

Title

A creative proposition for health and wellbeing

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Abstract

There is not a day that passes when we do not think about our health and wellbeing. We hear through media channels that this year's flu will be especially virulent and of the latest cancer research. As creative practitioners, we are not immune from ill health and our work practices sometimes contribute to physical injuries, stress and anxiety. However, we also respond to the lived experience of health, disease and wellbeing through a myriad of creative endeavours and collaborate with medical and health workers to integrate art projects within health settings. Arts in Health colleagues in the UK have worked extensively with the public health and social care sectors, local government and politicians to establish collaborations, organisations, research centres and parliamentary groups and reports. These activities have contributed to and noted the positive impact of culture on human health and called for accelerated funding and support for creative practice within health and social care settings and the integration of creative practice and medical humanities in art and health education. This article discusses the extensive and significant reports on art and health published by the World Health Organization (2019), the UK All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) to discover whether insights and recommendations from these reports could be adapted into an Australian context art and health policy and project context. Furthermore, the UN Sustainable Development Goals are also surveyed to explore how the SDGs can inform an arts and health agenda which could operate internationally and within Australia.

Biography

Associate Professor Keely Macarow is Coordinator of Creative Care, School of Art, RMIT University.

Keely has collaborated with artists, designers, social scientists, activists, health, aged care and engineering researchers in Australia and Sweden to explore how creative arts

and design interventions can be activated in healthcare, political and housing settings and for public exhibition, performance and events. Research projects / partners include: St Vincent's Hospital Melbourne (*Designing Sound for Health and Wellbeing*, ARC Linkage, 2008-2011 + *Smart Heart Necklace: Revolutionising Ambulatory Cardiac Monitors*, Gandel Philanthropy, 2014-2015) and Karolinska Institutet, Uni. Arts Stockholm (*Co-design for better experiences in end-of-life settings. A transdisciplinary project*, Swedish Research Council Formas, 2017-2019) and Peter MacCallum Cancer Centre (2019).

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There is not a day that passes when we do not think about our health and wellbeing. We hear through media channels daily news and cases of the COVID-19 pandemic¹ and of the latest cancer research and advances in medical devices. However, human health is complex for we are not only subject to genetic preconditions, but to social, environmental, political and cultural determinants which influence access to treatment and care as well as the conditions which cause and affect ill health (Wilkinson & Marmot, 2003).

As artists, we know through our instincts and anecdotes that participating in, listening to and viewing art informs health through the affect it has on our lives and the wellbeing of audiences we present to and the students we teach. However, there has also been much research about the role and impact of art on health and wellbeing on human health, particularly in the UK and across Europe with large studies reviewing the extensive activity and research undertaken in and benefits of this area (APPG 2017; Dayykin 2019; Fancourt & Finn 2019).

Artistic responses to health and wellbeing are often framed within existing health frameworks, agencies, services and hospitals as artists collaborate with health and social care colleagues to assist the recovery and wellbeing of patients and health consumers (APPG 2017; Australian Government 2020; Dayykin 2019); NSW Government 2016). The UK is an international leader within art and health (or arts for health) with art and cultural projects nestled in National Health Service (NHS) agencies and healthcare settings, and numerous organisations established in concert with the NHS or universities to prescribe involvement in and attendance of art activities, develop and realise art projects to assist health

¹ When I commenced this article my reference was to concerns about virulent flu seasons. However, this concern has been overtaken by the 2020 COVID-19 pandemic, which at the time of writing is still spreading with major implications for health and wellbeing throughout the world. Although COVID-19 is the pressing health issue of the moment, it is unfolding far too rapidly to be discussed in greater detail in this paper.

and wellbeing and evaluate health and financial outcomes of arts for health programs (APPG 2017).

This article discusses the extensive and significant reports on art and health published by the World Health Organization (2019) and the UK All-Party Parliamentary Group on Arts, Health and Wellbeing (2017) to discover whether insights and recommendations from these reports could be adapted into an Australian context. Furthermore, the UN Sustainable Development Goals are also surveyed to explore how the SDGs could inform an arts and health agenda which could operate internationally and within Australia.

Arts for Health colleagues in the UK have worked extensively with art, public health and social care sectors, universities and local authorities to establish collaborations, organisations, research centres, education programs and parliamentary groups and reports to integrate the engagement of art within a health context. In 2017, the All-Party Parliamentary Group report, *Creative Health: The Arts for Health and Wellbeing* (APPG 2017) was published having been sponsored by a cross parliamentary committee to facilitate and review the needs, efficacy, benefits and outcomes of art for health projects and programs. The review summarised and reflected on extensive reports, case studies and testimonies from parliamentarians, academics, artists, art therapists, funders, health and social care providers, health consumers and the public from across the UK (APPG 2017, p.7). The report articulated definitions of art, health and wellbeing and provided case studies on how art responds to the social determinants of health (how access to education, income, employment and housing affects in health outcomes). Furthermore, the report reviewed the evidence base and policy environment framing arts for health interventions from early childhood to the end of life and through interventions with place, environment and the community. “While not wishing to overclaim, we firmly believe that the arts can be enlisted to assist in addressing a number of difficult and pressing policy challenges” (APPG 2017, p.5).

The report stresses the importance of cross sector art, health and social care collaborations and recommends that a UK national centre for art and health be established for the cross pollination of activity, strategy and policy across the art, health and social care fields. Furthermore, the report recommends cross sector policy, engagement and involvement for arts and health initiatives at government levels and within healthcare organisations and for the Arts Council England to

prioritise health and wellbeing. The importance of art and health opportunities for the university and research sectors are stressed through the report's recommendation for the inclusion of art within medical and healthcare education; the delivery of arts and health undergraduate and postgraduate programs, and for research councils to consider interdisciplinary, cross council funding initiatives across art, health and wellbeing (APPG 2017, p.156).

While there are research organisations with remits for arts, health and wellbeing and university programs and projects in creative arts therapies and arts and health which already exist across Australia,² the playing field in this area would also be strengthened and enriched if these recommendations are also applied within an Australian context. The 2019 ANA report, *Transformative: Impacts of Culture and Creative* echoes the need for cross sector and departmental collaboration and investment for art and health across Federal, State, Territory and Local government (ANA 2019, p.57). Importantly, investment in art and health programs and projects could be realised through collaborative funding initiatives launched through the Australia Council, the Australian Research Council and the National Health Medical Research Council, in concert with State and Local Government Art and Health funding programs to strengthen arts and health research, interventions, engagement and evidence base within an Australian context.

The World Health Organisation's 2019 report on '...evidence on the role of the arts in improving health and wellbeing' (Fancourt & Finn 2019, p.vii) also provides a comprehensive overview of the benefits that art plays in the prevention, promotion, management and treatment and response to human health and wellbeing. The WHO report's focus is with case studies that had been realised in Europe and how performing arts, visual arts, design and craft, literature, culture and online, digital and electronic arts have been engaged within a health context (Fancourt & Finn 2019, p.1). The report discusses how these artforms impact on physical and mental health

² For Australian organisations focusing on art and health, see the Australian Centre for Art and Health: <https://www.artsandhealth.org.au/> and the Centre for Creative Health <https://www.creativehealth.org.au/>; Australian universities are also engaging with art and health courses, programs and research, for university courses and programs see RMIT University's Creative Care area in the School of Art: <https://cast.org.au/creative-care/>; the University of Sydney's unit, Creativity and Creative Arts in Health run through the Faculty of Medicine, <https://sydney.edu.au/courses/units-of-study/2019/beth/beth5207.html> and the University of Melbourne's MA Creative Arts Therapy (Dance & Drama): https://study.unimelb.edu.au/find/courses/graduate/master-of-creative-arts-therapy/?gclid=CjwKCAiA27LvBRB0EiwAPc8XWZ3QqsfHeryhtH0wGOMJofuU2ERIVVjCPZ-CGDCGaOnExhfD4XpuNRoCrmoQAvD_BwE&gclidsrc=aw.ds

through health consumer's engagement with art in daily life, including visits to cultural events and health orientated activities from art therapy, bespoke art activities, art on prescription (where art activities are prescribed to counter social isolation, or as an adjunct intervention to a health condition) and participatory arts projects (Fancourt & Finn 2019, p.4). The authors found that 'there is growing evidence that arts interventions can have a clinically meaningful impact, with some studies showing comparable or stronger effects for arts interventions than for medication, non-arts social interventions or other health interventions such as exercise' (Fancourt & Finn 2019, p.4).

As a result, the World Health Organization suggests that knowledge from arts and health projects which demonstrate significant efficacy and evidence base are shared and practiced more widely, and that art interventions are scaled up as a result of prior research (Fancourt & Finn 2019, p.4). The WHO suggest that engagement with 'culturally diverse forms of art' (Fancourt & Finn 2019, p.55) are recognised for its evidence base, made accessible to people across the social gradient, integrated into arts organisations, socially prescribed to enhance health and wellbeing and that interdisciplinary collaborations across art and health sectors are strengthened through shared and co-financed programs and integrated into education to assist healthcare training (Fancourt & Finn 2019, p.55-56). Similarly, the UK All-Party Parliamentary Group noted the diverse undertakings in art and health courses and educational initiatives in the UK but conceded that much needs to be done to ensure the economic security of creative practitioners working in this area (APPG 2017, p.116-117). Furthermore, the UK All-Party Parliamentary Group recommends inclusion of university arts and health courses within health and social care education and for university art education to deliver art and health modules (APPG 2017, pp.114-115 & 155-156). Interestingly, the World Health Organization and UK All-Party Parliamentary Group reports both emphasise the economic benefits that are made when art is prescribed and facilitated as an intervention to assist recovery from ill health, social exclusion and stress, (Fancourt & Finn 2019, p.53) as value for money when GP visits are alleviated due to benefits gained from arts and health social prescription initiatives (APPG, 2017, pp.7-9), and of '..some art interventions showing equivalent or greater cost-effectiveness to possible health interventions' (Fancourt & Finn 2019, p.53).

While the World Health Organization's and the UK All-Party Parliamentary Group's reports provide extensive evidence about the role of the creative arts in human

health, it is also important to acknowledge the impact of ill health on artists. As creative practitioners, we are not immune from ill health and our work practices sometimes contribute to physical injuries, stress and anxiety. Our bodies ache, cough, sneeze, bleed and shake as we experience ill health and this prevents us from fully participating in our daily lives. Like many workers, artists can suffer injuries during the course of their work through accidents. In addition, the stress and anxiety of precarious work, commissions and cuts to funding opportunities that many artists constantly face can affect social inclusion, resilience, confidence, depression and anxiety. The Arts Centre Melbourne's Art Wellbeing Collective is mindful of this and promotes positive mental health and wellbeing in the performing arts through a consortium of 300 organisations and across a range of resources, workshops and capacity building initiatives (The Arts Wellbeing Collective undated).

Interestingly, artists such as the late Jo Spence and Oreet Ashery (Wellcome Collection, 2019), have responded to their own lived experience of health and wellbeing through photographic and video projects which interrogated their own bodies, disease and wellbeing. In NSW, Bec Dean and Jill Bennett's *The Empathy Clinic* (2019) exhibition project explored '...concepts related to health and service provision as the basis for an innovative art experience' and included performances and an app (Dean & Bennett 2019). As a tireless researcher and advocate of art and culture's positive impact on health and wellbeing, the UK based Clive Parkinson launched *The Manchester Declaration* in 2019 to position art and culture as central to the health and wellbeing of workers and residents of Greater Manchester (Manchester Institute for Arts, Health and Social Change, 2019). The declaration follows Parkinson's work for Arts for Health and their bold *Manifesto Arts and Health* (2011, 2012), which also advocated for art and culture as enabler of social change within civic society and as a vehicle to enhance human health and wellbeing.

Other artists have engaged in visual, sound, performing arts and design projects within and for health and social care settings (Lelchuk Staricoff et al. 2011) with sound compositions created and tested in emergency medicine clinical trials (Macarow et al. 2011), dance activities undertaken in aged care (Krekula et al. 2017; Lehikoinen 2019) and proof of concept cardiac monitors designed in the form of a beautiful necklace (Heiss, Macarow, Beckett 2018). Vicki Couzens, a Gunditjmarra woman has led the creation of possum skin cloaks which have been made specially for Aboriginal and Torres Strait Islander people when they attend medical settings (Peter Mac, Health Victoria, 2019). The possum skin cloaks created by Couzens and

community elders and members connect Aboriginal and Torres Strait Islander people to culture and country and are available for use at Melbourne's Peter MacCallum Cancer Centre and Royal Dental Hospital (Health Victoria, 2019, Peter Mac, 2017).

However, creative responses and interventions for health and wellbeing are also realised by designers and the vast integration of co-design within and by the public health and medical sectors is testament to the dynamic projects and research that designers have implemented through a myriad of human centred participatory design approaches and projects across sectors and especially within health and aged care (Vaughan 2019; Goliath et al. 2018).

While the ideas, priorities and programs informing arts for health initiatives are significant and the evidence demonstrates the efficacy of many art interventions within a health context, it is also important that we consider the role that early intervention and prevention plays within health and wellbeing. As such the social and environmental determinants of health also need to be responded to through an art for health framing to assist in the prevention of inequities, trauma, exclusion and pathogens which impact on health and wellbeing and are sustained through conflict, environmental pollution and disasters and social inequities. For this reason, I turn to the UN Sustainable Development Goals to assist in my scoping of creative propositions for health and wellbeing.

The 2030 agenda of the UN Sustainable Development Goals provides clear objectives and actions for nations including Australia to reduce poverty and hunger; ensure quality education, gender equality, clean water and sanitation, affordable and clean energy, decent work and economic growth, industry, innovation and infrastructure; prevent inequalities within and among countries; cultivate sustainable and inclusive cities and communities, responsible consumption and production; support climate action to prevent the loss of biodiversity and to protect, conserve and sustain life below water and on land; and for peace, justice and strong institutions (United Nations 2019). All of these sustainable development goals impact and intersect with Goal 3, Good Health and Wellbeing as social and environmental determinants of health such as housing, work, culture, conflict, education and extreme weather events determine access to opportunities, services and practices which in turn affect health and wellbeing.

Action across the globe to reach the objectives of the sustainable development goals by 2030 is critical and although there have been gains since their inception in 2015, there is still much to achieve to extensively reduce carbon emissions, prevent violence, overhaul inequality and to ensure sustainability and biodiversity across the planet: all of which impacts on health and wellbeing (United Nations 2019). These objectives alone would vastly assist the maintenance of human health and wellbeing alongside excellent and affordable health care provision. After all, human health and wellbeing is affected not only by familial and genetic predispositions, but to forces which are often outside our control.

For example, it is more difficult for human health and wellbeing to be maintained and thrive if we suffer from vitamin deficiencies, have irregular employment and live in dry conditions because of drought. This scenario applies to people living in numerous locations around the world including Australia. The sustainable development goals point to synergetic dynamics and systems which will support health and wellbeing if biodiversity is preserved, carbon emissions are drastically reduced, conflicts cease and human rights are respected and maintained.

The sustainable development goals also provide a clear framework for addressing many of the burning issues of our times and great scope for artistic responses to the many variables which affect human health and wellbeing, from gender inequality and poverty to the increase in extreme weather events as a result of global heating. Artists have a key role in promoting the sustainable development goals by creatively responding to the UN objectives and raising awareness of barriers we have in reaching the goals and actions that need to take place for the goals to be achieved by 2030.

Artistic responses to the SDGs could be speculative, provocative and refer to lived experience. This is especially important as all of the UN Sustainable Development Goals intersect, affect and influence all of our health and wellbeing outcomes. This is not to suggest artists are not already responding to the Sustainable Development Goals as the objectives and concerns behind the SDGs inform the work of many artists. For instance, upheavals such as extreme weather events, forced migration and conflict can impact on human health through the onset of respiratory and heart problems, communicable diseases, malnutrition, the loss of limbs and anxiety amongst many other conditions. Fortunately, participation in and exposure to community arts projects, festivals and events have been found to provide benefits to

the wellbeing of refugees and to assist in the alleviation of stigma, trauma and distress (Fancourt & Finn 2019, p.32-33). Artistic responses to the Sustainable Development Goals whether they are in the form of events, performance, festivals, exhibitions, podcast and more can make significant contributions to human wellbeing, resilience, inclusion and assist in the prevention of health conditions precipitated by social and environmental determinants of health.

In an Australian context, there is a National Arts and Health Framework (2013) and States including New South Wales and Victoria (through VicHealth) have their own art and health strategies. The NSW Health and the Arts Framework (2016) is informed by the National Framework, and emphasises partnerships and funding (through collaborative initiatives), governance and operations, resources and information exchange (NSW Government 2016, p.6). Interestingly, the NSW Framework stipulates that local health districts and networks engage in governance for art and health partnerships (NSW Government 2016, p.7) and in tandem with the National Framework, encourages partnerships for expertise, resources and funding (NSW Government 2016, p.10). VicHealth's Art Strategy 2019-2023 also stresses collaboration and partnerships and embedding the art and creative industries across '...five strategic imperatives: alcohol, healthy eating, mental wellbeing, physical activity and tobacco...' and seeks to decrease health inequities (VicHealth 2019).

The National Arts and Health Framework (2013) acknowledges the benefits of art and health initiatives across the nation, endorses collaboration across the arts and health fields and the importance of research into this area. The National Arts and Health Framework also supports art and health practices in health and social care settings, addressing indigenous disadvantage, mental health, disability, aged related conditions, and for design and public art to promote healthy living (Australian Government 2020). In addition, The National Framework endorses the role of art in the promotion of health and wellbeing, and for research, partnerships, collaborations and relationships to be facilitated across the art and health sectors, government, business, non-government organisations and the community.

There is no doubt that these National, NSW and Victorian arts and health priorities are important. However, we also need to recognise the impact of the social and environmental determinants of health and wellbeing so arts and health policy, initiatives, education programs, funding and initiatives respond to social inequities and environmental factors which contribute to ill and compromised health. This work

will raise awareness and influence outcomes across the social gradient and contribute to improvements in the living and working conditions of all - especially people who are disadvantaged because of their access to education, income, employment and housing. Creative responses to the social and environmental determinants of health will also dovetail with the VicHealth agenda of physical and mental wellbeing (VicHealth 2019). To be effective, art and cultural programs and interventions need to be introduced across the board from early childhood and continue to the end of life through holistic and salutogenic frameworks where physical and mental health is understood to be affected by social (isolation, exclusion, racism, unemployment etc.) and environmental factors (heat stress, pollution, smoke from bushfires etc.). Given that there is a correlation in the links between asthma and smoke from bush fires (Government of Western Australia Department of Health undated), an artistic response to the environmental determinants of health is crucial as the manifestations of the climate emergency gears up to be a defining health concern of our times.

It is time for an extensive revision of the Australian National Arts and Health Framework that is committed to social, health and environmental justice and supports community and creative aspirations, cultural traditions and innovations. A revised National Arts and Health Framework must acknowledge and support cultural knowledge, land and sovereignty as crucial to wellbeing and health outcomes of Aboriginal and Torres Strait Islander people. Connections to country and culture for First Nations people must be at the core of a new or revised Australian National Arts and Health Framework.

New and revised policy for the art and health area should also emphasise prevention and foreground the social and environmental determinants of health to address current and looming health inequalities due to the climate emergency and social disadvantage. A revised National Arts and Health Framework must emphasise diversity and inclusion so that creative and cultural initiatives are supported across communities and the social gradient. A revised Australian National Arts and Health Framework must be cognisant of the findings tabled in the UK and European reports so that innovations across nations also inform strategic planning within an Australian context.

As such, new or revised art and health strategies must include substantial departmental support from the Australian Federal Government Ministries and

Departments responsible for the art, health and social care sectors and dedicated funding schemes for art and health. These funding schemes need to be on top of current Federal funding for the art and health areas and not solely reliant on support through the philanthropic sector.

A revised Arts and Health Framework must also be informed and inspired by arts and health initiatives undertaken by creative and health practitioners currently collaborating with and working within communities, local governments, universities, health and social care organisations. A revised Arts and Health Framework will be crucial to enable resources, support and funding for the rebuilding of the nation after the catastrophic effects of the climate crisis, social injustice and the COVID-19 pandemic – all of which have impacted the nation in 2020. In addition, a revised Australian National Arts and Health Framework can also provide strategies for the develop of art and health educational programs in schools, universities, cultural and health organisations and encourage and facilitate the support of art and health initiatives across regional and rural areas.

The creation of art also should receive more attention in art and health strategies and priorities, so that the art making, presentations and socially engaged art practices engaged with health link with innovative and experimental contemporary art practices. We cannot afford to merely view art and health initiatives as innovative practices for health and wellbeing outcomes, instead we must insist that the support of innovative and experimental art practices within an art and health context is of equal importance.

Artists have much to contribute to the health and sustainable development agendas of the UN, the World Health Organisation and Australian federal and state government agencies and organisations. Creative responses, participatory, action and applied research projects and creative practice programs which examine topics within the purview of the sustainable development goals and current and emerging health priorities require extensive support and collaboration at local, state and federal levels. Of course, there are also many other health and wellbeing responses that could be engaged in by artists and through arts for health programs that have not been discussed in this article. For example, there are many instances where artists have represented their own experience in a more radical light than what might be created and delivered through institutional arts for health programs. Activist and provocative artistic responses to health and wellbeing are also to be encouraged as it

is here that we discover the nuances, individual interpretations and calls for action about human health. The reports that have been discussed in this article cover many interesting and innovative arts for health projects, but do not comment on the innovations or dynamism of the art practices. Whilst it is important to be introducing and supporting art interventions for health and wellbeing, there also needs to be interconnecting support, discourse and responses to the actual art that is produced through these initiatives.

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