

Telling the Story of Arts and Health in South Australia

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for the Flinders University Arts
and Health Alliance

Table of Contents

About the Authors	4
Acknowledgements	5
Foreword:	6
Executive Summary	9
Brief History	9
Challenges and Opportunities	10
Recommendations	11
Project Introduction	15
About this Report	16
Report Aims	16
Methodology	17
Chapter 1: What Is Arts and Health?	19
Arts and Disability	21
Access to Arts and Health	22
Arts Therapy	23
Mixing Directed and Incidental Outcomes	24
Resisting Definitions	26
Arts ‘and’ Health	27
Arts and Health Origins	28
First Nations Arts and Health	28
Arts and Health as Story	29

Chapter 2: The History of Arts and Health in South Australia	30
Community Arts and Health	31
Health Promotion	34
Arts in Health at Flinders Medical Centre	36
The Patient and the Politician	41
2008 Partnership Commitment	43
The National Arts and Health Framework	51
The Post-framework Landscape	55
The Future of Arts and Health in South Australia	66
Chapter 3: Arts vs. Health	72
Chapter 4: Arts and Health Evidence	82
Chapter 5: Arts and Health Skills and Education	89
Conclusion:	96
Appendix:	99
Arts and Health Stories	100
Interviewee List	110
Works Cited	112

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This report could have not been written without the extraordinary generosity of South Australian professionals working in the arts, in health and in the productive collaborations between the two. Their knowledge and passion for arts and health enriches South Australia on a daily basis, and we hope that their energy for this work inspires all who read this report.

Foreword

We are delighted to present this report, *Telling the Story of Arts and Health in South Australia*, authored by Tully Barnett, Alex Cothren and Joanne Arcuili on behalf of the Arts and Health Alliance at Flinders University, a special initiative that has been gathering steam over the last couple of years.

Established in 2020, the Arts and Health Alliance began as a partnership between the College of Nursing and Health Sciences and the College of Humanities, Arts and Social Sciences at Flinders University. We seek to serve the arts and health fields in South Australia by facilitating co-design and transdisciplinary research in this important and evolving space.

To assist in achieving this goal, the Alliance funded the research project this report is based on as part of its first round of seed funding in 2021. The project had a remit to map out the history of arts and health in South Australia, to trace the arc of the field from its earliest manifestations in the community arts movement to its established presence today in our major hospitals in order to inform future research, practice and policy engagement. By talking to the arts and health practitioners and champions who have developed the field from the ground up, the authors sought to help us better understand the platform on which the Alliance looks to build, as well as what needs to be done next to ensure South Australia remains an arts and health leader.

As this report demonstrates, Flinders University has been an important contributor to the rise of arts and health in this state. The Arts in Health program at Flinders Medical Centre has gained international respect for the innovative and holistic way it embeds the arts into a hospital community. Our Flinders University Museum of Art was an initial partner for the program, and many of our researchers and students have documented and learnt from the program's accomplishments.

The major finding of this report, however, is that no one institution or leader alone is responsible for arts and health's achievements in this state. The history of arts and health in South Australia is a story of collaboration and interdisciplinary at every turn. By pooling together the talents and vision of our staff and student cohorts, funding their arts and health research, and connecting them with industry and community throughout the state, we believe this new Arts and Health Alliance will be a catalyst for the next generation of arts and health achievement.

We hope you find much to inspire you in this report. Together, we will build a South Australian arts and health future worthy of its prestigious past.

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Executive Summary

South Australia has a long and deep engagement with arts and health work in all its forms. The purpose of this report, funded by the Arts and Health Alliance at Flinders University, is to document as much of that work as possible, to glean from arts and health practitioners a sense of what created that strength and collaboration over decades, what threatened the work and what might be needed in order to take arts and health collaborations to the next phase. We hope this will help inform current and future work, allow newcomers to arts and health to understand some of the history and help us collectively look for the strengths and challenges in productive ways.

While resisting a single definition, arts and health is broadly defined as using arts practice to deliver health outcomes, be they specifically targeted interventions or general wellbeing benefits. We conducted interviews with 47 arts and health stakeholders who have contributed to the development of this field in the state. We asked them about their past experiences with arts and health, the present challenges and opportunities for the field, and how best to advance this work in the future. Our findings show that South Australia has a long, internationally significant history of arts and health work. There is a strong platform to build future arts and health success stories on, but this will require continuing engagement between on-the-ground arts and health workers, as well as the recognition and support of those in key leadership positions.

Brief History

Arts and health first emerged across South Australia through the community arts movement of the 1970s, and through the rise of health promotion in the 1980s. The establishment of the Flinders Medical Centre's Arts in Health program in the late 1990s provided a first major step for the field into health settings, and the program remains a world-leader today. After an inspirational interaction with a patient at Flinders Medical Centre, former minister John Hill offered his support to the arts and health field. This was the catalyst for the historic 2008 partnership commitment between SA Health and Arts SA. This document directly influenced the integration of arts and health into the build of the new Royal Adelaide Hospital, including the opening of the Centre for Creative Health in 2017. Alongside the launch of the Arts in Health program at Women's and Children's Hospital in 2010, this meant that arts and health now had a presence in the state's three major hospitals. The team behind the

partnership commitment then brought their vision to the national stage, developing—alongside interstate partners—the National Arts and Health Framework. Following a forum held at Parliament House in Canberra in 2012, the National Arts and Health Framework was endorsed by both the Meeting of Cultural Ministers and the Standing Council on Health in 2013, an historic achievement that has inspired countries around the world. Since the framework's endorsement, South Australia has continued to host excellent arts and health work, but the momentum of the field has been slowed by challenges such as changes in leadership, and budget restrictions. Nonetheless, new and exciting opportunities await the next generation of arts and health workers in areas such as ageing well, wellbeing and the COVID-19 recovery.

Challenges and Opportunities

Alongside the history of arts and health in South Australia, interviewees also discussed aspects of arts and health that provide both challenges and opportunities for the field. Firstly, the different perspectives and approaches of the arts sector and health sector can sometimes create on-the-ground difficulties between practitioners. However, when given time to listen and learn from one another, these differences can instead be the basis for fruitful collaboration. Secondly, there is tension around which type of evidence can best advance the field, with the 'gold-standard', quantitative approaches favoured by health often not suited to capturing the impact of arts and health work. While attempts to build up the evidence body using suitable methodologies and research partnerships should continue, it is also important to acknowledge the existing evidence for arts and health, and to present this evidence to key leaders and the wider public. Lastly, interviewees noted a paucity of education pathways for aspiring arts and health workers, although there are some promising signs that pathways are currently being developed. To help best prepare the next generation of arts and health, these pathways should include modules on the philosophy and aims of arts and health, as well as placement opportunities.

Recommendations

Throughout the interview process, we collected recommendations from interviewees on how to advance the future of arts and health projects, policy and investment. We have collated and grouped these recommendations into five key areas: Policy, Research, Communication, Education and Connection.

Policy

- * Conduct a review and update of the National Arts and Health Framework, focusing on how the framework's recommendations can be implemented in policy and practice
- * Use the state government's recent focus on wellbeing to seek investment for arts and health projects that contribute to community wellbeing
- * Design and fund arts and health initiatives that can support the Royal Commission into Aged Care's recommendations on alleviating social isolation in older people
- * Position arts and health as a vital part of the post-COVID recovery, for both physical health and mental wellbeing

Research

- * Develop partnerships between universities and arts and health programs, both within and outside clinical settings, to undertake research on current and future projects
- * Conduct a survey of hospital-based, health network and community arts and health funding arrangements across the country, and report on the pros and cons of various methods

- * Focus on research that seeks to improve specific arts and health practice, instead of only seeking to justify the underlying validity of the field; as described in the report, there is already decades of substantial research proving the value of arts and health to draw on

- * Make research about arts and health accessible to arts and health workers and advocates—through open access publishing and public scholarship—so that they have direct access to the evidence that demonstrates the benefits of arts and health

Communication

- * Increase opportunities for key decision-makers to witness the transformative effects of arts and health work, as this has driven policy breakthroughs in the past

- * Build the field's public profile by highlighting arts and health projects that have a feel-good, human-interest aspect to them, as this is attractive to media

- * Ensure that leaders in the health sector are vocal in championing arts in health, as this will complement the ongoing advocacy from the arts sector

- * Survey the South Australian public and/or current health students on their awareness of arts and health, as this will help identify where arts and health advocacy should be targeted

Education

- * Develop tertiary arts and health education opportunities that include both practical modules and modules on the philosophy and theory of arts and health

- * Increase opportunities for university students in humanities, creative arts and design courses to work in medical settings and/or on health 'wicked problems', as this has produced innovative solutions in the past

- * Facilitate interdisciplinary opportunities for medical and arts students, such as the Adelaide University Medical Orchestra and the Object-Based Learning program at Flinders University Museum of Art

- * Conduct a review of the connection between community cultural development education in and beyond university settings, such as the CAN SA Graduate Diploma in Community Cultural Development described here, and the development of arts and health practice

Connection

- * Ensure that new projects and research engage with current and past arts and health practitioners who have important knowledge and experience

- * Co-design, with all parts of the arts and health landscape, definitions of the sub-areas within the field, and how they can both be differentiated and work together

- * Organise formal and informal gatherings for arts in health facilitators across the state, such as whole conferences and semi-regular gatherings to share project updates

- * Encourage health conferences or symposiums to add an arts and health stream to their program

These recommendations form an important platform for building a new era and agenda for the future of arts and health in South Australia and beyond. It is an exciting time for arts and health. There is a lot of work to be done here but we build upon the significant and ground-breaking work of visionaries and practitioners from both the arts and the health sectors. We have a responsibility to carry on the legacy of the arts and health work that has already been done and to shine a light for new projects, evidence-bases, and ways of valuing the work of arts and health for the benefit of all involved.

Project Introduction

South Australia is a powerhouse in the field of arts and health. From the early days of health promotion and community arts and health, through to Flinders Medical Centre's ground-breaking Arts in Health project and the design of the new Royal Adelaide Hospital, the state has been a national and international leader in the field. South Australia's 2008 partnership commitment between SA Health and Arts SA was the first of its kind in Australia, and leadership from the state also played a central role in the development of the National Arts and Health Framework. More recently, budget strains in both the arts and health sectors have slowed the momentum of the field, but there are new opportunities to contribute to areas such as the recovery from the COVID-19 pandemic, increasing wellbeing in Indigenous communities and in culturally and linguistically diverse communities, and in promoting ageing well.

In 2020, Flinders University's Arts in Health Alliance, a collaboration between the College of Nursing and Health Sciences and the College of Humanities, Arts and Social Sciences, was developed as a timely initiative to generate renewed research activity in arts and health work. The Alliance supports innovative interdisciplinary partnerships that create, trial, and evaluate arts and health projects, with five exciting projects already receiving seed funding in 2021. More broadly, it seeks new industry and policy pathways to advance the work of arts and health locally, nationally, and internationally.

To strengthen these new pathways, we need to have a fuller understanding of the history of arts and health in South Australia to this point. It is crucial that new efforts build successfully on the work and expertise of experienced arts and health champions. To that end, the Alliance funded this project to talk to as many people as we could about how arts and health work has developed in the state, what may have caused a loss of momentum in the field, and where new efforts should be focused to best advance South Australian arts and health in the coming years.

We conducted semi-structured interviews with 47 arts and health stakeholders. Interviewees include former ministers, CEOs of local health networks, artists working in our hospitals and wider community, and health professionals in diverse settings. From these interviews we have gathered rich material about the past, present and potential futures of arts and health collaborations. Appropriately for such a diverse group, our interviewees did not always share the same view on how arts and health has arrived at its current stage nor on where it should go next. Nonetheless, they

all agreed on the important contribution South Australia has made to the field of arts and health, and they all share a passion to see the state continue to be a leader in this area.

About this Report

This structure of this report emerged organically from the interview process, with different chapters dedicated to those arts and health topics most frequently discussed by contributors. In Chapter One of this report, we will offer a definition of arts and health based on the National Arts and Health Framework, while also acknowledging that each interviewee defines such a broad field of work in their own way. Chapter Two then offers a history of arts and health in South Australia, beginning with the community arts movement of the 1970s and ending with the COVID-19 pandemic of the present day. Stepping away from this timeline, Chapters Three, Four and Five will each spotlight an issue related to arts and health work that interviewees deemed important. Chapter Three, 'Arts vs. Health', looks at how the different value-bases of the arts and health sectors can translate to difficult interactions between practitioners, but can also be the basis for fruitful collaboration. Chapter Four, 'Arts and Health Evidence', discusses how arts and health work can best be evidenced, and to whom this evidence should be presented for best results. Chapter Five, 'Arts and Health Skills and Education', highlights the importance of educating the next wave of arts and health champions, and offers a variety of methods for doing so. The report then collates the interviewees' recommendations on how to advance the field of arts and health, before finishing with a collection of arts and health stories that attest to the power of the field.

Report Aims

We hope that this report will be useful to readers in a number of ways. Firstly, for those previously unaware of arts and health, the report can act as an introduction to this field and the history of its practice in South Australia. In particular, we hope the report will convince those in leadership positions that investment in arts and health can produce impressive results.

To those already involved in arts and health work, including our many contributors, we hope the report acts as a testimony to their impressive accomplishments in building up the field in this state. By condensing decades of wide-spanning work into one document,

we hope the report will help arts and health stakeholders trace the long arc of the field in South Australia, and to therefore better plan what needs to happen next for future success.

Of course, the future of arts and health is in the hands of the next generation of artists and health professionals. For these readers, we hope the report inspires them to seek cross-sector collaboration, and to feel confident that arts and health is a proven, well-established field worthy of their time and energy.

Whoever you are, and whatever your stake in arts and health, we thank you for taking the time to read this report.

Methodology

This interview-based project sought to tell the story of the history of arts and health in South Australia—initiatives, people, outcomes, problems and future directions—by talking to the people central to this work.

While this report makes use of relevant academic scholarship and grey literature on arts and health, the biggest source of material comes from our interviews. In total, we interviewed 47 people who have been involved in different aspects of arts and health work, in different settings and contexts, and from different contribution positions. The full list of interviewees can be found on page 122 of this report. We thank each and every one of them for their contribution to this project, which would not have been possible without them.

After starting with a small list of interviewees that emerged from desktop research into the history of the field in South Australia, as well as drawing from the networks of Alliance members, we then used a snowball methodology to determine further interviewees. The interviews were semi-structured, and interviewees were given space to explain what they saw as their own contribution to the development of arts and health in South Australia. From the interviews, a number of topics naturally emerged, including cooperation between artists and medical staff; educating and accrediting an arts and health workforce; gathering evidence on arts and health benefits; and convincing key political leaders to support arts and health policy. Interviewees were also asked for their recommendations on how arts and health in South Australia can take the next step: a list of these collated recommendations is included at the start of the report. Also included is an appendix of inspiring stories drawn from the interviewees' lived experience with

arts and health. As per the ethics plan for this project, interviews were recorded and transcribed, and interviewees had full editing rights over their interview transcripts.

Many of the people we initially contacted about interviews weren't sure if they had much to contribute; this was particularly true with health practitioners. But once these interviewees started talking, they often realised that work they had initiated, participated in or witnessed was crucial to the development of the field in South Australia. We conclude from this that the communication of what qualifies as arts and health may need more work amongst health professionals, as well as the general public.

At times, the interviewees disagreed on details regarding certain events, or on the causes or consequences of these events. In such cases, we have allowed the multiple voices to co-exist, believing that each contributor to the history of arts and health deserves to tell their own story.

Chapter 1

What Is Arts and Health?

The National Arts and Health Framework is Australia's key statement on the field of work that integrates arts and health practice. Written in consultation with a diverse range of stakeholders, the statement's definition of what qualifies as arts and health is suitably inclusive: 'In its broadest sense, arts and health refers to the practice of applying arts initiatives to health problems and health promoting settings' (National Arts and Health Framework n.d., 2). As the framework explains, the arts can be involved at any point in the healthcare continuum, 'from the promotion of health and wellbeing, through prevention, early intervention, treatment, rehabilitation and recovery as well as in end of life care' (National Arts and Health Framework n.d., 6). Arts and health can also occur in a variety of settings, 'including health services and hospitals, aged care facilities, workplaces, schools, Indigenous cultural centres, online environments, community facilities and cultural heritage institutions' (National Arts and Health Framework n.d., 6). Any artistic medium can be used, and the manner in which they are applied varies widely, from participatory engagement to passive entertainment, and even integrated into the design and infrastructure of health environments. Finally, an attachment to the framework demonstrates the extensive breadth of benefits that arts and health can provide, including 'improved communication, better understanding, attitudinal change and clinical outcomes' (National Arts and Health Framework n.d., 2).

The framework does an admirable job of defining such a broad field of work. However, those involved in the development of the framework recognized that the quickly evolving field of arts and health might eventually outgrow this definition. Sally Francis—former manager of Arts in Health at Flinders Medical Centre, and a key driver of the framework—says that because 'arts and health is so hard to categorize', the framework was deliberately designed to be an open document that could 'keep expanding'. For reasons that our history will discuss later, this updating of the framework and its arts and health definition has not occurred. In the decade since the framework's endorsement, other arts and health documents from around the world have instead offered slightly more expanded definitions of the field. For example, the 2017 inquiry report produced by the UK's All-Party Parliamentary Group on Arts, Health and Wellbeing (2017, 13) includes a definition of arts and health that expands to include areas such as 'attendance at arts events, which...has a contribution to make to longer lives better lived' and 'everyday creativity, which may be undertaken alone or in company and has an immense contribution to make to happy, healthy lives without necessarily having a connection to health or social care'.

Lisa Philip-Harbutt—a community artist with decades of experience in community arts and health work—says that any definition needs to consider how the arts contribute to improving the human condition through more than just formal health initiatives:

Arts and health has a larger philosophical approach than just health promotion or addressing health problems, which is what comes through in that definition. It also pursues the development of both people and their social structures. It has connections to most radical social movements of the 60s and 70s. And more recently the concerns of today like diversity and environmentalism.

Therefore, Philip-Harbutt says that ‘the national framework’s definition is good but it’s not everything’. In fact, Philip-Harbutt says that any attempt at defining the broad span of arts and health will ultimately leave something out: ‘As soon as you make a definition, you’re also defining who’s not in the room’.

Arts and Disability

As definitions can sometimes exclude different types of participants or initiatives, the borders of what constitutes arts and health can be fiercely contested by stakeholders. Philip-Harbutt recalls how one such dispute almost resulted in violence: ‘At one of the first arts and health conferences in Toowoomba, I think...there was nearly a punch up because of definitions around “how does disability fit within the health arena?”’ Highlighting its continuing relevance, the debate over the arts and disability field’s inclusion within arts and health was also touched on by a number of our interviewees. Philip-Harbutt herself argues that the arts and disability field only partially fits within health, and by extension within arts and health, because its focus is on helping people participate in the arts: ‘It’s not actually about the medical model. It’s actually about access’. This argument—that disability’s focus on access means it only partially fits beneath the arts and health umbrella—is also made by the National Arts and Health Framework, which makes use of a quote from Arts Access Australia (in National Arts and Health Framework n.d., 8) to explain how arts and health both overlaps and differentiates itself from arts and disability: ‘Disability is just one aspect of the arts and health mandate, and arts activities that improve health are just one part of the arts and disability remit. The end product of arts and health work is health and wellbeing. The end product of arts and disability work is access and inclusion’.

Access to Arts and Health

However, it is not a unanimous view that the concept of access falls solely within the remit of the arts and disability field. For example, arts consultant Judy Potter argues that issues around disability access should be included under the arts and health umbrella: 'It's also about the integration of artists of that broad range of what is classified as disabilities, and also access'. Complicating the debate further, other interviewees argue that providing access to arts experiences, even for people who do not have a disability, is an integral part of improving their overall health and wellbeing, and that this should therefore be considered an important part of arts and health. As 'art is important for everybody', David Moseley—Senior Clinical Project Officer at SA Health—says that facilitating art experiences for people who do not otherwise have easy access can be 'transformative...you want those people to have the same experience and dignity that we do through experiencing art'. Alison Howard—Arts and Health Creative Producer at Country Arts SA—says providing access to the arts is particularly important in regional settings where there is a 'lack of access to the arts and services', and she therefore argues that simply providing regional residents with arts experiences is 'important because we understand the benefits of the arts to our health and wellbeing'. Maz McGann—an experienced community arts and cultural development worker—describes a similar situation in regard to health services in regional settings: 'They are communities that have some of the least amount of access to primary and allied health services'. Currently, McGann is involved in a three-year rural arts and health initiative, The Pinnaroo Project. This project, funded by the Flinders University Arts and Health Alliance in its first round of seed grants and led by Professor Robyn Clark, aims to provide residents of the regional SA town of Pinnaroo with access to arts experiences, and to track how this then affects their health and wellbeing, as McGann explains: 'It is very much around building a body of evidence that demonstrates on an economic and health level it is worth spending some money on arts practitioners in small regional towns, where you can't get doctors and nurses, to help them to get healthier'. Therefore, while the arts and disability field's specific focus on improving access for people with disabilities means it should not be fully subsumed within arts and health, perhaps there is more overlap between the sectors than the framework suggests, particularly in the areas of access and inclusion.

Arts Therapy

Another distinct field, one that interviewees noted as challenging the definitional borders of arts and health, is arts therapy. The national framework makes brief mention of arts therapy as its own domain within arts and health but does not explain how it differs from other arts and health practice. However, many interviewees say it important to both define arts therapy and pin down exactly where it fits in the wider arts and health picture. Doing so is not always easy, however, as Glenda Needs—an experienced arts psychotherapist—admits she has ‘struggled for years...to try and find a really good way to describe the difference’. Needs’ approach is to see arts therapy as sitting at one end of a continuum that spans from directed therapeutic outcomes to incidental health and wellbeing benefits:

If you are with a group of people doing some mosaics and having some fun, that’s highly beneficial. But what I say is that the therapy comes about incidentally. I call this the incidental end of this continuum...Now, when you’re an arts therapist, what you do is you direct the art to a therapeutic outcome.

Needs then offers a specific example of how an artistic medium can be directed to a therapeutic end:

It’s a simplistic example but if I’ve got someone who has a compulsion for hand washing, I might start off by giving them something like markers that doesn’t create any dirt, so they don’t need to wash their hands. And as time goes on, I will use an approach like exposure/extinction therapy to expose them to really uncontrollable, dirty materials that, for instance, may get under their fingernails...That’s very much directing the art to a specified therapeutic goal.

Moseley agrees that arts therapy is defined by this deliberate and directed use of an artistic medium: ‘an arts therapist is there to use art as a medium for assessment, for cognitive development’. Rebecca Cambrell—who has experience working as an artist in health settings—says that while all ‘creativity is therapeutic’, it is the deliberate pursuit of therapeutic ends that defines arts therapy: ‘It’s whether it’s a deliberate therapeutic pursuit or whether it’s just that inherent drive to create’.

Needs argues that defining arts therapy as something distinct within arts and health is important, as arts therapy should only be conducted with patients who are unable to achieve incidental therapeutic benefits without assistance: ‘It is unethical to do

psychotherapy with people who have adequate resources of their own for their wellbeing. All we do is depower people. Therefore, it's so important that the work we do down in the incidental end, we don't call therapy'. Many interviewees working in the incidental end of arts and health practice agree that there should be clear demarcation. When Philip-Harbutt first brought arts and health to Flinders Medical Centre, she says she was similarly careful not to define her practice as arts therapy: 'I was explaining that what I do is not therapy. It can be therapeutic, but my aim is not to normalize participants or their behaviour. It is to empower them and give voice to their stories'. Likewise, Dave Chapple—Writer-in-Residence at Flinders Medical Centre—explains how he does not direct arts and health participants towards any particular outcomes: 'I'm definitely not a therapist...I give them the idea, and they're expected to sort of make the therapeutic connections themselves'.

Mixing Directed and Incidental Outcomes

Needs argues that arts therapy should be considered 'a component of arts in health', as the two fields 'complement one another', as long as the clear distinctions are understood and respected. Indeed, a number of interviewees, particularly in medical settings, spoke about how the two types of practices—incidental and directed—work alongside one another. Cambrell says her skills allow her to work back and forth across the spectrum, with 'the ability to go between long-term, directed, client-centred counselling programmes, and fast paced, incidental patient care that was responsive and flexible'. Jill Newman—Arts in Health Manager for the Women's and Children's Hospital Foundation—says their practice is likewise divided between incidental and directed outcomes:

You have what I consider the absolute entertainment end...that's dress-up characters coming in, that's walking into our foyer and there's a musician playing the accordion. Random acts of entertainment, essentially, to switch your mood and to make you feel bright...the other end is the therapeutic end...our music therapists, they are clinicians, they are allied health professionals. They receive referrals to see patients and provide therapy to help meet patient's clinical goals.

Stacey Baldwin—Manager of the Arts in Health program at Flinders Medical Centre—similarly divides the practice there between incidental and directed, and she emphasizes how each type is equally important:

I see it as there's two arms of arts and health. There is the referral base, that's the art facilitation and arts therapy with patients. And then also there is what I've been calling special projects. There are these other experiences, which are maybe passive, maybe immersive, but they're just as important as each other.

However, interviewees also told us about instances in which incidental and directed methods can be so interweaved that is difficult to know where one ends and the other begins. For example, Judith de Lang is a trauma-informed counsellor who will sometimes integrate art into her sessions if her clients reveal an interest in a particular medium: 'I adapt my approach to whatever seems useful in connecting with the person...poetry, music, nature, talking, listening'. Although she is not an arts therapist, de Lang has countless examples of times in which engaging in art has facilitated a breakthrough in her relationship with a client:

Art is a way for therapists to access areas of brain that are often self-protected...where the primitive brain is doing its automatic job of protecting...the arts somehow get to the part of the brain where the primitive brain feels safe enough not to interfere or intervene.

Even less directed, but no less beneficial, are the insights that Flinders Medical Centre Senior Consultant Psychiatrist Randall Long is able to gain from eating disorder patients with a talent for visual arts: 'In psychotherapy, some patients, if they're brave enough, they will actually draw pictures of themselves the way they perceive themselves. And it's the only real way you can see their body image distortion...That's actually a kind of a window into the mind that you can't see'. As Long says, this sort of breakthrough is not directed by the therapist and is dependent on patients having the skill or desire to engage in self-portrait, which clearly differentiates it from art therapy. However, the specific insights such occasions bring both therapists and potentially patients seem to distance it from the purely incidental end as well. Finally, where on the spectrum between incidental and directed should social prescribing be placed? Social prescribing is a system in which health professionals can refer patients to non-clinical organisations that offer social activities, in the hope that doing so will alleviate the need for conventional medical interventions, such as medication. Well-established in the UK, social prescribing is still finding its feet in South Australia, with Carol Gaston, an experienced health services consultant, currently proposing a pilot project in the Alexandrina Council region. Gaston says GPs are excited by the possibility of

avoiding medications for patients with low-level depression: ‘They know they’ve got a stream of people who go through their practice that they shouldn’t be putting on medication. That there’s an alternative to medication’. It’s an exciting prospect, one long overdue in the state, and it mixes directed referrals to mostly incidental arts experiences in a way that challenges the tidy definitional boundaries of arts and health.

As these slippery borders between directed and incidental arts and health work show, care will need to be taken to ensure that future work in the field builds a definitional platform that as many practitioners as possible can feel at home within, while also having their specific practice respected and understood.

Resisting Definitions

When it comes to defining arts and health, there are clearly some areas worthy of further investigation. However, it is also worth noting that some interviewees argue that defining what qualifies as arts and health is neither important, nor even beneficial, for the work that takes place within the field. Jane Andrew—Senior Lecturer at UniSA Creative and Founder of Match Studio—says that efforts to neatly delineate the borders of arts and health do not represent the complexity of actual practice: ‘People like to have this reductionist type approach to everything, just for administrative convenience, but that’s actually not how life works’. Some interviewees described instances in which they chose not to define work as arts and health. For example, Howard says she wanted, *Euphoria*, a play she produced for Country Arts SA about mental health themes, to be valued for more than its potential health promotion outcomes:

I didn’t want the work to be an arts and health project. It’s very much under that umbrella, but at the same time, it’s a high quality, engaging, wonderful piece of theatre. And many people that would have come to see that had no idea that it was an arts and health project, and maybe wouldn’t be interested in whether it was or it wasn’t.

Throughout her career in community arts, Marg Edgecombe—Founder and Principal Cultural Consultant at Hawkhurst Consulting—says she has been involved in a number of projects that could also have been defined as arts and health, but those involved were not always interested in doing so: ‘We knew what we were measuring. We knew what benefits people were going to get, even though it didn’t necessarily have to be couched as arts and health’.

Similarly, Claire Wildish has spent her career doing community arts work with potential health and wellbeing benefits but has never identified her work with the field: 'The term arts and health is kind of academic for me...I was always doing it, but that's just what it's called now'.

Arts 'and' Health

Regardless of the specific definition it connotes, which may differ for each person, the term 'arts and health' has become the most common way of describing the field. Back when the broad range of practices that make up arts and health first started to be grouped together in the mid-1990s, Philip-Harbutt recalls that there were a range of terms being used to describe it: 'The big debates we had in the beginning were around the question, "who are we?"' Catherine Murphy (2005, 36), writing on the history of Port Adelaide's Dale Street Women's Health Centre, describes an even broader range of potential terms used at the field's inception:

In Australia the terms 'arts and health' have been linked together in a variety of combinations such as 'arts and health'; 'arts in health'; 'arts for health'; 'arts/health'; and more recently 'arts, health and wellbeing'. These are descriptions of a movement that has been growing since the mid-1990s in small pockets all over the western world.

In most instances, both internationally and in Australia, 'arts and health' has become the preferred term. This is because it is the most neutral, with neither sector appearing less important than the other. In Australia, there are still some who use the term 'arts in health', but this tends to be reserved for the specific case of arts and health practice within medical settings, such as the Arts in Health program at Flinders Medical Centre. Philip-Harbutt agrees that this particular term should be kept for such occasions: 'If you're talking about projects in health settings, led by health workers, absolutely arts in health. If you're talking about a collaboration of two forms of working with people, then arts and health'. The use of 'arts and health' in the national framework has likely settled this debate in Australia, although the framework itself gestures towards the contested history of this term while explaining its decision: 'Over the thirty years or more that the field has been developing in Australia the terms arts in health, arts for health and others have become interchangeable and arts and health is now most commonly used to describe practice in this field' (National Arts and Health Framework n.d., 6).

Arts and Health Origins

As a final note on definition, it is important to keep in mind that when using the term ‘arts and health’ here, we are referring to the modern variant of practice and knowledge in this area. Connections between art and health, however, have existed throughout human history. Stephen Clift and Paul M. Camic (2016, 3) write that ‘[t]he idea that creative arts have a direct role in the care of people suffering from illness and in promoting recovery...has a long history and appears in cultures throughout the world’. In fact, Heather L. Stuckey and Jeremy Nobel (2010, 255) argue that arts and health practice can be traced all the way back to the beginning of ancient history: ‘Throughout recorded history, people have used pictures, stories, dances, and chants as healing rituals’. Daisy Fancourt (2017) goes back even further, locating arts and health in the prehistorical Palaeolithic era: ‘Palaeolithic health and healing rituals were expressed in early examples of art, sculpture, music, dance, and theatre’.

First Nations Arts and Health

In an Australian context, art and health were intertwined long before colonization. As Sally Clifford and Jo Kaspari (2013, 10) write, ‘Arts and cultural practice has for a long time been integral to the health and wellbeing of the Indigenous cultures of Australia’. So integral, in fact, that Newman says a term like ‘arts and health’ would be redundant to many First Nations Australians: ‘In Aboriginal culture, there’s not health and arts. It’s connected’. Associate Professor Tamara Mackean—a Public Health Medicine Physician and Waljen woman—agrees that ‘as an Aboriginal person, there’s not actually a separation between art and health’. Mackean explains that because ‘Indigenous knowledge systems are about lived experience, as well as stories of country’, art and creativity are central to the incredible longevity of Indigenous cultures: ‘When we talk about arts and health as being one and the same, it’s because of living a life over many generations in harmony with the land and with the joy of creativity, to hold people together in a really bonded, deep, loving ways’. Michelle Young—Manager at the Indigenous art collective, Tjanpi Desert Weavers—sees this natural interweaving of arts and health in Indigenous life on a daily basis: ‘it’s just a given for First Nations participants...it’s just so natural to them, the wellbeing it brings, they talk about it constantly’.

Making use of the centrality of art in Indigenous life, research has demonstrated the effectiveness of a range of arts and health

initiatives for Indigenous people. Reported benefits include supporting the health and wellbeing of older artists (Mackell et al. 2022); Indigenous parents' increased engagement with paediatric health services (Jersky et al. 2016); sexual health promotion (McEwan et al. 2013); and kidney disease prevention and detection (Sinclair et al. 2016). However, Indigenous conceptions of the centrality of art to health simultaneously challenge the Western models of health which such research is often based upon. Despite working as a 'Western-trained medical practitioner', Mackean notes that 'I don't always think that Western medical practice and hospital-based practice actually is the best healing practice'. Paulene Mackell et al. (2022, 10) similarly describes 'calls from Indigenous scholars to rethink mainstream models of care that centre the biomedical aspects of an individual's health towards models that are self-determined and led by communities'. Mackean agrees that within mainstream health, 'there needs to be an understanding of the value of Indigenous knowledges, the value of the way creativity is expressed'. Mackean says that the arts and health field can contribute to this understanding by giving space for, and testifying to the power of, Indigenous creativity within the health sector: 'Arts in health needs to make a space for that...reconnection with creativity as part of Aboriginality in a hospital space. So going outside, drawing or painting, being able to take photos, being able to write something...those things need to then be seen in a positive and invaluable and enlightened way'.

Arts and Health as Story

Making space for Indigenous conceptions of art and health may fundamentally challenge modern definitions of the arts and health field. According to Philip-Harbutt, however, such taxonomical disputes are not the best way to understand the field anyways: 'arts and health is often around story not definition'. This report agrees, and it utilises a story-based approach to understanding arts and health. Here, we have made space for each contributor to define arts and health in their own way. Every interviewee has their own story to tell, including a number of incredible anecdotes that testify to the power of arts and health, and which we have collected in an appendix at the back of the report. While specific definitions of what constitutes arts and health may vary, each individual story contributes to the wider patchwork of arts and health in South Australia.

Chapter 2

The History of Arts and Health in South Australia

Community Arts and Health

Arts and health practice in South Australia existed decades before the term, 'arts and health', arrived. A number of authors have noted how arts and health practice emerged organically in Australia with the rise of community health and community arts, the latter boosted by the establishment of the Australia Council for the Arts in 1973 (Clifford and Kaspari 2003; Putland 2008; Wreford 2010; 2016; Zigmond 2014). In her 2008 article, 'Lost in Translation: The Question of Evidence Linking Community-based Arts and Health Promotion', Christine Putland (2008, 266) describes how community health and arts arrived simultaneously and with the shared goal of expanding participation in life-improving services and activities: 'Growing up alongside the community health and women's health movements in the 1960s and 1970s, the community arts movement was fuelled by social democratic government policies which supported developmental approaches and participatory practice'. Similarly, Murphy (2005, 36) describes how community arts and community health arrived together: 'In 1970s Australia, as primary health care and the feminist women's health movements began to challenge the practice and delivery of mainstream health services, a radical, new method of artistic processes and production—community arts—was questioning traditional forms of art and culture'. As a result, Murphy (2005, 36) writes that 'there is significant shared territory between community arts and community health'. The rise of modern arts and health projects in this country can therefore be traced back to this period, with Clifford and Kaspari (2003, 10) saying that 'the Australian "arts in health" movement grew out of the community arts movement of the 1970s', and Gareth Wreford (2016, 135) writing that the 'connections between diverse areas of arts and health practice have emerged since the 1970s along with Australia's strong community arts movement'. It is notable, too, that in Sally Marsden's 1993 book, *Healthy Arts: A Guide to the Role of the Arts in Health Care*, the first major overview of arts and health in Australia, Marsden describes how community arts gradually developed into practices we now define explicitly as 'arts and health': 'The community arts movement has been instrumental in motivating arts activity throughout the community, initiating and supporting innovative artistic endeavour within major health institutions' (16).

Interviewees with a background in community arts say their early work in the field would likely be recognized as 'arts and health' today. Looking back at her early days in community arts, Philip-Harbutt describes how 'since the 70s, people have been doing this

stuff. Some of it has had health outcomes and some of it hasn't had health outcomes'. In 2003, Philip-Harbutt (1) wrote in an editorial for *Artwork Magazine* that there was initially no established term for work that connected art and health: 'I started to identify a part of my practice which occurred within health settings and set out to achieve specific health outcomes. But what do we call it?' Christine Putland—an independent research consultant with decades of experience in arts and health—also recalls work early in her career that utilised 'arts programs based in communities where there were social goals, more broadly than specifically health goals', but she notes that it was not until 'the 80s that we started to talk more about health and wellbeing in context of those programs'. Newman, who formerly worked at the youth arts organisation Carclew, describes how much of her early work was arts and health before that term was established: 'It was just arts in health in the community, and it was doing collaborative projects in a suburban area often with a local council to help people come together'. Andrew says that early community arts work, and the community cultural development work it frequently overlapped with, were naturally focused on improving the health and wellbeing of their participants: 'A lot of people that were working within community cultural development, it was about wellbeing, about community wellbeing, about individuals in the community. That sort of practice fitted quite well with arts and health'.

As Wreford (2010, 9) notes in his history of arts and health in Australia, a lack of documentation from the early period of community arts means there 'is some degree of speculation involved in determining community arts trends through the 1980s', and therefore how this work may have connected to the rise of arts and health. Indeed, we found it difficult to obtain much documentation on early community arts and health projects in the state. Philip-Harbutt notes that many documents were the archived in a library at the Community Arts Network South Australia (CAN SA) but after that organisation wound up, 'the library has dispersed'. Nonetheless, interviewees were able to provide a window back to this nascent period and give examples of early community arts work that connected to health in variety of ways. Philip-Harbutt says it was common for community artists involved in making issues-based work to consult with experts in medical professions: 'As community artists, we went to health workers if the issue had any connection to health'. As an example, she points to the 1981 play, *Annie's Coming Out*, produced by the political theatre company, Troupe. Philip-Harbutt describes the play, about a girl living with cerebral palsy, as 'classic arts and health' due to the research the artists undertook

to better understand the health condition they were portraying: 'We spent weeks visiting and living in supportive care, talking to patients and staff'.

Elsewhere, Edgecombe points to Port Adelaide's Dale Street Women's Health Centre as providing examples of early community arts and health projects: 'They did a lot of arts and health stuff down there'. Indeed, in her history of Dale Street, Murphy (2005, 38) describes how the health centre made immediate connections with the community arts movement: 'From the time it opened its doors in 1984 Dale Street Women's Health Centre made strong links with the community arts and the community cultural development movement, hosting several arts projects'. Examples of these arts projects include 'local community artists working alongside staff and community members to paint three mural panels on the theme of Women and Wellbeing' and collaboration between 'a community visual artist and community women to develop a multi-lingual series of nine posters, *In the Pink*, highlighting issues affecting the mental and physical wellbeing of local women' (Murphy 2005, 39).

Another Dale Street arts and health initiative was a booklet, and later theatre production, called *The Mermaid's Guide to Planet Earth*, which Philip-Harbutt describes as about 'how to live safely and well, no matter what your circumstances were', and which came about as a result of 'youth workers, health workers and artists working together'.

Despite these examples occurring decades ago, interviewees note that arts and health still retains a close connection to the community arts field. In fact, Newman says that many current arts and health workers migrated to the field after community arts organisations began to be defunded in the mid-2010s: 'Those community art workers had to find other areas to work in, and a lot of them have moved into arts in health because that's what they were already doing'. Francis says that even with this defunding, there is still 'a plethora of programs out there around community-based arts in health programs'. In fact, Howard says that Country Arts SA's community arts focus places it 'completely under the umbrella of arts and health...all the work that we do in regional South Australia incorporates foundations of what arts and health is and what it's about. Our work in communities, CACD practice, socially engaged arts practice, the majority of our work sits within that realm'. For Philip-Harbutt, while community arts is a separate field from arts and health, the two will naturally continue to connect through the shared goal of helping people improve their lives via art: 'The outcome we were going for wasn't divided into health outcomes and

art outcomes...it was giving a voice to people to say something they really wanted to say about their life, trying to find a way of changing it’.

Health Promotion

Health promotion is another area, one also dedicated to changing lives, that interviewees say intersected with early arts and health in South Australia. The 1986 Ottawa Charter for Health Promotion describes health promotion as ‘the process of enabling people to increase control over, and to improve, their health’ (World Health Organisation 1986). Health promotion has a rich history in South Australia. The World Health Organisation’s Second International Conference on Health Promotion was held in Adelaide in 1988, with the event hosting 240 participants from 42 different countries. The state was also an early adopter of the ‘Health in All Policies’ approach, which is ‘based on the understanding that health is not merely the product of health care activities, but is influenced by a wide range of social, economic, political, cultural and environmental determinants of health’ (SA Health 2022). Marsden (1993, 15) describes how health promotion frequently uses the arts to achieve its goal of helping people understand the determinants of their health and wellbeing: ‘Health services have consistently used the arts to promote health messages, demonstrating the vital role the arts play within the health system at the community level’. As a result, health promotion provided some of the earliest government funding for arts and health in Australia, with Michael McLaughlin (2003, 40) writing that ‘historically the policy pairing of health and arts in government has been and continues to be constructed within a health promotion framework...this is particularly true of explicit arts and health funding over a decade or more in WA, SA, and Vic’. Fran Baum—Professor of Health Equity at University of Adelaide’s The Stretton Institute—agrees that the two fields have long been linked: ‘Arts and health is very much associated with health promotion’.

One of South Australia’s pioneering achievements in health promotion was the 1987 establishment of Noarlunga as a pilot for the World Health Organisation’s ‘Healthy Cities’ initiative, one of three Australian cities to test this model. Arts and culture played an important role in creating a ‘Healthy City’, as Mary Louise Fleming and Elizabeth Anne Parker (2020, 210) describe how one of the criteria was ‘individual experiences of the city, which include a sense of history and tradition, lifestyle, culture and expressions

of creativity and art'. The Noarlunga Healthy Cities initiative also included arts and health projects, with Baum describing how 'arts was the thread through Healthy Cities'. One such example was a community youth theatre project, described by Marsden (2013, 16) as promoting 'the issue of sexually transmitted diseases' and which included 'a recording of songs and music from the play [to] enable the health promotion messages to reach an even wider audience'. The program also included a community arts project that used Visions Workshops, 'a series of workshops attended by government agency representatives and community members', to produce *The Dream Machine*, 'a three-dimensional display of the community visions for Healthy Noarlunga' (Baum et al. 2006, 261). Baum and Richard Cooke (1992, 185) describe how both the Visions Workshops and the finished product of *The Dream Machine* were 'creative ways of producing a policy statement relating to the future' of a healthy Noarlunga, therefore tying into the Ottawa Charter's mandate that people be given control over their healthy futures.

South Australia also led the way in establishing a government health promotion foundation in 1988. Foundation SA, later to be renamed Living Health, was the second of its kind in Australia, preceded only by The Victorian Health Promotion Foundation's establishment a year prior. Wreford (2016, 137) describes how Foundation SA's remit 'included a focus on arts sponsorship and the promotion of health messages', thus providing an early policy connection between the arts and health sectors. Similarly, Geoffrey Milne (2004, 57) describes how Foundation SA utilised the arts' ability to promote healthy messages: 'It fulfils its functions by providing sponsorships and financial support to sporting and cultural bodies, especially where such sponsorships support and promote health, and by conducting and supporting public awareness and health promotion programs'. Foundation SA did this work using funding from state tobacco licensing fees, with Jennifer Layther—Director of Arts SA—recalling how 'health promotion through the arts was a program we ran' and that it 'would have been through tobacco tax money'. Jenny Clark's 1997 book, *The Art of Health: Using the Arts to Achieve Health*, provides examples of how funding from Foundation SA's predecessor, Living Health, was used to produce arts and health promotion projects. Some of the projects described in the book are small, such as a \$800 grant to Elizabeth Vale Primary School to fund a community filmmaker coming in and working with kids on a video about good nutrition (Clark 1997, 12). Others were much larger, such as the 1995 *Lavender's Blue* project, produced by No Strings Attached Theatre Company using a \$10,000 Living Health grant, which involved research workshops at Glenside Hospital with

the goal of producing a play that presents ‘the issue and choices facing people with different forms of mental illness’ and ‘to reveal something about this struggle to the wider community’ (Clark 1997, 13).

Although Living Health was disbanded in 1997—Layther notes that the tobacco tax money has been ‘converted into what is now the community benefit fund’—health promotion remains an important part of the broader arts and health field in South Australia. In fact, Putland argues that the ‘arts fit more readily within the wellbeing part of the health spectrum...health promotion in that sense not just of risk management, but actually of thinking, what is it that creates health?’ David Panter—formerly of SA Health and now Chief Executive at Minda Inc—agrees that arts and health’s biggest value lies in keeping people from needing medical care in the first place:

Much of the benefit for arts in health, to my mind, is on the prevention side of the equation. While there’s good evidence that hearing music in the hospital, or having nice imagery around in the hospital environment, helps your recovery, it still doesn’t have the same value to you as a whole than arts within prevention type activities.

While Philip-Harbutt says that the term health promotion ‘went out of flavour a while back’, there has been a recent resurgence of interest in preventative health and wellbeing in the state. Most notable is the 2020 establishment of Wellbeing SA, a government agency with a remit to ‘focus on prevention, health promotion and hospital avoidance’ (Wellbeing SA 2020, 5). However, it is yet unclear what role arts and health will play in achieving these aims. Although Wellbeing SA’s strategic plan for 2020–2025 promises to ‘Create a Health Promotion Branch’ (Wellbeing SA 2020, 12), there is no mention of how the arts might contribute to this initiative.

Arts in Health at Flinders Medical Centre

These two strands—health promotion and community arts and health—came together in one of South Australia’s flagship arts and health achievements: Arts in Health at Flinders Medical Centre (FMC). The program began in 1996, when the Manager of Health Promotion, Cynthia Spurr, visited hospitals in the UK and came back with ‘a vision to transform the physical and social environment of Flinders Medical Centre to create a healthier, healing culture’ (Spurr and Ramsey 1999, 6). There is no record of exactly which hospitals Spurr encountered on her trip, and she has since sadly passed away.

Nonetheless, this moment is an example of a key decision-maker's first-hand experience of arts and health translating into significant action, one which would be replicated later in the history of arts and health in the state.

Writing in a 1999 report, Spurr and Karen Ramsay (19) describe the unprecedented nature of their fledgling Arts in Health project, which commenced in 1997: 'Introducing the arts into the hospital had not been done in a significant way in a South Australian hospital before and therefore there were no previous models to follow'. As a result, Spurr and Ramsay (1999, 4) write that 'initially progress was slow as hospital staff struggled with unfamiliar and previously uncharted territory'. To aid this progress, Spurr and Ramsey (1999, 12) write that the early days of the program were focused on raising awareness and acceptance amongst the hospital community and wider public: 'Advocacy, to increase understanding of the importance and benefits of arts within hospitals, was an integral part of the community arts project'.

To help with this aim, Philip-Harbutt was brought on in 1998 as the program's first community artist-in-residence. Philip-Harbutt recalls how her first task was reassuring health professionals, at a time in which arts and health was still largely a foreign concept, that the program would not drain money from other areas: 'The health workers would really like their special machine, they didn't really want their medical money going onto crazy artists'. Alongside projects that raised awareness of arts and health throughout the hospital, such as commissioned sculptures and a photo essay showing the 'behind-the-scenes' work of medical researchers, Philip-Harbutt says she slowly built community support simply by being an accessible, on-the-ground advocate for the program: 'Whenever I was in the hospital, walking around, etc, people would say, so you're the artist? And they'd talk to me...They just needed a point of contact'. Arts and health was such a novel concept, however, that even basic arrangements, like how to secure displayed artworks, had to be ironed out:

We couldn't have a gallery because there was too much risk in terms of paintings being stolen. So, I'm consulting with everyone about that, and one of the guards in the hospital said, "well, we've got a big corridor here and we have this area manned all the time. Why can't it be here?" ..We had to jump through a whole lot of hoops, but we got a gallery.

A 1999 survey evaluating the project suggests that this grassroots approach was successful, as only two out of a hundred responses included negative feedback—in both cases a lament that funding

should go to health, not the arts (Spurr and Ramsey 1999, 9). Furthermore, the project managed to advocate for arts and health beyond the FMC community, with sixteen media articles written on the project, including some in *The Advertiser*, the state's biggest newspaper (Spurr and Ramsey 1999, 25).

Philip-Harbutt says her goal from the start was to try and embed arts and health in a more permanent way: 'My aim was to get it on the agenda of the ruling body of that hospital, so that it wasn't a project, that it actually got a budget line'. This goal would not be immediately achieved, but the program continued to evolve in the early 2000s under the leadership of Allison Russell, from the Flinders University Museum of Art (FUMA—then under its previous name, Flinders University Art Museum), along with Greg Hordacre, a freelance Arts, Culture and Community Consultant. The funding for Russell's and Hordacre's positions came from the hospital's research foundation, Flinders Foundation. Mirroring Philip-Harbutt's early experiences, Russell recalls that the decision to use research funding for arts and health was met with some resistance:

That was actually a bit contentious...They [Flinders Foundation] were funded to support medical research. And here was a program that was to all intents and purposes, to scientific brains, a bit fluffy, and not research focused, and not even necessarily about anything curative. It was about wellness and wellbeing rather than about treatment. In an acute care hospital, that was, I think, pretty unusual.

However, Russell says the program had champions in important positions throughout the hospital, such as the Head of Allied Health, Deborah Law, and CEOs Julia Davison and Michael Szwarcbord: 'We had some really, really strong advocates that were working at a much higher level than we were...There were lots of people who were prepared to speak on behalf of the program'. Even with this support, however, Russell says keeping the program funded was a constant battle: 'We had to raise our own salaries before we could think about programming...funding came sporadically and project by project'. Putland (2012c, 7) describes how funding during this period was piecemeal: 'Funding for initiatives was sought primarily from Arts SA and was supplemented by donations, Health Promotion grants and FMC volunteers'. As a result, Russell says 'there was always the desire to find something permanent', although this dream never extended to gaining access to the hospital's budget: 'I don't recall there ever being a suggestion that it might come from hospital funds. It was always external money...[with] the foundation contributing the baseline funding'.

Despite the ongoing funding precarity, Putland says the early 2000s were when the program ‘started to sort of build momentum’. In her report, Putland (2012c, 7) describes how the Arts in Health program changed direction in this period, moving away slightly from its community arts and health promotion roots—which centred on enabling patients and staff to create their own art—to an approach that focused on bring professional artists and their work into the hospital: ‘The program focused on bringing professional artists into the life of the hospital to enhance the environment and lift the spirits of hospital users’. Initiatives conducted during this time included the establishment of two galleries within the hospital, and a partnership with the State Opera South Australia (Putland 2012c, 7). Russell agrees that, with some exceptions, the program went with ‘a professional practice model rather than a community arts model...It was about bringing professional artists into the space to do the thing that they did best’. A crucial part of this move to a professional practice model was employing Russell and Hordacre, who had backgrounds in visual and performing arts respectively. However, Russell points out that this model relied most heavily on the cooperation of artists, many of whom would not have exhibited or performed in hospitals before: ‘Artists were willing to take some risks on putting their shows in what were at the time pretty unusual sorts of circumstances for an artist’s work’. An arts coordinator report from 2003 hints at the types of fresh challenges that faced artists. Describing a concert in the front foyer area of the hospital, the report notes that ‘the musician said that the venue was difficult but not impossible (and were good humoured about the PA announcements that were made during the event)’ (“Arts Coordinator Report 2003”).

Sally Francis was one of the many artists bringing their talent to FMC, exhibiting her work in 2001. After graduating with a Graduate Diploma in Arts Management and working as a casual staff member at FUMA, Francis took over Russell’s role in 2006. During Francis’ tenure, the program experimented with a wide variety of initiatives, mixing together the participatory and professional approaches from the program’s past. Putland says that ‘Sally’s inclination was to really kind of think broadly about what arts can work in what sort of areas’, a vision that was later defined in Putland’s (2012b) evaluation of the 2009 Arts in Health program: ‘Arts in Health at FMC has a continuing commitment to initiatives that extend beyond the normal reach, exploring new applications for the arts in this setting’. One initiative that exemplifies this period was the residency of Leigh Warren & Dancers in both 2007 and 2009, during which they produced impromptu diversionary therapy performances all across

the hospital. A 2011 UK article about the initiative includes a number of incredible anecdotes, including a story in which Leigh Warren describes performing for a woman on her deathbed: 'The woman would wake for a moment and engage in the process and then lapse back...The daughter was elated her mother had been able to experience such a beautiful vision of tenderness and connection and [that] they'd been able to share that moment together' (in Murtagh 2011). Francis says that the aim behind such interactive, hospital-wide initiatives was to create audience engagement and provide an opportunity to educate the public about the power of the field: 'That really worked in terms of generating media exposure through which you could talk about the impacts of art and the impacts of arts engagement'. This approach succeeded in raising the program's profile, with Putland (2012c, 7) writing that 'between 2005 and 2009 Arts in Health at FMC became well known around Australia and elsewhere for its ground-breaking and sustained work, presenting an eclectic range of practice'. Indeed, while on the ground at FMC during this period, Putland recalls how 'other hospitals would continually want to come and visit and see how things were done'.

When Francis took over the program in 2006, it was still based in FUMA, an arrangement that made Francis worry that 'it was always going to be disposable to health. It was always an add-on until it actually became firmly under health'. The program therefore took a big step forward in 2008, when FMC CEO Michael Szwarcbord agreed to take the program out of the museum and into the hospital. Francis describes this as a 'critical movement' as 'it meant it became a health program and could then be viewed as delivering a health service'. Francis says this move was just 'the start', with the program still not being funded by the health budget but relying on annual funding from a trust fund for a number of years. The crucial next step then came in 2014, when Arts in Health became permanently funded as an Allied Health service through the Southern Adelaide Local Health Network, under the leadership of Belinda Moyes, CEO. This funding arrangement is an historic achievement, as Francis notes that 'Arts in Health at FMC remains one of the few programs, even internationally, that is fully funded through health'. Russell says she is pleased that the program has managed to obtain the permanent funding she argues it deserves: 'I think the value of the program has been demonstrated internally and externally and internationally'.

The Patient and the Politician

The Arts in Health program at FMC would be formally evaluated in a 2012 report by Christine Putland, but prior to this, Francis says there was ongoing anecdotal evidence of the program's impact: 'Arts in Health always has on a regular basis, three, four, five stories of direct impact of someone who has been critically ill and had an engagement that's changed their life and changed their recovery'. One of these stories would have a dramatic impact on the trajectory of arts and health in the state. In 2007, Rebecca Cambrell was an artist-in-residence at FMC, where she was painting a 14-metre mural in the hospital's promenade. Cambrell found that painting live in medical settings could have a positive effect, as it 'changed the atmosphere and the mood so drastically'. As an additional quirk, Cambrell was dressed in a bridal gown, something she'd found was 'more visually interesting to people and unlocked so many conversations'. As Cambrell was working, a young woman, Becky Corlett, was being pushed through in a wheelchair. Corlett was non-responsive after suffering a stroke and cardiac failure, and doctors were taking her for an x-ray to check that her nasogastric tube had been inserted correctly. It just so happened, however, that Corlett collected bride dolls, and when she spotted Cambrell, she made a noise of interest that convinced her carers to push her closer to the artist. Cambrell says her instincts as an artist working in community and medical settings then took over:

I'd never met her before, but she looked incredibly down. Obviously, having a struggle, not breathing too well. I think she'd had tubes in her nose...just very, very flat...But while she watched me paint, she started to slowly lift her eyes up and her face up and really get engaged and really look at me and make facial expressions...I reached over, pulled her closer to me, and held up the pallet

Incredibly, after days of being non-responsive, Cambrell says that Corlett began to paint along with her: 'I put a paintbrush into her hand, and she dipped it straight into a nice sort of bright magenta. She started dabbing onto the painting...She just got more and more engaged, she just kept dipping in colour, and a bit more and a bit more, and she's smiling and starting to make happy noises'. The importance of this moment only truly dawned on Cambrell when she turned around: 'Her parents were sort of weeping. And people were really engaged and were gobsmacked. And I found out later talking to them that they really thought she was palliative at that time'. Corlett returned to paint with Cambrell a number of times

during her stay at FMC, and although she has sadly passed away now, Corlett was eventually well enough to leave FMC and live many more years. Francis says Corlett's parents are in no doubt as to what triggered her incredible recovery: 'Her parents were convinced that the moment she touched that paintbrush, something was triggered inside Becky that made her want to live'.

Corlett's story had what Francis describes as a 'huge and far-reaching effect' on arts and health in South Australia. Soon after Becky's transformative experience, the then Labor Minister John Hill interacted with her while he was at FMC to launch its new paediatric ward. Through what he describes as a 'historic accident', Hill at the time was both Health Minister and Assistant Arts Minister to Premier Mike Rann. However, despite holding these two portfolios simultaneously, Hill admits that he 'really wasn't thinking about health in arts at all'. This changed, however, when the minister walked down the promenade and saw Cambrell and Corlett at work:

I was just walking along, and I saw the painting going on and there was this little girl busily doing art, and I just went up and started chatting to them. And her parents came up to me and had tears in their eyes, saying how a day or two before that she'd been wheeled by, and the doctors had said, this is it, she's going, and then she's seen this, and her eyes lit up and she wanted to be engaged and she was reconnected with life.

Hill's acquaintance with Putland meant that arts and health was something he was increasingly becoming aware of, but he says that his first-hand experience of Corlett's transformation brought home the potential of the field: '[It] struck me as so potent an exemplar of what this was about'. Cambrell recalls that the encounter deeply affected Hill: 'I was talking to him, and he said, "that really, really moved me, that story"'. Francis agrees that Hill was 'affected by it', and she says that this personal experience turned into political action: 'Witnessing this became something of a pivot for John's engagement plus the whole public face of arts in health'. Deborah Mills—former Director Policy and Strategy at the Arts and Health Foundation—says that Hill's 'experience was an epiphany', writing in 2013 that 'in that moment—in the hospital corridor—he [Hill] witnessed first-hand how creativity is essential to the human spirit. He understood that the physical, psychological, and spiritual health and wellbeing of all Australians can be strengthened by connecting individuals and communities with arts experiences' (2).

It is important to note that Hill's interest in supporting arts and health did not rely solely on a single serendipitous encounter. He

says that this first-hand experience was supported by academic and grey literature, supplied to him by Francis and Putland, and which provided further evidence of arts and health as something worthy of political support: ‘The thing that stuck in my mind is the evidence was pretty strong that it helped people recover...There was a very good reason for health investing into the arts other than the altruistic and it being nice for the arts’. Nonetheless, he says that Corlett’s story was an emotionally effective way of speaking about the potential of arts and health: ‘In any communication, telling a story is really about the storyteller adding their own experience to the facts. As the political person, that was my job to try and communicate dense factual material in a way which people understand’. Francis therefore describes how Hill used his experience with Corlett to raise the profile of arts and health both in the state and nationally:

There would be numerous times that his media advisor would ring and say, “John’s going to bring up arts and health in parliament: how’s Becky going?”...When Kevin Rudd came to the hospital, John took him to the gallery to show him photos of Becky, and Kevin Rudd wanted to know about how Becky was.

Although it is just one of FMC’s many incredible moments of arts and health transformation, Francis says that Becky Corlett’s story continues to resonate with those who hear it: ‘Every conference I’ve presented at people are moved by the story...I think it’s because it’s so compact, tangible, and visual’.

2008 Partnership Commitment

Given his mix of portfolios, it was clear that Hill’s new belief in the power of arts and health was a unique opportunity for the field. Mills says that Hill was inspired to try and leverage his power to elevate arts and health: ‘It really helped him commit. He brought together bureaucrats from the two sides of his portfolios, and said, “Well, why can’t we do more of this?”’ Not long after meeting Becky, Hill hosted a dinner at Parliament House with attendees from the arts, health, and political arenas. This gathering suggested there was an opportunity to drive real policy action in arts and health, an opportunity that was capitalized on through two ground-breaking documents. The first was the 2008 partnership commitment between Arts SA and SA Health, which Wreford (2016, 139) describes as ‘the first arts and health interagency policy agreement in Australia’. This two-page document was written by David Panter from SA Health, and was signed by Department of Health Chief

Executive, Tony Sherbon, and Arts SA Executive Director, Greg Mackie. The commitment was an attempt at formalizing the two agencies' dedication to advancing arts and health: 'The Department of Health and Arts SA recognize the positive impact of the arts, including good design, on physical, psychological and spiritual health and wellbeing, and the potential of the arts to improve the quality of healthcare' ("Partnership Commitment" 2008). Panter recalls that the agreement was an attempt to build on Hill's new understanding of arts and health: 'It was trying to get that connection fuelled by having a common minister, who was also keen to get those connections'. Although the agreement did not contain any specific policy commitments, Francis says that it formalized the government's belief in arts and health in a useful way: 'I could wave it around and say, "This has come from SA Health, it's an official SA Government document"...It actually legitimized practice, which I think was really important'.

One of the commitment's biggest impacts was influencing the development of the new Royal Adelaide Hospital (RAH), which was announced in 2007 by Mike Rann as a replacement for the ageing RAH in the city's east. The wording of the partnership commitment focused on how intelligent design and the integration of art could improve medical settings: 'Attention to the arts and good design can make the difference between environments and buildings that work and those that excel' ("Partnership Commitment" 2008). Francis says that this was no accident, as the partnership commitment was actually 'developed and launched specifically as a pre-empt for the new Royal Adelaide Hospital'. Panter says the agreement was crucial in influencing the design of the new hospital: 'It was important that when we looked at the procurement for the hospital, we built into that process an expectation and a budget for arts within the building'. To emphasise this, Francis herself presented on the importance of arts and health to the two bidding consortia. As a result, Hill says the agreement's focus on art and design 'was built into the design process around the Royal Adelaide Hospital'.

When the Hansen Yuncken Leighton Contractors Joint Venture won the contract to design and build the new RAH, they hired Judy Potter as an independent arts consultant. Potter was hired early in the design process, and she recalls being impressed by the importance the contractors gave to her role and to the arts in general: 'I felt total respect in that project for my views, and for bringing in the information or knowledge I had. It was true integration'. To try and best integrate art and design into the new hospital, the team took trips overseas to see first-hand the methods used by other hospitals.

Layther recalls being impressed by the effort put in: ‘They did their trips overseas, they looked at models that were working well, they looked at things where the collections of museums were actually housed within a hospital. And they were open and keen and really wanted to see that flourish’. The end result is a hospital, officially opened in 2017, that integrates art in intelligent and meaningful ways, from the colour-coded wayfinding art by Adelaide artist Annalise Rees to the Aboriginal Health Garden, whose steel walls feature designs by Kurna artist Karl Telfer and Ramindjeri artist Sam Gollan. Looking back, Hill is proud of how the thinking behind the partnership commitment found its way into the final build: ‘Everybody I’ve spoken to that’s been to the Royal Adelaide, as a patient or visiting a patient, says to me how good it feels to be there, and how calming it is’.

Potter is also proud of the final result, although she notes that with the comparably small arts budget—\$2 million out a final \$2 billion—‘the biggest disappointment was [that] there was so much more we could do’. However, even this small apportionment given to the arts proved controversial at the time, with the backlash to the hospital’s rising costs using arts and health as a scapegoat. Potter recalls how some sections of the media began to question why any money had been allocated to art at all: ‘Talkback radio was saying, “How could you possibly be spending this on art and not on a kidney machine”, and you just wanted to say, “What do you want, a concrete slab?”’ Worse was to come after the 2014 state election, when Jack Snelling took over as both Minister for Health and Minister for Arts, and began to criticize the new hospital’s art budget, saying that he could not ‘justify spending \$2m on finding new public art’ (in Owen 2013). Hill, who had been replaced by Snelling, argues this was simply political posturing: ‘He was just pandering to a view in the media that the hospital was expensive’. Paul Lambert—former Executive Director for the new Royal Adelaide Hospital Activation—agrees that the controversy was ‘just politically naive noise’ due to ‘ministers not understanding funding being in various different buckets’. As art funding was written into the builder’s contract, Lambert says ‘it couldn’t be diverted for anything else. If it wasn’t used, it wasn’t used’. This crucial point, made at the time by Chris Pratt, the design manager for Hansen Yuncken Leighton Contractors, quelled the controversy, but Lambert nonetheless notes that ‘there’s no doubt that changes in leadership at the highest level can sometimes bring those things into sharp relief’. Layther likewise says it was a sobering reminder of how quickly political support can disappear: ‘I just remember feeling incredibly sick’.

A portion of the build's arts budget was used to set up the hospital's new arts, health and design centre, the Centre for Creative Health (CCH), which opened in 2017, and to fund the position of a director for four years. Lambert describes CCH as an attempt 'to leverage the therapeutic environment that had been created in the new hospital and try and set up something that would be sustainable with a broad kind of arts and health focus'. The funding was added to the RAH's budget and Michelle Cripps was hired as the centre's initial director. Cripps' role was an Allied Health position with the Central Adelaide Local Health Network, funded for four years, and she says that being a member of the health staff inside the new RAH was instrumental in getting the centre up and running:

I had equal footing in meetings with the director of physio, psychology and social work and podiatry and all of the others sitting in there, which meant that I was learning about the new hospital as they were. I was able to gather information and start to really understand how the new hospital would work. And down the track that became really important in setting up the creative health services. Being in allied health and being part of health opened the door into the hospital proper to doctors, nurses, processes, etc, and allowed me to begin explaining the possibilities of arts and health to other health professionals.

Cripps' position within the hospital also allowed her to do a lot of what she describes as important 'red tape' work, such as writing job descriptors and setting up accreditation requirements for arts and music therapists. While Cripps' role was funded into health by the contractors, the hospital decided against providing funding for the CCH's other desired positions and projects. As Lambert explains, this was largely due to budgetary pressures at the time: 'It was clear that given a whole range of factors, but particularly the ongoing challenges of public health funding, that to seek operational funding for an initiative like this was going to be difficult'. Instead, CCH activity is funded by The Hospital Research Foundation (THRF), who were invited to be part of the Steering and Transition Committees for CCH as the new Royal Adelaide Hospital was being constructed—a solution that Lambert says, due to the ongoing controversy over the hospital's price tag, was 'the least politically risky way to set up a funding mechanism'. Fiona Smithson—the current Executive Director of CCH—describes how THRF's funding of CCH has developed:

The Hospital Research Foundation began as the philanthropic partner of CCH. We've been involved from the beginning, providing support and funding for the development of the

Centre and appointment and employment of all staff from the initial team at the Royal Adelaide Hospital to the current team of therapists, curators, and art tutors. In the absence of sustainable funding through Health, THRF was willing to secure and grow CCH. The now 14-strong team are all fully employed by THRF. We were willing to fund and secure the growth and impact of the Centre for Creative Health.

While Cripps says she initially thought that this funding arrangement was a good idea, it was not always easy: 'The bugbear for me was that all the funding sat outside the hospital with another organization. So, I was really straddling two structures, which caused some significant difficulties over the years'. Ultimately, this hybrid funding arrangement did not last. With the hospital dealing with both financial strain and the beginning of the COVID-19 pandemic, Cripps was told that once the contractor funding ended, the hospital would be unable to take over funding the position. Cripps remains convinced that new hospital-based arts and health programs, such as the RAH's, benefit from having at least one position funded directly by the health budget: 'There is no way in that hospital, in that environment, with all that was going on, that being the outsider trying to get in would have worked. The collaborations with universities, arts organisations and internal initiatives would have been lost'. The question about which funding model best fits hospital-based arts and health programs remains an open one, and it is a topic that would benefit from further research. While Smithson says THRF's funding model works, with allied health staff such as arts and music therapists having the stability of ongoing contracts provided by the foundation, she also says a contribution from the hospital would be ideal: 'would it be good to be funded more by health? Absolutely...It would be great to have a team of another 20 so we could get all the things done that we feel that we want to. Still, our team currently are embedded in all health structures across the three Local Health Networks with onsite direct line management, support and advocacy from senior Health staff including Nurse Unit Managers and Psych-Social leads'.

Nonetheless, Smithson says those early years were crucial in setting up what the Cripps established as CCH's 'three pillars': creating a healing environment, providing arts in clinical care, and developing partnerships for collaborative projects and research. Looking back even further, Smithson is in no doubt that the work of Potter and others in integrating art into the hospital build adds to CCH's capability to draw on the power of arts and health: 'Other people that come into the RAH are delighted to see that we've got these

amazing artworks everywhere...If every hospital had that level of understanding and investment and infrastructure, we would be doing an incredible thing by people's wellbeing, and their recovery and days in hospital would surely be less'. While CCH will always be connected to the new RAH's iconic infrastructure, it's reach now spreads far beyond a single building. Victoria Bowes—Program Administrator at CCH—says that CCH works 'across the Central, Southern and Northern Health Networks, and we're working in hospitals and the new Repat Health Precinct. We're providing Art Therapy and art services to veterans both as inpatients and in the community. The reach geographically but also across different clinical spaces, is quite diverse and I think that's a real strength of ours'. In 2021, CCH (n.d.) calculates that 'over 3,500 patients, families, visitors and hospital staff benefitted from our creative therapies across seven healthcare sites', a notable achievement that shows how quickly this relatively new centre has embedded itself in the community.

At the same time that the partnership commitment was influencing the new RAH, the Women's & Children's Hospital Foundation had begun developing its own arts in health program. In 2007, Trish Hansen—Founder of Urban Mind Studio—ran the master planning process for the Women's and Children's Hospital (WCH). Hansen was present when Francis' gave a Grand Round presentation on Arts in Health at Flinders Medical Centre in 2009. Francis recalls that Hansen responded enthusiastically: 'She came up to me after, and said, "We've got to get this going at Women's and Children's"'. Hansen, who had also previously worked with Hill, agrees that through learning about Francis' and others' previous work in the field, she 'got that very broad high-level perspective on arts and its role in health'.

Hansen was also interested in early incarnations of design-thinking, so when she pitched the idea of an arts and health program to the hospital executive, she was 'thinking of it in its broadest sense...I called it an arts and design and health and wellbeing program'. The hospital agreed to approve the program but was unable to fund it. Instead, the hospital's charitable organisation, Women's and Children's Hospital Foundation, signed a formal agreement in 2008 to establish an arts and health program for the hospital. Hansen, with her medical background, realised she didn't know enough about arts and culture to develop the program herself, but her time spent consulting with the field meant she did know that 'there were amazing art practitioners and organizations out there that knew what they were doing'. As a result, she was able to set up a diverse

advisory group, including ‘paediatricians and nurses, but also heads of arts organizations’, before installing Jill Newman as manager. Alison Russell—former Director of Education at the Women’s and Children’s Centre for Education and Training (and not to be confused with FMC’s Allison Russell)—was on the interview panel for Newman’s position. Russell says that, once installed, Newman looked to draw from the experience of those active in the arts and health field: ‘Jill started a committee, which was instrumental in the success of that WCH program because she recognized the expertise and history...She had people like Lisa Philip-Harbutt, Christine Putland, Jane Andrew, and Sally Francis on that committee’. The program was officially launched by Hill in 2010, with the 2020 report that celebrates the program’s tenth anniversary describing how ‘the partnership agreement signed between SA Health and Arts SA...provided the landscape to cultivate our Arts in Health program’ (Women’s & Children’s Hospital Foundation 2021, i).

Like CCH, the Arts in Health program at WCH is funded by a charitable organisation, and not the hospital’s budget. However, Newman says that this model provides her with ‘the best of both worlds’. Newman says she is connected with important decision-makers at the hospital: ‘I’m often seen as a hospital staff member...I have a direct line connection and have meetings with the executive of the hospital’. Furthermore, as detailed in the tenth anniversary report, the funding’s separation from the health budget also means it is ‘not shaped by changing priorities and funding pressures within a government health sector’ (Women’s & Children’s Hospital Foundation 2021, 10). Alison Russell says this separation from the health budget has helped appease complaints from medical practitioners within the hospital: ‘There were a number of people who thought, “Why would we be spending on this when we could buy another machine that goes bing?” That was a benefit of having it being funded by the foundation. People could say, “No, we’re getting people donating specifically for this who wouldn’t have donated to a machine that goes bing. They’re arts people...We’re still raising money for your things that go bing, but we are also now branching out”. The model also benefits the Women’s and Children’s Hospital Foundation, as the report describes how the Arts in Health program acts as the ‘Face of the Foundation’ in the hospital ‘through relationship building with the WCH...as well as the increased visibility of the WCHF through the branding of the gallery spaces and public art throughout the hospital’ (Women’s & Children’s Hospital Foundation 2021, 10).

Like the programs at FMC and the new RAH, the Arts in Health program at WCH features a broad range of initiatives, from passive

environment-improving art galleries to interactive workshops and therapeutic interventions. The difference between WCH's program and those that it is modelled on, however, is how it must be specifically 'tailored to the WCH's patients (babies, children and birthing mums)' (Women's & Children's Hospital Foundation 2021, 7). As Newman says, this tailoring requires that the perspectives of the hospital's young clientele be considered at every turn: 'In our environment, lots of the work we do is about 'how does it look from the child's perspective', because if we can keep the child in a more relaxed state, the parents are less anxious as well'. Examples of this specific approach include the hospital's two state-of-the-art pain distraction therapy rooms in the Paediatric Emergency Department, which the report explains 'have been redesigned to provide complete sensory stimulation using bright colours, sounds and images', providing 'the ability to treat a child without the need for a general anaesthetic' (Women's & Children's Hospital Foundation 2021, 40). Another child-specific development has been the expansion since 2011 of the hospital's Play Therapy Service, with eleven Play Therapists now on staff to 'provide a positive environment in which patients are free to express their feelings through play' (Women's & Children's Hospital Foundation 2021, 43). The program has also employed a harpist since 2014 to play music in the neonatal ward, with the instrument chosen because 'the harp is able to resonate positively with different parts of the body, soothing and releasing tension, forming the ability to mimic heart rates and breathing patterns' (Women's & Children's Hospital Foundation 2021, 50).

Alongside this tailoring of arts and health initiatives to suit the hospital's clientele, Hansen's original goal of incorporating elements of design thinking into the program has also continued through an alliance with the University of South Australia's School of Architecture, Arts and Design. In 2009, the Women's & Children's Hospital Foundation established a formal partnership with UniSA with the intent to 'foster innovative avenues for engagement between the health, arts and design sectors' (Women's & Children's Hospital Foundation 2021, 17). This partnership has delivered a range of projects, such as Belinda Paulovich's infographic interpretations of Cystic Fibrosis Airway research; redesigns fixing issues with baby baths; integrated observation trolleys and tented beds; and a research study in the Hospital Paediatric Emergency Department waiting area to inform the re-design of the space (Women's and Children's Hospital Foundation 2021, 18-19).

Apart from these projects, the alliance also had a substantial impact on how the University of South Australia arranged arts and health research within its schools. Andrew recalls that after the formation

of the alliance, ‘we were rapidly being asked to work with a lot of people in the health and wellbeing context’, and as a result, she ‘was introducing a whole lot of people from lots of different disciplines to each other’. In 2013, the university formalised this emerging interdisciplinarity by forming a research cluster called The Art and Design of Health and Wellbeing, with the cluster aiming ‘to be a catalyst for the formation of trans-disciplinary teams of researchers and industry engaged in developing art, architecture and design to facilitate health and wellbeing across the community’ (University of South Australia n.d.). This new cluster was just one example of the growing influence of the arts and health field in the state. With arts and health programs now established in each of the city’s three major hospitals, the focus turned to spreading awareness of arts and health beyond medical settings, and to gaining political support. To this end, South Australia would play a crucial role in developing the most important piece of arts and health policy to date: The National Arts and Health Framework.

The National Arts and Health Framework

After seeing the impact that a formal legitimization of arts and health could have at the state level, those involved in the development of the partnership commitment made the ambitious decision to recreate this on a national stage. Francis recalls that the energy generated by the partnership commitment convinced its authors and champions to keep advancing arts and health: ‘We sort of started saying, “Well, why stop here? Why don’t we work on a national framework?”’ Hill says Francis came to him with the idea of ‘getting a national approach to arts and health’, and that his role was simply to pave the road: ‘It’s part of my job as a minister, you see good things, you don’t stop them, you help them happen’. However, while Hill is careful to ascribe the idea of the framework to Francis, he acknowledges that the support of an elected minister, one whose portfolios included both the arts and health sectors, was useful in kickstarting the process: ‘I think it helped because when she [Francis] went to other jurisdictions, they were able then to say, “Well, the health minister in South Australia is keen on this”’.

This seed of an idea set off a whirlwind of activity in the arts and health field over the next half-decade. In 2011, Hill’s proposal to develop a national policy framework was accepted by the National Standing Committee on Health, which then appointed a Ministerial Working Group to be led by the SA Government. This working group consisted of Sally Francis, Christine Putland and David Panter, as

well as Alex Reid and Jennifer Layther from Arts SA. Francis says it was an inspiring circle to be a part of: 'It was hugely exciting to have both health and arts at the table with equal commitment and experience'.

Meanwhile, on a national level, the Arts and Health Foundation, a not-for-profit advocacy organisation that included Francis on its board, put its support behind the framework. The foundation hired Deborah Mills to coordinate consultation with key figures and organisations across the country; to raise awareness of arts and health in the public sphere; and to collate evidence on arts and health's value. Like the Ministerial Working Group, Mills says the foundation's interdisciplinary board was 'an interesting combination of clinicians, researchers, and artists'. The foundation's approach to supporting the development of the framework was equally diverse. Mills says the first step was to 'map what activities were happening in the Australian jurisdiction in relation to arts and health'. These stories from across the country were collated on the website Place Stories, which is run by the community arts and cultural development organisation, Feral Art. Mills (2011, 6) writes that by collecting as many 'stories and experiences as possible', the website aimed to 'encourage the broadest possible participation in the development of this national policy project'. To further raise public awareness of the sector, the foundation appointed two ambassadors: Professor Ian Hickie—Co-Director of the Brain and Mind Centre at the University of Sydney—and artist Robyn Archer AO. In their endorsements of the Arts and Health Foundation posted to Place Stories, both Hickie and Archer focus on the value of using lived experience to testify to the power of arts and health. In his call for submissions to Place Stories, Hickie says that 'what we really need is your story, your project, your experience. All that real world information adds up to the bigger picture' (Feral Arts 2011). Archer (n.d.), meanwhile, shares her personal history with arts and health:

As a child who was born with every allergy known to man and developed severe chronic asthma at 2 years old, I know just how valuable the arts are in bringing hope, optimism and real improvement to those with health challenges. Drawing, painting and reading from my sickbed made me happier, and singing and swimming prevented my asthma from being so much worse. Through the arts I have [had] a fantastic active life and have suffered absolutely no setbacks because of my health

While personal testimony from an arts celebrity such as Archer was a useful way to raise public awareness of arts and health, those involved in the development of the framework felt that

more traditional evidence was required to gain endorsement from government, in particular members of the Standing Committee on Health (Zigmond 2014, 237). To address this, a number of publications that gathered arts and health evidence were produced during the development of the national framework: Putland's 2012 scoping review, *Arts and Health - A Guide to the Evidence*; the Deeble Institute for Health Policy Research's 2011 evidence brief, *Is there compelling evidence for using the arts in health care?*; and Mill's 2011 discussion paper, *Joining the Policy Dots: Strengthening the Contribution of the Arts to Individual and Community Health and Wellbeing*, which was a submission to the federal government in response to their draft of a proposed National Cultural Policy.

The watershed moment of the march towards a national framework, however, was the 2012 National Forum, held at Parliament House in Canberra. The forum was organised by the Arts and Health Foundation, along with its partners in the National Rural Health Alliance and Regional Arts Australia. Mills describes the rigmarole of trying to set up an event within the bureaucracy of the federal government as 'one of the most challenging things I've ever done in my life'. Nonetheless, it was a huge success, with over 70 attendees representing a diverse collection of stakeholders, including 'senior representatives of government arts and health...clinicians, researchers and academics, philanthropists, artists, senior health services personnel, consumer groups, Aboriginal health agencies, arts and disability organisations and community-based arts and health advocates' (Arts and Health Foundation 2012). The official purpose of the forum was to present a draft of the National Arts and Health Framework for consultation, although Layther notes that it was also about 'trying to build up a groundswell of support that would play into the delivery' of the framework. Similarly, Mills says the forum was an opportunity to make the case for the diverse range of arts and health practice: 'What we wanted the forum to do was to say what the national arts and health policy should be aiming for, and to provide evidence about the success of the practice honouring all the different expectations'.

This aim was supported by the voices of the two federal ministers responsible for the arts and health portfolios. Tanya Plibersek (in Arts and Health Foundation 2012), then Federal Minister for Health, spoke to the attendees via video conference, and underlined the importance of using policy and evidence to strengthen the field: 'Arts and health has, until now, grown out of practice. It is a positive step to be looking at policies to underpin practice: policies informed by a strong evidence base'. Simon Crean, then Federal

Minister for the Arts, attended in person and used his opening address to recount what Mills (2011) describes as ‘a story about how he came to understand that the arts have an important part to play in health care’. Crean (in Feral Arts 2012) told the audience that ‘in terms of the theme of this conference, I come to it from a personal experience’, before sharing how arts and health had helped one of his close friends:

One of my oldest friends was in palliative care in Royal Melbourne Hospital. He was helped by Emma O’Brien [a music therapist attending the forum] ...They wrote a song together. I’ve still got it. I still listen to it...It was pretty uplifting. Thank you again for what you did for him. I think it highlighted...the importance of how other things can be used by way of people’s wellbeing.

Just as Hill’s understanding of arts and health was shaped by his first-hand experience, Mills says that Crean ‘had that visceral experience. He just thought it was fabulous’. Yet the volatile world of Australian politics meant that neither Hill nor Crean were present when, in April of 2013, the framework was endorsed by the state and territory arts and cultural ministers at the Meeting of Cultural Ministers. Crean had been removed as Arts Minister in 2013, while in January of that year, Hill had announced he would not contest re-election and would immediately step down from his ministerial roles. Mills recalls being panicked when these two key supporters were removed, particularly when Hill’s successor, Jack Snelling, showed no interest in arts and health: ‘I could not make any headway at all with his office or his staff. It was very, very depressing’. The framework was removed from the agenda of the April 2013 meeting of the Standing Council of Health Ministers by South Australia, who had been the sponsoring state. Francis says this decision ‘points to the importance of personal commitment and understanding of the issues’, as Snelling lacked Hill’s connection to arts and health. Francis recalls being disappointed by this turn of events, especially as ‘South Australia did the bulk of work designing and developing it’. Despite this hiccup, however, Mills says the framework had ‘a bipartisan approach the whole way through’, and Victoria quickly took over sponsorship of the framework. In November of 2013, the Standing Council on Health, led now by Liberal Federal Health Minister Peter Dutton, endorsed the National Arts and Health Framework. This moment brought to conclusion a half-decade of hard work, during which, as Philip-Harbutt notes, ‘The impetus at a national level quite often came from South Australia’.

The endorsed version of the National Arts and Health Framework is a statement of purpose that declares the Australian federal, state and territory governments' recognition of and support for the field: 'Australia's Health Ministers and Cultural Ministers are committed to improving the health and wellbeing of all Australians and recognise the role of the arts in contributing to this' (National Arts and Health Framework n.d., 1). The 30-page document defines the field and provides evidence of its benefits, aiming to 'enhance the profile of arts and health in Australia and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities' (National Arts and Health Framework n.d., 1). Altogether, the framework is, as Layther says, a 'major piece of work', and Wreford (2016, 140) describes how it announced arts and health in Australia as a distinct field of practice: 'This support...marks a new degree of recognition for and independence of arts and health from its community art origins'. The framework has also received international recognition and was referenced in the UK's 2017 All-Party Parliamentary Inquiry Report into arts and health (2017, 54). In fact, McGann argues that the UK's decision to write the inquiry report was partly inspired by the work being done here in Australia:

Helen Zigmond, who is Sydney based and was on the board for the Institute for Creative Health, spoke about the national arts and health framework at a UK arts and health conference when we were developing the framework, and they all went, "Wow, that's amazing, we need to do that here"...I think that that was probably one of the seeds that planted the development for their national framework.

Putland points to the framework's release, and to the consultation process that preceded it, as a golden time for arts and health in Australia: 'It really did feel like the beginning of something important...I just felt like our time had arrived'.

The Post-framework Landscape

After the framework's endorsement, each state and territory formed their own leadership groups to work on arts and health initiatives. Lenore De la Perelle—a Research Associate at Flinders University with vast experience in designing arts and health initiatives for older people—describes South Australia's leadership group, which has grown and changed over time, as a 'passionate group of people who are wanting to do arts, creative arts leadership and writing resources and developing health projects'. The group's immediate

contribution was the development of the Arts Tonic postcards, in which Adelaide graphic designer Rachel Harris, aka Bit Scribbly, succinctly and cleverly represented the evidence on arts and health that had been gathered to support the framework. Edgecombe, a member of the leadership group, says the postcards were a way of raising the field's profile by being 'able to say to people, "See, these are the studies that actually show the clinical stats"'. Aside from this, Edgecombe says the group also 'had a couple of sessions where we pulled together arts and health practitioners...to just see what people wanted'. In 2016, Country Arts SA gathered together the field in a forum on arts and health that included speakers from the leadership group, such as Francis, Putland, McGann and de la Perelle, and aimed 'to explore ways of working together to demonstrate the case for arts as key to healthy individuals and communities' (Country Arts SA n.d.).

Despite these efforts at ongoing collaboration, interviewees describe a loss of momentum for South Australian arts and health in the years following the framework's endorsement. Some argue that this occurred because the framework itself was not a policy document, meaning there were no required next steps to advance arts and health goals. Mills says that moving arts and health forward post-framework was 'constrained by the fact that the framework had been sold politically on the basis that it would not have any cost implications for government...What we ended up with was a purely symbolic thing'. Helen Zigmond (2014, 4) writes that the Ministerial Working Group's decision not to include funding requests was due to 'the belief that in the complex political climate this would have an easier passage through government process', and she notes that 'they were proved correct'. Indeed, the framework's achievement in surviving a change in federal government is underlined by the complete disappearance of Labor's national cultural policy, Creative Australia, after the Coalition government came to power in 2013. Francis agrees that the decision not to pin the framework down to specific policy requests gave it 'the ability to stay above the tides of political change'. Furthermore, she says that removing such requests allowed the framework to be a flexible, living document that could expand along with the field: 'It was always meant to be an iterative document...It was always meant to grow and develop'.

While this flexibility may have helped the framework survive a change in government, some interviewees nonetheless argue that the framework's recommendations needed to be transformed into policy to have long-term effect. Without this, Hansen says there was 'a tendency to write an agreement and walk away...It wasn't embedded in policy, it should have been embedded in policy'.

McGann agrees that the framework failed to have a large impact ‘because it lacked that sense of implementation’. Looking forward, Panter says that the framework needs to be integrated into policy if it is to have a transformative effect: ‘It needs to be something which actually becomes part of the DNA of the system...How it grows, develops, gets continued funding, support, etc, is very different if it’s not part of the DNA’.

Some interviewees note that the national framework’s lack of implementation is particularly notable in contrast to the 2017 UK inquiry report, *Creative Health: The Arts for Health and Wellbeing*, which was published by the All-Party Parliamentary Group on Arts, Health and Wellbeing. The inquiry report’s aim was similar to that of the national framework, as it aimed ‘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’ (All-Parliamentary Group on Arts, Health and Wellbeing 2017, 4). The improvement, argues McGann, is that the UK framework includes recommendations on how to advance the field through policy: ‘There’s 10 priorities that they gave the government money to invest in. Whereas the National Arts and Health Framework here didn’t have an “ask”, it didn’t necessarily say, “To progress this work, or to further develop this work or enhance it, potentially which will save you money, here’s the five things we want you to fund”’. Howard also says that the UK report was able to embed its recommendations in the field: ‘The way that arts and health has been embedded in the UK is inspiring, and we’re just not getting that together...In the UK to have the parliamentary inquiry and for people to now be responding and have that as a reference point, is so incredibly powerful’. However, not all interviewees agree that the UK inquiry report has been more successful than the national framework. Francis was at the launch of the report and recalls there being ‘disappointment that after all the APPG consultation, it wasn’t more binding or substantial’.

Disagreements over the framework’s approach highlight the difficult decision arts and health must make around embedding its vision in formal policy. One view is that formalising arts and health in policy comes with political support and access to funding, alongside the imprimatur that formal policy can provide. A contrasting view, however, is that a project-by-project approach—ideally under the umbrella of a general endorsement, such as the National Arts and Health Framework—enables the agility to follow areas of interest and enthusiasm, as well as the ability to stay above the tides of political change. What our interviews show is that the view about

which approach is better fluctuates even amongst those engaged in arts and health work.

Those interviewees that argue the national framework should have aimed for formal policy say the failure to do so has left arts and health vulnerable to changes in federal and state leadership, in which arts and health champions have been replaced by decision-makers with other priorities. Layther says that, despite the incoming Federal Coalition Government agreeing to endorse the framework, it was immediately apparent that arts and health was not a priority: 'We had a federal election, and this got buried on the website, which is why it never had a lot of impact'. Interviewees with experience working in or alongside government describe how it is common for changes in leadership to stall momentum for previously prioritized goals. For example, Hill says arts and health is just one of many achievements he has seen be deprioritized since his retirement: 'I had so many innovative things that I set up when I was health minister, or arts minister, which just disappeared'. Panter agrees that this is a constant challenge when working with government: 'Like people in any sphere, where there's a change of government, they want to bring their brand or way of doing things...With changes in ministers, and changes of government, it just all evaporates'. Layther also describes how frequent changes at the top can disturb momentum: 'Any kind of consistency and long game over policy commitment is really hard to maintain...It's really hard to kind of rally and have that critical mass and a lobbying voice if you're just ground down and all your bits are pulled apart'. In particular, Philip-Harbutt says that momentum for arts and health was affected post-framework by the loss of one its key champions: 'The minister at the time, John Hill, was fantastic. But change of government and back to hard work again. That tends to happen'.

Interviewees brought up a range of other factors, besides changes in leadership, that they argue have stalled the momentum of arts and health in South Australia. One factor frequently discussed was the 2012 Review of Non-Hospital Based Services, conducted by Internal Consultant Warren McCann, and therefore frequently referred to as the 'McCann Review'. The review was a response to budgetary pressures in the South Australian health system, and its remit was to scope out the non-hospital or primary health programs in the state and to recommend 'those services that can no longer be justified given the financial situation' (McCann 2012, 4). Based on its belief that the federal government's role in primary health care would increase, the review recommended a slashing of primary health care and health promotion in South Australia. Baum, who

unsuccessfully argued against the review's recommendations and then used her team's research to demonstrate the damage it caused to the community health sector, recalls that arts and health was itself utilized in the campaign against the McCann Review: 'There was actually a community campaign. It had stickers saying, McCann of Worms. We produced these posters. They had a can with worms coming out. And so that was a use of arts in that campaign. In a strange way, that was bringing in arts and health'.

Despite this resistance, the McCann report's recommendations were largely followed, with the government 'cutting some health promotion services completely and changing the emphasis of primary health care services so that they now concentrate on intermediate care and "hospital avoidance" strategies' (Lawless and Baum 2014). Gaston argues that because the federal government failed to step in and provide the assistance assumed by the review, these changes left South Australian primary healthcare stranded: 'The McCann review decimated primary health care. Absolutely decimated it'. Lawless and Baum (2014, 24) agree that the review greatly reduced South Australia's once world-leading primary health care:

South Australia has lost its international position as a leader in primary health care and health promotion...community engagement strategies, disease prevention and health promotion, cultural safety, and action on the social determinants of health have all faced significant cuts to the point where the state-managed primary health care services no longer perform those functions.

Mackean is blunt in both her assessment of the McCann report's decision-making process—'You could drive a truck through the methodology of that report'—and the long-term impact it has had on communities: 'Every single South Australian has been lessened because of that terrible decision...I think it was a bigger loss for the First Peoples...because of the burden of disease and therefore the benefit from preventative health, the benefit from population health'. Mackean's criticisms were echoed by a number of interviewees when discussing the McCann report.

As this chapter has already shown, community development and health promotion are areas in which arts and health has previously played a big role in the state. It is unsurprising, therefore, that a reduction in funding to these areas would affect the field. Brett Webster—Executive Director of Community and Allied Health at the Barossa Hills Fleurieu Local Health Network—says that the

cuts have resulted in 'less going out promoting health, getting into the community, community development flavour to our services...Concepts of arts for therapy, and art as therapy, have kind of dried up a little bit'. As a result, Webster says that arts and health is often no longer a major focus of local health networks: 'It becomes opportunistic...It becomes an add-on to other things'. Edgecombe agrees that the shift away from primary health care in the community has deprived arts and health of one of its key environments: 'It's like crisis management rather than the proactive health management...We don't look at what can we do best for setting communities up to thrive rather than just dealing with the issues that are at hand'. Baum therefore argues that the McCann Review is at least partly responsible for stalling the momentum that South Australian arts and health was building: 'Since the McCann Review and the decline in community health, my sense is that arts in health has sort of bubbled along but sort of hasn't had a great environment in which to flourish'.

Alongside the defunding of primary health care and health promotion, many interviewees pointed to the loss of peak community cultural development and community arts service organisations as contributing to a disconnect in the arts and health field. Between 2003 and 2013, Philip-Harbutt was Director of CAN SA, the state's peak community arts body, and she says the organisation played a big role in connecting people across the field: 'Community Arts Network was already part of a national community arts network, so there were contacts to go to in every state that you could say, "Hey, what's going on in arts and health out your way?" There were like-minded people that you could get in contact with'. Indeed, when de la Perelle began researching the arts and health field for her work in aged care, she turned to CAN SA for help: 'there was a Community Arts Network that I joined to find out about this stuff'. Another vital contribution made by CAN SA was its Graduate Diploma in Community Cultural Development, out of which a Philip-Harbutt says a number of future arts and health workers gained important skills:

The Graduate Diploma in Community Cultural Development gave many arts practitioners the non-arts training required to take their arts practice into areas outside the Arts sector, such as health as well as community, disability, environmental and activist work, as well as local government etc. CAN SA was a principles-based organisation, and the values of collaborative working and empowerment were embedded in every aspect of the organisation's educational offerings.

Philip-Harbutt says that although the course was specifically focused on the 'development of arts and cultural workers...we were involved in the beginnings of arts and health' and that the course resulted in 'a whole lot of people who were out there working'. It's clear from a range of different interviewees that the CAN SA course was fundamental in equipping a generation of community arts workers with the skills, knowledge and networks to support transformative work in a range of fields, including arts and health.

However, CAN SA closed in 2015, following what Philip-Harbutt describes as 'big funding changes from the Australia Council'. McGann says that state-based organisations, such as CAN SA, were affected by Australia Council for the Arts' requirements that funding recipients 'be of national significance', meaning that 'if you were a state-based body, that then cut you out of national funding'. Exacerbating the situation were changes to the council's funding models that saw service organisations placed in the same funding streams as the artists they supported, as McGann explains:

Services orgs were being thrown into...artform funding. They were competing, technically, with their constituents. So, it became a really quite dicey sort of situation. And there was a lot of question around, if the funding pot is declining, should we be spending money on service organizations, when we can actually be spending money on artists and arts?

As a result of these changes, McGann says 'CAN SA wound down...All the state-based community arts organizations started disappearing'. Philip-Harbutt recalls how being pushed aside in favour of the artists CAN SA once supported was a bittersweet experience:

In community arts...we always encourage people to do it themselves. You don't want to take the credit away from community members or for example someone with mental health issues who through a project suddenly find ways of living in this world...CAN SA doesn't exist anymore. From my perspective, we were always funded to help people do it themselves. And of course, when they were doing it themselves, they are gonna get the funding. Which is great. But there was a whole lot of new areas that we could have been helping

Newman argues that CAN SA's fate, while perhaps linked to specific funding model changes, was also part of a wider defunding of community arts: 'We've pushed aside all our arts funding, and our community arts practice'. Alison Russell agrees that 'government has defunded a lot of community projects', and Andrew says that this

has resulted in a depletion of the community cultural development space that so often facilitated arts and health work: 'Community cultural developments were pretty much disenfranchised from arts and arts funding...A lot of people that were working within CCD, it was about community wellbeing'. For de la Perelle, the government's reluctance to fund community cultural development and community arts is at least partly political: 'Things are fractured. Deliberately, so, I believe, from a political point of view, so that you're competing in grabbing bits. That started happening in the 90s and it made a big, big difference to community art, community health, community development'. Philip-Harbutt agrees that political leaders have a vested interest in keeping the community cultural development and community arts spaces defunded: 'When the cuts were made, the priorities of government definitely weren't around giving voice to community. They wanted community to shut up most of the time. Because if you engage with community, then you really have to listen to what they say'.

Regardless of the government's intentions, many interviewees agree that the loss of community arts organisations, most notably CAN SA, has left community arts and health workers disconnected from one another. Newman says that the loss of CAN SA meant there was no hub where connections could be made: 'When things like Community Art Network, which was a big organization, disappeared, basically you've lost the home of the community arts practitioners. They used to have a base, now they don't'. The result, says Newman, is a lack of advocacy for the field: 'You'll find that it's [arts and health work] happening everywhere, but it's just not got a voice'. Likewise, Philip-Harbutt describes a disconnect between community arts and health work being done across the state: 'I think what has happened is there is less connection between all the various things that people are doing. There's also less things been done'. As a result, McGann says there is a growing awareness of the important role such service organisations play: 'I think we're almost coming around again, and going, "Wow, if only we had a peak body that could do X, Y, and Z", but it's like, "Well, we used to, but they all of a sudden weren't worthy of funding"'. Therefore, to help community arts and health regain momentum, de la Perelle sees only one option: 'Community arts needs to be supported again'.

Of course, the defunding of areas such as primary health care and community arts is a by-product of larger budget problems in both the arts and health sectors. Hill says that the SA health budget is straining under the pressure of an ageing population that expects to live longer and healthier lives assisted by costly medical interventions: 'You've got multiple things making it more

expensive, and it's going to get worse and worse till about mid-this century'. Hansen says that the pressures on the state's health budget are going to reach a point of no return: 'Health is going to go through a catastrophic collapse. It just has to. It's just completely unsustainable. It'll be our entire state budget by 2032, which isn't going to work'. Newman agrees that the situation is likely to get worse before it gets better: 'We're never going to be able to afford to actually fully fund our health budget in South Australia. We are seriously nowhere near it, and I can't see how it's ever going to happen'. Edgecombe says pressure on the state's health budget is one of the reasons arts and health momentum died off in the years after the national framework: 'Health was going through such a crisis at the time that everyone just went, "Oh, it's too hard"'. Unfortunately, Edgecombe says the situation isn't likely to improve anytime soon: 'The health budget is just never enough. People are always going to say, "Well, why are we wasting money on that when we've got people with diabetes. We've got ambulances ramping", all that sort of stuff'. Philip-Harbutt agrees, saying it is difficult to advance the field when health is dealing with its own crises: 'We've got three hospitals that are doing programs in their ways and doing really interesting stuff. Not as extensive as they could be. But how can you make it more expansive when you've got ambulances ramped outside?'

Rebecca Graham—CEO of the Barossa Hills Fleurieu Local Health Network—describes how budgetary pressures push potential arts and health initiatives down the list of priorities: 'As a CEO, I make decisions every day around what we're not funded to do...We've got a list of budget bids for really important work'. Dan Donaghey—who also works for the Barossa Hills Fleurieu Local Health Network as Senior Manager of Community Services, Mental Health—similarly describes how tight budgets have left him unable to fund arts and health work: 'We, over time, have tried to look at fitting an actual arts therapist into our staffing cohort. And we were able to do it for a little while, but we run fairly tight in terms of what we're given to run the inpatient unit. So, you'd have to cut down social work or something like that to bring in arts therapy. That is a bit tricky for us'. Even the permanently funded Arts in Health program at FMC is not immune to the rising pressures of health budgets. Baldwin says the program is 'stretched...we can't get to everybody', and that securing additional funding means competing against other Allied Health departments in the hospital: 'We are funded to have a certain number of staff. But if I want more, essentially, that can't happen, because I'm part of Allied Health, and all of Allied Health want more staff, so I'm part of this bigger beast...If I want to do something that's outside of the box, which is what I want to do, I have to find other

funding'. Cripps agrees that 'at the moment, health needs every ambulance driver and doctor or nurse it can get'. As a result, Cripps says that arts and health positions are often unable to be funded, despite both community need and available candidates: 'There's a whole lot of artists out there who could come in as diversional artists, train as therapists. There are positions there and there are jobs there. But money is tricky'.

At the same time health budgets are straining, a series of funding cuts have left both the Australia Council for the Arts and Arts SA under-resourced. Hill argues that, in South Australia at least, the two issues are not completely disconnected, as he says that with health requiring more money, 'the arts are a soft area where funding has gone out'. Putland agrees that whenever budget tightening is required, arts funding suffers: 'When funds are tight, the arts are the first to cop it. Who are they supporting through the COVID crisis? Everyone but the arts pretty much. The arts have been fending for themselves'. Panter agrees that the arts are an area politicians find it easy to shift funding from: 'The arts, unfortunately, has that soft label. No-one is really going to mind, and it's a bit of a luxury, and therefore it's too easy to cut'.

As a result, the last decade has seen significant cuts to the arts at both the federal and state level. In 2018, it was announced that the South Australian government would be cutting \$31.9 million from the state's arts budget over the next four years. As Gail Kovatseff (2018) writes, \$18.5 million came from arts organisations and programs, a 'devastating' cut 'which will inevitably diminish both their capacity and what can be delivered artistically, threatening South Australia's global reputation as an arts centre'. The remaining cuts were to Arts SA, a strategy that Kovatseff (2018) describes as 'disaggregating the arts and cultural industries by spreading them across departments'. Jo Caust (2018) writes that the 2018 budget cuts were the culmination of a period in which the arts had become increasingly deprioritized in South Australia: 'Over the decade from 2008 to 2018 there was a perception that the arts had lost their political capital in the context of the state. Aside from the main arts festivals and the major cultural institutions such as the Adelaide Festival Centre Trust, other arts activities and organisations were generally ignored'. Layther says that Arts SA's shrinking budget means it is forced to protect existing arts organisations, rather than look for new projects: 'With budget shrinking, we have had to refocus and recalibrate our eligibility to ensure sustainability across the arts ecology and the struggling arts entities rather than enabling projects and programs of government to be applying to us, which in the past, that's what happened'. Philip-Harbutt agrees that the cuts

and the changes at Arts SA has affected arts and health projects: 'There isn't the projects that are happening at that core level'.

As if the state budget cuts were not enough, South Australian artists and arts organisations have also had to weather significant cuts to the Australia Council for the Arts. In 2015, then Federal Arts Minister George Brandis removed \$104.7 million from the Australia Council's budget to create his own National Program for Excellence in the Arts (Caust 2017, 768). Although a small portion of this budget was returned when Brandis was replaced by Mitch Fifield in 2015, the Australia Council's reduced capacity was made clear in 2016 when, on a day now known as 'Black Friday', 65 arts organisations lost their ongoing funding (Caust 2017, 772). Caust (2018) writes that this upheaval at the Australia Council has also been felt at the state level: 'The small to medium arts sector in South Australia was damaged by the changes in 2014-16 introduced by George Brandis...The impact of this period is still being felt by many'. Aside from the financial impact on the ground, some interviewees lamented how the depletion of the Australia Council, one of the driving forces behind the national framework, meant one less advocate for the field. Putland says that, post-Brandis, the Australia Council is no longer a strong champion for the arts sector: 'I think it's a very different beast now. And you don't have that same impetus. As critical as so many people were about the way the Australia Council worked...it was there, and it meant that there was a place to go and talk about the importance of the arts'. Mills agrees, and she argues that this has left a void in national arts and health leadership: 'I don't know where the leadership is coming from...the Australia Council doesn't have any money to fund that kind of stuff anymore'.

Of course, funding priorities can shift when governments change. In South Australia, it is too soon into the term of the Labor government, elected in 2022, to ascertain what funding will be allocated to arts and health projects. There are champions within the recently elected government for the concept of arts and health, as there were in the previous government, but the same budgetary pressures described by interviewees remain. On a federal level, 2022 also saw a new Labor government come to power. With a strong arts minister in Tony Burke and a commitment to a new National Cultural Policy by the end of 2022, there are encouraging signs of life for the ailing arts sector. Again, however, it is too early to tell if these encouraging signs will translate into a concrete funding increase. What is clear is that if arts funding continues on its current trajectory in both South Australia and federally, arts and health will lack the oxygen it requires to make an impact, especially outside of the major hospitals.

Indeed, interviewees describe how funding cuts and a general political disinterest in arts and health can lead to another issue that stalls the momentum of arts and health: those working in the field simply burn out. Donaghey says that when health organisations are unable to fund arts and health workers, any potential project ‘relies on having a staff member who’s got a bit of an interest and feeling like they’ve got the headspace, because usually they end up doing extra hours because we can’t free them up from their caseload to do this’. Edgecombe says those in the SA leadership group were similarly doing their arts and health work in addition to their core workload, which makes sustaining that energy difficult over the long-term: ‘Everyone was doing it alongside their jobs...It was an additional thing to our daily work, and the daily work often gets in the way and then people’s commitment wanes a bit’. Furthermore, de la Perelle says that economic issues can mean even the most driven, passionate people don’t have the capability to do arts and health work part-time: ‘When everything squishes down and shrinks, then people don’t have the time or the energy or a job to support them’. Philip-Harbutt says that the constant struggle to sustain careers can leave talented practitioners exhausted: ‘I think there’s amazing skills out there. I think they are rarely appreciated. And so, a lot of people burn out’. As a result, Andrew says that people within the field get to a point where they are ready to pass the work on: ‘people just get tired’. The hope, therefore, is that more funding and support for the field will provide an environment in which arts and health practitioners can follow their passions in a sustainable way.

The Future of Arts and Health in South Australia

The good news is that significant opportunities await the next generation of arts and health practitioners in South Australia. Firstly, the resurgence of government interest in the links between the arts and wellbeing may provide a fertile environment for arts and health. The South Australian government’s latest arts and culture plan—Arts & Culture Plan South Australia: 2019–2024—envisions ‘a future in which creativity and creative expression are widely supported as foundational to health and wellbeing’ (Government of South Australia n.d., 21). While this vision is encouraging, the plan for achieving it is noticeably vague, promising to ‘enhance the role of the arts and accelerate its impact in areas such as health and wellbeing’ but not offering any specific policies (Government of South Australia n.d., 20). Similarly, the 2020 establishment of the independent government agency, Wellbeing

SA, may be an opportunity for arts and health but one that is yet to come to fruition. Priorities outlined in Wellbeing SA's Strategic Plan: 2020–2025 include a 'commitment to investment in prevention and health promotion' and to 'decreasing social isolation' (Wellbeing SA 2020, 10). These are both areas in which the arts can make a substantial contribution. It is disappointing, therefore, that arts and culture do not appear to be a central part of Wellbeing SA's work. While the organisation has notably provided sponsorship to UniSA's Visualising Mental Health project, there are no policy recommendations involving the arts included in the report, nor on the Wellbeing SA website.

Wellbeing SA's exclusion of the arts is particularly disappointing because connections between the arts and wellbeing were recently demonstrated in the City of Adelaide's 2019 Wellbeing Benefits of Culture Report. The report, written in consultation with visiting Professor James Pawelski, sought to investigate how 'the wellbeing and culture sectors could work together to build on the city's already strong cultural identity to encourage broader engagement and participation in creativity, arts and culture as a way of enhancing individual and community wellbeing' (City of Adelaide n.d., 5). Some of Professor Pawelski's recommendations directly call for arts and health interventions, such as the implementation of a social prescribing model in which 'the underlying causes of visits to physical or mental health professionals can be addressed or alleviated through arts, culture and creative activities' (City of Adelaide n.d., 14). These recommendations are exciting, but they are still far from specific policy proposals, and it will be up to the South Australian arts and health field to capitalize on government interest in this area.

Another focus for the South Australian government is 'ageing well', defined by SA Health (n.d., 12) as 'safeguarding rights and supporting people to lead productive and active lives as they age'. Ageing well is of particular importance to South Australia, as the state has the second largest proportion of older people in Australia (SA Health n.d., 5). Arts and health can have a big role to play in ageing well, as research has found that older people who participate in cultural activities gain a wide range of health and wellbeing benefits.

Such identified benefits include lower incidence rate of dementia (Fancourt et al. 2018); reduced risk and slower development of frailty (Rogers and Fancourt 2020); lower mortality rates (Fancourt and Steptoe 2019); fewer doctor visits and fewer falls (Cohen et al. 2006); reduced risk of late-age depression (Fancourt and Tymoszuk 2019); greater wellbeing (Creech et al. 2013); and higher quality of life (Johnson et al. 2017).

Some of our interviewees have seen these benefits first-hand. For example, artist Kerry Mart has experience running arts workshops with older people and says that ‘you could just see the benefits within that group, not only with their memory, but also the other wellbeing benefits like being connected with other group members...just relaxing and being able to destress’. De la Perelle has facilitated a range of cultural engagement initiatives for older people, and she says that the most impactful arts and health work in this area goes beyond clinical health outcomes: ‘It’s about purpose, accomplishment, and inclusion’. Throughout her career working with aged care providers and Veteran Affairs, de la Perelle has focused on art projects that engage older people by working towards a final goal, such as exhibiting paintings at SALA or giving a choir performance at the Adelaide Fringe. These projects, say de la Perelle, aim to showcase ‘older people as artists...celebrating them, and allowing them to show the work of what they were doing’. She says that this approach has developed from her research into how important a sense of purpose is for older people: ‘The issue around depression is about purposelessness...The activities that they do are time filling, but don’t actually fill them with passion, or sense of achievement’. While her work could be defined as arts and health, de la Perelle argues that specific health outcomes should not be the driver when designing arts programs for older people: ‘I think a lot of people see—especially when it’s arts in health—they see the condition and the arts is sort of like the polish on the knob. And it’s about turning that inside out, so that this is about living, and the health stuff is sort of back of house. You should be doing this to help the person live for this purpose’.

The art studio at U City is another example of South Australian arts and health work providing more meaningful arts engagement for older people. Run by Uniting Communities, the U City building in the Adelaide CBD offers a mix of retirement residencies, long- and short-term disability accommodation and programs such as New ROADS, Uniting Communities’ drug and alcohol rehabilitation program. Robyn Sutherland—Executive Manager of Community Services at Uniting Communities—says that ‘art is the one thread’ joining the diverse communities that U City is home to. Artist-in-Residence Claire Wildish runs the art studio on U City’s ground floor, and she says the original plan to run separate classes for the various groups was quickly abandoned for something much more organic and meaningful: ‘It’s run like any other art studio, and everyone that walks in the door is a potential artist’. The result, says Wildish, is a cross-pollination of communities who might not otherwise interact: ‘The really exciting thing is we’ve got retirees

sitting side by side with people who are in the drug and alcohol program'. As part of these interactions, older residents engage in what Wildish describes as 'casual mentoring', teaching younger participants artistic techniques: 'Someone will say, "Oh, I would like to try crocheting". And I'll be, like, "well, I don't know how to crochet. But one of the retirees does"'. Through this sharing of artistic knowledge, older residents gain a sense of purpose, and the interactions can be also incredibly meaningful for those in the rehabilitation program. Wildish notes that such participants often have 'fractured relationships with parents and their families', and therefore benefit immensely from the opportunity 'to sit side by side and make a mosaic with someone 40 years older than you and have just a regular conversation and share stories'. Sutherland says it all adds up to a program which, via engaging older people in the arts, creates a deep sense of community: 'When I sit and look at these groups coming together, there's no judgment on anybody, the common factor is the love of art'.

While U City provides an exciting prototype for meaningful intergenerational community-building, de la Perelle says that most arts activities offered to older people, especially in aged care homes, are unfortunately little more than busywork:

What's missing for people with dementia, in particular, but older people generally, is purposeful activity...Most of the things that I saw that people were doing were crafts-based, were activities, and a lot of people didn't like that...It was low-skill level. It was pre-planned often. It was, "Stick all of these onto this card". Premade stickers and things like that...It wasn't respectful of people's ability to create something for themselves.

Sutherland agrees that, too often, 'formal arts programs...become colours by numbers' in which facilitators are only 'filling up your time for the next hour'. Graham says that these sorts of subpar arts programs for older people are a result of aged care organisations not placing enough value in this area: 'You should have your best staff members doing that type of work. Whereas I think it tends to be, not necessarily your worst, but it's a support worker sort of paid role, not necessarily someone with any qualifications around that'.

At a policy level, SA Health's Plan for Ageing Well: 2020-2025 has only a few limited references to using the arts, mainly focusing on making art festivals and theatre accessible to older people (n.d., 35; 47). This is certainly an important step, as the data from the Australia Council's (2020, 122) National Arts Participation Survey

found that the main barriers preventing those 55 and over from attending live art events were ‘the cost of tickets’, ‘events being too far away’ and ‘difficulty getting to events’. More will need to be done, however, to fully unlock the arts’ potential in this space. Francis is confident this will happen: ‘I think arts and aging is going to become more and more important and could be a motivation for investment because of the huge value of it’.

Of course, all plans and policies now take place in the shadow of a COVID-19 pandemic that has disrupted government plans and decimated the arts sector across Australia. While it would be flippant to describe such a cataclysmic event as positive for arts and health, interviewees say that the pandemic, and subsequent recovery, will be an opportunity for the field to prove its worth. In fact, a number of interviewees described how the pandemic had already increased the valuation of the field. Francis says that Arts in Health at FMC, far from being sidelined during the pandemic, was in fact ‘designated an essential service throughout Covid...our services were busier than ever because people were anxious, they were stressed, they were feeling more isolated’. Newman says there was a similar reaction within WCH: ‘when COVID hit, as the WCH Foundation we were straightaway, like, “Okay, we’ll pull everything”. But the hospital staff, in fact, said, “Oh, no, can we still keep having this person come? Can we still keep having that arts activity happening?”’ Smithson likewise says that ‘all of our [arts and health] staff have been deemed an essential service’. Outside of the hospitals, Wildish says the pandemic has refocused attention on the benefits of arts and health, particularly for mental wellbeing: ‘The COVID thing is actually quite big, because I’ve always worked in this industry, but all of a sudden it’s like arts in mental health is valued on a different level’. As a result, Hill argues that there is an opportunity for arts and health to be a vital part of South Australia’s effort to recover from this terrible time:

We know there’s a lot of mental illness around, which has been exacerbated by lockdown and fear of job losses and closures of schools, particularly for young people. So, I’d be trying to mount an argument about how the arts might help people recover from that. And I’d be looking at the evidence and putting a case that there’s a cheaper way than institutionalization to help people recover

Layther agrees that COVID is a potential new starting point for arts and health: ‘If we can reframe what the arts can do to support health and wellbeing in the context of COVID recovery and economic recovery, I think we will be able to find a way in’.

To make the most of this and other opportunities, it is important that the South Australian arts and health field is united. As this chapter has shown, the state has a rich history of arts and health, and the trailblazers that put South Australia on the map are still at work in the field. It is crucial, therefore, that new arts and health researchers and workers are aware of their predecessor's incredible accomplishments. Alison Russell says that 'keeping connected people who've got history is important', and such an approach has indeed been vital at various stages of the field's development in South Australia. For example, Cripps says when given the task of developing CCH from the ground up, she deliberately sought out those in charge of arts and health programs elsewhere:

Two of the first meetings I organised when taking up the position of Director of CCH for CALHN was to meet with Sally and Jill. Rather than reinvent the wheel I was able to look at the success of their programs to help build the foundations of the program for the new RAH. Meeting a few times each year allowed us to keep abreast of each other's programs to see what opportunities might arise, where some collaboration could happen and to understand the unique nature of the individual health settings.

Smithson agrees that CCH, one of South Australia's newer players in the field, has always recognized the hard work that came before it: 'We wouldn't be doing what we are doing without people like Sally Francis and Jill Newman. They really did lay the foundations for the whole state through their amazing work'. Andrew calls for such 'mutual respect' between the different generations of arts and health, and she says that learning the history of the field in this state is vital for future advancements: 'Look at what's already been done out there. Build on what is there'.

From early origins in community arts to the establishment of programs in our major hospitals, the foundations of arts and health in South Australia are as deep and broad as anywhere in the world. Those responsible for introducing and developing the field in the state should be proud of their achievements. Meanwhile, those still emerging in the field can take confidence from that which has come before while also charting new and exciting directions. The challenges facing arts and health in the state are considerable. Overcoming them will require the efforts of everyone with passion for arts and health working together.

Chapter 3

Arts vs Health

The connection between arts and health can feel natural and instinctive in our everyday lives, as simple as putting on a favourite song to feel better. But as specialized areas with their own languages, value-systems and assumed knowledge, the arts and health sectors can sometimes appear worlds apart. This is further complicated by the subworlds and specialities within these sectors. In an article examining the differences between these areas, Putland (2008, 267) describes the ‘deep sense in which the arts and health sciences are often perceived to be intrinsically at odds’. This ‘deep sense’ was shared by many of our interviewees. In particular, artists and arts workers described how risk-averse health is compared to the arts. Newman, referring to WCH, explains that this conservative approach, particularly in terms of infection control, often stems from health professionals’ understandable desire to protect their patients: ‘You’re talking about staff who are in the care of the most vulnerable babies that we have in the state. So, they are risk-averse, they are precious about their environments, they are committed to infection prevention’. Andrew agrees that ‘for good reason, health professionals tend to be fairly conservative in their approaches...It’s a different paradigm, the scientific approach as opposed to a creative approach’. Jarrard O’Brien—former Executive Director Human Centred Design at the Commission on Excellence and Innovation in Healthcare, and now Chief Experience Officer at Alfred Health—says that health deliberately eliminates creativity from its environments and processes for the purpose of protecting patients: ‘With the creativity comes risk and potential lack of safety...Our whole world is designed around removing variation, and just doing what we know works’. Mills says that this careful approach extends to any arts and health interventions in medical settings: ‘Clinicians value consistency and reliability and predictability and universality...They think about arts and health interventions as needing to conform to what they believe is the guidelines for best practice in therapeutic interventions’.

In contrast to the medical environment and its careful approach, interviewees describe the arts sector as valuing creativity and experimentation. While health professionals seek reliable, reproducible solutions and processes, Mills says that artists will take risks in order to try and discover something new: ‘An artist doesn’t really care about being able to replicate. In fact, they get more brownie points if they’re original’. Cambrell agrees that artists value, rather than avoid, risk-taking: ‘It’s creative thinking. It’s thinking outside the square, and it’s going a little bit off road, which artists are famous for being naturally a little bit rebellious. And it’s easier to get forgiveness than permission because sometimes you just have to

make your mind up and just do something and justify it later'. O'Brien says that artists can therefore be 'disruptive and provocative and challenging' to the health sector, as they are unafraid to question established ways of doing things: 'You might have artists saying, "Let's think differently", and "Why are we doing things this way?" and "How do we create a different experience for people?"'

The clash of risk-averse health professionals and disruptive artists can make it difficult to plan and execute arts and health interventions, particularly those in medical environments. Cambrell, who has worked as an artist in numerous hospitals, says the hierarchy is clear in medical environments: 'Doing arts and health also has to be absolutely 100 percent with medical team endorsement. They're in charge, that's it'. Jane Lawrence—Adjunct Senior Lecturer at UniSA Creative—agrees that the health professionals are in charge in medical settings: 'You have to work with medical teams. Because they know how they must function in that environment'. For arts and health work to be successful, therefore, it has to gain the trust of health professionals. Francis describes FMC as a 'really risk-averse environment', but she says that the Arts in Health program is able to 'take risks because people have a trust that the arts and health program is going to be accountable and transparent...that it's going to follow the strict health guidelines'. Similarly, Alison Russell describes the long process of trust-building that Newman underwent at WCH:

In the very beginning, the CEO of the Women's and Children's had to look at every single thing and know every single thing. And Jill was pretty amazing at telling them every single thing and going through that process but as we moved along, she developed some systems and processes so that the executive then trusted what she was doing...She really paid attention to the fact that they were always concerned about infection control and some of the standard risk issues in hospitals. Very quickly, she cottoned on to what those were so she could pre-empt their concerns.

The trust that health executives have for the programs at FMC and WCH has taken years to develop. For more inexperienced artists, however, the risk-averse nature of a medical setting may put them off. For example, McGann recalls how the complexity and inflexibility of hospital regulations made some artists she's worked with reluctant to move forward with arts and health work:

The rules around hospital administration and management and risk management and those sorts of things are very clear

cut...Everything needed to be very specific, very black and white, no room for grey...The minute you start bringing artists in on arts projects, often they would just go, “Too hard”.

Aside from the issue of trust, interviewees also described instances in which arts and health workers felt devalued by health professionals. Baldwin says that even as an Allied Health Department, the full value of the Arts in Health program is not always recognized by FMC staff: ‘We got a referral today saying, “Can you provide some art on the weekends because someone’s bored?” There’s still that dismissive nature that we create craft...that we provide arts packs so people can do colouring because they’ve got nothing else to’. Bindi Blacher—who has worked as an expressive arts therapist at FMC for a decade—describes the frustration of regularly encountering staff who devalue her work:

In a space and a hospital that size there was still the sensation that I had to prove my worth over and over again. It’s one of the most tiring aspects of being in that space. There’s a whole bunch of people that already have a preconception that it’s [arts and health] some sort of distraction. And quite often they’ll go, “Oh, good, the craft lady is here”. I don’t mind being the craft lady, but it’s...more than that.

Needs recalls one particular moment in which health professionals were dismissive of her field, this time in an academic setting:

I once presented on Art Therapy, at a conference for Australia and New Zealand Psychiatrists. I stood up to present, and a third of the audience walked out. Remarkably, after the presentation was over, most of the audience applauded and stood. In question time, one person stated to myself, and all attending, “I just want to apologize for my colleagues, I think it was their loss that they weren’t here”.

Despite these discouraging moments, many interviewees emphasise that artists and health professionals can be productive together. As Putland says, the arts and health sectors are speaking ‘two different languages’, but ‘they can talk to each other’. This is underlined by the number of stories interviewees shared about positive relationships they have formed. Blacher, despite her frustrations when encountering dismissive health professionals, also describes how on many wards ‘mutual respect is happening...The people that I worked with directly, we developed a deeper respect for each other’s practice’. Cripps says that one of her music therapists at CCH, Patsy Tan, also developed mutually respectful relationships with clinicians over time:

When Patsy first came as a music therapist, I said to her, “Just go and explore the wards. Talk to them. If there’s somewhere where you feel you might be able to develop a relationship, doesn’t matter what ward it is, it’s about developing the relationship with the staff”. And she found there were a couple of wards they totally got her. They started to see the value.

A consistent pattern emerges from our interviewees’ experiences on the ground in health settings: personal and sustained interactions between artists and health professionals often leads to an initial distrust or dismissal of value blooming into a productive relationship.

In some settings, the respect shown to arts and health goes beyond just praise. Chapple says that when working on the eating disorder ward, he is treated the same as any other health professional: ‘I get a handover sheet when I go up that’s the same as a clinician would get. So, everything that happens on that day, what their state is, who they are, a bit about their disorder. And then the same, I’ll report back at the end of the session to the shift coordinator’. While certainly not alone in its respect for the value of arts and health, the Statewide Eating Disorder Service, based out of FMC, is a notable champion. Long, who is the Senior Consultant Psychiatrist at FMC, says the arts have been a part of the service ‘pretty much from the beginning’, and that they are an important part of the services offered: ‘We’ve really appreciated and protected it’. Emma Altman—Nursing Director of Statewide Mental Health Services for Southern Adelaide Local Health Network—agrees that arts and health is fundamental to the Statewide Eating Disorder Service: ‘We are ongoingly grateful for the support of arts and health and what it offers our consumers and patients has just been extraordinary’. According to Newman, the key for arts and health workers in medical settings is to avoid those health professionals who devalue or distrust their work, and focus instead on those, like Long and Altman, who will champion the field:

One of the key things inside the hospital is finding those advocates. You will always find barriers, you’ll always find those people that are traditional, they are essentially ‘doctor-centred care’ instead of ‘patient-centred care’. I tend to leave those clinicians alone and work with those that really have the interest and ability to see the benefit of what we do.

Many interviewees appear to have followed Newman’s approach and built successful relationships within medical settings. Beyond these settings, however, interviewees also reported on positive collaborations that have combined the specialist knowledge of

both sectors into innovative work. An excellent example of this is *Euphoria*, a play produced by Howard for Country Arts SA. Written by Emily Steele and directed by Nescha Jelk, the play tackles themes of mental illness and suicide in regional communities. It was developed over two years and included extensive consultation with the mental health sector, including a reading and Q&A session with mental health organisations, such as the SA Mental Health Commission. Howard describes the feedback from this session as ‘overwhelmingly positive...them valuing their involvement in the process, but then seeing the benefits of that involvement, combined with the skills of the creative team, to see what that final product was, and their experience of that. It’s probably one of the most incredible projects I’ve ever been able to drive’. This shows that the processes of arts and health work can be as valuable as the final product. Howard says that some health professionals were impressed by how an artistic work could so effectively communicate important health information:

One of the mental health managers from Mount Gambier said to me, “I just can’t get over how fundamentally important this is, the subtlety in how you’re talking to mental health, the impact of suicide, understanding the journey of one of the particular characters who lives with mental illness in her community...It’s just such a subtle way to talk to it, but so incredibly empowering and powerful”. Because it’s the beauty of the arts, it’s not like you’re being bombarded with messages and health promotion. You’re absorbing things in a very organic way. And it sits with you differently.

The play has been wildly successful, and after selling out shows in South Australia, will tour nationally in 2023. For Howard, however, one of the biggest markers of its success was the trust mental health institutions put in the work: ‘Mount Gambier [Integrated Mental Health Units] supported consumers to come along to the work. Which was just tremendous. The most amazing thing to see happen, to feel that they felt confident in the work enough to allow staff to bring consumers to the work’. The success of *Euphoria*, with both audiences and those in the mental health space, shows how meaningful collaboration between the arts and health sectors can produce work that simultaneously satisfies artistic and health markers of success.

Another collaborative project involving mental health is UniSA’s Visualising Mental Health program. Each year, psychologists from both universities and private practice are brought together with third year UniSA design students, educating the students

on different mental health topics and then giving them free reign to prototype ways of communicating these topics to the South Australian public. The creative solutions that students have come up with vary widely, from pictures books to food trucks, and some have received industry interest in their products. Just as Euphoria discusses regional mental health issues in a subtle way, Gareth Furber—e-Mental Health Project Officer at Flinders University, and a co-founder of the project—says the prototypes developed through Visualising Mental Health are particularly valuable to the psychology field because of how they communicate important mental health information without being didactic:

I want people consuming mental health ideas who aren't thinking about therapy. They're just fascinated with it because it's interesting. It captures some aspect of the human condition and captures some aesthetic value that they haven't seen before. They're engaged and at no point in time do they really feel as though they're being taught some sort of therapeutic lesson.

Furber says that these creative, non-didactic solutions would likely not occur to health professionals taught to think a certain way: 'To a certain extent, as you develop knowledge in a field, you become a little less creative about the whole process, because you become part of that profession and its ways of doing things'. In fact, Furber says that the process of collaboration highlights just how different the worlds of health and design are: 'You definitely realize that each person is a repository of a set of knowledge and experiences...it's such a good reminder that as a professional, you have all this assumed knowledge'.

Beyond just mental health, Andrew, co-founder of Visualising Mental Health, says that challenging traditional knowledge systems and processes is crucial to solving some of the biggest problems in health: 'A lot of the problems that we've got are entrenched. And we haven't changed them by doing the same thing over and over again'. Alison Russell agrees that health has a tendency to 'just keeping asking the same questions' and says that collaboration with the arts sector could help refresh thinking around some of the state's biggest problems: 'I've been to these roundtables when we're trying to solve ramping. We haven't solved it for a decade. And it's because they keep asking the same people. So why wouldn't they have some arts people? Or some design people?' As an example of effective collaboration, Russell recalls how impressed health professionals were when UniSA design students, as part of the UniSA/WCH partnership, designed innovative solutions to challenges such as

infection control: ‘Those students...came up with ideas that were so out of left field, but so spot on to the problem...Infection control nurses who’ve been doing this for decades, were just like, “Wow, that was just so different”’. Therefore, Russell argues for thinking about ‘arts and health in its broadest possible conceptualization. It’s about the thinking with the arts...It just provides a different mindset. And I don’t think the government, politicians, people in power are generally good at different mindsets’.

Exposure to new ways of thinking can also benefit the artists involved in arts and health work. A number of interviewees described how working in health settings helped their personal and artistic development. For artists such as Blacher, working in a hospital setting allowed them to work through their discomfort in such environments:

I think initially that medical environment was quite uncomfortable for me. Like most people, my previous experiences of being in that environment were traumatic. It was when my brother was in hospital after being hit by a car, when my dad was dying...that’s my reference points to that space...I feel comfortable there now, but it took me a while of just progressively orientating to that space. And reframing what that space is a little for me.

For others, daily exposure to serious health challenges refocused their artistic practice. Cambrell describes just such a shift in perspective:

Working in health spaces slam dunks preciousness into perspective. It’s just art. It’s not life threatening, it can be done again. So, compared to the deep, deep stories of loss and gain that go on around you, it keeps art in perspective, makes artists a bit freer. And it changes you as well, of course. It’s a heck of a lot less about your own inner critic and a lot more about being part of life.

Medical settings can also provide artists with a unique opportunity to hone their craft. Francis says that Leigh Warren brought his dancers back for their second residency because ‘he could see what the environment did for arts practitioners as professional development and the need to be thinking about working in different ways. I mean, from physically working around equipment to creatively thinking about how you’re going to approach the setting with vulnerable people in a hospital. It actually offers opportunities for an artist to diversify’. Philip-Harbutt recalls how Claire Oremland, a cellist at the Adelaide Symphony Orchestra (ASO), saw

similar value in the hospital environment for artists: 'She introduced a small group from the ASO into the old RAH. She was interested in documenting the benefits to the players through playing in the hospital. It's really interesting as a workplace thing. This was seen as a really positive thing to do for the players. They needed to rehearse every day. So, they did it at home or the studio or they did it at the hospital'.

Since the very beginning of arts and health in the state, one of the most effective ways of facilitating such crosspollination between the sectors has been conferences. In fact, Philip-Harbutt notes that the National Rural Health Alliance introduced an art stream to their health conferences before the term 'arts and health' was well established. Indeed, the proceedings of the 1999 National Rural Health conference, held in Adelaide, describe how 'running through the formal proceedings was an Arts program, which provided delegates with practical proof of the value and effectiveness of using the Arts to help maintain good health and for the delivery of many primary health care messages' (n.d., 2). Spurr and Ramsey also communicated the value of their fledging Arts in Health program through conferences dedicated to topics such as occupational therapy and health promotion (1999, 20). This was a highly effective way of exposing health stakeholders to the arts, and Philip-Harbutt says that 'as a recommendation, if every health conference had an art's stream it would really improve things'.

In the late 1990s to mid 2000s, conferences dedicated solely to arts and health emerged, and many interviewees described them as an important catalyst for the field in South Australia. Putland says that 'there was a period where there were conferences, and they really, really made a difference, because you get practitioners and people who are researching from the university background, coming together and listening to each other. And that really made a difference'. In some cases, South Australians travelled from the state to share their arts and health work at conferences from Toowoomba to Buffalo. Francis was in frequent attendance at these conferences, and she says there was always a 'large SA presence' at the national conferences. At other times, bringing international arts and health stars into the state helped spark interest in the field. One notable example was Esther M. Sternberg's talk at the Art Gallery of South Australia in 2010. Sternberg was promoting her book, *Healing Spaces: The Science of Place and Wellbeing*, which made groundbreaking links between our physical environment and our health. Francis says that Sternberg's visit was an important moment: 'There was a whole day in the art gallery of South Australia that I think was really crucial...Esther Sternberg came, there was a presentation,

and then we had 90 people at a facilitated forum feeding into the national framework'. Newman says that Sternberg's celebrity helped expose key decision-makers to the power of arts and health:

I know that some of the executive staff of the hospital came to that [Sternberg event]. My own CEO back then came and totally got it. Bought the book, got the book signed. I know, by the end of the week, I'd had several copies that I had to buy and pass out to other people that my CEO wanted to say, "This is it: this is arts in health".

Therefore, Putland says such events are crucial to advancing the field: 'I think we have to be able to meet each other more freely again. I think it's really hard to do this kind of work unless you've got people on the ground interacting'. Andrew agrees that 'what really needs to happen is that people who are working in the space need to come together to share...to build critical mass'. She calls for these gatherings to take place however and wherever they can: 'I think you just do it. I don't think there's any one space'.

For a variety of reasons, those working in the arts and the health sectors may initially consider their work to be alien to one another. However, the history of arts and health in South Australia shows that facilitating interactions between the sectors can lead to mutual respect, opportunities and significant success stories.

Chapter 4

Arts and Health Evidence

How does arts and health convince political leaders and health professionals to champion the field? For many interviewees, it is crucial to provide evidence that proves the benefits arts and health can bring. Hansen says that in order to advance the field, 'the missing bit is actually evidence'. Long agrees that evidence will help convince sceptics of arts and health's value: 'I think it's about connecting art to evidence. Art is often seen as a soft touch...building the evidence is critical'. Lambert says such evidence specifically needs to show how arts and health can improve patient recovery, and not just make their hospital stay more pleasant: 'I think you'd have to be very convinced that the therapeutic output and cost had demonstratable value to the patient experience...There's questions for me about where one draws the line in terms of things that are nice to have and things that are demonstrably beneficial for patient outcomes'. Francis agrees that arts and health needs 'to have an evidence base to support it' but she also emphasises the need for evidence that supports arts and health in an Australian context: 'We need to have Australian research that shows it, we can't always rely on overseas'.

Arts and health evidence-building is partly inhibited, however, by the small capacity of many arts and health organisations to conduct their own research. Francis says that it is difficult for the Arts in Health program at FMC to do much of its own research: 'We only have one research program happening at the moment, as research processes take a lot of time and energy'. Newman describes a similar situation for the Arts in Health program at the WCH: 'We've not done any research ourselves individually. I think I've done two small research projects, but that was with the UniSA alliance'. The method of collaboration with the academic sector, exemplified by the UniSA alliance that Newman refers to, may offer a potential path forward in this area, as many interviewees say that South Australian universities have a big role to play in collecting arts and health evidence. Lambert says universities can fill the research void in arts and health organisations: 'This is perhaps where collaboration research needs to fill that gap, collaboration with the university sector and research monies actually need to now fill that void'. Hill agrees that universities are best placed to fill this research role: 'Where the universities come in is getting the material, the data together that justifies expenditure'. Alison Russell also says that such collaboration is vital, as it is not 'going to be realistic to ever have an arts and health program in our public health sector doing that research by itself. They don't have the expertise, and they don't have the time'. Nonetheless, Russell is confident that those in the health sector would welcome such collaboration: 'If there's a partnership,

they've certainly got the willingness'. For her part, Newman says she would be excited by the prospect of collaborating with university researchers: 'To access that resource and the capacity to do it, that would be amazing for me...I would definitely be pitching some research project ideas'. Likewise, Altman welcomes the idea of university researchers coming into the Statewide Eating Disorder Service: 'I think there could be some really important research that could be done in that space. And that would be a big, massive contribution to the international literature about the importance of offering creative options as part of a therapeutic program for people with eating disorders. We'd be really open to any of that'.

While potential collaborative opportunities should be explored, some interviewees said it was also important to acknowledge existing evidence on the benefits of arts and health. Throughout the history of arts and health in South Australia and beyond, there have been a number of significant reviews on arts and health evidence produced at crucial junctures in the field's evolution. In the lead up to the National Framework on Arts and Health, for example, interviewees Putland (2012a) and Mills (2011) both published significant scoping reviews, and the framework itself contains a list of other such reviews in its attachment. More recently, VicHealth released a rapid review in 2020 that found "strong evidence" of the impact of arts interventions, programs and activities on mental wellbeing and social health' (12). Internationally, the World Health Organisation published its own scoping review—written by Daisy Fancourt and Saoirse Finn (2019)—that included data from over 3000 studies into arts and health. Cripps recalls watching the launch of Fancourt and Finn's report online, and she says she was determined during her time at CCH to move past the question of evidence: 'The research is in. We're going to start from the premise that arts in health is important in health care. Because I didn't want to go back over old ground'. Francis also emphasises that the arts and health 'evidence base is totally there. The research is abundant', and Putland agrees, adding that much of this research is of the same quality as health research: 'The research that we have around evidence for arts and its effects on people is no less rigorous a lot of the time'. In particular, Putland points to research proving the cost-effectiveness of arts and health, a benefit that should impress health administrators: 'If you apply the same cost effectiveness to arts and health that you apply to say other treatments, such as psychotropics or whatever treatments for mental health issues, the arts actually come up as well as anything else'. Fiona Salmon—Director of Flinders University Museum of Art—therefore argues that, while research should continue, the arts and health field should

move beyond constantly trying to prove itself: 'It still feels to me as though we are still arguing for its benefits. We should be able to get over that. We can look to the data that exists. I do think that it's important to be doing the research to be able to demonstrate those things, but that now is amassing'.

However, interviewees say the problem is often not the availability of research on arts and health but getting health professionals to value that research. Moseley says that because arts and health interventions are often evaluated via the qualitative experiences of participants, the subsequent data is subjective: 'Arts can suffer from diffuse outcomes which are qualitative, and not easy to understand'. Francis says this reliance on subjective experience puts arts and health in the middle of 'a worldwide tension between the qualitative and quantitative'. As a result, evidence collected by arts and health is sometimes disregarded by health professionals, as Francis explains: 'Health decision-makers are predominantly based on the economic rationalist model of, how is this going to benefit us financially? And they don't always take into account some of those anecdotal stories and the qualitative evidence'. Putland, who has decades of experience evaluating arts and health projects, says the problem is not only the subjective outcomes but also the variables of the interventions themselves:

You can't measure a dose of art. The arts experience, it varies hugely. We don't have large cohorts of people who are undergoing the same kind of arts experience. When you're talking about randomized control trials to get the data that you need to demonstrate that a new drug is effective or something, you can't do that unless you have those huge numbers of people who are getting the same arts experience input. You can't do it.

Finally, a number of interviewees also described how arts and health interventions produce important long-term outcomes in participants that can be difficult to measure in short-term evaluations. When trying to evaluate the impact of Tjanpi Desert Weavers, Young says it is difficult to identify the long-term health benefits provided to participants who interact frequently with the centre: 'It's hard to pinpoint it on a longitudinal basis...It's harder to see the profound impact that it could be having over time'. Philip-Harbutt agrees that without longitudinal measurement, 'sometimes you can't know what effect you're going to have long-term'.

This tension over how best to evaluate arts and health is well-documented by literature in the field, to the extent that Norma Daykin (2019) laments how arts and health has become trapped in

‘circular debates about research and evaluation’. There has been particular attention paid to the question of whether arts and health research can or should restrict itself to the type of ‘gold standard’ evidence-gathering methodologies, such as random-controlled trials, preferred by health (Hamilton 2003; Lawthom et al. 2007; Putland 2008; Robinson and Daly, 2014; Swan and Atkinson 2012; Parkinson and White 2013; White 2009; 2014). Further complicating this debate are internal struggles within both the arts and health sectors around what type of evidence best translates into policy action, or indeed whether evidence does lead to appropriate action (Daykin 2019; Dopson et al. 2003; Meyrick et al. 2018; Smith 2013).

While evidence-gathering is an important part of advancing arts and health, becoming fixated on a debate between proponents of qualitative versus quantitative methodologies will likely hinder, rather than help, the field. Anni Raw et al. (2012, 100) write that, as either side is unlikely to convince the other of their approach, ‘this methodological argument has the damaging potential to paralyse further progress towards academic understanding and estimation of the sector’. Firstly, if there is a constant focus on proving arts and health’s value, the danger is that no resources will be directed towards analysing how arts and health creates the positive impact it does, thus leaving the field with a diminished understanding of its own practice: ‘It could be argued that, by failing to address the nature of the practice and its practitioners - those specialists and the approaches at the heart of the matter, the academic appraisal of arts and health is suffering from a hole in the heart’ (Raw et al. 2012, 2). Secondly, Daykin (2019, 10) says that focus is also taken away from the question of how to advance arts and health’s political foothold: ‘to date, research discussions in arts, health and wellbeing have focused on the nature of evaluation rather than developing frameworks for understanding strategic and political question’. Daykin writes this will ultimately limit arts and health’s potential, as many of the field’s ‘challenges are unlikely to be resolved by research and evidence alone as they are not simply scientific or technical problems; rather, they require an understanding of the forces that shape political and moral decisions and choices about how to prioritise and what to value in society, health and care’. As a result, Lambert, while firmly believing that more evidence is important, also points out that improving the evidence-base will not by itself advance the field: ‘There are a range of things that are evidence-based that are not well-funded within public health systems...Evidence in and of itself is not enough’.

Therefore, instead of focusing solely on evidence-building, many interviewees argue more should be done to give key decision-makers direct experience of arts and health. As the history of arts and health in South Australia shows, giving key decision-makers direct experience of the field's transformative power can be game-changing. In recalling the impact that encountering Cambrell and Cottrell had on Hill, Francis says that story underlines how important such direct experience is:

John Hill saw first-hand some of these experiences of people who were critically ill having a contact with arts and their health and it turning things around for them, providing hope, new skills and direction. And I think it became clear that it was really important. That people seeing first-hand that arts made a difference.

Mills therefore says that giving key decision-makers experiences of the transformative power of arts and health is equally as important as providing data: 'If you want passionate advocates, they have to have a visceral understanding of what creative activity does. Without that...you're not going to get anywhere'. Baldwin similarly describes how direct experience can create important advocates for the field: 'Unless you're a true advocate that has really seen it, a lot of people don't value arts and health for what it truly is'. Panter argues that a combination of both—evidence and direct experience—is the key to unlocking belief in the power of arts and health: 'That lived experience is the bit that really has cut through to many people, whether that's a politician or the average person on the street. If you can get that personal story out there, backed up with the actual evidence, that's been done in a way which is accepted as evidence, then the two together, I think, are the most effective'.

Beyond targeting leaders, interviewees say the field also needs to increase its recognition in the wider population. Hill says that 'while it's good to have individual leadership, you need that broad-based cultural understanding for the change that's required'. Francis agrees, and she says increasing recognition was one of the goals during her tenure at the Arts in Health program at FMC:

Bringing in artists to work in the hospital with the aim of engaging with staff, patients and visitors, and having a public outcome, gave us a profile; a dynamic, vibrant public face to the program. This created the possibility to educate people and show the public, but also the hospital community, the benefits.

However, Hansen says awareness of these benefits needs to be spread beyond health settings: 'The evidence hasn't made it to

the public...It's stuck in hospitals'. Cripps agrees that while public awareness of the value of hospital employees has been high during the COVID pandemic, this hasn't extended to the important work done by arts and health: 'You very rarely hear of the allied health professionals being praised in the same way. It's the doctors and the nurses. I think there's still some work to be done on that'. This is despite Bowes noting that, encouragingly, 'all CCH clinical team members have been deemed an essential service by SA Health and are onsite supporting patients and staff during lockdowns and all levels of restriction. The curatorial team has been able to continue the Exhibition Program throughout the pandemic too'. Cripps says that when the public does interact with arts and health, they become important advocates. Using the example of CCH's programs with veterans and with spinal and brain injury patients, Cripps says that 'if it were to be taken away, it's those kinds of people that would start to advocate'. The goal must now be to create such advocates—in the wider public, in medical settings, and the houses of parliament—before such excellent initiatives are taken away, not after.

Chapter 5

Arts and Health Skills and Education

Like the continuing debate around arts and health evidence, the question of how best to train and educate potential arts and health workers remains an open one. What skills do arts and health workers need to be successful, and how do they gain them? When posed this question, interviewees listed a number of skills and abilities that they think arts and health workers require. In particular, they said that arts and health projects benefit from artists who are more focused on process and less concerned with the final artistic work. McGann says that artists working in arts and health often 'need to take a step back', as projects may require 'a certain element of flexibility and engaging with people and letting go of some of your own ideas and ways of doing things'. Long, who has witnessed significant arts and health work in the Statewide Eating Disorder Service, says that not only do good arts and health workers release control of the final artistic product, they also encourage participants to do the same: 'To just be very kind of patient and accepting and uncritical, and also to impart to these patients a sense of almost risky fun, that you don't have to create a Pulitzer Prize winning piece every time you put pen to paper, or always colour between the lines...I think that's what they bring'. Chapple facilitates poetry and creative writing classes at FMC, and he says he judges the success of a class by the absence of his own professional writer's voice in the work they produce together:

It is about good writing, but it's also about pushing authorship away. If I'm the voice in the work and it's a lot of my writing, I feel like I've failed. We do a lot of group poems, where I just throw something out and collate response and it's about getting the voice of the room, and if I look at it, and I think, "Okay, I couldn't have come up with that, that's definitely those people in that space coming up with that", I feel that's kind of an achievement.

As a result of this need to let go of artistic control, Newman says that 'the process-driven people are the people that seek to work inside health environments'. However, while de la Perelle agrees that an arts and health project is less successful if 'the artists...take over', she also notes that not all artists have the ability to release artistic control: 'Finding an artist who's able to do that co-design and co-producing is really hard'. Cambrell agrees, noting that while trying to teach one emerging arts and health worker on how to work in the field, this release of control was the most difficult skill to impart: 'The hardest part was that he is a highly, highly skilled artist, and our biggest battle for his first year was to get him to let go of the quality of the piece of art. Let go. If someone wants to make a really ugly wooden duck, let them'.

Another crucial skill highlighted by interviewees was the ability to connect, empathize and just generally be present with arts and health participants. Elizabeth McCall—who has experience running arts and health projects for Wigmore Hall in London, the Adelaide Symphony Orchestra and NSW Health—says the success of a project can come down to an artist’s ‘personal skills...the ability to be warm’. Wayne Champion—CEO of the Riverland Mallee Coorong Local Health Network—says that when looking for a potential artist for a residency in a health setting, he is mostly focused on these personal skills: ‘Someone that can relate to people and empathize with them and understand and listen to their stories and try and create something that has meaning to them’. The importance of these personal skills is increased by the fact that participants in arts and health interventions are often dealing with serious medical issues. Altman says she is most impressed by the way artists working in the Statewide Eating Disorder Service skilfully navigate the ongoing medical issues of participants: ‘All of the people that are involved in the program who have delivered services to us have had the most wonderful maturity and openness to understanding and working in a respectful manner with people with mental illness and eating disorders’. Newman agrees that it is crucial for artists to be able to work in the face of often confronting medical issues and situations:

If I’m having someone run a workshop for me, it’s actually about the person, it’s not about what they can do. Will they manage in a hospital environment...seeing kids in a critical environment, in really traumatic circumstances, and still be able to run their workshop? ...That kid’s bandaged up, that kid’s only got one hand, that kid is severely mentally depressed, and he’s not going to make eye contact.

Given the unique skillset required for successful arts and health workers, many interviewees underlined the need for adequate training and education in the field. McGann says that because ‘the health industry...hang their hat on their qualifications’, establishing recognized qualifications for arts and health will help ‘legitimize it in a lot of people’s minds...It just adds credibility to what it is that you’re offering’. Blacher is enrolled in a Master’s in Therapeutic Arts Practice for just this reason, as she says it is important to have her skills ‘recognized on that education level’. Giving credence to Blacher’s view, Newman says that managers of arts and health programs, such as herself, are increasingly unwilling to hire arts and health workers, and particularly arts therapists, who do not have recognized qualifications: ‘To be employed in an acute health setting they need to be highly qualified and registered with the appropriate

bodies'. As an example, Newman points to the qualifications gained by one of the key arts and health workers she employs: 'With the harpist that comes in and plays, she's gone on to do a music course specifically for working in neonatal intensive care units. She's now a qualified practitioner to work in those environments and that just gives more assurance'. McCall says that for many artists, the required training would not need to be extensive: 'There are a lot of musicians who have transferable skills that they can bring to this work—some training is needed but we also need to acknowledge those already working in the field and how they can bring this in. There can be ways to devise training that builds on this without a huge amount of expense'.

However, while interviewees argue that arts and health training and qualifications are important for the field, they flagged some issues with education options at present. Arts therapy education in particular suffers from a lack of standardization across diplomas and degrees. Needs has taught and designed arts therapy courses, and she says the field lacks minimum practice standards: 'In Australia, the training is so diverse that nobody really knows what arts therapy is, yet everyone's standing up and saying, "I do arts therapy". Every university can pretty much invent their own course. And they can be as different as plumbing and electrical between universities'. As a comparison, Needs points to the stringent requirements that exist for aspiring arts therapists in the UK: 'The British Association of Art Therapists maintain that they will only register graduates of programs that adhere to a certain set of minimum practice standards. No one is setting those criteria here in Australia'. Blacher agrees that some arts therapy courses lack the required rigour to prepare graduates to work in the field, and as a result 'there's a side of arts therapy that can be seen as a bit flaky'.

While arts therapy suffers from a lack of standardization, the biggest issue for the general arts and health field is simply a lack of qualification pathways. At present, there is no specialized degree or diploma for general arts and health in South Australia. As far as we could determine, the only such program in Australia is the University of Tasmania's Diploma of Creative Arts and Health. However, interviewees did describe previous training options for arts and health in this state, such as the arts and health module Philip-Harbutt developed as part of CAN SA's Graduate Diploma in Community Cultural Development, and the arts and health elective that Putland taught for Flinders University's School of Public Health. However, as Putland describes, these courses can be difficult to maintain due to a lack of instructors with the necessary knowledge: 'There was no one to hand over to. People were interested, and I

had various people over time working with me on it, but there was not really anyone who was in a position in health to understand sufficiently how to work with the arts’.

A major advancement in Australian arts and health education could soon take place, however, with a 2018 report from PricewaterhouseCoopers (PwC) recommending an arts and health diploma to meet the rising need for workers in the field. The report ‘predicts significant employment growth over the next four years in the arts health sector’ and says that, as a result, ‘vocational training at a qualification level is in demand for arts health workers’ (PricewaterhouseCoopers 2018, 15). To meet this demand, the report proposes to ‘develop a new qualification: Diploma of Arts Health, to address a skills gap in arts health workers’ (PricewaterhouseCoopers 2018, 25). This diploma would consist of seven new units of competency mixed with existing units brought in from other diplomas. Francis says these recommendations could signal a significant step forward for arts and health: ‘Arts and health now is moving into a whole other level because of the training that’s being developed’.

However, a number of interviewees consulted for the PwC report noted their concerns with both the consultation process and the report’s recommendations. Francis, despite her optimism, became concerned about the lack of health professionals involved in the consultation process:

From the people on the working group, I was the only person from arts and health, there wasn’t anybody else there from health. I told them, “You’ve got to have health at the table”. I can talk about arts in health practice, but there needs to be somebody from health at the table, so it’s truly arts in health.

While this is indeed concerning, Francis notes that, ‘to their credit’, PwC ‘stopped the process and got various health people in’. Philip-Harbutt was also concerned about the consultation process, saying that ‘arts and health workers weren’t at the consultations’, and that as a result, the recommended diploma appears to be a mash between arts modules and health modules, without any specialized training in the arts and health field:

I keep wondering, where are they pulling these modules from? Are these health ones and these arts ones? And why are they just trying to smash them together? Where are the unique Arts and Health modules, like the Philosophy of Arts and Health? It is so important to discuss why we would take on Arts and Health to better understand how we would deliver any training.

With the overhaul of arts and health education promised by the 2018 PwC report therefore requiring some fine-tuning, interviewees described other ways of integrating education into the field. One such innovative approach is the Object-Based Learning program promoted by FUMA. The FUMA website describes how engaging students with objects, in this case artworks from the museum's collection, can be a catalyst for unique learning experiences: 'Objects can serve as portals into subjects, themes or issues; as triggers to new ideas and understandings; or as catalysts for self-reflection, creative work or deeper investigation' (Flinders University Museum of Art n.d.). In particular, Salmon says that self-reflection and empathy are important skills for medical professionals, and that to help cultivate these skills, the museum hosts the 'personal response tour' for every third-year medical student. This program, delivered as part of a professional development topic by Professor Michael Baigent from the College of Medicine and Public Health at Flinders University, is based on an initiative of the Harvard Medical School.

It's a structured interaction, students are given a cue card, which will say something like, find an artwork that you might share with a friend who is depressed, or hang on your clinic wall, or that expresses anxiety or happiness, for example. The prompts encourage reflection on what the artwork evokes for the student and how it makes them feel. Through the sharing of their responses with each other and the lecturer, students exercise the cultural and social competencies they require as clinicians to better understand their patients and their professional selves.

In partnership with Poche (SA+NT), a centre for improving Indigenous health outcomes, FUMA has developed object-based learning resources using their Aboriginal and Torres Strait Islander collections, the aim of which Salmon says is to 'support The Aboriginal and Torres Strait Islander Health Curriculum Framework by bringing First Nations knowledges and perspectives to health topics. Here, the project is about preparing graduates to be able to provide culturally safe health services to Aboriginal and Torres Strait Islander peoples'. Salmon's hope for this 'very different arts and health project' is to open future health professionals to the power of the arts early on in their training: 'We need to be changing thinking around that, and not when the doctors, nurses or other health professionals are already out there in the world, we need to be changing their thinking about the value of arts and health from early on'.

Another project aimed at health professionals in training, albeit an extra-curricular one, is the Adelaide University Medical Orchestra (AUMO). Founded in 2008, AUMO describes itself as ‘the world’s first single faculty medical student orchestra’ (Adelaide University Medical Orchestra n.d.). The organisation is an opportunity for medical students with previous training in music and other artistic modalities to continue honing their skills and to perform at venues across the city. AUMO students also act as advocates for the health and wellbeing benefits of music via their community outreach program, The AUMO Effect. Perhaps AUMO’s biggest contribution to arts and health, however, is in providing the health sector with future professionals who are ready to champion the field. Newman says she loves it when past-AUMO students come to WCH: ‘AUMO have been brilliant because when they come back working in paediatrics, they’re coming in the door going, “Why isn’t there any music?”’. Such immediate embracing of arts and health by new medical professionals would be a huge step for the field. Indeed, Smithson notes that one of the ‘most arduous things for some of the therapists is, in the teaching hospitals, that constant rotation of new nursing students, new medical students, allied health people, that they have to educate each and every time about the wonderful things that are all things arts in health’. To help with this constant re-education process, Smithson says that one employee took matters into her own hands: ‘One of our art therapists in the Queen Elizabeth...has actually recorded a video that plays as part of that induction process’. While this is a clever tactic, Smithson still argues that something more substantial needs to be done: ‘Where it needs to be is in the curriculum, I think, for health and medical staff training’.

Therefore, a rigorous and highly regarded arts and health course, or at least the integration of arts and health philosophy into current curricula in our universities, would undoubtedly be a huge moment for arts and health, and help produce the field’s next wave of champions.

Conclusion

In 2012, Stephen Clift—Professor Emeritus at Canterbury Christ Church University—called for the growth of arts and health to be recognized as evidence of the field’s impact:

In discussing evidence in relation to arts and health, it is important to recognise that the growth, scope and variety of practical initiatives in this field should, in itself, be regarded as important evidence of the feasibility, acceptability, flexibility and vitality of working through the creative arts in supporting health care and promoting health. Such activities would not happen and certainly would not continue to happen, if their value was not recognised and if the experiences of such initiatives on the part of artists, health professionals and participants did not point to tangible benefits. (123)

Putland included Clift’s quote in the conclusion of her 2012 scoping review, *Arts and Health - A Guide to the Evidence*, which appears as an appendix to the National Arts and Health Framework. Indeed, the quote is frequently referred to in moments designed to gather and energize the field. This is likely because it is so easy for arts and health practitioners to forget the wider growth of the field, and the powerful message that this growth sends, when they are focused on managing, evaluating and justifying their own small slices of work. This makes opportunities to step back and view the bigger picture of arts and health immensely valuable. Firstly, such opportunities can provide a positive counterbalance to the tiring demands to constantly prove and re-prove arts and health’s value, an exhausting experience recounted by some interviewees in this report and shared across the arts sector more generally (Meyrick et al. 2018). Stepping back also allows one to view the long arc of the field’s development, and perhaps recognize lessons on what has and has not worked in the past, and where the field needs to focus its attentions to make further advancements.

Our hope is that this report provides one such opportunity for the arts and health field in South Australia. By compiling the experiences of 47 interviewees, across a range of different engagements with arts and health, the report charts a clear path of growth for arts and health in this state and beyond. Four decades ago, arts and health work was an important yet undefined vein of a fledging community arts movement. Today, it is established in Adelaide’s three major hospitals, and it is recognized nationally via a framework first envisioned by arts and health champions in South Australia. While there have been notable dips and rises along the way—caused largely by political fluctuation—underneath it all has been a consistent grassroots community of tireless arts

and health workers, as well as grateful members of the public who have benefitted from their work. We therefore owe it to the arts and health communities past, present and future to step back from time to time: to acknowledge, to learn and to re-energize.

Alongside appreciating the long arc of arts and health, however, it is also important to recognize how transformative a single interaction can be. The beating heart of this report, and perhaps the wider history of arts and health in this state, is a spontaneous interaction between Hon. John Hill and Becky Corlett at FMC. So many strands of the field's development flowed into and out of this small moment. The community arts movement—which privileges community access to the arts—is represented through Cambrell's willingness to let Corlett add her own impromptu touches of paint to the canvas. And yet because the power of this moment was witnessed and recognized by a political leader perfectly placed to intervene in the field's development, historic policy achievements followed, including the National Arts and Health Framework.

How can we create more moments like the one shared between Cambrell and Corlett? How can we bring along present and future key decision-makers to witness the power and efficacy of arts and health? This report's recommendations (page 14) offer some prospective methods to mobilise the knowledge of the past for the future benefit of the field, its arts and health researchers, practitioners and end-users. The first step to the successful implementation of these recommendations, however, is honouring and learning from the people who put South Australian arts and health on the map.

Appendix

Arts and Health Stories

Over the course of this project, the researchers heard an incredible array of stories that testified to the power of arts and health. These ranged from short anecdotes interviewees had witnessed to longer testimonies about moments of personal transformation. Incredibly, nearly every interviewee had at least one story to share. As a result, it was impossible to fit every story into the body of the report.

Nonetheless, these stories are important, as they represent the lived history of arts and health in South Australia. We therefore present the best of them here with short, contextual introductions; we hope that amaze you as much as they did the research team.

Fiona Borthwick is the Senior Curator at the Centre for Creative Health. While deinstalling an exhibition at the new RAH, she encountered a touching moment for a family going through a difficult time:

During Tom Keukenmeester's exhibition a couple of years ago, he had works that featured Adelaide icons. One was the Balfour's frog, and another was a character that looked like Mr. Potato Head. A family approached me while I was deinstalling the work. They'd had their father in hospital, and he had just passed away, but they'd been visiting this exhibition every time they came to see him, and the kids loved the painting of the Mr. Potato Head character. They had come back to take a photo with the artwork. So, I took it back out and they took their photo, hopefully giving them a good memory from a bad time in their life.

As the initial Director of the Centre for Creative Health, CALHN, Michelle Cripps was witness to a new era of arts and health stories at the RAH. One particular moment from those early days has stayed with her:

One project at the RAH was to engage an artist who talked to patients and listened to their stories, whatever they wished to talk about. From these the artist created beautiful multimedia pictures which we then hung as an exhibition in one of the galleries. I was walking past this exhibition when I noticed a young man standing at a picture and looking as if he needed assistance. I asked if I could help him, and he said he had taken his sister for a wheelchair trip to the galleries and his sister had seen this picture and commented on it saying how much she liked it. She passed away the following day and he wanted to buy it as a memento of a precious last time together, such is the power of gallery hospitals and art.

Lenore de la Perelle is a Research Associate at Flinders University. She has spent her career finding innovative ways to help people with dementia live purposeful lives, and she is a firm believer in the important role the arts can play in this cause. She has a wealth of stories on the transformative power of the arts in aged care, from which two have been selected:

We had some tables out the front of the organization's headquarters. And they were just plain white. So, we were saying, 'These are some tables, and we'd really like to make them beautiful. What do you think?' And the artist who we commissioned to help us with these things was saying, you know, 'We could just paint them, or we could do mosaics'. And some people knew a bit about mosaics, and they were really interested. And the people who we got involved in that were people with advanced dementia, and some were quite agitated. And so, they chose the colours, they chose the designs. It was to be birds, because they were sitting there, and there were lots of little birds in the bushes and they liked that idea. So, it was Australian birds. So, the artist sort of drew up a few things, and then people would say, 'We need some plants in there and we need this and that'. And then they got the tiles, and then it was their job to break the tiles. And that was the most exciting part. One woman was breaking the tiles and squealing with delight every time she did it. One woman who was usually very, very agitated, couldn't sit, would repeat herself all the time. Well, give her a puzzle, such as mosaics, and she was fitting the tiniest pieces in. She would do it for an hour. And for her anything more than five minutes was a bonus.

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There was a man with dementia who was so excited about his performance. And he couldn't quite remember which day of the week it was, and all that sort of stuff. So, every morning, he would get up and put on his suit and bow tie because it might be today. And people are saying 'No, no, no, it's three more days'. Does it matter? He's excited. And it's going to happen in two- or three-days' time. And then on the day, 'Yes! We're doing it'.

Judith de Lang is a Trauma-Informed Counsellor who often uses art to help her patients work through their trauma. She has countless stories of how art can pave the way to healing, and her office contains an artistic work that showcases one of these stories:

At the stairs in the reception area, there is a painting of a woman that I worked with. She was in the Jehovah's Witness church, and she

had been sexually abused by her father before she had words for it. It took us a while to work that out. And she was an artist, she found that she could express herself in art. And she did this magnificent huge painting of red flowers, and tore it up into pieces, and stuck the pieces back on to a canvas and wrote a poem about it, saying that her life had been torn apart, and now she was in a place where she could recreate herself anew.

As the former manager for Flinders Medical Centre's ground-breaking Arts in Health program, Sally Francis has no shortage of stories from the field. One particular moment, however, stands out as an example of how arts and health can dovetail with Indigenous reconciliation:

Bradley Darkson has been our artist-in-residence this year. He's just spent three years working in the program. He was based in Karpa Ngarrattendi, the Aboriginal Hospital Liaison Unit, and it's the first time we've had an artist based there. His residency has been looking at the brutalist architecture of FMC, which really symbolises health structures. It's very square and concrete and heavy. Aboriginal patients coming from remote areas into this square, brutalist, architectural environment, and what it does to them culturally, spiritually, how inappropriate it is. And he's had this amazing relationship with this one particular patient who was a respected Aboriginal elder (now deceased), who he went to see in his hospital bed, and the patient immediately started talking about the environment around Kalka [Kalka-Pipalyatjara Indigenous Protected Area], started painting, started drawing. And they started this collaborative artwork together. What they did is they took a photograph of Kalka and Brad reduced it down to just lines of the environment, and then they had a trolley in the corridor where people were painting, picking up a paintbrush and painting, and the patient sat there all day directing people, which colour, what to do, telling stories. Theresa, who is the director of Karpa Ngarrattendi, said, 'This is truly reconciliation'. Brad has really created something quite exquisite in a way. There was Rob Padbury, a liver transplant surgeon, he's really well known internationally, he brought liver transplant to FMC in 1992. He walked past and we got him painting, a surgeon painting fine lines with an Indigenous elder. There were these two esteemed leaders, and in one way it's sort of a fleeting moment, but it really encapsulated the way that art can be a leveller. It can be a form of communication and expression that nothing else can.

Trish Hansen is the Founder of Urban Mind Studio, with her career now mostly focused on developing arts strategies and

delivering transformative solutions. However, she has a nursing background, and was once the head of several paediatric units at Women's and Children's Hospital, where she initially experienced how valuable the arts could be for generating health outcomes:

I came to understand that it didn't matter how much science I had in my head, it was the kids' connection with their own condition that determined whether they flourished or failed. And Type 1 diabetes requires extraordinary commitment to treatment, wearing an insulin pump 24 hours a day, testing bloods four times a day, multiple injections, just to stay alive. If you get the dose wrong, you end up unconscious. If you don't take your insulin, you end up in intensive care, like fairly intense outcomes. And if you dabble with it, make it all up and just survive, you end up with complications, blindness, etc, very young. So, this self-management kicks in at about five years of age. And it really intrigued me that the most powerful thing I could do was to help young people connect in a healthy way with their condition, because they just want to flourish. They don't care about the disease; they just want to live. And so, we started using the arts to do that. And it started really pedestrian, like colouring in competitions. And then that turned into self-publishing, kids publishing their own little books about the story of butterflies that had diabetes, and all sorts of beautiful things that helped them process. We had a film crew come in and give the children cameras to film each other talking about hypoglycaemia and being unconscious, and all these things. It was hilarious. It turned a very serious, really gritty health experience for kids into something funny, and it just shifted it completely. That kind of blew my mind.

Jane Lawrence has been both an academic and a practicing interior designer, focusing particularly on design in healthcare settings. One particular example of integrated art has always stayed with her:

Many years ago, I was on a design awards judging panel for an aged care centre that included a dementia facility. The designers contracted an artist to paint a mural which depicted a cottage with a picket fence, a garden path with hollyhocks and flowers growing, and a cat painted on the path. Every morning the patients would put out a saucer of fresh milk in front of the mural for the cat. It stimulated memory and allowed patients to have a sense of identity and belonging and enabled by the willingness of staff to support that interaction. It encouraged a sense of ownership, meaning and perhaps nostalgia for all parties and strengthened the critical notion of community in this health care setting.

Randall Long is Head of Unit at the Statewide Eating Disorder Service. Although he is not an arts and health worker himself, he has witnessed how the field benefits clients at the service. From his multiple, incredible stories, the following three have been selected:

These are the sickest of the sick patients who are often close to injury or death, extremely unwell, extremely anxious and often on the medical wards freaking out, resisting care, and some of the most effective interventions are often, for certain patients, arts therapy. So, there's a patient up there at the moment who the medical doctors were tearing their hair out over and getting very upset because she wouldn't keep her tube in, and we're piling medications into her, but the thing that made a difference was a ukulele, art and doing a bit of creative writing with Dave [Chapple]. So, when I came and saw her the other day, I actually kind of came in expecting to see her bouncing off the ceiling but she was actually engaged in arts therapy and she's just saying, 'Look, this is just so important'.

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In the past we had what's called a bed program, where patients would actually be in the room for many, many, many weeks doing really intensive recovery work. And what would happen from the beginning, you'd start to see pieces of artwork just gradually coming up on the walls as they did it in their sessions, and in between sessions. And the patients who were there for a long time, eventually it would be like an art gallery, all the walls would be filled. The really interesting thing about it is you'd actually see the art and the writing change as an indication of their mental state. Because when they would often come in, and these are often 18-, 20-, 23-year-old women, they would be so starved that their hormones have switched off, and they'd regressed into a childlike state. So, what you'd actually see is art and writing that reflected about a year-seven, their art would be like primary school art. But as they actually re-fed and their brains started switching on and their hormones started switching on, they'd actually go through a mini-adolescence, and you start to see what teenage girls do. And then you'd start to see these quite sophisticated works, often they'd then shift from drawing to actually more writing, and quite creative statements, or start doing poetry or something like this. So, you actually see human development within a number of weeks, because you're reversing the regression.

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I suppose there's one other person worth mentioning. And she's out there and has their own public profile. And she's talked about this in her art, but there is a patient who has been battling an eating disorder for a long time, but only recently discovered that she was actually a poet, and actually started developing a career in poetry. And recently it has been one of her motivations to stay well and stay alive. There's this great tension between, 'Oh, we saw you play the Sydney Opera House, we'd really like to give you another gig' and 'Ah, I've got to be well enough to do that'. So, it's almost become a reason to try to survive. And she's, interestingly, only discovered this as part of her recovery journey. She always did the creative writing, but something only clicked much later on. So, I find that fascinating as well, that she obviously had this critically acclaimed talent but only perhaps discovered it later. And her work is this very amazing poetry about illness and suffering that that has been really well received.

Deborah Mills was one of the drivers of the National Arts and Health Framework. She has also written a number of papers on arts and health, but one particular anecdote from Flinders Medical Centre stands out:

One of Sally Francis' initiatives was she had a little art trolley, and she wheeled it around the hospital. And she came across a woman, elderly woman in a hospital bed. And the woman said, 'Oh, I'd be interested in trying my hand at painting'. And the woman turned out to be a natural and did some very good work. And the woman really had no identity or control over her environment. She was the little old lady in bed 42 or whatever it was. And when people came and saw her work, and they said, 'Oh, that's beautiful. We'll hang it here'. And she said, 'No, I don't want you to hang it there. No, no, no, I want you to hang it over there'. She's starting to direct her environment, have some control over her environment. And she's starting to have an identity that's more than as a sick person. She's no longer just a sick person. She's a sick and talented artist. Right? So, it's much more humanizing. That's just one example of what impact that kind of intervention can have.

While David Moseley was at SA Health, he ran an artist-in-residence program in the acute psychiatric wards at Glenside Hospital. The response from patients was overwhelmingly positive:

The biggest thing for patients is having someone there for no other reason than just to be there with them. Because these are people who people wouldn't want to sit next to on the bus. They're alienated

from their families, from their communities, they've got nothing to do. If anyone had any contact with them, it's to tell them to take this or to go there or to do this. All the things that you and I will take for granted in terms of having someone who wants to be with us just for the simple sake of being with us, they don't have that. So, for the artist to come in and be there, and to then make work and have them involved in making work or just to talk to them and to spend time with them, was hugely impactful. One of the artists, a guy by the name of Henry Stentiford, he did a big picture which he hung up in the wall where people could come and sort of tattoo the back of this figure. So, people would write their stuff down on there, and just express their feelings about where they were, and when the research team went back and spoke to them, some of the stuff that was coming out was like, 'This is the first time I haven't felt like a monster', 'This has been the best experience I've had'. Like, hugely impactful stuff

Before his time at SA Health, David Moseley created an impressive arts and health project during his university studies. This project had surprising outcomes that strengthened Moseley's belief in the power of arts and health:

In my mid 30s, I decided to do a fine art degree just for pleasure because I had an interest in art. And while I was a first year, I decided to do, with one of my lecturers, a project with the frog cake from Balfours, which...has a place in South Australian hearts. We thought it would be a really good vehicle for creating in a larger ceramic form, and then we basically distributed them to all the top artists in the state and we got them to work together with South Australian personalities, such as Christopher Pyne, the health minister. They would work with the artists, and they would decorate this frog cake form. And then we had a big exhibition at the SAMRI, and we donated all the money to what was the Centre for Wellbeing and Resilience. And it went really well, \$40,000 I think we raised, everything went really well. We also wanted to be more inclusive. So, I sent a whole heap down to Tutti Arts, but I also sent a bunch to the Women's and Children's. And so, the arts and health people there would decorate them with the sick kids. And my sister-in-law is a physiotherapist and she bought one. And when a customer came in, she saw that, and she goes, 'Oh, how did you get this?' And my sister said, 'My brother-in-law did this'. And this woman said that her daughter had been admitted to Women's and Children's with these chronic and persistent headaches. And while she was there, an arts in health person came around, said, 'Oh, we've got this thing, if you want, come and decorate this'. And it really took her

attention. And she did that. And when she did that, the headaches diminished. Because she was engaged and drawing. And this woman said, 'It basically changed our lives. Because whenever one of these migraines is brewing, we get out the pencils and paints and we start, and it just diminishes it'. So, I don't know what's going on there neurologically, but it made a huge difference. And for me, I really go, okay, that's really impactful. That art can influence health in that way. And so, that was a real driver for me.

David Panter was at the forefront of many of South Australia's biggest arts and health projects, such as the building of the new RAH and the development of 2008 partnership commitment. He continued to turn to arts and health during his time as Chief Executive at ECH, particularly during the height of the first COVID lockdown in South Australia:

Our biggest success here during COVID, in terms of that first lockdown, was our butterfly project, which was really simple. What we did was we got a stencil outline of the butterfly and reproduced it and sent it out all over the place to all our clients in their homes. And they were to do with them what they wished to, in terms of colouring them in, using them for inspiration, putting messages and sending to each other. And we literally had 1000s, not just of these coloured in and being sent all over place, but then people made embroidered versions and they made papier-mâché versions, they did a whole range of things just on the theme of a butterfly, putting messages on them and sending them to each other. Just a small thing, but it had a huge impact in people's lives.

Christine Putland is an experienced researcher who specializes in evaluating arts and health projects. She has seen the field dip and rise, but she points to a moment in the early 2000s when it was clear that interest in arts and health was growing

I did a study where I travelled around the UK, and I basically met with people who were running arts programs. And I was particularly interested in how they evaluated them, how they assessed what was going on, and how they understood the outcomes and so on. So, I brought that all back. When you had one of these study tour grants, you had to do a presentation and invite basically anyone in the university and spread it out there in the community saying, 'Who wants to come and listen to this presentation about what I found out?' Up in The Flats, where the Public Health Department used to be up above FMC, there was a meeting room that could fit about 20 people in and we used to think, 'Oh, that's plenty'. Anyway, they came in force. They were parked up and down the corridors.

And it was not me, they didn't know me from a bar of soap, but it was the subject. People were interested, and people were talking about the benefits they were seeing from their arts programs, mainly in communities, but also in hospital settings. So, that was really the critical moment. And that was when we all sat around with each other and said, I think we need to incorporate arts and health as one of the electives in the program. And I think you should teach it, Christine.

Alison Russell has worked across academia and the health sector, first as an Associate Professor of Speech Pathology at Flinders University, and then as the Director of Education at WCH's Centre for Education and Training. During her time at WCH, she frequently read patient evaluations of the Arts in Health program, but the moment that has stuck with her the most actually involved a staff member:

I remember one woman, who I think she was in the first or maybe second staff photography exhibition, and then she opened the one the following year. And her speech was really quite profound. She had an admin role in clinical governance, which is an area that mostly people associate with, there's a problem, and then there's a crisis, and then the clinical governance team is trying to work out what's going wrong, and it's all about risk. And so, she wasn't very visible in the hospital at all. But did have a pretty important role in that clinical governance unit. After she displayed her photographs, she said she had so many people emailing her, they still didn't know what she looked like, but emailing her saying how amazing her photographs were. And so, she actually made connections in the hospital that she had never made before.

Fiona Smithson is the Executive Director of the Centre for Creative Health. Over her time, she has been witness to a number of powerful moments from across CCH's many projects. One particular moment stands out for how it empowered a patient nearing end of life:

We have a Music Therapist, Patsy, who can play just about any instrument. There was a lovely gentleman who had always played music. He didn't feel that he needed to be visited by a therapist, but he was noted by his treating medical team to be quite withdrawn and a bit depressed. He was referred to Patsy and she kept working with him in a really gentle way. She rang me one day and she said, 'Is there budget for me to be able to buy a banjo?' And I said, 'Sure, why not?' They had such a strong connection, his family brought his own banjo in, but Patsy wanted her own instrument because he wanted

to teach Patsy how to play. So, she was fulfilling his desire and legacy to teach. The patient passed away two days later.

Interviewee List

Altman, Emma. Nursing Director, Statewide Mental Health Services. *Interviewed 6 October 2021.*

Andrew, Jane. Founding Director, Match Studio. *Interviewed 22 September 2021.*

Baldwin, Stacey. Manager, Arts in Health, Flinders Medical Centre. *Interviewed 13 December 2021.*

Baum, Fran. Professor of Health Equity, The Stretton Institute, University of Adelaide. *Interviewed 14 December 2021.*

Blacher, Bindi. Expressive Arts Therapist. *Interviewed 21 September 2021.*

Borthwick, Fiona. Senior Curator, Centre for Creative Health. *Interviewed 16 May 2022.*

Bowes, Victoria. Program Administrator, Centre for Creative Health. *Interviewed 16 May 2022.*

Cambrell, Rebecca. Artist. *Interviewed 16 September 2021.*

Champion, Wayne. CEO, Riverland Mallee Coorong Local Health Network. *Interviewed 27 September 2021.*

Chapple, Dave. Writer-in-Residence, Flinders Medical Centre. *Interviewed 13 September 2021.*

Cripps, Michelle. Former Director, Centre for Creative Health, CALHN. *Interviewed 24 June 2021.*

de la Perelle, Lenore. Research Associate, Flinders University. *Interviewed 1 September 2021.*

de Lang, Judith. Senior Clinical Counsellor, Murray Mallee Community Health Service. *Interviewed 30 September 2021.*

Donaghey, Dan. Senior Manager Community Services, Mental Health, Barossa Hills Fleurieu Local Health Network. *Interviewed 8 September 2021.*

Edgecombe, Marg. Principal Cultural Consultant, Hawkhurst Consulting. *Interviewed 21 September 2021.*

Francis, Sally. Former Manager, Arts in Health, Flinders Medical Centre. *Interviewed 23 September 2021.*

Furber, Gareth. e-Mental Health Project Officer, Flinders University. *Interviewed 2 November 2021.*

Gaston, Carol. Health Services Consultant. *Interviewed 28 October 2021.*

Graham, Rebecca. CEO, Barossa Hills Fleurieu Local Health Network. *Interviewed 8 September 2021.*

Hansen, Trish. Founding Principle, Urban Mind Studio. *Interviewed 23 September 2021.*

Hill, Hon. John – Former Minister for Health and Assistant Minister for Arts, SA Government. *Interviewed 14 October 2021.*

Howard, Alison. Arts and Health Creative Producer, Country Arts SA. *Interviewed 22 October 2021.*

Lambert, Paul. Company Director, Think Human. *Interviewed 2 November 2021.*

Lawrence, Jane. Adjunct Senior Lecturer, UniSA Creative. *Interviewed 2 September 2021.*

- Layther, Jennifer. Director, Arts Programs, Organisations and Initiatives, Arts SA. *Interviewed 21 October 2021.*
- Long, Randall. Senior Consultant Psychiatrist, Flinders Medical Centre. *Interviewed 7 October 2021.*
- Mackean, Tamara. Associate Professor, College of Medicine and Public Health, Flinders University. *Interviewed 14 July 2022.*
- Mart, Kerry. Artist, Creative Beginnings. *Interviewed 23 September 2021.*
- McCall, Elizabeth. Independent Creative Arts Producer. *Interviewed 8 December 2021.*
- McGann, Maz. Principal Consultant, Play Your Part. *Interviewed 13 September 2021.*
- Mills, Deborah. Former Director Policy and Strategy, Arts and Health Foundation. *Interviewed 27 September 2021.*
- Moseley, David. Senior Clinical Project Officer, SA Health. *Interviewed 22 September 2021.*
- Needs, Glenda. Arts Psychotherapist. *Interviewed 24 September 2021.*
- Newman, Jill. Arts in Health Manager, Women's and Children's Hospital Foundation. *Interviewed 12 October 2021.*
- O'Brien, Jarrard. Chief Experience Officer, Alfred Health. *Interviewed 30 September 2021.*
- Panter, David. Chief Executive, Minda Inc. *Interviewed 26 August 2021.*
- Philip-Harbutt, Lisa. Community Artist. *Interviewed 29 September 2021; Additional Interview 7 December 2021.*
- Potter, Judy. Arts Consultant. *Interviewed 20 September 2021.*
- Putland, Christine. Independent Research Consultant. *Interviewed 2 September 2021.*
- Russell, Alison. Former Director of Education: Centre for Education and Training, Women's and Children's Hospital; Former Associate Professor Speech Pathology: Flinders University. *Interviewed 12 August 2022.*
- Russell, Allison. Director, Assets and Operations: National History Trust of South Australia. *Interviewed 5 January 2022.*
- Salmon, Fiona. Director: Flinders University Museum of Art. *Interviewed 16 December 2021.*
- Smithson, Fiona. Executive Director, Centre for Creative Health. *Interviewed 16 May 2022.*
- Sutherland, Robyn. Executive Manager Community Services, Uniting Communities. *Interviewed 24 September 2021.*
- Webster, Brett. Executive Director Community and Allied Health, Barossa Hills Fleurier Local Health Network. *Interviewed 8 September 2021.*
- Wildish, Claire. Artist-in-Residence, U City. *Interviewed 24 September 2021.*
- Young, Michelle. Manager, Tjanpi Desert Weavers. *Interviewed 15 November 2021.*

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We honour their Elders past and present, pay respects and acknowledge the land was never ceded.

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