

Guidelines for Visual Art Programs in NSW Health Services Facilities

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

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GUIDELINES FOR VISUAL ART PROGRAMS IN NSW HEALTH SERVICES 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 guideline provides 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 visual arts programs in NSW Health services and facilities.

The guideline includes practical steps to establish visual 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_016)	Deputy Secretary, System Purchasing and Performance	Initial Document.

ATTACHMENTS

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



NSW HEALTH AND THE ARTS



**Guidelines for Visual 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 VISUAL ARTS?

Visual arts refer to a variety of art forms including ceramics, drawing, painting, sculpture, printmaking, design, crafts, photography, video, filmmaking, and architecture. The term may also incorporate applied arts such as industrial design, graphic design, and fashion design.

The purpose and benefits of a visual arts program or collection must be well defined, and in health settings visual arts may have several purposes, such as providing a means of celebrating and strengthening relationships between culturally and linguistically diverse groups and their interface with the health system.

These guidelines do not address visual art programs which have primarily 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 VISUAL ARTS PROGRAMS IN HEALTH SETTINGS

Visual arts are shown to have a positive impact on patients', carers', staff and visitors' perceptions of health services by improving the overall aesthetic and therapeutic setting of health services and facilities.²

Successful performance art programs should demonstrate clear logic in their purpose, scope, and their intended benefit for the health service or facility.³

In establishing a visual art program the following steps are recommended;

- 1. Consider the design and acquisition processes**
- 2. Determine the display, storage and facility requirements**
- 3. Ensure good management and record keeping of visual art collections**
- 4. Properly evaluate the program and its benefits.**

Consultation and stakeholder engagement is a core part of all NSW Health program and policy design.⁴ 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.

STEP 1: CONSIDER THE DESIGN AND ACQUISITION PROCESSES

The design of a visual art program (or collection) requires amongst other things, consideration of artwork selection and acquisition processes, commissioning, insurance, storage, cataloguing and deaccessioning. These factors should be considered with reference to NSW Health and locally available policies and procedures.

Selection and acquisition of artworks: The acquisition of visual arts should align with the organisation's function and purpose, be appropriate to the social, cultural and health needs of the audience, and be deemed by qualified persons to be of sufficient artistic quality for inclusion in the health setting. Consideration should be given to the impact of artwork on patients, families, carers and staff, particularly religious and cultural sensitivities.

Prior to acquisition, the costs associated with conservation, restoration, preparation, insurance, presentation and storage of any artwork should be estimated, and considered as part of the cost of acquiring the work.

² Department of Communications and The Arts (2013) National Arts and Health Framework. <https://www.arts.gov.au/national-arts-and-health-framework>

³ 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

⁴ Corporate Governance & Accountability Compendium (2013) NSW Health



Purchases, Donations, Gifts, Bequests and Loans:

Acquisitions of visual arts in a health service may occur through a variety of methods such as through purchase, donation, gift, bequest or loan. This may occur via public or private collections, such as from the local regional gallery or museum, through Government programs, or individual donors, for a particular purpose and/or length of time.

Processes for acceptance and approval of visual art acquisitions must be clear. In this respect the following factors should be considered:

- All visual art acquisitions should be assessed on quality and relevance to the institutional setting, and relationship to the existing collection and program objectives.
- All loans, donations, bequests or gifts of artwork must be unencumbered (meaning free of any claims by creditors).
- Private funders, including corporations, may wish to have their contribution acknowledged publicly. A donor may also be entitled to a tax deduction for an artwork donated to a health service or facility.
- Terms of ownership, loan, donations, gift or bequest should be documented and made explicit. This may include the moral rights of artists and ownership of intellectual property.
- The health service or facility should also have the right to refuse an artwork without dispute.

Provenance of artworks: The ‘provenance’ of an artwork describes its history and ownership, as a guide to its authenticity and quality. Provenance is important to establish for the purposes of asset management and may include details about the artist, how the artwork was entered into the health service’s collection (e.g. donation or purchase), previous owner/s of the artwork, the value of the artwork at the time of purchase and current estimated value.

Appraisals and authentication of artworks: The Arts and Health Program Coordinator, representatives of the Health and The Arts Committee or other representatives of the health service or facility should avoid direct involvement in establishing the monetary value of art objects or authenticating art objects. Appraisals and valuation should occur in consultation with the organisation’s finance department, and in line with NSW Health valuation procedures and policies.

Questions to ask in acquiring and designing Visual arts programs include:

- Do the visual arts align with the organisation’s vision and strategic priorities? Has an artist been consulted on the program design and selection process?
- Is the process of acquisition clear, including terms of public acknowledgement, intellectual property and the artist’s rights?
- When acquiring visual arts, have you considered the need for a formal agreement that records the purchase, donation, bequest, gift, or loan of visual artworks?
- Are local approval processes for acquisitions and deaccessioning of visual art clear? Have all locally relevant insurance, asset management, financial, contractual and legal policies and procedures been met?

STEP 2: CONSIDER THE DISPLAY, STORAGE AND FACILITY REQUIREMENTS

The context and manner in which art is displayed within the organisation is a key component of integrating artworks into the everyday experience of patients, visitors, staff and others.

The health environment is diverse, and specific conditions for display will differ depending on the clinical requirements and activities of the location, such as a public waiting room or a surgical space. However, infection control, fire and health and safety regulations should be routinely considered. The Health service or facility should also give due consideration to the security of the collection and may consider briefing security staff on artworks.

Hanging and location: The setting and location of an artwork must at all times consider the environmental requirements of the site. It may also be appropriate in certain circumstances for qualified personnel such as professional art handlers to assist in hanging and site selection. This is particularly the case in relation to large installations where consultation should occur with the artist, or may involve professional curatorial services.

Storage and conditions: When hanging or installing artwork it is important to ensure the artwork avoids direct sunlight. It is also important that there is no significant variation in humidity and/or temperature, which can affect artwork, particularly works on paper, prints, and photographs. Should artworks require storage prior to installation or following removal; the storage of artworks should be done in an environment that promotes the conservation of the artworks.

Signage: Visual art collections should provide signage that contains information regarding the artwork. Signage information may include the artist(s) name, title of the work and the date completed. Other information to consider includes the medium, sponsor acknowledgement, artist statement or local Aboriginal language or other language translations as appropriate. Signage requirements may also be subject to specific conditions if visual art is provided through a gift, bequest, donation, or loan.

Artwork materials: Materials should not pose any health or safety issues, such as being highly flammable or attractive to bacteria or insects. Ideally visual art will be easy to clean, and where possible, should be constructed from materials that will withstand exposure to hospital grade cleaning agents. Frames for two dimensional artworks should be shallow (to reduce infection control risk), made of hardwoods or metal (less flammable) and should be glazed with acrylic. Usually glass is not used in framing for health and safety reasons.

Questions when considering the display, storage and facility requirements include:

- Has the visual artist been consulted on the location and display of their artwork?
- Does the display location take into account the needs of the audience?
- Is professional installation of artworks needed?
- Have you consulted with facilities management staff, Work Health and Safety staff and local fire and infection control teams on the location and display?
- If necessary, where will storage of visual artworks occur?

STEP 3: ENSURE GOOD MANAGEMENT AND RECORD KEEPING OF VISUAL ART COLLECTIONS

The health service or facility, through its Arts and Health Program Coordinator or otherwise, should maintain accurate, up-to date records on the identification, location and condition of all objects in the collection and appropriate records of visual artworks.

This information may be kept in an asset register database suitable to the needs of the collection, with consideration given to its inclusion in the NSW Health Asset and Facilities Information Management system – AFM Online.

The organisation's art collection should be valued by a qualified and accredited/registered art valuer at three yearly intervals. The new valuation data and history should be recorded and maintained on the asset register and collection database.

All visual art whether acquired through donation, bequest, loan, gift or purchase by the health service or facility should be adequately covered by insurance. The responsibilities of the health service or facility 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.

The Health service or facility should maintain the right to deaccession, move, place in storage or sell any artwork in their ownership. In the event of an artwork being deaccessioned, every effort should be made to advise both the donor and the artist as a courtesy.

Record keeping and cataloguing of visual art collections may include:

- Artist's name, curriculum vitae, artistic statement, title and date of the artwork
- Medium (e.g. oil on canvas, limited edition print, ceramic, bronze, video etc.)
- Details about the signature of the artist or other distinguishing mark/s
- Details on the reverse of the artwork which many have been placed by the artist, the artist's agent/dealer/gallery.
- Method of framing (e.g. replaceable frame, conservation framing or unframed etc.)
- Date of purchase, commission, completion and installation
- Any warranties, maintenance details including name of manufacturer (if applicable)
- Site/display information
- Photographic record
- Documentation made by the artist, during and after completion of the artwork

STEP 4: PROPERLY EVALUATE THE PROGRAM AND ITS BENEFITS

The value of visual arts initiatives in health should be established to the same level and rigour as other health interventions. The benefits of visual art programs and collections may appear to be difficult to evaluate (other than subjectively) however a growing body of evidence demonstrates how arts program evaluations may occur, 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	Guidelines http://www.dpc.nsw.gov.au/programs_and_services/policy_makers_toolkit/evaluation_in_the_nsw_government#the_nsw_government_evaluation_guidelines
	Toolkit http://www.dpc.nsw.gov.au/programs_and_services/policy_makers_toolkit/evaluation_toolkit
Other resources – commissioning, undertaking and using research	Best practice guides http://www.health.nsw.gov.au/research/Pages/population-health-guidance-series.aspx
	Translational Research Framework http://www.health.nsw.gov.au/ohmr/Documents/trgs-round2-translational-research-framework.pdf
	Potential Evaluation and Implementation Science Consultants: NSW Government Prequalification Scheme https://www.procurepoint.nsw.gov.au/before-you-buy/prequalification-schemes-0