

Guidelines for Performance Art Programs in NSW Health Services and Facilities

Summary These guidelines provide targeted and practical guidance for the design and management of performance art programs in NSW Health services and facilities.

Document type Guideline

Document number GL2017_015

Publication date 17 August 2017

Author branch System Purchasing Branch

Branch contact 02 9461 9361

Review date 17 August 2022

Policy manual Not applicable

File number H17/52056

Status Active

Functional group Corporate Administration - Asset Management, Governance

Applies to Local Health Districts, Ministry of Health, Specialty Network Governed Statutory Health Corporations

Distributed to Ministry of Health, Public Health System

Audience Designated Health and the Arts Liaison Officers

GUIDELINES FOR PERFORMANCE ART PROGRAMS IN NSW HEALTH SERVICES AND FACILITIES

PURPOSE

The purpose of the guideline is to support the implementation of the broader NSW Health and The Arts Framework. The Framework and accompanying guidelines provide advice on how to both encourage, and better integrate the Arts into healthcare services, activities and facilities across the whole of NSW Health.

KEY PRINCIPLES

This guideline provides targeted and practical guidance for the design and management of performing arts programs in NSW Health services and facilities.

The guideline includes practical steps to establish performing arts programs in Health Services and Facilities. They cover the scope, consultation, implementation and program evaluation requirements.

This guideline does not specifically address Health and Arts programs the aims of which are therapeutic. Guidance on the use of the Arts for therapeutic purposes should be informed by appropriately qualified clinical practitioners.

USE OF THE GUIDELINE

The primary audience for this guideline are Health and Arts Coordinators, Health and Arts Committees, or other relevant persons within Local Health Districts, Health Services and Facilities that may implement Health and Arts programs.

REVISION HISTORY

Version	Approved by	Amendment notes
August 2017 (GL2017_015)	Deputy Secretary, System Purchasing and Performance	Initial Document.

ATTACHMENTS

1. Guidelines for Performance Art Programs in NSW Health Services and Facilities



NSW HEALTH AND THE ARTS



**Guidelines for Performance Art Programs
in NSW Health Services and Facilities**



Health



HEALTH AND THE ARTS

In August 2016, the Health and The Arts Framework was launched by the NSW Minister for Health. The Framework was created through significant consultation with the Health and Arts sectors and stakeholders, and provides advice on how to both encourage, and better integrate the Arts into healthcare services, activities and facilities across the whole of NSW Health.

More information on the Framework, NSW arts and health projects, and supporting resources and contacts, can be found at the Agency for Clinical Innovation Health and Arts Exchange webpage; <https://www.aci.health.nsw.gov.au/innovation-exchange/health-arts-projects>.

The use of the arts to improve the health of individuals and communities, as well as in the use of health facility design is increasingly being recognised as important. A growing body of peer-reviewed evidence confirms significant and measurable benefits from the integration of health and the arts.¹

These guidelines provide targeted and practical guidance for the design and management of visual art programs in NSW Health services and facilities, and support the implementation of the broader NSW Health and The Arts Framework.

WHAT ARE PERFORMING ARTS?

Performing arts refers to art presented “live” by artists, and the principal art forms used are music, theatre and dance. Other forms may include multimedia and puppetry.

Performing art programs may also be defined by how they engage audiences. In health settings audience involvement will vary and may involve collaboration, with a focus on interactive participation ('active participation'), or receptive experiences ('active experiencing') or both.

The audience may include patients with different needs (including outpatients, inpatients or residents), family, carers, visitors, staff and/or the general public.

These guidelines do not address performance art programs which have therapeutic aims.

¹ Putland, C. (2012) *Arts and Health – A guide to the evidence*, Background document prepared for the Institute for Creative Health, and Fenner, P., Rumbold, B., Rumbold, J., Robinson, P., Harpur, S. (2012) Is there compelling evidence for using the arts in healthcare? Health policy evidence brief, Deeble Institute, Australian Healthcare and Hospitals' Association.

PRACTICAL STEPS FOR ESTABLISHING PERFORMANCE ARTS PROGRAMS

Successful performance art programs should demonstrate clear logic in their purpose, scope, and their intended benefit for the health service or facility.² These factors should be considered with reference to the sensitivities of the health environment and audience, and early in the design of your program.

When designing and managing performance arts programs in health settings, consider the following practical steps;

1. **Determine the purpose of the performance art program**
2. **Consider the program scope, including the venue and resources required**
3. **Form an agreement with artist(s) and the health setting or facility**
4. **Properly evaluate the program and its benefits.**

STEP 1: CONSIDER THE PURPOSE AND DESIGN OF YOUR PROPOSED PROGRAM

Consultation and stakeholder engagement is a core part of all NSW Health program and policy design.³ Arts partners, community stakeholders, patients, carers and staff should be routinely and comprehensively consulted on the purpose of your program. This is particularly relevant if a proposed performance art program intersects with culturally and linguistically diverse (CALD) communities or Indigenous Australian Arts.

Performance art may have several purposes or outcomes in health settings. Possible (non-therapeutic) purposes include providing a more relaxed and engaging environment, the uptake of health messages, self-expression of patients, storytelling of carer experiences, or physical improvement of the setting and mood enhancement.

Questions to ask around the purpose of performance art programs include:

- What is the art form being used?
- Has an artist been consulted on the proposed performance art program?
- Who is the key audience? What are the possible expectations?
- Is the performance aimed at participation or a more receptive experience?
- Will the program focus on a specific message?
- Is the program aimed at enhancing the environment aesthetically?

² Development of program logic and review needs. Policymakers Toolkit (2017) NSW Department of Premier and Cabinet http://www.dpc.nsw.gov.au/programs_and_services/policy_makers_toolkit/steps_in_managing_an_evaluation_project/1._develop_program_logic_and_review_needs

³ Corporate Governance & Accountability Compendium (2013) NSW Health



STEP 2: CONSIDER THE PROGRAM SCOPE, INCLUDING THE VENUE AND RESOURCES REQUIRED

The scope of performance art programs depends on the type of artist engagement. There may be opportunistic programming where artists approach the health setting directly or are engaged for one off performance pieces. Alternatively, more permanent performance art programs should consider contracted, employed, or resident artists.

Every health setting is different and it is important to scope potential venues and trial their suitability. Some programs may utilise areas that are not in public spaces (such as lecture halls or meeting rooms). Other venues may include foyers, ward corridors, community gathering points, or hospital garden environments.

Additional resources to support the performance may include parking facilities, warm up rooms, storage for artists' personal items, spaces for signing in procedures for artists, spaces for debriefing of artists, and equipment storage.

Further items may also be required for example: uniforms and identification, instruments, music stands, transport items (such as trolleys and boxes), signage and printed materials.

Questions to ask in regards to the scope, venue and resources required include:

- Have you consulted adequately with the artist and facility management staff?
- What is the anticipated audience size, seating requirements, and logistics of access?
- Are the qualities of acoustics and light adequate?
- Are all work health and safety issues and obligations fully considered?
- Are the noise levels appropriate so that health workers can still operate effectively?
- What internal stakeholders need to be informed prior to the performance?
- Is the audience able to remove themselves from the performance should they no longer wish to engage or participate?

STEP 3: FORM AN AGREEMENT WITH ARTIST(S) AND THE HEALTH SETTING OR FACILITY

Formalising an agreement between artist(s) and the health setting or facility is a necessary step for effective management and evaluation of performance art programs. This should be done in accordance with local procurement processes and relevant NSW Health policies.⁴

Standardised agreements may provide advice on repertoire and content, the willingness of performers to be filmed or recorded during performances, the potential response of the audience, and provide for procedures such as when to cease a performance.

Questions to ask when forming an agreement include:

- What is the level of interaction expected with the audience?
- What are the protocols regarding audience privacy for relevant wards/services?
- Who are the relevant contacts for security and venue access issues?
- Are performers aware of mandatory requirements such as employment checks, standard hand hygiene policies, the NSW Health Code of Conduct, and any hospital procedures that may affect the artists and their performance?
- Is there appropriate supervision during the performance, and opportunities for debriefing?
- Are all issues related to deliverables, insurance, timeframes, intellectual property and other legal, contractual, and procurement requirements met?

⁴ See the Agency for Clinical Innovation Arts Exchange; Arts and Health – NSW Health policy reference list.

STEP 4: PROPERLY EVALUATE THE PROGRAM AND ITS BENEFITS

The value of performance art initiatives in health should be established to the same level and rigour as other health interventions. The benefits of performance art programs and collections may appear to be difficult to evaluate (other than subjectively) however a growing body of evidence demonstrates how evaluations may occur of arts programs, and the benefits and approaches in evaluating such programs.^{5, 6, 7}

Program evaluation should be done regularly and in accordance with NSW Health and the NSW Government Program Evaluation Guidelines.⁸

All arts and health programs should undergo regular reviews. Program reviews should gather feedback from patients, carers and staff, and complaints must be taken seriously with feedback provided in a sensitive and measured manner.

When evaluating your program questions to ask include:

- What type of evaluation method is most appropriate? (for example mixed, outcome, process, or economic).
- Who will the evaluation be reported to? Who is accountable for the program?
- Will the evaluation be made publically available?
- What is the current evidence base for the visual art program?
- Who will provide feedback as part of the evaluation?

⁵ Public Health England (2016) Arts for health and wellbeing; and evaluation framework. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496230/PHE_Arts_and_Health_Evaluation_FINAL.pdf

⁶ Dunphy, K (2013) A Holistic Model Of Outcome Evaluation For Arts Engagement. <https://www.aes.asn.au/images/stories/files/conferences/2013/Presentations/Papers/1309055Final00190.pdf>

⁷ Keating, C (2002) Evaluating Community Arts and Community Well Being; an evaluation guide for community arts practitioners. file:///C:/Users/33505244/Downloads/Evaluating_Community_Arts_and_Wellbeing.pdf

⁸ Department of Premier and Cabinet (2016) NSW Government Program Evaluation Guidelines http://arp.nsw.gov.au/sites/default/files/NSW%20Government%20Program%20Evaluation%20Guideline%20January%202016_1.pdf

HEALTH AND THE ARTS RESOURCE LIST

INTRODUCTION

To complement the Framework, a resource list has been created for use by nominated Arts Coordinators or others at a Health Services level. The list identifies and links key NSW Health Policy Directives and Guidelines to matters of practical consideration to be taken into account in the effective administration of arts programs.

The arrangements by which a Health Service organises and delivers its arts programs – directly, through third parties or other arrangements – can be complex and general advice set out in the listed policy directives and guidelines may need to be complemented by expert advice.

Matter for Consideration	NSW Health Policy Directive or Guideline
Delegations, Procurement, Legal	
Health Services are required to comply with proper process in the administration of their arts programs including matters relating to decision making, procurement of goods and services and legal considerations, such as the management of intellectual property, privacy and related matters.	
Delegations of Authority (decision making)	PD2012_059 - Delegations of Authority - Local Health Districts and Specialty Health Networks
Procurement	PD2014_005 - Goods and Services Procurement Policy
Intellectual Property	Intellectual Property (including Moral Rights of Artists) C2005-06 Intellectual Property Management Framework for the NSW Public Sector (http://arp.nsw.gov.au/c2005-06-intellectual-property-management-framework-nsw-public-sector)
Privacy	Privacy PD2015_036 - Privacy Management Plan
Contracts and Agreements	Contracts and Agreements – refer Procurement, Fundraising and Sponsorships
Who can LHDs contact given matters are likely to be complex....is it the Risk Manager or do they all have legal counsel?	
Consultation, Cultural Inclusion and Expression	
Health Services are encouraged to consult and engage with patients, staff, the community, artists and local arts organisations and others, such as educational and local government bodies, in designing, delivering and evaluating culturally appropriate arts programs.	
Community engagement and consultation	No NSW Health Policy Directives or Guidelines
Embracing cultural diversity	PD2012_020 - NSW Health Policy & Implementation Plan for Culturally Diverse Communities 2012-2016
Respecting Aboriginal people	PD2017_004 - Aboriginal Health Impact Statement

Matter for Consideration

NSW Health Policy Directive or Guideline

Fundraising, Donations, Bequests and Sponsorship

Health Services are required to follow proper process in receiving, applying, accounting for and recognising funds received through fundraising, donations, bequests and sponsorships in support of arts programs.

Fundraising	PD2009_067 - Fundraising Policy
Sponsorships	PD2005_415 - Sponsorships Policy - NSW Health
Accountability	PD2005_084 - Entities - Authorisation of Control. Fundraising and Accounting
	PD2005_522 - Group Services/Commercialisations Policy - Revenue Policy, Revenue Standard
	PD2015_045 - Conflicts of Interest and Gifts and Benefits
Recognition	PD2009_067 - Fundraising Policy; PD2006_021 - Plaque Protocol 2006; PD2014_015 – Hospital Naming Policy

Volunteers and 'Other Workers'

Health Services are required to comply with NSW Health policy when working with Volunteers and "other workers" (eg contractors, sub-contractors, consultants, labour hire, student placements) in designing, delivering and evaluating arts programs.

Volunteers	PD2011_033 - Volunteers - Engaging, Supporting and Managing Volunteers
Safety – "Other workers"	GL2013_011 - Work Health and Safety - Other Workers Engagement

Asset Management

Health services are required to comply with NSW Health policy when acquiring, registering, disposing, storing, valuing and moving art works for the benefit of the community.

Acquisition	PD2014_005 - Goods and Services Procurement Policy
Disposal	PD2012_039 - Real Property Disposal Framework
Valuation	PD2008_013 - Assets - Valuation of Physical Non-Current Assets at Fair Value
Moving	PD2010_029 - Movable Heritage within the NSW Public Health System
Register	Accounting Manual for Public Health Organisations (register of art works to be maintained)

Insurance

The Treasury Managed Fund (TMF) provides broad protection for all asset and liability exposures and it is important that Health Services confirm coverage in relation to their arts program and related activities.

Treasury Managed Fund	https://www.gio.com.au/documents/business/treasury-managed-fund/statement-of-cover.pdf The responsibilities of the Health Service in relation to the care and control of artwork can be complex. As responsibilities can vary depending on whether the asset is owned, on loan, subject to a bequest or some other arrangement, advice should be sought from the local Risk Manager.
-----------------------	--

Evaluation

Wherever possible and practicable, Health Services are encouraged to evaluate their arts programs as part of a commitment to the development of evidence based policy and decision making for the benefit of the community.

Matter for Consideration	NSW Health Policy Directive or Guideline
NSW Government Program Evaluation Guidelines and Toolkit	<p>Guidelines http://www.dpc.nsw.gov.au/programs_and_services/policy_makers_toolkit/evaluation_in_the_nsw_government#the_nsw_government_evaluation_guidelines</p> <hr/> <p>Toolkit http://www.dpc.nsw.gov.au/programs_and_services/policy_makers_toolkit/evaluation_toolkit</p>
Other resources – commissioning, undertaking and using research	<p>Best practice guides http://www.health.nsw.gov.au/research/Pages/population-health-guidance-series.aspx</p> <hr/> <p>Translational Research Framework http://www.health.nsw.gov.au/ohmr/Documents/trgs-round2-translational-research-framework.pdf</p> <hr/> <p>Potential Evaluation and Implementation Science Consultants: NSW Government Prequalification Scheme https://www.procurepoint.nsw.gov.au/before-you-buy/prequalification-schemes-0</p>