

Arts & Culture Research Symposium 2020
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Zoom Videoconferencing
Theme: Arts & Health

Conference Proceedings

3	<p>The State of Arts and Health In Singapore: Observations From The Field Dr Joanne Yoong Senior Economist, Center for Economic and Social Research, University of Southern California Founder, Research for Impact Singapore</p>
3.1	<p>This sharing is part of a larger study called “Connecting the Dots, State of Arts and Health Development in Singapore: Practice, Policy, Capability Development” funded by the MOE Academic Research Fund Tier 1. The focus of the research is to study the development of the Arts and Health sector in Singapore.</p>
3.2	<p>The World Health Organisation defined health as a state of complete physical, mental and social well-being, and not merely regarded as an absence of disease or infirmity. What we have seen over the intervening decades is a concentration of health and disease. However, in recent years, we have seen a resurgence, partly because of demographic reasons and intellectual growth of the field, the idea that health is very holistic and that the congruence of physical, social and mental well-being is something very natural to all of us as human beings.</p>
3.3	<p>Arts and health is a diverse, multidisciplinary field dedicated to transforming health and the healthcare experience through the arts. This is achieved by integrating literary, performing, and visual arts and design, and other forms of creative expression into a variety of healthcare and community settings. What we see in Singapore recently, is a flowering of different ways of which arts and health manifest. We see programmes in hospitals, residential centres, senior activity centres and the dementia field. One such example would be music therapy that not just supports seniors, but caregivers as well.</p> <p>There are innovative ways of using arts to articulate our experience of health in healthcare, take for example, <i>The Antibiotic Tales</i> by Sonny Liew shows how arts help us understand broader issues of how the healthcare landscape is transforming. Whereas Superhero Me, a non-profit inclusive arts movement demonstrates how arts and health come together to help us think about inclusion and diversity by working with many populations of people. These bring people together in a way that is natural, diverse, respectful and creative on the ground.</p>
3.4	<p>The purpose of the study is threefold:</p> <ol style="list-style-type: none"> a. Scope out the growth of arts and health in Singapore. Relative to other countries, Singapore’s arts and health sector is still quite new. b. Ask practitioners the barriers and constraints they feel are on the ground. c. Make some recommendations whether we see this field growing in the future.

	<p>Based on the above, three main sequential phases were conducted for the study. Firstly, a scoping exercise and literature review was done to lay foundation for the study and develop protocols for future investigation. The second phase saw an online research survey done in a span of 5 months between November 2019 to March 2020. 76 responses were collected through snowball sampling approach while building on the initial pool of personal contacts of the research team. In-depth individual interviews with 17 practitioners in both the arts and health sector formed the third phase. This allowed deeper and detailed insights of the initiatives in Singapore with concerns to their experiences and challenges to be gained.</p> <p>The scoping exercise and literature review helped to identify the key actors in addressing arts and culture and health/social care needs in Singapore. It also mapped the development of the relevant sectors in Singapore through understanding the headway of various policies within the arts and culture sector and health/social care policies from the year 1984 to present.</p>
3.5	<p>In the history of Singapore, we have always found a role for the arts in the development of society. In the very early years, the role of the arts and culture was very much in the development of a national spirit or social cohesion. Starting with the 1984 Report on the Problems of the Aged, it showed that the fundamental fabric of Singapore was changing. Through the years, the arts and culture, as well as the healthcare sector grew in lockstep, but not in a way that is convergent.</p> <p>Between the years 2005 and 2007, the 3rd Renaissance Plan coincided with the first Enabling Masterplan by the National Council of Social Service, the National Mental Health Blueprint by Institute of Mental Health and the Committee of Ageing Issues. This brought all of these issues together in a tangible way and began to spell out that the arts and culture sector have something very meaningful to contribute to Singapore society through these new ways we are viewing population health. As the arts and culture sector develop as a core thrust for growing arts and health, we also saw the healthcare sector responding to demographic changes coupled with the needs of an ageing population. With greater awareness of the role of mental health, there is a move of the healthcare sector towards the recognition that these issues have led to unsustainable cost and unsustainable focus on hospital-based acute care.</p> <p>In the last few years, two important moves can be observed. The first would be the move out of hospital to the community, demonstrating a greater incentive to look at lower cost prevention and community care programmes. Secondly, the notion social determinacies of health are important. All of these together means that the arts and health sector are seeing new interest and resurgence.</p>
3.6	<p>The illustrative journey of the Agency for Integrated Care (AIC) makes a good example. 2014 saw the introduction of the Agency for Integrated Care (AIC) Wellness Programme. This very first partnership with NAC introduced the arts into nursing homes, equipping healthcare professionals to conduct activities to enhance the client’s wellbeing. In 2015, the collaboration of National Heritage Board’s (NHB) The Peranakan Museum piloted museum-based activities for senior participants to reminisce and share memories. The introduction of the “Sensory Art” toolkit in 2016 was part of the expansion of the Wellness Programme.</p>

	<p>Arts Residency in nursing homes started in 2017, to provide opportunities for artists to engage communities in a non-arts-based setting, bringing appropriate, new, engaging and innovative art activities to nursing home seniors to foster social interaction and improve wellbeing. Lastly, in 2018, we saw the launch of Sparks! Arts for Wellness toolkit, a joint initiative of NAC and AIC. This toolkit will allow social and healthcare practitioners acquire new ideas and implement interesting and sustainable arts programmes that can be run independently at Community Care facilities, thus allowing wider dissemination. It was developed because of an arts residency initiative to design and test senior-friendly programme. In a brief span of time, we seen from very basic exploration to flowering of things looking forward to having tools, guidelines and resources for building a bigger community.</p>
3.7	<p>The first observation from the study is that the sector is vibrant and diverse in various areas:</p> <ul style="list-style-type: none"> a. Practice The growth of creative therapy is seen in many areas such as the healthcare sector, arts and health programmes, dementia care and almost in every public hospital. Within the arts and culture sector, individual practitioners as well as arts organisations are actively reaching out to provide health related or therapeutic health interventions. b. Funding There are more government initiatives supported by for example, the SGFund, and philanthropy such as from the Lien Foundation to provide funding from the private sector. c. Capacity Building There is growth of programmes in formal training at pre-tertiary and tertiary levels for therapists as well modules for those who are in fine arts and design schools. As for the growth in the informal capacity building, this includes workshops for trained professionals who wishes to take on new professional skills. d. Research We see a burgeoning of the research sector, both in academic institutions such as the National University of Singapore, Nanyang Technological University, Singapore University of Technology and Design and so forth. Non-academic research has, too, been increasingly putting forth research that is more action oriented and more participatory on the ground to enable artists to participate in research activity. e. Platforms Platforms and events such as the Arts in Eldercare Seminar, Roundtable Series at Singapore Art Museum, Arts and Disability Forum and Arts and Culture Research Symposiums. Growth is seen as well in associations such as music therapy association and other professional groups that are there to bring people together professionally, to support the sector. f. Policy Growth in the policy making in the community care, arts and culture and health sectors.

3.8 Following all the growth in the sector, gaps in the development of this eco system were then identified through the thematic analysis of our qualitative interviews and survey respondents.

a. Understanding remains to be built

Although arts and health is more salient than ever before, a considerable amount of understanding remains to be built. Comprehension of concepts in arts on health appears to be uneven amongst creative practitioners and project partners. Inaccurate use of terms still occurs when referring to arts and health related practice. ‘Art Therapy’ are often at times appropriated when referring to therapeutic arts. What that leads to, is a chain of consequences which could comprises participant safety and satisfaction, unmet or unfair expectations from various sets of stakeholders or barriers to project inception, planning and development.

Therefore, it is important for creative practitioners as well as project partners to be aware of the distinction between creative art therapy and therapeutic arts. This not only ensures the safety of the participants, but it offers a premise for partners to establish goals and manage expectations. The use of ‘therapy’ should be reserved for practitioners who are professionally trained in the creative therapy arts, which is informed by psychotherapy tradition to offer a course of recovering and development. Otherwise, it will be useful to note the ‘therapeutic’ potential of art making to convey the health and wellbeing benefits observed in non-therapy-based art practices (e.g. community-based art).

b. Intra-sectoral support is still young

Even though we have bridges to build across groups, there remains some constraints within sectors. One that we see is that the intra-sectoral support remains to be developed.

Despite increasing professional groups and events, stakeholders still expressed solitary feelings. Despite more arts in hospital programmes, administrators rarely interact. Similarly, avenues for arts and cultural sector administrators to interact and share have been limited. Existing platforms provide more ad-hoc opportunities for displaying and networking, and not growing a dedicated Community of Practice. Other formal resources such as directories are lacking or limited, these networks are not as robust as they could be.

c. Supply/Pipeline needs development

Practitioners also shared that supply/pipeline needs future development as demand outstrips supply. Although there are more courses, existing training still largely focuses on technical and professional development of fine artists / designers. More importantly, there is a lack of artists with skills, training and disposition. Many shared that they developed their skills while on-the-job, but such opportunities are limited.

	<p>d. Long-term sustainability</p> <p>Practitioners also shared their concerns for long-term sustainability. There seem to be many immediate funding sources for initial collaboration and pilots to get things started. Projects often rely on the artists themselves to come up with mixed sources of funding and being resourceful. Artists often asked to work pro bono or for token sum. There is also limited specific self-help tools. For instance, NAC provides resources but not remuneration guide for artists. Few support platforms for artists to share their frustration and challenges leading to isolation and burnout.</p> <p>e. Impact has not yet been proven</p> <p>Even though we have seen a lot of research being referred to, at the local level, many felt that the impact has not yet been sufficiently proven. Showing impact is critical for funders and policy but current evidence is not rigorous enough to demonstrate value and support strong buy-in. There are very strong financial and non-financial barriers to evaluation culture. For example, the lack of non-programmatic funding, ground complexities and logistical difficulties, and limited capability and bandwidth as well as attitudinal resistance amongst some artists.</p>
3.9	<p>Recommendations:</p> <ul style="list-style-type: none"> a. Promote future understanding, especially the use of appropriate terms and expectations b. Creative formal discursive platforms that are more permanent to promote exploration and network formation c. Expand local training and placements, mentorship and engagement for returning students d. Focus on sustainability, including project continuity, artist remuneration and self-care e. Prioritize evaluation, especially leveraging local tools and expertise