

WHAT (Waterford Healing Art Trust) Call for applications for Composer and Poet-in-Residence 2018



Waterford Healing Arts Trust invites **poets and composers** to submit an application (together or individually) to be Artists-in-Residence at University Hospital Waterford for a period of up to six months in 2018.

The WHAT Artist-in-Residence programme, established in 1994, is a means of engaging patients in contemporary arts practice and an opportunity for artists to develop their professional practice within an acute hospital context.

This is the first time Waterford Healing Arts Trust will bring together two art forms under its Artist-in-Residence programme. This exciting new venture is being undertaken as part of the organisation's 25th anniversary celebrations. As such, the purpose of the residency will be two-fold:

- to collaborate with patients in University Hospital Waterford.
- To create new works – poetry and music – to include a new choral work, inspired and informed by these collaborations and experiences, which will form part of the permanent legacy of the 25th anniversary celebrations.

Applications can be made in one of two ways:

- A joint application by a poet and a composer who will work together for the period of the residency;
- Individual applications by poets/composers who are agreeable to being introduced to their counterpart by Waterford Healing Arts Trust, and to work together for the period of the residency.

This residency is funded by the Arts Council.

Call to Artists

The successful artists will devise ways to engage patients in participatory and / or collaborative arts experiences at the bedside, in the main hospital building and / or in the WHAT Centre for Arts and Health in the grounds of the hospital. This engagement will result in the creation of new works – poetry and music – and will include the public presentation of a new choral work, created by the poet and composer, inspired by these experiences and collaborations.

The artists will be given:

- Studio space with access to a digital darkroom, arts and health library, a multi-use studio space, internet and administrative support as requested
- A budget of €8000 in total, to include artists' fees and public presentation of work to the hospital community and the wider public.
- Mentoring support from WHAT staff.

The artists will:

- Engage (part of) the patient population of the hospital in collaborative arts experiences
- Create a new choral work inspired and informed by these collaborations and experiences, which will form part of the permanent legacy of Waterford Healing Arts Trust's 25th anniversary celebrations
- Host an open event in the studio space to share their experiences
- Produce a short report at the end of the residency

We are interested in hearing from artists whose practice fits with, or can be adapted to, the acute hospital environment.

The artists will be selected through a process of open competition. Criteria for selection will include:

- Quality of the artists' participatory / collaborative practice
- The 'fit' between the artists' practice and the hospital environment
- Level of relevant experience
- Commitment to the role of the arts in a healthcare context
- The responsiveness of the practice to the context
- The innovation of the artists' approach
- Availability of the artists

WHAT

Waterford Healing Arts Trust (WHAT), based in the WHAT Centre for Arts and Health at University Hospital Waterford, is Ireland's leading arts and health organisation. WHAT promotes the role of art in wellbeing through a multi disciplinary programme of arts activity which comprises an extensive art collection, art exhibitions, live music performances, artist-in-residence programmes and art making sessions for patients which is facilitated through a mobile Art Kart and Artist on Call scheme.

See www.waterfordhealingarts.com for further information on WHAT.

The hospital context

Working in the acute hospital setting can be very rewarding but is also challenging in many ways. The hospital community is not one homogeneous body but a number of sub-communities (outpatients, inpatients, groups of chronically ill patients such as those on dialysis etc.) each with a different relationship with the institution in terms of the patient's length and frequency of stay etc. Often progress can be slow. There are a number of technical restrictions imposed on the delivery of participatory / collaborative programmes and the presentation of artwork, performances and arts experiences in terms of space, health and safety and infection control. The turnover of staff and patients makes communication particularly challenging. The hospital experience can be an anxious one for patients which, along with the severity of their illness, can impact on their ability to engage in arts experiences.

The challenge of engaging patients in University Hospital Waterford in creative programmes has been met by various artists over the years in a range of ways. For examples of previous Artist-in-Residence work, please see:

<http://www.waterfordhealingarts.com/what-we-do/for-health-service-users/artist-in-residence/>
and

<http://www.artsandhealth.ie/case-studies/waterford-healing-arts-trust-artist-in-residence-programme/>

How to apply

Those who wish to apply for the residency should submit:

- A current artist CV (for both artists, in the case of a joint application) - maximum 2 pages (each)
- An outline of your proposed approach to engaging with patients of UHW (maximum 500 words). This should consider:
 - How you plan to engage (part of) the patient population of the hospital in collaborative arts experiences: What will be your creative invitation to patients? (See Appendix 1: *10 things to consider*)
 - How you propose to work together/with your counterpart (poet/composer) to create a new choral work inspired and informed by these collaborations and experiences
 - How you propose to present this work to the hospital community
 - Your aims for the residency
- Proposed timeline for the residency* (*Please see note below*)
- Proposed budget for the residency including public presentation of this work
- Documentation of practice: three samples each of your work e.g. sound recordings/publications including, where available, evidence of collaborative practice
- Contact details for two current referees (each, in the case of a joint application)

** Waterford Healing Arts Trust will engage a Waterford-based choir to perform the new choral work. It is envisaged that the performance of this new work will take place in December 2018. As such, the work must be completed and ready for the choir by October 2018, to allow for sufficient rehearsal time.*

Recruitment schedule

Applications should be submitted to Claire Meaney, Acting Arts Director, WHAT, University Hospital Waterford, Dunmore Road, Waterford no later than **12 April 2018 at 4pm**. Applications can also be e-mailed to WHAT@hse.ie. **E-mail applications should not exceed 7MB in size.**

Applications will be short-listed. Short-listed applicants will be invited to attend for interview on **Tuesday, 17th April 2018**.

It is hoped that the residency will begin in early June. This is, however, dependent on the artists having been successfully Garda Cleared by that date.

Please contact WHAT at 051 842664/WHAT@hse.ie if you have specific queries.



10 THINGS TO CONSIDER when integrating arts experiences into healthcare settings

Note: not all of these points will apply to all arts and health programmes. Some relate to participatory and collaborative programmes and some relate to aspects of environmental enhancement such as curating in healthcare settings. Some apply to both.

1. *Partnership*

Equal partnership between arts and health sectors, which is the foundation stone of arts and health is based on open, honest and trusting relationships. It can take time for all parties to get to know the other in an informal way and through a more formal project planning and debriefing processes whereby all involved clarify expectations, roles and responsibilities, co-design the project format / structure while allowing scope for change and development and reflect on what they considered worked and what did not. Each partner brings their ethos, values, experience, skills, needs and expectations to the table. However, the culture of the world of art differs in many ways to the world of healthcare and getting to understand the other demands an ability to listen carefully. Assumptions should be recognised for what they are and time may need to be invested in clarifying language and naming what is important to each partner.

2. *Boundaries*

In all fields of work, effective practitioners understand the nature and scope of what they do and are able to articulate this. This clarity helps build good partnerships. It is important that artists working in healthcare settings perform no function that is outside the boundaries of his/her artistic activities. Specifically, in the case of arts and health practice, the artist is not an arts therapist and this should clearly be communicated to partners and participants at briefing sessions and planning stages and in the course of a programme.

3. *Parameters*

Arts and health practitioners can experience a number of challenges and obstacles in attempting to present integrated artworks and arts experiences into healthcare settings which relate to health and safety, infection control, security and ethics. Rather than reducing arts and health to the lowest common denominator of artistic experience, good arts and health practice has evolved to respond to the conditions of healthcare settings and the specific needs of health service users.

4. *An involuntary site for art*

A healthcare setting can be an involuntary site for arts experiences. That is people do not, for the most part, expect to engage with art when they enter a healthcare setting. In some cases, art, in an unmediated form, may be an unwarranted intrusion and / or result in a defensive response from those who experience it. Furthermore, a health service user's physical condition and anxiety about his / her illness can reduce his / her willingness and even ability to engage with art and therefore at the very least, service users should be given the opportunity to opt out of an arts experience.

5. *Art about vs art for*

A lot of powerful and moving artwork has been inspired by the experience of ill health. Often implicit in this are thoughts and feelings about death. However, health service users may not wish to be faced with issues of mortality and ill health at times when they are most vulnerable. In short, not all artwork borne of a healthcare context should be presented in that context.

6. *The creative invitation*

Engagement of health service users in participatory / collaborative programmes can involve an artist making a creative invitation that responds to the setting and the needs of its occupants, does not go beyond the boundaries of the artist's practice and is person-centred. Health service users in healthcare settings may have a lot of time on their hands. Yet healthcare staff are more often than not severely short of time. An arts and health programme will have a better chance for success if it enhances the role of the healthcare provider instead of conflicting with it and can merge seamlessly with the rhythm - routine, layout, transition of service users through the space etc - of the setting.

(over)

7. *Process vs product*

Some participatory or collaborative programmes will result in an artistic outcome such as an exhibition or a performance which in turn becomes the basis for a collective celebration. However, in other cases, the expectation to produce an artwork can result in adverse pressure on all involved. Given this, the process of engagement and collaboration can in itself be viewed as an outcome.

8. *Consultation*

Placing art in healthcare settings can be a careful balancing act between presenting art which engages and stimulates the audience and avoids provocation at a time when members of that audience may be emotionally vulnerable. Arts and health practitioners may find themselves anticipating the service users experience based on the given context and applying this to the selection and placement of artwork. Consultation with service users is not always easy. Service users are not a homogeneous grouping. For example, in acute hospitals, service users transition at different speeds through the space and therefore healthcare staff often act as their spokespeople. Arts and health practitioners should consider ways to build consultation into the programme design.

9. *Navigating the institution*

Healthcare settings can be complex organisms. It can take time for an artist working in healthcare to navigate the setting, to find out the local policies / codes of practice that will impact on his / her work, to get to know how decisions get made, to test the feasibility of his / her ideas, to consult and illicit feedback etc. In the absence of a dedicated arts and health practitioner, he / she will need support from healthcare staff. This could be provided by a healthcare practitioner performing the role of liaison person and / or a steering committee to support the project.

10. *Documentation and evaluation*

Arts and health is an evolving field of work. It is important to document and evaluate it and to share learning with peers for the benefit of the sector. This is not without its challenges. Confidentiality of patients is central to the culture of healthcare whereas public celebration is central to arts practice, and so documentation can become one of those points of tension between the world of art and the world of health.

Regarding evaluation, evidence-based medicine is the use of current best research in making decisions about the care of individual patients. With the delivery of arts projects within healthcare settings, there is a debate at large as to whether it is appropriate or even feasible to apply an evidence-based approach to evaluating arts interventions. Read perspectives by Sheelagh Broderick and Catherine McCabe on this topic on www.artsandhealth.ie

One more thing....

It is important that expectations are clarified and everyone involved is well briefed when embarking on an arts and health programme. However unlike best practice in healthcare, artistic outcomes cannot nor should not be pre-determined from the outset of a creative process. Rather trust in the process is called for as well as sufficient time and space to allow for an outcome that has the potential to engage and surprise...

For further information, email what@hse.ie or phone 00353 51 842664

This excerpt is taken from *Introduction to Arts and Health: Ten Things to Consider* by Mary Grehan Waterford Healing Arts Trust. The book is available from the Waterford Healing Arts Trust at a cost of €5 plus €2 p+p.