



Arts - Health - Entrepreneurship?

A Conference on Arts and Health Projects and
Practices on 22-23 October 2012 in Helsinki

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Faculty of Culture and Creative Industries
Degree programme of Cultural Management





Organisers:

Cultural Management Degree Programme,
Helsinki Metropolia University of Applied Sciences (www.metropolia.fi)
ENCATC Arts and Health Thematic Area (www.encatc.org)

Degree Programme of Cultural Management
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ISBN 978-952-5797-71-8 978-952-5797-72-5
Helsinki 2012

Cover Photo: Johanna Tirronen

Layout: Inka Hell / Metropolian Valo

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ENCATC Thematic Area ARTS and HEALTH will advance the topic by:

- discussing, analyzing and exchanging ideas, working methods and reflections on arts and health
- exchanging information and to contribute to the development of the collaboration between universities, expert organizations and practitioners
- finding methods to integrate the cultural sector into social and health care sector, and to promote culture and arts in the context
- studying relevant European examples and theoretical approaches on the subject and to find good examples between cultural sector and social/health care sector

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Foreword

The Conference on “*Arts – Health – Entrepreneurship?*” organised by Helsinki Metropolia University of Applied Sciences on the 22 – 23 of October 2012 in Helsinki is one of the European Network of Cultural Administration Centres (ENCATC) activities that are intended to professionalize the cultural sector and make it sustainable. This initiative in Helsinki has the ambition to improve arts management aimed at professionals working in mediating positions between the artists and health sector as well as to provide an international forum for academics, researchers, cultural operators, policy makers for debating how to turn projects dealing with arts and health into sustainable practices, permanent products and stable employment.

ENCATC, the leading European network on cultural management and cultural policy education, is a membership non-profit organisation that gathers over 100 members in 40 countries and celebrates its 20th anniversary this year. The network aims to promote transnational educational initiatives in the field of cultural management and cultural policy by providing educators, researchers, students, policymakers and cultural managers with a long-lasting forum for debate, staff and student exchange and professional development. One of the main objectives of the organization is to offer its members opportunities to enhance and strengthen their knowledge, skills, competencies and abilities through a wide range of activities, events, mobility programmes and transnational projects. By actively encouraging the professionalization of the cultural sector and by facilitating cross border dissemination of ideas and best practices ENCATC actively contributes both to the achievement of the Europe 2020 objectives and to foster the reform and modernisation of the education and training systems.

With the aim of having both an international forum to discuss, share practices – analyze and exchange ideas, working methods and reflections on arts and health – and exchange information, academic and working knowledge ENCATC set up in 2009 in Barcelona the Thematic Area “Arts and Health”. This new ENCATC platform proved over the years to be a powerful for enhancing the collaboration between universities, expert organizations and practitioners. In addition, in order to study relevant European examples and theoretical approaches on the subject and to find good examples and best practices between cultural sector and social/health care sector, ENCATC engaged together with the support of the members of this Thematic Area in research and mapping.

The ENCATC Arts and Health Thematic Area met already 5 times in 4 different cities in Europe since its establishment and has at date over 90 followers (Blogs and google groups). One of the main achievements of this Area is a major mapping started in 2011 and still work in process. It was designed to understand how to train arts/cultural practitioners to work within healthcare settings and what kind of approaches, qualifications, skills and competencies are needed to work in the context. It focuses firstly on good practices and existing curricula, both in basic education as well as in adult and continuing education. Secondly, on how to develop service concepts and products between cultural and social and health care sector, for audiences which cannot access to culture due to their condition or hospitalization. Arts can be approached as consumer service also in this context.

ENCATC is honored to be officially represented at this international conference devoted to the topic of arts, health and entrepreneurship. I hope it will offer an international forum to discuss and share practices and exchange ideas on arts and health.

Giannalia Cogliandro Beyens
ENCATC General Secretary

ENCATC is among the few European networks financially supported partially by the European Commission for its operating costs.



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Welcoming and Opening Words

Dear members of European Network of Cultural Administration Training Centers, dear participants of the Arts – Health – Entrepreneurship? Conference, dear key-notes and experts, dear academic friends,

I wish you most warmly welcome to Helsinki Metropolia University of Applied Sciences. I am glad and proud to address the opening words today. It is neither only because the topic is extremely interesting personally for me, as my own expertise was originally related to occupational therapy and wide-range well-being. Nor is it because Helsinki Metropolia is very lucky to have a combination of the degree programmes and multi-disciplinary expertise areas that are needed in improving arts-based services in modern society. We are, of course, happy to establish our activities in this field on the cooperation between Schools of Art, Culture and Creative Industries, Wellfare and Human Functioning, Health Care and Nursing plus degree programmes of Health Informatics and Business Administration.

But it is more or less the Finnish cultural and innovation policy that emphasizes the need of new service models, design-driven development, questioning of old structures and cheering up totally new thinking to solve problems and co-create better solutions. The sustainable well-being in modern urban life is based on united actions and collaboration. The greatest challenge, but in the same time the most efficient medicine, in urban areas is to make citizens to use their own potential to the full.

People and their communities are the key word for success today. Institutional structures or reconstructures are not the way, but people should matter, the understanding of their everyday life, their skills, their dreams and their driving forces. That is why we necessarily need the arts and art-based methods, but introduced perhaps in a new and even more human-centered way to everyday life structures of our society.

The Arts – Health – Entrepreneurship? Conference is focusing on the management and entrepreneurship within arts-based health projects. Your key-note speeches and presentations share important issues of new skills and competencies, higher education structures, funding and financing of long-term services in the field. I am honored that Helsinki Metropolia is given this kind of chance to learn from all of you.

From the standpoint of individuals, cultural consumption and cultural pursuits in which people are involved as audience and as active participants, have a positive effect on health. Art activities create a sense of community and networks which support people in life management. Activities in the field of art and culture offer individuals possibilities to exercise their non-verbal skills and express themselves in a more or less indirect way. The healing effect of the arts is today a fact proven

by contemporary research. In our modern society, there is, in addition, a huge information overflow, and therefore an increasing need for new methods for relaxing oneself for a while and letting go. The consistent overload in the brain needs necessarily a counterweight that genuinely motivates to slow down, relax and see things from an unexpected point of view. Downshifting is not perhaps possible for everybody and that's why we absolutely need new solutions.

In my own experience, the arts-based methods combined with high-level professional pedagogical skills are the very subject matter and true essence that should always be ensured when promoting art and health activities and developing education for professionals. Projects which find expression in social contexts, creating new encounters at the interface of different sectors need artistic and pedagogical skills. But, as you so well know, this is an area where the networking and multidisciplinary skills, the ability to work with others are inevitable, too. We do need the intermediators, too.

Applied use of art needs more research, and in my opinion the results would probably offer innovative factors for change that are consistent with sustainable development and extend to economic activity, regional and local development, social and health services, other social services and workplace practices. It cannot, however, be done without a new idea of concerned people putting their effort to mutual goal and to mutual interest to make the best of their shared expertise.

Creativity in the field of arts, health and entrepreneurship is today something totally different than the traditional artistic creativity. It is more a question how to be able to balance oneself with the complex surroundings marked out by financing, ethics, sustainability, expectations of the different client groups, social impact, and other boundary conditions. I know there are lots of piloted arts and health projects and excellent examples of success in this field.

What I hope is that during the conference you will reach that kind of think-tank mode that you would find concrete steps how to create new employment, financing models and service design development. It is important not only to talk and write but also to actively create. It is said that politics is becoming less about incentives, investments, information and laws and more about action, motivation and inspiration. The same is surely true concerning conferences.

With these words I thank you all for coming to Helsinki and paying a visit to Metropolia. I wish you very inspiring and high spirited discussions and good luck for your next steps in improving well-being by the art-based methods and creative networking.

Riitta Konkola
Managing Director, President,
Helsinki Metropolia University of Applied Sciences

What Do Arts and Health Have to Do with Entrepreneurship?

Pia Strandman

A warm welcome on behalf of the organizers: The Cultural Management Degree Program at Helsinki Metropolia University of Applied Sciences and ENCATC, the leading European Network on Cultural Management and Cultural Policy education.

When we at Cultural Management Degree Program started planning for this event, we wanted to combine the words ARTS – HEALTH – ENTREPRENEURSHIP? with a question mark, though.

Generally, the concept of Arts and Health is defined in a broad sense as “a point where the interests, resources and expertise of the arts and health sectors intersect”. It encompasses a broad range of distinct practices. Arts are generally seen to have positive effects for good.

There have been a wide variety of projects during the past 15 years, in which art based processes and methods have been used to improve the wellbeing of clients in social and health care sectors. There is the strong tradition of evidence-based research indicating that arts have an impact on health and well-being. Moreover, there is a large number of various activities in the field.

We posed the challenging question: What do Arts and Health have to do with Entrepreneurship? Actually, the question can also be posed vice versa: Would there be sustainable Arts and Health practices WITHOUT entrepreneurial approaches and skills? We know that we do valuable work, there is no doubt about that. However, is it not true that in order to make things work, to make the projects exist, we need to constantly fill in applications and sharpen our arguments, as well as do a lot of lobbying and begging. Actually, this takes up many working days each year. Is there something which could be done in a different way? In other words, is there an answer that we have not found yet?

The starting point of the projects in arts and health is often an artist working in a care unit. As cultural practitioners, we would like to see also cultural managers, coordinators or other project workers there. In other words, mediators understanding both artistic and health care interests. The projects have indicated that in this environment, the cultural practitioner needs to have good skills and specific competencies in order to make projects sustainable and successful. (englannin good on vain ok ja keskiverto eli meidän hyvä on aina great/ excellent)

However, the central challenge remains: how to turn the projects into sustainable practices, permanent products and stable employment? The question is wide-ranging. In addition, it is also a question of political decision making.

Let us investigate one example: Case Finland. We have a wide governmental action program called *Art and Culture for Well-being for the years 2010–2014*. The program has 18 steps to promote health and well-being, and the actions are grouped into 5 topics as follows:

1. legislation, administration and funding,
2. cooperation between the public, private and third sectors
3. research and the knowledge base
4. education and training
5. information

To pick up some topics to be more specific: the program expects us to develop joint entrepreneurial activities and service concepts, co-operational models and arrange multi-professional training and education.

We may ask: Who is an Entrepreneur in the fields of Arts and Health? Can they be artists working within the health care setting? Can an Entrepreneur be a private company in the field? Can an Entrepreneur be an art institution or a major organization developing wellbeing and health care services? Whoever she/he is, a need of crucial importance is to find ways to enhance creative ideas into sustainable practices. When turning the pilot into innovation with a more sustainable status and new employment, we also need to focus on financing models, client basis and the process of production as well as the service development.

The other topic of the conference is **curricula development**. Some years ago we at ENCATC Arts and Health Thematic Area started mapping the existing training and education of cultural management in Arts and Health. That was easily done, as hardly anything existed. However, every single Arts and Health project needs to be well planned, funded, managed, carried out and evaluated. We obviously have quite a field ahead of us, finding and defining what kinds of skills and competencies are needed for future professionals working in mediating positions between the two sectors.

At Helsinki Metropolia, we offer education mainly at BA but also at MA level. We have extensive offering of cultural and art studies, and the Schools of Welfare and Human Functioning and Health Care and Nursing are big. Competency in Arts and Health is needed in both sectors. We have good experiences of joint teaching modules for future professionals within art and culture AND social work.

A very topical question at the moment is how we should educate or train people to work in this environment? There are skills and competencies for the partners noticed by several international studies. Sensibility, communication skills, understanding ethical issues and legislation, mutual understanding and collaboration etc. are among the ones most often mentioned. Whatever profession, or whatever position, specific education seems to be needed both at BA and MA levels as well as in continuing studies and in adult education.

I dare to claim that working in the context demands understanding of a wider paradigm where art is seen both at individual, community and societal level. There is a variety of discourses which the practitioners in the context need to understand. *Anu-Liisa Rönkä* ja *Anja Kuhalampi* have presented four different discourses for art in healthcare. Firstly, there is the well-being discourse of instrumentalisation of art, and secondly the opposite, the discourse of artistic freedom or pure autonomy of art. Also the marketing discourse can be taken into account with business orientation and finally, the societal discourse plays a key role. Also a number of other options exist which are rather complementary than exclusive.

From art/cultural manager's angle, the major challenge is that we know our audience well. We tend to maintain the health community homogenous. However, there is the level of a hierarchical institution, staff consisting of different professional traditions as well as that of an individual.

In the coming years, we'll have, not only the fast growing customer group of the elderly population, but also many more demanding and unpredictable groups. They are neither homogenous nor do they form a cohesive lifestyle or world view AND their relation to art appears most diverse. THEY will decide what they want, and even in at care or cure, THEY have their own individual habits, cultural competencies, expectations and wishes. That should NOT be decided by daily routines of the care unit, needs of treatment or any other factor. Even the experienced health of a person is defined by individual perceptions.

In service development, there is a trend to be seen: fragmented consumer groups demand that the role of producer or art practitioner will be changed from mediating between the artist and audience to co-creating and developing the process. This means increasing challenges in being in touch with the different audiences and their wishes.

Although in this conference we are focusing on the following two topics: projects and practices from entrepreneurial point of view and education and training, we shouldn't forget the core, art itself! Three main aspects concerning that:

1. There are probably thousands of definitions for art.
In this context I'd like to propose that making art is communicating with your audience. It's doing for and doing with. The customer should be in the centre.
2. A criteria for quality in arts practices and projects was among the challenges found out in a UK study some years ago (Kilroy, Garner, Parkinson, Kagan 2007). Art may also serve other purposes and may fill several functions but it should be professional and of high quality.
3. Often in this context you meet something which cannot quite be defined as art but rather as art-related or art-liked. We have the neologism of artification for that kind of phenomena. When art turns into something else that may cause changes on the conceptual-linguistic, institutional and art-practice level.

Another question remains how art might change the health community. No doubt art will change the structure, the culture and the working methods in care and cure. We also have examples depicting how art has become a competitive edge between care units. However, on a wider scale, this remains to be seen in the future.

Going back to the question: what has arts and health to do with entrepreneurship? We can also ask:

What is needed for a change? Obviously better project management, more qualified practitioners by means of focused education and training, high quality art and culture, reflection, networking, etc. New way of thinking? We do have every reason to change experiences and good practices in the field! That is exactly what we are doing here! This is a question for all of us!

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Arts and Health - an Intercultural Marriage

Mary Grehan

What is arts and health?

Arts and health is the generic term that embraces a range of arts practices occurring primarily in healthcare settings, which brings together the skills and priorities of both arts and health professionals.

Arts Council's Arts and Health Policy and Strategy, 2010

'Founded on a principle of *equal partnership* between arts and health sectors, arts and health is a specific field of work that is characterised by clear artistic vision, goals and outcomes that seeks to enhance individual and community health and wellbeing. It is a diverse and dynamic practice that moves fluidly between the more traditional formats of exhibition, performance, public art commission, and other environmental enhancement initiatives within healthcare settings, through to participative and collaborative arts practices that challenge and expand ideas about who makes art and where and how it is shown.'

But what does this principle of 'equal partnership' mean in practice? What has to be done to ensure that it is more than simply rhetoric?

In the words of Tom Smith², Project Associate with the Centre for Arts and Humanities in Health and Medicine '[...] they [Arts & Health] are not natural bedfellows in the way they think'. For the most part, evidence is required by health-based organisations where the emphasis is on '[...] clinical performance and reaching health targets'³.

Below are some of the differences I have observed between the culture of the arts world and the culture of healthcare.

Culture of art	Culture of health
Experimental	Evidence based
Organic / flat organizations	Hierarchical graded stuctures
Planned activity	Operating in the 'here and now'
Artistic judgement	Clinical judgement

This paper will look at how 'equal partnership' is achieved between such diverse partners, or if indeed it is.

The Waterford Healing Arts Trust (WHAT) is one of Ireland's leading arts and health organisations. Based in Waterford Regional Hospital, WHAT delivers a broad based, multi-disciplinary programme comprising contemporary art exhibitions, live music performances in wards and outpatient clinics, artist-in-residence programmes, art and music making workshops for health service users via a mobile *Art Kart*, *Artist on Call* service, Music in Mental Health Settings and other programmes. It has built up a large collection of contemporary art which is on view throughout Waterford Regional Hospital and commissions artworks for specific sites within the hospital. It connects with the wider community through its weekly Open Studio and outreach programmes.

WHAT takes a national lead in the development of arts and health practice in Ireland through its library, professional development programme and advice clinics. In 2011, in partnership with Create, the national agency for the development of collaborative arts in social contexts, WHAT developed the first national arts and health website artsandhealth.ie which provides information, news, resources and opinion for and by artists, arts organisations, health service users, carers, healthcare professionals and others interested in the dynamic area of arts and health in Ireland. It also created a dedicated Centre for Arts and Health in the grounds of Waterford Regional Hospital, the first of its kind in Ireland, which opened in 2009.

Specific partnerships are established to support the various WHAT programmes. For example, in the case of the Participatory Music in Mental Health Services Programme which runs across six different mental health settings and includes one to one sessions for some participants. WHAT has invested in music training for mental health nursing staff has an integral part of the programme to shift the role of staff from benign tolerance to active partners who participate in workshops, 'recruit' participants, debrief with WHAT musicians and staff and advocate to their managers for matching funding to continue the programme.

The impetus for Participatory Music in Mental Health Services Programme came largely from the Waterford Mental Health Services, particularly a consultant psychiatrist who is also a musician and who requested music for her clients. Similarly, a new Reflection through Creative Writing programme came about from a conversation between the Clinical Placement Co-ordination team and me around using the arts as a tool for nursing students' reflection during their placements in WRH. It was agreed that I would design and lead creative writing sessions for third year students in the WHAT Centre for Arts and Health in May / June 2012 which aimed to enable students to reflect on their experiences

on the wards through creative writing. This was followed up in October / November, the Clinical Placement Co-ordinator and I co-facilitated more Reflection through Creative Writing sessions for second year students.

Although many arts and health initiatives are born of the energy and enthusiasm of arts professionals, a programme has I believe a greater chance of longevity if it is responding to a need expressed by the healthcare partners.

Arts for Health⁴ is a partnership programme based in West Cork which integrates the arts programmes into the culture and practice of healthcare settings for older people. It takes place in five Community Hospitals and five Day Care Centres as well as Bantry General Hospital.

The Community Hospital Arts Programme focuses on consistence of delivery for the benefit of the participant. It is structured around a weekly group workshop and regular one to one support to encourage and develop individual creative ideas. The Day Care Centre Arts Programme is project-based and supports an ethos of creative exchange and experimentation between the artist and participant. The projects may differ in the style of delivery, some adopting a short directive encounter, while others involve more extended engagement.

The distinctive aspect of the programme is its management structure and interagency partnership comprising West Cork Arts Centre, Cork County Council, West Cork VEC and the HSE. The HSE is represented through the Cork Arts + Health Programme, the Health Promotion Department, the Nursing Directors of Community Hospitals and the Day Care Centres, West Cork and it is this partnership that I believe is key to the sustainability of this particular programme.

Hearth⁵ is a Mayo based arts programme for older people living in their own homes. It aims to enable older people who are isolated geographically or otherwise explore creativity in their own homes using artist quality materials. Hearth's inspiration came from the art rooms of five care settings for older people. The idea of extending such a programme into the community took shape in 2008 and was developed through dialogue with the Community Care Teams which include GPs, Public Health Nurses, Social Workers, and Occupational Therapists who introduced the artists to older people (65+) who were less able or unable to travel, living alone, wheelchair bound, isolated geographically or bereaved. A three year pilot programme commenced in March 2009 with funding from Atlantic Philanthropies and Southwest Mayo Leader which would sustain the project for four years.

Hearth has enabled the older people explore their own creativity with an artist. In the words of Hearth Co-ordinator Deirdre Walsh 'It is quite obvious that the time they found long has been an incubator for loneliness and introspection. The creative work has propelled them to focus on what they can do as opposed to what they can no longer do. Engaging with a professional artist is paramount. It is a way of addressing the artist within each individual. They journey together.'

Although the impetus for this programme came from Deirdre Walsh and Breda Mayock, it responds to a clear social need that makes it relevant to a health agenda.

Participatory Arts Practice in Healthcare Contexts - Guidelines for Good Practice⁶

In 2008, WHAT in partnership with the Health Service Executive South (Cork) Arts + Health Programme and with financial support from Arts Council Ireland/An Chomhairle Ealaíon commissioned a series of Guidelines for Good Practice for Participatory Arts Practice in Healthcare Contexts from the Centre for Medical Humanities at Durham University, UK. The Guidelines were written by Mike White as a result of a process of consultation with those experienced in the field of arts and health.

The Guidelines document states: 'The practice of arts and health is not a single professional role but a skills partnership of people who come together in their distinctive roles to engage the public in creative activities that aim to improve health and wellbeing.'

The term 'practitioner', as used throughout this document, refers not exclusively to artists but rather to anyone who has a professional role in the preparation, delivery and evaluation of the work. This is I believe significant, especially for how healthcare professionals view their role and responsibility in the delivery of arts and health practice.

The Guidelines are structured around the following five headings, each commencing with a keynote point that aims to express the essence of good practice in participatory arts and health and should be interpreted within the context of a given programme.

1. Participants come first
2. A responsive approach
3. Upholding values
4. Feedback and evaluation
5. Good management and governance

Best practice in terms of partnership working is looked at in Good Management and Governance. For example:

- 5:1 Practitioners commit to maintaining open communication, transparency in decision making and sharing of experience with fellow practitioners, participants and external agencies.
- 5:5 There are clear ground rules for the activity with an awareness of the responsibilities of each practitioner and of each partner, and there is clarity on roles and boundaries between the partners working to deliver the activity.
- 5:8 Practitioners identify the key people who are important to the success of a project and seek open communication with them based on a shared understanding of the values, ethos and goals, artistic or otherwise, of the project.

The Guidelines seem simple, but perhaps are not so in practice. If arts and health is an intercultural marriage, often in a marriage it is not what is said that is problematic, but what is not said. Sometimes we operate on a set of assumptions that are

culturally-based that don't always get articulated until conflict arises. Hence the commitment of time and open communication needed to understand the values,ethos and goals of the partner.

In any marriage, we must listen to our partner. Artists and arts managers tend to be enthusiastic about what they do, but they must avoid evangelism at the cost of the voice of partners.

Also, we must not lose our sense of self or identity in a marriage. Unlike healthcare professionals, most artists (and indeed arts managers) come to arts and health without a formal training in the field and it is important that they reflect on what they do in terms of arts and health, why they do it, what they need to make it happen and what they need to sustain themselves.

I have presented this paper as if there are only two parties in the arts and health partnership – arts practitioners and health practitioners. However I am interested in not only how we can make our working partnerships more equal, but also more developmental. I would like to open up the partnership so that participants are empowered in decision making. I would like to see a shift from providing a service which we think is good for people

but enabling participants to shape their own arts experiences, a shift from seeing participants as passive 'clients' or 'customers' to active partners. This is possibly more achievable in some settings whereby long term relationships can be built with participants and less achievable in others such as acute hospital settings whereby the turnover of participants is faster.

At the beginning of this paper, I said that arts and health is based on 'clear artistic vision' and it is perhaps this (as well as practical challenges) that creates reluctance in handing over, or at least, sharing control. It is, I believe, a debate that needs to happen.

On the question of sustainability, if sustainability is the long-term continuance of a programme, this can never be guaranteed. Matching funding, relevance of arts intervention to health agenda, strong partnerships will all strengthen the chances for sustainability, but is sustainability for the sake of sustainability desirable? (Just as is innovation for the sake of innovation desirable?) Programmes that have the space for review, growth and change are more desirable, and we should always be open to the possibility that change may involve the dissolution of the marriage.

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Unfolding an Enhanced Creative Relationship: An Overview of Arts Care Northern Ireland's 21 Years of Sustained Creativity at the Core of Healthcare Services

Jenny Elliot

Background

Arts Care is Northern Ireland's leading Arts in Health organisation. It has organically evolved over a twenty-one year period into a robust model of sustainable participatory arts delivery across a range of key health and social care services and health environments in Northern Ireland. Arts Care has firmly anchored the organisation by focusing the arts at the centre of its vision for dynamic delivery within health and social care environments. The result has been the embedding of an arts culture and the development of authentic, creative communities at the core of the following healthcare services:

- Mental Health
- Older People
- Young People
- Cancer Care
- General Medical
- Neuro-rehabilitation
- Learning and Physical Disability

Arts Care's funding structure is in some ways exceptional in that it is funded primarily as a government initiative since 1991 by the Department of Health and Public Safety, the Health and Social Care Trusts and the Arts Council of Northern Ireland. It is also funded by the Public Health Agency and other Trusts and Foundations. The level of core funding over a sustained period has enabled Arts Care to continue to capacity build deep within Health and Social Care Programmes.



In presenting the model of Arts Care's the text reveals how the organisation achieves its mission to enable people in Health and Social Care to transform their lives through participation in high quality creative activities through an infrastructure which comprises of local Arts Care Committees, a weekly Artist-in-residence Programme, N.Ireland ClownDoctor Programme, Project Artists Programme and a developing Arts in Health Research and Education Programme.

The text also outlines but does not deal in-depth on how the cultural management infrastructure of Arts Care has recently developed an arts-based strategic model that is informed primarily by a Laban Dance practice and theory framework supported by other art forms. This model been informed by my personal journey as a Laban trained dancer/choreographer, one -time healthcare professional, business professional and previous dancer-in-residence with Arts Care from 1995-2010. In my current role as Chief Executive and independent dance artist I instinctively engage all the organisation's Administration Staff, Board of Directors, Artists, Clowndoctors and processes within an cultural management framework that draws on Rudolph Laban's Principles of Movement as the key centrepin to inform all organisational activities, decisions and delivery (Elliott 2012).

By managing from an "Artistic Director's" perspective the organisation's fully employed and self employed personnel as a "metaphoric dance company" and "metaphoric dancers" including the administration staff, we collectively advance the growth and core support of the organisation under the metaphoric and physical framework of dance theory and performance. This includes the implementation of a Laban dance language that supports an arts based cultural managerial approach.

Arts Care facilitates a comprehensive arts service across a wide range of art forms which include, music, dance, visual art, creative writing, painting, print-making, animation, film-making, performance, clowning.

Arts Care comprise the following programmes:

- Artist-in residence
- NIClownDoctor
- Education and Research Development
- Project Artist

Dance Theory and Practice	Dance Analysis	Translation into Cultural Management Practice
Effort study	Energetic dynamics of movement e.g. float, glide, thrust etc/ includes time, flow, space/ weight of movement	Application of Effort Study within a cultural entrepreneurial management context offers: <ol style="list-style-type: none">1. A motivational energy that supports balance, reflection and action amongst personnel and stakeholder participants2. Encourages reflection on all areas of arts/ organisational practice development
Relationship	Developing a dynamic and meaningful dance piece through relationship and reflective embodied thinking within the context of self, other, environment	Critical consideration, management and practice of positive relationship building with self, other, work environment within the: <ol style="list-style-type: none">1. Organisation2. Healthcare and arts environments3. Stakeholders4. Funders
Improvisation	Instinctive and considered responsive exploration of movement involving self/ other/environment resulting in planning and developing dance sequences. Improvisation also encourages risk-taking and initiative in dance development	Learning the significance of exploratory improvisation in identifying and managing risk, initiative, planning, implementation and partnership within entrepreneurial intentions for the organisation
Choreography	<ol style="list-style-type: none">1. Drawing on a concept, exploring it through improvisation and the application of choreographic techniques.2. Managing and directing dancers in space to build a dance that communicates meaning and value through a co-hesive process to end dance product3. Valuing dancer-led approach to choreographic development and connectiveness within the dance company	<ol style="list-style-type: none">1. Identifying and exploring the Vision an Mission of the organisation through improvisation and knowledge2. Implementing solo, duet and collective management “dance” by applying choreographic techniques to organisational infrastructure and partnership-e.g. management of space, time, flow, dynamics of personnel, Arts Care programmes, regional committees, Board of Directors, deployment of arts services, research development, fostering interdisciplinary/interagency partnerships3. Facilitating through the application of choreographic techniques results in a person-centred approach that fosters connectivity, adaptability and flexibility within the organisation management and programme delivery
Laban Analysis	Analysis of functional and expressive qualities of movement/bespoke dance notation to express movement quality, intention and function	An arts-based approach to quantitative and qualitative research/evaluation/training development and organisational/personnel reflection on theory and practice delivery

Model of Arts Care

- Board of Directors
- Chief Executive
- Finance Officer/ Operational Manager/ Administrator
- Fifteen Arts Care Volunteer Committees at local level

Programmes

- Artist-in Residence Programme
- NIClownDoctor Programme
- Project Artists Programme
- Education Research and Development Programme

Artist-in-residence Programme

There are eighteen professional Artists from different art disciplines who are in residencies across N.Ireland’s five Health and Social Care Trusts. Each Artist-in-residence locates within a specific area of an individual Health and Social Care Trust area delivering two or three full day programmes of arts activities with service users, healthcare staff and families across a diverse range of healthcare services. The residency model permits the artists to establish vital healthcare relationships and partners to build authentic creative communities that offer a valuable cultural experience for those working in, availing of or visiting in healthcare environments.

A sample of best practice in Artist-in-residence delivery is within the Knockbracken Healthcare Park psychiatric and social care site, Belfast Health and Social Care Trust. There are three Arts Care artists-in-residence within the site and an Arts Care Studio that houses dance, recording and art studios. This arts facility is a designated arts space functions as a community arts space within a clinical setting.

Over a sixteen year period there has been organic development and creation of three significant contemporary Dance companies that have evolved out of the Knockbracken Healthcare Park dance residency. These are:

- Orbit Dance Company-an intergenerational group of adults with learning and physical disabilities and their professional careers
- Kompany Maine-a group of men with enduring brain trauma in residential care and the nurses who care for them
- The Black Widows Dance Company-a group of older women with ageing challenges including dementia(age range 84-102 years)

All three companies have worked extensively on intergenerational, education and community programmes both local and international.

The unique role of the Arts Care Committee in the Artist-in residence programme

There are fifteen Arts Care Committees across Northern Ireland. The aim of the Committee is to support the Artist-in-residence at local level and develop programmes of arts activities. The committees comprise artist/healthcare staff from different services/local government representatives/service users/arts officers/arts enthusiasts.

Each committee is:

- Independently constituted
- Fundraises at local level
- Provides access to and information with regard to services in which artists can develop specific bespoke arts projects
- Provides health training for artists e.g. health/ safety/risk/ hygiene

NIClownDoctor Programme

There are nine Arts Care NIClownDoctors who are performed-based artists. They deliver a bespoke clowning activity across a range of sick children services in hospital settings. The Clowndoctors work in pairs and facilitate a range of play-based activities for young children. The most recorded outcome from the ClownDoctor, staff and family daily reflections is the reduction of anxiety as experienced by the children in hospital and their parents.

Education and Research Development Programme

Arts Care is developing a comprehensive Education and Research Development Programme that includes a Self Select Medical Student Creative Placement Module, Queen’s University, Belfast.

The aim of all the education and training programmes is to provide a space in which health and social care students, art students and healthcare professionals can access their creativity by participating with service users and healthcare staff in the dance, music, visual art workshops. The students learn to the build critical skills that translate their creativity into enhanced professional practice and personal development.

The medical module in particular has proved successful over the last seven years resulting in over one hundred young medical students accessing their creativity and threading the creative self into their student and professional life.

The Arts Care Vision

The Arts Care Vision is a healthy, dynamic and caring society where people have the opportunity to express themselves creatively and achieve their potential through engagement with high quality arts.

To fulfill the vision, Arts Care secures the arts and flourishing at the core of the organisational infrastructure. Since adopting the arts-based cultural management approach the Board and Arts Care personnel have participated in regular dance, music and movement workshops to access their personal creativity and to learn the skills of translating personal and collective arts exploration into fresh growth within the organisation. This has resulted in the development of an:

- Arts-based Strategic Board Visioning Framework
- Arts-based Artist and ClownDoctor Visioning Framework
- Arts Care Committee Development Tool Kit
- Healthcare Staff/Student Unfolding Creativity Framework
- Arts-based Evaluation/performance/monitoring Toolkit

Delivering Sustainability

The implementation of the above arts-based frameworks has provided Arts Care with creative spaces to explore how to best deliver sustainability and to measure performance. Analysis of the Board and personnel’s creative experience revealed the following outcomes with regard to how Arts Care sustains services within healthcare. Arts Care:

- Engages and employs a committed collective of creative, passionate and appropriately skilled people
- Fosters an Interdisciplinary approach developing valuable partnerships and knowledge sharing
- Recognises investment in people and the arts at the core of the Arts Care vision and practice
- Board, Administration, Committees, ClownDoctors and Artists endeavour to lead through best practice delivery, governance and development of valuable research and evaluation both locally and internationally
- Values the support of dedicated funders
- Continues to strive to be a worthy partner in the growing competitive field of Arts in Health by delivering a competent service development that supports the strategic aims and objectives of our partners in Health and Social Care, the Arts Council of Northern Ireland and Government Depts.
- Fosters the flourishing of personnel and programmes through arts-based visioning days that encourages listening, transparency, valuing, e.g. sustaining volunteer committees at local level
- Endeavours to deliver best practice in terms of arts in health student and healthcare staff training

One of the key areas that Arts Care fosters sustainability is maintaining regular dialogue with individual Chief Executives, Directors, staff and service users of the five health and Social Care Trusts. Analysis of these critical dialogues in relation to Arts Care service from the Health and Social Care Trust perspective revealed over the last year:

A demand to demonstrate Arts Care can deliver a meaningful and valuable arts service that is:

1. Person-centred
2. Cost effective
3. Bespoke to strategic aims and objectives of Dept of Health, Dept of Arts, Leisure and Sport, Health and Social Care Trusts, Arts Council of Northern Ireland, Local Government, Public Health Agencies etc.

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4. Measurable-demonstrates that it delivers positive outcomes or otherwise
5. Able to successfully navigate changing environments, people, experiences
6. Able to accommodate an Interprofessional and partnership approach to developing and delivering an innovative arts programmes
7. Adaptable, Flexible, Vital

The seven core elements that have emerged from the discussions have proved invaluable in informing Arts Care’s business and strategic plans.

Conclusion

The key consideration of Arts Care that has emerged from the series of organisational arts-based explorations has been critical in identifying and meeting the growth needs at the different levels of the organisation’s infrastructure. These need have been identified as:

- Supporting the artists to lead
- Supporting the artists and clowndoctors in the rapidly growing Arts in Health Field to meet their practical requirements to deliver best practice
- Providing critical space for all artists and staff to creatively reflect on practice and flourish in their personal and professional lives
- Provision of high quality arts education and training for staff and students to unfold their critical creativity
- Developing dialogue with funders that reduces some of the risks accompanying growth
- Developing critical dialogue with all stakeholders
- Providing and exploring other models of best arts based evaluation/monitoring and research practice

The presentation is offered as a challenge to cultural managers to authentically engage with their personal creativity as a valuable tool in entrepreneurial endeavours.

Jenny Elliott, Dr, CEO, Arts Care, Artistic Director, Northern Ireland

The French National Policy Culture and Health - a Transferable Model?

Eve-Laure Gay

In the 1980-90’s, authorities showed a growing interest towards the question of Arts and Health in healthcare, inspired by the actions of organizations on the field. At the beginning, these actions were mostly undertaken in paediatric wards. More and more professionals were being convinced of the usefulness and even the necessity of placing Arts and Culture in such facilities; although the resources and the skills were not always equal to their ambitions. They had to come up with creative arguments if they were to convince their institutional and financial partners. They also had to learn how to deal with this new approach to introducing live arts to a very young audience in a hospital ward. As it is often the case, theses organizations acted as social and cultural “guides”, which led to a greater awareness of the issue of Arts and Health at the institutional level.

A major step in the recognition of culture in healthcare settings was passed in 1998, with the signature of regional agreements between local cultural and health authorities and the creation of a “Circle of Partners” gathering private companies and foundations contributing to the funding of cultural actions within hospitals.

The first national agreement: “Culture in hospital”

In 1999, when Catherine Trautmann, Ministry of Culture and Communication, and Bernard Kouchner, Health and Social Action Secretary of State, signed the “Culture in hospital” agreement, relating to the development of cultural activities within public hospitals.

The agreement was setup in the framework of a cultural policy led at the national level aiming to give access to culture to everyone: similar agreements were indeed signed with the Ministry of Justice or the Ministry of Education...

This agreement shows the official and institutional recognition at a national level of the place of Arts and Culture within healthcare settings and fits with one of the missions of the Ministry of Culture since its creation, which is to “*make the greatest works of art available to the largest number of people*” as described by André Malraux, the first French minister of Culture, in 1959.

The agreement states in its introduction that “*besides any therapeutic objective, culture is part of people’s environment and contributes to improving the way healthcare organizations relate to the outside world*”¹. More concretely, it defines the way cultural projects in healthcare institutions can be set up and funded. The rationales for this program are first and foremost to make healthcare settings more humane and opened to the city through new policies but also to improve the global care offered to patients and their families and

to offer healthcare staff an improved working environment. Finally, it acknowledges healthcare settings as a new place for artists to meet all kinds of audiences in a different manner.

The objectives of the agreement can be achieved through :

- the set up of twinning programs between healthcare institutions and cultural operators;
- the development of libraries within healthcare settings, where they have to meet the same general criteria as public libraries;
- the set up and co-funding of cultural manager positions within healthcare settings. Such positions were created in hospitals. The cultural managers within hospitals are in charge of setting up and developing projects in the framework of the institutions’ cultural policy.

Twinning programs between healthcare establishments and cultural operators

The setting up of a partnership, or twinning, between a healthcare institution and a cultural organization, is one of the most important measures taken by the agreement.

Such a twinning has to respect 3 criteria:

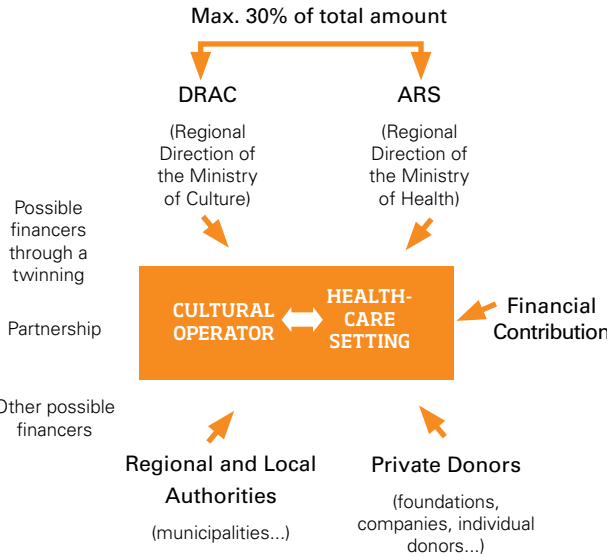
- the project has to take place over at least a year with regular activities;
- it has to be based on an artistic project in any artistic discipline;
- it should favour an active participation of patients and healthcare staff.

The DRAC² and the ARS³ , the regional representations of the Ministry of Culture and the Ministry of Health and the Circle of Partners, can fund such a twinning. It is highly encouraged that hospitals contribute financially to the twinning, as this implies an institutional recognition of the work done in their units. This aspect is a criterion for funding by the DRAC and the ARS.

As the proportion of funding through the national policy should not exceed 30 % of the total budget of a project, the actions can be financed through fund raising done by the cultural operator and its health partner. Public subsidies can be applied for, according to the project, at local and regional authorities. It is also possible to appeal to private sponsors (foundations, companies, individuals...) according to the project. In France, this trend has grown since 2003. That year, a law about corporate patronage was passed; it set tax incentives for private companies, which donate to general interest organizations. Since this law has been voted, companies

may deduct 60 % of the total amount of the donation from their corporate tax, within the limit of 0,5 per thousand of their yearly turnover. There is also a law enabling individuals to deduct 66 % of their donation from their income tax, within the limit of 20 %.

As of today, this system is still applied in France, and around 300 twinning programmes are funded every year according to the following diagram:



The concrete implementation of this agreement is done through the decentralized organization of the French administration. In each of the 27 regions of France (22 in Metropolitan France and 5 overseas), the decentralized services of the Ministry of Culture and of the Ministry of Health signed local agreements to implement the policy. Each region has the possibility to adapt the national agreement to its own specificities, defining customized priorities in terms of audience or artistic discipline, in order to meet the region's needs. In each of the regional agencies, there is a referring person for "Culture and Health" projects. A yearly call for Culture and Health projects is published in each region.

2010: the "Culture and Health" agreement

Most of the measures of the agreement signed in 1999 have been kept until today. However, in order to give more weight to the policy, the agreement was renewed in 2006. The objective was to amplify the access to culture within healthcare settings. Important changes also occurred in 2010 when a new agreement, called "Culture and Health" was signed.

The funding system was kept and the philosophical dimension was emphasized. Indeed, according to this new agreement, signed by the Ministry of Culture and Communication and the Ministry of Health, a cultural life reduces the patient's isolation. Culture and Arts are vectors of personal, professional, and social valorisation; they are considered as a contribution to a health policy. The targeted audiences of cultural policies within healthcare settings are still patients, their families, and the healthcare staff.

The development of cultural policies within the health sector includes all artistic fields and dimensions (performing arts, architecture, heritage, visual arts, museums, books, the press, cinema, music, digital practices). The inter-ministerial agreement recommends a set up of this Culture and Health policy at national, regional, and healthcare setting levels. An emphasis is put on the competences required of artists and cultural managers and trainings are recommended for health professionals.

Among the changes to be considered, the 2010 agreement states that the system is to be extended to medico-social institutions as experimentation in four pilot regions. The "Circle of partners" which was created in 1998 disappears but the cultural operators and healthcare settings still have the opportunity to ask for funding to the companies and foundations, which were part of it.

Another important aspect of this new version of the agreement is the international dimension, which is added. It is stated that both

ministries wish to create a European hub of Culture in hospital in order to identify cultural actions of European countries in the health sector, through the organization of meetings and seminars, and to promote French initiatives in this field. The initiative shall be extended to other countries, in particular to countries belonging to the Union for the Mediterranean. This agreement is valid for 3 years and can be renewed within a maximum duration of 9 years.

As a result of this policy, many French healthcare settings include a cultural program in their development plan and in their objectives, as it is now recommended by the HPST (Hôpital, Patients, Santé, Territoires, hospital, patients, health, territory) law voted in 2009, through the development of a global cultural policy coordinated by a professional cultural manager and relying on local cultural and artistic resources.

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- 3. The ARS (Agence Régionale de Santé, regional health agency) are the regional representations of the Ministry of Health.

Music in an oncology ward
- play for, play with

Musique & Santé has been working in partnership with a paediatric cancer ward at the Institut Gustave Roussy, a leading European Cancer Centre located near Paris, since 2006. This project is representative of the kind of projects, which can be set up within the frame of the national policy "Culture and Health".

The general objectives of the project are the same as those of the agreement:

- to give access to culture to everyone;
- to participate to the humanisation of healthcare settings in France;
- to improve the global care of patients and their families;
- to offer a better work atmosphere to the hospital staff.

Every week, a musician from Musique & Santé performs live music in the ward. These performances take different forms: they play music at the bedside for patients who cannot go out of their bed, ambulatory concerts in the corridors and waiting rooms, and also music in sterile areas. They also organize workshops for children, their parents and the medical staff. A partnership with the Orchestre National de France (French National Orchestra) was set up in 2007. Two musicians from the orchestra visit the ward once a month and also perform during a one-week artistic residency. Finally, 10 to

14 members of the staff of the ward are trained every year about "Children and music at the hospital".

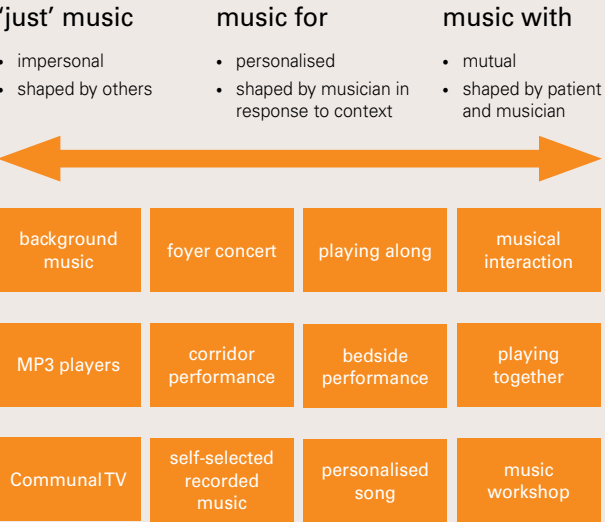
This project is funded by many partners, among which the DRAC and ARS (27 % of the overall budget of the project in 2011) of the Ile-de-France region, in the frame of the national policy Culture and Health. Other partners such as private foundations (Comité du Coeur de la Sacem) or parents associations (l'Etoile de Martin) contribute to the funding of the project.

Musical interventions in such a ward a very specific, as the following aspects have to be taken into account:

- Facing the disease and the memories/projections the musicians can be confronted to;
- Playing in a private space, a hospital room, whereas musicians usually play in collective/public spaces;
- Confidentiality and secrecy and the patients'situations. What can the musician know about the patients he visits, what can he say/not say?;
- Inadequacy of the venue. Hospitals rooms and corridors usually have a bad acoustics and are not adapted for certain instruments;
- The musician also has to deal with the following paradoxes: when playing at the hospital, he is both an insider and an outsider, as he is part of the care team but has to keep his artistic independency. He also has to be aware that he is disturbing the usual hospital structure while trying to fit in...

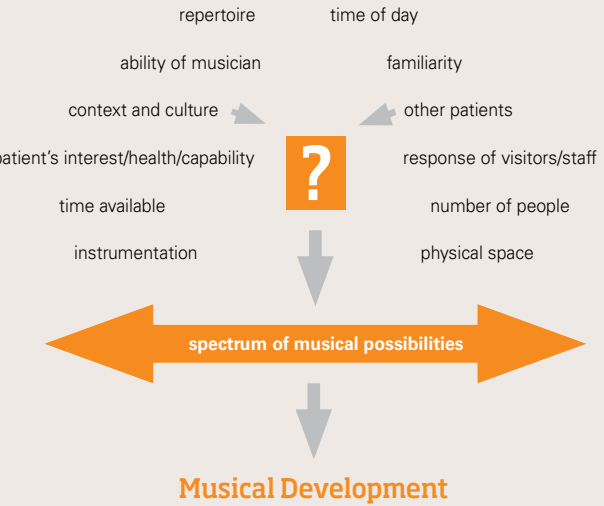
Play for - Play with

All along a musical intervention in a hospital ward, the musician will play for or with the patients, their family and the staff, or both, and move along the following spectrum, according to the context:



A spectrum of Music in Healthcare Activities © Jane Bentley, 2012

A musician in healthcare will mostly alternate between "play for" and "play with". There is no right recipe to play in healthcare, the most important thing is for the musician to be aware of the moment and to respond to the context :



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The Creative Well: A New Prescription for Mental Health

Nicola Dunne & Catherine O’Grady

Setting the context:

The Creative Well is an integrated arts and health programme developed and piloted in Co. Kildare, Ireland. Kildare is situated in the east of the country near Dublin with a population of 210,312 with 37% being under the age of 25¹. According to the 2011 census 90% of the population perceive their health to be very good or good and 12% of the population has a disability.

The Creative Well is an integrated arts and health programme, but most importantly the Creative Well is an arts and health partnership. Creative partnership working is vital to fulfill objectives in the delivery of community services.

The two key project partners are the local government, Kildare County Council, and the local Adult Mental Health Service. The Arts Service of Kildare County Council facilitates arts policy and development in the region and has developed a dedicated arts and health programme over the last five years. Kildare/West Wicklow Adult Mental Health Services provide a wide range of community and hospital mental health services to citizens. People with mental ill-health in Ireland have more stigma attached to them, than those with other forms of disability (NDA, 2002)². Other partners include Kildare County Mental Health Association, Kildare County Council Library Service and HSE Health Promotion Service.

The Creative Well team has also worked closely with a number of local agencies including intellectual disability services, youth services and a social housing programme for older citizens to promote the programme to citizens. The Creative Well complements and supports their work and provides a unique additional service for their service users.

What makes The Creative Well Different?

This model was developed in response to an expressed need as defined by the mental health services. Few programmes currently available to long term mental health service users in County Kildare provide avenues for connecting with others outside of the mental health system. As an integrated programme, The Creative Well addresses this by offering free community based arts workshops, open to all adults in the vicinity. A key objective is to ensure a mix of participants including service users and general population. Participants can be referred from mental health or other local services, or they can self-refer.



Programme Objectives:

The Creative Well uses the arts as a social development tool to enable participants to:

- Improve well-being
- Build self-esteem and confidence
- Enhance personal development
- Develop skills
- Connect with others in their community

WHO (2005) outlines how social relationships and networks can enhance recovery from mental disorders³. Participants can not only to engage with the arts but also importantly to connect with others within their locality. Giving them an opportunity to develop new links and interpersonal relationships strengthens their standing within their own community and increases their social identity. In this way The Creative Well seeks to promote health and quality of life on two levels, by strengthening individuals by building self-esteem, confidence, skills and identity and by strengthening communities through an inclusive forum where the participation and contribution of all citizens can be recognised, respected and encouraged.

Programme Structure:

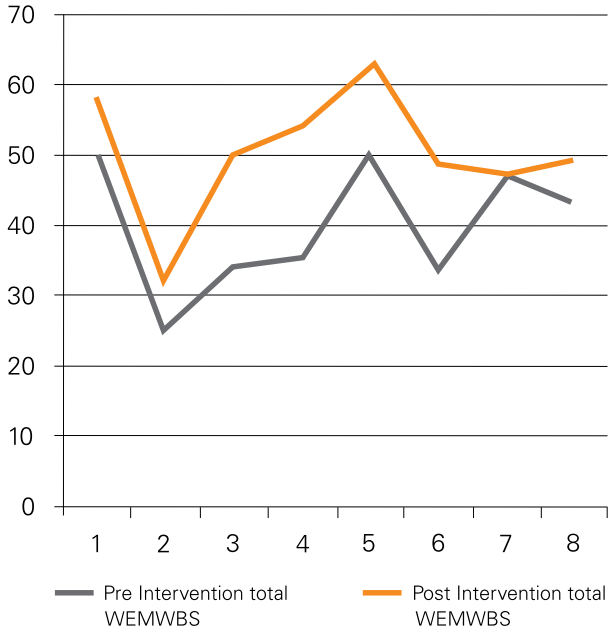
The project facilitates twelve week arts programmes in community venues open to all over 18 years of age. Participation is by application and the capacity of each programme is limited to 12 participants to ensure a quality experience for each individual. Workshops are facilitated for two hours, once a week, by two professional and experienced artists and to date workshops have been offered in visual arts, film, animation and storytelling.

On completion of the programme participants are signposted to other opportunities in their local community where available e.g. community arts programmes and adult education services. They also receive a home study pack which includes suggestions for activities and projects to support continued creativity and development.

The programme has been promoted to healthcare and service providers and to the wider local population. The project team has worked with the key health partner, using their database and internal mail system to disseminate information about the programme to healthcare professionals, agencies and services. Community awareness was undertaken through a community awareness campaign. This campaign includes press releases, newspaper features, radio interviews, posters and flyers as well as regional e bulletins and email circulars.

Outcomes:

Ongoing evaluation of the pilot programme is undertaken through the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) pre and post intervention. For first pilot intervention of 12 participants, 9 met the criteria for inclusion in the pilot study of the programmes efficacy. Scores were analysed using the Wilcoxon Signed Rank Test. Following the intervention a significant change in WEMWBS was observed ($Z=-2.521$, $P=0.012$). A strong positive improvement in the wellbeing of participants was observed ($r=-0.59$). The findings conclude that the intervention had a positive effect on the wellbeing of the participants.



Qualitative data is also gathered through artist questionnaires, photos, participant questionnaires and testimonials. Qualitative findings indicate that this programme has enabled participants to meet and connect with others in their community, thereby reducing social isolation. All participants who completed a qualitative questionnaire stated that the programme had an impact on their lives and commented that it had affected them in a positive way. 100% of the participants responded ‘yes’ to joining the programme again and to recommending the programme to others. Testimonials from participants include:

“Someone like me who suffers from depression got a huge boost from the art course, the course was fantastic, it’s like I have found a way to express myself.”

“Every week I just lived for the workshop and looked forward to meeting the other participants who equally threw themselves into the course. Apart from being very privileged to work with professionally trained artists we also learned from each other and learned to appreciate each others abilities.”

“I feel the whole project was so beneficial to my wellbeing. I’m a changed person – thank you.”

Informed by the findings of the evaluation of the pilot intervention, the team has devised three further programmes in County Kildare in 2012, all of which will be evaluated with the same methodology. The goal is to implement six programmes in total to complete the pilot study.

Issues:

To date several issues have been identified by partners through the process of programme implementation. Key issues include:

- Demand exceeds capacity: The need which this model seeks to address is more extensive than originally anticipated; the number of applications received for the current programmes was four times the capacity.
- Post programme support: The project team does not currently have the capacity to provide post programme events and workshops to maintain social connections and cultural involvement of participants.
- An overarching need identified: the team has identified an overarching need amongst agencies particularly disability service providers to integrate service users within the community in a non-invasive way. The Creative Well model addresses their vision of the inclusion and participation of people with disabilities in their community.



The Challenge of Sustainability:

We will now discuss the challenge of developing this pilot into a sustainable model for the ongoing delivery of The Creative Well. Technically all resources are embedded in the community. According to Scheirer⁴ five important factors influence the extent of sustainability within programmes:

- A programme that can be modified.
- A champion is present.
- A programme fits with its organisation's mission and procedures.
- Benefits to staff members and clients are readily perceived
- Stakeholders in other organisations provide support.

When these factors are applied to the model of The Creative Well, the findings to date are as follows:

- A programme that can be modified: through the process of formative and ongoing evaluation, the team strived to ensure that that the programme structure is flexible and responsive to emerging needs of all stakeholders and the local context.
- A champion is present: champions are located with both key partners. This is particularly important within healthcare organisations whereby the delivery of services, not cultural development is the priority.
- A programme fits with its organisation's mission and procedures: The model has been developed in accordance with the policies, protocols and ethical procedures of the mental health services specifically in relation to support and supervision of artists and principles of confidentiality and consent
- Benefits to staff members and clients are readily perceived: Ongoing evaluation quantifies the impact of the programme and testimonials articulate the benefit to participants. Furthermore other service providers who have referred clients to the programme are acutely aware of how the programme supports and complements their service objectives.
- Stakeholders in other organisations provide support: The Creative Well pilot is a model of interagency partnership working. To date resources, financial or otherwise have been provided by Kildare County Council, Kildare/West Wicklow Adult Mental Health Services, Kildare County Mental Health Association, Kildare County Council Library Service and HSE Health Promotion Service. Initially funding was secured to implement two pilot programmes, this has now extended to six.

The partnership with the public library service is an interesting example of how the project team has tapped into embedded resource offered by a network of libraries to secure venues. In response to cuts in public funding, the library has restructured its services. Library branches are now closed to the general public during specific mornings but available as venues free of charge to community groups and programmes. In partnership with the library service, the Creative Well now runs in public libraries where feasible.

Next steps:

To take the step or make the leap from pilot to a sustainable programme the project team has identified the next challenges as follows:

1. Cultivation of potential partners: The cultivation of new potential partners is required to develop ways of accessing embedded resources. There is a need to explore fresh ways of accessing them through connective relationships to sustain and meet the growing demand. To date partners have been cultivated through the networking of the team members and general word of mouth. This now needs to be formalised, e.g. information presentation to invited agencies.
2. Generating institutional and community buyin: Equipped with the findings of the pilot evaluation, the project team aim to make the case of how The Creative Well can help

potential partners to address their priorities and challenges. Besides key stakeholders our resources include concentric communities and services that could add depth and vitality to the project include local arts centres, third level institutions, and the Adult Vocational Education Service.

Therefore returning to the title of this paper, according to the findings to date, it could be appropriate to rephrase it as The Creative Well: a new prescription for community wellbeing. This inclusive social model for supporting wellbeing and mental health through the arts and within the context of local communities has tapped into an overarching need for social connection, integration, and individual and community development beyond the initial objectives of the project. We believe this outcome could provide the key for its sustainability. Our challenge now is to achieve a balance of addressing need without losing sight of our original objectives and ethos.

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Innovating Art Outreach

Hannah Hull

In this essay I will propose the innovation of art outreach, based on my own practice-based research and the definitions of Argyris and Schön in Theory in Practice, and Spinosa, Flores and Drefus in Disclosing New Worlds.

- Introduction
- Contemporary Art Outreach
- The need for a recoordination of practices: How the current use of art practices is compromising outreach aims
- Using a non-traditional art model to innovate art outreach - and make art outreach more innovative
- A Further Argument: How a conceptual art model produces a site that enables innovation
- Summary



Introduction

Art Outreach can be seen as already innovative in terms of the coordination of practices found within the cross-appropriation model as defined in Disclosing New Worlds. Outreach appropriates art practice because it finds this practice useful in realising its own objectives:

“We call this bringing of practices into contexts that could not have generated them, but in which they are useful, cross-appropriation.”

However, I will show how the current art model used produces only a short-term manifestation of outreach aims, and how this cross-appropriation is poorly integrated, compromising both art and outreach values.

I will propose a recoordination of these practices that will make this cross-appropriation more innovative and extend outreach values. I will go on to suggest that this recoordinated model effectively expands the capacity of art outreach by becoming a platform that produces new innovators.

I will then explain how outreach values are implicit to art, and demonstrate how a reprioritisation of art and outreach values within art outreach can unlock the full rehabilitative and socially inclusive aims of both art and outreach.

Contemporary Art Outreach

Arts outreach extends to music and drama, but I will be specifically talking about art outreach. Many points will be transferable to arts outreach in general, and representatives of the spectrum of rehabilitative arts projects have been present throughout my research. The term art outreach can be used fairly broadly, but here it is used to mean art making projects for adults undergoing rehabilitation.

The intention of art outreach is to provide some form of rehabilitation through art, for target groups including prisoners or ex-offenders, homeless or ex-homeless, recovering addicts, those with mental health issues, or those deemed at risk of becoming any of these. Generally accepted notions found within art outreach are: art is therapeutic for target groups; being part of an art workshop has a socialising effect; exhibiting art gives a sense of achievement; seeing art made by target groups promotes social inclusion; buying art made by this group is charitable and demonstrates social awareness.

The current model for art outreach is workshop series’ delivered in hostels, prisons, care homes, adult education centres, galleries, arts centres or target group specific studios and workshops.

The art model used tends to be traditional. By this I mean with the notion that the route into art practice is through a specific medium (painting, sculpture, drawing, mosaics, collage, photography), object-based, and designed for gallery exhibition (i.e. wall based or plinth based).

Rarely is video, installation, temporal or multi-media work promoted; nor non-object based work (such as performance, dialogical art, social sculpture or interventionist art); nor non-gallery based work (public, social or site- or situation- specific); nor is the notion of using media addressed in a conceptual manner, with forms of abstraction that could be regarded as conceptual being generally treated as expressive.

Usually artwork produced is exhibited at the end of a project, or at regular intervals for ongoing projects. This exhibition may be held in a gallery as part of their own outreach policy, or a space owned by one of the project’s commercial associates as part of their charitable profile.

The need for a recoordination of practices: How the current use of art practices is compromising outreach aims

The way the art model is currently coordinated in relation to the rehabilitation model can be seen as compromising outreach aims by causing the following problems:

- **Stigmatisation** – One way that the rehabilitative arts attempt to destigmatise target groups is through using creative practice to expand identities and then present these expanded identities to the public through marketing and exhibitions. However, participants can be seen as further stigmatised whilst their art practice is considered in this way rather than a legitimate creative practice in its own right.
- **Compromised mobility** – When art by target groups is exhibited within an art institutional setting, this appears to give participants access to the art world. However, the work is always presented in the context of their past and/or reinforced by an art naïve/ brut/ povera/ outsider art tradition. Although this gives the illusion of mobility, these artists are only superficially included in the upper echelons of the art world, and are not enabled to access the art world independent of the label of their past. This is unless their work is of the appropriate standard, which the following issues prevent:
 - » **Reliance on traditional media** - There is a reliance on traditional media within this type of art training, which poses the problem of an incompatibility with the contemporary art world, where conceptual art is prominent.
 - » **A delicate approach to critique and curation** – This is intended to maximise inclusion, but it also lowers the

quality of art produced, creating non-mobile works and artists. Where curational standards fall below the usual standards of contemporary art institutions, the exhibition of works does not represent genuine mobility.

- **Limited artistic inclusion** – The aforementioned delicate approach to critique and curation, although intended to provide inclusion, actually limits this inclusion to an isolated project in a controlled environment. Giving participants a sense of acceptance that based on low standards generates limited and unsustainable inclusion.
- **Promoting exclusivity** – By largely producing wall based works of art and plinth-based sculpture, the traditional model of art used relies on the gallery space for the exhibition of works. The gallery system is often accused by artists of contributing to exclusivity within the arts. From a perspective of inclusion, many artists chose not to engage in this system, exhibiting in alternative contexts / within self-led projects. Valuing the approval of these institutions promotes the limiting belief that an artist needs permission to exhibit their work.
- **Financial discrimination** - The linear artistic development associated with traditional practice - such as drawing to painting to oils, or clay to bronze - is not realistic for many artists from vulnerable adult backgrounds.

Using the single/double loop learning analytical/investigative methodologies that Argyris and Schon outline in their work (Figure 1)² we are able to discover the limitations and constraints were in the way in which art and outreach practices have been conventionally coordinated. By looking at the values of outreach, we are able to see how the current use of art compromises these values, and see that the use of a traditional art model is a recurring factor.

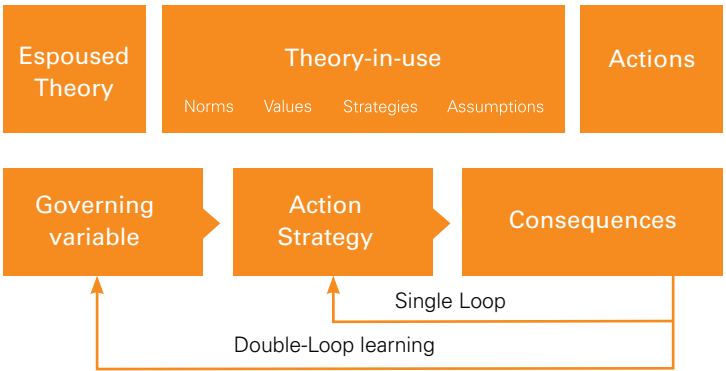


Figure 1. Double-loop learning is the reconsideration of values and strategies to reassess the effectiveness of organisational values, and can be used to bring unity of vision and purpose from conflicting requirements.

Using a non-traditional art model to innovate art outreach- and make art outreach more innovative

A contemporary, conceptual art model can be characterised by the following:

- Idea before medium** – Media is used in relationship to the idea, or otherwise the medium is conceptualised to the same effect. As such, this model must be taught in non-medium specific way.
- Context is part of the work** - The context in which an artwork is produced and the context it is produced for effect the work and should be taken into account and decided by the artist.
- Consideration of the audience role** – The way the audience interacts with the work is part of the artwork.
- The work operates independent of the artist** – Or otherwise this relationship with the artist is incorporated into the work in a considered way.

Using a conceptual instead of a traditional art model within art outreach solves the issues outlined previously thus:

- **Decreased stigmatisation** – Contemporary conceptual art practice would still expand identities, however the consideration of how, where and why the work produced is shown would be a decision made by the artist, not by the facilitator or facilitating organisation. As such, their art practice is considered a legitimate creative practice in its own right, rather than part of an awareness raising mechanism.
- **Enhanced mobility through:**
 - » **Compatible media** – Concept-based use of media is prominent in the art world.
 - » **Standard approach to critique and curation** – Curatorial standards are appropriate to the various stages of an artist's career, reflecting the artistic progress an artist makes over the course of their lifetime. Critique is constructive and honest, enabling this progression.
- **Universal, graduated artistic inclusion** – Real critique puts participants on the ladder for genuine, graduated inclusion through the usual stages of artistic development. Inclusion is transferable to the real world, not to an isolated project in a controlled environment.
- **Promoting empowerment** – By accessing a broad range of legitimate practices suitable for both gallery and non-gallery spaces, a conceptual model for practice allows participants to make non-gallery based work, or exhibit in alternative contexts / within self-led projects.
- **Financial accessibility** - Conceptual art does not necessary deem expensive materials to be an essential part of art making or artistic progress.

Here we can see a recoordination of practices enhancing outreach aims. This conceptual art model for outreach can be seen to be more innovative than the current model through resolving many of the constraints a traditional art model places upon outreach values.

This cross-appropriation can be seen to be more considerate of the ultimate aims of outreach.

A Further Argument: How a conceptual art model produces a site that enables innovation

In addition to extending outreach values within and art outreach model, conceptual art practice can be seen as a platform for further innovation, and, by extension, allow art outreach to further affect social change.

There are clear links between conceptual art practice and innovative practice: Conceptual art can be seen as an open model for education that demands self-reflexivity, joined-up thinking, the development of and response to ideas and reflections, questions value systems, and so on; In Disclosing New Worlds this type of reflexive understanding is referred to as being aware of oneself as a discloser, with this awareness being the foundation of innovative practice.³

Disclosing New Worlds suggests that “we do not normally sense that we are disclosers because we are interested in the things we disclose, not the disclosing”⁴. In a traditional outreach model, I have observed that – through emphasis on the relationship between the artist and the artwork – it focuses on what is disclosed not the act of disclosing. According to Disclosing New Worlds the reason for this emphasis is that “we are designed to cope with practices, not handle practices or the coordination of practices.”⁵ However conceptual art can be seen as the handling and coordination of practices through its conceptualisation of practices: practices are not only considered by what they produce, but by how they emerged and how they are engaged. As such, conceptual art provides a platform for innovation where current art outreach practice does not: the use of a conceptual model with art outreach is an innovation that generated new innovators.

If we see innovation as the root of social change, the use of a conceptual art model allows participants to become instigators of social change themselves, further extending the capacity for outreach values to resonate.

The need for reprioritisation: how appropriating art compromises art's social value

If we now return to the double loop method of analysis we may now identify a further problem. Although a conceptual art model resolves the compromise of outreach values that occur when using a traditional model, this coordination of practices still does not make full use of art's capacity to enable social change. Within conceptual art there exists a clear definition of what art's social value is: art's social value is its autonomy. The following ideas that I will use to exemplify this point can be found in the works of renowned, socially orientated artists and writers such as Stephen Willats, Joseph Beuys, the Artist Placement Group, Clement Greenberg and Nicholas Bourriaud.

One way the social value of autonomous art practice can be seen is in enabling artefacts, languages and practices to exist that transcend or undercut an otherwise prescribed world or existing

economies. On a personal level, artists can be seen to explore and express their own logic, in order to create and understand their own language, without using pre-determined systems and tools. Applied to outreach values, we can clearly see the value of this for participants in bringing value their own way of thinking, and encouraging the exploration and understanding of everyone's unique relationship with the world.

The social and political affect of this type of activity is that it enables new aesthetic languages to be generated that better reflect society as it is now, rather than through the restrictions of pre-existing formats. Through the historical transference of paradigms from art into society, society's aesthetic experience is expanded. In terms of outreach values, this can be translated as creating a more accepting or socially aware society through experience of fringe aesthetics.

From this outline, we can see how art values are inherently reflective of outreach values. However, when a conceptual art practice replaces a traditional art practice within the existing art outreach relationship model, despite resolving many problems as outlined, art is still being used explicitly for as a tool for outreach: thus art is not autonomous and loses its social value. Whilst outreach values are prioritised over art values, arts inherent outreach values - which are born of its autonomy - are restricted.

Summary

By locating social discourses within art and innovation and using this as a lens on art outreach, we are able to articulate a series of limitations placed on outreach through its appropriation of art practices.

We can see how the current configuration of art and outreach practice effectively compromises outreach values.

A conceptual model more fully integrates outreach aims by maximising and extending the social inclusion generated through art engagement.

We can see that conceptual art practice is a platform that produces innovators. Where both innovation and outreach are seen as catalysts for social change, the use of a conceptual art model within outreach effectively expands outreach's capacity in potentially limitless manner.

Fuller understanding of the affect of autonomous art enables us to see its true resonance with outreach: arts social value.

By prioritising the autonomy of art using a conceptual art model the aims of outreach can be incidentally achieved without compromise.

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4. As above
5. As above

Questions without Answers

Satu Itkonen

"Emotions came into the surface. It is surprisingly easy to use images of artistic works. I want to use them as a part of my work. It was a surprise how much the images we used told and revealed about each of us. By experiencing yourself you understand better the emotion or experience of someone else, too. It is great to make a connection to one's patient via images."

These comments are by nurses and other professionals working in older people's care settings. All of the nurses attended my workshops, that aim at experiencing, doing and sharing with and via art works and images of artistic works.

In this presentation, which is based only on practice, I shall first tell little about my methods and my work as entrepreneur. Then I present some questions and remarks from point of view of cultural entrepreneur and the client of cultural entrepreneur and the co-operation these two can have. In the end of my presentation there are some general ideas and questions.

I have had my one-man arts education company since 1996 and I have been working as an art educator, exhibition organizer, writer and art critic since the end of 1980's. About half of my working years I've been full time entrepreneur. I have written books and articles about art and been a part of the exhibition group in many of Ateneum Art Museum's exhibitions in the past few years producing some educational parts. As an entrepreneur I have many clients and saying "no" to interesting works is not easy. That's why my neighbours see the light in my window late in some evenings.

The heart of my doings is love to art and a belief that everyone can enjoy art and have empowering experiences of it. I am very interested in themes and projects of accessibility in arts, new audiences, new ways to co-operate with partners like hospitals, older people homes and social services and the new possible role of art galleries and museums – everything that promotes "using" art in new, innovative and increasing ways.

Art is a value in itself, but one can also use works of art and their images in many ways, and there are many tools for doing so. Using art may increase people's interaction, sharing and aesthetic experience, and the feeling of being part of something.

I wrote in 2011 a book called "Images of artistic works. Look, experience, share" (in Finnish). In the book, I present practical methods and thoughts in order to help people get more from works of art. The book shows how to confront artistic works, exhibitions, public art in official buildings, parks and cemeteries, art on the web and images of art in a creative way, using all one's senses, sharing the experience and learning more.

My methods are not those of an artist, art teacher or art therapist but somewhere in the middle, on the borderline. At the moment I train people from different fields of life such as older people's care and mental health care to use art and images of art works as a part of their regular job.

The experiences I have so far had from training are very positive and encouraging. I have had a lots of good response from being practical enough and talking a language everyone can understand. One has to be really interested in the work and everyday environment of those one is teaching. And every time I also all learn something new from discussing and experiencing and exploring together.

But how does this work? Who will hire me as "art educator Satu Itkonen" when there is no better known organization behind me?

As the structures of working life have changed, experts like me and artists are actively encouraged to establish one man companies and start a life as an entrepreneur. I am old enough to have quite large networks and having had the opportunity to co-operate with many interesting organisations and persons. And as one work always leads to another (if you do not screw them up totally), for me there has been no time of unemployment.

But many new entrepreneurs are confused because they are given just false expectations. Just as establishing a one-man culture enterprise would do any good or bring you clients and bread! No: You have to work hard, give proof and evidence of your talents first, do some work for low salary or even for free, be very good at your expertise, understand something about the economy, taxes, insurances and pensions.

On the other hand: when working as free lancer or entrepreneur you really are free to make your own choices: who you work with, how much you work, in what time of year and day you work. There is some independence you can gain. Also you may be as flexible as you can.

Working as entrepreneur offering art experiences and methods to fields on social services, hospitals, care units etc. gives a lot: new perspectives, new contacts, understanding and valuable information of new fields of life. Dialogue makes you challenge the ways you think and work and take you back to the basics: it reminds you why you chose to work in this field.

Now the point of view of the buyer: It is very comfortable for companies to work with free lancers and one man entrepreneurs because:

- In the cultural field we are used to relatively low salaries even after getting high education from universities and respected art schools. We also know that public sector; social services, cultural institutions are in a financial trouble so they have to try to get everything as cheap as possible and of course we sympathize them. We are in the same boat.

- A free lancer and entrepreneur is an easy companion: the client just pays for what he gets and the worries about how to: 1) finance ones occupational health service, 2) how to be able to have any holidays, and 3) how to pay ones office and other such costs – all are in the free lancers' own expence. This is of course natural, but in the cultural and maybe also in social care field, I claim, the buyer sometimes has little experience of working with free lancers or entrepreneurs and has no idea why the bill has to be a little bit higher.

Then some questions for us who offer to give training to people working in the social / health care units or make workshops and events in the social / health care units:

- In Finland there are many artists and other professionals being trained to work in health care institutions such as hospitals and older people's homes. Still the field is "wild" – not everyone understand really where they are going when going to make a performance in a hospital if not making well their homework, research before going. Why are they going? With what values?
- How do I find my clients and who are they?
- How will my clients know what the quality of my work or my values are? Do I have to use strong words or language of advertisements?
- Am I considered commercial when working as entrepreneur in cultural field?
- Do I afford to make mistakes (which is self-evident to happen sometimes, too, as my field is experimental and new!)?
- How do I learn to have a right professional pride and put a right price to my services if all the time in the care settings there are amateurs or even professionals who do their art based projects for free of for travel costs and cup of coffee? It takes time to plan a good workshop for nurses or patients, you must visit the place get to know the people and the conditions. You have to convince the staff that this is not something more for their work BUT something good extra.
- Networking: How do I get to know the best practises of others in the field or will my colleagues keep their own ones as their industrial secrets? Am I ready for a real interaction with my colleagues and how can I find them?
- About response: How will I know if I have good enough social skills, am I genuine and do I have the right values? Am I sensitive enough?

Point of view of nurses and other staff members:

- Usually there is some field of art or culture that is near to everyone. So it would be great if every worker could use that art of form of culture in their everyday work, too.

- A nurse who loves music can take her client to shower with dancing steps familiar to that person, a person who loves to sing can sing together with her client as she washes her, another nurse can have a nice small chat about client's own art work in her wall. There are ways to bring art or a piece of art to our normal life. It's all about respect, listening and presence.
- Education is important: A nurse should get information and methods of different fields of arts already when in medicine / nursing schools.
- Some people think that art or culture is something that can be poured into people like water to an indoor plant. But that is not the point: there has to **happen** something in that moment, there has to be some activity, interest, action or reaction – you have to be present as a person to get something. That's why art is at its best a process and its process nature should be understood.

General thoughts:

- What is the possibility of using volunteer staff, volunteer culture "guides" who would be trained to use art based methods?
- Do we always need ARTISTS to work in the hospitals – what about art educators from different fields of arts? What about nurses who are trained to use methods from one field of art?
- Not everyone in hospitals want or need art!!
- Art is not always nice and things do not always work (if we are honest). The healing power of art is not simple or straightforward. Art gives no simple answers.
- We do not always need big projects of GREAT methods – we could start small and near: what about the books in the hospital or community library? What about the art works IN the care setting or near? What about the images of the patients, their own body etc.
- After a project or a workshop in a care setting there has to become follow-up and continuity. There must be some tools for the staff so they can continue the work after the GREAT ARTIST had gone long ago. I may visit the unit and be encouraging, bring the art images with me and have fun with the nurses – but so what – what then?
- How will we end in having long lasting projects instead of short ones? Art is not a sticking plaster. It will most likely not be a part of some one's life after one meeting or one workshop!

In the end – did any one of you wonder about the images in the screen? Did you find something that connects them all?

It is the HANDS. We all need hands, metaphorically and literally – to caress, to love, to heal, to give, to cook, to help, to hold each other.

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Resonaari - Entrepreneur in Special Music Education

Sanni Verkasalo

Resonaari is a centre for special music education located in Helsinki, Finland. The centre was established in 1995 and now, in 2012, consists of three parts:

- Research and Development Unit
- Music School
- Resonaarigroup

Resonaari's work is inspired by the idea that learning music has wider positive effects on the pupils and their surroundings. Receiving music education doesn't only mean acquiring musical skills, it can also lead to gaining a sense of self agency and becoming empowered as an individual through the learning process.

Cultural social work:

The positive effects of music education – learning, self-agency, empowerment – on the individual, her surroundings and the community

The aim of this presentation is to give a simple overview of what Resonaari is, and then offer some insights into how Resonaari has become what it is today, looking at Resonaari as an entrepreneur in special music education. The information presented here is gathered from conversations with the directors of Resonaari, Markku Kaikkonen and Kaarlo Uusitalo, and from my own experiences as a teacher in the Resonaari Music School. More information about Resonaari and special music education can be found at www.resonaari.fi

Research and Development Unit

Research and development projects in special music education are carried out in the Research and Development Unit of Resonaari in collaboration with other schools and universities. Resonaari also keeps in contact with a network of professionals all over the world, cooperating with universities, music schools, other organizations and individual professionals in the development and sharing of practices in special music education.

The most influential and widespread application developed in Resonaari is Figurenotes, which is a method of teaching that makes learning to play melodies and accompaniment accessible to everyone who can learn to match two identical symbols. Originally developed for use on pianos and keyboards, the Figurenotes

method has been adapted to other instruments as well. Although very simple and easy to grasp, Figurenotes can convey all the same musical information as conventional notation, and so can be used from early and basic music education to more advanced levels and band tuition. Figurenotes also supports learning to read conventional notation.

The Research and Development Unit produces materials such as books and articles on the Figurenotes method and other practices in special music education, and offers expert and consultation services for those working with special music education or in related fields.

Music School

The Resonaari Music School offers goal oriented music tuition for people with special needs. The school's work is based on respecting disabled people as learners – acknowledging the potential to learn in everyone and finding ways of teaching that are suited to the needs of each student. Great emphasis is placed on the quality of teaching, with the view that teaching people with special needs must hold the same high standards as music education in general.

The Resonaari Music School strives for educational equality and follows the Finnish National Curriculum for arts education. The school offers both individual and group tuition. There is no age limit and no entrance exam to the school – it is open for all who have a need for and can benefit from special music education. The school has approximately two hundred students each year, and there are three full time as well as ten part time teachers working in the school. The diverse backgrounds of the teachers, from music education to musicianship, music therapy, social studies, psychology and early education, allows teachers to approach their work together from multiple viewpoints and create novel ways of answering the challenges of special music education.

Resonaarigroup

The Resonaarigroup is a band that consists of six musicians, all of whom have learning difficulties or disabilities. There are two full time musicians and four free lancers in the group, and the aim is to become a band of professional musicians. The Resonaarigroup is based on a project of the Finnish Music Council. The project

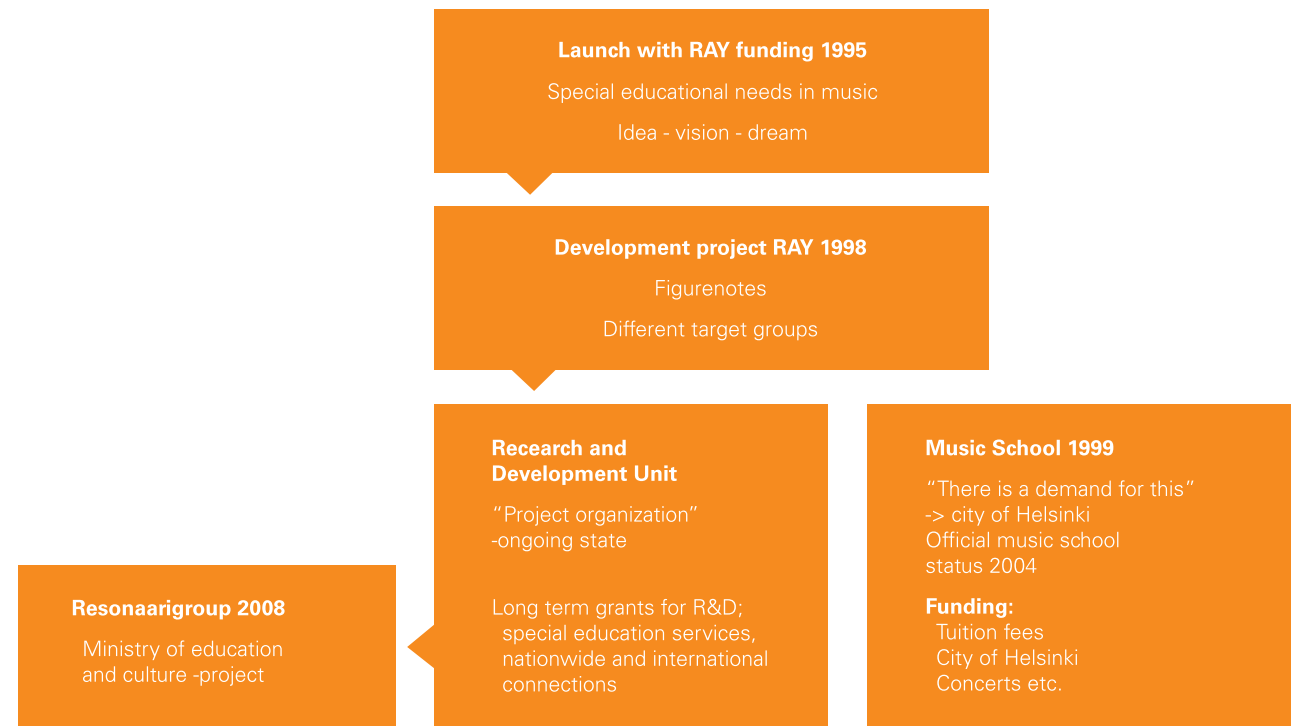


Figure 1.

centers on the development of professionalism and expertise of the musician students, and the impacts to their quality of life and their participation in the society. Of special interest are the effects the professional musician education has on educational equality, the democracy of musicianship and the attitudes towards diverseness in performing arts.

The development of Resonaari Special Music Education Centre: from 1995 to 2012

Resonaari was launched in 1995 to meet the special educational needs in music, with the help of a grant from RAY - the Finnish gaming company that collects funds from slot machine and casino gaming operations and channels them to health and social welfare organizations (Figure 1). The starting point for the development of Resonaari was a need for music activities in a youth crisis centre, which meant finding ways to provide music therapy and music teaching for the crisis centre's clients. However, from the beginning there was already present a vision of a music centre that would offer a range of services. The purpose and mission statement of this new entrepreneur in the field of special music education was clear from the start: to research the special educational needs in music therapy, to develop ways of answering those needs, to provide services in music education and therapy and to create networks for working together with other music education and therapy organizations.

The launching project of Resonaari led to ideas and applications for special music education, like the Figurenotes, that needed further development. This in turn led to a new project, that was again funded by RAY. From these beginnings, the heart of Resonaari, the Research and Development Unit, has continued to develop as a so called project organization, where the work is supported by both longer and shorter project funding. The Research and Development Unit now receives also a continuous funding from RAY for the expert and consultation services it provides in special music education.

During the second RAY project the Figurenotes were further developed for use with diverse groups of people. From these foundations the Resonaari Music School started its work in 1999 (see Figure 1). The school had project funding and the tuition fees were reasonable. However in the beginning there was doubt about the willingness of students to pay for special music education - even though tuition fees were common practise in other music schools. Resonaari nonetheless gathered a lot of students very quickly, and a few years later the city of Helsinki began to fund the school, noticing there is a demand for this kind of teaching and granting Resonaari the status of an official music school in 2004. Currently the school's funding comes from tuition fees, the City of Helsinki and in a small part from the school's own fundraising concerts.

The third part of Resonaari, the Resonaarigroup, grew from the research into democratic musicianship done in the Research and

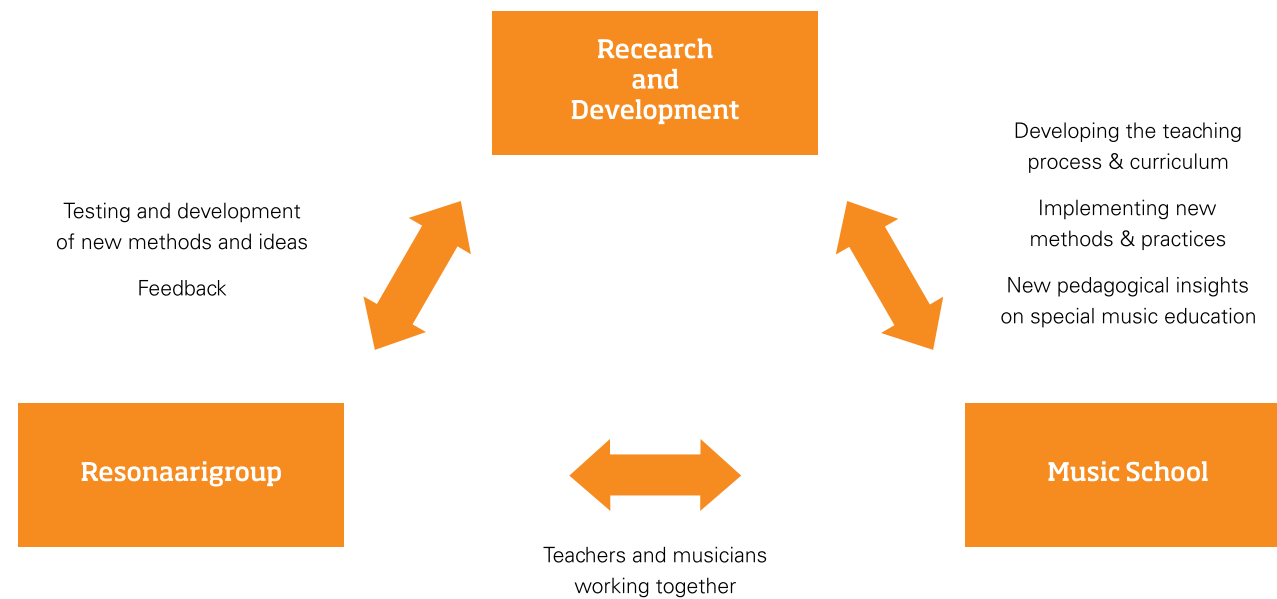


Figure 2.

Development Unit, and out of the need for professional musician education for people with special needs. It is a project funded by the Finnish Ministry of Education and Culture.

The current organization of Special Music Centre Resonaari

Currently Resonaari is one organization with three independent parts, all of which have independent funding (Figure 2). However, because of synergical benefits, the whole has become a lot more than the sum of its parts. All three are physically situated in the same place, which makes cooperation natural and easy. For example, the ideas created in the Research

and Development Unit can be tested and developed with the musicians of Resonaarigroup. The Resonaarigroup's musicians can work together with the Music School's teachers, aiding in lessons, receiving tuition and giving feedback to the teachers at the same time. The teachers also have the opportunity to work together with the researchers, developing the teaching process and bringing to daylight challenges they encounter in their daily practice of special music education.

Throughout its seventeen years of life Resonaari has been living in a state of change. The current structure of the organization is seen rather as a stage than a stable endpoint. As the needs and practices of special music education evolve, Resonaari must reassess its role and function in the changing field of music education.

Sanni Verkasalo M.A. (Psych.), Music Therapist, Teacher at Resonaari Music School,
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Resisposse, one of the Resonaari Music School bands, performing in the Savoy theatre in Helsinki. Photo Pekka Elomaa

Building Multi-professional Partnerships

Mari Rusi-Pyykönen

In this presentation, I'll describe the core elements essential to building multi-professional partnerships and how to take them into account when planning a curriculum and its pedagogical applications. My talk is based on experiences gathered during last five -six years planning and carrying out cross-sectoral and multi-professional study courses at Helsinki Metropolia University of Applied Sciences, in collaboration with the Degree Programme of Cultural Management.

So far so good

It was 2007, when two degree programmes: namely cultural management and occupational therapy started, educational cooperation related to an issue "art based practices promoting wellbeing". Until now, we have regularly run several times an elective study course "Applied Culture - Producing Wellbeing Services". These studies were organized by Cultural Management Degree Programme.

Students participating these courses came from different faculties, and from different degree programmes of our university. From the very beginning these studies were cross-sectoral, multi-disciplinary and multi-professional. And at that time we started our collaboration, the concept was new.

Based on students' feedback and also our own experiences as teachers, it came obvious, that a larger and deeper-going course of this subject issue "arts and wellbeing" was unquestionably needed. Students were very motivated to learn more and particularly missed authentic collaboration with artists and social and health care staff in real work place contexts.

To answer this call, we started to plan professional specialization studies (of 30 study points): "Culture as potential resource in social & wellbeing services", organized by Faculty of Welfare and Human Functioning. These professional specialization studies are, so-called, further education programmes, which target groups are practitioners in the field. Studies can be undertaken alongside work and they last about a year. That gave us a possibility to plan a new curriculum design, where students could plan and implement their final work (development project) in tight collaboration with practitioners of art and/or culture in settings of social and welfare services or in settings of different culture institutions.

In the beginning

During these studies we actually have been involved in building multi-professional partnerships in different senses and in different levels: firstly among us educators, secondly among students and

thirdly among all partners (clients, staff, students, artists, teachers) involved in cultural projects/events, our students planned and implemented as their final works. All mentioned senses and levels of partnership are of key importance.

To begin with, some words about building multi-professional partnership between us educators (teachers). For working towards the upcoming learning process and enabling mutual partnership, it's essential, for co-educators to have ability, flexibility and will to move in the same direction. If they can't or won't they have nowhere to go, neither any common goals to set for learning outcomes. We both knew that following the road like that, would be a dead-end.

In other words, to build a true partnership, educators are asked to take a few steps along to unknown onto the interface for boundary encounter. (Engeström 2003.) Multi-professional partnerships are only built up through dialogical processes. This requires the same language to speak; by that I mean, to make it transparent and clear, how the core concepts - used in curriculum and teaching- are understood and defined.

Pia Strandman at cultural management degree programme and me at occupational therapy degree programme, we met the first time in order to start our cooperation in November 2006. By then we realized that, in fact we were in the beginning of the beginning. We didn't know each other, we came from different fields, we came from different sectors, different faculties, we had different work histories with different work cultures, representing different disciplines with different professional paradigms. We were like two professional spots lighting empty space or empty stage from different angles. So we started immediately to work together on that space, creating so-called "third place" between and between. It took long, time consuming, conversations to gain shared understanding. And now, looking back, it really was worth it. Those conversations became our hard stone base for future work - and development process.

Different professional expertise, we represent, enriched planning and showed up unexpected points of view. Our aim was to plan a curriculum which structure would be clear but flexible to create space and energy for intentional learning process.

Sometimes it felt like we were fiddling a strange object in our hands. Etymologically the Finnish word "käsittää", which means "to understand", has derived from the word "hand" (käsi in Finnish language) and the verb "käsittää" originally meant "capturing something by hands". The current meaning of the word "käsittää" is to understand and to gain insight, which means capturing something, holding it and exploring it in an intellectual level. (Meri 1982.) This concept definition in a way describes what I think, we did. And finally our homework was done.

The first questions before the move

Next some thoughts about building multi-professional partnerships within a heterogenic student group. Students in professional specialization studies come from a variety of backgrounds and from variety of professional educations. They also have several years work experience.

Learning as a transformative process of thinking occurs in levels of knowledge, skills and attitudes. Collaboration with other students from different professions and from different fields expands and enriches one's own perspective bringing more diversity to dialogue. (Malinen 2000.) Co-students' responses work like living mirrors around, offering a wider spectrum of approaches (Laine 2009). When doing so, it also forces each student hold up the mirror to her/himself and that way enables to recognize one's own limits of thinking, and facilitates transformative learning. Encounters in a student group have lot support to bring to the table. On the other hand studying just alone or with students around your own domestic profession /art form, there always is an imminent risk to fail seeing the wood for the trees or a risk to end up running after your own tail. Building true cross-sectoral collaboration partners are to move outside their own professional comfort zones.

To enable students creating a common ground for oncoming studies, the questions: *who are we? where do we come from? why are we here? what are our aims and expectations?* are prominent for engaging learning ,for fruitful group process and keeping dialogical polyfonia alive in between a group.

What's needed in boundary -crossing?

Now I take a view on building multi-professional partnerships in work life contexts. Usually when we deal with the question of professional expertise, we seem to emphasize the development of established competences within a particular domain, so-called vertical expertise. Vertical expertise is often described as individual maturity through long and painful process from novice to master. To build multi-professional partnerships so-called horizontal expertise is essential. Characteristic to horizontal expertise is its

collective nature. Two central features of horizontal expertise are polycontextuality and boundary-crossing. (Engeström 2003.) In this approach network skills, group work skills, as well as dialogical skills are needed.

Main principles planning the curriculum

Premises of curricula uphold the clear requisition for new kind of multi-professional approach our students faced in their work places. As educators, we were to figure out, what kind of knowledge, skills, tools and understanding the students need to answer those challenges working life is calling, to get employed and to be able to work in various multi-professional communities and in different contexts.

Based on these premises, we planned curricula, which 1) focuses on philosophy behind art based practice, not merely to get concrete means/tools for work; 2) highlights evidence-based research: art has impact on health and well-being; 3) emphasizes on sociocultural empowerment, participation and occupational justice in society, and prevention of social exclusion, marginalization, discrimination and deprivation; 4) approach is client-centred; 5) is practice-based and practice-led, while multi-discipline theoretical points of views are interlaced to practice; 5) development project (final work) is multi-professional, multi-disciplinary and cross-sectoral, done throughout in collaboration with practitioners involved in.

To reach the goals set to education, curricular design (structure) can be seen as terrain of common legacy for all students and teachers to navigate. Important principles, purposes and pedagogical theories behind, and concrete instructions (as schedule) are clearly marked on surface. Our curriculum as a metaphor of puzzle of hybrid landscape consists of four main pieces, themes, four main questions including main concepts related as broad phenomenon. Each theme consists smaller pieces of more detailed subjects. We named those themes: WHAT? WHY? TO WHOM? and HOW? While studying, examining and figuring out these questions students are building theoretically and practically a strong enough base for their future multi-professional art-based practice.

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To Travel Hopefully - Health and Culture, Reciprocity in Action

Wendy Gallagher

Gallagher describes how of a range of large-scale projects with partners in Manchester highlights the differences in approach between the arts and health sectors, and identifies the need for a shared language.

The best way to describe the development of our cross-sector partnership between Central Manchester Hospitals NHS Foundation Trust, the Manchester Museum, the Whitworth and Manchester Art Gallery is of a travel writer telling of their adventures and journeys into new and foreign places. Selecting the right travel companions can either delight or ruin a journey: this can be compared to selecting the right organisations for a successful partnership. Travel writing allows the reader a vivid recollection of the area in ways that are useful and sometimes entertaining, and hopefully provide useful tips on how to reach the destination and inspire them to go there. The partnership is still en route, and the scenery is looking good; we had a few flat tyres along the way and took the odd wrong turn but got quickly back on track. We are getting to know people from strange lands, picking up some of their language, finding alternative ways to communicate; our destination for this part of the journey is very close. Senior staff from the hospital are due to meet in July 2012 with teams from the partnership to develop a strategic plan to carry our work forward over the next three years.

Creating an effective partnership between the health and cultural sectors is by no means easy. It is innovative and challenging, deeply satisfying and on a few occasions extremely frustrating. However, it is always stimulating and valuable but most importantly has a real and significant role and contribution to make to society. Pioneering new ways of working together brings mutual benefits to both sectors, some of which I will share here in a critical reflection of our ongoing partnership. For those of you who have already embarked upon cross-sector partnerships you will, I am sure, have had all kinds of different challenges thrown at you: different organisational priorities and goals, values, language, methods of working, research and evaluation techniques to mention but a few.

The evaluation tools and research techniques that we have used within arts and health to date, have not been wholly reliable in providing the necessary evidence for our health partners to understand the value of our work. I think that it would be true to say that many health professionals have viewed evaluation techniques within the cultural sector as unreliable; some struggle to see the relevance of our field of work to their own and others feel embarrassed to admit to their love of, passion for and value of arts and culture, as they try to define it themselves. One CEO at the hospital who is very proactive in advancing and promoting our partnership work, whispered very quietly in my ear one day:

'My husband and I are passionate about the arts, museums and culture. We regularly take trips abroad solely to immerse ourselves in cultural experiences. It feeds our spirit and mental wellbeing, and enables me to cope with this place.'

Why whisper? Could it be that our evidence base for the impact of cultural activity on health and wellbeing doesn't speak to our partners in a meaningful language? Are we in fact asking the right questions? And who within these partnerships is deciding on which questions to be asked? An evaluation framework for our work needs to be addressed jointly, through dialogue and clear project aims about what specific effect is intended. It is a vital and necessary part of our work together but for the purpose of this article not something on which I will focus.¹

We are now living in the era of the 'partnership boom' – the success or failure of which relies on our abilities to communicate with one another. The Manchester Museum, Whitworth Art Gallery and Manchester Art Gallery have the experience of working together on exhibitions, learning and engagement programmes, and workforce development and have already developed a culture of collaboration. Led by a shared vision to connect with their communities and also to learn from them, we have pioneered new methods of engaging with the public through a joint Health and Culture programme. Internationally renowned for our collections, we provide a unique opportunity to engage with our local and regional communities as well as our student population and beyond. Each organisation has a long and successful history of working with local communities, for example with community centres in surrounding wards, older people in residential homes, and adults with mental health problems. A logical progression of this work was to turn to the healthcare community on the doorstep. The hospitals in the NHS Trust have over 10,000 staff, a footfall of over a million patients and visitors throughout the year and are within walking distance of the Manchester Museum and Whitworth Art Gallery and a short bus ride from Manchester Art Gallery.

Our work with Central Manchester Hospitals NHS Foundation Trust began with a series of outreach projects developed in collaboration with Manchester Schools Hospital and Home Teaching Service. Opportunities for cultural engagement for the children receiving education via this service was limited due to the nature of their illnesses, social conditions and other circumstances. Our story begins with a focus on addressing this gap in provision of their cultural entitlement. It is here that we started to learn from one another and to examine the needs of the local hospital community, whilst supporting their access to the extensive collections and wider resources of the University and its specialist expertise



Beth, Hidden (2011). Painting by Lucy Burscough of a patient at Galaxy House, the children's psychiatric unit at Central Manchester Children's Hospital commissioned by the Whitworth Art Gallery. Photo: Lucy Burscough

Several approaches to delivering a range of cultural and creative activities were employed, located at an off-site hospital school, the Leo Kelly Centre. This acclaimed centre offers full-time education to primary and secondary pupils with medical needs who are out of school with long-term illnesses, including mental health problems, and pregnant schoolgirls. The centre also focuses on helping get pupils back into school when they have recovered. Taking small steps at first and focusing on our strengths,² we launched 'Creativity and the Curriculum', a collaborative arts, heritage and health project that supports the curriculum and aims to raise pupils' attainment and aspirations.³ The first year successfully delivered an intensive cross-curricular programme, which was received very favourably in the Ofsted report:

'Pupils' social, moral, spiritual and cultural understanding is well promoted particularly through their recent inclusion in an exciting new project linking arts, media and museums with mental health and wellbeing. The school has gained Healthy Schools gold status, which has helped pupils to develop a better understanding of healthy lifestyles. The school uses other partners to enhance learning opportunities for all pupils.' Marion Thomas, Ofsted Lead Inspector

Volunteer mentors, who are also undergraduate students, help support the children and artists to achieve their final artistic outcomes. The pupils responded positively to the peer-mentoring element of the programme:

'We have a selective mute student who is totally engaged with the media project. Animated, smiling and talking to the undergraduate students and happy to be filmed. This showed real progress in terms of her involvement and engagement.' Stephanie Burke, Head of Creative Learning, Leo Kelly Centre

Some of the difficulties experienced were around timetabling and attendance. As a hospital school, timetabling is complex and attendance by pupils/ patients can be erratic. Trying to find a balance in ensuring that certain areas of the curriculum did not suffer at the expense of others was problematic. Also, attendance of volunteers was not always consistent due to their own educational and work commitments. Some teachers were reluctant to continue working with the volunteers as they felt it too disruptive to their timetabling. However, this was partly due to teaching staff viewing volunteers as teaching assistants, instead of people who added value to their service. We recognised that although the value of working with volunteers was helpful, a greater understanding of the role of volunteer and complexities involved was needed within the educational service of the health sector, and that this was not the right time in our developing partnership to tackle this specific issue.

The school valued our developing partnership, however, we realised the programme required some reshaping in order to avoid further sticky issues around the disruption and scheduling

of timetables. Through conversation and consultation with teaching staff and the school's Board of Governors, we changed our method of delivery from mainly outreach-focused work, to a combination of museum and gallery visits followed up with outreach delivery. Professional development for teaching staff and artists was embedded within the outreach sessions. This enabled and supported teaching staff in ensuring pupils' cultural entitlement whilst also teaching them new artistic, creative and scientific techniques and technologies and how to confidently engage with our collections. Teachers supported artists, museum and gallery educators and shared their expertise of how to work and communicate with the pupils. This also allowed for a level of sustainability to be built into the partnership.

The museum and gallery visits offered up some new challenges. The initial challenge was for the medical staff to realise that although we were external non-medical partners it was vital that we had a level of knowledge regarding a patient's illness, particularly in relation to behaviour. We requested this information, but they declined on grounds of confidentiality. It became alarmingly apparent that this had to be addressed during a gallery visit, when a twelve-year-old child with an emotional and mental age of a four-year-old, darted through the doors of the gallery out of the gates towards a very busy main road. On this visit there were two staff to each child, and it took some restraint not to immediately run after the child, the automatic response of most adults. Fortunately, I resisted: as I was informed by a nurse close to me at the time that had I run after the child, he most certainly would have ended up in the road. Teaching staff saw the importance of communicating information regarding the 'dos and don'ts' with external partners and facilitated the process between medical staff and ourselves.

Six months into the partnership the schools hospital service was keen for us to develop our work with children and staff at the hospital. The new Manchester Children's Hospital is the largest in Europe, and part of, but adjacent to it, is Galaxy House, a residential children and adolescents' psychiatric unit. We continued the delivery of Creativity and the Curriculum here but added a new element at the request of and in collaboration with the school's hospital service and the Children and Adolescent Mental Health Service. Healing the Hospital Environment uses our collections as inspiration for the redesign of the young people's living space and outdoor recreational area. A small forum of patients, nursing and teaching staff, artists and museum educators was formed to discuss the aims and objectives of this initiative. We worked with a team of five artists, one of whom was an artist in residence, whilst the others focused on the delivery of workshops, and supporting the children in making their own artworks for display. Their living spaces and communal areas were transformed from cold and sterile surroundings, into warm, welcome and vibrant environments.

Installing the artworks has been a long and drawn-out process. The actual hospital buildings do not belong to the NHS Foundation Trust: they are owned by Bovis Lendlease, and its facilities are managed by Sodexo. The level and layers of bureaucracy one has to penetrate in order to gain permission to drill a hole into a wall to hang an artwork can be excruciatingly long-winded. Patience is required, as is the tenacity to find the right people who can move the operational elements involved in the project forward.

Our arts for health programmes became part of a wider regional initiative. Between April 2009 and March 2011 the six members of Renaissance NW ran a programme called Who Cares? Health, Wellbeing and Museums.⁴ Each museum delivered its own project, built on existing practice and then shared practice as it emerged across the region. The aim was to make a significant contribution to the field of arts and health. It was anticipated that bringing together museum collections, gallery spaces, health professionals and museum professionals would result in valuable experiences for participants.

The ambitions of the programme were to move towards partnerships that bring the whole weight of museum practice to bear on the activity. The six projects worked within the broad field of health and wellbeing, with a leaning towards mental health.

The University of Central Lancashire carried out research about the programme, which showed the effectiveness of using museum and gallery objects to help patients express difficult emotions; it also showed that participatory elements helped combat isolation and raise self-esteem and confidence in those that took part.⁵

From March-June 2011, the Whitworth Art Gallery held an exhibition, *Who Cares? If you only see the illness you miss the person*, the culmination and celebration of our arts and health outreach programme. We began to develop the concept of the gallery as a site for enrichment, therapeutic activity and professional development. It aimed to encourage people into the gallery to de-stigmatise mental health issues, encourage positive mental health and wellbeing amongst our visitors and support the professional development of medical practitioners.

The exhibition was an opportunity to invite senior management from the hospital into the gallery and to show them a range of ways in which cultural organisations can contribute to both the hospital community and its surrounding neighbourhoods.⁶ The exhibition offered visitors the chance to encounter an environment populated by portraits from the Whitworth's collection, including portraits by Artist in Residence at Galaxy House, Lucy Burscough alongside portraits by artists such as Francis Bacon, Camille Pissarro and Frank Auerbach.⁷ Burscough was commissioned to produce a series of portraits of patients from Galaxy House. Consultant psychiatrists at the unit referred to these portraits of their patients as visual anonymised case studies. The artist's intention was that:

'The images would be of the patients hiding behind their hands, the various glimpses of their expressions (peeping eyes, a sliver of a smile, a cheeky cheek), will be not those of the haunted ill, but of the sometime fun-loving children I have encountered...I would like to try to create pieces that would successfully stand alone as works of art, and that the viewer could learn of the background of the sitters and my thematic intention only if they cared to, or if it were drawn to their attention.'

The Who Cares? exhibition was unusual in that one of the Whitworth's permanent galleries was transformed into a therapy space that was available for group bookings. We had 37,889 visitors to the exhibition and over 2,000 participants attended our public engagement programme.

In February 2012, the Manchester Museum, Whitworth Art Gallery, Manchester Art Gallery, Central Manchester Hospitals NHS Foundation Trust and LIME, (the arts in hospital charity)

pulled a team of people together to work in partnership to deliver +Culture Shots as part of Museums and Galleries Week. This was a series of taster events that were designed specifically for health professionals, the aims of which were:

- To promote the proven contribution to health and wellbeing that engagement with museums can bring about
- To enhance the wellbeing and satisfaction of hospital staff through informative and enjoyable activities
- To promote the work of museums and galleries in Greater Manchester to staff, patients and visitors
- To identify further opportunities for collaborative work between the hospital and museums and galleries throughout Greater Manchester



Out patients at Central Manchester Children's University Hospital engaging with a cheetah from The Manchester Museums collection during '+Culture Shots', Museums and Galleries Week February 2012. Photo: Jan Chlebik

Planned to fit around the busy working day, short sessions – mostly 'drop-ins' – along with information stands with objects from our collections, took place across all five hospitals: Manchester Royal Infirmary, The Royal Manchester Children's Hospital, Saint Mary's Hospital, Manchester Royal Eye Hospital and the University Dental Hospital of Manchester. Staff at all levels and from all departments of our cultural organisations contributed their time and expertise to the success of this event. It was important to show the hospital community that there was whole organisational commitment to this work, as well as a profound level of expertise and knowledge within the cultural sector.

Over 70 workshops, across five hospitals in seven days were delivered, with approximately 3,000 people participating in the week's activities. 60% of these were hospital staff, and the remainder was made up of patients and visitors. We have strong evidence to show that we met three out of four aims. Enhancing the wellbeing and satisfaction of hospital staff through informative and enjoyable activities, well, we have only anecdotal evidence through positive feedback here. Staff enjoyed drop-in sessions and a chance to handle objects from the collections. It was easier for them to engage in these types of activities, as they were able to grab short timeslots from their busy working day. The performances held in public hospital spaces were enjoyed by most staff and visitors, although you could see that some people were visibly perplexed at such an out-of-context event occurring in a hospital environment. Security

was called during one performance as a visitor had presumed there was a disturbance and reported that urgent assistance was required. The actors rose admirably to the challenge of working in a hospital context. Some museum and gallery staff struggled with the lack of engagement they experienced from health staff, patients and visitors. They found some of the spaces they were allocated to work in difficult. Outreach work requires you to recognise that your audience has not necessarily chosen to be culturally engaged at this particular moment in time. If a patient, they are highly likely to be unwell and possibly anxious, and hospital staff are very busy with a different mindset from someone who has chosen to visit our museums or galleries during their leisure time. Many curators and conservators from the cultural organisations said how they valued the opportunity to get out of the museum and gallery environment and to meet and talk with a wider range of people.

This journey has revealed the urgency for workforce development that supports artists, museum and gallery and health professionals working in this field. Developing a shared language in this particular partnership has been driven by our mutual desire to address a range of social issues in partnership with one another. It has included continued dialogues and conversations at every opportunity, creating further opportunities for conversation at both informal and formal levels. Anticipating the future challenges you will meet and how to build the communication skills required meeting these challenges is imperative to both the professionalism and sustainability of this work. Action here is taking shape in a range of different formats.⁸

In June 2011, the Centre for Medical Humanities at Durham University convened a 'critical mass' meeting of its international partners in community based art in health. Leading practitioners and researchers in this field came from the UK, the United States, Australia, South Africa, Mexico and Ireland to reflect on shared issues in applying arts practice to healthcare and medicine and to explore how meaningful research collaborations can be developed that also involve local communities. I am returning to Australia this year to work with some of these colleagues to develop partnerships that aim to use art and museum objects to develop and enhance the medical curriculum and provide international volunteering opportunities to undergraduates.

The University of Central Lancashire is due to launch a Postgraduate Certificate Research and Policy for Arts, Inclusion and Mental Health. The programme offers the chance to engage with the issues facing organisations offering arts experience to people with mental health needs for recovery and social outcomes. The course will be useful for those managing organisations in the arts, voluntary or independent sector, including heritage, museums and galleries, who wish to engage with the language, policy and evaluation criteria of the health sector.

Our Central Manchester Partnership is embarking on the development of a programme of courses, workshops and events, which use the arts and our collections in the training of medical and nursing students and health professionals. It aims to use the arts as a methodology for developing medical training through enhancing visual literacy for students whose observational skills are fundamental to their careers in medicine. It will also use the collections to explore areas of the curriculum in relation to role of the doctor, community orientation, holistic approaches

to medicine, equality and diversity and developing a shared language. In developing quality outreach partnerships and cross-sector collaboration we aim to balance work that focuses on low numbers and high-impact experiences with broader participatory events. We also work on durational projects that offer partners and ourselves an opportunity to work in a deep and challenging way. These targeted programmes allow us to work with key strategic partners and build close, long-term relationships with

organisations and individuals. In our recent publication, *Health and Culture: How museums and galleries can enhance health and wellbeing*, there are a range of case studies that will, we hope, inspire new and beneficial partnerships between museums and health professionals.⁹

It has been an incredible journey, I have loved the places I have visited and most importantly the people I have met. The next stage of this trip promises much, I look forward to sharing my experiences with you.

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Notes

- ¹ I recommend that people working in this field read *Arts Development in Community Health* by Mike White, particularly his chapter ‘The Burden of Proof ... or the Benefit of Doubt.’ White M. (2009), *Arts Development in Community Health: A Social Tonic*. Radcliffe
- ² At the time our strengths focused on our ability to deliver quality formal and informal learning programmes
- ³ The programme was devised and implemented in collaboration with the teaching staff and artists who had been selected from different specialisms. All the artists have experience in working with vulnerable and/or hard to reach groups within the community and exceptional communication skills
- ⁴ Renaissance NW was the DCMS funded programme through the Museums, Libraries & Archives Council, that seeks to put users at the heart of museum services
- ⁵ The Royal Society of Public Health recognised the programme for its innovative and outstanding contributions to arts and health practice and research by giving it two awards
- ⁶ A public events programme used The New Economic Foundation’s ‘Five Ways to Wellbeing’ to frame and describe its activities, including a series of lectures and creative workshops as well as a cultural programme. Each activity fitted under one of five categories of wellbeing: Connect; Be Active; Take Notice, Keep Learning and Give www.fivewaystowellbeing.org
- ⁷ Portraits such as Francis Bacon’s portrait of Lucien Freud would draw additional visitors into the exhibition who may not have been initially interested in the theme of mental health but who, as a result of visiting the exhibition, have had the opportunity to reflect and consider this topic. Works of art and poetry created by the children in hospital through workshops were also included on a TV screen and through audio clips. This related the exhibition back to the important work at the hospital and allowed visitors to see the outreach work
- ⁸ The hospitals selected a member of their communication team to coordinate and communicate all of the week’s events to their staff. This person has played a key role in ensuring clear lines of communication and worked with us in finding the correct language with which to talk about the work. We continue to communicate with this representative on a fortnightly basis, informing her of ongoing projects within the hospital and other activities and exhibitions at the museums and galleries. Hospital staff are kept informed via their staff intranet and internal newsletters. We support this with a Health and Culture website and blog
- ⁹ Health and Culture: How museums and galleries can enhance health and wellbeing www.healthandculture.org.uk/wp-content/plugins/download-monitor/download.php?id=7

Links

Who Cares? Health, Wellbeing and Museums <http://clock.uclan.ac.uk/3057/>

Interview with artist Lucy Burscough audioboo.fm/boos/663594-bbc-radiomanchester-interview

+Culture Shots www.guardian.co.uk/society/2012/feb/08/art-hospital-trust-culture-wellbeing

Health and Culture www.HealthandCulture.org.uk

Centre for Humanities Critical Mass Conference www.artsandhealth.org/conferences/the-art-of-good-health-and-wellbeingcanberra-2011/videos-of-the-2011-conference-presentations/arts-and-healthcritical-mass-debate-vision-for-the-future-inaustralia-and-internationally.html

An Educational Module for the Use of Music in Social Welfare and Health Care Services

Toni Honkala

Background

The educational module for the use of music in healthcare settings was constructed and is taught in collaboration with the Health Music Association (www.hoivamusiikki.fi), the Central Ostrobothnia Conservatoire (www.kpkonsa.fi), and the Central Ostrobothnia School of Social Healthcare Services (www.kpedu.fi). Students participating the module represent both upper vocational and vocational secondary level education. The module is implemented in Kokkola, Central Ostrobothnia.

The module is taught at the level of secondary vocational and upper vocational education as a voluntary course. Participants of the module are music students from conservatoire and practical nursing students from the sector of health care and social services.

The module was tested with a pilot education, which was carried out during the academic year 2011–12. The first full module is carried out during the academic year 2012–13. Two educators are responsible for the teaching of the module. The other represents the Health Music Association and the Central Ostrobothnia Conservatoire, and the other one the Central Ostrobothnia School of Social Healthcare Services.

Objectives

Objective of the module is an amplification of the use of music and musical interaction in social welfare and healthcare services to support psychosocial and physical empowerment of the people with special needs. Experiences gained from the real world working environments give a preliminary reason to presume, that empowerment reached by using music and arts in general might also reduce the workload of nursing personnel responsible for the people with special needs.

Objective from the student point of view is to amplify their professional abilities and work opportunities. This can be achieved with the same educational budget. The students can gain real world experiences about the use of music in healthcare already at this phase of their education. Studying together and executing trainings in mixed groups can facilitate entrepreneurial co-operation later on.

From societal point of view the objective is to increase the possibility to enjoy cultural recreations while being unavailable to use conventional amenities.

Structure of the module

The overall size of the module is 10 credits (1 credit equals approximately 40 hours of work). The module is divided into five themes, each with 2 credits. The themes are 1) children, 2) the elderly, 3) people with special needs (especially with mental disabilities), 4) immigrants, and 5) people with mental health challenges.

Each theme consists of 4 hours of theory, 4 hours of workshops (utilizing dramatized simulations), and 4 trainings in real world environments. Each of the trainings lasts 30–45 minutes. The trainings are carried out in mixed student groups: both music and practical nursing students are mingled with each other. Teacher observes the first and the third session. Immediately after the observations a feedback discussion takes place.

Working methods utilized in the module

In the course of the module, working methods are seen as a continuum from passive to interactive. When using passive method the students are *preforming* for the audience, whereas when using interactive method they are *performing with* the audience.

Students that are applying the methods need not be professional nor even semi-professional musicians. In social welfare and health care services it is possible to use music as tool to empowering social interaction and physical activation without a formal degree level education. For instance, one can design a session in which he/she uses only recorded music, and fairly simple and secure body movements to work with the people.

Evaluation and feedback

Evaluation is constructed upon the feedback that is collected diverse ways. Students give feedback by peer-reviewing each other after each training session, writing a study journal, and during a final discussion at the end of each theme.

The teacher gives feedback collectively to students after 1st and 2nd observations, and at the end of each theme. During the whole module, the teacher can also discuss privately with a student, if that is needed.

Target group or their representative(s) in the real world environments give final evaluation after all 4 sessions. In addition they can also give feedback after each session, if that is needed.

The first full module is presently (14.11.2012) going on. Its comprehensive evaluation can be done once it reaches its conclusion at the end of the March 2013. The feedback and evaluation enable the module to be refined.

Impact of the education to the employment of the students

The practical nursing students have much better chances for employment, because there are plenty of working opportunities for them. In some geographical areas there is a lack of work power. For the practical nursing students the module offers an enlargement to their professional abilities by giving them tools to use music and musical group-working methods in their everyday work.

The music students, on the other, have a bit more challenging situation. They do not have ready-made jobs, since there are not much employers hiring people graduated from the secondary level

conservatoire education. In fact, the vocational level education for musicians could be seen as a preliminary education for a higher education. For musicians, entrepreneurship is much more viable a way to get themselves employed. There are also possibilities, that musicians and practical nurses could found some kind of entrepreneurship in cooperation. For example, they could found a private nursing home with continuous cultural amenities.

Discussion

The module presented here is an enhancement to the secondary level education, and into the educational paths of musician and nurse in general. It is not a competitor to the music related higher education, such as music therapy and music education. Educational intervention executed already at the secondary level enhances the possibilities to integrate the music amenities more thoroughly to the social welfare and health care services.

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“Creative track” in Social Service Studies in Laurea University of Applied Sciences

Anne Karkkunen, Ira Stiller



“Creative Track” (130/210 credits), in Social Services studies is an unique, popular and well established degree program in Finland. It was created and started in 1998 on the need of working life to have new methods in welfare sector work. The programme combines knowledge of Social Service client work with applied art and group processes. Applied art as **drama, music, physical education & dance, visual arts and literature** give learning opportunities for building dialogue. The art makes it visible and concrete.

Programme involves a social pedagogy and applied art based approach to work. Promoting subjectivity and empowerment forms the core of social pedagogy and creative activities. The focus is on reinforcing the persona, the internally guided subject, who can make choices based on genuine needs and feel relevant.

In the program there is continual projects in welfare sector with various client groups from “babies to old people”, (for example Arts for Empowerment project, www.voimaataiteesta.fi). Long term permanent studying group makes possible to learn about the self in the group. Multiprofessional growth groups supporting students well-being and identity work.

The core themes of the curriculum are:

1. Subjectivity and sensitivity

2. Reinforcing student and clients resources
3. Community work
4. Sensitivity and reflectivity of employee.

Students of the specialisation option acquire tools for recognising their own and their clients` resources. Creative activities can be used to reinforce the resources of individuals and whole communities. Participatory work orientation also deepens understanding of the societal level and how it can be influenced. Initiating and supporting the client's growth process implies that the social worker must be in touch with his or her own creative opportunities.

Essential is personal reinforcement: a subject, who is capable of making genuine choices, becoming more sensitive and able to experience herself as a remarkable person. Participatory work orientation deepens the understanding and influencing on society (empowering). Professional sensitivity and growth requires, that employee has the expertise in her own growth process and contact for her own creative potential and ability to sensitivity. The role of the education is to provide the tools for employees to work, first with themselves, to be able to support clients to find their own resources

The Creative specialisation (130 cr) consists of the following study units:

Me as a Social Service Professional	10 cr
Interaction in Client Work	10 cr
Producing Welfare	10 cr
Methods of Social Service Client Work	10 cr
Team- and Group Work	5 cr
Responsible Leadership and Management	10 cr
Creativity to Support Participation	30 cr
— optional advanced themes:	(15+15)
• Participatory Drama 10 cr + Psycho- and sociodrama 5 cr	
• Applied Physical education and Dance 10 cr + Special Methods in physical education 5 cr	
• Participatory Music 10 cr + Music therapy 5 cr	
• Participatory visual art 10 cr + Community Art 5 cr	
Work Placements	45 cr
Thesis	15 cr

Finally: Applied art has an essential role to help students and employees to become ethical and sensitive professionals.

Both lecturers, Anne Karkkunen and Ira Stiller, have deep understanding about the power and wisdom of the group. They have got a passion to research possibilities and boundaries of creative activities as partners of personal and professional growth in social and health care work. Karkkunen has been a member of a team developing the "Creative track" curriculum from the very beginning. Together they have for over 8 years directed students' psychodrama growth groups. Multiprofessional growth groups have supported students' professional identity work, group abilities and well-being.

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Future is Here. Roles of Arts Managers in Health Care Business

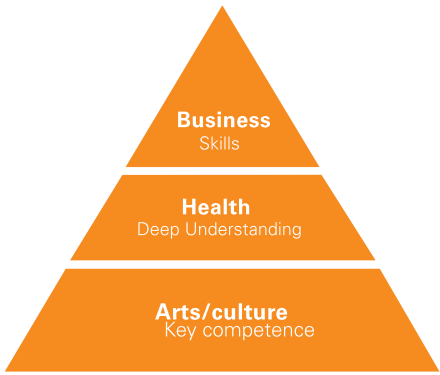
Katri Halonen, Pia Strandman

During the past 15 years, there have been a significant number of projects in which art based processes and methods have been used to improve the wellbeing of clients in social and health care sectors. The starting point of the project is often an artist working in a care unit. However, there is a need for cultural practitioners, arts managers, coordinators or other project professionals. No matter how we name them, they are the important mediators understanding both artistic and health care interests.

In this demanding environment, the cultural practitioner needs to have excellent skills and specific competencies in order to make projects sustainable and successful. Several studies have been conducted recently in which the aforementioned skills and competences are mapped. Among the most often mentioned are e.g. flexibility, communication, dialogical skills, sensitivity, confidentiality and ethics. Moreover, facilitation and group work skills as well as comprehending vulnerability can be included in the list. However, the basic project management forms the core competence including funding skills and a good understanding of business.

Traditionally, arts and health care have joined their interests in care, and healthcare settings as well as focusing on empowerment and well-being of the clients. In the present article we propose work is gaining new dimensions through new methods in the health care setting. Moreover, also new health care environments are built and communities around health care patients are influenced.

Traditional skills chart depicting the skills an arts manager focuses on competences and business or administrative skills. When entering health care environment, the cultural mediators face challenges related to understanding practices; professional jargon; and the discourse of health care professionals, with which they might not be familiar.



PICTURE 1. Competence and skills chart of a mediator in the cross-roads of arts, health and business.

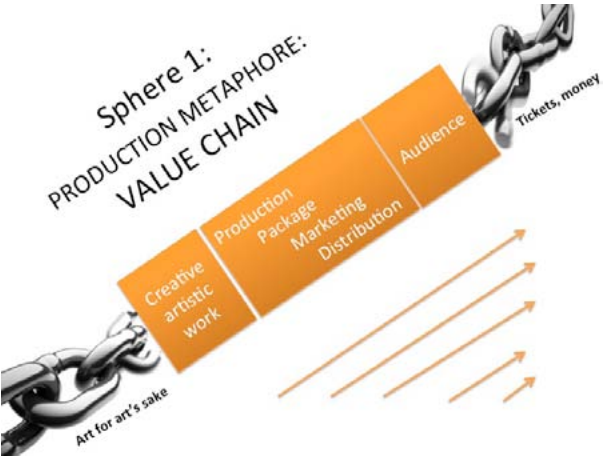
In this article, we investigate the health care business through eyes of cultural intermediaries responsible for bringing together audiences and artists in order to promote health and well-being. We suggest there are three different ways in finding ones positions in the field as arts managers.

1. Artist’s Little Helper

Traditionally, cultural intermediaries are part of a process that brings art interventions to hospitals and other healthcare environments. Typically, these can be concerts, art exhibitions or small-scale theatre plays. This world relies strongly on the artist being the sole author of creative work. The artist is surrounded with somewhat mystical glamour. The artist is seen as creative genius that the audience looks up to. The audience is target of the artistic actions and reasonably passive receivers of the outcomes of artistic actions.

In this sphere, cultural intermediaries are little helpers between the artist and audience. They are faceless secretaries who do not leave their own mark into the artwork or artistic service. They take of the process but give none or alternatively provide a very limited input to the creative process.

In the world of care and cure, this kind of cultural intermediary acts “behind the stage” and is thus the one who organizes the art presentations and art performances. Although she/he is a team member, being in between the care staff and the artist, she/he has to understand both sectors. In the world of responsibility of care, she/he most probably finds herself/himself faceless.



PICTURE 2. Traditional value chain of artistic work

Although this method still is probably the most widely used method in arts and health care, the profession and existence of a cultural intermediary might even be ignored. It is an accidental profession in many countries, defending its justice for each group. However, she/he is probably very experienced in working with and for specific audiences at social work and health care. She/he is often most competent in the project, helping the artist and knowing the special demands of services meant for the clients.

When investigating the production process, it seems quite close to traditional Porter's value chain. The artist remains in the other end of the chain and the audience in the other. Cultural intermediaries take care of production, packaging, marketing and distribution i.e. convey the artistic idea to the audience through actions following value chain.

2. Mediators for Participation

The second sphere of cultural intermediaries has been increasingly important since the 1980s and is especially intertwined with audience development processes. This sphere emphasizes applied and participatory arts that are often delivered in forms of workshops and dialogue-focused working methods. In this surrounding, the artist acts as the source of stimulation: using art-based methods and ideas to promote active audience. The audience members are not just consumers but they also take part in the creative process that the artist stimulates.

In this sphere, cultural intermediaries bring artists and audience together and help artists in search of interactive working methods. This often includes also taking the artistic process to uncommon places, outside the traditional art institutions that create additional challenges for the intermediaries.

Therefore, a better understanding of the context is needed. As shown in an extensive study (Kilroy etc. 2007), co-operation, a culture of reflective practice and mutual learning, strong and responsive partnerships are typical for successful arts and health projects. This comes close to the concept of community art, where the process comes prior to product. However, the patient becomes a customer. This change of ideology emphasises the role of the customer. The customer should be the key focus with his/her values and wishes, experience and knowledge, also in hospital or care setting. Her/his cultural needs and services should not be decided by the needs of cure or treatments. In this context, the role of a cultural intermediary has to be changed from mediating between the artist and audience to co-creating and having a participatory approach.

When the artists' little helper finds oneself from an intermediary position in the value chain, the participation activators form a circle out of the chain. The ends of the chain, namely the artist and audience, are not the far ends, but rather parts of circle, where the dialogue between the artist and the participant strongly affects the whole process.



PICTURE 3. Circular value chain

3. Co-Production Activators

The third sphere sees cultural intermediaries as activators in organizations or more widely communities. The need for it rises from an increasing need to be surprised and have a break from everyday routines. Art provides the participants a temporary sense of belonging to urban communities where people feel increasingly detached from their roots and traditional communities. Intermediaries focus on finding hidden creativity in every person and encouraging the "audience" to produce their own art - with artists or without them.

From intermediary occupations, the key challenges often include finding catchy ideas that potential participants want to donate their creative efforts to and that effort is strong enough to take part in co-creation but also co-production. The surroundings are often very challenging. The co-production, co-creation and crowdsourcing processes emphasize often a new use of urban space as adult playgrounds. In addition, the process is put in practice through extensive use of the interactive media, often combination of several social media platforms..

The third sphere is widely used in many fields of arts and culture. The art-based community work is focused more and more on co-production instead of just co-creation and co-consumption. In the field of arts and health, this is yet a rising trend. Arts/cultural managers may facilitate social change by better understanding the context. The work is focused not only on customers in care, cure or rehabilitation, but increasingly on co-producing joint processes in order to increase well-being of the staff. Also customer's family and close friends are invited to the processes and outcomes of processes are placed to social media where they can touch thousands, and even millions of people.

The key factor in the co-creation and co-production processes is taking advantage of existing talents of the customers and helping them to use those talents in their care environments. For example, the working methods at elderly's care should be examined thoroughly – in the coming years we'll have more demanding and

heterogeneous customer groups, also the ones who are familiar with social media and are used to making their own culture as well as interacting between generations and also with the local community.

There is a third road to be found and that is a new, common area in between the sectors. The professional skills of a mediator are needed to encourage people in their own production processes, not only the creation and consumption ends of the process.

Lessons learned at Arts - Health - Entrepreneurship Conference

Arts, Health and Entrepreneurship conference collected experts from several European countries to exchange ideas, experiences and development needs with each other. The discussion was held after presenting these three spheres of intermediary positions within the field of arts and health.

Obviously there is a need to diminish the knowledge gap between the practitioners. However, certain things have to be understood. The art sector and that of care and cure are very different from their basic nature. Just one example: while for the artistic community it is natural to test, take risks and have freedom in expression, the world of care naturally avoids all of that. Building interdisciplinary and multi-professional partnerships has got its challenges.

At the very end we want to pose a question: What does an arts practitioner need to master? The participants of the conference answered the question as follows:

- Professionalizing the knowledge that is out there. Need of research, methodology, documentation, promising results and good practices
- Defining different professional ways to work in the field

- The place of art in the field: lessons from history and its place in society
- Art co-created strategy specially for trusts
- Research questions joining performance indicators from both sectors
- Distinctions art work vs. pedagogy vs. therapy
- Be aware of differences between countries, working methods
- Do we know what clients want/need? Who is the client?
- Specialization areas, for example elderly people
- Releasing the already existing, but hidden, creativity

Art can have a significant impact on people's health in hospitals and care units. Also improving healthcare living environments have an impact on patients' wellbeing. For staff, healthcare professionals, arts can be a source of well-being as well as an enrichment to work environment. Moreover, arts can offer a working method to solve various issues.

Traditionally the research in the field is mainly evidence-based, following the tradition of clinical medicine. Anyway, the activities in arts and health cover a wide range of academic approaches (art and cultural studies, sociology, psychology, and others). To widen the approaches to cultural policy, consumption studies, marketing and economics might give us new tools for solving the central challenges of project-based activities and that of sustainable funding.

At the moment an arts/cultural manager in the context of care and cure seems to be an accidental profession (see Aston 2009). However, it is existing as each arts and health project needs good project management, funding, infrastructure etc. We should study how to integrate entrepreneurship within the practices and find a creative approach to the business in the area. Art in the context of health and well-being is believed to be a growing sector in meaning-intensive production and creative economy with beneficial cultural, social, employment and economic results.

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Arts – Health – Entrepreneurship?

Working in the context of Arts and Health demands understanding of a wider paradigm where art is seen both at individual, community and societal level. Starting point of the projects is often cooperation of an artist and mediators understanding both sectors. However, the central challenge remains: How to turn the projects into sustainable practices and stable employment? This publication, based on the Conference presentations, aims at looking into these questions.

What do Arts and Health have to do with Entrepreneurship? Would there be sustainable practices without entrepreneurial approaches and skills? In service development, there is a trend to be seen: fragmented consumer groups demand that the role of practitioners will be changed from mediating between the artist and audience to co-creation. The other topic is curricula development. There is a challenge to improve arts management competencies aimed at professionals working in mediating positions between the artists and health sector.

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