ARTS + HEALTH
COORDINATORS IRELAND

Mapping Arts and Health Activity in Ireland in 2019

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Executive Summary

1. Introduction

The goal of this mapping exercise, commissioned by Arts and Health Co-ordinators Ireland (AHCI), was to measure the level and nature of active service provision in the field of Arts and Health in the Republic of Ireland in 2019.

2. Methodology

An online survey was chosen as the methodology for the exercise. The survey was created in SurveyMonkey and piloted with five professionals working in Arts and Health. Following amendments, the survey was launched in October 2020 and remained open for six weeks. Potential respondents were identified through an existing database held by AHCI and an open call via social media and e-zines.

3. Findings

3.1 Respondents

Completed surveys were received from seventy unique respondents, representing 92 Arts and Health programmes across the Republic of Ireland. These programmes involved 3,854 personnel in total. Arts-based roles (e.g. artists, arts officers and arts facilitators) were the most commonly reported, accounting for half of all respondents. Just over one fifth of respondents were linked to a hospital or other healthcare organisation (21%). This may have been due to the COVID-19 pandemic priorities of the healthcare sector at the time of the survey.

3.2 Programme types, artforms and contexts

The most common type of programme was collaborative and participatory arts (67%), while the most popular artform was visual arts (60%). Six out of ten programmes involved multiple types (61%) and artforms (59%). The maximum number of types and artforms in any one programme was eight and 10, respectively. The highest percentage of programmes were conducted in day hospitals, day care centres or community health settings (33%). Two thirds of programmes took place in more than one healthcare context (62%; maximum 8 contexts).

3.3 Locations

Dublin had the highest number of programmes, representing 36% of the total. Cork and Kildare were the next most popular counties, with 20% and 14% of programmes, respectively. Every county except Carlow was involved in at least one programme. Three quarters of programmes involved counties in Leinster (76%). Counties in Munster were the next highest percentage (43%), followed by Connacht (28%) and then Ulster (8%). Most programmes (80%) took place in one location only. The maximum number of locations for any one programme was 14.

3.4 Personnel and partners

In total, 3,854 personnel were engaged in the delivery of 92 programmes. Approximately equal numbers of artists and healthcare staff were involved (996 and

989, respectively). Almost all programmes engaged at least one artist (96%) and the majority of artists were paid (88%). Over half of programmes involved healthcare staff (51%) and Arts managers (58%). The most common programme partners were healthcare providers (54%), followed by local authority arts offices (42%) and arts organisations (39%). Two-thirds of programmes had multiple partners (62%; maximum 6 partners), one quarter had one partner (24%) and 14% had no partners.

3.5 Funders

The most frequent funders were local authorities (48%), the Health Service Executive (HSE; 37%) and The Arts Council (32%). Two-thirds of programmes had multiple funders (70%) and the maximum number of funders for any one programme was ten. Ten percent of programmes received no funding. Local authorities were also the most frequent funder across healthcare contexts (i.e. 9 out of 12 contexts surveyed). However, it should be noted that the percentage of programmes funded does not reflect the amount of funding given.

3.6 Lifespan

Four out of every ten programmes lasted between 27 and 52 weeks. The average duration of programmes was 31 weeks. Over two thirds of programmes were still active at the time of survey (69%). Two-thirds of longer programmes (i.e. >27 weeks) had multiple funders (62%). Longer programmes also tended to have more funders and bigger budgets. That is, all programmes with a budget of €50,000+ had multiple funders, and most of these lasted 27+ weeks (i.e. 9 out of 10 programmes).

3.7 Beneficiaries, budgets and research

Two-thirds of programmes (70%) reported multiple beneficiaries. The most common beneficiary was health service users (85%), followed by family, friends and carers (60%) and then healthcare staff (54%). Just over one in ten programmes (13%) had no dedicated budget. The most common budget category was €1,001-€10,000 (27% of programmes). Six percent of programmes had budgets of €100,001-€300,000, while 2% had budgets of €300,000 or more. Seventy percent of programmes also received in-kind contributions. Two-thirds of programmes were evaluated (63%). Most programmes had not published any research or policy documents in 2019 (74%).

3.8 Comparison to previous mapping report from 2001

Findings indicate that there has been a six-fold increase in the provision of Arts and Health initiatives from the previous mapping period (1987-2001) to 2019. Visual arts continues to be the most frequent artform (60% of programmes), while local authorities have replaced the HSE as the most frequent programme funder. Compared to the previous period, a higher percentage of programmes in 2019 had multiple contexts (11% vs. 65%), locations (4% vs. 20%) and beneficiaries (21% vs. 70%). Involvement of arts personnel has remained stable (>97%), while involvement of healthcare staff appeared to have decreased (83% to 51%). The average duration of programmes increased from 6-10 weeks to 31 weeks. Available funding has also increased. Just 3% of budgets surveyed between 1987 and 2001 were above €55,000, compared to 15% of budgets above €50,000 in 2019.

1 Introduction

1.1 Background and context

Arts and Health has evolved considerably over the past 30 years in Ireland. Today, arts experiences are integrated into a variety of healthcare contexts, from hospitals and day care centres, to community settings and health promotion[1]. The benefits of such experiences to healthcare users, staff and the public are widely recognised. These can include stress reduction, improved health and well-being outcomes, development of creativity and enhanced sense of community[1].

Arts and Health Co-ordinators Ireland[2] (AHCI) is a voluntary network of professionals who manage Arts and Health initiatives in the Republic of Ireland. Formed in 2003, AHCI aims to build capacity within Arts in Health in Ireland and support its members in their work.

AHCI engaged researcher Dr. Francesca Farina in March 2020 to undertake a mapping exercise of current Arts and Health activities in the Republic of Ireland. The rationale for this exercise was to support AHCI in:

1. Influencing the policy and funding environment for Arts and Health practice.

2. Advocating at local and national levels for the development of practice.

1.2 Aims and objectives

The aim of this mapping exercise was to measure the level and nature of active service provision in the field of Arts and Health in the Republic of Ireland in 2019.

Specific objectives were to:

1. Determine the number of Arts and Health programmes that occurred and categorise them with respect to:

    a. Programme type
    b. Artforms used
    c. Healthcare contexts
    d. Geographical location
    e. Personnel
    f. Partners
    g. Funders
    h. Lifespan
    i. Beneficiaries
    j. Budget.

2. Measure the growth (or otherwise) of the sector since the previous mapping exercise completed by Ruairí Ó Cuív and Leargas Consulting in 2001[5].

3. Identify the number of programmes that published research and policy documents on their work.

1.3 Definitions and scope

1.3.1 Definitions

For the purposes of this mapping exercise, *Arts and Health* was defined as:

'The generic term that embraces a range of arts practices occurring primarily in healthcare settings, which brings together the skills and priorities of both arts and health professionals.'

The Arts Council Arts and Health Policy and Strategy, 2010[3]

Arts and Health is distinct from *Arts therapies* and *Arts and Disability*, which are defined below.

Arts Therapies: the use of arts to improve mental health and well-being[4]. Contrary to Arts and Health, the primary goal of Arts Therapies is clinical[3].

Arts and Disability: the use of arts for the specific purpose of engaging and involving people with disabilities. Similar to Arts and Health, Arts and Disability incorporates both artistic and health aims[3,5].

Other Arts practices: Arts and Health can also overlap with a number of other related practices. For example, individual artists may be involved in arts activities that take place within healthcare contexts or community settings, which may benefit peoples' well-being[6]. Arts and Health activities may also intersect with arts and medical humanities or arts and science approaches[1]. Whether these activities are defined as Arts and Health depends on the degree to which they incorporate the goals of both arts and healthcare[6].

1.3.2 Boundaries of the report

The scope of the mapping exercise was such that it was not possible to survey every healthcare service and arts organisation in Ireland. Therefore, it is possible that there are additional Arts in Health programmes that were not recorded by the mapping exercise, and so are not reflected in the report. It is also possible that some activities were undocumented due to the ongoing COVID-19 pandemic, which may have limited individuals' ability to engage in the exercise.

2 Methodology

The researcher worked with the AHCI Mapping Group (see **Appendix 1** for membership) to define the scope of the exercise and methodology. It was decided that all initiatives would be counted, regardless of scale. Thus, both individual projects and larger programmes of work are included. For ease of reporting, all initiatives are referred to as programmes below and in the subsequent sections. Members of the AHCI Mapping Group sign-posted the researcher to existing research. It was decided that an online survey would be the most efficient means of data collection.

2.1 Online survey

An online survey was created in SurveyMonkey, based on discussions with the Mapping Group and previous mapping work[5]. The survey was refined through further consultation with the Mapping Group. During these conversations, it was decided that the mapping exercise would focus on programmes carried out in 2019 only.

2.1.1 Piloting

Five individuals working in Arts and Health were identified to test the survey. Testers were asked to provide feedback on the clarity and relevance of questions, ease of completing the survey and any additional questions they felt should be included. Based on testers' feedback, and following further consultation with the Mapping Group, the survey was amended (see **Appendix 2** for the finalised survey).

2.2 Identification of respondents

Respondents were identified through an existing database of individuals working in the Arts and Health sector held by AHCI. This included:

- AHCI members
- Arts organisations
- Local Authority Arts Officers
- Cultural institutions
- Social prescribing programmes
- Community health organisations
- Acute hospitals
- E-zines.

The survey link was also shared online through social media channels (e.g. Twitter). The AHCI Mapping Group contacted key respondents directly to encourage them to complete the survey.

2.3 Timeline

Initially, data collection was due to take place during the summer of 2020. However, due to the COVID-19 pandemic, release of the call out for information was postponed until the autumn. The survey was opened in October 2020 and closed six weeks later.

2.4 Removal of duplicates

Duplicate respondents and programmes were removed from the data before analysis.

3 Findings

3.1 Respondents

Completed surveys were received from seventy unique respondents, representing 92 Arts and Health programmes across the Republic of Ireland. These programmes involved 3,854 personnel in total (discussed further in Section 3.2).

3.1.1 Respondent roles

Table 1 shows the different roles held by the respondents. Arts-based roles were the most commonly reported, accounting for half of all respondents. These included individual artists, arts officers, art facilitators, art teachers, curators, musicians and art therapists. By comparison, only 7% of respondents held the role of Arts and Health co-ordinator. Just over one fifth of respondents were Founders or Directors of an organisation (21%), while one in ten respondents (10%) were programme managers. The remaining 9% was evenly split between healthcare roles (e.g. nurses, medical scientists), community workers, education officers, marketing and development managers, researchers and students.

Table 1: Number and percentage of respondent roles

Role	Number	Percentage
Founder / Director	17	21%
Artist	12	15%
Arts facilitator	11	13%
Arts officer	10	12%
Programme manager	8	10%
Arts and Health co-ordinator	6	7%
Curator	4	5%
Art therapist	2	2%
Education officer	2	2%
Musician	2	2%
Nurse	2	2%
Art teacher	1	1%
Community worker	1	1%
Marketing and Development manager	1	1%
Medical scientist	1	1%
Researcher	1	1%
Student	1	1%
Total	82	100%

Note: The total number of roles, 82, is greater than the total number of respondents, 70, as some respondents indicated more than one role. Percentages are rounded to the nearest number and so may not total to 100%.

3.1.2 Respondent organisations

Table 2 shows the range of organisations respondents were affiliated with. Just over one fifth of respondents were linked to a hospital or other healthcare organisation (21%). Fourteen percent of respondents were affiliated to arts-based settings, including arts centres and services, music groups and theatre groups. Local Authorities were named on 13% of programmes, while non-governmental organisations were named on 11%. Fewer than one in ten programmes were associated with Arts and Health centres (6%), cultural and education centres (8%), community health groups (4%) or festivals (1%). The remaining one fifth of respondents reported having no affiliation. These respondents included independent artists and freelance community workers.

Table 2: Number and percentage of respondent organisations

Organisation	Number	Percentage
Hospital / healthcare organisations	15	21%
None	14	20%
County council	9	13%
Non-governmental organisations	8	11%
Cultural institution	5	7%
Arts & Health centre	4	6%
Arts service	4	6%
Arts centre	3	4%
Community health group	3	4%
Theatre group	2	3%
Education centre	1	1%
Festival	1	1%
Music group	1	1%
Total	70	100%

Note: Percentages are rounded to the nearest number and so may not total 100%.

3.2 Programmes

Fifty-eight respondents (83%) were involved in one Arts and Health programme in 2019. The remaining 12 respondents (17%) were involved in more than one programme. The numbers of respondents reporting more than one programme were as follows: two programmes (six people, 9%), three programmes (four people, 6%), four programmes (one person, 1%) and six programmes (one person, 1%). No respondents listed five programmes. Due to multiple programmes being reported per respondent, the total number of unique programmes was 92.

3.2.1 Programme types

Figure 1 illustrates the percentage of programme types identified. The largest category was collaborative and participatory arts, which accounted for two thirds of programmes (67%). Approximately one third of programmes involved either performance (38%) or residency (32%), while one quarter of programmes involved an exhibition (27%) or an

educational element (24%). Only 16% of programmes incorporated Arts and Health research. One in ten programmes involved either a festival (11%) or public art commission (10%). The remaining 12% of programmes involved types not listed in the survey. These included community events, conferences and workshops, strategic planning, alternative research, storytelling, book gifting and art therapy.

Sixty-one percent of programmes involved multiple types; the remaining 39% had one type only. The maximum number of types in any one programme was eight.

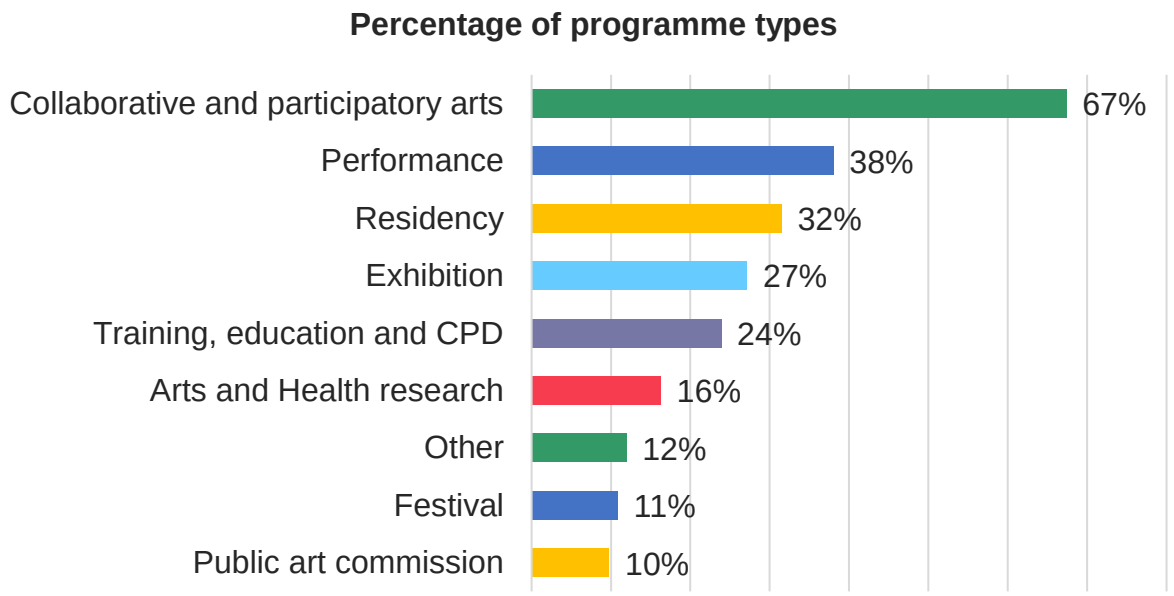

Figure 1: Programme types in each category expressed as a percentage of the total number.
Note: CPD = Continuing Professional Development.

3.2.2 Artforms

Figure 2 illustrates the percentage of artforms identified across programmes. The two most common artforms were visual arts (60%) and music (52%). Approximately one fifth of programmes involved literature and creative writing (23%) or film (20%). Slightly fewer programmes involved dance (18%), theatre (17%), craft (16%) or traditional arts (14%), while one in ten programmes incorporated design (11%). The least common artforms were architecture and circus, street art and spectacle, representing 5% of programmes each. The remaining 9% of programmes involved artforms not listed in the survey. These included educational and environmental arts, animation and digital art, photography and storytelling.

Fifty-nine percent of programmes included multiple artforms; the remaining 41% included one artform only. The maximum number of artforms incorporated in any one programme was ten.

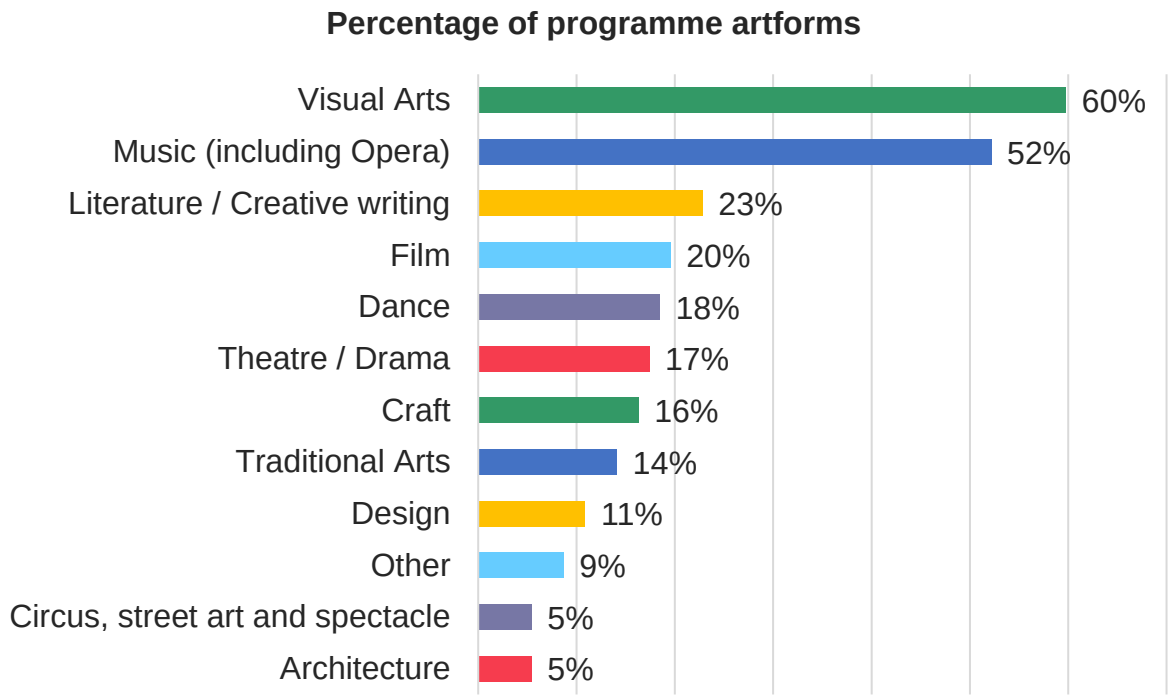

Figure 2: Programme artforms expressed as a percentage of the total number.

3.2.3 Contexts

Figure 3 illustrates the spread of programme healthcare contexts. One third of all programmes (33%) were carried out in day hospitals, day care centres or services, or community health settings. Approximately one quarter of programmes were conducted in acute hospitals (28%), residential care (26%), well-being and health promotion (24%) or training and education settings (24%). One in five programmes were conducted in community-based support organisations for people with chronic illness and carers. Mental health and paediatric care settings also represented a sizeable percentage of programmes, at 18% and 15%, respectively. Less than one in ten programmes took place in rehabilitation and respite care, primary care, maternity or palliative care settings.

Seventeen percent of programmes also involved contexts other than those listed in the survey. These included nursing units, intensive care units, child sexual abuse units and outpatient departments, as well as charities (i.e. disability and dementia) (6% in total). Also included were arts-based settings such as galleries, community halls and festivals (10%). One percent of programmes took place online via Zoom. Two-thirds of programmes (63%) took place in multiple contexts. One-third took place in one context only. The maximum number of contexts represented in any one programme was eight.

We also investigated the percentage of Arts managers (paid or un-paid) across programme contexts (see Table 3). Acute hospitals had the highest percentage of Arts managers (32%).

Table 3: Percentage of programmes with an Arts manager across contexts

Context	Percentage
Acute Hospitals	32%
Well-being initiatives / Health promotion	28%
Day hospitals / Day care centres or services / Community Health settings	28%
Training and education	26%
Community based support organisations for people with chronic illness and carers	25%
Mental health settings	19%
Paediatric care	17%
Residential care	17%
Primary care	8%
Maternity hospitals	6%
Rehabilitation and respite care	6%
Hospices / palliative care	2%

Note: Percentages are based on the contexts reported for each programme, not the role of the respondents.

3.2.4 Locations

Figure 4 shows the geographical spread of programmes. Dublin had the largest number of programmes, representing 36% of the overall total. Cork and Kildare were the next most popular counties, with 20% and 14% of programmes, respectively. Every county except Carlow had at least one programme. Three quarters of programmes involved counties in Leinster (76%). Counties in Munster were the next highest percentage (43%), followed by Connacht (28%) and then Ulster (8%). The majority of programmes (80%) took place in one location only. The remaining 20% took place in two or more locations (range = 2-14 counties). Only one programme was carried out nationally; this was the Waterford Healing Arts Trust (WHAT) National Arts & Health Support Work.

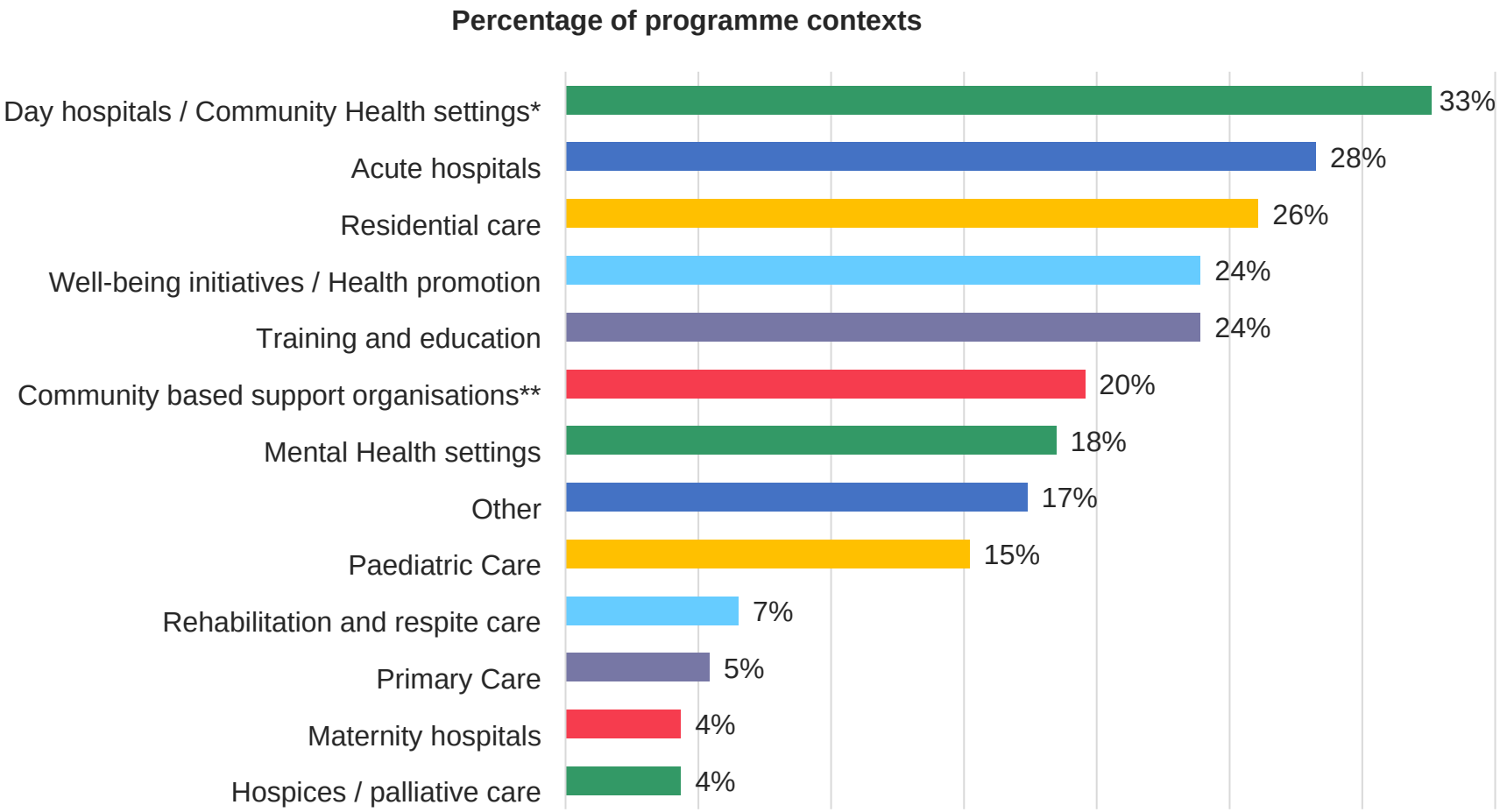

Figure 3: Percentage of contexts represented across programmes.
*Note: *Day hospitals / Community Health settings included day care centres and services. **Community based support organisations were specific to people with chronic illness and carers. One respondent did not provide a context.*

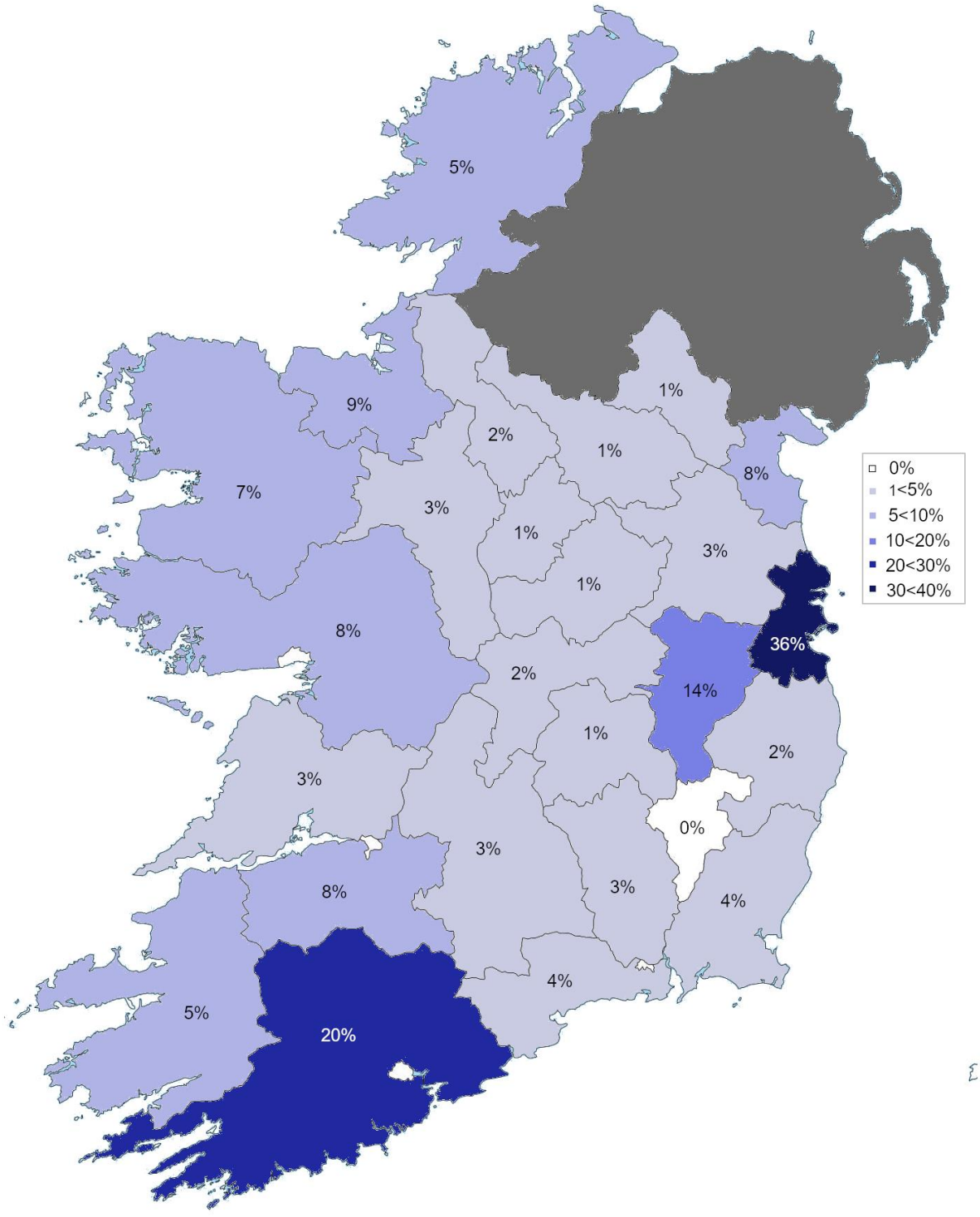

Figure 4: Percentage of programmes according to geographical location. Counties are colour coded according to the percentage of programmes.

3.2.5 Personnel involvement

Table 4 highlights the various categories of personnel involved in programmes. In total, 3,854 personnel were engaged in the delivery of 92 programmes. The number of artists and healthcare staff was approximately equal (996 and 989, respectively).

In general, the number of personnel in each category varied considerably, from zero in some programmes to 700 in others. Almost all programmes involved at least one artist (96%), most of whom were paid (88%). Over half of all programmes included healthcare staff (51%) and Arts managers (58%). Volunteers were involved in one fifth of programmes (22%). One quarter of programmes involved students or people on community employment (CE) schemes (25%). Sixteen percent of programmes involved other personnel not listed. These included programme managers, musicians, architects, engineers and administrators.

Table 4: Personnel involved in programmes.

Category	Number of personnel	Number of programmes	Percentage	Average	Range
Paid artists	609	81	88%	7	0-100
Un-paid artists	387	16	17%	4	0-300
Healthcare staff	989	47	51%	11	0-300
Paid arts managers	79	49	53%	1	0-8
Un-paid arts managers	12	5	5%	0	0-8
Volunteers	905	20	22%	2	0-40
Students	705	16	17%	8	0-600
People on CE schemes	12	7	8%	0	0-5
Other	156	15	16%	10	0-700

Note: The total number of personnel, 3,854, is greater than the total number of programmes, 92, as most programmes had input from more than one source. Percentages are expressed out of the total number of programmes. CE = Community employment.

3.2.6 Partners

Figure 5 illustrates the percentage of partners across programmes. The most common partners were healthcare providers, accounting for over half of all partnerships (54%). Partnerships with arts organisations and local authority arts offices were slightly less common at 39% and 42%, respectively. However, it should be noted that half of all respondents held arts-based roles; thus, the percentage of arts-based partners may have been lower simply because respondents were themselves working in these roles (and so were not listing arts-based organisations as partners).

One in four programmes partnered with community organisations (27%). Partnerships with educational institutions and patient advocacy groups were less common. The remaining 18% was comprised of funders not listed in the survey. These included a range of sources, including festivals, galleries, libraries, charities, the National Lottery, education services and non-governmental organisations. Two-thirds of programmes (62%) had multiple partners. One quarter (24%) had one partner and 14% had no partners. The maximum number of partners in any one programme was six.

Table 5 shows the most frequent partners across programme contexts. Healthcare providers were the dominant partner (i.e. 12 out of 12 contexts).

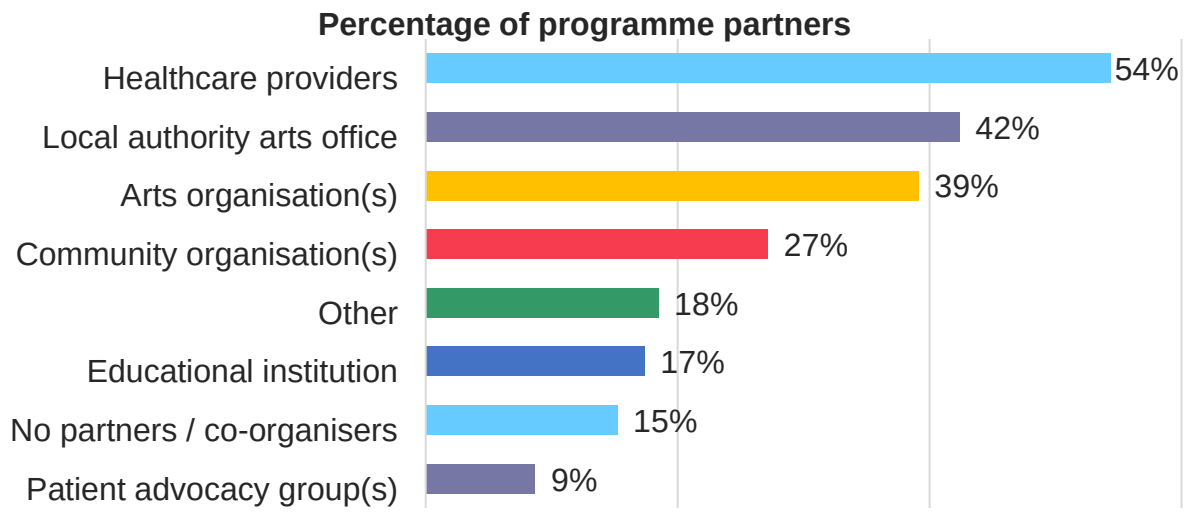

Figure 5: Percentage of partners across programmes.

Table 5: Most frequent partners across programme contexts.

Context	Most frequent partner(s)	Percentage
Paediatric care	Healthcare providers	79%
Maternity hospitals	Local authority arts office / Healthcare providers / Arts organisation(s) / Educational institution	75% (all)
Hospices / palliative care	Healthcare providers	75%
Community based support organisations	Healthcare providers	72%
Day hospitals / Community Health settings	Healthcare providers	70%
Mental health settings	Healthcare providers	65%
Well-being initiatives / Health promotion	Local authority arts office / Healthcare providers	64% (both)
Primary care	Healthcare providers	60%
Training and education	Healthcare providers	59%
Acute Hospitals	Local authority arts office / Healthcare providers	54% (both)
Residential care	Local authority arts office / Healthcare providers	54% (both)
Rehabilitation and respite care	Healthcare providers / Community organisations / Patient advocacy group(s)	50% (all)

3.2.7 Funders

Figure 6 shows the various funding sources available to programmes. In considering these figures, it is important to note that they do not provide information about how

much each funding body contributed. Rather, they reflect the percentage of overall programmes that were funded.

Local authorities funded nearly half of all programmes (48%). The next most frequent funders were the Health Service Executive (HSE) and the Arts Council, which funded approximately one third of programmes each (37% and 32%, respectively). One in four programmes were funded by sponsorship and philanthropy (24%). The percentage of programmes funded by private fundraising was lower at 15%. Creative Ireland funded one in five programmes, while Arts and healthcare organisations funded 17% and 16% of programmes, respectively. Seven percent of programmes were funded by the National Lottery. One quarter of programmes listed additional funding sources (24%). These included cultural and educational institutions, local development companies and festivals. One in ten programmes received no funding. For programmes with funding, two-thirds (70%) had multiple funders, while one-third (30%) had one funder. The maximum number of funders for any one programme was ten.

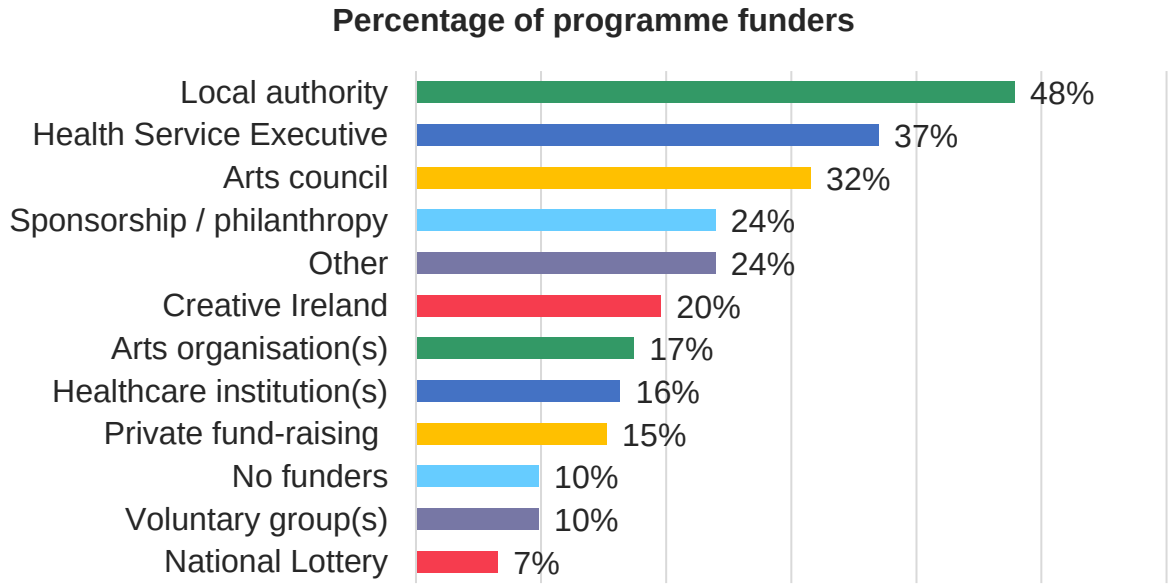

Figure 6: Percentage of programmes funded by various sources.
Note: Percentages are not representative of how much money each funder contributed.

Table 6 shows the most frequent funders of programmes with one funder only. Of these, the highest percentage of programmes were funded by the HSE (22%) followed by local authorities (19%), while arts organisations funded approximately one in ten programmes (11%).

The most frequent funders across programme contexts were also investigated (see Table 7). Local authorities funded the most contexts (i.e. 9 out of 12), whereas The Arts Council was not a dominant funder in any context. However, it is important to note that these figures do not reflect the amount of funding given; therefore, we cannot conclude that local authorities are the largest funder, but rather, that their funding is the most spread across contexts.

Table 6: Most frequent funders for programmes with one funder only.

Funder	Percentage
HSE	22%
Local authority	19%
Other (please specify)	19%
Arts organisation(s)	11%
Healthcare organisation(s)	7%
Sponsorship / philanthropy	7%
The Arts Council	4%
Creative Ireland	4%
Voluntary group(s)	4%
The National Lottery	4%
Private fund-raising e.g. fundraising events	0%

Note: Percentages do not take into account the total amount of funding contributed by each funder.

Table 7: Most frequent funders across programme contexts.

Context	Most frequent funder(s)	Percentage
Maternity hospitals	Local authority / HSE / Sponsorship and philanthropy	75% (all)
Well-being initiatives / Health promotion	Local authority	73%
Paediatric care	Sponsorship and philanthropy	71%
Community based support organisations	Local authority	66%
Day hospitals / Community Health settings	Local authority	63%
Residential care	Local authority	63%
Primary care	Local authority / HSE	60% (both)
Mental health settings	HSE	59%
Training and education	Local authority	59%
Acute Hospitals	Local authority	57%
Hospices / palliative care	Sponsorship and philanthropy / Private fund-raising	50% (both)
Rehabilitation and respite care	Local authority / Voluntary group(s) / Private fund-raising	33% (all)

Note: Percentages do not take into account the total amount of funding contributed by each funder.

3.2.8 Lifespan

Figure 7 illustrates the duration of programmes as a percentage of the total number of programmes. Two thirds of programmes took place over 6 weeks or more (64%). The largest duration category was 27 to 51 weeks, which represented four out of every ten programmes. One in four programmes lasted between 6 and 26 weeks (24%). Only 8% of programmes lasted less than five weeks. The average duration of programmes was 31 weeks.

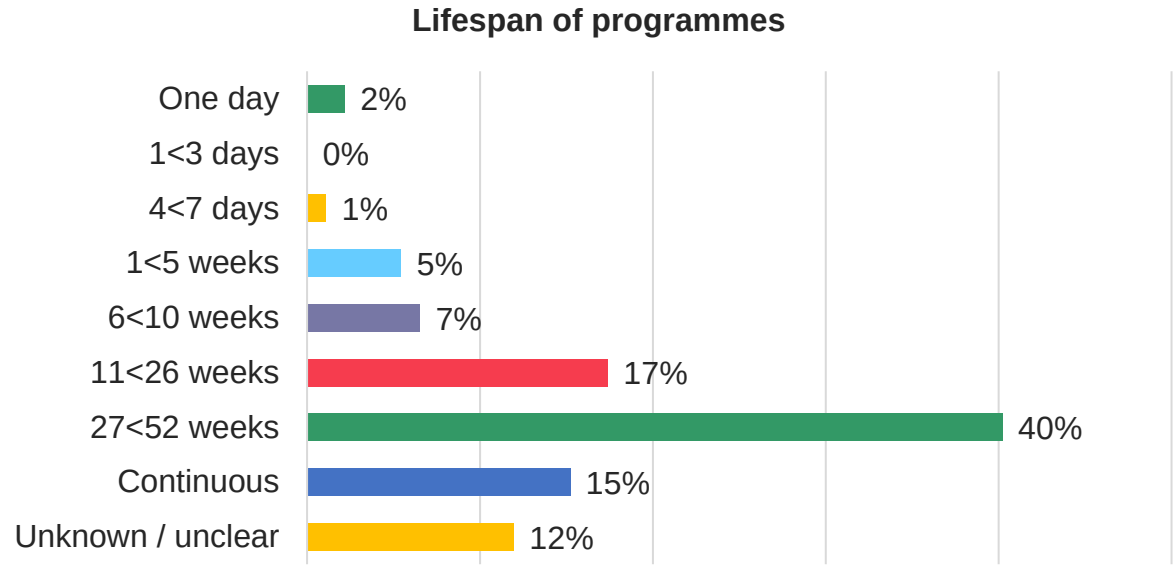

Figure 7: Lifespan of programmes as a percentage of the total number.

Over two thirds of programmes (69%) were still active at the time of survey (October 2020). Most of the remaining programmes had finished (29%), with the exception of 2% of programmes whose status was unknown. Thirteen percent of programmes had been active before 2019. Years active ranged from one to 25.

The relationship between programme longevity and funding was also examined (see Table 8). Two-thirds of longer programmes (i.e. >27 weeks) had multiple funders (62%). Programmes that ran continuously throughout the year had at least one funder.

Table 8: Relationship between programme lifespan and funders.

Lifespan	No funders	One funder	Multiple funders
27-52 weeks	14%	24%	62%
Continuous	0%	60%	40%

Note: Table shows percentage of programmes in each category.

Next, we examined the relationship between programme lifespan, funders and budgets (see Figure 8). Longer programmes (i.e. >27 weeks) tended to have more funders and bigger budgets. For example, all programmes with a budget of €50,000+ had multiple funders, and most of these lasted 27+ weeks (i.e. 9 out of 10 programmes).

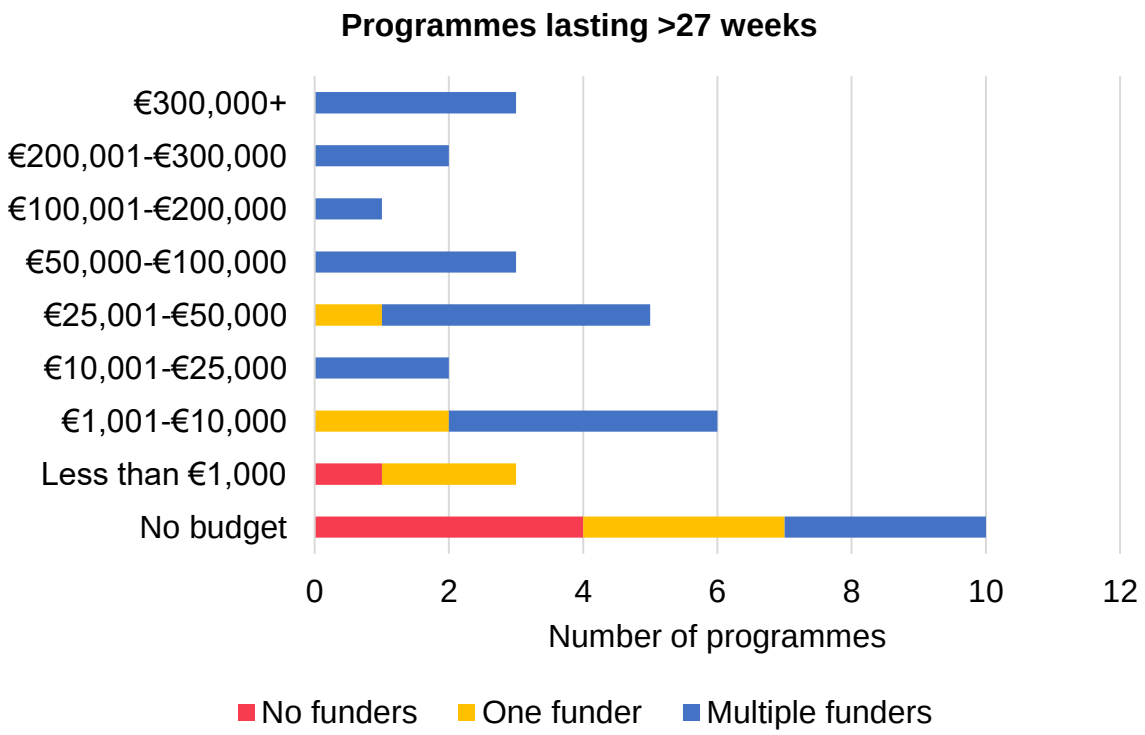

Figure 8: Programmes lasting >27 weeks according to budget category and number of funders.

3.2.9 Beneficiaries

Figure 9 shows the programme beneficiaries. The majority of programmes listed health service users as beneficiaries (85%). Family, friends and carers of healthcare users were listed as beneficiaries in 60% of programmes, while healthcare staff were listed in just over half (54%). One third of programmes also reported other beneficiaries (34%). These included the public, students, teachers, parents and arts organisations. Two-thirds of programmes (70%) had multiple beneficiaries, while one-third (30%) had one beneficiary.

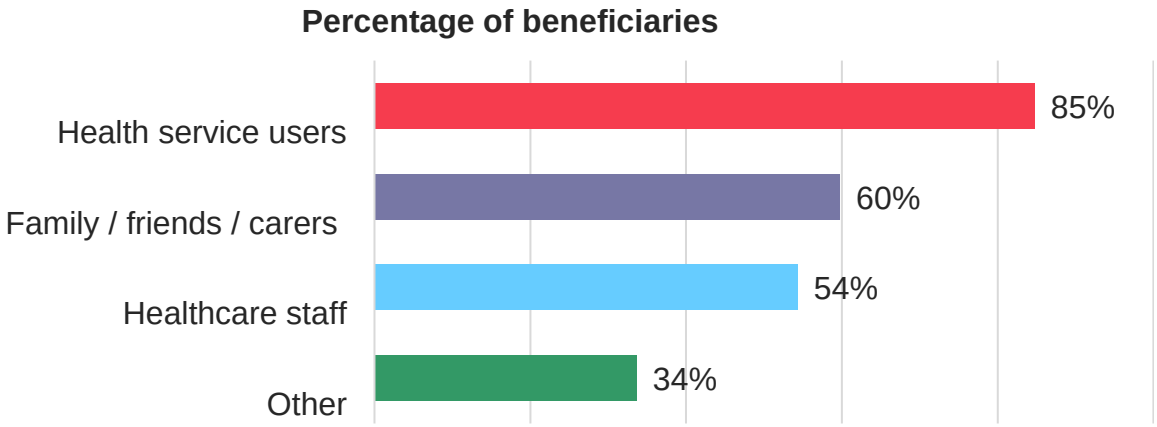

Figure 9: Percentage of programme beneficiaries across categories.

3.3 Budgets

Table 9 shows a breakdown of the programme budgets across categories, inclusive of core costs (i.e. salaries and overheads). Overall budgets varied considerably across programmes. Just over one in ten programmes (13%) had no dedicated budget. The highest proportion of programmes had budgets in the €1,001-€10,000 range (27%). Six percent of programmes had budgets of between €100,001 and €300,000, while 2% of programmes had budgets of €300,000 or more. In-kind contributions were also common, with 70% percent of respondents stating that the programme received some form of contribution.

Table 9: Programme budget totals and percentages

Budget category	Overall (%)
No budget	7 (13%)
Less than €1,000	5 (9%)
€1,001-€10,000	15 (27%)
€10,001-€25,000	11 (20%)
€25,001-€50,000	10 (18%)
€50,000-€100,000	4 (7%)
€100,001-€200,000	2 (4%)
€200,001-€300,000	1 (2%)
€300,000+	1 (2%)

Note: Percentages are rounded to the nearest number and so may not total to 100%.

3.4 Research and policy

Sixty-three percent of programmes were evaluated, while 37% were not. The majority of respondents had not published any research or policy documents related to their programme in 2019 (74%). Twenty-three respondents (26%) indicated that they did publish their work. The total number of documents produced was 27. Of these, 18 were published as case studies on the artsandhealth.ie website; four were published in academic journals and five were published as online PDFs.

3.5 Comparison to previous mapping report

Ruairí Ó Cuív and Leargas Consulting completed the previous mapping exercise in 2001[5]. This report mapped Arts and Health activities that had taken place in the Republic of Ireland between 1987 and 2001.

3.5.1 Number of programmes reported

The previous mapping exercise identified 150 activities, which took place from 1987 to 2001[5] (14 years in total). The number of activities varied across years, ranging from two activities in 1988 to 38 activities in 1998, approximately. The average number of activities per annum was 17. By comparison, the current mapping exercise identified 92 programmes in 2019. These averages indicate that there has been a six-fold increase in the provision of Arts and Health initiatives from 1987-2001 to 2019.

3.5.2 Funders

Local authorities replaced the HSE (formerly health boards) as the most frequent programme funder. The percentage of programmes funded by the HSE decreased from 50% between 1987 and 2001 to 37% in 2019. In contrast, the percentage of programmes funded by local authorities increased from 29% to 48% across the same period. The percentage of programmes funded by The Arts Council also increased from 20% to 32%, while the percentage of programmes funded by arts organisations remained stable (19% between 1987-2001 vs 17% in 2019).

3.5.3 Artforms

The most frequent artform reported in both exercises was visual arts, accounting for six out of every ten programmes between 1987 and 2001 (59%) and in 2019 (60%). The percentage of programmes with a musical element increased from 39% between 1987 and 2001 to 52% in 2019, while those with a drama element decreased from 42% to just 17%.

3.5.4 Contexts

Due to differences in how the data pertaining to contexts was collected, it was not possible to compare across individual healthcare contexts. However, the overall percentage of programmes that took place in more than one context increased substantially from 11% in the period between 1987 and 2001 to 65% in 2019.

3.5.5 Locations

The percentage of programmes that took place across more than one geographical area increased from just 4% between 1987 and 2001 to 20% in 2019. Nevertheless, the majority of programmes (80%) still took place in one region only.

3.5.6 Personnel

The percentage of arts personnel involved in programmes remained stable across mapping reports; 97% in 2019 compared to 100% between 1987 and 2001. However, the percentage of healthcare staff involved appeared to decrease from 83% (1987-2001) to just over half (51%; 2019).

3.5.7 Lifespan

The average duration of programmes increased from 6-10 weeks in the period between 1987 and 2001 to 31 weeks in 2019. The percentage of programmes lasting 27 weeks or more also increased from 13% to 40%.

3.5.8 Beneficiaries

Programmes carried out in 2019 tended to have more beneficiaries than those in previous years. Specifically, 70% of programmes in 2019 reported having multiple beneficiaries, including health service users, staff, family, friends and carers. By comparison, only 21% of activities surveyed between 1987 and 2001 reported multiple beneficiaries.

3.5.9 Budgets

Budgets in the previous report were reported in pounds sterling. For ease of comparison, these have been converted to euros here. Approximately one quarter of activities (24%) surveyed between 1987 and 2001 had a budget of less than €1,100. By comparison, only 9% of programmes had a budget of less than €1,000 in 2019. Conversely, 9% of activities between 1987 and 2001 had a budget of €11,000-€55,000, whereas 38% of programmes in 2019 had similar budgets of €10,000-€50,000. Just 3% of budgets surveyed between 1987 and 2001 were above €55,000. In contrast, 15% of budgets in 2019 were above €50,000; half of these (8%) were above €100,000 and 2% were above €300,000. Taken together, these results indicate that the funding available for Arts and Health programmes has increased considerably from 1987-2001 to 2019.

4 Reflections

The members of Arts and Health Co-ordinators Ireland (AHCI) have been delivering arts experiences to health service users in the Republic of Ireland for almost two decades. As such, we are aware of the diversity of Arts and Health practice in terms of healthcare contexts, artforms, scale, longevity of programmes and governance arrangements. We remain professionally connected to each other by the challenge of navigating the healthcare system on behalf of artists and others for the benefit service users and ensuring that the Arts and Health programmes we lead are delivered to the best possible standards. This includes ensuring the necessary resources are in place and the work is aligned with local and national healthcare policy and protocols.

As opposed to a systematic, policy driven approach at national level, Arts and Health programmes in Ireland tend to come about because of the vision of individual champions and / or the meeting of minds between healthcare and arts stakeholders. Yet the outcomes of Arts and Health work comfortably chime with the ambition of national strategies such as Healthy Ireland. Whilst some aspects of Arts and Health practice, such as an arts experience in dementia care, during renal dialysis and cancer treatments, have gained traction over the years, there are also gaps in provision in terms of geography, healthcare contexts and artforms.

AHCI aspires to the provision of access to arts experiences for all health service users regardless of health status, geography or means. By mapping the level and nature of current Arts and Health provision, it aims to identify areas of sustained and growing practice as well as gaps in provision.

The outcomes of this mapping exercise illustrate that those programmes, which have continued over sustained periods, had larger budgets and multiple funders and partners. This is not simply a question of resources. It demonstrates that those programmes with input from multiple stakeholders are more likely to survive the vagaries of the ever-changing funding landscape.

When the findings of this mapping exercise are compared to those from a similar Arts and Health mapping exercise carried out by Ruairí Ó Cuív and Leargas Consulting in 2001, we find not only a six-fold increase in the provision of Arts and Health initiatives from the previous period (1987-2001), but also a more complex scene. A higher percentage of programmes in 2019 involved more contexts, locations and beneficiaries than in 1987-2001. In short, we see an increased number of programmes delivered over a longer timeframe, with a wider reach. However, this growth has taken time and happens where partnerships and programmes are long established. These examples of local or regional successes highlight the inequalities in provision nationally.

Budgets for Arts and Health programmes have increased since 2001. Local authorities have replaced the HSE as the most frequent programme funder and we can see how Arts managers working in healthcare settings, particularly acute settings, have levered resources from non-healthcare sources for the benefit of service users.

The low level of academic research as part of Arts and Health practice can be seen as a reflection of both available resources and the culture of the artists and arts managers who often drive Arts and Health programmes. The case around the benefits of Arts in Healthcare has been persuasively made through international research and this is something that Irish practitioners regularly draw upon.

It is hoped that the outcomes of this mapping exercise, which was carried out by Dr. Francesca Farina on behalf of AHCI, will provide a benchmark for future and ongoing mapping of the practice and will lead to a more strategic and policy-driven approach to embedding arts into service users' experience of healthcare in Ireland.

Mary Grehan, Chair of AHCI Mapping Group and Children's Health Ireland (CHI) Arts in Health Curator

Justine Foster, Chair of AHCI, and Programme Manager at Uillinn West Cork Arts Centre

Claire Meaney, Director, Waterford Healing Arts Trust (WHAT)

Bernadette Jackson, Chair of the Arts Committee, Naas General Hospital

Ali Baker-Kerrigan, Programme Manager, National Centre for Arts and Health at Tallaght University Hospital.

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6. *Mapping the Arts in Healthcare Contexts in the Republic of Ireland.* (2001). Ruairi Ó Cuív and Leargas Consulting.

6 Appendices

6.1 Appendix One: Arts and Health Mapping Group

Mary Grehan, Chair of AHCI Mapping Group and Children's Health Ireland (CHI) Arts in Health Curator

Ali Baker-Kerrigan, Programme Manager, National Centre for Arts and Health at Tallaght University Hospital.

Justine Foster, Chair of AHCI, and Programme Manager at Uillinn West Cork Arts Centre

Bernadette Jackson, Chair of the Arts Committee, Naas General Hospital

Claire Meaney, Director, Waterford Healing Arts Trust (WHAT)

6.2 Appendix Two: Survey Questions

Section 1: Participant details

1.1. Name:

1.2. Role:

1.3. E-mail address:

1.4. Organisation (if applicable):

1.5. Website (if applicable):

Section 2. Programme / Project Details

2.1. What is the name of the programme / project?

2.2. In which health care context(s) did the programme / project take place?

- Acute hospitals
- Maternity hospitals
- Mental Health settings
- Paediatric care
- Community based support organisations for people with chronic illness and carers
- Well-being initiatives / Health promotion
- Hospices / palliative care
- Day hospitals / Community Health settings
- Residential care
- Primary care
- Rehabilitation and respite care
- Training and education
- Other. Please specify

2.3. What artform(s) were used?

- Architecture
- Circus, street art and spectacle
- Dance
- Film
- Literature / Creative writing
- Music (including opera)
- Theatre / Drama
- Visual Arts
- Traditional Arts
- Craft
- Design
- Other. Please specify

2.4. What type of programme / project was it?

- Collaborative / participatory arts
- Exhibition
- Performance
- Public art commission
- Arts and Health research
- Residency
- Training / Education / Continuous Professional Development
- Festival
- Other. Please specify

2.5. What was the lifespan of the programme / project from start to finish? Please give the total number of days / weeks, e.g. one day per week for 12 weeks:

2.6. Is the programme / project still active?

- Yes
- No
- Don't know

2.7. Was the programme / project evaluated?

- Yes
- No

2.8. What was the budget for the programme / project, including core costs (salaries and overheads)?

- No budget
- Less than €1,000
- €1,001-€10,000
- €10,001-€25,000
- €25,001-€50,000
- €50,000-€100,000
- €100,000+

2.9. Were any in-kind contributions made?

- Yes
- No

2.10. Where did the programme / project take place?

- Carlow
- Cavan
- Clare
- Cork
- Donegal
- Dublin
- Galway
- Kerry
- Kildare
- Kilkenny
- Laois
- Leitrim

- Limerick
- Longford
- Louth
- Mayo
- Meath
- Monaghan
- Offaly
- Roscommon
- Sligo
- Tipperary
- Waterford
- Westmeath
- Wexford
- Wicklow
- National
- Other

2.11. How many personnel were involved in the delivery of the programme / project? Please enter a number for each category that applies.

- Paid artists:
- Un-paid artists:
- Healthcare staff:
- Paid arts managers:
- Un-paid arts managers:
- Volunteers:
- Students:
- People working on community employment schemes:
- Other:

If 'Other', please specify:

2.12. Who were the programme / project beneficiaries?

- Health service users
- Family / friends / carers of health service users
- Healthcare staff
- Other. Please specify

2.13. Who were the programme / project partners and / or co-organisers?

- No partners / co-organisers
- Local authority arts office
- Healthcare providers
- Arts organisation(s)
- Educational institution
- Community organisation(s)
- Patient advocacy group(s)
- Other. Please specify

2.14. Who funded the programme / project?

- No funders
- The Arts Council
- Creative Ireland
- Arts organisation(s)
- Local authority
- HSE
- Healthcare institution(s)
- The National Lottery
- Voluntary group(s)
- Sponsorship / philanthropy
- Private fund-raising, e.g. fundraising events
- Other. Please specify

3. Research and Policy

3.1. Have you published research on your Arts and Health work? E.g. journal article, case study, etc.

- Yes
- No

3.2. Please add links to any relevant published research or policy documents.

4. Additional Comments

4.1. Please add any additional comments below.

4.2. In some cases, we may need to contact respondents to clarify details about their programme / project(s). Please tick this box if you are happy to be contacted by us. ☐

4.3. Please tick this box if you would like to receive a summary of the results. ☐

ARTS + HEALTH
COORDINATORS IRELAND

Arts + Health Co-ordinators Ireland (AHCI) is a voluntary network of professionals who manage Arts and Health initiatives in Ireland. AHCI aims to build capacity and maximise resources for its membership throughout Ireland.

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