

Arts in Health: Principles and practice

Version 1
June 2026



Acknowledgement

This document is prepared in acknowledgement of Aboriginal and Torres Strait Islander Custodianship of the lands and waters on which we are privileged to live and work. We honour their Ancestors, and pay respect to Elders past, present and those emerging into leadership. Their deep connection to Country, and understanding of the links between culture and wellbeing, have informed the development of this document.



Arts in Health: Principles and practice

Published by the State of Queensland (Queensland Health), 2026.

Document control

Version	Date	Comment
1	June 2026	Published

Document number: HIQ-GDE-00017

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<https://www.health.qld.gov.au/system-governance/health-infrastructure/resources/arts-in-health>

Contents

Left: Arone R Meeks (1957–2021), Kuku Midigi, *Reef Figure* (front), *Bush Medicine* (middle), and *Dilly-Bag-The Gatherer*, 2002. Commissioned by the Cairns Hospital Foundation for the Cairns Base Hospital redevelopment. Photograph: Cairns and Hinterland HHS.

Cover image: Queensland Children's Hospital distraction wall skin designed by Imaging Solutions. Photograph: Sarah Osborn.

01

Executive summary

Arts in Health: Principles and practice has been developed by Health Infrastructure Queensland (HIQ) in partnership with Children's Health Queensland (CHQ) and Arts Queensland (AQ) to embed best practice Arts in Health (AiH) principles across health infrastructure projects throughout Queensland.

Audience

- This document functions as a persuasive and practical guideline for those working within and with government on the development and integration of AiH components of infrastructure developments.
- It is designed for use by AiH working groups and the multiple invested stakeholders that make up their membership. Recommended membership is outlined in the section on formation of working groups.
- Elements of the document can be quoted or adapted for use in governance documents, in briefing papers, in community engagement collateral, in advocacy forums, and in the curatorial strategies that are developed for each project.

Reported benefits

- ✓ Improved patient recovery, reduced stress, and enhanced clinical outcomes.
- ✓ Greater staff wellbeing, retention, and morale.
- ✓ Stronger community engagement and sense of ownership.
- ✓ Expression of local identity and cultural heritage including for Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) communities, and artists with lived experience of illness and disability.
- ✓ Better alignment with national and international standards on health, wellbeing, and infrastructure design.

Objectives



Early integration

Integrate AiH as a core component of healthcare infrastructure from the earliest stages of project planning.



Healing environments

Foster inclusive, culturally safe, and healing environments through creative engagement.



Place-based stories

Support local and Aboriginal and Torres Strait Islander artists and communities in telling place-based stories through art.



Cross-sector collaboration

Strengthen cross-sector collaboration to deliver improved health and wellbeing outcomes.



Rachael Sarra, Goreng Goreng, *Guidance of Country*, 2023. Commissioned by West Moreton Health for Mental Health Acute Inpatient Service. Photograph: Hassell.



Tamika Grant-Iramu, *A Reimagined Environment*. Commissioned for STARS (Surgical Treatment and Rehabilitation Services, MNHHS). Photograph: AJ Moller, courtesy of the artist, Onespace and Australian Unity.

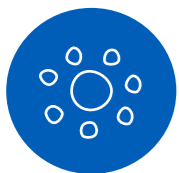
Key principles



Person-centred design
Supporting patient, staff and community wellbeing through creativity and storytelling.



Governance and collaboration
Ensuring transparent processes across stakeholders through strong leadership, working groups, and integrated project management.



Cultural safety
Embedding Aboriginal and Torres Strait Islander perspectives and honouring Country throughout healthcare environments.



Curatorial integrity
Aligning artistic outcomes with clear themes and strategic health and community objectives.



Co-design
Engaging communities, artists, and healthcare workers as equal contributors to space creation.

Implementation steps

- 1 Establish AiH working groups with representation from HIQ, Hospital and Health Services (HHS), Aboriginal and Torres Strait Islander peoples, communities, artists and other stakeholders.
- 2 Identify curatorial themes through co-design workshops and community consultation.
- 3 Map opportunities for artwork integration across project phases using the AiH opportunities matrix.
- 4 Engage and commission artists through transparent procurement processes aligned with strategic and cultural goals.
- 5 Coordinate with design and construction teams to integrate artworks during build phases (via Builder's Work in Connection (BWIC) planning).
- 6 Activate and evaluate AiH programs through launch events, community engagement, and qualitative/quantitative impact assessment.

02

A vision for Arts in Health in Queensland

Arts in Health: Principles and practice has been developed for HIQ through a formal partnership with CHQ and AQ. The purpose of this collaboration is to drive this work from within government, leveraging the broad expertise of the CHQ AiH program (established in 2012) and AQ's connections with arts sector networks to support cultural engagement across the state.

The role of AiH is an important component of person-centred healthcare facility design. HIQ projects currently being implemented across Queensland provide a timely opportunity to solidify and advance the integration of AiH within healthcare infrastructure planning. As a sector, AiH supports a contemporary and humanistic approach to hospital planning processes. Arts in Health: Principles and practice builds on this opportunity for establishing and embedding best practice within Queensland Health infrastructure development, weaving together disciplines and contexts to share local stories through artwork integration, enhance patient and community wellbeing and positively influence perception of care.

AiH adopts a transformative approach to environmental design which supports both clinical objectives and community connection. Hospitals are bastions of scientific, pragmatic thinking. Every major decision can have profound consequences for patient health, staff engagement and institutional identity. At the same time, hospitals represent the highest human aspirations: the healing not just of the body but also of the mind and spirit; the renewal of hope; and the appeal of service.

AiH is not just about making people feel better about where they are, it can help them recover more quickly by reducing stress associated with hospitalisation.

In this context, evidence supporting the provision of AiH programs within healthcare settings is persuasive.¹ Artwork in a healthcare facility has a job to do, it is not included in infrastructure planning for decorative effect, but to provide points of interest, connection and meaning. The best AiH outcomes are those which enhance the delivery of care. After decades of evaluation, a large body of research clearly demonstrates that the incorporation of artworks and cultural programs into hospitals, clinics, community health centres and aged care homes, greatly enhances the healing environment, favourably impacting length of stay, reliance on analgesia, wound healing, and most importantly, staff and patient wellbeing.² In other words, AiH is not just about making people feel better about where they are, it helps them get better quicker, mitigating negative impressions of hospitalisation which imply a reduction in personal autonomy and a disruption in familiar routines.³

Health professionals will always be the experts on treatment and care. Science defines life in its own way, but life is larger than science. Life is filled with mystery, courage, heroism and love, all behaviours we witness daily within healthcare environments but cannot measure or even fully describe, but they make our lives valuable anyway. AiH practices are closely linked with that desire to create an impression of normalcy, hope and comfort within the clinical environment. Artworks, and other creative activities, are a reassuring reminder of the things that make life meaningful and enjoyable. They enact the principle of person-centred care, celebrate the diversity of the hospital's population, and encourage the development of skills and ideas which help individuals and communities negotiate challenging circumstances.

Left: Leah Bartholomew, *Quiet Moments*, 2025. Commissioned by Gold Coast Health Secure Mental Health. Photograph: C-S GROUP.

¹ Fancourt, D and Finn, S. (2019) *What is the evidence on the role of the arts in improving health and well-being? A scoping review*. Copenhagen: World Health Organization Regional Office for Europe.

² Jameel Arts & Health Lab (2024) *2024 annual report*. Jameel Arts & Health Lab, June.

³ Noble, G., et al. (2025) 'Use of hospital arts to improve patient and staff health and wellbeing', *Nursing Times*, 121(10).

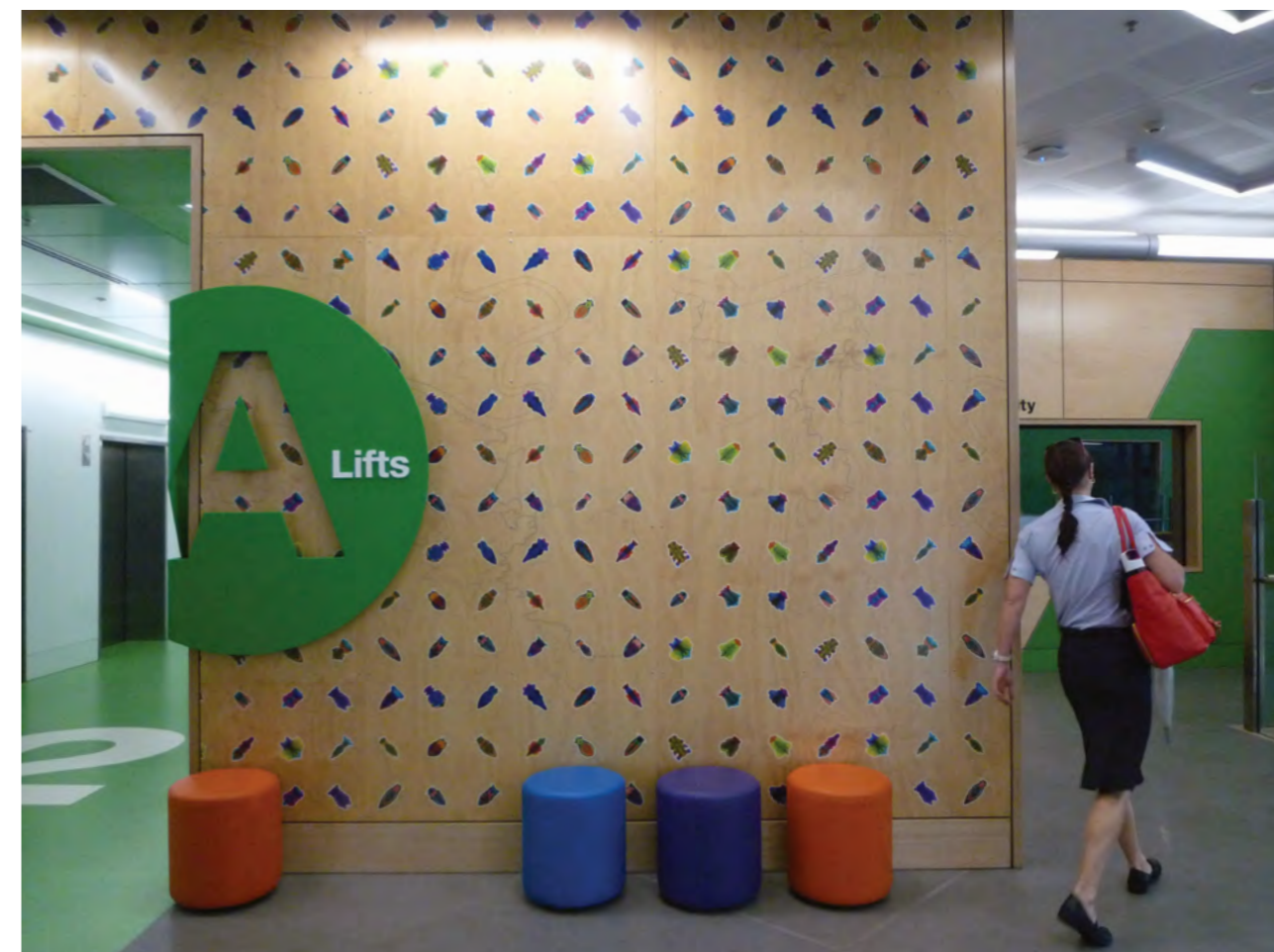
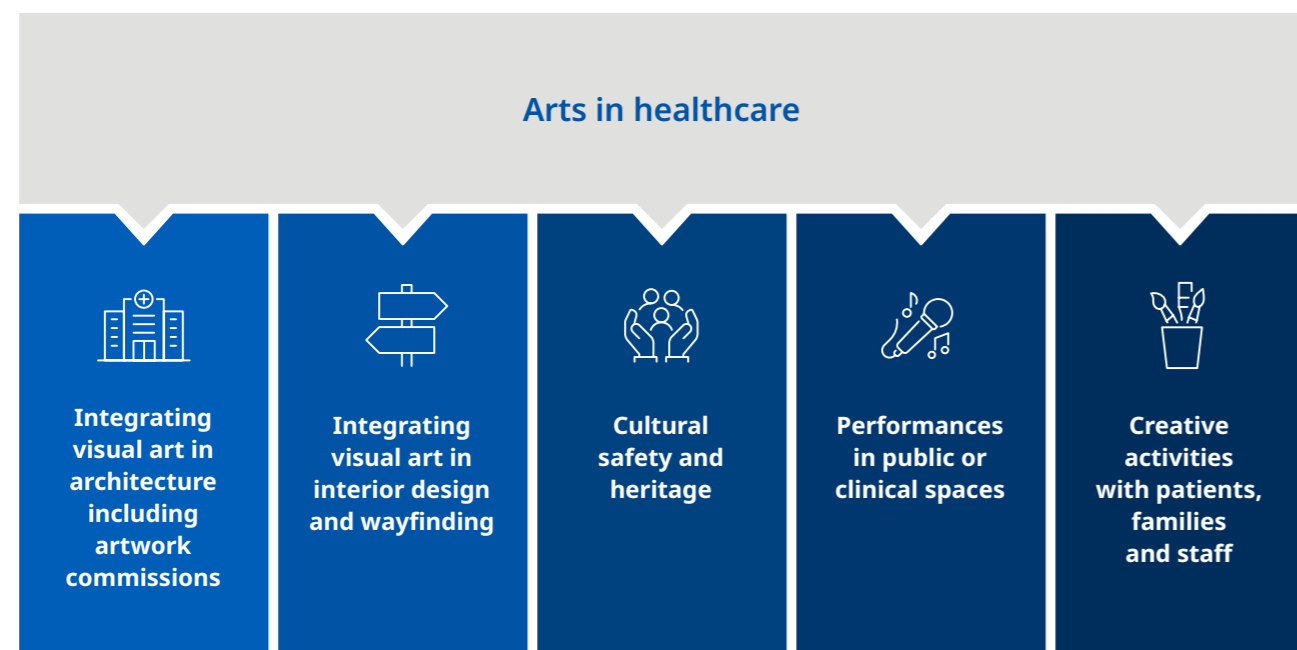
Why Arts in Health?

Arts and culture have been integral components of individual and community wellbeing for millennia. While there have been ongoing efforts to integrate arts and culture into healthcare and health facilities in Australia and internationally for many years, recently there has been an increased global effort to document, evaluate and implement the health outcomes from AiH initiatives.

AiH is a diverse, cross-disciplinary field dedicated to using the power of the arts to enhance health and wellbeing. Comprised of multiple affiliated fields, AiH supports the World Health Organization (WHO) definition of health as 'a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity'.⁴

A foundational 2019 World Health Organisation (WHO) report that reviewed over 3000 studies, found the arts contribute to improved promotion of good health and prevention of mental and physical conditions, as well as the treatment and management of acute and chronic conditions.⁵

AiH programs have been shown to deliver benefits for patients, staff, and carers across physical, emotional, social, and spiritual wellbeing. Health services also report organisational benefits, including improved working environments and potential cost savings.⁶ International evidence continues to build, including key contributions from the European Union's Culture for Health Report (2022),⁷ the World Health Organization's Arts and Health Report (2023), ongoing cross-sector research in the United States,⁸ and the Jameel Arts and Health collaboration with WHO.⁹



Helga Groves, *River Branches*, 2015. Commissioned by Children's Health Queensland for the Queensland Children's Hospital. Photograph: Conrad Gargett.

AiH programs are designed to benefit the healthcare economy, by improving the health and wellbeing of patients, caregivers, communities, and healthcare employees. Best practice modalities are strengthened by collaborations between the arts and healthcare sectors, by applying arts practice to health problems and health promoting settings. Arts in this context, consists of five broad streams: visual arts, design and craft, performing arts (music, dance, film), literature and storytelling, and digital and electronic arts.

AiH may be delivered in any artform and may be experienced as a participant or observer. AiH activities are considered 'multimodal' or 'complex' because they involve a wide range of interwoven elements (also known as 'active ingredients') that prompt multiple responses. AiH elements can encompass the arts activity itself, the people involved in the activity, as well as the contexts in which the activity is being delivered.¹⁰

The potential for AiH programs is far-reaching and collaborative. It is designed to provide welcoming, culturally safe and supportive spaces, as well as creative programming in partnership with local producers that becomes an integral part of the health service mission, its models of care and its community.

International research supports the incorporation of the arts into the design of healthcare facilities as a major tool of AiH practice.¹¹ This document, produced specifically for the Queensland context, joins the Australasian Health Facility Guidelines, *Arts in Health framework (2022)*¹², to guide the integration of artworks within hospital facilities, and the inclusion of artwork opportunities within infrastructure workflow from design to post-completion. Artworks commissioned and acquired during these processes can range from large-scale commissions to more intimate and patient-targeted examples.

4 Fancourt and Finn (2019).

5 Fancourt and Finn (2019).

6 Garrubba M. (2019). *Arts in Healthcare: A scoping review*. Centre for Clinical Effectiveness. Monash Health, Australia.

7 Zbrabca, R. et al. (2022). *Culture's contribution to health and wellbeing: A report on evidence and policy recommendations for Europe*. Culture Action Europe-European Union.

8 Pesata V., et al. (2022) *Engaging the Arts for Wellbeing in the United States of America: A Scoping Review*. Front Psychol. 12:791773.

9 Sajnai, Nisha and Fietje, Nils (2023) *The Jameel Arts & Health Lab in collaboration with the WHO—Lancet Global Series on the Health Benefits of the Arts*. *The Lancet*. Vol 402. Issue 10414.

10 Warran, K., et al. (2023) *Arts and health evaluation: navigating the landscape*. London: Social Biobehavioural Research Group, University College London.

11 Fancourt and Finn (2019).

12 Australasian Health Infrastructure Alliance (AHIA) (2022) *Australasian Health Facility Guidelines: arts and health – revision 2*. Australasian Health Infrastructure Alliance.



Kirsten Baade, *Healthy Habitats*. Artwork installation featuring digital prints on vinyl wall skins, floor-based decals, and animation, commissioned for Queensland Children's Hospital in partnership with Queensland University of Technology Design Lab. Photograph: Sarah Osborn.



Youth Art Project with Simon Degroot, *Create and Relate*, 2023. Commissioned by West Moreton Health for the Mental Health Acute Inpatient Service. Photograph: Louis Lim.

The role of Arts in Health

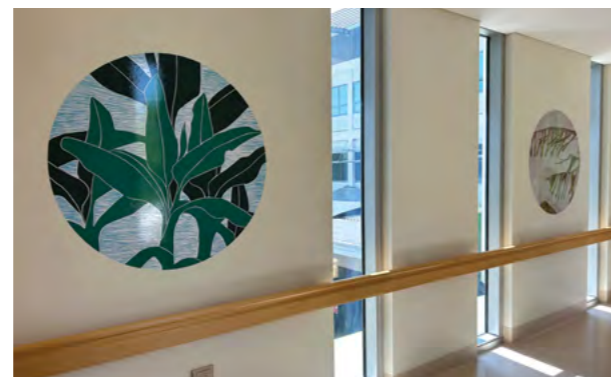
AiH infrastructure objectives

- ✓ Create a less overwhelming environment, by utilising commissioned artworks throughout the hospital, including in clinical spaces where possible.
- ✓ Contribute to the creation of a culturally safe environment.
- ✓ Provide design accommodation for temporary visual arts and heritage displays; music performances; sound art; lighting and wayfinding.
- ✓ Encourage AiH considerations in models of care, through the Schedule of Accommodation (SoA) and identified areas for participatory and receptive experiences including inpatient and outpatient wards, courtyards, and staff zones.
- ✓ Provide facilities that enable preparation, storage and activity spaces, artwork display areas, and general power outlets for sound systems and other technology to enable digital arts.

When these design considerations are present at the outset, and consequently purpose-built within the health facility, the investments outlay will provide high operational impact for all users.¹³

Transformation of clinical environments

The incorporation of AiH strategies from the earliest stages of healthcare planning can significantly impact the ways in which people experience, work, and behave within those facilities. These benefits are not just 'nice to have', they are cost-effective tools within the increasingly complex and sometimes overwhelming environments that deliver 21st century healthcare. Artworks and other human-centred design features transform hospitals into welcoming, calming, and inspiring spaces. These place-making enhancements support the healing process by reducing negative perceptions about wait times, improving navigation, and making the hospital experience less intimidating.



Fiona Mosby (nee Elisala), *Kala Kawaw Ya Akana Adhil (Grandmother's Story)*, 2022. Commissioned by Townsville Hospital and Health Service as part of the South Block Acute Admissions expansion.

Enhancing patient recovery and wellbeing

The connections between wellbeing and creativity are well-established. The utilisation of AiH practices, whether that be visual arts, music, dance, or storytelling, has been shown to reduce stress, alleviate pain, and improve mood among patients and staff. Engaging with art can create a sense of familiarity, empowerment, and connection within an otherwise impersonal setting.

Supporting mental health

Hospitals can be isolating and stressful environments. Creative environments provide therapeutic opportunities for expression which in turn can reduce depression and anxiety. A thoughtfully curated art collection, along with programs like music therapy, art therapy or community art projects, have positive impacts on mental health, especially for patients with chronic and long-term illnesses as well as long-stay patients. Creative artmaking also has positive benefits for other health conditions and disabilities.

Creative environments provide therapeutic opportunities for expression which in turn can reduce depression and anxiety.

Strengthening community connections

Art in hospitals can reflect and celebrate Australia's rich and diverse identity. Artworks foster creativity by showcasing a range of artistic expressions; helping patients, their families, and those who deliver healthcare, feel represented and connected to heritage, community, and the wider world. This is especially meaningful for Aboriginal and Torres Strait Islander peoples, CALD communities, people with disabilities, LGBTQIA+ individuals, and those from other marginalised and intersectional groups. Unique art forms contributed by artists who identify with these groups create a sense of belonging and recognition.

Improving staff wellbeing and retention

Healthcare workers face high levels of stress and burnout. AiH inclusions tailored for staff, can improve morale, resilience, and job satisfaction, thus directly benefiting patient care. The involvement of healthcare workers in the planning of AiH integrations is essential to achieving successful outcomes. Healthcare staff know their communities best, and clinicians have acute interest in the design of environments within which they will be delivering care.

¹³ AHIA, (2022) *Australasian Health Facility Guidelines Arts and Health—Revision 2*.

03



Aboriginal and Torres Strait Islander principles

It is important that all communities who use hospital and health services feel culturally welcome, safe, and able to access compassionate and equitable care. This is particularly crucial for Aboriginal and Torres Strait Islander peoples, communities, and healthcare workers. While the concepts of AiH are activated in new ways for infrastructure design, arts and culture have been central to individual and community health and wellbeing for Aboriginal and Torres Strait Islander peoples for thousands of years.

Arts in Health: Principles and practice is intended to be implemented alongside other key Queensland Health policies and frameworks that provide guidance on creating culturally safe healthcare environments. *The Queensland Health First Nations Design Framework (2024)* sets out the steps for further knowledge-sharing and best practice engagement processes.

AiH planning and implementation should be completed in collaboration with local HHS who have established networks and relationships with Traditional Custodians and Aboriginal and Torres Strait Islander community members.

The *National Safety and Quality Health Service Standards* and the *User Guide for Aboriginal and Torres Strait Islander Health (2017)*, along with the *Australasian Health Facility Guidelines (AusHFG) for Culturally Sensitive Planning and Design*, and *AusHFG Arts in Health Framework*, recognise the importance of Aboriginal and Torres Strait Islander cultural beliefs and practices. Health services are encouraged to present visible signs of cultural safety at gateway locations, reflecting respect for Aboriginal and Torres Strait Islander cultures and experiences.

Many Aboriginal and Torres Strait Islander people who are Traditional Custodians are often represented by a prescribed body corporate, Native Title group or Land Council. It is essential for HIQ and the HHS to be aware of this process and to guide the project accordingly to ensure effective collaboration.

As a discipline AiH

- ✓ Acknowledges and actively learns from Aboriginal and Torres Strait Islander perspectives on holistic health which highlight the interconnectedness of the arts, the environment and wellness.
- ✓ Respects and includes Aboriginal and Torres Strait Islander viewpoints within a curatorial approach that actively seeks to collaborate, consult, and partner.
- ✓ Honours and values the integrated nature of AiH for Aboriginal and Torres Strait Islander peoples and communities, supporting their cultural, social, and individual care.

AiH respects and includes Aboriginal and Torres Strait Islander viewpoints within a curatorial approach that actively seeks to collaborate, consult, and partner.

04

Development of Arts in Health: Principles and practice

AiH is a specific professional discipline which requires relevant experience and qualifications. This document draws on the knowledge and experience of the CHQ AiH team, who have been providing advice on healthcare design projects at a state, national and international level for several years.

CHQ's foundational work has been expanded through AiH implementation within HIQ projects to test processes and procedures at scale. It acknowledges the critical importance of oversight by HIQ and collaboration with each HHS in leading initiatives which are tailored for local communities. AQ, part of the Department of Education, has also contributed to the document as a key partner within the AiH initiative. AQ is committed to building a strong and sustainable sector which supports the renewal and transformation of Queensland through arts, culture, and creativity. AQ invests in all levels of the arts, cultural and creative sectors, and partners across sectors to support creative-led initiatives which improve social and economic outcomes for Queenslanders and their communities.

Arts in Health: Principles and practice is designed to serve as a central point for key information and resources, with the goal of making AiH initiatives more accessible across healthcare infrastructure and delivery systems, while also building capacity for their implementation.

By embedding local perspectives, cultural knowledge, and lived experiences into the design process, co-design creates spaces that are inclusive, welcoming, and meaningful.

Strategic objectives

- ✓ To produce a guiding document which will facilitate the adoption of best practice AiH integration within infrastructure projects from the earliest stages of development.
- ✓ To establish, activate and embed best practice AiH integration within Queensland Health.
- ✓ To embed sustained AiH work that is recognised as an essential component of infrastructure development.
- ✓ To demonstrate, articulate and document the value of AiH within Queensland Health.
- ✓ To socialise the discipline of AiH within state government and to build capacity within the health infrastructure sector.
- ✓ To create consistency of approach for AiH integration, across projects that can range from small scale redevelopments and expansions to new hospital builds.
- ✓ To promote inclusivity, community engagement and co-design as best practice models for AiH integration.



Phluxus2 Dance Collective artist, Jacob Watton, facilitating a movement workshop with residents from Mundubbera Multipurpose Health Service as part of the Arts in Health Pilot Program in Wide Bay Hospital and Health Service, 2023.

Benefits of collaboration

Collaboration can offer numerous benefits, such as fostering innovation, encouraging knowledge sharing, and boosting engagement. One of the goals of the Arts in Health: Principles and practice document is to enact structural change in the service of better overall outcomes. Given the persuasive evidence of the benefits of AiH as part of contemporary health design, AiH should ideally be included in planning from the earliest stages of each project.

The current demands of healthcare environments and the growth of health infrastructure across Queensland necessitate strategic and collaborative approaches to support wellbeing and healing. The structure of the partnership between CHQ, AQ and HIQ demonstrates this collaborative model. The partnership aims to leverage existing expertise within the arts and the health sectors to encourage innovation and efficiency

in alignment with government policies and practices, and a pragmatic understanding of the current contexts.¹⁴ The partnership provides best practice guidance and advice. It facilitates access to, and inclusion of, artists and arts workers in the planning and design of infrastructure builds, working collaboratively with local design teams, community and cultural networks, and the broader arts and health sectors.

¹⁴ Agency for Clinical Innovation NSW (n.d.) *Rationale and evidence for health and the arts*.

Importance of co-design

Co-design in healthcare infrastructure development, including AiH initiatives, is important for creating spaces that resonate deeply with the people they serve. This approach brings together clinicians, consumers, carers, families, healthcare workers, artists, and communities as equal partners in shaping environments. This process ensures that the needs, values, and perspectives of all stakeholders are reflected in the design and delivery of healthcare spaces.

In the Queensland context, co-design embraces the state's rich diversity, giving particular focus to Aboriginal and Torres Strait Islander peoples and their connection to Country, as well as the perspectives of CALD communities, and consumers and staff with lived experience of disability, illness and long periods of hospitalisation. This recognises that healthcare services are not just places for treatment but environments that can foster healing, connection, and belonging.

Co-design is about designing with people rather than for them. This distinction is crucial in healthcare, where the lived experiences of patients, carers, and staff provide critical insights into what makes spaces functional, accessible, and therapeutic.

At its core, co-design values all participants as experts in their own lives. Patients, carers, families, clinical and non-clinical staff, artists, and community members bring unique perspectives that shape every aspect of a healthcare environment. Their contributions identify challenges, develop solutions, and ensure spaces support both physical and psychosocial healing.

For example, in a paediatric ward, children and their families might co-design murals with an artist, personalising the space and making it feel welcoming for young people. Similarly, clinical staff might work alongside designers and artists to ensure that artistic interventions enhance workflow efficiency while reducing stress in high-pressure environments.



Melony Gordon, Wangerriburra/Tubbah Gah Wiradjuri, *Turtle Journey*, Commissioned for the Gold Coast Health Secure Mental Health and Rehabilitation Unit. Photograph: Queensland Health.

Incorporating Aboriginal and Torres Strait Islander perspectives into co-design is integral to creating culturally safe healthcare spaces. Aboriginal and Torres Strait Islander communities possess a rich understanding of Country, which can connect healthcare environments to deep knowledge. Co-designing with Aboriginal and Torres Strait Islander Elders and artists allows for the inclusion of storytelling, symbolism, and design elements that honour local stories and cultural practices. For example, healing gardens might feature bush foods and native plants with medicinal properties, chosen in consultation with Traditional Owners. Pathways can incorporate Aboriginal and Torres Strait Islander art and patterns that tell stories of the land, sea, and sky.

Designated spaces for yarning and community activities (both indoor and outdoor) should be enhanced by artwork and motifs that reflect and drive connection. Incorporating Aboriginal and Torres Strait Islander voices through co-design also acknowledges the importance of Reconciliation. This approach supports the transformation of hospitals into places that not only deliver care, but also celebrate and preserve cultural heritage. Most importantly, culturally safe healthcare environments encourage Aboriginal and Torres Strait Islander people to access services for themselves, their family, and community members, which is essential in closing the gap in healthcare outcomes.

Co-design can also be helpful in addressing the needs of CALD communities. Involving them in art and design processes ensures hospitals create spaces that are welcoming and inclusive, with features such as multilingual signage, culturally reflective art, and spaces for spiritual or cultural practices.

Artists with disabilities can provide unique creative insights into their lived experiences. Similarly, artwork design should wherever possible consider audiences who might need to engage through senses other than sight—including sound and touch. In addition, providing information on artworks through QR codes or online can broaden accessibility for particular cohorts.

Co-design involves individuals and communities by giving them a meaningful role in shaping the facilities they use. For patients and carers, it provides an opportunity to influence spaces that directly impact their health and wellbeing. For healthcare workers, it fosters a sense of ownership and pride in the workplace, while addressing practical needs to support efficiency. Artists bring creative perspectives to clinical spaces, finding meaningful ways to incorporate local connections and the diversity of Queensland stories. Involving community directly in artmaking through engagement with artists is a key strategy to foster connection and inclusion.

The importance of co-design in AiH lies in its ability to transform healthcare spaces into facilities that truly serve their communities. By embedding local perspectives, cultural knowledge, and lived experiences into the design process, co-design creates spaces that are inclusive, welcoming, and meaningful.

Co-designing with Aboriginal and Torres Strait Islander Elders and artists allows for the inclusion of storytelling, symbolism, and design elements that honour local stories and cultural practices.



Sam Harrison, Kamilaroi, Wiradjuri, *The first grocery store*, 2025. Mural commissioned by Children's Health Queensland for the Queensland Children's Hospital. Elder consultation Aunty Kerry Charlton.



Nathaniel Chapman, Goenpul, Yuggera, *Dry River Bed Springs*, 2024. Commissioned by Children's Health Queensland for the Queensland Children's Hospital. Photograph: Louis Lim.

05

The Queensland context

Queensland's health infrastructure program encompasses multiple capital investment initiatives that support the planning, delivery and renewal of public healthcare facilities. These initiatives include upgrades to existing assets, construction of new facilities and the integration of digital technologies to support contemporary models of care.

Queensland is a geographically vast state that has diverse urban settings, unique coastal environments, and an abundance of regional landscapes and communities (including many Aboriginal and Torres Strait Islander homelands and peoples). It is comprised of 16 HHS across the state, with each catchment identified to deliver services related to its demographic needs. This document is responsive to the local context and acts as an adaptive resource for each HIQ project team and HHS working within their jurisdictions.

Across Queensland, there are increasing complexities in the delivery of health services and the demographics that make up each HHS. Arts in Health: Principles and practice is informed by these issues and sits under the HIQ design principles to work in alignment with best practice approaches also outlined in the *First Nations Design Framework* and the *Wayfinding design principles*.

AiH practice in Queensland is underpinned by a diverse and dynamic arts sector across the state. Arts and cultural workers contribute to improving clinical environments through skilful approaches that enable artistic engagement and participation. This creativity is key to delivering quality outcomes in AiH integrations through collaborations between clinicians, communities and artists.

The strategic guidance working group

As part of the overall governance of AiH integration within Queensland Health, the HIQ AiH strategic guidance working group was created in March 2024 in partnership with CHQ, AQ and key representatives across the project division, to provide oversight of AiH direction, advise on processes and procedures and support the development of a formal strategic approach.

Arts in Health in Queensland

Individual health services are strongly encouraged to also establish internal AiH advisory and governance processes if they have not already done so. This will ensure the consistent application of the principles in this document and toolkit when managing infrastructure projects within the HHS. Advice on the establishment of internal committees is available from hiqdesigninnovationandassurance@health.qld.gov.au.

This document is intended as a guide that is responsive to the local context and can act as an adaptive resource for each HIQ project team and HHS working within their jurisdictions.

Leadership and advocacy

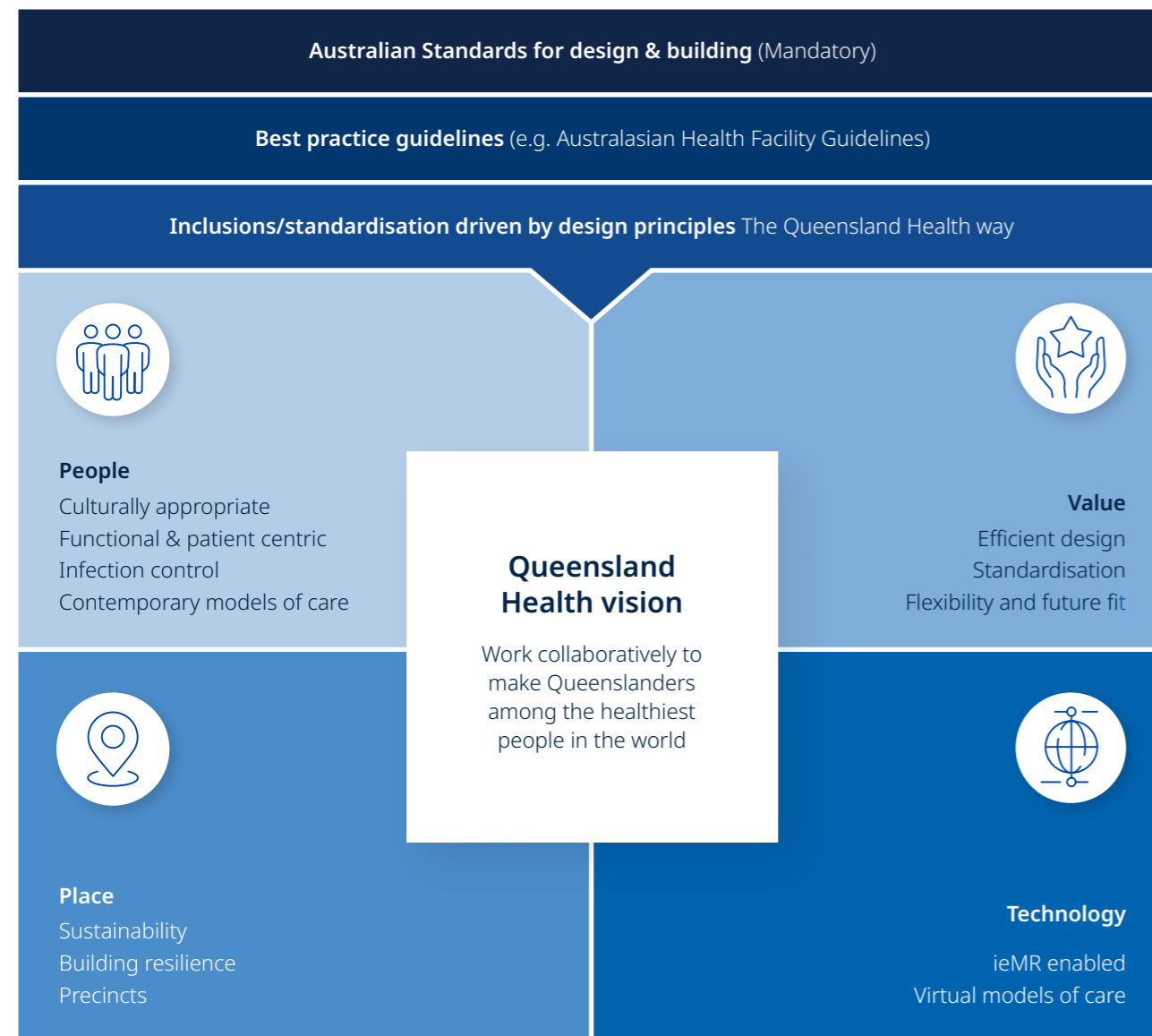
Strong leadership and advocacy are critical for embedding AiH into hospital infrastructure development in Queensland. Leaders champion the integration of arts into healthcare settings, articulating its value in improving patient outcomes, staff wellbeing, and community engagement. Advocacy involves making a compelling case for the transformative potential of AiH programs, ensuring they are prioritised within the broader healthcare agenda. Arts in Health: Principles and practice will consolidate Queensland's leading position in this work, which includes ongoing collaborations with the Arts Health Network Queensland (established in 2017) and representation on the AHIA AiH sub-group, which is being chaired by CHQ from July 2025.

Internally, leadership involves healthcare executives, healthcare planners and project directors, clinical staff,

and non-clinical staff actively supporting the inclusion of AiH initiatives. They advocate for funding allocations, provide strategic oversight, and facilitate cross-departmental collaboration. For example, hospital executives may highlight how AiH aligns with strategic objectives and models of care, creating environments that promote health and resilience for all patient cohorts and for those involved in their care.

Externally, leaders engage with stakeholders such as government bodies, local councils, philanthropic organisations, arts organisations, galleries and community groups. Advocacy efforts emphasise the unique ability of the arts to connect healthcare with the broader social and cultural context, reflecting Queensland's commitment to inclusivity, reconciliation, diversity and the value of the arts to drive social change.

Queensland Health design principles



Queensland Health infrastructure

1 Torres and Cape

- Bamaga Hospital redevelopment
- Pormpuraaw Health Facility redevelopment
- Thursday Island Health Facility redevelopment

2 Cairns and Hinterland

- Cairns Hospital expansion
- Cairns sub-acute expansion
- Cow Bay Primary Health Centre redevelopment
- Cairns Hospital Mental Health Unit
- Atherton Hospital redevelopment

3 North West

- Normanton Hospital redevelopment
- Camooweal Primary Health Care Centre redevelopment

4 Townsville

- Townsville Hospital expansion
- Townsville Hospital south block

5 Central West

- Windorah Multipurpose Health Centre redevelopment

6 Mackay

- Mackay Hospital expansion
- Moranbah Hospital redevelopment
- Sarina Hospital redevelopment

7 Central Queensland

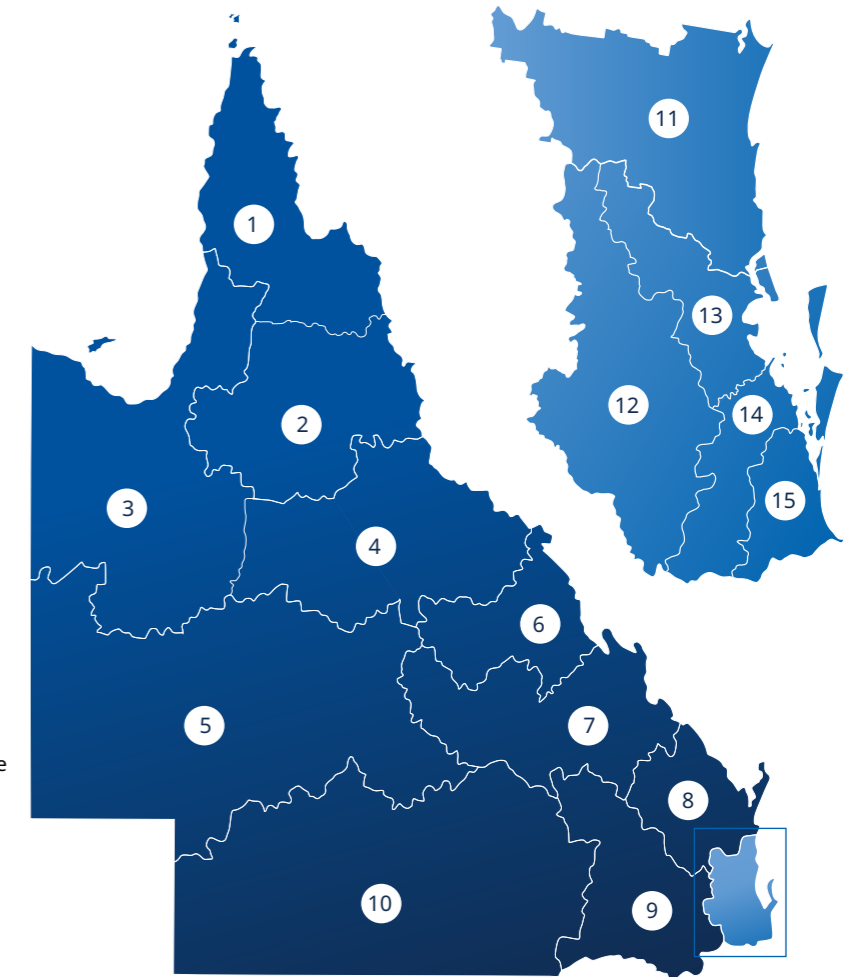
- Blackwater Multipurpose Health Service redevelopment
- Rockhampton Hospital Mental Health Ward expansion

8 Wide Bay

- Hervey Bay Hospital expansion
- New Bundaberg Hospital
- Fraser Coast inpatient mental health service enhancement

9 Darling Downs

- New Toowoomba Hospital
- Tara Hospital redevelopment



10 South West

- Charleville Healthwise Building redevelopment
- Morven Primary Health Care Centre redevelopment
- St George Community and Allied Health Building redevelopment

11 Sunshine Coast

- Nambour Hospital redevelopment

12 West Moreton

- Ipswich Hospital expansion stage 2
- Ripley Satellite Hospital site modular sub-acute expansion
- Ipswich Hospital expansion stage 1A
- Mater Hospital Springfield

13 Metro North

- Queensland Cancer Centre
- The Prince Charles Hospital expansion
- Redcliffe Hospital expansion
- Caboolture Hospital expansion

14 Metro South

- Logan Hospital expansion stage 2
- QEII Hospital expansion
- PA Hospital expansion
- PA Hospital renal refurbishment
- Redland Hospital modular wards
- QEII Hospital modular wards
- Logan Hospital expansion, maternity services upgrade and modular ward
- Redland Hospital expansion stage 1

15 Gold Coast

- Robina Hospital expansion
- New Coomera Hospital
- Gold Coast University Hospital modular expansion
- Robina Hospital Transit Lounge expansion
- Gold Coast Secure Mental Health Unit

06

Guidelines and milestones from business case to operational commissioning

Arts in Health: Principles and practice outlines key steps and processes for implementing AiH within healthcare infrastructure projects in Queensland. It is intended as a guide, with local context and communities informing further specifics.

➔ Practical templates and examples for use at each stage of AiH integration are available in the accompanying toolkit.

Funding and budget allocations

Establishing a clear budget is critical for embedding AiH initiatives into hospital infrastructure. The budget should reflect a commitment to inclusivity and cultural respect, with allocations for Aboriginal and Torres Strait Islander-led design elements, as well as opportunities to represent the major demographic elements of local communities. Transparency in budget planning allows stakeholders to balance creativity and practicality, ensuring that the initiative remains financially viable while achieving its objectives. AiH budget allocations should be distinct from BWIC costs.

Early articulation of financial investments is essential for improved arts integration in healthcare settings.

Allocations for each project will vary depending on scope:

- Design requirements of paediatric facilities may need higher percentage of overall gross construction cost given the essential role of creative play and distracting environments in models of care.
- Multi-purpose services with long term residential care facilities may be designed to replicate a more domestic or home-like environment for clinical purposes.

- Car park projects which are in proximity to major developments and in key positions on healthcare campus sites should also be included in AiH integration calculations; their facades can be significant locations for Aboriginal and Torres Strait Islander artwork opportunities, signaling cultural safety and assisting with wayfinding.
- The possibility of ongoing facility management and cultural asset management resources and responsibilities as part of the selection decisions should be considered in planning and commissioning. A maintenance and cleaning budget as a percentage of construction costs is standard, and a dedicated arts component should be identified as part of this process. However, with careful curation and selection of artworks these costs can be kept to a minimum.

For major redevelopments, expansions and greenfield sites, a guide of 0.25%–1% of gross construction cost (as recommended in the AusHFG Arts in Health Framework), should be committed to arts integration at cost planning stages as a separate and quarantined budget line, included in business case approvals. This cost range is a small percentage of the gross construction cost and will provide return on investment in multiple ways.

It is important to note that while allocation of funding for AiH integration ideally takes place at the earliest stages of planning, it is still possible to introduce or expand AiH initiatives throughout the life of the project.



Ailsa Walsh, Lardil Mornington Island/Kullilli/Thargominda/Yuggera, *Harmony Within Nature*, 2024. Commissioned for the Eight Mile Plains Satellite Health Centre. Photograph: Ailsa Walsh.

Reporting and decision making

Effective oversight provides the structure and accountability necessary for successful AiH programs. Strategic inclusion of AiH initiatives should align with broader healthcare and hospital planning processes, infrastructure program timelines and health service goals, including business cases, schematic design, detailed design, construction and operational commissioning.

Decision-making processes must be transparent and inclusive, with clearly defined roles for working groups and escalation pathways. These pathways may differ somewhat depending on where the budgets for an infrastructure project and the AiH components are

held, but within HIQ should involve regular reporting through project control groups and project steering committees and endorsement of recommendations from establishment of AiH working groups through to artwork commissioning and contracting.

Accountability mechanisms, such as regular progress reviews and reporting formats, promote transparency and celebrate contributions from all stakeholders. For instance, updates to hospital and departmental boards and steering committees might include presentations showcasing diverse community and cultural inputs to design elements or programs.

Initiating working group meetings for individual projects

The delivery of AiH projects involves building a network of support and engagement across multiple stakeholders, including representatives from HHS, HIQ, project managers and managing contractors, design teams, Aboriginal and Torres Strait Islander advisors, and consumers. The participation of key clinical and cultural brokers is essential. Introductory meetings with potential members to socialise the concepts and benefits of AiH is a useful first step.

Recommended AiH working group membership

- ✓ HHS representatives, Arts in Health staff (if applicable) (e.g. infrastructure, consumer engagement, clinical workforce, Aboriginal and Torres Strait Islander workforce)
- ✓ HIQ
- ✓ AiH coordinator (CHQ)
- ✓ Aboriginal and Torres Strait Islander principal advisor
- ✓ Managing contractor
- ✓ Project manager
- ✓ Architect/design team (including interiors and landscaping)
- ✓ Local arts and cultural organisations
- ✓ Communications
- ✓ Consumer representatives

Following the identification of roles for individuals and stakeholder representatives, (potentially through the development of a Responsible, Accountable, Supportive, Consulted, Informed (RASCI) engagement tool), the next step is to establish email communication with members and to request the completion of Conflict of Interest (COI) paperwork.

In the context of Queensland Health infrastructure projects, CHQ and AQ are currently leading the AiH integration in advisory roles in each of the AiH working groups, bringing AiH specialist knowledge and experience to the process.

Membership in the AiH working groups should reflect a commitment to inclusivity and diversity. Aboriginal and Torres Strait Islander knowledge holders from the HHS and community can contribute unique perspectives on health, healing, and connection to Country; while representatives from Australia's diverse cultural groups can enrich discussions with their insights, ensuring hospital environments are welcoming and meaningful for all. Clear delineation of roles and responsibilities is essential, with leadership roles such as chairpersons

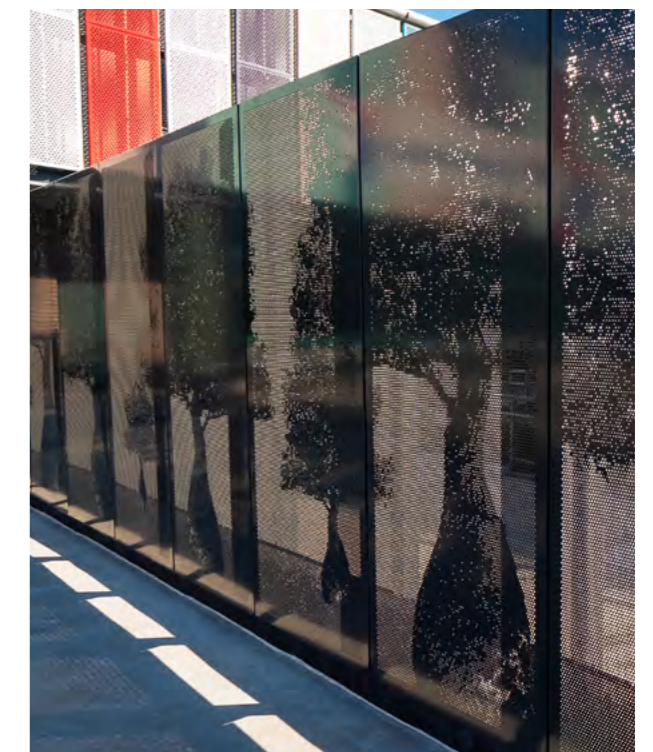
facilitating discussions and secretariats ensuring thorough documentation and communication.

Meetings should be scheduled in alignment with the project's phases, allowing sufficient time for meaningful consultation and collaborative input as the hospital design evolves. Ideally the AiH working groups are involved as early in the infrastructure project as possible.

Dedicated AiH coordinating roles are essential to the functioning of the working groups. AiH is a specific discipline of practice, separate from public art consultancy, due to its deep understanding of the processes, policies and pressures that impact the health system. Embedding specialist AiH knowledge throughout the process ensures high quality outcomes, contributing to community connection to the health service.

For the initial meetings it may be useful to start with a smaller group and work together to identify other perspectives that should be included. In terms of local arts organisations (e.g. regional galleries), a suggested approach is to inform them of the upcoming project, and to invite arts organisation participation once the AiH working group is more formally established and commencement into artist research and community engagement has begun.

Often AiH working groups will start with a fortnightly or monthly schedule to build momentum. There can be a variety of formulations, for example a smaller group might meet weekly for shorter focused sessions to work on specific tasks such as completing the artwork opportunity matrix or identifying BWIC requirements.



Bottle tree motif, 2020. Roma Hospital emergency fencing. Photograph: Courtesy of Queensland Health.

Terms of reference

AiH working groups act as creative and operational hubs. A well-crafted Terms of Reference (ToR) template forms the foundation for this work, providing a structured framework to define the group's objectives, scope, deliverables, and timelines. This ensures consistency across the duration of the project while remaining adaptable to specific hospital builds, and local and cultural contexts.

The development of the AiH working group's ToR must reflect the unique characteristics of each project. The ToR should also account for the diversity of the local community, tailoring the scope and objectives to align with the cultural, linguistic and accessibility needs of patients, visitors, and staff. Specific goals might include the integration of local Aboriginal and Torres Strait Islander art and storytelling, creating spaces for culturally appropriate care, and ensuring that all artistic elements support the hospital's broader health and wellbeing outcomes.

Once tailored, it is recommended that the ToRs are formally reviewed and endorsed by relevant stakeholders, including project control groups and project steering committees. This endorsement process ensures that the document has broad support, governance oversight, and reflects a shared vision.

➔ See AiH toolkit—Sample AiH working group Terms of Reference

Clarification of working group secretariat and logistics

Effective AiH working groups require strong secretariat support and logistical planning. Ideally the secretariat will coordinate activities, including meeting agendas, communication protocols, confidentiality documentation and reporting and recording mechanisms.

Logistics should accommodate diverse needs, such as offering virtual meeting options to include members in remote communities or scheduling in-person gatherings, where appropriate, to strengthen connections. Shared digital platforms should be user-friendly, fostering collaboration among members. Documentation protocols must ensure respect for cultural and intellectual property, particularly when incorporating Aboriginal and Torres Strait Islander knowledge or culturally significant practices.

Working groups issue action registers and minutes. Recording and transcription of working group meetings are encouraged.

Key focus areas

In hospital infrastructure projects, the AiH working group's first task is to identify areas where AiH will have the greatest impact, particularly through the inclusion of Aboriginal and Torres Strait Islander and diverse perspectives and community engagement. This might involve exploring how traditional Aboriginal and Torres Strait Islander healing practices, art forms, and connections to Country can be embedded in the hospital's design. Queensland Health is in a unique position to invest in Aboriginal and Torres Strait Islander artwork given the number of thriving art centres in regional communities and the prevalence of Queensland-born Aboriginal and Torres Strait Islander artists operating at senior levels within the national art sector.

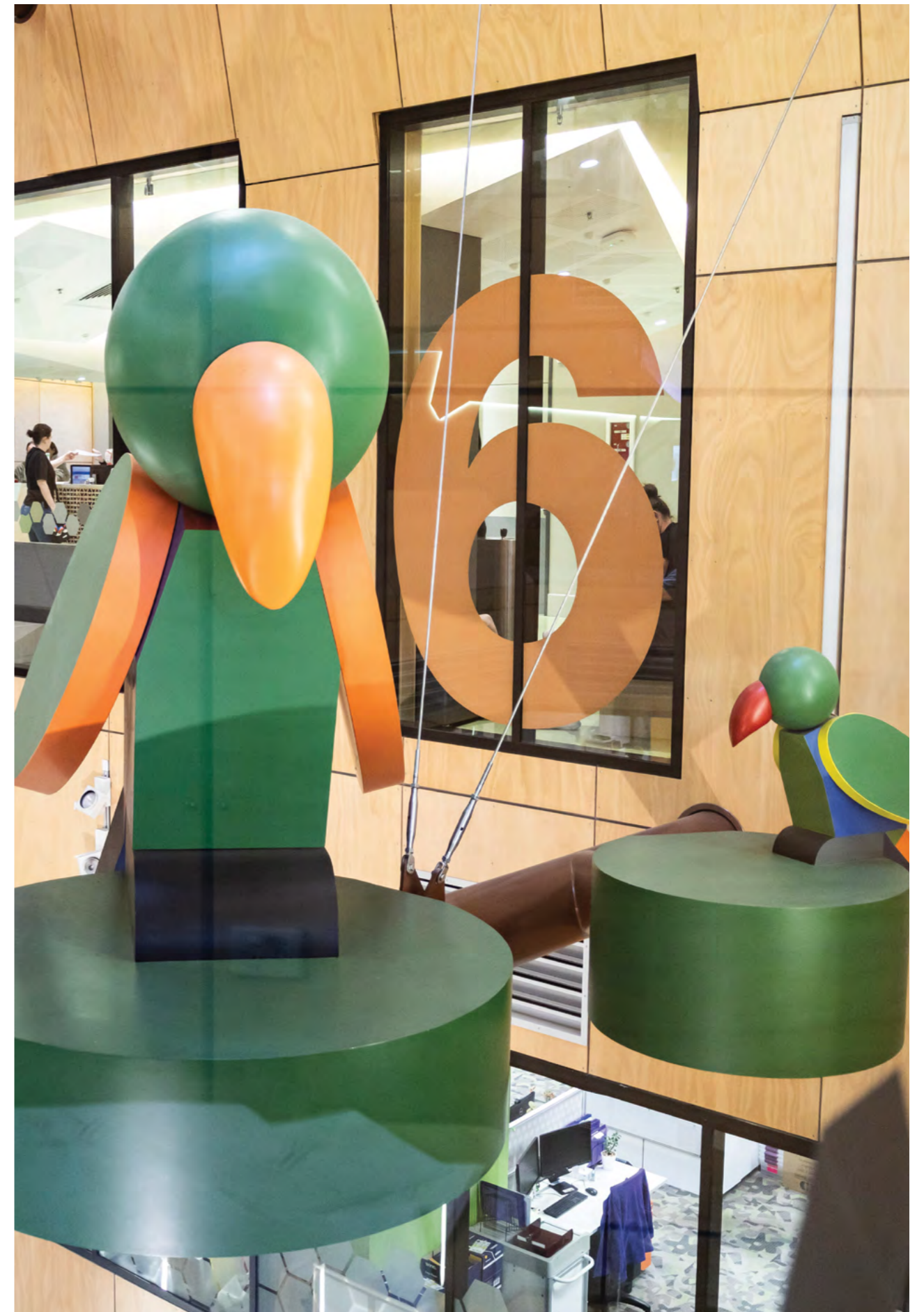
Similarly, the AiH working group should consider how culturally specific art, music, and design elements can enhance the hospital environment for Australia's multicultural and marginalised communities. This could include multilingual and accessible wayfinding signage featuring artistic designs, culturally relevant murals in waiting areas, or spaces co-designed for cultural events and gatherings.

Aligning these focus areas with the hospital's broader goals is essential. The inclusion of Aboriginal and Torres Strait Islander-led design engagement not only enhances the hospital's healing environment but also demonstrates a commitment to reconciliation and cultural respect. At the same time, incorporating diverse artistic traditions into clinical and public spaces reinforces the hospital's role as a place of inclusivity and community intersection.

Presentation of recent best practice examples and indicative costs

A useful starting point for each working group is a benchmarking presentation which showcases current best practice achievements in AiH. These can include notation of indicative costs to help inform AiH working group decision-making in prioritising arts opportunities.

Within evolving AiH practice there is an encouragement to move away from expending most of the budget on one or two large-scale installations, and instead stretching funding to provide multiple opportunities for artwork integration throughout hospital environments. This approach is based in the idea of building a collection for the health service, in combination with a strategy that looks for integration possibilities.



Emily Floyd, *A Little Community*, 2015. Commissioned by Children's Health Queensland for the Queensland Children's Hospital. Photograph: Michael Turner, Health Infrastructure Queensland.



Sally Molloy, *Self-care in Squiggles*, 2025. mural commissioned by Children's Health Queensland. Photograph: Mai Naito.

Distribution of current state design documentation

Sharing design documentation with the AiH working group ensures that all members have a clear understanding of the design intent and organisation. This documentation provides a foundation for identifying opportunities to integrate arts and cultural elements, ensuring these are woven into the fabric of the hospital rather than added as afterthoughts. Design documentation will evolve through the life of the project requiring regular review to ensure arts integration opportunities continue to align.

Identification and documentation of existing arts and cultural components impacted by the building process

During the building process, it is essential to identify any existing arts and cultural elements that may be affected. This might include murals, sculptures, healing gardens or objects of cultural significance already present on-site.

The AiH working group is encouraged to work with the HHS to document these elements and consult with Aboriginal and Torres Strait Islander and community representatives where necessary to determine a way forward. Strategies can then be developed to protect, relocate, or reinterpret these elements within the new design, acknowledging their original intent while adapting to the evolving needs of the healthcare facility.

By addressing these considerations through the AiH working group's structured processes, hospital infrastructure projects can ensure that AiH becomes an additional cornerstone of design legacy, reflecting the cultural richness and diversity of Queensland's communities.

Site visits

Site visits are important for the AiH working group to engage directly with the physical and cultural environments of the location. These visits can include connections with the local landscape and its significance to community.

Elders and Traditional Owners can offer insights into the cultural and historical significance of the land, informing the integration of Aboriginal and Torres Strait Islander perspectives into the hospital's design. Site visits also allow the group to identify areas where natural elements, such as existing trees or water features, could be preserved and/or incorporated into artwork design to promote healing and wellbeing.

Connections with landscaping, interior design and wayfinding

The integration of AiH is amplified by close alignment with landscaping, interior design, and wayfinding strategies. Landscaping offers opportunities to incorporate Aboriginal and Torres Strait Islander knowledge of native plants and traditional uses, creating outdoor spaces that are not only beautiful but also culturally meaningful. Interior designs can reflect the diversity of the community, incorporating visual elements such as patterns, colours, and materials that resonate with local stories and traditions. Wayfinding systems enhance accessibility and inclusivity in their approach ensuring the hospital is welcoming and navigable for all. Integrating these elements wherever possible provides a more holistic and effective approach.

Presentation from architects and design team

The architects and design team play a pivotal role in shaping the hospital's physical and cultural environment. Presentations from these teams should include an overview of how the hospital's design might align with AiH opportunities. This includes showcasing areas designated for artwork, spaces for cultural rituals or gatherings, and strategies for incorporating Aboriginal and Torres Strait Islander, multicultural and lived experience perspectives. The design team can also address how practical elements, such as lighting and materials, support the integration of artistic and cultural features and enhance accessibility.

Identification of opportunities

Workshops serve as a collaborative space for exploring and deciding on priority areas for artwork integration. Facilitated by CHQ and AQ in collaboration with other stakeholders, the process involves input from Aboriginal and Torres Strait Islander representatives, local artists, healthcare professionals, and community members. By identifying specific locations for artworks, such as facades, landscaped areas, reception foyers, link bridges, waiting areas, corridors, patient rooms, treatment rooms and other exterior and interior space, the group ensures that art is strategically placed to maximise its impact.

Workshops will be used as collaborative forums to explore and determine priority areas for artwork integration.

Summary of potential scope of artwork opportunities

Following initial presentations and workshops, a comprehensive summary of potential artwork opportunities should be documented in a matrix format. This summary highlights priority areas, proposed artistic themes, and key cultural considerations. It will provide a roadmap for integrating artwork into the hospital and building a collection ensuring alignment with the overarching vision and stakeholder expectations.

The introduction of the AiH opportunities matrix guides the initiative throughout the project's lifecycle. This living document tracks the development, implementation, and evolution of artwork opportunities, ensuring they remain adaptable to emerging needs and ideas. It includes details such as location-specific artwork plans, material options, costings, artist engagement processes, and BWIC requirements, creating a comprehensive framework for managing AiH integration.

The matrix becomes the central repository for tracking all potential arts integrations across the project. Each opportunity, whether a mural in a waiting area, interactive installations in public spaces, or culturally significant art in healing gardens, is logged with details covering location, materiality, BWIC requirements and intended impact.

To ensure inclusivity, the mapping process should involve diverse perspectives, including Aboriginal and Torres Strait Islander representatives, multicultural community members, lived experience consumers and healthcare staff. For example, consultation with Elders might identify opportunities to include artwork that reflects local stories or totems, while engagement with multicultural communities might highlight the need for multilingual storytelling or culturally specific motifs.

As the project progresses, the AiH opportunities matrix should be reviewed and updated, remaining a dynamic tool, and documenting changes in the project's scope.

➔ See AiH toolkit—sample AiH opportunities matrix



Queensland Children's Hospital distraction wall skin. Designed by Imaging Solutions. Photograph: Sarah Osborn.

Curatorial strategy

A strong curatorial strategy guarantees that AiH initiatives are cohesive and meaningful. The introduction of thematic principles grounded in relevant cultural narratives, local environment, and the HHS mission serves to anchor AiH objectives. For example, themes might include healing through connection to Country, celebrating community and legacy, or reflecting the resilience of the community. The curatorial strategy serves as the conceptual framework for AiH inclusions, aligning artistic interventions with salutogenic design principles.

Biophilic elements, such as artworks inspired by natural forms or local landscapes, foster a sense of connection to the environment, promoting emotional and psychological wellbeing. Salutogenic themes focus on creating spaces that enhance health and resilience, emphasising positive sensory experiences and cultural inclusivity.

A stakeholder engagement process is at the heart of curatorial thematic development. This can be achieved through surveying and/or consultation with user groups. Where there are existing mechanisms within specific HHS structures for the discussion and oversight of AiH, heritage and cultural issues, the engagement can be achieved in close alignment with those involved. Public surveying processes have also proved highly successful in mining rich data regarding community and stakeholder expectations, advice, and experience.

The curatorial strategy influences the selection and placement of artworks, creating an aesthetic that resonates with patients, staff, and community.

➔ See AiH toolkit—sample curatorial strategy

Examples of curatorial themes

- | | |
|----------------|---------------|
| ✓ Place | ✓ Family |
| ✓ Identity | ✓ Colour |
| ✓ Community | ✓ Joy |
| ✓ Connection | ✓ Play |
| ✓ Healing | ✓ People |
| ✓ Culture | ✓ Diversity |
| ✓ Storytelling | ✓ Access |
| ✓ Resilience | ✓ Nature |
| ✓ Journey | ✓ Environment |
| ✓ Hope | ✓ Renewal |
| ✓ Country | ✓ Compassion |
| ✓ Care | ✓ Home |

Scoping of existing working group resources and relationships

It can be helpful for the AiH working group to identify existing resources and relationships that can support the project.

Key questions to explore include

- ❓ **Are there existing relationships or licensing agreements with local artists?** Previous collaborations may provide a foundation for engaging artists who understand the local cultural and healthcare context.
- ❓ **Is there a previously determined curatorial approach or design guideline for the health service?** Lessons from past projects can inform strategies and processes, ensuring continuity and consistency across initiatives.
- ❓ **Are there key arts and cultural priorities identified through previous HHS engagement?** Previous HHS consultations may reveal community aspirations or cultural values that can help to shape the hospital's arts integration.

By leveraging these resources, the working group can build on established foundations, ensuring that the AiH initiative is both innovative and culturally grounded.

Through these steps, the integration of AiH into Queensland hospital infrastructure becomes a process of co-creation, driven by respect and informed by local knowledge and cultural richness.



Louis Lim, *Gifted Lives*, 2017. Commissioned by DonatLife and Children's Health Queensland for the Queensland Children's Hospital. Photograph: Sarah Osborn.

Developing the strategy

Successful and meaningful artwork integration within healthcare responds to the specific environment and to physical, cultural, and thematic principles. A curatorial strategy is essential in creating a functional structure and provides a touchpoint for cohesive planning and decision-making in AiH working groups. A curatorial strategy is not intended to be prescriptive in terms of artwork materiality, rather it provides direction to ensure a coherent response that authentically shares the stories of each location. The curatorial themes that are co-designed in the AiH working groups will guide artists in their creative responses.

Benefits of a curatorial strategy include

- ✓ Alignment of artistic goals with health-related objectives
- ✓ Opportunities for community engagement
- ✓ Promotion of inclusivity and awareness
- ✓ Provision of consistency and focus
- ✓ Support for project evaluation
- ✓ Communications and engagement tool



Grace Brown, *Banyahr jagun—banyahr garal janabi nyubani, Healthy Country—Healthy Community, 2025*. Tugan Satellite Health Centre Healing Garden. Photograph: Dialogue Office.

Local context and stories

Integral to developing a meaningful curatorial strategy is the process of identifying key themes that communicate valued elements of local context and share important stories. Through a participatory workshop, AiH working group members are invited to reflect on significant narratives in their local context and how these connect to the hospital build or redevelopment and the HHS hopes for the future of the communities they serve.

Potential reflective questions include

- ? How does the vision, mission and values of the hospital or HHS tie into the perceptions and community impacts of the new/redeveloped hospital?
- ? What hopes does the HHS have for communities in connection to the new/redeveloped hospital?
- ? What local stories are important to community members?
- ? How can curatorial themes support the sharing of personal and collective stories?
- ? What role do local stories play in promoting cultural safety and healing?
- ? Who is the audience? How does the audience change in different parts of the hospital?
- ? How will the identified themes facilitate engagement and interaction?
- ? Are the themes adaptable or flexible to accommodate ongoing changes in the project's environment or participants' needs?
- ? How can the themes be expanded or evolved for future iterations of the project?

The AiH working group will identify three to four curatorial themes through the co-design workshop. Subsequently, through collaboration with the architect and the managing contractor, the AiH working group will integrate the identified design drivers and curatorial themes into a formal curatorial strategy document for each project. This will be used to inform the creation of the artist briefs, commissioning documents and evaluation and will also be available for cascading the AiH component of the project within the HHS.

Public surveys

A public survey introduces the community, including health service staff and consumers, to the objectives of the AiH component of an infrastructure project. The survey should provide information about the benefits of AiH and then invite ideas, contributions and feedback from stakeholders and community members. This might encompass recommendations for artists, registration of interest in the AiH program, and examples of good and bad perceptions of AiH integration. This material, once analysed and reported, becomes a resource which informs the curatorial strategy and the AiH project. Support options should be provided for respondents who prefer non-digital options or who have accessibility needs.

➔ See AiH toolkit—sample public survey



Jennifer Kent, Quandamooka, Jinibara/Kabi Kabi, Wakkawakka, *All things Murumba, 2024*. Commissioned by Children's Health Queensland for the Dakabin Youth Hub. Photograph: Sarah Osborn.

Endorsement of the curatorial themes and strategy

Endorsement of the curatorial strategy formalises its adoption and ensures alignment with the broader objectives and goals of the project. Stakeholders, including hospital executives, HIQ governance teams, project managers, Aboriginal and Torres Strait Islander representatives and community leaders, may be asked to review and approve the strategy. The specific process of endorsement may vary by project scale and context.



Louvreclad and MODE Design Corp, Logan Hospital car park facade, *Our journey as one big family tree*, 2021. Photograph: Queensland Health.

Commencement of artist research

Research into artists suitable for consideration can commence simultaneously with the development of the curatorial strategy. This phase involves identifying artists whose work aligns with the project's curatorial themes and strategic goals. While in some projects there may be an initial focus on Aboriginal and Torres Strait Islander artists, the overall goal is to represent and welcome all communities who will be accessing the HHS.

The artist selection process must include thorough research by AiH specialists into artist practices, community connections, and capacity to deliver. Registration of Interest (ROI) and Expression of Interest (EOI) processes are also a valuable tool to tap into the appropriate networks. Following a shortlisting process, artists should be invited to submit proposals or participate in workshops to refine their concepts collaboratively, and they should be paid industry standard fees for this work. Collaboration with AQ and CHQ provides a structure for accessing established networks and expertise in identifying and communicating with artists.

ROI or EOI are a common process for public art and creative projects driven and directed by government, both local and state. The first stage is an unpaid call for a registration of interest, with artists required to submit a CV, evidence of connection to location if appropriate, examples of past work, and occasionally a statement about methodology. Artists should not be required to provide concepts or respond to specific project curatorial requirements during an EOI or ROI process.

These processes are ways of mapping artistic practice in a particular region or context. While it can seem like the democratic way to approach the first stages of a commissioning process, it should not be used exclusively. The processes require heavy administration, can set expectations within artistic communities that might not be met, and may not necessarily attract the attention of artists who would otherwise be suitable for consideration.

Any process should always be supplemented by in-depth curatorial research, leveraging local connections with art sector colleagues, and consideration of how to align artists with opportunities in the most cost-effective and curatorially successful way possible.

➔ See AiH toolkit—sample ROI and sample EOI

Coordination with managing contractor

Effective collaboration with the managing contractor is essential for integrating arts opportunities into the building process. This involves identifying BWIC requirements, such as structural supports for large installations, lighting considerations for art displays, or space allocations for temporary exhibitions.

Ensuring that these requirements are communicated early and clearly to the contractor can help to avoid delays or additional costs. Coordination meetings could include representatives from the design team, project managers, and cultural consultants to align construction and AiH goals.

Program timeline oversight

The success of the AiH integration relies on effective program timeline oversight. This includes establishing clear milestones for each phase, from artist selection and artwork development to installation and final review. The timeline should accommodate the sensitivities of engaging with Aboriginal and Torres Strait Islander communities and other diverse groups, ensuring sufficient time for meaningful consultation and collaboration.

Regular progress reviews with the AiH working group and project team will ensure alignment with the broader construction schedule, while flexibility in the timeline allows for adjustments based on emerging needs or opportunities.

Commissioning models

Artwork commissioning models depend on the nature of the project, scope, and budgets. For projects with a significant budget, this might include an open call to register via an ROI, a more direct and limited process in which artists are shortlisted based on industry experience, and an amount of funding sequestered to purchase suitable artworks directly from artists. Where project budgets are small, relate to specific cultural groups, or require the artist to live in a particular area, a limited competition commissioning model would generally be used. In some circumstances, for example, where it is considered that the work of a particular artist would meet project objectives, there is a possibility of issuing a direct invitation to a particular artist to undertake a commission (this was the model used on the Satellite health centres).

The commissioning process is similar in all models: establishing the brief and the selection criteria, evaluating artists' responses to the brief, shortlisting of artists (selection of the artist in the direct commission model), development of a design concept submitted by the shortlisted artists (the selected artist in the direct commission model), concept presentation and assessment against the brief, selection of concept (except in direct commission), signing of commissioning agreement, design development by the selected artist, creation of artwork, installation and handover of artwork.

When developing a design brief, the working group should establish clear objectives and ensure that stakeholders' purposes are reflected in the brief, as well as consideration of any legislative requirements, development plans and policies.

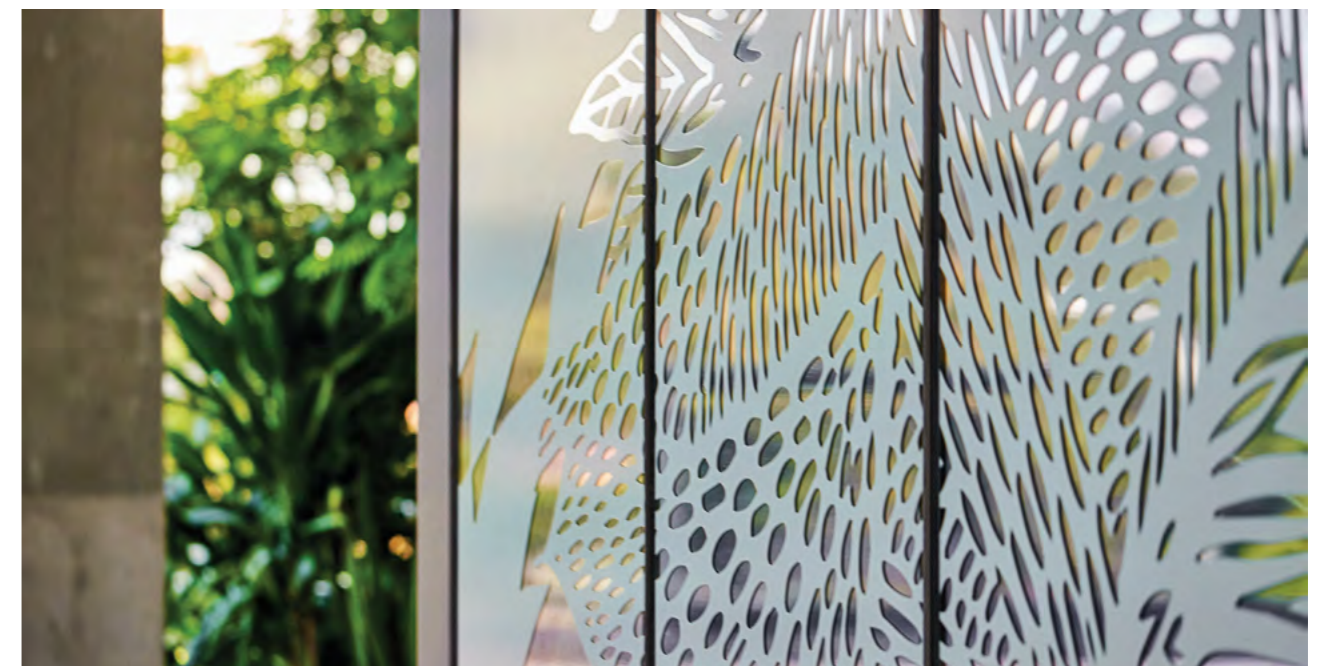
Development of artist engagement plan

An artist engagement plan outlines equitable and transparent processes for identifying and commissioning artists. This plan prioritises engaging with local artists where appropriate to ensure representation that aligns with the community's demographics, while also acknowledging that in some cases local and emerging artists may not have had the experience necessary to fulfil all the requirements of a complex, integrated commission.

Consideration can always be given to pairing a less experienced artist with a more experienced practitioner (even if the senior artist is from outside the region) as a professional development and mentoring opportunity.

As previously stated, processes such as ROIs or EOIs, competitive tenders, or sole supplier arrangements are used to identify artists whose work aligns with the curatorial themes and strategy.

Engagement strategies should focus on collaboration and co-design, enabling artists to contribute to the curatorial vision



Tamika Grant-Iramu, *A Reimagined Environment*. Commissioned for STARS (Surgical Treatment and Rehabilitation Services MNHHS). Photograph: AJ Moller, courtesy of the artist, Onespace, and Australian Unity.

Development of artist briefing documents

Artist briefing documents provide comprehensive guidance on project goals, thematic priorities, and technical specifications. These documents should articulate the commitment to design by encouraging artworks that integrate natural elements, as well as salutogenic principles that promote wellbeing through cultural resonance and positive sensory engagement.

Aboriginal and Torres Strait Islander and cultural representatives may be invited to be involved in drafting these briefs to ensure they uphold best practice approaches. Clear communication of objectives and constraints ensures artists can create works that align with the project's therapeutic and aesthetic goals. Shortlisted artists invited to submit proposals are paid standard fees for this work.

In some cases, community engagement opportunities enable collaboration between artists and local stakeholders, fostering a shared sense of ownership and identity. These programs may involve participatory art workshops or co-design processes where community members contribute directly to the creation of artworks.

➔ See AiH toolkit—sample artist brief

For instance, an Aboriginal and Torres Strait Islander-led community arts workshop could produce a collaborative piece that contributes to a centrepiece in the hospital's foyer, symbolising cultural connection and community strength. Such initiatives align with AiH principles by promoting active engagement, social connection, and cultural pride.



Tamika Grant-Iramu, *Complex Ecologies: Summer Haze*, 2023. Commissioned by Townsville Hospital and Health Service for the South Block Acute admissions expansion.

Development of best practice approach to licensing and intellectual property

Artists should not be asked to cede copyright and intellectual property in perpetuity. Rather, length of agreement terms should outline specific years of allowable use before renegotiation is necessary. Agreements will be drafted to give title in the design and artwork to the commissioner, once the commissioner has paid the full commission fee, however, the artist retains ownership of copyright in the preliminary design, design, and artwork. This means that the artist has the right to reproduce, publish and communicate the preliminary design, design, and artwork to the public. The commissioner may reproduce the artwork for certain limited purposes without further payment.

In consideration of AiH best-practice, artworks that will be replicated or used in multiple formats require the establishment of a licensing agreement outlining the scope of use.

A best-practice approach to Aboriginal and Torres Strait Islander licensing ensures that arts, cultural contents and forms are used respectfully and sustainably, protecting the intellectual and cultural property of Aboriginal and Torres Strait Islander artists.

Licensing agreements should reflect principles of cultural safety and reciprocity, outlining permissions for reproduction, display, and future interpretation.

Collaborating with cultural and legal experts ensures agreements are robust and culturally appropriate. This approach reinforces the commitment to reconciliation and acknowledges the therapeutic and cultural significance of Aboriginal and Torres Strait Islander contributions to the project.

If the artwork is created by an Aboriginal and Torres Strait Islander artist and it contains or refers to Indigenous objects, knowledge or works, Indigenous Cultural and Intellectual Property (ICIP) must be considered.

Protocols have been developed by Creative Australia, which describe appropriate ways of using Aboriginal and Torres Strait Islander cultural material and interacting with Aboriginal and Torres Strait Islander artists and communities.

While current protocols are not legally binding unless inserted into a contract, Arts Law strongly urges anyone dealing with works which embody ICIP to act consistently with the protocols.

➔ [View Creative Australia guidelines Visual Arts: Protocols for producing Indigenous Australian Visual Arts.](#)



Nicola Moss, *Coast Life*, 2013. Commissioned for the Gold Coast University Hospital. Photograph: Gold Coast Hospital and Health Service.

Procurement and commissioning documents

Procurement and commissioning documents provide a transparent framework for engaging artists, prioritising local artists and those with a strong connection to the HHS values and mission, or to geographic, demographic, and cultural contexts. These documents outline expectations for deliverables, timelines, and budgets while embedding principles of cultural respect and community engagement.

Furthermore, these documents align to the Queensland Procurement Policy and adhere to achieving value for money outcomes whilst supporting local market engagement and strive to achieve social outcomes.

The procurement process is as follows for the procurement/commissioning of artworks, under each stage the supporting documents are listed which are required to adhere to government policies and HIQ's procurement processes.

Engagement

- Project scope is provided to procurement.
- The request to procure form is completed by the project team and sent to procurement.
- Procurement assigns a procurement/project number to log the project in the HIQ database.
- Conflict of Interest (COI) deeds are signed by all involved parties.
- Probity is notified about the procurement activity (If required).
- Panel members are selected, and a list of Subject Matter Experts (SMEs) is sent to procurement.
- The curatorial strategy or theme/scope is provided to procurement.
- The procurement plan is drafted by the procurement lead, who contacts the project team to gather required information.
- The shortlisting process for artists is documented and submitted to procurement for audit. Alternatively, procurement should be involved directly in the shortlisting. This process must be included in both the procurement plan and the evaluation plan.



Emma Thorp, *A Cockatoo Collective*, from *The Banksia Collection*, 2024. Commissioned by Townsville Hospital and Health Service.



Joanne Nalingu Currie, *River Totem Revival*, 2021. Commissioned by Australian Unity for Surgical Treatment and Rehabilitation Services MNHHS (STARS). Photograph: Michael Turner, Health Infrastructure Queensland.

Planning

- The procurement plan is finalised.
- The evaluation plan is drafted.
- Evaluation criteria and weightings are agreed upon by the project, procurement, and AiH team, and documented in the evaluation plan.
- Identified artists are recorded in the relevant plans.
- Any contract details, clauses, deliverables, or special conditions are raised with procurement and escalated to legal if needed.
- Market documents are drafted collaboratively by the project and procurement teams.
- All market documents (e.g. curatorial strategy, briefs) are submitted to procurement for review.
- All SMEs, observers, stakeholders, and panel members are confirmed and have signed COI deeds returned to procurement for probity checks.
- The approval to call document is completed and sent to procurement for final sign-off before going to market.

Market

- Documents are released via the appropriate platform (e.g. email, VendorPanel).
- Tenders are issued from the HIQ procurement inbox.
- Any questions from artists are directed to procurement, who then liaise with the project team.
- All communications must go through the procurement lead.
- Once the tender closes, procurement begins compliance checks based on the evaluation plan and criteria (e.g. mandatory requirements).

Evaluation

- Procurement completes all checks and reports any late submissions, issues, or missing responses to the project lead.
- A secure shared drive or folder is created by procurement to share offers/concepts with panel members. Access is restricted to those who have signed COI deeds.
- A range of SMEs may be engaged depending on the location of the engagement.
- Evaluation scoring sheets are provided to panel members to complete and return to procurement.
- An evaluation meeting is held to decide which artist(s) will be recommended for award.
- Standard procurement procedures are followed if clarifications are needed.
- An evaluation report is drafted and finalised, including the recommendation.

Award

- A letter of award and letters of outcome are drafted.
- The approval to award document is prepared and sent to the delegate for sign-off.
- The contract for the successful artist is drafted and reviewed by procurement and legal if necessary.
- Once all approvals are in place, the letters and contract are issued to the artist.
- After the contract is signed/executed, a purchase order is created or updated for the successful artist.

Contract/commissioning

Project team to manage contract in line with project.

1. Selection panels

Selection panels should be developed from the membership of the AiH working group and other stakeholders as determined by the project team. Proposals are evaluated on artistic merit, alignment with curatorial themes, and ability to tell authentic local stories that contribute to the HHS vision.

Selection of artists should be achieved by professional assessment. While it is acknowledged that consumers should be represented where feasible on selection panels, calling for decisions on selection of artists via social media platforms holds potential risks and is not recommended.

Procurement should be engaged during shortlisting to document the process for auditing purposes.

2. Concept development and evaluation phase

During concept development, selected artists may collaborate with stakeholders to refine their ideas, focusing on local stories and cultural elements. This phase, known as developed design, may include workshops, site visits, and consultations with project group members, Aboriginal and Torres Strait Islander Elders, local historians, and community groups.

Concepts are evaluated on their ability to connect patients, staff, and visitors to curatorial themes and community identity while promoting a sense of belonging and wellbeing. When shortlisted for concept development, artists must be paid in line with industry standards.

3. Endorsements from working group to HHS and HIQ for approval

The AiH working group will review and evaluate finalised concepts against established criteria, under the guidance of procurement leads, which are then submitted to the HHS and HIQ for approval.

For culturally significant works, additional endorsements from Aboriginal and Torres Strait Islander Elders or local groups may be required to validate the authenticity and appropriateness of the concepts. This step ensures the artwork authentically reflects the community it serves.

4. Contracting phase

Contracts with selected artists ratify agreements, outlining expectations for integrating local narratives and community engagement. These agreements should safeguard intellectual property rights while ensuring the hospital retains appropriate usage rights for display, education, and promotional purposes.

For works based on Aboriginal and Torres Strait Islander stories or symbols, contracts must include cultural protocols, and consideration of ICIP. Artists are also encouraged to collaborate with local community members during the creation process, further embedding local identity into the artworks.

➔ See AiH toolkit—sample commissioning agreement (please note it may be subject to revision regarding IP and ICIP in future as guidelines and legislation develops)

5. Development of artwork register

The development of an artwork register ensures the systematic cataloguing of all commissioned pieces, including location, artist details, and any associated cultural or intellectual property considerations. This register serves as a critical resource for asset management, long-term maintenance, and historical documentation.

It is recommended that each entry in the register includes the artwork's title, description, and significance, highlighting its connection to local stories, and cultural heritage. For Aboriginal and Torres Strait Islander artworks, the register should also document permissions, protocols followed, and ongoing cultural responsibilities, ensuring respect for Traditional Owner knowledge and practices.

➔ See AiH toolkit—sample artwork register

6. Review and documentation of artwork maintenance methodologies

To ensure the longevity and integrity of the commissioned artworks, a comprehensive review and documentation of maintenance methodologies is essential. This includes the artist's contractual responsibility to specify appropriate cleaning and maintenance requirements, environmental controls, and repair protocols. For commissioned artworks an artwork maintenance methodology will be requested from the artist as part of the deliverables.

7. Additional considerations

Lighting

Sufficient and appropriate lighting is important for full engagement with artworks in some situations. Lighting is also relevant to mood, wellness, and therapeutic outcomes. However, in many instances, artworks can be included successfully in areas where ambient or overhead lighting predominates. This is part of the careful curation approach. Works need to be protected from heat and UV light, so UV filtering acrylic and conservation quality materials should be used.

Anti-ligature infrastructure

Ligature risks associated with rail systems can be managed by ensuring that the load to dislodge the track is less than 15kg. This refers to the force required to remove the rack from the wall, rather than the weight of the artwork. Hanging cables should also be as short as possible. However, these may not be appropriate in clinical areas such as mental health units. Anti-ligature art installation fixtures, installed at point of construction, may be best suited to these areas. Where possible, 2D artworks which will not be rotated should be fixed to the wall with a simple and cost-effective buttonhead screw and D-ring technique. Hanging mechanisms must balance aesthetic presentation with safety and durability. Secure systems such as fixed brackets or tamper-proof frames are essential in healthcare environments to prevent damage or accidents.

Infection control

Reducing the potential for transfer of infection through touch and the harbouring of infectious material through build-up of dust and any airborne pathogens is a key design consideration. Some materials, such as textiles and textured surfaces, are a greater infection risk than others but can be included in artwork integration if the risks are mitigated.

Some works may need to be positioned to avoid human touch. Ease of cleaning should also be considered along with facilities for storage.

In some health services, there are unnecessary levels of concern about the potential infection risks of artworks which limit the diversity of artwork inclusions. HHS staff can be reassured that there is no evidence that the inclusion of artworks such as acrylics on canvas poses an increased risk of infection transfer. At both national and global levels, thousands of artworks have been placed in hospital settings without incident.

In strictly clinical areas, artworks framed under Perspex or printed in vinyl can be safely installed. There are specific products available for use in clinical environments, which are antimicrobial and stand up to the pressures of regular chemical cleans.

Other safety considerations

AiH programs integrated into Queensland hospital infrastructure often include diverse collections of artworks that enhance the healthcare environment and reflect the local culture. Proper display, storage, and management of these collections are crucial to preserving their artistic, cultural, and therapeutic value. In the Queensland context, particular attention must be given to the inclusion of Aboriginal and Torres Strait Islander artworks and culturally significant pieces, ensuring they are treated with respect and in alignment with cultural protocols.

Presentation of works, artwork framing, and creative/therapeutic art program delivery must address patient, carer and visitor safety and Workplace Health and Safety (WHS) issues, whilst maintaining best practice AiH methodologies. For instance, climbability, trip hazards, manual handling issues, and the use of security clips on individual artworks in specific areas should be considered.



Nicole Lorrell Wone, Gooreng Gooreng / Bundabarra Yidinji, *The Hope and Healing in Nature*. Photograph: Courtesy of Apollo.



Elaine Chambers-Hegarty, *Sun and "Cabul" (Carpet Snake)*, 2022. Caboolture Hospital. Photograph: Ashley Bullas.

Display, storage and facility requirements

Proper storage is critical for preserving the quality and longevity of a hospital's art collection. Artworks not on display should be stored in dedicated spaces designed to protect them from damage caused by environmental factors or improper handling. It may be that within a clinical context there are limitations to space and resources for storage. These parameters may need to be considered in the initial commissioning and acquisition stages, to both establish an arts collection and care for it within 'real life' context of a working hospital.

Overall considerations for storage include

- Temperature and humidity control: maintaining a stable environment prevents warping, cracking, or fading, particularly for works on paper or textiles.
- Protection from light and dust: artworks not on display should be stored in archival-grade materials, such as acid-free boxes or padded covers, to shield them from light exposure and particulate damage.
- Wherever possible professional art installers, skilled in the handling and installation of artworks, should be engaged.
- A catalogue system ensures that stored artworks are easy to locate and retrieve. For Aboriginal and Torres Strait Islander pieces, the catalogue should include notes on cultural protocols for handling and display.
- Clean walls policy: to preserve the environmental coherence of a newly designed hospital setting, HHS should be encouraged to avoid the proliferation of temporary wall-based messaging, as this will detract from the investment in artworks and may pose public relations risks. For example, the placement of certain clinical and WHS notices near cultural artworks or artefacts may cause unintended offence.

8. Location

The location of artworks plays a critical role in their impact and longevity. Artworks should be thoughtfully placed in hospital spaces to maximise their potential and accessibility.

For example

- Entrances and sentinel locations.
- High-traffic areas such as waiting rooms, corridors and lift lobbies.
- Patient care spaces like wards and treatment rooms.
- Designated areas where palliative and end-of-life care is delivered.
- Rooms in which difficult clinical conversations may take place.
- Areas associated with specific patient cohorts that require particular attention to environment (e.g. paediatric spaces, birthing spaces, mental health spaces, and wards where long term care is delivered).

It is recommended that artworks are displayed with cultural sensitivity. For example, artworks depicting sacred stories or symbols may require consultation with Traditional Owners or cultural leaders to determine appropriate placement. Similarly, the orientation and visibility of the pieces should align with the artist's intentions and cultural practices.

9. Installation

The installation phase represents the culmination of the creative process, embedding the artworks into the hospital environment. Depending on the construction timeline, installations may occur either pre- or post-practical completion.

Pre-completion installations, such as integrated architectural features, require close coordination with the construction team to ensure structural and aesthetic alignment. Post-completion installations, such as sculptures or wall-mounted pieces, involve careful planning to minimise disruption to hospital operations. Installation ceremonies or events may be performed for culturally significant works; further connecting the pieces to their purpose.

Art programs enhance the healthcare environment and reflect the local culture, therapeutic purpose, and artistic vision.

10. Development of curatorial interpretation materials

Curatorial interpretation materials provide context and meaning for artworks, enhancing impact and accessibility for patients, staff, and visitors. These materials can include labels, didactic panels, room sheets, audio and digital content. Depending on the context, these materials may not need to be placed directly next to the artworks as they would be in a gallery setting but can be made available in different ways. It is important to identify methods to acknowledge artists, without duplicating the institutional appearance of a museum environment.

An important component of sharing artwork in a hospital is finding ways to tell its stories. In a hospital setting, interpretive materials should be clear, concise, and accessible to a wide audience, including those from diverse backgrounds or with limited health literacy. Interpretive text should highlight the local stories and cultural narratives behind each piece, ensuring that their significance is understood and appreciated. Interpretation should be developed in collaboration with the artist where possible, and in the context of Aboriginal and Torres Strait Islander artists ensuring respect for Aboriginal and Torres Strait Islander knowledge systems.

Cultural acknowledgements, particularly for Aboriginal and Torres Strait Islander artworks, include the artist's clan or language group and the story or symbolism embedded in the work.

➔ See AiH toolkit—sample artwork labels

11. Video and photo documentation of artwork development

Documenting the development of artworks through video and photography captures the creative journey and ensures transparency in the process. These materials also serve as educational and promotional resources, showcasing the care that has been taken to connect to community through the AiH program.

Particular care should be taken when documenting Aboriginal and Torres Strait Islander-led initiatives to ensure cultural protocols and sensitivities are respected. The resulting documentation becomes a valuable archive of Queensland Health's commitment to AiH, supporting future research and community outreach.

Documenting the development of artworks provides a valuable archive of the journey towards creating a community-centered healing space. Video and photography capture and share stories of key moments, such as artist workshops, site visits, and community collaboration.

For example, documenting a creative process and the meaning making in developing artwork showcases the depth of cultural engagement and respect involved in the project. Similarly, capturing moments of community participation in co-design activities highlights the inclusivity and shared ownership of the arts program. These materials can be used for education, community outreach, and promotional purposes, celebrating the commitment to reflecting local identity.



Kylie Stevens, *Urarra Meanders and Heals*, 2023. Commissioned by West Moreton Health for Mental Health Acute Inpatient Service. Photograph: Louis Lim.

12. Connecting HHS staff and artworks

Connecting HHS staff with the artworks fosters a sense of ownership and pride in the AiH program. Behind-the-scenes tours, sneak peeks during installation, or storytelling sessions with artists can help staff understand the significance of the pieces and their role in creating a therapeutic environment.

These activities also align with AiH principles, enhancing staff wellbeing by fostering connection and engagement with the hospital's cultural and creative elements. Existing community engagement activities may already provide opportunities to involve staff, but dedicated initiatives can ensure their connection to the program.

13. Activation of AiH artworks

The activation of completed artworks marks a celebratory moment for the hospital and its community. Launch events, social media publicity, and artist talks provide opportunities to share the journey behind the artworks, from concept to installation.

For example, a launch event might include a Welcome to Country and smoking ceremony to honour the inclusion of Aboriginal and Torres Strait Islander artworks, alongside artist presentations and community participation. Social media campaigns can showcase the hospital's commitment to AiH promoting the health benefits and cultural significance of the program to a wider audience.

Ongoing activation efforts, such as rotating digital exhibits or regular artist talks, ensure the artworks remain a vibrant and evolving part of the hospital environment. These initiatives reinforce the hospital's position as a leader in integrating arts, culture, and health, creating spaces that promote healing, connection, and inclusivity.

14. Evaluation

Robust evaluation frameworks are essential to demonstrate the impact of AiH programs. It is recommended that evaluation should focus on both qualitative and quantitative outcomes, capturing metrics such as patient and staff satisfaction, clinician responses, and community engagement.

Incorporating Aboriginal and Torres Strait Islander and culturally diverse perspectives into evaluation ensures the process respects cultural protocols and accurately reflects the program's impact on different communities. For example, community engagement methods such as yarning circles or community storytelling can provide rich insights into how artworks contribute to healing and wellbeing.

Developing partnerships with local research partners, such as universities or cultural organisations which have experience with research, can be a strategic way to effectively implement AiH evaluation.

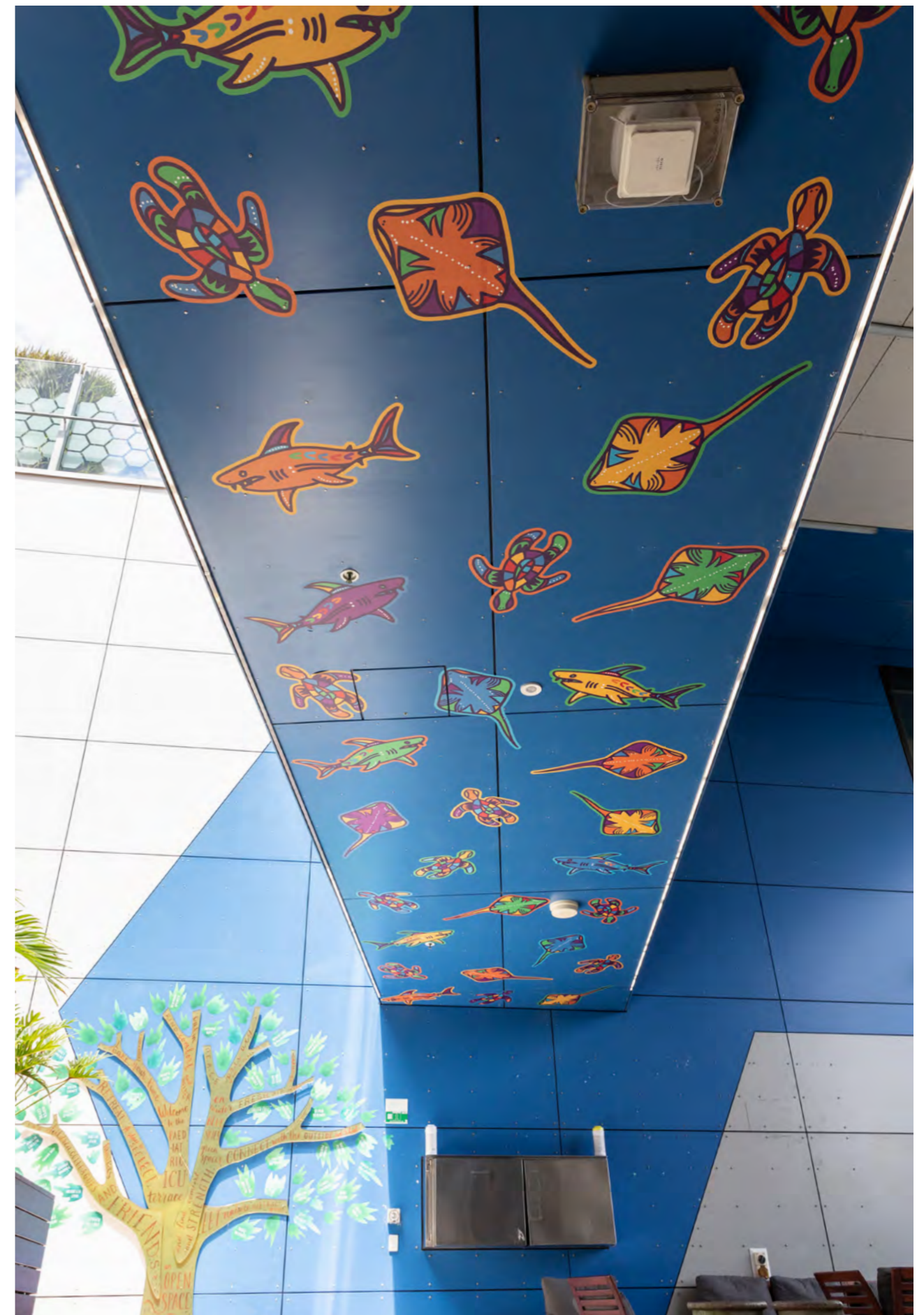
15. Risk management

As in all major projects, anticipating things that might go wrong is an important part of duty of care. In the case of artwork commissioning and acquisition, diligence at contracting stage will mitigate or anticipate most risks (e.g. failure to deliver artworks on time; material supply chain issues; unanticipated budget increases; withdrawal of artists; fabrication delays; program contractions or extensions). Regular reporting processes, the allocation of a healthy budget contingency and a well-planned timeline will ensure that most known risks can be managed and accommodated.

Policy and standards alignment

Department of Health policies and strategies that inform Arts in Health: Principles and practice

- [*National Safety and Quality Health Service Standards*](#) and the User Guide for Aboriginal and Torres Strait Islander Health 2017 [*NSQHS Standards User Guide for Aboriginal and Torres Strait Islander Health*](#).
- [*Queensland Health First Nations Design Framework*](#).
- [*Australasian Health Facility Guidelines \(AusHFG\) Culturally Sensitive Planning and Design*](#), policy framework
- [*AusHFG Arts in Health Framework*](#), policy framework
- Social procurement objectives—[*Queensland Procurement Policy*](#).
- [*Queensland Indigenous \(Aboriginal and Torres Strait Islander\) Procurement Policy*](#).
- [*Arts and Disability Plan 2024–2026*](#).
- [*Queensland's Disability Plan 2022–27*](#).
- [*Queensland's Time to Shine*](#) is the Queensland Government's 10-year strategy for a thriving creative sector and a vibrant statewide arts scene.
- [*Equity: the Arts and Disability Associated Plan*](#).
- [*Queensland Health \(2010\) Making Tracks toward closing the gap in health outcomes for indigenous Queenslanders by 2033: State of Queensland \(Queensland Health\)*](#).
- [*Australian Government \(2020\) National Agreement on Closing the Gap, Closing the Gap*](#).
- [*Queensland Health \(2024\) HEALTHQ32: First Nations First Strategy 2032. Brisbane: State of Queensland \(Queensland Health\)*](#).



Casey Coolwell-Fisher, Quandamooka, Nunukul, *Sea Animals*, 2024. Commissioned by Children's Health Queensland for the Queensland Children's Hospital. Photograph: Sarah Osborn.

Glossary

Arts in Health (AiH) Arts in Health is a specific professional discipline which develops programs and initiatives to enhance health and wellbeing through creative experiences and participation. AiH (also sometimes referred to as arts in medicine, creative health or arts in healthcare) is a diverse, multidisciplinary field dedicated to transforming health and healthcare experiences through the arts. The field integrates visual arts and design, literary arts, performing arts, theatre, film and other forms of creative expression into a variety of healthcare and community settings to enhance health and wellbeing in diverse institutional and community contexts.

Biophilia Biophilic design is an approach to architecture that seeks to connect building occupants more closely to nature. Biophilically designed buildings incorporate elements such as natural lighting and ventilation, landscape features and other inclusions to create a more productive and healthier built environment for people.

Builder's Work in Connection (BWIC) Construction or build costs which will enable the integration and display of artworks and cultural objects within a healthcare facility. These might include special load-bearing requirements, noggings, display cabinets, lighting, data points, access to electricity outlets. BWIC does not include the costs of engineering certification.

Curatorial To curate, in its most explicit definition, means to 'care for' or 'take care of'. Curatorial work is about the selection, bringing together and interpretation of a collection of things or objects. It can relate to artworks, books, ideas, social history or programs. Curatorial work is undertaken by specialists in particular fields.

Co-design Co-design means designing with people rather than for them. This means creatively collaborating with patients, families, community members and clinical staff and non-clinical staff to tackle problems big and small and explore opportunities for innovation. Co-design celebrates people as experts in their own lived experience, giving them the opportunity to help solve the challenges that they face first-hand.

Intellectual Property (IP) Intellectual Property (IP) refers to the rights arising from creative and intellectual processes, such as artworks, designs and inventions. These rights include copyright and moral rights, which are legal tools for practitioners to protect their work from unauthorised use, safeguard their reputation or brand, and generate income.

Indigenous Cultural and Intellectual Property (ICIP) ICIP means the rights that Aboriginal and Torres Strait Islander peoples have in relation to their cultural heritage. This includes:

- past, present and future
- tangible and intangible.

ICIP is also commonly referred to as 'cultural heritage, traditional knowledge and traditional cultural expression'—these are the terms used in the United Nations *Declaration on the Rights of Indigenous Peoples*. These terms are interrelated and embody the various aspects of Aboriginal and Torres Strait Islander Cultures. See: [Creative Australia 2025](#).

Salutogenesis Salutogenic principles in healthcare design stress the importance of signs of meaningfulness within what can be otherwise austere environments; this idea stresses that in order to achieve wellness and wellbeing, patients, visitors and staff require evidence, in the very fabric of the building, that they are not cut off from the things which give their lives meaning in the outside world.

Left: Carly Scoufus, *Flume*, 2012. Commissioned by Gold Coast University Hospital for the Neonatal Intensive Care Unit (NICU).

Back cover: Jane du Rand, *All the Birds Singing*, 2023. Commissioned by West Moreton Health for the Mental Health Acute Inpatient Service. Photograph: Louis Lim.



Arts in Health: Principles and practice

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