

## **Symposium 'Through Art We Care'**

On February 28<sup>th</sup> 2019, IN/FINITY (TOPAZ), VUB and KMSKB (Museum op Maat/ Musée sur Mesure) hosted an international conference on innovative and inclusive practices in the arts and health for professional art and health workers and researchers. After providing an overview of the current state of the arts and the health sector, the most pressing questions were debated with professionals around a series of thematic tables. This publication contains a summary of the main results of these discussions.

### **Acknowledgements**

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## A space for caring: how can artists create open mental, social and physical spaces in healthcare?

During the discussion people raised many questions: 'How does an artist create a frame for an activity? What kind of spaces does an artist need to create? At what point in the process should the artist start to collaborate with others?'. Also, some of them questioned the identity of the artist and the participant related to a space for caring. Based on these questions a set of recommendations were produced on this subject.

### *Mental space*

Art projects in healthcare often start from the point of view of the artist. In the view of the participants of this thematic table, it is important that the needs and wishes of the participants in these projects are also taken into account. In this respect, an intermediary can be very helpful. When a new art project is set up, the artist's priority must be subjected to scrutiny to get answers to this question: 'Why is the artist engaging in the project and what do they want to achieve with it?'

One participant of this thematic table, who works with the elderly, indicated that some artists enter an institution and claim that they want to work with the residents. However, when a concrete idea is lacking, it is hard for the institution to create a context within which the project can be implemented. The other participants round the table pointed to the importance of involving a member of staff. The staff member can act as a guide, not a leader, but rather someone with positive energy who is not afraid to think outside the box. It has to be someone who creates some boundaries, for instance reassuring that the artists will arrive on time because residents are waiting for them. Furthermore, this person can also create an emotional link between the artist and the residents, and thus create a mental space. An important issue that the artist has to keep in mind when working with the elderly, is that you can lose someone's attention and interest very quickly. The mediator can support the artist should something like this happen.

Someone asked how artists should address participants. Seeing a participant as a patient might trigger a different approach compared to treating participants as individuals taking part in an art project. Although this question was not fully tackled, the table reached a broad consensus about the idea that art can open up a new artistic space where participants can create a new, creative identity.

### *Social space*

The key to providing an open social space is good communication. Some people feel socially isolated, which means they need an ally to boost their inner confidence. Participating in an art project can help counter social isolation. Art creates different opportunities to build bridges between the artist and the participants. This bridge can also spark a kind of energy, enabling both to find a way to play through art.

### *Physical space*

For the artist, a physical space needs to be a quiet room to reflect on and rethink the project. The artist also needs time to prepare to ensure the project runs smoothly. Besides a room and time for preparation and reflection, a quiet, brightly lit room is required for the actual project.

The participants agreed that the place has to suit each and every person. A very accessible location with a positive atmosphere is recommended. In this room, music and scents could be a stimulant for magic to happen, because this can trigger memories. A place where people can meet regularly is essential.

### *A space for the process?*

The participants indicated that the final art product is not as important as the process when carrying out an art project in healthcare. Some participants were wondering if a space is necessary to showcase this process. In the end, they concluded that first hand sharing is the key to transferring the experience properly. According to an artist, recording details of the process and recounting the story vividly could be a way to illustrate and share the experience. This could be a way of awakening the curiosity and interest of future participants.

**Transformative aesthetics: how can professional arts have a significant meaning in healthcare settings? How can an artist/art professional deal with the omnipresent concept of 'measuring impact'?**

Although both questions differ from each other, they have one thing in common: the meaning or the impact that art has on the healthcare sector and how we should measure this. As this is the issue that was discussed by the table participants, the questions will not be answered separately.

*The artist and the healthcare sector*

At first glance, the two sectors, art and health, seem to have little in common. Both sectors still have to get used to working together. Some views on their collaboration:

- It is important that the artist takes patients' needs into account. As an artist, you have to put your ego aside. When you work with patients, it does not always go well. The 'romantic vision' of artists, as individuals making a product for a given public, is outdated. Artists who are working in healthcare settings should see their project as a social construct. In so doing, they are engaging in a form of 'encounter art' in which the social and the artistic aspects of the project may be equally important. In such cases, the artist depends on the context; frames and methods become less important. That is why not every artist is capable of cooperating with the healthcare sector.
- Every art project in the healthcare sector takes a lot of time and energy. Every project throws up questions for everyone involved and requires a process of searching.
- Often, healthcare centres expect the artists to work for free. However, artists also have to earn a living.
- Some participants claim that professional artists can have a huge impact on patients' health and wellbeing because they do not put them into boxes. They look at patients as participants instead of as 'sick people' and they have a different way of working with them.

*Measuring the (transformative) impact*

The impact of art in the healthcare sector is a difficult subject. Different perspectives exist: the doctors, the patients, the artists, the policymakers and the patient's family.

- The way of measuring impact has to change. We need different ways of measuring the impact that the arts have on healthcare. The intrinsic value of art cannot be expressed through numbers and percentiles. The scientific way of measuring impact is based on the principle of repeatability, while human reactions are not predictable and differ depending on the circumstances. The effects that an art project has on people can vary from day to day and is therefore very difficult to reproduce precisely.
- We have to redefine the term 'significant'. Something that is meaningful to you is not always healthy for you. A significant effect can be both positive and negative. The policymakers only want to hear the positive effects of art on health, but this is not always the case. This is due

to society's paternalistic view of patients. Also, a significant effect is not necessarily limited solely to the patient. As an artist, I can also have an effect on the patient's family and environment. However, these factors are almost never taken into account.

- The arts and cultural sector mounts stiff resistance to measuring impact because the activities are set up very intrinsically. If artists start to measure their activities and translate them into numbers, the effect risks being the opposite to what the artist intended.
- Belgian policy on arts in healthcare settings should be adapted. At federal level, there is no financial support for art projects in healthcare. In Flanders, the decree of participation mainly focusses on social effects while the decree on arts emphasises the artistic impact of art projects in healthcare. No decree exists that finds these two aspects equally important. For this reason, it is hard to find proper funding for artistic projects in healthcare settings.
- Long-term art projects in healthcare are scarce. Most projects are short-lived. A serious obstacle to making projects sustainable is the financial aspect. Policymakers and art institutions have to create and invest in a long-term view to maximize the impact of art projects on patients.
- For policymakers, numbers are still important. They want to fund projects that are beneficial. The more you can prove the beneficial impact of your project, the better your odds of securing funding. Policymakers want a frame and certainty; they want be sure that they are funding something that will have a successful outcome.
- While policymakers want certainty, art is about insecurity. Can they reach a compromise? What are their respective priorities?
- Belgium, the Netherlands and the United Kingdom already exchange a lot of information and have a lot in common. Maybe it is time to develop an art and healthcare policy at European level.

## How can partners from the arts and healthcare create conducive conditions for starting a productive arts-health collaboration?

*What do we need most when an encounter takes place? What do we need to start with?*

- We need a facilitator to ensure a bottom-up approach instead of a director that organizes the project top-down.
- Mediation is important.
- Mutual interest and motivation are required. All stakeholders need to be involved from the beginning of the project. The mutuality of this relation should be established at the start of the collaboration.
- Resources are needed to start a collaboration.
- There is a lack of awareness. Organisations/institutions need to be informed about the project.
- A framework to start this kind of collaboration does not yet exist.
- Everybody needs to know who the artist is. Even the senior management must understand why the artist is there.

*What is important when selecting an artist?*

- Artists need to have an open mind.
- The artist must take into account what the project participants need. It is important to avoid putting pressure on the participants, but rather to give them tools and at the same time enough freedom.
- When selecting professional artists for a project, they should be paid. To date, this is not always the case.

*What are the respective responsibilities of the artist and the institution when setting up a collaboration?*

- Institutions need to provide or find resources.
- The institution needs to establish a collaborative structure, unless the artist is extremely experienced and trained in this respect.
- An artist needs to know about the practicalities of working with a group of disabled people.
- An artist needs to learn the language of the organization. APPG is a tool for artists ([www.artshealthandwellbeing.org.uk/appg-inquiry](http://www.artshealthandwellbeing.org.uk/appg-inquiry)). It helps to articulate why you want to do a project. This articulation differs between groups.

*What kind of people should be in your team when starting an art-health collaboration?*

- You need people with a therapy background; people that have the tools, knowledge and experience to handle moments of crisis. An artist needs to feel what a person/group needs, but a support group is also necessary that can take care of the people/participants.
- The artist has a certain neutrality and has the possibility to be different.
- You certainly need a facilitator/mediator.

*Challenges of the interdisciplinary cooperation between the arts and the healthcare sector:*

- Artists need to work within the hierarchy of the organization.
- Everyone should be on the same page. For example, the management has to understand why there are artists in their organization.
- Everyone involved needs to understand why the work of the artist is needed and why art can bring added value to the organization. There is a need for institutional understanding of the value of art.
  - o How to convince them? Show them another project, show them what the product could be. You have to fight for it.
- Artists need to speak the language of the healthcare sector to be able to explain the importance of their work. They need to learn that specific language. You need to be able to convince your interlocutor, who may have a different background and outlook, when presenting your arguments.
- Both the organization and the artist have to have the same project goals.

## Artist vs patient: how to create an ethical and balanced relationship?

*What to do with a patient who has a lot of pain during the art process?*

An artist may sometimes feel like a peeping Tom in the life of a palliative patient during their hospice visits. Starting a dialogue with the patient during the art process is important. Patients often have to bear pain on a daily basis. The artist therefore needs to be open to change and avoid putting their own work or art at the foreground. If patients have limits, artists need to respect them.

*What to do if you doubt the patient's ability to express their unwillingness to be involved in an activity with an artist?*

According to the artists around the table, you have to ask about this from time to time during the activity. At that point, the patient would feel comfortable enough to talk about this. There is also a difference between working in a group or one-to-one. When working one-to-one, it becomes much more personal and it would be hard to interrupt the activity. To avoid this, you can try to be flexible with the duration of the activity and tailor it to the patient. It is essential to put the patient at the core of the project. However, it is not always easy because artists have a plan, and sometimes they need to let this plan go.

*What boundaries need to be respected during the collaboration between artists and patients?*

First, we identify emotional boundaries. You have to be prepared for the patients' reaction during the art process. For this reason, a caregiver should always be in the immediate vicinity to take care of the patient if necessary. This cannot be the artist's responsibility. Secondly, not everyone likes physical contact. The patient's physical boundaries, so their personal space, need to be respected. The artist needs to be attentive to the patient's body language.

## How to evaluate arts & health projects?

- The aims and objectives are different for every single project. Thus, evaluation also has to be different for every single project.
- What do you want to evaluate?
  - o Outcomes: showing a change (e.g. patients' wellbeing)
  - o Output: the actual product (e.g. film, exhibition, performance)
  - o Process: How do the participants experience the process? (e.g. obstacles)

These three aspects are very different, but a good evaluation should focus on all three of them. Often, we focus too much on outcomes. It is important to separate outcomes from output. If something changes during the process, it could be less positive for the output, but not for the outcome (patients' wellbeing).

- A good evaluation is a combination of internal and external evaluation. However, organisations often cannot pay for an external evaluation. The knowledge of how to evaluate is often lost in organisations over time.
- Art organisations struggle with evaluation. Data in this sector are often qualitative. However, policymakers expect quantitative data. Some of the participants' ideas:
  - o 'Everything in our world is already measured, let's not do this with art!'
  - o 'Can't the arts take up a rebellious stance in this regard?'
  - o 'It's about enthusiasm, not about numbers.'
  - o 'Evaluation is a real challenge, because the arts and health are two different worlds and evaluation is a different world again.'

If we want to make our practice comprehensible to those providing the funding, we need researchers. They can translate the different languages and bring them together.

- A good evaluation starts when the project starts. From beginning to end, all stakeholders need to be involved, including the sponsors. Use the right terminology.
- The problem with good evaluation is often TIME. Sometimes projects are too limited in time. Also, ideally, evaluation should not only be done at the end of a project.
- Art-based methodologies (e.g. photo-elicitation, photovoice, music) are rewarding methods for the evaluation of art projects. It is a good way to get participants talking. Use these methods throughout the whole process, not just at the end.

- The sector of arts and health in Belgium and the Netherlands is small, but growing. We need accurate evaluation to show to sponsors, and eventually, to let the field grow.
  - o Like what has happened in the UK, we need a social movement, an arts and health subgroup capable of bringing everything together: practices, research, evaluation, policy and knowledge.

The participants of this thematic table concluded that it is impossible to develop one evaluation model for the arts in healthcare. Each project is different, has different stakeholders and different objectives. Forced models will be challenged by artists. Hence, it is important to listen to your project and stakeholders' needs.

## How can healthcare facilities and the healthcare field as such best facilitate arts and health collaboration?

The interaction between artists and the medical sector is slowly improving. However, new hospitals still forget to pay attention to this, even with the 1% rule (1% of the given budget to build a hospital should be spent on art). The budget is often not fully spent on art (interventions). The 1% rule is a cause for complaints about money being squandered on art instead of being invested in infrastructure. In one hospital, for example, there used to be a large painting that depicted a part of the history of that location, but the hospital decided to get rid of it without hanging it somewhere else or using the space for another art work.

### *What is most important when establishing a collaboration?*

- Flexibility is extremely important. Patients tend to get tired very fast. It is therefore crucial that activities are flexible so that people can decide when they want to participate and for how long. Another important point is mutual respect: 'Be the best you can be and listen to each other.'
- A personal approach is important.
- When evaluating a project, it is important to take a step back and let other people evaluate the project to improve the patients' experience. This depends on the setting and treatment.
- Every sponsor is different and wants different results. Clear communication is the key to finding partners to work with. Collaboration is not always easy because unpredictable situations can arise at the hospital. You can often get a sense beforehand as to whether or not it will work.
- Making people aware that some patients cannot easily access a specific place and looking for solutions. One solution could be to use virtual reality glasses, which could create a better environment.
- To date, everything depends on the director's personal interests and connections.

### *How can we bring the fields together?*

- Organizing symposia, bringing people together and giving everyone a voice is key to achieving synergy between different sectors. You can discover what people from around the world are doing and also inspire each other. Together you can find the way that is most beneficial for both sides of the collaboration.
- You need to be able to keep track of organisations where collaboration work(ed) well. In Waterford, the Arts Council created a site where you can access all information. This means that everyone is up to date and has an idea of what is going on.
- Hospitals can ask museums to lend their artworks. However, the insurance is very expensive and they need to ensure that the artwork is safe for the hospital environment.

## Fundraising, sectoral support and collaboration

It is essential to measure patients' needs in order to define clear goals for fundraising, sectoral support and collaboration. Various participants at this thematic table shared the idea that the level of communication between multiple stakeholders is not currently sufficient. When asked how to foster such communication, the participants responded that the dialogue tables were already a step forward. Participants also stated that it can be useful to look into the past to see which projects were successful and which were not.

Some participants shared the idea that the arts should be cheaper for people who are being treated in healthcare institutions or for those who are in need of physical, psychological and medical support. An idea put forward is that doctors should be able to prescribe "artistic activities". With this prescription, the full or partial costs from such activities can be refunded by the patient's health insurance. Another type of funding is the one percent rule. One percent of the subsidies given to the healthcare sector should be spent on artistic activities or cooperation with the artistic sector.

Finding funds is a matter of networking. There are many potential donors in the sector who could make a contribution. Most participants agreed it was best to find sponsors within the artistic or private sectors, mainly because they are financially stronger than the healthcare sector. Another positive aspect of the private market is that sponsors can remain anonymous if they would like to. Although most participants liked finding sponsors in the private market, they stated that they did not like contributions from the pharmaceutical sector because they do not always trust their intentions. The participants strongly suggested finding partnerships between healthcare institutions and the artistic sector, with the initiative mainly coming from the artistic sector. Such partnerships can be established by giving incentives to artists. For example, hospitals can offer an artist or a group (like a theatre company) a working space where they can work simultaneously on their own projects and in collaboration with the patients. The artists have closer ties with the artistic sector and in return they can generate more attention or sponsors for the hospitals. This working space transforms hospitals into a multifunctional space where people can express themselves and connect with each other. This area could be more than just a working space, it could also be a place to present work. For example, an art gallery or a community café could be a contribution. For this type of cooperation, a permanent mediator has to be available. It is important to know that short, isolated activities are not as effective as long-lasting projects in enhancing patients' well-being. Therefore, the role of the mediator is to encourage structural cooperation between hospitals and the artistic sector.

Finally, for the private sector in Belgium, art and health collaborations are seen as a new market. Every possible avenue therefore needs to be explored.

## What knowledge, qualifications and skills are indispensable for artistic mediators in the art and health sector?

During the table discussion, a distinction was drawn between two points of view:

- an intermediary: a person who mediates the relationships between all parties involved in the project; and
- an artist: a person who mediates the relationship between the patients and his or her art.

### *Knowledge, qualifications and skills for an intermediary*

- Be yourself instead of trying to represent something or someone else.
- Communication skills: A mediator needs to be strong in leading a discussion; giving everyone the same space to speak and express opinions without imposing their own opinion.
- Leadership skills: A mediator must be able to bring all the stakeholders together in a productive and safe work structure.
- Empathy: the mediator should be dedicated to the project, think things over, talk with and mingle among all the stakeholders involved in the process. Each stakeholder should play a role in the project.
- Creative thinking skills: A mediator has to know how to approach specific situations, bring a different angle and think outside the box. This is something you can learn by doing.
- Listening skills: the mediator has to really listen to everybody involved in the project.

### *Knowledge, qualifications and skills the artist needs to act as mediator*

- Interpersonal skills – positive attitude: The mediator has to have an open and calm attitude. The artist as mediator has to bring a relaxed way of working and give the participants the freedom to make decisions for themselves. Provide them with the tools and motivation to get them where you, as an artist, want them. Give instructions, let participants react, and always keep your self-control. A good first impression can decide the mood for the rest of the day, so bring your positive attitude and pass it on to the patients you work with.
- Building trust: There has to be enough time (and money) so that the work has the chance to take 'root' and trust between the artist and the participants can grow. The process is always more important than the final product. If you go to a new place, take someone with you the first day who knows the place. Just bouncing in with your work is not always a good idea.
- Interpersonal skills – flexibility: When participants show resistance, or have difficulties, master the skill of being flexible. Look for a solution that works for everybody. Show concern for the people with whom you are working.
- Personal skills: Be careful about coming too close to project participants. Keep your personal issues to yourselves, otherwise you could get into deep water. However, mingling with the participants and approaching them in a more personal way can be very inspiring. This is also

how you can make a stronger connection with the people you are working with. Depending on artists' social and emotional skills, personal involvement is possible, but the artist has to decide how close or far they get to everyone. Some training in acquiring psychological and social skills could therefore be useful for artists.

- Communication skills: You have to find a shared language to talk about the same topic. Though they are very different, the artist should master the language of both art and healthcare. Having the knowledge of both is really crucial if you want to work in this area.
- Confidence: A very hard skill is finding a balance between being an artist with certain artistic needs and desires and negotiating with your participants about their needs and wishes; knowing when to push and when to take a step back (a relationship of give and take). Setting aside your ego as an artist is crucial in this regard, but at the same time it is important as an artist to find confidence in your art and the people you work with. You have to be able to read your participants and try to understand and respect their boundaries.