking to find their way into the field:

We support individual freelance artists above everything else ... Everything we do is for artists. When we’re programming activities, it’s very much that the artist is at the forefront. If you’re an organisation and you want to come along, that’s fine. But really, we’re here to think about how we care for artists.

Regan says that while there has been a rapid rise in the number of arts and health opportunities in the UK, it remains difficult for freelance artists to know exactly how to begin working in what can be ‘a really impenetrable sector to get into’. As arts and health ‘doesn’t really have a set entry gateway’, beginning artists seeking Regan’s help inevitably ask the same questions: “‘How do I get involved in this work? ... How do I work in hospitals? How do I get a connection with the person that runs the arts programs at hospitals? How do I collaborate with people outside of the arts?’” Alongside challenges in getting started, freelance artists can also face challenges in speaking up for themselves and their work, particularly in the face of large health institutions: ‘When you come into a really small sector, people feel like they can’t speak up for what they need ... We try to equip artists to speak up and say, “there might be a better way for us to do this that acknowledges my skill set and lived experience, and also acknowledges what you need to get from this project”’.

57 Arts & Health Hub, “About Us”, <https://www.artsandhealthhub.org/about>

To help artists enter and succeed in the arts and health space, Arts & Health Hub's small team of three directors runs a remarkable range of events and training courses. At the core of their services is that same peer-support group that Regan has been running since 2015. The group meets monthly, with the location alternating between central London's prestigious Southbank Centre and an online variant that invites participants from across the country. In each session, two artists present their work in progress and ask the group for assistance with any challenges they are encountering, followed by a facilitated discussion. Regan shares a specific example of the active feedback and sharing that takes place in each session:

One artist was interested in sharing her work and lived experience of perimenopause. She was really interested in working with other mothers too, and also looking at how to sort of document and broaden access to knowledge realms around women's health. The artist was asking lots of questions, like, "as a middle-class white woman, how can I work with people from other communities to tell their stories about their inability to access health services?" And so we were talking about the sort of ethics of participatory practice, and actually, it might be better for her to skill up somebody from another community, instead of trying to tell the stories of other people that don't belong to her.

The online sessions then bring this concept of peer-learning beyond London, which Regan says enables those without local support networks to feel a part of a larger community: 'If you think about someone maybe in some rural town, there's maybe one museum or gallery which is doing some kind of arts and health work. That's all they've got. So this is an opportunity for them also to see what other artists are doing, and connect and gain support outside of the sessions'.

Whether in-person or online, Regan describes how rewarding it is to assist artists in finding a community of their peers:

The number one thing that we tend to hear when somebody comes along to one of our events is, “I found my tribe of artists that are like me, who are making this quite strange work.” Which is really lovely, to foster that environment where they meet other people, where they start collaborating and thinking about how they can put in funding bids and working on projects together. That’s what we want.

Alongside these support groups, Arts & Health Hub also runs a number of training programs and workshops. The most extensive of these is Groundwork: Designing & Implementing Support for Creative Practitioners, a multi-session training course that gives organisations ‘a greater understanding of supporting the needs of creative practitioners within the workplace’.⁵⁸ Other courses and workshops include Taking Care of Ourselves, a virtual session that ‘explores the myriad of ways that we can care for ourselves in the work that we do as artists’,⁵⁹ and The Lens of Lived Experience course in which Regan ‘explores how we identify and visualise our lived experiences using photography’.⁶⁰

The latter workshop draws on Regan’s continuing interest in how artists with lived experiences of health challenges are drawn to arts and health work, as well as ‘how we then support them because sometimes they are more vulnerable working in this field because of their own experiences’. Regan references the

58 Arts & Health Hub, “Training”, <https://www.artsandhealthhub.org/training>

59 Arts & Health Hub, “Events & Workshops”, <https://www.artsandhealthhub.org/events>

60 Arts & Health Hub, “Events & Workshops”, <https://www.artsandhealthhub.org/events>

Culture, Health and Wellbeing Alliance's report, *From Surviving to Thriving*, which found that just under 40% of survey respondents in the UK arts and health field 'came to this work by using creativity to support their own mental health, and wanting to share this with others'.⁶¹ Arts & Health Hub has received funding from Arts Council England and others to develop assistance for such artists through a project called Support Hub. This project will include four different peer-support opportunities, including a group dedicated to artists dealing with mild mental health challenges and a one-to-one mentoring program for early career artists, with a focus on artists with lived experience of the health challenges they intend to explore artistically. Regan says the Arts & Health Hub team aims to develop further training that can assist artists with crucial questions around their lived experience: 'How much time do they need away from an experience in order to be able to access it from a non-emotional space? How do they then use that experience to turn it on its head and think, "what has it taught me? Where could it lead me? What skills has it provided me with?"'

Supporting artists with lived experience is part of Regan wider ambition to increase the diversity of the field. Regan describes himself and the majority of his fellow directors as 'black and brown, and we all have a disability background', and says they are therefore 'very interested in the diversity of the sector'. The team recently completed a project— The Artists' Represent

61 Victoria Hume & Minoti Parikh, *From Surviving to Thriving: Building a Model for Sustainable Practice in Creativity and Mental Health* (Culture, Health & Wellbeing Alliance, 2022), 4, <https://www.culturehealthandwellbeing.org.uk/sites/default/files/2022-02/From%20surviving%20to%20thriving%20%5Breport%5D.pdf>

Recovery Network⁶² — which partnered with London Arts and Health and Raw Music Media to support 10 ethnically diverse artists through a paid training program that helped them ‘to develop the professional skills they need to work in arts and health, bringing in artists or therapists to support them with their training, provide paid work on mental health wards, and access to a network of peer support’. The project has been funded to support a second cohort, and Regan says the team is eager to do more in this space: ‘It would be amazing to have this kind of continued training or cohorts that go through these training groups, and then have access to placements within organisations’.

But for now, this tiny team out of London has already done so much to connect and support a community of artists embarking on their arts and health careers.

62 The Artists’ Represent Recovery Network, <https://rawmusicmedia.co.uk/raw-news/the-artists-represent-recovery-network-2022-23-cohort>

Arts-in-Health Innovation Lab

United States

Located at the University of Utah, the Arts-in-Health Innovation Lab is tapping into Salt Lake City's reputation for innovation and artistic excellence to produce brilliant new research. Rebecca Zarate—Professor of Arts and Health and Associate Dean for Research at the College of Fine Arts—is a recent addition to the team, with a background as a licensed Creative Arts and Music Therapist, and three decades of experience working in clinical and academic settings across the U.S. and UK. Zarate says she recognised from an early age 'the generative and regenerative aspects of what the arts did for me, and what I saw them do for others when I would play and be in artistic and creative environments with other people'. After working in health settings, Zarate moved into academia, with a focus on cross- and interdisciplinary collaborations that made her a perfect fit for the Arts-in-Health Innovation Lab's aim to be 'a catalyst to draw in interdisciplinary research at the University of Utah'.

Zarate says that the University of Utah 'prides itself on innovation', and that the lab's founding was simply 'a case of the right innovators at the right time in the right place, seeing that there's a gap in knowledge and seeing the value, the holistic value, of including arts and health'. The result has been a series of innovative arts and health research projects that draw from the university's disciplinary strengths. For example, Zarate explains how the university's 'cutting edge leading research around gaming' has led to successful projects integrating AI and therapeutic games. One such project is Choreografish, which brought together researchers from dance, entertainment arts, engineering and family and

consumer studies to create a virtual reality environment in which young adults on the autism spectrum can create choreography using the swim patterns of virtual fish.⁶³ The data from the project has helped researchers to understand both the cognitive and motor processes of people on the spectrum and how moving stimuli can impact emotional wellbeing. Another games-adjacent project has involved the creation of Animation-based Depression Evaluation (AIDE),⁶⁴ an instrument that allows people with mild to moderate intellectual disabilities to use animations to better express symptoms that can help health professionals diagnose depression.

Theatre is another strong area of research at the university, with a number of projects building off of this discipline. These include a theatre-based intervention program seeking to improve social functioning in pre-school children with Autism Spectrum Disorder, and CRiTICS, a ‘theatre-based approach to training medical learners how to communicate with with empathy, professionalism, and authenticity’.⁶⁵ Other interdisciplinary projects include creating comic books to increase health literacy around expanded carrier screening for pregnant women, and ground-breaking arts and health research that draws on the state’s population database, the largest in the world, to explore how genetics intertwines with predispositions around creativity and art-making.

63 <https://artsandhealth.utah.edu/work/choreografish>

64 Animation-based Depression Evaluation (AIDE): An instrument to evaluate depressive symptoms for people with intellectual disability (2016), <https://artsandhealth.utah.edu/work/animation-based-depression-evaluation-aide-an-instrument-to-evaluate-depressive-symptoms-for-people-with-intellectual-disability>

65 Pilot Study of the Efficacy of Coached Rehearsal Techniques for Interpersonal Communication Skills (CRiTICS): Disclosing a Positive Finding for SMA1 (2024), <https://artsandhealth.utah.edu/work/pilot-study-of-the-efficacy-of-coached-rehearsal-techniques-for-interpersonal-communication-skills-critics-disclosing-a-positive-finding-for-sma1>

As this last example shows, the Arts-in-Health Innovation Lab is deeply embedded in Salt Lake City's culture, in which Zarate says, 'the arts are intrinsic to the way of life'. Zarate says the university also draws on the city's Mormon culture, which has a practical and pragmatic approach to education: 'We go from the lab into society, and students train to be able to get a job so that we keep a really healthy supply and demand chain happening between development and also advancement and putting the work out there in society at large'. The result is a new but impressive organisation that offers a crucial lesson on drawing from local culture to dream up new ways of researching arts and health.

Arts & Health South West

England

In 2024, Arts & Health South West (AHSW) announced that it was closing after 18 years. This Exeter-based organisation leaves an enormous legacy, having been crucial in the development of the arts and health field both locally and nationally, fostering a vibrant ecosystem from which crucial organisations such as the National Centre for Creative Health (NCCH) emerged. Current Director of the NCCH, Alexandra Coulter, was also previously director of AHSW, and was involved in the organisation's founding. After training as a visual artist, Coulter says she began working in hospitals in the mid-1990s, a period when Arts Council England was investing in capital developments that improved health settings through public art. While working as Arts Coordinator for Dorset County Hospital, Coulter was part of a cohort approached by Arts Council England with the idea of developing a network for arts and health workers in the southwest of England. Founded in 2006, Arts & Health South West fulfilled this role, albeit through a paid membership scheme that Coulter admits was initially 'a barrier to engaging widely'. By the time Coulter took over as director in 2010, however, the organisation had received funding that allowed it to become free for members, and the modern version of Arts & Health South West was born.

AHSW defined its role as 'a learning, advocacy, networking and development organisation with the aim that more people can experience the arts and culture for the benefit of their health and wellbeing'.⁶⁶ While the organisation had a

⁶⁶ Arts & Health South West, "Arts & Health South West Prize Yearbook 2016", https://ncch.org.uk/uploads/AHSW/2016_AHSW_Prize_Book.pdf

national and international focus at times, much of its energy was focused on supporting arts and health in the south west region. AHSW ran four iterations of the Arts & Health South West Prize, which gave awards of up to £5000 to ‘inspirational arts and health projects and individuals who have made a significant contribution to the field in the South West of England’.⁶⁷ They also ran their own local projects, including the Music for a While project that worked with Bournemouth Symphony Orchestra to play music for dementia patients in hospitals;⁶⁸ the Alternative Visions project that toured an exhibition of work made by artists excluded from the mainstream art world for health or social reasons;⁶⁹ and the Art and Social Change project that developed art-based training methods to prevent burnout in health professionals.⁷⁰ And in 2019, AHSW brought together a range of arts and health stakeholders in the region to develop a strategic framework aiming to ‘improve the health and wellbeing of people and communities by helping arts and cultural practitioners align with and contribute to health and wellbeing priorities in southwest England’.⁷¹

67 The Arts in Wiltshire, ‘Funding: Arts and Health South West Prize 2016’, 30 November 2015, <https://theartsinwiltshire.wordpress.com/2015/11/30/funding-arts-health-south-west-prize-2016/>

68 Bournemouth Symphony Orchestra, ‘Music for a While’, <https://bsolive.com/projects/music-for-a-while/>

69 Alternative Visions: Undiscovered Art in the South West, Evaluation Report https://ncch.org.uk/uploads/AHSW/Alternative-Visions-Short-Report_2018.pdf

70 Art and Social Change: a path to recovery, https://ncch.org.uk/uploads/AHSW/Arts-and-Social-Change-Report_-2019.pdf

71 Arts & Health South West, ‘Developing A Strategic Framework for Arts, Health and Wellbeing in South West England’, https://ncch.org.uk/uploads/AHSW/A-Strategic-Framework-for-Arts-Health-and-Wellbeing_July-2019.pdf

Alongside this regional focus, however, Coulter always maintained an interest in supporting arts and health at the national level. While still working in the hospital sector, she attended Manchester Metropolitan University's landmark 1999 international conference on arts and health, an experience she says was a catalyst for her career: 'It was a total revelation for me, the whole field, I was very excited by it'. Once Director of AHSW, Coulter was then motivated to 'do something similar for the next generation, to inspire them'. Working with The National Alliance for Arts, Health and Wellbeing (NAAHW) — a consortium of regional organisations looking to advance the field — AHSW organised its own international conference in 2013, followed by further iterations in 2017 and 2021. These conferences brought a wide range of arts and health stakeholders to Bristol in the south west region of the UK, with the 2017 conference — the last to be held in-person as result of COVID-19 — including 453 delegates and speakers from 23 countries.

Buoyed by the success of these conferences, the NAAHW applied for Arts Council England funding to set up a national network, which became the Culture, Health and Wellbeing Alliance (CHWA). Before becoming its own Community Interest Company in 2020, the CHWA was 'incubated' by AHSW for two years. Coulter praises the vision of AHSW's trustees in allowing this regional organisation to make national contributions:

'Governance and the way that charities in our country work is often a blocker, as well as a facilitator, because you can only do what your governance structure allows. But my trustees were really flexible...we grew two new organisations out of our organisation'.

The second such organisation to be grown out of AHSW was the National Centre for Creative Health (NCCH). The NCCH's genesis is in the All-Party Parliamentary Group on Arts, Health and Wellbeing (APPGAHW), founded by Hon. Lord Howarth of Newport in 2014 with the aim 'to improve awareness of the benefits that the arts can bring to health and wellbeing, and to stimulate progress towards making these benefits a reality all across the country'.⁷² Lord Howarth asked the NAAHW to provide a secretariat for the all-party parliamentary group, and Coulter took on the role, with backing of AHSW. Coulter later became project manager for the APPGAHW inquiry that resulted in 2017's landmark *Creative Health* report, which Coulter describes as having 'a huge impact...[of] unexpected, enormous influence'. One of the report's key recommendations was the establishment of a national strategic centre. To achieve this, AHSW hosted the NCCH until it formally launched in 2021 with Coulter as director.

Coulter describes how the NCCH's strategic priorities complement rather than replace regional organisations such as AHSW:

There's loads to be done at every level of this ecosystem. And certainly practitioners need loads of support, and they are very under-resourced. But the CHWA and the Arts Council are most active in that space. We're trying to work with the big public sector systems to make them more receptive, more supportive, and for funding to come through.

72 All-Party Parliamentary Group on Arts, Health and Wellbeing, *Creative Health: The Arts for Health and Wellbeing - Second Edition* (All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017), 4, https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

Sadly, shifting government priorities and what Coulter describes as an ‘ecosystem change’ resulted in AHSW losing its core funding. But while the organisation shut its doors in 2024, there have been ongoing efforts to maintain its legacy. The NCCH website hosts an interactive illustration, ‘A Brief History of Arts & Health South West’,⁷³ with links to reports and conference proceedings from the organisation’s past. Meanwhile, former members of AHSW were encouraged to sign up to CHWA and join in that organisation’s networking events. CHWA has also taken over one of AHSW’s final projects, *Reach In Reach Out*, which aims to ‘co-create a programme with young people to support their creativity and wellbeing and offer pathways to community engagement and volunteering in the cultural sector’.⁷⁴ Coulter also points to the less tangible but equally important elements of AHSW’s legacy:

I think all you can hope is that all the work that was done at the grassroots has influenced and changed lives. And that there are artists and practitioners and delivery organisations who are more skilled at this work than they would have been had there never been an AHSW. You just have to trust that the work you did was good and has had an influence and changed things.

Gone now, but never to be forgotten, AHSW is an example of how organisations can till the soil for future generations of arts and health growth.

73 ‘A Brief History of Arts & Health South West’, <https://ncch.org.uk/ahsw-legacy-resource>

74 Julia Puebla Fortier et al., *Reach In, Reach Out: A creative, wellbeing and cultural volunteering project* (Arts & Health South West, 2024), <https://culturehealthandwellbeing.org.uk/sites/default/files/RIRO%20toolkit%2C%20plain%20text.pdf>

Arts Alive

Japan

Founded in 2009, Arts Alive is a non-profit organisation based in Tokyo, Japan whose mission is to ‘empower people of all ages, including elderly with cognitive challenges, through the power of the arts’.⁷⁵ Founder and CEO Yoko Hayashi is a Professor in Arts Management at Shobi University, where she has taught for over twenty years. Hayashi first became interested in the field of arts and health when she attended a 1989 conference organized by the Arts for Health group at Manchester Metropolitan University. During this trip, Hayashi had the opportunity to visit arts and health programs in hospitals and other medical settings, which opened her mind to the possibilities of the field: ‘I produced many projects with artists but it never came to my mind that there is art in a hospital or art in a nursing home or visual impairment facility’.

On the flight home, Hayashi just happened to be seated next to a fellow conference attendee who managed hospitals and nursing homes back in Japan, and the two began a collaboration that would result in over 200 projects over the next eight years. These projects brought artmaking workshops into health spaces such as nursing homes and rehabilitation clinics. David Cutler, in his report on creative ageing projects around the world, describes how Hayashi worked ‘across art forms with disadvantaged people in a participatory way which is common in the UK but less so in Japan’.⁷⁶ An early project involved

75 Musei Toscani per l'Alzheimer, ‘Interview with Yoko Hayashi, ArtsAlive, Tokyo’, 2021, <https://www.museitoscanaizheimer.org/wp-content/uploads/2021/03/MTA-Yoko-Hayashi.pdf>

76 David Culter, *Around the World in 80 Creative Ageing Projects* (The Baring Foundation, 2019), 48, <https://>

decorating the traditional paper screens dividing the rooms in an aged care home with images relating to stories told by residents about their childhoods.⁷⁷

As these projects were outside of Hayashi's regular university work, the large time-commitment eventually fatigued her to the point that she called an end to the project after eight years. In celebration of their achievements, Hayashi and her health colleague published a 2006 book about their work, *Evolving Role of Arts as Communication: Artists Impacting Healthcare*.⁷⁸ Over the next few years, Hayashi began receiving enough inquiries about the book and her work, including from artists who were eager to collaborate, that she became convinced to dive back in: 'I thought maybe that this was my sole work now that more people are interested, that they had seen the value of the work'.

In order to provide a more sustainable foundation, Hayashi established Arts Alive as a non-profit organisation in 2009. She also chose to move from working with student volunteers to professional artists. Hayashi outlines how this shift allowed her to improve both the intellectual and financial sustainability of her work:

If I stay with these students, they graduate, and they don't come back. So no accumulation of expertise. I have to teach from the beginning. Also, because this is a professional artist, I asked the people who asked me to do the work to pay for it, so I could pay to the artists.

cdn.baringfoundation.org.uk/wp-content/uploads/BF-%E2%80%9380-Creative-ageing-projects-WEB.pdf

77 Culter, *Around the World in 80 Creative Ageing Projects*, 48

78 Yoko Hayashi & Yasunari Koyama, *Evolving Role of Arts as Communication: Artists Impacting Healthcare* (2006), https://books.google.com.au/books?id=NX59QgAACAAJ&source=gbs_ViewAPI&redir_esc=y

At first, Arts Alive focused on facilitating the artmaking workshops in health settings that had been the basis of Hayashi's prior work. However, Hayashi soon became interested in how the arts could be of particular assistance to older people with dementia. She looked to the U.S. for inspiration, discovering the Meet Me at MoMA program run by the Museum of Modern Art in New York,⁷⁹ which involves monthly interactive art tours and discussions for people with dementia and their carers. To further her understanding of this area, Hayashi used a research grant from the Japanese government to visit the U.S. and receive training from the Museum of Modern Art, followed by a fellowship at Case Western Reserve University in Cleveland where she studied under Professor Peter Whitehouse in the Department of Cognitive Science. Upon returning to Japan, Hayashi then developed ARTRIP, a program directly modelled on the Meet Me at MoMA's approach of bringing patients with dementia into the arts museum for discussions and artmaking opportunities, while also, as Hayashi describes, being 'adjusted...to Japanese taste'. Hayashi immediately noticed the impact the program had on participants mood: 'The majority of the people who come to our program with dementia are very depressed, very angry, depressed. But after they continue to come to my program, they all become very happier, smiling'. The Arts Alive website also describes the special types of bonding moments that can occur between people with dementia and their families when discussing art:

79 Meet Me at MoMA, <https://www.moma.org/visit/accessibility/meetme/>

One question asked by an educator leads to a new discovery, which leads to the next discovery. Some people suddenly say, 'This is a picture I saw a long time ago.' A moment that even your family could never have imagined unfolds.⁸⁰

Since 2012, ARTRIP has facilitated monthly programs at over 40 art museums, most notably Tokyo's National Museum of Western Art. Training is also a core part of Arts Alive and ARTRIP's mission. From the start, Hayashi says her 'grand vision' was to disseminate the program across Japan. To assist with this, Hayashi translated the Meet Me at MoMA training guide from English to Japanese and began running her own small-group training programs for museum art guides. However, Hayashi says ARTRIP's methods were met with scepticism in the academic and medical communities, something that Hayashi says was representative of general conservatism in Japanese culture: 'Japanese people are very cautious about challenging or implementing something new ... Japan is very conservative, and they're afraid of making mistakes'. In particular, potential funders for ARTRIP remained wary of the effect that art might have on those with dementia:

They said, 'we don't really know much about dementia yet. Even though the people with dementia are very happy at one point, maybe at night the art might have a very bad effect on them. They might go crazy or they don't want to go to sleep. So I can never endorse the program'. That's what I was told.

Hayashi recalls this initial resistance as being ‘really horrible...I could have just given up at that point’. Instead, she sought to gather evidence on the effectiveness and safety of the ARTRIP method, receiving a grant from the Ministry of Economy, Trade and Industry designed to support new businesses in healthcare. In collaboration with the National Institute for Longevity and Health, Hayashi conducted a three-month randomised controlled trial using two groups of 40 seniors with Moderate Cognitive Impairment (MCI) and a depression score of 5 or higher. The study showed that participation in ARTRIP was effective in reducing depression for those with MCI.⁸¹ Hayashi says this evidence, while not complete due to the small subject size, was nonetheless a ‘breaking point...because after that our program was testified to have some kind of effect’.

Alongside this growing evidence base, Hayashi says Arts Alive has been boosted by a more welcoming cultural and political landscape in Japan. She points to factors such as the International Council of Museum’s changing the definitions of museums to be more inclusive — ‘the Japanese museum never thought of any inclusivity before, but they’re forced to think of being inclusive’ — as well as new funding for programs for people with disabilities resulting from the 2020 Summer Paralympic games in Tokyo. Hayashi says there has also been a deepening understanding that medication cannot cure dementia, and that focusing on quality of life is important. As a result, Hayashi says ‘the environment for my program has changed...All of a sudden people want my program’.

Hayashi and Arts Alive’s incredible story is a testament to how far curiosity and determination can take an arts and health organisation.

81 Yoko Hayashi et al., “Productive arts engagement at the Tokyo Fuji art Museum and its health effects on the older Japanese population: results of a randomized controlled trial”, *Frontiers in Medicine* 10 (2023): 1188780, doi: 10.3389/fmed.2023.1188780

Arts and Health Singapore Repository

Singapore

The Arts and Health Singapore Repository is ‘an active online resource documenting the development of the arts and health field in Singapore’.⁸² The repository is both a future-looking resource for the next generation of arts and health practitioners as well as the culmination of Co-Founder Michael Koon Boon Tan’s work in establishing the visibility of the field in Singapore. Tan — currently Associate Professor in Art and Design at Lab4Living, Sheffield Hallam University, UK — has described his research interests as lying ‘at the intersection of art & design, health and wellbeing, and human flourishing’.⁸³ Tan came to the field of arts and health in 2010, when he was working on an arts project with a Parkinson’s disease outpatient support group at Singapore General Hospital. He recalls how he was ‘fascinated by [arts and health’s] potential to foster wellbeing and diverse ways of using creativity...I saw how it could help create an inclusive and flourishing society here’.⁸⁴

What became a theoretical interest turned personal when Tan’s father was diagnosed with a neurodegenerative disease. Tan says the experience only opened his eyes further to the potential of artistic expression in the health space:

82 Michael Tan Koon Boon, ‘Michael Tan Koon Boon’, <https://michaeltankb.net/>

83 Michael Tan Koon Boon, ‘About’, <https://michaeltankb.net/about/>”<https://michaeltankb.net/about/>

84 Salty Xi Jie Ng, ‘Arts and Health: An Expanding Field of Activism to Foster a Flourishing World’, *Artswok Collective*, 31 January 2023, <https://artswok.org/library/arts-and-health-an-expanding-field-of-activism-to-foster-a-flourishing-world/>

I became a caregiver. And of course, because of my practice, I turned to the arts as an outlet to help me regulate my emotion. I was struck by the cathartic and therapeutic effect of it. [It] impacted me so much that it got me to think about, so what does this mean?

Tan used his 2012 mixed medium exhibition, *Dancing with Dad*, to try and spread awareness of arts and health, asking audiences ‘to consider how artistic production may offer an alternate access to understanding disease and inform the production of knowledge on illness’.⁸⁵

During his own investigations into arts and health in Singapore, Tan says he found examples of practice, but that they were often ‘art therapy-based work, or community relation, whereby they will get an artist into display work, or do some sort of engagement with a patient, but it’s not framed around arts and health’. Tan therefore took it upon himself to spread awareness of the field as much possible: ‘I became a salesperson for arts for health...what I did was to prepare a slide deck [and] I went knocking on all the hospitals in Singapore just to find out what they had been doing’. After presenting on the roles of artists in hospitals at a symposium, Tan drew the attention of the National Arts Council. With Singapore one of the fastest ageing countries in the world, Tan was advised to consider how arts and health could be integrated into long-term care. He developed Sparks!, a programme embedding artists in residence into community care settings (mostly, but not entirely, for older adults). Tan then took the activities created by the artists and compiled them into a publicly accessible

85 Michael Tan Koon Boon, “Artwork”, <https://michaeltankb.net/creative-works/>

toolkit, *Sparks! Arts for Wellness Toolkit for the Community Care Sector*.⁸⁶ He also developed the *Arts, Ageing and Wellbeing Toolkit*,⁸⁷ which featured creative activities developed by students studying with him as part of the Master of Science in the Applied Gerontology programme at Nanyang Technological University, where Tan was Associate Professor. Looking back on this period, Tan recalls a sense of responsibility to use his role to provide for a better arts and health future in Singapore:

When I'm in that position, as an artist, as an academic, as a researcher, why not just make use of this power to transform? At one point, I will go into a nursing home when I grow old, so if I have the power to change the system now, why not do that?

In 2019, Tan — alongside colleagues from Singapore, the U.S. and UK — launched a scoping review of the arts and health field in Singapore. Using surveys and round-table discussions, the team gathered data from seventy-eight respondents across the arts, health, social work and education sectors. An article based on the study, 'Connecting the dots: The state of arts and health in Singapore', was published in the journal *Arts & Health* in 2023.⁸⁸ Tan says the title of the article refers to the study's ambition to connect existing arts and health work in Singapore and give the field a stronger presence: 'I called it

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- 86 Sparks! Arts for Wellness Toolkit for the Community Care Sector, <https://yourestart.arcsculturesolidali.org/repository/sparks-art-for-wellness-toolkit-for-the-community-care-sector/>
- 87 *Arts, Ageing and Wellbeing Toolkit*, <https://www.aic.sg/wp-content/uploads/2023/11/Art-Ageing-Wellbeing-Toolkit.pdf>
- 88 Michael Koon Boon Tan et al., 'Connecting the dots: The state of arts and health in Singapore', *Arts & Health* 15, no. 2 (2023), <https://doi.org/10.1080/17533015.2021.2005643>

connecting the dots because, while I don't think there's a lack of activity, there's a lack of alignment or streamlining to allow people to see who is who, and how and where we overlap with each other'. The study covers a vast amount of practice and research occurring in the country, yet by the authors' own admission, 'the variety of arts and health-related work in Singapore goes beyond the content presented in this report', and therefore the 'account is unavoidably selective'.⁸⁹

To try and fill these gaps, Tan developed the Arts and Health Singapore Repository alongside the study, hoping to create an active space that can 'capture initial and ongoing efforts and activities that are occurring in Singapore within Arts and Health'.⁹⁰ The website's library of resources is divided into three categories: Practice, Research and Capability, and Development/Events. This result is a rich diversity of resources, including links to Singapore community arts organisations, toolkits, research articles, short arts and health courses, formal arts therapy degrees, interviews, recorded forums, and upcoming events. It is an impressive foundation for the field in Singapore. Writing for Artswok Collective, Salty Xi Jie Ng describes how 'the effect of browsing the Repository's diverse collection of local Arts and Health efforts is an affirmation of the field's presence and growth'.⁹¹

89 Tan et al., 'Connecting the dots', 131

90 Salty Xi Jie Ng, 'Arts and Health: An Expanding Field of Activism to Foster a Flourishing World', Artswok Collective, 31 January 2023, <https://artswok.org/library/arts-and-health-an-expanding-field-of-activism-to-foster-a-flourishing-world/>

91 Salty Xi Jie Ng, Arts and Health: An Expanding Field of Activism to Foster a Flourishing World, Artswok Collective, 31 January 2023, <https://artswok.org/library/arts-and-health-an-expanding-field-of-activism-to-foster-a-flourishing-world/>

Alongside its continuing use as ‘an active documenting of things that are coming out’, Tan hopes to use the repository as the basis for a network in Singapore, a place to connect with ‘colleagues, not just in the arts, but the people that I’ve been talking to in the various sectors to then think about the question of the future of care, of health ... [to] develop an interdisciplinary kind of working group’. In part, such a group could help ensure the ongoing future of arts and health in Singapore, as Tan explains that ‘part of the challenge in terms of doing this work... [is] handing over a succession plan from one generation to the next’.

For years to come in Singapore, the repository can be a place for this next generation to acquaint themselves with the history of arts and health work in the country, and to start planning the field’s next steps.

Arts Care

Northern Ireland

Arts Care is Northern Ireland's central hub for arts and health practice. Founded in 1991, Arts Care receives statutory funding from Arts Council Northern Ireland, the Department of Health, Social Services and Public Safety, as well as the country's five Health and Social Care Trusts and a range of other trusts, foundations and agencies. Despite what Head of Operations & Artistic Director Stephanie McKervill describes as this 'jigsaw puzzle' of funding sources, Arts Care is centred around one core mission: 'To bring the arts into healthcare and to bring high quality and high engagement to service users'. In particular, McKervill says Arts Care has a dedication to embedding the arts into the lives of community participants in a sustainable way: 'It's not just about coming and taking part. It's about actually learning, and having the arts and culture be brought into your life in a holistic kind of level'.

At the heart of Arts Care's offerings is their artists-in-residence program, which currently facilitates 26 artists to work across a variety of health and community settings. To qualify, artists must have a degree in their artistic medium, and are also expected to be professionally active, as McKervill says that those who 'have their own personal artistic profession... [are] coming in inspired and bringing new skills to service users and staff as well'. At the same, McKervill says Arts Care looks for artists who are able to keep participants' needs and interests at the forefront of their engagements, to 'set their ego aside, really give themselves to the process and to the people that they're working with'. And finally, McKervill says artists must have strong interpersonal skills: 'We need to

work with artists who are very empathetic and very sensitive, [as] they're coming across people who are in really vulnerable situations, who have been more often than not traumatized by the process of their health journey'. As this can be a confronting experience for artists, McKervill says Arts Care offers quarterly trauma-informed training sessions to its employees in the field, ensuring that their workforce is able 'to go in and be aware of the situation and also to be able to assess the healthcare setting as well'.

Beyond its artists-in-residence program, Arts Care runs a variety of other programs to engage the community in artmaking. This includes the Here & Now Older People's Arts and Wellbeing Festival, a festival facilitating arts workshops and exhibitions for people over sixty, with a focus on those suffering from isolation or loneliness due to health challenges. The festival includes a wide range of artistic mediums — including dance, music, creative writing, jewellery art, filmmaking and photography — and McKervill says its exhibitions receive submissions from artists of varying experience: 'We have beginners, we have amateurs, and we have professionals that submit as well. Some people have never had their artwork exhibited before'. Servicing the other end of the age demographic, the Twilight Zone project brings artistic activities to young people (aged 12-18) who are residing in health and social care facilities. Through artmaking, the project allows 'young people [to] articulate their voice, empowering them to share what is relevant to them as well as contributing to shaping a Health and Social Care Service that meets their needs'.⁹² At the end of the project, the participants' work is professionally curated at an exhibition space in a local shopping centre. McKervill says this allows the young people's

92 Arts Care, 'Projects', 2024, <https://www.artscare.co.uk/indearts>

work to speak to their community: 'It means that this artwork is visible and we can get lots of footfall. For people to see it and for it to be accessible and be part of the local community as well is just lovely'. The powerful connection these young artists have to their work is demonstrated by the anecdotal evidence McKervill has received from the staff at health facilities they reside in:

We've had reports to us from staff where say a young person has had a very volatile time and have maybe trashed their room or their space. But the only thing that hasn't been touched has been their artwork. They really, really hold that precious and dear to them.

Another project aimed at this demographic is the Children in Need program, which uses the arts to engage with hard-to-reach children and young people in hospital. McKervill says some of the most impactful work in this program has involved engaging children in the transformation of the medical environment:

This year they've made a clay ornamental installation on an external wall, which means that when the young people need to go out and regulate, they're able to go in this nice area that they've created. It's been a brilliant way of building relationships with the staff and the service users in one place.

Arts Care also contracts clown doctors to work in children's units across the country, and although this work is comparably ephemeral, McKervill testifies to the skill and impact of these artists: 'They're able to go in and bring a smile to everybody and have lots of fun and laughter but they are also so aware of what the healthcare staff need and what's happening on the ward ... It's beautiful to watch them work'.

Aside from these permanent or long-term programs, Arts Care also offers bespoke arts and health workshops for organisations in the health sector and beyond. McKervill says reaching out into areas of the community not currently engaged with Arts Care is a future goal:

Our focus over the next couple of years is to try and do more independent projects outside of healthcare, and maybe look at the preventative side of things as well. Not just reaching somebody near the end of their journey [but] meeting those creative needs and challenges so that they don't get to the next stage of working with an artist in residence in hospital.

It is an ambitious but achievable goal for an organisation that has already made an outstanding impact in Northern Ireland.

Arts in Health Netherlands

The Netherlands

Arts in Health Netherlands, one of the newest organisations featured here, has a mission to ‘give creative art-making a permanent place in the care institutions of the Netherlands’.⁹³ Based at the University of Groningen, the organisation was founded by two academics with very different paths to the field. Program Director Kirsten Krans originally trained as a marine biologist but eventually found her way to the creative arts, establishing a dance company that integrated research into its work, in what might be described as ‘art-science’. While working in public engagement at the University of Groningen, Krans was introduced to the concept of arts and health by Director of Science & Education Ferdinand Lewis, a U.S. expat and recent hire in the university’s liberals arts and sciences faculty. Upon his arrival, Lewis had assumed that the arts and health would have a strong presence in a creative country like the Netherlands but was surprised to find no official organisations dedicated to the field. After learning about arts and health in other countries, Krans was also struck by the field’s obvious absence: ‘When I met Ferdinand and he told me about Arts and Health, I was like, “Oh, that’s super obvious. Why don’t we have that in the Netherlands?”’

Krans believes that part of the answer lies in the Netherlands’ already long-established history of supporting and valuing community arts: ‘Arts and health in

⁹³ University of Groningen, “*Arts in Health in the Netherlands: A National Agenda*”, 2024, <https://www.rug.nl/aletta/innovation/arts-in-health/arts-in-health-in-the-netherlands-setting-the-agenda?lang=en>

communities is happening, it's just not framed as "arts and health". It's framed as cultural participation ... It all gets put under the arts and not under wellbeing'. So, while there are a plenty of practitioners and programs in the country that could therefore be defined as belonging to the arts and health field, Lewis says 'none of them are connected'. Lewis says this has inspired Arts in Health Netherland's goal to be a 'network organisation that connect[s] everything... our sole mission is to develop a field, a profession of art in health for the Netherlands'.

Lewis notes that the benefit of reframing existing forms of community art as 'arts and health' lies in not in *redistributing* current funding, but in deepening political understanding of the benefits this practice brings:

One of our policy arguments is that it's efficient to evaluate art in the community, amateur art, cultural participation, as health, as support for wellbeing, essentially. It keeps people out of hospital. That isn't an argument that you need to take money from healthcare and put it into amateur art making. It's an argument that you should keep funding amateur artmaking but evaluate it differently.

For Krans, defining the arts and health field in the Netherlands will also lend further legitimacy to work that falls under this umbrella: 'We want to make it a profession. So, a bit bluntly, something you can fill in on your tax form'.

The timing for this endeavour could not be better, as Krans explains that the health sector in the Netherlands is attempting to transition from what she calls 'cure to care...going away from treating a disease to preventing it from

happening’. As Lewis explains, this shift opens up opportunities for programs that support community wellbeing through the arts:

This country is undergoing a dramatic transition in what healthcare means and how it’s defined and how it’s supported by the state, and arts and health has a role to play. It’s not a gigantic role, not even a heroic role. It’s kind of a specific and even maybe narrow role. But nothing else does it other than the arts.

Another element of fortune is the significant funding that has become available to organisations in Groningen, a long overdue recompense for one of the least developed areas of the Netherlands that made the rest of the country rich through gas extractions. As Krans explains, \$100 million was reserved for organisations dedicated to increasing population wellbeing in the region, which Arts in Health Netherlands successfully applied for by focusing on developing sustainable programs in arts and health. While therefore embedded in the specificities of the region, Krans says that the organisation’s outlook remains national: ‘Groningen can become the centre of Arts and Health for the Netherlands’.

A huge first step in this journey came through the 2024 publication of the white paper, *Arts in Health in the Netherlands: A National Agenda*, that surveys the status of the field and sets the agenda for the future. The white paper is the result of a thorough scoping review involving 16 co-authors, including Krans and Lewis, as well as additional input provided by 127 participants at three roundtable events held across the country. It opens with a plea to connect those working in arts and health across the country: ‘Despite a growing record

of successful arts in health programs in the Netherlands, the field remains fragmented, its potential still untapped'.⁹⁴ After exhibiting successful examples of arts and health work in the Netherlands, the white paper offers a series of recommendations for the field's development, such as establishing an arts in health hub to 'connect communities of arts in health educators, practitioners, and researchers'; developing models for sustainable arts in health programs via working groups; and identifying gaps in the evidence base through a '10-year research agenda for arts in health in the Netherlands'.⁹⁵ The white paper was launched on 16 February 2024 at the Grant Theatre in Groningen, with speakers including the World Health Organisation's Christopher Bailey and Culture Action Europe's Kornelia Kiss. The white paper had also been personally presented to key members of parliament, including Barbara Goetzinne, Director General of Curative Care at the Dutch Ministry of Health, Welfare & Sport, and Christianne Mattijssen, Director of Heritage and Arts at the Ministry of Education, Culture & Science.

Education for arts and health a major priority listed in the white paper, which notes that while 'education programs for various arts in health practices have begun to emerge in the Netherlands...the field operates in a variety of sectors and settings [and] there is not yet a comprehensive description of its competencies'.⁹⁶ Krans explains how training for potential arts and health practitioners remains divided across different degrees: 'In the Netherlands, there

94 Ferdinand Lewis et al., *Arts in Health in the Netherlands: A National Agenda* (University of Groningen Press, 2024), 10, <https://doi.org/10.21827/65c5df4b7d0b3>

95 Ferdinand Lewis et al., *Arts in Health in the Netherlands*, 43; 45; 49

96 Ferdinand Lewis et al., *Arts in Health in the Netherlands*, 35

are art schools, where some things are happening. And in medical education, there are some things happening, but there's no arts and health education in that sense'. While continuing to explore long-term answers to this problem, Lewis and Krans have in the meantime developed their own short course on arts and health, held at the University of Groningen over the summer. This one-week course mixes theoretical introductions to arts and health with hands-on workshops. For those unable to attend, the Arts in Health Netherlands website also has an introductory breakdown of the rationale, theoretical background and practice of arts in health.

Although Arts in Health Netherlands is still in its early stages, Lewis is optimistic about the field's future in the country: 'I've never had a project of this scale that has had so many yeses. So much interest, so many doors open. So many offices we're invited into, so many presentations we've been invited to give'. Having awoken the country's interest in arts and health, Krans and Lewis look to have a very busy future ahead of them.

Arts Research Centre

United States

The Arts & Health stream of the Arts Research Center—at the U.S.A.’s Virginia Commonwealth University (VCU)—is reimagining what collaboration can look like between the arts and medicine sectors, with a goal of trying ‘to solve some of the most complex challenges in health care’.⁹⁷ Dr Aaron Anderson — Associate Chair and Head of Undergraduate Studies for VCU’s Theatre Department — says the centre’s collaborative spirit was born out of a concern that medical training was becoming focused on technological advances while forgetting to teach interpersonal skills: ‘Doctors were getting so bad at talking to patients that patients were getting sicker’. When the then-Chair of the Theatre Department, David Leong, heard about this issue, Anderson says Leong immediately saw the potential for theatre training to improve doctors’ interaction with patients, particularly their compassion and patience when listening: ‘In theater, you don’t actually teach people to act. You teach them how to listen. They already know what the other person is going to say. So the art of acting is actually the art of listening as if for the first time’. Leong began a pilot study, in collaboration with VCU epidemiologist Dr Richard Wenzel, to give medical residents theatre training in order to improve their clinical empathy, bringing Anderson on as an arts researcher. In 2007, the team published an article on their pilot study in the *Journal of General Internal Medicine*. They found that the intervention group of residents who received six hours of theatre instruction scored significantly higher on a tool used to evaluate empathetic communication, concluding that ‘collaborative efforts between the departments

97 VCUarts, “Arts & Health”, 2024, <https://arts.vcu.edu/research/arts-health/>

of theatre and medicine are effective in teaching clinical empathy techniques'.⁹⁸

The success of this innovative approach gained significant interest. *The Washington Post* wrote a news article on the study — 'Theater people teaching doctors makes a cool headline', says Anderson — and the team obtained grants to conduct further research into the area. During this time, Anderson discovered the concept of standardized patients, which he describes as 'actors you've trained to pretend to be patients for medical learners to practice on'. Anderson founded VCU's Standardized Patient Program in 2009, revolutionizing how the medical school teaches patient interactions: 'Everything that used to be bedside manner, how to interact with patients, how to do a medical interview, is now taught by a cadre of standardized patients'. Actors are drawn from the Richmond, Virginia arts community through a yearly call-out and three-day paid boot camp, which tests their ability to act-out various medical scenarios. The program was further boosted by the construction of VCU's Centre for Human Simulation and Patient Safety, a two-level 25,000-square-foot simulation space equipped with state-of-the-art simulation technology, including 14 patient rooms with sinks, exam tables, and one-way glass through which instructors can monitor and evaluate actor-student interactions. The Standardized Patient Program can also make use of other technology in the centre to create what Anderson calls 'hybrid simulation', such as simulating birth: 'We could strap an actual birth simulating uterus and a birth canal...the medical learner would then be trying to deliver a baby through a prosthetic. Meanwhile, you could also have an actor who could play the father who faints'. At other times, the program has

98 Alan W. Dow et al., "Using theater to teach clinical empathy: a pilot study", *Journal of General Internal Medicine* 22 (2007), 1114, <https://link.springer.com/article/10.1007/s11606-007-0224-2>

conducted in situ actor experiments in VCU's hospital, such as testing out their new birthing tubs or their Ebola outbreak protocols.

To consolidate these arts and health collaborations, Anderson and colleagues began the interdisciplinary Arts Research Centre, with arts and health just one component alongside environment, technology and social justice. Anderson says health colleagues have become increasingly aware of the opportunities the centre provides: 'The medical school is very familiar with what we can do. They often come to us with requests to figure things out'. Meanwhile, Anderson says the focus on interdisciplinarity has also opened VCU art students to new ways of utilising their skills: 'There's a lot of range once you get people from arts aware they can do something that makes a difference and it's a new avenue'. These interdisciplinary collaborations now extend beyond the Standardized Patient Program, with Anderson recalling one particular example that drew in a range of artistic modalities to solve a tricky health problem:

We had a sculpture student who helped with a surgical team in the separation of conjoined twins. [They] took the mould of the baby's body so that surgeons could practice various things. And then our fashion department made clothing for that child, both before and after the surgery. And we had other artists come up with ideas for car seats, etc.

Anderson says that the emotional core to projects such as the above — 'our story is moving' — allows the centre to attract philanthropic funding alongside grants from places like the National Endowment for the Arts and the National Institutes for Health. Anderson says the centre also continues to produce evidence supporting the efficacy of its projects: 'We are doing research in a peer

reviewed world where we want it to be replicable, we want to make sure that our data and our research methods are good'. In the end, however, Anderson says it is the possibility of improving lives that drives him and his students: 'Most people do arts because they want to make a difference in the world. And this is a very direct way to do that'.

Creative, forward-thinking, and driven by a desire to help, the collaborative work conducted at the Arts Research Centre is redefining what arts and health can do.

Centre for Creative and Cultural Research

Australia

The arts and health projects at the University of Canberra's Centre for Creative and Cultural Research (CCCR) use the power of creative practice to 'contribute to enhancing wellbeing and recovery from exposure to traumatic experience'.⁹⁹ The biggest arts and health project at the centre is Defence ARRTS (Arts for Recovery Resilience Teamwork and Skills), a collaboration with the Department of Defence that offers current and recent Australian Defence Force (ADF) members 'the opportunity to build an active arts practice in creative writing, visual arts or music as a key strategy in assisting their recovery from service-related trauma'.¹⁰⁰ Paul Magee—Director of the CCCR and Professor of Poetry at the University of Canberra—says the ADF's struggles with trauma and suicide among veterans meant 'they were prepared to think really laterally' and invest significant funding into the project, although he adds that 'from their—or really any perspective—it's not that expensive, when you compare it with the human and financial costs of untreated suffering'.

Participants in Defence ARRTS spend a month on full-pay at the University of Canberra campus, studying creative arts with teaching staff as a way of opening what Magee describes as 'new ways of thinking and emoting and expressing'. While there may be a therapeutic benefit to this work, Magee says it is deliberate

99 University of Canberra, 'Centre for Creative and Cultural Research', <https://www.canberra.edu.au/research/centres/cccr>

100 University of Canberra, 'DA 24-28 Defence ARRTS 24-28', 2024, <https://researchprofiles.canberra.edu.au/en/projects/da-24-28-defence-arrrts-24-28>

that none of the facilitators have arts therapy or clinical training: ‘The fact that the participants know that there are no psychologists there...really frees them up. They don’t feel like they’re under observation’. Instead, Magee says his focus is always on improving the participants as artists, believing that it is in the striving for excellence that creative engagement is most helpful:

I’m always going to talk to them about their writing in a fundamentally aesthetic way, to do with whether it works as art or not. And I think that is utterly beneficial. It allows people to think of their creative production as good or bad, rather than the personal history inspiring it. And that seems to offer a terrific kind of release. That’s how this stuff works as a therapy, in spite of not being therapeutically geared at all.

On the fourth week of the program, there is a showcase for participants, with musical performances, art exhibitions, readings, and theatre. While this is partly for the participants and their families to celebrate their achievements, Magee says it is also about inviting those ‘really high up in the military’ to get a sense of the potential of arts engagement: ‘It moves those leaders, often quite profoundly’.

The evaluation to date on the programme has been remarkable. One PhD study found that 85% of surveyed former participants were still engaged in arts activities,¹⁰¹ while another found what Magee describes as ‘evidence of

101 Geoffrey Grey, “Creative engagement by wounded, injured or ill Australian defence force personnel: A study of the impacts, benefits, challenges, and outputs of the ADF Arts for Recovery, Resilience, Teamwork and Skills program.” PhD diss., University of Canberra, 2023, https://researchsystem.canberra.edu.au/ws/portalfiles/portal/79419848/Grey_Geoffrey.pdf

significant positive emotional change, something which many of the participants attributed to their time on the programme and the new possibilities it afforded them'. While University of Canberra researchers have produced a number of academic outputs on the back of the project, Magee points out that much of this work does not deal with participants directly: 'We stay at a certain level of generality in how we describe what goes on in the space, to preserve people's anonymity'. Nonetheless, Magee says the success of the program has driven the centre to seek other ways 'to do extramural creative writing workshops that can bring benefit to injured or vulnerable populations...to find the story people have to tell'.

A similar approach is at the heart of the centre's Regeneration project, which adapts the Defence ARRTS creative arts workshops for Australian rural communities affected by bushfires. The project was partly funded by the MagWill Foundation – the charitable entity of actor Magda Szubanski and activist Will Connolly. Creative Arts staff from the CCCR travelled to rural communities in Victoria, South Australia and NSW, where they ran trauma informed workshops. They also offered trauma-informed training for local community art groups, helping the communities—as Conolly describes it—'not only heal themselves, but those around them'.¹⁰²

Magee says the success of these projects underlines how university creative arts educators have skills adaptable for arts and health projects:

¹⁰² Elly Mackay, "Regeneration brings together academia and comedy names", 16 March 2021, <https://www.canberra.edu.au/about-uc/media/newsroom/2021/march/regeneration-brings-together-academia-and-comedy-names>

Artwork can be very open to recording things, good and bad, and even when those things are horrible, creative writing can be a good way of passing those stories on in a less poisonous way. We come to this primed with those kinds of knowledges, as undergraduate teachers, and we've honed our sensibilities and skills through the sorts of extramural teaching and research.

Magee says he is energized by the 'human and social possibilities of this kind of work, [with] a whole range of other projects seeming possible now. Prisons. Hospitals'. So inspiring is this work, that Magee can see only one obstacle for the centre: 'We really just need more staff!'

Creativity and Wellbeing Research Initiative

Australia

The University of Melbourne's Creativity and Wellbeing Research Initiative (CAWRI) has made significant contributions to the Australian arts and health scene in recent years, funding a wide variety of research projects and hosting a major international arts and health conference in 2023. Professor Jane Davidson—chair of the initiative—first gained seed funding from the University of Melbourne that had been put aside for large scale projects with the potential to offer what she describes as a 'cross-university, multi-pronged attack on a topic'. Davidson is familiar with working across disciplines, with a background as a practicing musician whose interests in art and mental health left her with questions that she 'had to answer through a discipline other than music, because it just wasn't possible to study that within the framework of music alone'. Davidson says this multidisciplinary approach has indeed been at the core of the initiative, with almost every faculty across the university involved in at least one project.

Since 2019, CAWRI has seed-funded twenty projects arranged around the five research themes of creativity and wellbeing; mental health and wellbeing; wellbeing and healthy ageing; sociological factors and creativity across a lifespan; and creative technology for wellbeing. Groundbreaking projects included Left/Write//Hook, which explored how the combined activities of writing and boxing could amplify the voices of female survivors of childhood sexual abuse and trauma; Stomach-Ache, which experiments with using creative practice to express the wellbeing and economic effects of chronic gut problems;

and Finding Refuge, which explores how art can help communities prepare for climate disaster.

Davidson says the dissemination of these projects' findings is crucial — 'It's very important for me to get those things communicated' — and the initiative has therefore set up a separate, public-facing webpage: cawri.com.au. The website includes blog updates on projects, arts and health webinars and a podcast, *Creativity Talks*, that draws on the seed projects to tackle topics such as singing and resilience, and dance during COVID-19. This dedication to going beyond traditional research outputs has led to some high-profile opportunities, including CAWRI researcher Dr Frederic Kiernan's podcast series on loneliness, *We Are Lonely*,¹⁰³ that was supported by the Australian Broadcasting Corporation and involved Australian artists such as Hugo Weaving and Darren Hayes.

To further advocate for arts and health, CAWRI has established a partnership with Australia's peak body for the arts, Creative Australia. In collaboration with Creative Australia and the Commonwealth Government's Office for the Arts, CAWRI facilitated a live-streamed public Arts and Wellbeing Forum in November 2021. The following year, Davidson co-authored — with researchers from the Big Anxiety Research Centre, CREATE Centre and Black Dog Institute — a discussion paper for Creative Australia on connections between the arts and mental health, *Arts, Creativity and Mental Wellbeing: Research, practice and lived experience*. Davidson and Kiernan were also involved in Creative Australia's 2022 Arts and Mental Wellbeing Research Workshop which brought together leading researchers in the arts and wellbeing space to figure how best to prove and

103 *We Are Lonely*, <https://www.medibank.com.au/health-support/we-are-lonely/>

disseminate the benefits of the arts on our mental health. This close working relationship with Australia’s peak arts body means CAWRI is ‘well-placed to continue to influence the way in which wellbeing-orientated policy involving the creative arts is designed and implemented’.¹⁰⁴

CAWRI sought to bring together academics, artists and other arts and health stakeholders at its international conference, Performing Creativity, Culture and Wellbeing, which was held at University of Melbourne in early 2023. The conference involved over 50 speakers—including high-profile keynotes from Christopher Bailey (Arts and Health Lead at the World Health Organisation) and Emeritus Professor Stephen Clift—joined together by ‘the growing need to value, understand, and develop evidence-informed arts routes to health and wellbeing’.¹⁰⁵ The conference also saw the launch of Creative Australia’s key report on creativity and mental health, *Connected Lives: Creative Solutions to the Mental Health Crisis*, which builds on from Davidson and others detailed above. The following year, CAWRI hosted the Fostering Creative Health Conference, a one-day event seeking to ‘explore ways in which arts, health, social care and education can collaborate to produce positive results without high costs’,¹⁰⁶ with a keynote from music educator and human rights activist, Andre de Quadros.

104 The University of Melbourne, “Creativity and Wellbeing”, <https://research.unimelb.edu.au/strengths/initiatives/interdisciplinary/hallmark/creativity-and-wellbeing>

105 CAWRI, ‘Performing Creativity, Culture and Wellbeing’, <https://www.cawri.com.au/pccw2023>

106 CAWRI, ‘Fostering Creative Health Conference’, <https://www.cawri.com.au/fch2024>

Despite CAWRI's many successes in advancing arts and health in Australia, Davidson remains focused on a humble and long-term strategy:

You do your research, you lay your roots, you try and disseminate that, you try and influence the community, you build groups at the grassroots, and they hopefully continue and they evolve and they blossom and they develop. And then what was one seed becomes many plants!

As a hothouse for new arts and health work in Australia, expect to see more inspirational projects from from the Creativity and Wellbeing Research Initiative.

Culture, Health & Wellbeing Alliance

 England

The Culture, Health & Wellbeing Alliance (CHWA) is England's national, free-to-join membership organisation for arts and health practitioners. Formed out of a 2018 merger between the National Alliance for Arts, Health and Wellbeing and the National Alliance for Museums, Health and Wellbeing, CHWA was then incubated by Arts & Health South West for two years before establishing itself as a Community Interest Company in 2020. Today, CHWA supports over 6000 members and has 50 strategic partners across the culture, health and social care sectors. As CHWA National Coordinator Fiona Moon explains, the organisation 'doesn't have any individual agenda of our own', but instead exists to help its members and partners achieve *their* ambitions in the arts and health space:

We are there for those organisations and individuals working throughout the sector...helping them get what they need, advocating for their work, supplying resources or doing research that they can then use to strengthen the case for projects or support their funding applications. We're just there to join the dots.

CHWA receives core funding from the Arts Council England to act as an Investments Principle Support Organisation, which Moon describes as 'a bridge between the Arts Council and the people on the ground...our job is to capture the voice of what's going on in culture, health and wellbeing'. And those grassroots voices that CHWA support and amplify are ever-growing: Moon says membership at CHWA has 'doubled in size in the last year'. With only two

part-time and two full-time staff, the team has had to get creative in how they support such a diverse and widespread membership base. One key strategy is the use of regional champions. Moon describes these regional champions as volunteers ‘spread around the country [who] spend a couple of hours a month championing creative health in their area, whatever that looks like to them, and in turn they get support from us’. The CHWA website further explain how these regional champions can ‘act as a conduit, sharing information between grassroots practice and national policy, helping CHWA to remain rooted and responsive to the needs of people on the ground doing this work’.¹⁰⁷ Moon says gaining this grassroots knowledge — achieved via quarterly meetings with the regional champions — is crucial for the CHWA team, as ‘we can’t possibly know everything that’s going on ... The health and cultural needs in each area are going to be so different’. In response to this diversity of needs, CHWA is flexible with the support it offers in return, as Moon explains that ‘what the champion in London could need is something totally different to the champion in the Northeast. We don’t go, this is your package, you volunteer with us, this is what you’ll get. It’s more about conversations of what is lacking in your area’. The current regional champions are showcased via an interactive map on the CHWA website, where they are divided into ten regions across England.

Even such a locally focused initiative cannot hope to reach all arts and health practitioners. To extend their support even further, CHWA has created the Creative Health Quality Framework, a ‘ground-breaking tool that clearly articulates what “good” looks like for creative and cultural initiatives that aim

107 Culture, Health & Wellbeing Alliance, ‘CHWA’s Regional Champions’, <https://www.culturehealthandwellbeing.org.uk/who-we-are/chwas-regional-champions>

to support people's health and wellbeing'.¹⁰⁸ Funded by Arts Council England and led by creative health consultant Jane Willis, the framework's development involved collaboration with over 200 arts and health stakeholders. The framework defines eight Quality Principles that 'underpin good practice'¹⁰⁹ — Person-Centred, Equitable, Safe, Creative, Collaborative, Realistic, Reflective, and Sustainable — and then offers recommendations on how to integrate these principles into arts and health work. Moon says the framework is designed to assist both new and experienced practitioners:

If you want to do this work, here's some guidance to help, and if you're already doing it, it's not about changing everything you do, it's not saying, these are the rules, it's how can you apply these elements to ensure safety and best practice? There's a bit of flexibility in it.

There are also separate recommendations for policy makers, as well as commissioners and funders of arts and health projects, with Moon saying that framework can help establish expectations at the start of a project: 'If an organisation comes to you and says, we want you to run this project, there's that kind of conversation that can happen first around, "this is what I see as person-centred. This is what I see as safe and equitable. Would you agree? Is that how you want to run this?"' The framework was launched at a series of events in late 2023 and will undergo piloting and evaluation during 2024 before being updated.

108 Culture, Health & Wellbeing Alliance, "Creative Health Quality Framework", <https://www.culturehealthandwellbeing.org.uk/resources/creative-health-quality-framework>

109 Culture, Health & Wellbeing Alliance, Creative Health Quality Framework, 3

Aside from these two major strategies, CHWA offers a range of events and initiatives to connect practitioners across the country. Since 2020, they have run the CHWA awards, which ‘showcase good practice and people who are leading the way in creating a culture of care for each other, their communities and the world’.¹¹⁰ The awards are broken into three categories — Collective Power, Practicing Well, and Climate — with both winners’ and short listees’ projects showcased on the CHWA website. After running annually for three years, the awards will now be held biannually, with CHWA using the off year to instead host a national conference. The latest iteration of this conference, *Making Change*, was held over three days in October 2023, and featured a mix of talks, performances and interactive workshops. CHWA also facilitate other events aimed at supporting practice in the field, such as the Reflective Practice Online Group Sessions that provide ‘a safe, non-judgemental space for arts and wellbeing practitioners to gather and reflect on their work’,¹¹¹ and the Partnerships and Co-Production in Creative Health event which gave attendees ‘the opportunity to hear examples of best practice as well as discuss the ethics, challenges and opportunities of co-production and partnership’.¹¹²

110 Culture, Health & Wellbeing Alliance, ‘CHWA 2020 Awards’, <https://www.culturehealthandwellbeing.org.uk/get-involved/chwa-2020-awards>

111 Eventbrite, ‘Reflective Practice Online Group Sessions – South East’, 17 May 2024, <https://www.eventbrite.co.uk/e/reflective-practice-online-group-sessions-south-east-tickets-802917055527?aff=ebdsoorgprofile>

112 Culture, Health & Wellbeing Alliance, ‘CHWA East: Partnerships and Co-Production in Creative Health (Jul 2022)’, <https://www.culturehealthandwellbeing.org.uk/get-involved/events/chwa-east-partnerships-and-co-production-creative-health-jul-2022>

For those unable to attend such events, the CHWA website hosts an extensive range of arts and health resources. This online collection includes research papers, case studies, toolkits, factsheets, manifestos, podcasts, recorded webinars, and funding sources. There is also a frequently updated database that collates training opportunities across the country, and which can be filtered by price and region. It is a wealth of knowledge and Moon says it is important to make it freely available, as ‘everyone has a right [to] access to this stuff’. The end goal, says Moon, is for CHWA to play its part in bringing creative health to the forefront of both public consciousness and public policy in England: ‘I’d love for us to be working in a country and under a system that employs all these things for creative health and for individuals and communities to flourish’.

This is a beautiful vision for arts and health in England, and the Creative, Health & Wellbeing Alliance are deeply engaged in the work required to make it a reality.

Global Arts in Medicine Fellowship

Nigeria

The Global Arts in Medicine Fellowship program gives participants from around the world the opportunity to learn from arts and health experts, building the skills and networks that can help them advance practice in their home regions. Offering such opportunities is personal to the program's Founder and Executive Director, Kunle Adewale, as his own life was transformed by arts engagement. Adewale was born into an extremely difficult situation, as one of fourteen children living in a single-room apartment in Lagos, Nigeria where he 'witnessed a lot of abuse, a lot of violence, that was my reality as a young person'. Adewale says these experiences deeply affected his early years:

The violence, the trauma, the challenges, all of this affected my self-confidence. I didn't want to go to school. I don't see myself as anything important. There was a time when I would like to have committed suicide as a young person.

Instinctually, Adewale turned to artmaking, creating sculptures out of discarded material — 'reusing them, repurposing them, recreating them, giving them a second life' — and through this method built a sense of self-worth: 'Giving these objects a second chance was like giving myself a second chance and a second life...That's how I started building confidence, through artmaking, building esteem, building emotional wellbeing for myself'.

Inspired to pursue an artistic career, Adewale graduated from Awolowo University, Nigeria, with a B.A. in Painting and Art History. He began teaching

art in a private school, but says he felt compelled to help those less fortunate, namely ‘the children and young people from underserved communities who would not have access to quality education or quality artistic experience’. To do so, Adewale founded the not-for-profit organisation Tender Arts Nigeria,¹¹³ and began running free arts projects for children in Makoko, one of the most under-resourced areas in the country. Eventually, he began running projects at the region’s hospital, working with children suffering from chronic illnesses. Adewale says this shift into the arts and health space was purely instinctive: ‘Nobody gave me specific instructions. It was intuition. It was just like a journey, just like an adventure for me to be out there extending the opportunity to children who had been on hospital admission’.

In 2015, Adewale went to the U.S. as part of a fellowship program for young African leaders, personally meeting President Barack Obama and studying Civic Leadership at Tulane University. During this time, Adewale was determined to learn more about arts and health — a field that was comparably much more established in the U.S. — meeting with a range of practitioners and researchers. Adewale says this ‘exposure expanded what I had in mind...that environment helped to nurture the seed and the curiosity that I have for health and wellbeing’. Back in Nigeria, Adewale channelled his experiences into more formalised arts and health projects, including a partnership with the Sickle Cell Foundation Nigeria. Through this project, Adewale witnessed first-hand the transformative power artmaking could have on children suffering from illness:

113 Tender Arts Nigeria, <https://www.facebook.com/TenderArtsNigeria/>

People with sickle cell anemia are stigmatized. But art provides a sense of belonging for people to know that they are relevant, they're important, just like other people. Arts give them the opportunity to create something that really resonates with them in their personal life and their journey.

The success of Tender Arts Nigeria's work in health settings began to attract the attention of others eager to contribute to the development of arts and health in the country. To meet this demand and to develop what he describes as 'a network of professionals in Nigeria, who are really interested in arts and making it ready for supporting care, wellbeing and health', Adewale founded the Arts in Medicine Fellowship Program in 2017, with grant support from the U.S. Department and U.S. Embassy in Nigeria. Now run annually, the program begins with online teaching that connects participants to experienced arts and health professionals around the world, before tasking them with developing and running their own pilot projects. The cohorts come from a diverse range of professions — including doctors, social workers, mental health experts, artists and public health professionals — and Adewale says each participant becomes a spokesperson spreading awareness of the field: 'By giving opportunities to people in the fellowship, now they can replicate the knowledge they receive... [and] boost that national awareness'. Since that first cohort, the Arts in Medicine Fellowship has made an enormous contribution to the field in Nigeria, with over 300 fellows receiving training, and over 20,000 hours of art interventions delivered to over 5,000 beneficiaries across the country.

The move from a Nigerian-only to *global* fellowship was partly a result of the COVID-19 pandemic. With the entire program moved online during this period, Adewale decided to open it to applicants from, firstly, the wider African

continent, and then eventually the rest of the world. The Global Arts in Medicine Fellowship has since been a wide-reaching success, with over 1000 applications from 60 different nations. The program boasts an impressive roster of faculty members, including Saorise Finn — co-author of the 2017 World Health Organisation scoping report, *What is the evidence on the role of the arts in improving health and well-being?* — and Dr. Bogdan Chiva Giurca, Clinical Lead for the UK's National Academy for Social Prescribing. The structure consists of nine weeks of virtual learning followed by two weeks of arts and health projects in participants' home regions, with a final week dedicated to sharing these projects as part of a global arts and health festival. In total, the fellowship estimates that over 10,000 participants across 43 countries have benefited from said projects.

Inspired by the fellowship's worldwide impact, Adewale co-founded Global South Arts & Health Week. This annual event brings together arts and health stakeholders from across Africa, Asia and Latin America for plenary sessions, workshops, roundtable discussions, arts exhibitions, and more. In collaboration with the World Health Organisation and Jameel Arts & Health Lab, the event aims to 'advance education, scientific research, and interdisciplinary practice of arts in health, creative art therapy, and community-based art engagements in the Global South'.¹¹⁴ The 2023 event took place in Cairo, Egypt, with simultaneous activities taking place in 18 other countries across the global south. Adewale says it has been incredible to watch attendees connect and learn from one another, 'to find out what is happening in other communities and then become part of that awareness. What is possible with common interest, common ground, what possibilities can you explore together?'

114 Global South Arts & Health Week, 'About GSAHW', 2023, <https://gsahw.com/about-gsahw/>

Among many other accolades, Adewale's immense contributions to the field of arts and health globally have been recognized by the city of Cincinnati, which has declared August 2 to be Kunle Adewale Day. Each year, arts and health events are planned in the city to celebrate the occasion. When discussing these achievements, Adewale looks back on the transformative effect art has had on his own life, and then forward to the future leaders he hopes to inspire: 'Through the transformation of arts, I'm now making rooms for other people. Once upon a time you don't have enough room, now you've created programs that make room for others to try to learn, to heal, to expand, to create, to collaborate, to generate, to inspire'.

Adewale and his work with the Global Arts in Medicine Fellowship continue to inspire new arts and health believers across the world.

Good Arts Good Mental Health

Australia

Good Arts Good Mental Health is an ambitious Australian project promoting the mental wellbeing benefits of everyday arts engagement. The project is led by Christina Davies, Director of the Centre for Arts, Mental Health and Wellbeing WA at The University of Western Australia. Davies is both a trained epidemiologist, with a master's and PhD in Public Health, and a practicing visual artist. The seed of Good Arts Good Mental Health came from her time working within a health promotion evaluation unit, when Davies noticed that there were public health campaigns in Australia proclaiming the benefits of sport or healthy eating, but none for the arts: 'I'd turn up to the ballet, or I'd turn up to an arts organisation, and they would be tagged with a sports message like Be Active. I just thought, "Why are we not promoting the arts?" It's quite bizarre'.

Intrigued by this gap, Davies underwent a PhD at the University of Western Australia, gathering epidemiological data that showed those who engaged in the arts for 100 hours or more each year reported better mental wellbeing.¹¹⁵ After this data was cited in Australia's 2023 national cultural policy, *Revive*, Davies decided to create a health promotion campaign of her own. Good Arts Good Mental Health potential to improve the mental wellbeing of Australians through regular arts engagement has seen it gather support from a wide range of private and government donors, as well as 31 in-kind partners.

¹¹⁵ Christina Davies, Matthew Knuiman & Michael Rosenberg, "The art of being mentally healthy: a study to quantify the relationship between recreational arts engagement and mental well-being in the general population", *BMC public health* 16 (2015), <https://link.springer.com/article/10.1186/s12889-015-2672-7>

The campaign has two core messages. The first, coming from Davies' research data, is that Australians should aim for two hours of arts engagement per week to improve their mental wellbeing. As explained in the video introducing Good Arts Good Mental Health, any artistic medium can bring benefits as long as it is an activity that makes participants happy. Speaking in the introductory video, Davies suggests various methods for fitting these two hours into busy schedules:

It could be reading before bed 20 minutes a day, or it could be a concert once a week, or you could split it up, so you might want to do an art class, maybe some painting at home, whatever suits your lifestyle that's the way you should do it.¹¹⁶

While two hours a week might seem like an easily achievable goal, Davies says there are cultural obstacles to overcome in Australia, where many think training and excellence are required to engage with the arts. Davies says this is an assumption that needs to be challenged: 'We need to be encouraging the community to be bad at art and that's OK. If you can walk, you can do down to the football field and kick a ball badly and no one cares. So why do you have to paint well to be able to paint?' Therefore, the second key message of the campaign, listed on many of its resources and repeated by Davies in public appearances, is 'you don't have to be good at art for the arts to be good for you'.

The first phase of the campaign is centred around a free and easy 5-day arts

116 Good Arts, Good Mental Health, "Welcome to Good Arts, Good Mental Health", YouTube Video, 2:54, 27 June 2024, <https://www.youtube.com/watch?v=L2o6X-qPtoA>

challenge, available from the Good Arts Good Mental Health website. This downloadable sheet includes prompts such as ‘listen to two of your favourite “feel good” songs’ or ‘spend 15 minutes today reading a book, poem or short story’.¹¹⁷ Resources connected to these challenges — such as colouring sheets, music playlists and origami guides — are also available for free on the website, and there is a separate section offering ideas for engaging in the arts with children and young people. Since its launch, Davies has been spreading awareness of this challenge via various media appearances, including a spot on the Channel Nine WA news broadcast.¹¹⁸

For participants seeking more in-depth information on the benefits of arts and health, the Good Arts Good Mental Health website also offers a short course, *An Introduction to the Arts and Mental Wellbeing*. This free course is divided into five modules with topics such as ‘What is Arts and Health?’ and ‘Mental health benefits of arts engagement’. Each module contains a video lecture and a quiz, and participants who complete the course receive a downloadable certificate. Alongside this curated curriculum, the website also compiles an updated repository of research and grey literature on arts and health, including Davies’ academic article, ‘The Art of Being Mentally Health’, whose findings underpin the campaign.

117 Good Arts, Good Mental Health, “5-day Arts Challenge”, https://goodartsgoodmentalhealth.com.au/wp-content/uploads/2024/07/website-challen_64642277.pdf

118 Good Arts, Good Mental Health, “Good Arts, Good Mental Health on Nine News”, YouTube video, 3:20, 17 July 2024, <https://www.youtube.com/watch?v=t-YxS47GV8Y>

These are early steps in a long journey to embed arts engagement into the daily lives of Australians, a goal that Davies believes can revolutionise both the population's mental wellbeing and their appreciation for the importance of the arts: 'If we're in the hearts and minds of everyday people, game change'.

Jameel Arts & Health Lab

 United States, UK & Denmark

Launched in 2023, The Jameel Arts & Health Lab is a powerful new voice in the international arts and health space, with a goal to 'measurably improve health and wellbeing through the arts' across the globe.¹¹⁹ The lab is a partnership between the World Health Organisation (WHO), the Steinhart School at New York University (NYU) and non-profit UK social enterprise CultuRunners, with initial funding provided by the global charity organisation, Community Jameel. Founding Co-Director Nisha Sanjani—who is also Associate Professor and founder of the Arts & Health initiative at NYU—says the concept of a 'lab' is based on Community Jameel's other successful research centres, such as the Nobel-Prize winning Jameel Poverty Action Lab.¹²⁰ Sanjani describes the lab as a place to experiment with innovative approaches to arts and health:

¹¹⁹ Jameel Arts & Health Lab, "About the Lab", <https://www.jameelartshealthlab.org/about/our-story>

¹²⁰ Jameel Poverty Action Lab, <https://www.povertyactionlab.org/>

We're interested in cooking up, dreaming up, to have a space set aside, like one might in a lab, to think about how we truly move towards making this work meaningful and scaling it up and mainstreaming it within in medicine and public health.

Given the involvement of international organisations such Community Jameel and the WHO, it is no surprise that the lab's ambitions are global. Sanjani describes their mission as 'looking at the arts engagement from a global perspective and how we might leverage the evidence and facilitate implementation across 194 member states'.

To achieve this ambition, Jameel Arts & Health Lab's approach is built on collaboration, working with a growing network of researchers across the world. The research page on the Jameel Arts & Health Lab's website showcases the variety of partners and projects this approach has cultivated. For example, the Music and Motherhood project partners with University College London and WHO Europe to explore how a singing group program that has been clinically-proven to reduce postpartum can be adapted for different cultural contexts in Denmark, Romania and Italy.¹²¹ The Hospitals Murals Evaluation (HoME) project also crosses a number of countries— in this case Nigeria, Slovenia, the US, and the UK — partnering with researchers in each country to evaluate the correlations between hospital murals and workplace belonging, perceived quality of care and wellbeing.¹²² Finally, the joint NYU and Brock University

121 Music and Motherhood, <https://www.jameelartshealthlab.org/research/research-projects/music-and-motherhood-ucl>

122 Hospitals Murals Evaluation (HoME), <https://www.jameelartshealthlab.org/research/research-projects/home-project>

(Canada) project, Theatre to Reduce Discrimination in Healthcare, partners with community organisations in both countries to collect stories on lived experience of discrimination in health systems and develop them into works of participatory theatre for clinical settings.¹²³

While these projects aim to produce traditional research outputs that can build the evidence base for arts and health, Sanjani says the Lab also seeks to extend its reach beyond standard research dissemination. At the heart of this ambition are the Lab's Healing Arts events, which Sanjani describes as 'high profile, local, as well as global events that bring together a cross section of individuals in ways that are surprising, joyful, and entertaining'. Recent Healing Arts events have taken place in locations such as Switzerland, Scotland, USA, Italy, India and Saudi Arabia, with events ranging from panel discussions, policy roundtables, concerts, conferences, creative workshops, arts and architecture tours, textile arts exhibitions, and multimedia art activations.¹²⁴ Sanjani describes how these events can create community interest in arts and health: '[Attendees] get really curious about what's happening here, or they want to tell their own story about how they too have been moved by the arts and understand its health benefits and value'. Sanjani says that co-creating events on the ground also connects the Jameel Arts & Health Lab team to these communities, giving them a chance to listen and learn:

123 Theatre to Reduce Discrimination in Healthcare, <https://www.jameelartshealthlab.org/research/research-projects/theatre-health-equity>

124 Healing Arts, <https://www.jameelartshealthlab.org/outreach/events>

Outreach opportunities are not only for dissemination and for advocacy, it's also about meeting people and listening closely to how they think about the work, and go about it, and what's valuable there. That's one way that we get to know what's happening in the countries that we have had the opportunity to work with.

Alongside such community activation, these events also work to draw in the political leaders who can create and implement lasting arts and health policy. Sanjani says a Healing Arts event offers the team an opportunity 'to meet with those higher-level officials and to be able to talk about not only policy...but what is the plan for implementation?' While always on the lookout for those 'representatives from ministries and departments of health and culture...[who] are receptive to these ideas', Sanjani says the long-term goal is to put forward a World Health Assembly resolution with the help of 'countries who feel that there's value in this space to warrant the World Health Organization actually making it a formal area of work'. Sanjani says the team has a 'good sense' this can happen soon, due to the 'receptivity that we've had in countries that are interested in advancing an effort like this', and she is confident that such a resolution would have 'real impact across 194 members'. A major step for this goal occurred in 2023, when—after a WHO 75th anniversary concert co-produced by Jameel Arts and Health Lab—former WHO Director-General Sir Dr Tedros Adhanom Ghebreyesus appointed artists Renée Fleming and Pretty Yende as the inaugural WHO Goodwill Ambassadors for Arts and Health. Sanjani says this appointment was 'really significant considering how young this area is', and the opportunities provided by having these artists speak for the field were underlined when Renee Fleming was invited to sing and speak to the World Health Assembly.

Jameel Arts & Health Lab's global focus is driving it to intervene in one of society's most pressing issues: climate change. Building off the growing recognition that the climate crisis is also a health crisis, Sanjani says the lab is 'interested in the role of the arts in addressing the health impacts of climate change'. To act on this interest, Jameel Arts & Health Lab hosted the COP28 Healing Arts Week as part of the 2023 UN Climate Conference in Dubai. Designed to promote 'a global dialogue about the role of the arts in human and environmental health',¹²⁵ the COP28 Healing Arts Week hosted a number of high-level panel talks with guests including Sir Dr Tedros and Princess Hala bint Khaled from the Khaled bin Sultan Living Oceans Foundation. And on the back of this successful event, Jameel Arts & Health Lab is now engaged in developing a policy brief for the WHO that will explore how 'the arts can help mitigate, communicate and adapt to the health effects of climate change', with an open call to artists and organisations working in this space around the world to share their experiences.¹²⁶

It is another example of how Jameel Arts & Health Lab uses collaboration to bring nations together with the goal of tackling the biggest issues in health today.

125 Community Jameel, 'Art champions and health thinkers unite at COP28 for common good', 28 December 2023, <https://www.communityjameel.org/news/art-champions-and-health-thinkers-unite-at-cop28-for-common-good>

126 Jameel Arts & Health Lab, "Call for Resources: Arts, Health and Climate", LinkedIn post, <https://www.linkedin.com/feed/update/urn:li:activity:7214288769917562880/>

MAGIS Creative Spaces

The Philippines

MAGIS Creative Spaces seeks to establish the field of expressive arts therapy the Philippines, and to use this practice to ‘help in the healing and growth of people and society’.¹²⁷ The name *Magis* has a dual meaning, both translating as ‘more’ in Latin, while also reading as an acronym: Make Art that Gives, Inspires and Shapes me and the world. The organisation was founded in 2013 by Dr Gina Alfonso, an experienced educator and mental health clinician interested in using expressive arts psychotherapy techniques to help children. Today, while still working with children and other clients, the organisation’s Assistant Director for Communications Adi Santos say the team is equally as interested in ‘trying to develop the language and raising awareness about what the creative arts therapies as a professional practice is’.

Currently, Santos says the Philippines lacks any ‘formal or official professional practice’ for art therapy, while mental health services themselves are under immense pressure due to an inadequate number of psychology professionals relative to population need. But while the country may not yet have a formalised arts therapy field, Santos says the healing properties of the arts are something that are inherently understood in Filipino culture: ‘In pre-colonial culture, there is a lot of healing that is articulated as either a spiritual experience, or something creative and inspired by nature’. Santos says Filipino culture is ‘also very community based’, something that MAGIS deliberately draws on in its Expressive Arts programs for groups:

127 MAGIS Creative Spaces, “About MAGIS”, <https://www.magiscreative.net/about>

The target kind of implementation style would be to address people in groups...that really utilizes the community part of Filipino psychology where people draw strength and belief in the power of community, how things are based in community, how problems can be solved together or in collaboration with.

MAGIS Creative Space's *Duyan* (cradle) Support Groups build on this power of community, using arts-based psychosocial techniques to help different groups work together and 'find new ways of coping'.¹²⁸ This service is split into three different programs: Thrive focuses on helping teachers use creative self-expression to gain self-awareness and better support their students; Aesthetics of Self-Care teaches methods for taking care of one's emotional and mental health; and Thriving with Care is designed for leaders coping with stress and uncertainty. MAGIS Creative Spaces also runs a weekend workshop-retreat, *Ka-Likhasan*, which 'weaves eco and art therapy modalities and practices for personal and collective healing'.¹²⁹

In total, MAGIS Creative Spaces serves just under 200 regular clients, as well as developing tailored workshops for businesses or other large clients when required. It's an incredible effort for this small team of five, yet the high demand only underlines the need for more expressive arts facilitators. To help with this, MAGIS Creative Spaces has developed a training arm: The Arts and Health Institute Philippines (in another play on words, the acronym AHI also means to 'weave together' in Filipino). AHI's core offering is the Certificate Program in Expressive Arts Facilitation, an 11-month program that gives participants the

128 MAGIS Creative Spaces, 'Expressive Programs', <https://www.magiscreative.net/expressive-programs>

129 MAGIS Creative Spaces, 'Amihan Workshops 2024', <https://www.magiscreative.net/tahi-workshops>

‘skills, lived experience, mentoring, and theoretical foundations for a responsible practice as an expressive arts facilitator’.¹³⁰ While not yet registered with any regulating bodies in the Philippines, Santos explains that the course is affiliated with the European Graduate School, borrowing the curriculum from a module in their MA in Expressive Arts Therapy. After an introduction to facilitating support groups, the course teaches art therapy techniques in modalities such as Music, Dance, and Visual and Textile Arts. It then concludes with a capstone project in which participants create their own artworks and present on their growth as an expressive arts facilitator. Santos says the first cohort of students were a diverse group, including physicians, teachers, nurses, psychiatrists and business employees, and that many have already begun ‘trying to run their own groups’ in their workplaces. For those unable to join the longer course, AHI also offers Amihan Workshops which are ‘bite-sized workshops’ on a range of ‘different themes within the field of the creative arts therapies’.¹³¹

Among these new education developments, MAGIS Creative Spaces has also remained focused on its initial goal of aiding children’s wellbeing through the arts. They recently launched their new AHA! Stories book series, which aims to teach children about the ability of the expressive arts to help heal and give agency: ‘The books illustrate their simple yet potent power to help children cope, to feel cradled, and to come in touch with their capacity to rise above their

130 MAGIS Creative Spaces, ‘The Arts and Health Institute Philippines’, <https://www.magiscreative.net/the-arts-and-health-institute>

131 MAGIS Creative Spaces, ‘The Arts and Health Institute Philippines’, <https://www.magiscreative.net/the-arts-and-health-institute>

sorrow, fear, or grief in the direst of situations'.¹³² The first book, *Ang mga Alon sa Amin* (The Waves Among Us), tells the story of a young boy who uses dance to emotionally recover from a typhoon that devastates his community. The narrative draws on the true story of Super Typhoon Yolanda which hit Northern Palawan in 2013,¹³³ and proceeds from the book will go to rebuilding classrooms in the area. Alongside powerful narratives, the books also contain resilience-building art activities for children to complete with adults, with an aim to 'help adults attune to children, re-establish their sense of safety, and guide them in rediscovering joy in light of their distress'.¹³⁴ It is yet another strong example of impactful work from this young and vibrant organisation trying to build a field from the grassroots up.

132 MAGIS Creative Spaces, 'AHA! Stories', <https://www.magiscreative.net/aha-stories>

133 *ibid*

134 *ibid*

National Centre for Creative Health

 England

The UK's National Centre for Creative Health (NCCH) is a nationally focused arts and health organisation that focuses on embedding creativity into health systems across the country. The NCCH has its roots in the UK's transformational 2017 inquiry report, *Creative Health: The Arts for Health and Wellbeing*. The report was the result of a two-year inquiry by the All-Party Parliamentary Group on Arts, Health and Wellbeing. One of its central recommendations was to 'establish a strategic centre, at national level, to support the advance of good practice, promote collaboration, coordinate and disseminate research and inform policy and delivery'.¹³⁵ To meet this recommendation, the NCCH was founded as a registered charity in 2020, with what Research and Policy Manager Hannah Waterson describes as a remit to 'carry on the work that had been put into the all-party parliamentary group report, and to specifically work towards advocating for creative health within policy and systems change'. Waterson says the NCCH's advocacy for arts and health is as urgent today as it was in 2017, as health systems are:

under so much pressure at the moment, and there's so many constraints being placed upon them...[that] people are looking for innovative approaches and ways of doing things that work. And I think a lot of people are picking up on creative health as an important part of that.

135 All-Party Parliamentary Group on Arts, Health and Wellbeing, *Creative Health: The Arts for Health and Wellbeing - Second Edition* (All-Party Parliamentary Group on Arts, Health and Wellbeing, 2017), 154, https://www.culturehealthandwellbeing.org.uk/appg-inquiry/Publications/Creative_Health_Inquiry_Report_2017_-_Second_Edition.pdf

To try and embed the arts into national and local health systems, Waterson says the NCCH's strategy is to find and 'work with people...that are in leadership positions within those health care systems, so that they understand creative health and can help to create the conditions for it to really flourish within their areas'. With the support of Arts Council England, the NCCH is running a Creative Health Associates Programme, which see arts and health champions hosted by an Integrated Care Board (organisations in charge of health planning) in each of the seven National Health Service (NHS) regions. This programme facilitates information exchange between cultural practitioners and health professionals, and, as Waterson explains, is also a crucial method through which the NCCH can better understand the needs of each region: 'What do these health system leaders need? What do they want to see and how can we give them that at a more regional level?' NCCH also aims to influence decision-making at the local level through its Creative Health Champions network, which is made up of what Waterson describes as 'people that have an interest in creative health professionally and are in positions of influence within their organisation to be able to influence at a board level ...[including] local government, healthcare, individual health care trusts, or within integrated care systems'. NCCH facilitates regular meetings of these champions, during which Waterson says people can come together to 'share knowledge, present on an initiative they've run, or share their experiences'. And finally, to reach those beyond its network, NCCH has worked with a number of regions to develop a Creative Health Toolkit, which contains simple, and often illustrated, examples on how 'to embed the benefits of creativity in all health and social care systems'.¹³⁶

To help create and showcase successful examples of the arts being embedded with health and social care, the NCCH has also launched a major research programme, Mobilizing Community Assets to Tackle Health Inequalities. Backed by a UK Research and Innovation grant, the research programme funds projects that ‘promote people-powered change, by amplifying lived experience voices’.¹³⁷ An example of this deep, grassroots-focused research is Organisations for Hope, a University of Manchester-led project ‘mapping existing creative health assets across Greater Manchester and working to understand how these might be better used to improve health and wellbeing and increase equity’.¹³⁸ Simon Parry —Senior Lecturer in the School of Arts, Languages and Cultures at University of Manchester, and Principal Investigator on the Organisations for Hope project— says the project stemmed from a desire to understand ‘what creative health meant to people both individually and as communities’. Working with partners across the arts, health, social care and education sectors in Greater Manchester, Parry says the team conducted workshops with people across different life stages, asking them about the ‘creative and cultural activity that they did to support their health and wellbeing’, as well as any gaps in infrastructure or barriers to their participation in creative health activities. They also ran strategy workshops with stakeholders ranging from charity organisations to clinicians within the NHS. Parry describes this part of the project as having an ‘action research element’, as during the process of connecting the dots of creative health within the region, they were also helping to create new networks that

137 National Centre for Creative Health, “Mobilising Community Assets”, <https://ncch.org.uk/mobilising-community-assets-to-tackle-health-inequalities>

138 National Centre for Creative Health, “Greater Manchester – Towards a Creative Health City Region”, <https://ncch.org.uk/case-studies/greater-manchester>

could implement their eventual strategy recommendations. After a successful nine-month pilot project that included the building of a creative health assets database, the project has since received Arts Council England funding to produce and evaluate different strategies for increasing equity of access to these assets, aligning with the Greater Manchester's goal of becoming the world's first Creative Health City Region.

Other large-scale projects supported by the NCCH programme include the Arts4Us project that is developing a digital platform that can help families find evidence-based local arts activities for children and young people, and the Abundance Project that focuses on creative mental health inequalities suffered by black, ethnic minority and refugee communities in southwest London. Looking forward, Waterson is excited by the potential for these projects to demonstrate the potential of arts and health in their local areas, before then coming together to maximise their impact: 'If they can join up with others, another group working in a different area, and if systems can be put in place to bring all this together, how could we amplify the power of what those smaller groups are doing?'

The NCCH also sees part of their mission as ensuring that the successes of arts and health are heard by those in the political arena. After their political connections suggested that members of government did not always understand the potential of arts and health, the NCCH released the *Creative Health Review* in late 2023,¹³⁹ which Waterson says gathers together evidence for arts and health and recommends 'areas of policy where we thought creative health

could make a real difference’. Waterson says the report is an awareness-raising exercise, an ‘attempt to tell policymakers about how creative health could also help them at a national policy level to meet some of their targets and address some of the challenges we currently face’. Another awareness raising effort took place in the lead up to the 2024 general election, when the NCCH and the CHWA jointly produced a brief on key arts and health information, as well as a template letter that the public could use to discuss arts and health with their local candidates.

Demonstrating an impressive ability to balance its national agenda with real grassroots impact, the National Centre for Creative Health is a central beacon for arts and health in England.

Réalta

 Ireland

The unique trajectory of Ireland's Réalta has seen it evolve into the peak arts and health organisation in the nation while also continuing to offer outstanding arts and health practice in its local area. Réalta's origins are in the Waterford Healing Arts program—the country's first hospital-based arts and health program—which was founded in 1993 at University Hospital Waterford in southeast Ireland. The early stages of the program were focused on using visual art to enliven the physical space of the hospital, but Director Claire Meaney says it gradually developed more 'collaborative and participatory work for patients accessing the hospital'. Eventually, the program's reputation for excellence grew to the point that it was seen as a leader in arts and health in Ireland and the program began taking on a role in national training and professional development for the field. In 2010, Ireland's Arts Council identified a need for an independent national resource website that could support those seeking to become involved in arts and health in the country. Waterford Healing Arts was selected to develop and maintain this website, which was launched as artsandhealth.ie in 2011. To better represent this new national focus, the organisation rebranded in 2023 as Réalta, which means 'star' in Gaelic.

Réalta's mission is to 'increase and improve awareness of the value of arts and health and advocate for the sector's development'.¹⁴⁰ A flagship part of this effort is the organisation's yearly arts and health event, Check Up Check In, which features presentations from a range of arts and health practitioners and

140 Réalta, "Illuminating Health Paths", 2024, <https://Réalta.ie/>

leaders, and provides opportunities for participants from across the arts, health and beyond to ‘share their experiences, exchange ideas and support and inspire each other in their practice’.¹⁴¹ The 2023 event—the first in-person version since the COVID pandemic—had a focus on mental health and featured a keynote from Arts & Health Hub’s Daniel Regan. A smaller, virtual version of the event—Checking In—has also been running twice-yearly since the pandemic in 2020. And for beginners in the field, Réalta hosts an annual one-day workshop, An Introduction to Arts and Health, that offers ‘the nuts and bolts of arts and health work’,¹⁴² presenting examples of best practice in the field and helping participants to devise their own projects. Alongside these more general events, Réalta facilitates workshops and programmes focused on a specific modality or demographic, such as the Introduction to Arts, Health and the Older Person programme for experienced arts and health practitioners looking to work with older people, or the Introduction to Music in Healthcare and Community Settings course for early career and professional musicians interested in ‘best-practice musical and pedagogical techniques specifically developed for quality outcomes in healthcare’.¹⁴³ Finally, Réalta also offers tailored support via its Advice Clinics,¹⁴⁴ with one-on-one conversations on topics such as project planning, best practice or evaluation available over phone, Zoom or in-person.

141 Waterford City & County Council, “Check Up Check In 2023 programme announced by Réalta”, 4 October 2023, <https://waterfordcouncil.ie/check-up-check-in-2023-programme-announced-by-Réalta/>

142 Réalta, ‘Training Programmes’, 2024, <https://Réalta.ie/training-programmes/>

143 Réalta, ‘Introduction to Music in Healthcare & Community Settings’, 10 August 2023, <https://Réalta.ie/home-news/introduction-to-music-in-healthcare-community-settings/>

144 Réalta, ‘Advice and Support’, <https://realta.ie/advice-support/>

These events and programmes are supplemented by the vast body of resources available on [artsandhealth.ie](https://www.artsandhealth.ie). Funded by the Arts Council and the Health Service Executive, the website is Ireland's 'central information and support hub for artists, arts professionals, healthcare communities and researchers working or interested in the field of arts and health'.¹⁴⁵ It contains resources to support arts and health practitioners at any stage of their careers, including guidelines and toolkits, policy documents, research and evaluation reports, essays, videos, podcasts, and a wide range of case studies documenting best practice. There are also pages with dedicated advice for artists and healthcare professionals, and a regularly updated news blog and contact directory. Meaney says traffic to the website has been continually growing since its launch, with 39,000 users accessing it in 2023.

While supporting arts and health on a national level, Réalta also continues to facilitate local arts and health work within the Waterford University Hospital and surrounding areas. Réalta employs 19, mostly freelance, artists to conduct creative practice with patients across the hospital, from art making and storytelling with children in the paediatric ward, to live music in the palliative care centre. Aside from regularly scheduled programs, their rapid response service can bring artists and art materials on request to the bedside of any patient. The team also maintains a large collection of over 600 visual art pieces that they rotate to soften the clinical atmosphere of the hospital, and the regular artist team is sometimes augmented with an artist-in-residence working on longer term projects with patients or staff. Staff wellbeing is a priority for the program, with initiatives including a staff art wall where staff members can display their

145 Arts+Health, 'About Us', 2024, <https://www.artsandhealth.ie/about/about-artsandhealth-ie/>

own artistic works, as well as summer art camps for the children of health staff. Beyond the hospital, Réalta also runs the Art at the Kitchen Table program, in which artists go into older people's homes and create art with them over a period of a few weeks. After the program finishes, Meaney says participants often come into the hospital for ongoing studio group arts sessions, where they make 'sociable and lovely connections'. Another initiative reaching beyond the hospital is the annual Well Festival of Arts and Wellbeing, which 'celebrates all the ways the arts make us feel good',¹⁴⁶ with events throughout the region. Highlights from the 2024 festival included daily artistic events such as the *Sounds Good* half-hour of soothing ambient music and the *Fancy a Lift?* daily postcards curated by poet Anne Tannam and delivered on meal trays at the Waterford Hospital and Waterford Libraries.

As Meaney explains, Réalta's goal is for the local excellence on display in Waterford to one day be replicated across the country: 'What we really want to do is to ensure that there's a Waterford Healing Arts program everywhere, embedded into healthcare in Ireland. That's our mission'.

¹⁴⁶ Arts+Health, "Well Festival of Arts & Wellbeing 2024", 31 January 2024,, <https://www.artsandhealth.ie/2024/01/31/well-festival-of-arts-wellbeing-2024/>

Sidney De Haan Research Centre for Arts and Health

📍 England

Canterbury Christ Church University, in England's southwest, is home to one of the world's longest established and most influential arts and health research centres: the Sidney De Haan Research Centre for Arts and Health. Established in 2004, the centre takes its name from businessman Sidney De Haan. After a late-life diagnosis of vascular dementia, De Haan's family noticed how attending live music had a positive effect on Sidney's wellbeing. After his death, De Haan's family provided core funding for the centre to explore the benefits of music and arts for wellbeing (with the Oak Foundation then taking over core funding in 2012).

Given these origins, it is unsurprising that much of the centre's early research successes were around the benefits of live music and singing. Researchers at the centre, most notably Professor Emeritus Stephen Clift, conducted the earliest systematic review on singing and health in 2008.¹⁴⁷ This was followed by the world's first randomised controlled trial on community singing with older adults, which showed significant improvements in mental health and quality of life,¹⁴⁸ as well as further research on the impact of singing for people with chronic obstructive pulmonary disease.¹⁴⁹ More recently the centre partnered

147 Stephen Clift, et al., 'Singing and health: a systematic mapping and review of non-clinical research', 2008, <https://repository.canterbury.ac.uk/item/84w0z/singing-and-health-a-systematic-mapping-and-review-of-non-clinical-research>

148 Simon Coulton et al., 'Effectiveness and cost-effectiveness of community singing on mental health-related quality of life of older people: randomised controlled trial,' *The British Journal of Psychiatry* 207, no. 3 (2015), <https://pubmed.ncbi.nlm.nih.gov/26089304/>

149 Ann Skingley et al., '"Singing for breathing": participants' perceptions of a group singing programme

with Canterbury Festival to evaluate its 2022 Beautiful Noise Community Music Day.¹⁵⁰

While music remains a speciality, Director Angela Pickard says the centre has a ‘broad remit’ that investigates the potential for arts and health in ‘all ages and stages’ across a range of artistic modalities. For example, Pickard’s own research draws on her background in professional and participatory dance: Pickard is the first Professor of Dance Education in the UK and a winner of the 2019 Research in Dance Impact Award. The centre’s recent work in the dance space includes the Dance to Health project, which embedded evidence-based falls prevention techniques into dance classes for older people. Initially conducted as a £350,000 pilot, the programme saw improvements in both participants’ physical strength and agility as well as their social connections and wellbeing,¹⁵¹ and has since been adopted by the National Health Service in a national rollout. Pickard has also provided research evaluation for Little Big Dance, a three-year project investigating the health benefits of co-creating dance works with babies and young children. Another recent project with a

for people with COPD’, *Arts & Health* 6, no. 1 (2013), <https://doi.org/10.1080/17533015.2013.840853>; Ann Skingley et al., “Community singing groups for people with chronic obstructive pulmonary disease: participant perspectives”, *Perspectives in Public Health* 138, no. 1 (2018), <https://doi.org/10.1177/1757913917740930>

150 Sidney De Haan Research Centre for Arts and Health, ‘A Celebration of Community Music-Making’, 2022, <https://research.canterbury.ac.uk/sidney-de-haan-research-centre-for-arts-and-health/canterbury-festival-beautiful-noise-evaluation/>

151 Trish Vella-Burrows et al., ‘*Dance to Health*’: *An evaluation of health, social and artistic outcomes of a dance programme for the prevention of falls* (Sidney De Haan Research Centre for Arts and Health, 2016), <https://ae-sop.org/wp-content/uploads/sites/63/2020/03/SdH-Final-Report-July-2016-FINAL.pdf>

strong co-production element was the Arts in Prisons project, in which artists worked with people in prison to create and then exhibit their art, a process that Pickard describes as giving the prisoners a ‘sense of purpose, sense of belonging, sense of expression, [of] being listened to, having a voice’. Prisoners also helped to co-produce the evaluation tool for the project, a methodology that allowed researchers ‘greater insight into what the prisoners who attend these programmes are expecting to gain, why they continue to engage with the programme, and areas that they would like to see changed or aspects they would like added’.¹⁵² In partnership with the National Health Service, the centre has also helped to evaluate the groundbreaking Beyond the Stigma project, which used film and photography to share health staff experiences of disability in their workplace.

Beyond conducting excellent research, the centre is also a public advocate for arts and health in the UK. In 2015, The centre helped establish the Royal Society for Public Health (RSPH) Special Interest Group in Arts, Health and Wellbeing, which brings together research leaders in the space to ‘guide the strategic development of research within the field of arts and health’.¹⁵³ After signing a Memorandum of Understanding with the RSPH in 2014, the centre has sponsored the Arts & Health Award, one of six categories at the annual RSPH Health & Wellbeing Awards. The award ‘recognises organisations whose work

152 Charlotte Grainger, ‘Arts in Prison– Exploring working together with public contributors’, 7 August 2022, <https://research.canterbury.ac.uk/sidney-de-haan-research-centre-for-arts-and-health/arts-in-prison-exploring-working-together-with-public-contributors/>

153 Royal Society for Public Health, ‘Join our Arts, Health and Wellbeing Special Interest Group’, <https://www.rsph.org.uk/membership/special-interest-groups/join-our-arts-and-health-group.html>

has furthered the contribution of the creative arts to health and wellbeing'.¹⁵⁴ Recent winners include Hidden, an 'immersive podcast, workshop and live theatrical show that harnesses participatory arts approaches to...bring about positive change in health and social care',¹⁵⁵ and Noise Solution CIC which 'pairs vulnerable youth across the East of England with music producers' for mentoring 'to improve well-being and motivation'.¹⁵⁶ The centre also runs one of the field's leading academic journals, *Arts & Health*, 'a pioneering international forum for the publication of research, policy and best practice within the interdisciplinary field of arts and health'.¹⁵⁷ Alongside this academic output, the centre's website offers freely available lectures, seminars and webinars featuring its researchers.

The centre's stellar work continues to build on Sidney de Haan's strong legacy, which Pickard defines simply as the belief that 'arts could change lives for the better'.

154 Royal Society for Public Health, 'Arts & Health Award', <https://www.rsph.org.uk/membership/rsph-awards/arts-and-health.html>

155 Royal Society for Public Health, 'Arts & Health Award 2022 winner', <https://www.rsph.org.uk/membership/rsph-awards/arts-and-health/arts-health-award-2022-winner.html>

156 Royal Society for Public Health, "Arts & Health Award 2021 winner", <https://www.rsph.org.uk/membership/rsph-awards/arts-and-health/2021-winner.html>

157 Arts & Health, "About this journal", 2024, <https://www.tandfonline.com/journals/rahe20/about-this-journal#advertising-information>

Sp(i)eel Creative Arts Therapies Collective

South Africa

Sp(i)eel Creative Arts Therapies Collective is a South African organisation that brings together art therapists, applied arts practitioners, and arts activists in an attempt to address ‘intergenerational and complex trauma in South African communities’.¹⁵⁸ Co-founder and Director Marlize Swanepoel started her education with an undergraduate in drama and a postgraduate in applied drama, at a time when she says there were no art therapy courses available in South Africa. She moved to the UK to receive an MA in drama therapy and gain experience working as an arts therapist within the clinical settings of the National Health Service, before returning to South Africa, a country without any official registration for arts therapists nor significant government support for arts and health. More importantly, Swanepoel says the legacy of apartheid made her Eurocentric therapy training problematic in a South African context:

It does not make sense for the majority of South Africans to go speak to a stranger in a hospital or a clinic about mental health problems. Because the way health and wellbeing is understood is much more holistic than that. Also, the talking therapies are intimidating. And as a white South African woman who speaks Afrikaans, my voice, my sound, carries the sound of the perpetrator from the apartheid government. And so all of those things mean that this inherent power relationship between the therapist and the client or the patient also carries with it intergenerational trauma triggers.

With Sp(i)eel Creative Arts Therapies Collective, Swanepoel and her team therefore work to adapt art therapy for the communities they serve. Firstly, instead of bringing clients into clinical spaces where they may be uncomfortable, Sp(i)eel Creative Arts Therapies Collective instead goes to the communities they work with, predominantly in rural farming communities in the Western Cape of South Africa, ‘where it is known that there is limited access to health and social services as well as scarce financial resources, too few qualified and trained health professionals and stigma regarding mental health’.¹⁵⁹ The programs usually take place in community spaces such as schools or community centres, and it is an important part of the team’s methodology that they are invited and wanted by all participants: ‘One of the first principles of the model is that the team is invited onto the land to deliver the programme. Accepting this invitation implies an awareness of the implications of their skin colour, mother tongue and presence in the space’.¹⁶⁰ To further respect the communities they work with, Swanepoel says the collective tries to ‘contract in an artist or a practitioner from that area that speaks the local language’ and will often seek to open up sessions with a traditional ritual that acknowledges Indigenous knowledge. Her 2023 journal article, ‘The medicine in the circle: A case example of embodied arts-based community practice to address intergenerational trauma in rural South Africa’, offers an example of creating an ‘emotionally safe space’ through such a ritual:

159 Dominik Havsteen-Franklin et al., “Families and collective futures: Developing a program logic model for arts-based psychosocial practice with South African rural communities”, *Frontiers in Psychology* 12 (2021), 2, doi: 10.3389/fpsyg.2021.745809

160 Marelize Swanepoel and Uné Conradie, ‘The medicine in the circle: A case example of embodied arts-based community practice to address intergenerational trauma in rural South Africa’, *Dramatherapy* 44, no. 2-3 (2023), 124, <https://doi.org/10.1177/02630672231214649>

A Khoisan musician and arts activist opened and closed the weekend's workshop with a traditional greeting, poem and soundscape, playing traditional instruments and burning renosterbos and hottentot se kooigoed, indigenous plants that were sourced on the farm and used as medicine plants...There was a sense of remembering that surfaced, a connection to a liminal space facilitated by a shaman that offered a moment in time away from everyday stressors, a sacred place of possibility.¹⁶¹

A second crucial adaptation to the Western therapy model is a belief that healing comes from within the community, rather than solely through insights from the therapist. This means throughout sessions, Swanepoel says the 'focus is on the group and the collective and the family and the system as the resource for health and wellbeing, and not so much the therapy relationship, as it is in classic psychological practices'. Swanepoel describes how sessions seek to involve entire communities: 'We try to have groups of 70 people and just have all the generations there, from the babies through to the elders'. The creative arts practice in these sessions—which can include dance, visual arts, theatre and oral storytelling—becomes a conduit for sharing between community members, what Swanepoel describes as a 'regulating experience that facilitate[es] another way of being together'. For example, one session involved a group creating a story based on the structure of the Hero's Journey, with animal characters from traditional African folklore taking the place of the Western 'lone hero'. Participants drew these characters on sheets of paper that were then joined together and turned into a story by community Elders about 'the history of the

land as well as events from the community's past'.¹⁶² While conducting the sessions, the team is careful to affirm all creative choices, 'creating a permissive space where engagement from the participants [are] met with unconditional acceptance and celebration'.¹⁶³ Swanepoel's paper offers a beautiful anecdote of how such carefully scaffolded arts practice can build self-esteem:

[A] participant commented that he had not drawn a picture since childhood, and when he was invited to do so, he thought that he could not. He added that when he entered the venue the next morning and saw his image on the wall, it was the proudest he felt in all his life.¹⁶⁴

Across 2022 & 2023, Sp(i)eel Creative Arts Therapies Collective reached nearly 600 participants, with each program unique and tailored to a specific community's needs. Swanepoel says Sp(i)eel Creative Arts Therapies Collective is able to achieve such flexibility because they are not relying on a core funder to 'whose agenda we have to conform', with funding instead coming via project-by-project bookings. Swanepoel admits it is 'a scary place in terms of nothing's built certain', but it also allows the collective to be 'incredibly malleable or adaptive...we're not stuck in these systems that we feel can continue to actually oppress'. Apart from its core community art therapy program, the team also offers more traditional arts therapy for small groups or individuals struggling with 'social challenges such as bereavement, abuse, trauma and neglect',¹⁶⁵ as well as Arts-based Psychosocial Support Workshops that help carers prevent or recovery from burnout and PTSD.

162 Ibid, 127

163 Ibid, 125

164 Ibid, 125

165 Sp(i)eel Arts Therapies Collective, "Our Programmes", 2021, [http://Sp\(i\)eel.org/our-programmes](http://Sp(i)eel.org/our-programmes)

Swanepoel and the team have begun to document their unique work in academic outputs, developing—in collaboration with researchers from Brunel University—a logic model that visually illustrates their methodology for working with communities in the rural South African context.¹⁶⁶ Swanepoel says the goal of this paper, and their other research, is to ‘contribute to Global South knowledge sharing and creation around culturally relevant and community-centred models of care in post-conflict societies’. Swanepoel believes that while their work is specific to the places and communities they work with, it is also ‘relevant to other diverse contexts where practitioners are called to respond with a psychological practice that is culturally informed, holistic in its engagement with nature and spirituality, and centres around the notion that we are all interconnected’.¹⁶⁷

Locally focused, yet with much to teach arts therapists around the world, the Sp(i)eel Creative Arts Therapies Collective are fascinating trailblazers for arts and health.

166 Dominik Havsteen-Franklin et al., ‘Families and collective futures: Developing a program logic model for arts-based psychosocial practice with South African rural communities’, *Frontiers in Psychology* 12 (2021), <https://doi.org/10.3389/fpsyg.2021.745809>

167 Marlize Swanepoel and Uné Conradie, ‘The medicine in the circle: A case example of embodied arts-based community practice to address intergenerational trauma in rural South Africa’, *Dramatherapy* 44, no. 2-3 (2023), 125, <https://doi.org/10.1177/02630672231214649>

Taikusydän

 Finland

Taikusydän is a Finland's national arts and health coordination centre, born during a period of productive government interest in the connections between the arts and wellbeing. Decades of networking between the Finnish Association for Mental Health and the Arts Council of Finland eventually led to a national Art and Culture for Wellbeing action programme that raised awareness and support for the field between 2010-2014.¹⁶⁸ At the programme's end, a government report recommended setting aside funds for a centre that could continue the momentum by actively promoting the field. After the Arts, Health and Wellbeing research group at Turku University of Applied Sciences successfully applied to run the centre in 2015, Taikusydän was born.

Research group leader Anna-Mari Rosenlöf says that despite being called a centre, Taikusydän is in fact funded year-by-year like a project, something 'that's a little bit tricky when you are doing things that require long term activities'. Despite this restriction, the five-member team help Taikusydän execute its central goal of 'mak[ing] arts and culture and creative activities a crucial and important part of health and well-being promotion in Finland'.¹⁶⁹ While Rosenlöf says there is plenty of evidence for the benefits of arts and health, 'the decision

¹⁶⁸ For an excellent history of this period, see Liisa Laitinen, et al., 'From grass-roots activities to national policies—the state of arts and health in Finland', *Arts & Health* 14, no. 1 (2022): 14-31, <https://doi.org/10.1080/17533015.2020.1827275>

¹⁶⁹ Taikusydän, 'Arts and culture for health and wellbeing', <https://Taikusydän.turkuamk.fi/en/frontpage/arts-for-well-being/>

makers, the wider public don't read this research, they don't know it even exists. They can't find it. They don't have access to it'. Rosenlöf says it therefore becomes Taikusydän's role to turn this academic research into something more easily digestible: 'We read the research, we make small articles, and social media posts about this research, and tell people about the research'. Much of this information is disseminated through the centre's newsletter, which reached 1,659 subscribers in 2023, and its website that attracted 19,000 visitors in 2023. The centre also makes their own publications: in 2023 this included fact sheets related to creative wellbeing for older adults, an article on the history of arts and health, and the ABC of Creative Well-Being document that 'define[s] and document[s] key terminology and vocabulary used in the arts & health field in Finland'.¹⁷⁰ They also run the open online course, Introduction to Creative Well-Being, which was completed by 77 students in 2023.

Another crucial part of the centre's remit is facilitating networking between arts and health practitioners, health professionals and other stakeholders across the country. When Taikusydän began in 2015, there were only three active regional arts and health networks in Finland. As interest grew in the field, Rosenlöf says other regions became interested in developing their own networks, and Taikusydän now helps facilitate 14 regional networks across the country, where members come together to share knowledge and identify the strengths and needs of their local area. The makeup of these networks is extremely diverse, incorporating 'members working in municipalities, cities, well-being services counties, educational institutions, artists' associations, third-sector operators,

¹⁷⁰ Taikusydän, 'Report on Taikusydän's Activities in 2023', 28 May 2024, <https://Taikusydän.turkuamk.fi/en/general/report-on-Taikusydäns-activities-in-2023/>

regional councils, art institutes and projects'.¹⁷¹ The centre also founded a Finnish Arts & Health Research Network in 2016, whose members meet regularly for seminars and workshops. To help new researchers in the field, the centre maintains an expert database containing the profiles of 22 researchers in the field across Finland.

Finally, as a national body, Taikusydän acts as an advocate for the field. The centre's annual report describes how it participated in 32 events 2023, reaching nearly 2000 participants. Team members are also part of the Culture & Well-Being Pool—'an expert body consisting of national culture and well-being actors'¹⁷²—giving them a platform to make direct recommendations to government and contribute to reports such as the recent Quality Recommendations for Active and Functional Ageing and Sustainable Services (2024–2027).

Rosenlöf says that Taikusydän's work contributes to a national belief in the power of the arts: 'We have a cultural, political mission or vision in our country that everyone should have access to arts and culture. It's like a democratic thing for all'. By giving this vision a tangible centre from which crucial knowledge can be disseminated and new networks can be forged, Taikusydän is perfectly positioned to maintain Finland's strong arts and health legacy.

171 Taikusydän, 'Regional Networks', <https://Taikusydän.turkuamk.fi/en/regional-networks/>

172 Kulttuurihyvinvointipooli, 'Kulttuurihyvinvointipooli', <https://www.kulttuurihyvinvointipooli.fi/info/in-english/>

Te Ora Auaha

Aotearoa New Zealand

Aotearoa New Zealand's Te Ora Auaha is a national alliance of diverse individuals and organisations 'united by a vision of a healthier, more flourishing Aotearoa New Zealand through arts, culture and creativity'.¹⁷³ The concept of the alliance was developed over a number of years before being launched in 2019 by Carmel Sepuloni, Aotearoa New Zealand Minister of Social Development and Associate Minister for Arts, Culture and Heritage, who spoke about how the alliance offered 'a space for the people and organisations at the intersection of arts, health and wellbeing to become visible to each other and to connect'.¹⁷⁴ Indeed, a key role of Te Ora Auaha is to help connect the disparate networks and practitioners already extent in the country, bringing together what Borni Te Rongopai Tukiwaho — Te Ora Auaha's founding member and *Kaiārahi* (leader) — describes as an extremely diverse coalition: 'Some of the people are connected to councils, some are connected to universities, some are independent artists and health experts'.

Borni Te Rongopai Tukiwaho himself is a producer who owns the brokership company, Taurima Vibes, and directs the Auckland Fringe Festival. Borni Te Rongopai Tukiwaho says he 'purposefully works quite a lot "on the ground" in the grassroots communities', something which he has come to realise is not always common in the arts and health space:

173 Te Ora Auaha, 'About Te Ora Auaha', <https://creativewellbeingnz.org/about>

174 Arts Access Aotearoa, <https://artsaccess.org.nz/te-ora-auaha-timely%2C-says-minister>

There are so many amazing minds and researchers and people who are looking at what the space is, but very few who are doing it. Very few who are concentrated on what arts and health and wellbeing means from a community on the ground perspective. I always felt there was a strong disconnect.

However, he says Te Ora Auaha has helping to fix this disconnect between practitioners and researchers in Aotearoa New Zealand: 'From the first inception of Te Ora Auaha, that's slowly been chipped away here because the people who were involved are trying to find ways to create dialogue between those two spaces'.

Te Ora Auaha facilitates this ongoing connection through a range of online and in-person events and webinars. When meeting, Borni Te Rongopai Tukiwaho says members will often engage in workshops and creative practice, so that their 'connection [isn't] just talking or overly formal'. He uses an example of a gathering in Christchurch in which members heard about a program that was teaching people living rough how to screen print, before taking part in a screen-printing workshop themselves. At other times, members will take unscheduled opportunities to meet up when travelling around the country. Borni Te Rongopai Tukiwaho offers an anecdote to describe how important this sense of connection can be for researchers in a new field, especially in the more regional areas:

I met with one person in Dunedin...there's only one person from that town that is a part of this collective. She's doing a research piece at the moment based in arts/health brokership and she didn't feel the need to explain why she felt her mahi is important, why the arts being part of this medical space was really important. She just felt a relief of being able to sit down with somebody else and not have to explain why she's having the conversation. Finding those like-minded people and creating that connection is vital.

Te Ora Auaha also seeks to extend beyond its network, including representing Aotearoa New Zealand on the international stage in 2021 when they convened three sessions as at global International Culture, Health and Wellbeing conference. These sessions, facilitated by Borni Te Rongopai Tukiwaho, offered insights into Māori conceptions of arts and health, youth arts practice in Aoretera, and on using the arts to build back after post-disasters. Recordings of these sessions are freely available on the Te Ora Auaha website, alongside a range of other fascinating webinars. Other resources available on the website include a digest on indigenous research in arts and health that looks at 'connections between art, wellbeing and identity through the lenses of decolonisation and cultural knowledge',¹⁷⁵ as well as toolkits, evidence and research, national and international examples of good practice, and a page linking to various local and international networks and professional bodies. There is also a 'news and views' section that contains news stories, blogs and opinion pieces on the topic of arts and health.

175 Te Ora Ahaha, 'Indigenous research in the arts; wellbeing and identity through relationships', 13 December 2021, <https://creativewellbeingnz.org/Indigenous%20research%20in%20the%20arts%3B%20wellbeing%20and%20identity%20through%20relationships>.

Looking forward, Borni Te Rongopai Tukiwaho says a key goal is to continue expanding and diversifying the network. As many of the core members live in Aotearoa New Zealand's largest city, Auckland, Borni Te Rongopai Tukiwaho says there is a need to 'brighten up all of the networks that have existed around the country, and make sure that they're feeling connected and it's not just Auckland-centric'. Another goal is to introduce specific streams of arts and health work that can cater to Māori participation and leadership, as Borni Te Rongopai Tukiwaho says there have been 'trust issues...because of the historical inclination to put support for Indigenous health on the backburner'. There is undoubtably room for improvement in this regard, yet through its dedication to connection and mutual support, Borni Te Rongopai Tukiwaho says Te Ora Auaha is already living out the Māori concept of Kotahitanga: 'It's one of the things that we abide to, that we are stronger together as a unified collective'.

Wales Arts Health & Well-being Network

Wales

The Wales Arts Health & Well-being Network (WAHWN) is the beating heart of a rapidly developing field in Wales, with a mission to ‘act as a superpower to unlock growth, prosperity, health, well-being, and resilience’.¹⁷⁶ Executive Director Angela Rogers has over thirty years of project management experience working in the cultural sector in Wales. In 2013, after completing an arts and health project in a dementia assessment unit, Rogers found herself struggling ‘to find anyone to share my learning with’, such was the disparate nature of the field at the time. Upon realising that ‘there were others feeling the same’, Rogers applied for and received a small amount of money from the Arts Council of Wales to set up what she describes as a ‘tiny network [with] a handful of people’ who met and shared their learnings a few times year.

This was a modest start for WAHWN, but big things were afoot in Welsh arts and health. In 2015, the Wellbeing of Future Generations Act called for cooperation across a range of sectors, and inspired a Memorandum of Agreement between the Arts Council of Wales and the Welsh National Health Service. This came alongside the development of a Welsh Government Cross Party Group on arts and health, which works ‘towards achieving political influence to effect policy, best practice and support for this vital area of work’.¹⁷⁷ A significant boost to the

¹⁷⁶ Wales Arts Health & Well-being Network, ‘About the Wales Arts Health & Well-being Network’, <https://wahwn.cymru/about-us>

¹⁷⁷ Wales Arts Health & Well-being Network, “Cross Party Group on Arts and Health”, <https://wahwn.cymru/en/about-us/cross-party-group-on-arts-and-health>

WAHWN then arrived in 2018, when an Arts Council of Wales mapping report of arts and health activity in the country noted that ‘The Wales Arts Health & Well-being Network is proving a vital part of the emerging infrastructure, supporting practitioners who are active in this field’, and recommended that ‘further investment would make a significant contribution to the development of Arts and Health practice in Wales’.¹⁷⁸ Rogers says this mapping report resulted in both substantial funding for WAHWN and an increased interest in the field:

After the Arts Council published this mapping report, there [were] lots and lots of artists working in Wales who had been working in the community arts participatory sector and who said, “Oh, I really fancy doing that”. Or, “I really think I’ve got something to offer here”. Our network started to really grow.

After starting with six people, Rogers says the network now gets about ten new members each day, with a current membership of over 700. The growing importance of the network was further underlined by the Arts Council of Wales’ 2023 decision to grant WAHWN core funding, an investment that Rogers says gives ‘WAHWN the absolute solid base to grow and sustain this work in Wales’.

The core of WAHWN’s mission is connecting its members, helping them to ‘join the dots; improve referrals; enable creative prescribing and collaborations; [and] support social connection’.¹⁷⁹ Regular network meetings are held online due to members living across the country. Apart from giving members a chance

178 Arts Council of Wales, *Arts and Health in Wales: A Mapping Study of Current Activity* (Arts Council of Wales, 2018), 47, https://arts.wales/sites/default/files/2019-02/Arts_and_Health_Volume_1_0.pdf

179 Wales Arts Health & Well-being Network, ‘Creative Health Marketplaces’, <https://wahwn.cymru/en/programmes/creative-health-marketplaces>

to discuss their work and challenges, Rogers also brings in invited guests for updates on movements in the arts and health space: ‘If we’re launching a new program, or there’s some consultation from Welsh Government, like the social prescribing framework that’s coming out, then we’ll get a speaker from the Welsh Government or somebody to come and present and use that as a kind of provocation’. These regular membership meetings are supplemented with bi-monthly in-person marketplace events held in various locations across the country. These events use what Rogers describes as a ‘speed dating’ format, in which attendees chat with each other for a few minutes at time, learning what their peers ‘are doing and what their priorities are and to think about your practice as an artist and what you might be able to offer’. To supercharge these connections, WAHWN hosted the *Gwehyddu* (Weave) Arts & Mental Health Conference in 2023. This free, one-day event ‘spotlit various creative health projects taking place across Wales’,¹⁸⁰ and featured high-profile keynote speakers like Lynee Neagle, Deputy Minister of Mental Health and Wellbeing. WAHWN also facilitates connection through its website, where Rogers says members can submit a profile that introduces them to prospective collaborators: ‘Health and third sector organisations can go on the website and they can find artists in their region who might be able to deliver an intervention for them’.

Training is a newer but equally important part of WAHWN’s services. As interest and funding in the field grows, with ‘many more opportunities coming down the line’, Rogers says there is a ‘need in Wales [for] a wider pool of artists’. To try and better understand how to upskill these artists, WAHWN has been running

180 Wales Arts Health & Well-being Network, “Weave | Gwehyddu Arts & Mental Health Conference”, <https://wahwn.cymru/conference>

Creative Pathways, a series of scoping sessions with stakeholders ‘to find out what skills are needed. What’s going to be helpful, where are the gaps, where are the barriers?’ Rogers says that one of the crucial questions arising from this research is around how to diversify the workforce: ‘It is very able bodied, and we need to tackle it’. Another is a need for mentorship, as many artists do not have experience working in health settings: “They might have worked in lots of kind of community settings, but working in a hospital or a health setting they just feel like they need a bit of support and mentoring’. To try and fill this gap, WAHWN is running Stepping In, a training and mentoring programme that supports ‘practitioners to deliver projects in healthcare settings who share the lived experience of people from minoritised communities’.¹⁸¹ This week-long residential gives participants a bursary and the opportunity to ‘shadow an experienced artist on a live project in a health or community setting’.¹⁸² And to help diversify the workforce, the programme explicitly encourages applications from ‘mentee practitioners with lived experience of mental health, global majority backgrounds, social exclusion or low socio-economic backgrounds’.¹⁸³

Finally, WAHWN is making an effort to build and collate the evidence for arts and health in Wales. Successful recipients of Arts, Health and Wellbeing Lottery Funding—which gives money to projects built on partnerships between the arts and health sectors—must earmark 10% of their budget to evaluate their work. They must also attend one of WAHWN’s bi-weekly learning groups, where practitioners come to share their projects, methodologies and findings. WAHWN

181 Wales Arts Health & Well-being Network, “Stepping In” <https://wahwn.cymru/stepping-in>

182 Ibid

183 Ibid

has developed an easy-to-use evaluation template, as Rogers says that ‘we know that small arts organisations really struggle with evaluation and with telling their story’. Rogers describes the template as a simple ‘step by step guide. Numbers, quotes. What your intervention was, how you address the health challenge, really breaking it down, so that when you’ve got really limited time, you know what you need to get in there’. To ensure all this work does not get lost, as can happen when practitioners move from project to project, WAHWN also hosts a knowledge bank on its website, collecting case studies, articles and interviews, audio and video, whitepapers, toolkits and reports, as well as the evaluation reports. In the short-term, this knowledge bank is a resource for anyone looking for inspiration, but Rogers eventually plans to ‘to pull all that together and do some kind of meta-analysis of the impact of those projects on different health challenges. We’re hoping this can give us quite a compelling story of some of the scope and impact of the value of Arts and health work in Wales’.

This is an exciting future prospect, yet the story of arts and health in Wales is already an inspiring one, and WAHWN is at its forefront.

Conclusion

We set out to learn from arts and health programs, researchers, organisations and experiences around the world, asking what it is that an arts and health organisation does and how does it go about its work. Even after interviewing 30 participants from 22 different arts and health organisations across 13 national contexts, we have barely managed to scratch the surface of the diverse and impactful work taking place across the globe.

As our case studies show, each organisation represented here is responding to a set of unique needs and opportunities in its own region and has its own specific goals it aims to achieve. Offering a comprehensive summary of what an arts and health organisation does would therefore be impossible.

Nonetheless, we hope that this report highlights some of the experiences and contexts of arts and health work and sheds light on common approaches and challenges. In this way, we hope this report helps those currently engaging in arts and health work to understand they are far from alone. The formal recognition and support for arts and health varies greatly in different locations across the world, but observed as a whole, the field is currently experiencing some significant momentum, with the expertise, skill, knowledge, strategy, passion and effort of each organisation adding to the rising tide.

List of Interviewees

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Adewale, Kunle. Founder/Executive Director, Global Arts in Medicine Fellowship. *Interviewed 26 January 2024.*

Anderson, Aaron. Associate Chair and Head of Undergraduate Studies, Theatre Department, Virginia Commonwealth University. *Interviewed 31 August 2023.*

Balfour, Michael. Head of School, Arts and Media, University of New South Wales. *Interviewed 29 January 2024.*

Borni Te Rongopai Tukiwaho, Kaiārahi (Leader), Te Ora Auaha: Creative Wellbeing Alliance Aotearoa. *Interviewed 27 September 2023.*

Cornell, Christen. Manager, Research Partnerships, Creative Australia. *Interviewed 18 December 2023.*

Coulter, Alex. Director, National Centre for Creative Health. *Interviewed 20 May 2024.*

Davidson, Jane. Chair, Creativity and Wellbeing Research Initiative, University of Melbourne. *Interviewed 31 August 2023.*

Davies, Christina. Director, Centre for Arts, Mental Health and Wellbeing WA, University of Western Australia. *Interviewed 8 September 2023.*

Hayashi, Yoko. Founder and CEO, Arts Alive. *Interviewed 24 January 2024.*

Hooker, Claire. Associate Professor, Health Humanities and Arts and Health, University of Sydney. *Interviewed 4 December 2023.*

Krans, Kirsten. Program Director, Arts in Health Netherlands, Aletta Jacobs School of Public Health, University of Groningen. *Interviewed 17 October 2023.*

Lewis, Ferdinand. Director of Science & Education, Arts in Health Netherlands, Aletta Jacobs School of Public Health, University of Groningen. *Interviewed 17 October 2023.*

Magee, Paul. Professor of Poetry and Director, Centre for Creative and Cultural Research, University of Canberra. *Interviewed 9 October 2023.*

Meaney, Claire. Director, Réalta. *Interviewed 12 September 2023.*

McKervill, Stephanie. Head of Operations & Artistic Direction, Arts Care. *Interviewed 28 September 2023.*

Moon, Fiona. National Coordinator, Culture, Health & Wellbeing Alliance. *Interviewed 24 October 2023.*

Mumford, Meg. Senior Lecturer in Theatre and Performance Studies, School of the Arts and Media, University of New South Wales. *Interviewed 29 January 2024.*

Ottow, Mikkel. Special Consultant — Culture, Central Denmark Region. *Interviewed 9 October 2023.*

Parry, Simon. Senior Lecturer in the School of Arts, Languages and Cultures, University of Manchester. *Interviewed 8 August 2024.*

Pickard, Angela. Director, Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University. 21 September 2023.

Regan, Daniel. Founder and Creative Lead, Arts & Health Hub. *Interviewed 23 October 2023.*

Rogers, Angela. Executive Director, Wales Arts Health & Well-being Network. *Interviewed 29 September 2023.*

Rosenlöf, Anna-Mari. Special Advisor, Arts and Health, Taikusydän. *Interviewed 20 September 2023.*

Santos, Adi. Assistant Director for Communications, MAGIS Creative Spaces. *Interviewed 19 April 2024.*

Sajnani, Nisha. Co-founder, Jameel Arts & Health Lab. *Interviewed 18 January 2024.*

Sunderland, Naomi. Interim Director, Creative Arts Research Institute, Griffith University. *Interviewed 13 October 2023.*

Swanepoel, Marlize. Co-Founder and Director, Sp(i)eel Collective. *Interviewed 1 November 2023.*

Tan Koon Boon, Michael. Associate Professor in Art and Design, Lab4Living, Sheffield Hallam University. *Interviewed 8 February 2024.*

Waterson, Hannah. Research and Policy Manager, National Centre for Creative Health. *Interviewed 11 January 2024.*

Zarate, Rebecca. Associate Dean for Research, College of Fine Arts, University of Utah. *Interviewed 4 December 2023.*

Case Study Organisations

Arts & Health Hub
Arts & Health Innovation Lab
Arts & Health South West
Arts Alive
Arts and Health Singapore Repository
Arts Care
Arts in Health Netherlands
Arts Research Centre
Centre for Creative and Cultural Research
Creativity and Wellbeing Research Initiative
Culture, Health & Wellbeing Alliance
Global Arts in Medicine Fellowship
Good Arts Good Mental Health
Jameel Arts & Health Lab
MAGIS Creative Spaces
National Centre for Creative Health
Réalta
Sidney De Haan Research Centre for Arts and Health
Sp(i)eel Creative Arts Therapies Collective
Taikusydän
Te Ora Auaha
Wales Arts Health & Well-being Network



Global Arts
& Health Alliance