



Health
Infrastructure

SYDNEY CHILDREN'S HOSPITAL NETWORK

ARTS, PLAY AND DISCOVERY STRATEGY

FINAL v.1 MARCH 2021

Acknowledgement of Country

We acknowledge the traditional custodians of the lands, being the: Burramattagal People from the Dharug Nation at Westmead and the Gadigal and Bidjigal people from the Eora Nation at Randwick. We acknowledge that under all the asphalt and concrete, this is, was and always will be, Aboriginal Land.

We pay our respects to all Elders, past and present. Our children whom are our future leaders and all other Aboriginal people, whom form the oldest continuous, living culture on the planet. Particularly those from the stolen generations whom never made it home.

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Part 1: Introduction

Executive Summary

Childhood is measured out by sounds and smells and sights, before the dark hour of reason grows John Betjman

The role of arts and play at the Sydney Children's Hospital Network (SCHN) has for decades been heralded as providing a sense of warm welcome, of comfort, respite, ritual and life-force uplift in a clinical environment most families would otherwise associate as one of the most confronting experience of their lives. This strategy does not seek to distract from this valued experience; it seeks to build from these positive moments, align them more closely as *integrated within* Models of Care, not alongside of, and to embed this spirit of curiosity in everything the Network is celebrated for.

In December 2019, the SCHN Executive challenged the Project and Clinical teams to position a Network-wide approach for arts and play, to be interpreted through capital investment at each campus specific to the social fabric of their geographical location. This strategy delivers on that challenge, examined through the lens of clinical, staff and social impact benchmarks.

In developing this strategy, two key findings emerged: firstly, the capital review identified a primary opportunity to streamline operational arts/play activities through centrally coordinated administration. Feedback from clinicians, from staff, patients and families pointed not to a capital solution, rather a programmatic need - a new standard for paediatric healthcare to address anxiety, boredom and powerlessness in patients, families and staff. In context of increasing single-patient bedrooms as part of the redevelopment, so too will there be a need for greater social connectedness across wards and campus – providing a curiosity program is part of that solution.

The second finding was the impact of discovery - research and lifelong learning – promoted by families, patients and staff as interdependent with arts and play. Harnessing the proposed Discovery Centre at Randwick's Comprehensive Cancer Care Centre (CCCC) has potential for digital expansion at Westmead, so too the neighbouring relationships with tertiary institutions at each campus. An inter-disciplinary model mirroring the curiosity of children, of communities and their capacity to care for each other, can enhance clinical care, particularly in the extended periods *between* treatment where anxiety is most prevalent. Detailed in Part 2, this premise enables an vision for the role of arts and play with discovery at SCHN, recommended to be deployed via three inter-reliant objectives:

Vision: *lead an evolving Model of Care engaging arts, play & discovery*

1. **Stewardship:** Enhance patient and staff wellbeing through arts, play and discovery as a holistic treatment option, an inter-disciplinary Model of Care, administered centrally;
2. **Connection:** Create restorative spaces for meaningful human connection, with a focus on culturally safe environments for Aboriginal families
3. **Lifelong learning:** Lead developmentally appropriate programs through arts, play and discovery to foster engagement, curiosity, critical and creative thinking.

Part Three of this strategy motions an implementation framework and the key enablers proposed for successful implementation: appropriate governance, dedicated resources, partnership and evaluation.

The Arts, Play & Discovery Strategy championing an inter-disciplinary Model of Care has great opportunity to contribute to supporting the SCHN mission *Transforming Kids Health*. More than that, however, it will extend the Network's reputation as a place of healing to a place for childhood.

What is possible?

Where we are

- Amplified recognition by staff, patients & visitors of the role arts, play and discovery has on patient experience
- Extensive consultation for vision of the redevelopment highlighted key themes, arts and play ranking 4th
- Disparate MoC for arts and play
- Siloed arts and play workforce across campus & network
- 3rd party funding supporting operational arts program (less than \$20k pa)
- Art Collection asset \$4.45m (SCH & CHW combined)
- \$1m cap ex funding for arts only per site (0.3% GCC). Additional play and Discovery Centre funding to be determined
- Opportunity to maximise interior and landscape scope & funding to engage creatives and play leaders early in DD

Where we could be

- Network wide strategy with coordinated administration
- Strategy governance & Exec champion
- Clear Model of Care for arts, play & discovery accessible across campus and network, with robust program of inter-connected activities
- Dedicated real estate for Arts, Play and Discovery Centre (the 'ward') as the central artery by which programs can be experienced in the regions, online, on ward and outdoors
- Dynamic operational partnerships with localized cultural/science agencies to maximise capital investment & mitigate impost on operational budget
- Accountable resource for fundraising, partnership and dedicated volunteer program for the delivery for arts, play and discovery programs

Benchmark programs within our community provide guidelines to achieving the best possible outcomes for our patients and help us discover what is possible when we apply initiative, collaboration and partnerships. Across NSW with Local Health District partners, Health Infrastructure has engaged arts in health strategies for substantive impact – clinical, staff and social as evidenced in the Table 1 below:

Table 1: Arts in Health Benchmarks, NSW



Clinical Impact Dubbo Maternity

- J. Jones art commission led to 27% increase in first time presentation of Aboriginal women seeking ante natal care before active labour
- Significant community collaboration and 3rd party support to \$130k



Staff Impact Design Westmead Arts & Cultural Strategy Engagement

- 301 Survey responses
- 286 Interviews
- 433 Creative Activities
- 48 Community groups and organisations













Social Impact New Macquarie Hospital

- 3 Rivers communities working together for first time
- Elders and 3 high schools working together (Macksville, Bowraville, Nambucca HS)
- Public art commissions, language in wayfinding, Patient Entertainment System

In the absence of an inter-disciplinary example of arts, play and discovery it is helpful to look at the impact of these activities and consider the potential of when they can be strategically positioned, both within and outside of the healthcare setting.

Table 2: Arts, Play & Discovery as siloed activities in health and non-health care settings

Health example		
Arts	Play	Discovery
<p>Queensland Children's Hospital</p>  <p>Centrally coordinated program 500 + artworks Community Choir Partnership with Qld Conservatorium & Qld Performing Arts Centre Objects on loan from Queensland Museum Collaborations with Children's Art Centre at QAGOMA</p>	<p>Royal Melbourne Children's Hospital</p>  <p>3 minutes of arts distraction supports up to 8 hours of clinical treatment Melbourne Zoo partnership – Meerkats display</p>	<p>Perth Children's Hospital</p>  <p>Arts program enables social connectedness as a home away from home Discovery Centre enables brings together science and health research in a fun and educational way.</p>
Non-health example		
<p>Jackson Bella Room – National Centre for Creative Learning – MCA, Sydney</p>  <p>Annual commission for an artist to create an installation to engage visitors with contemporary art through sensory experience</p>	<p>Future Park by Teamlab at Powerhouse Museum, Sydney</p>  <p>An immersive and interactive exhibition of light and colour offering the opportunity to explore the possibilities of imagination, collaboration and creation.</p>	<p>Museum of Discovery (MOD) University of South Australia</p>  <p>A futuristic museum of discovery that sits at the intersection of art and science and brings together researchers, industries, and students to challenge, learn, and be inspired. Exhibition: Birds and Bees</p>

<p>The Big Anxiety Festival, a UNSW initiative</p>  <p>Brings together artists, scientists and communities to question and re-imagine the state of mental health in the 21st century. Exhibition, The Empathy Clinic from the 2019 festival</p>	<p>Everyone Can Play – NSW Govt</p>  <p>A best practice resource for councils, community leaders, landscape architects and passionate local residents. It is a reference guide for creating world-class playspaces, designed to include everyone in the community.</p>	<p>Lost in Books, Fairfield</p>  <p>A multilingual kids' bookshop and creative learning centre with public program which offers a range of activities around books, literacy, music, multilingual conversation, and wellbeing for children, young people and adults from all backgrounds.</p>
<p>Culture Dose: Art for Wellbeing, Blackdog Institute</p>  <p>Online arts experience which aims to promote mental wellbeing through utilising slow-looking techniques and reflection, developed in collaboration with AGNSW</p>	<p>Dr George Khut School of Art & Design (unsw.edu.au)</p> <p>Research into VR technologies to help the "BrightHearts" research project - a collaboration with Dr Angie Morrow, Staff Specialist in Brain Injury at The Children's Hospital at Westmead, Kids Rehab, that is evaluating the efficacy of his interactive artworks as tools for helping to reduce the pain and anxiety experienced by children during painful and anxiety-provoking procedures.</p>	<p>Questacon – National Science and Technology Centre</p>

Principles

The way [the building as a fixed structure] interacts with the world, and the way that both play, discovery and art are incorporated into the experience of it, [...] should be dynamic and growing in the same context that we look after kids who are dynamic and growing Andrew Weatherall, Co-head, Dept. Anaesthesia, The Children's Hospital at Westmead

Table 3: Five principles underpin the Arts, Play & Discovery Strategy:

Participation	<ul style="list-style-type: none">Arts, play and discovery in health is a means to enhance individual and community wellbeing through self-directed and guided experiences.The development of these experiences should be patient-centred and encompass a broad range of forms & practices.These should provide equity of access, leading the way in disability services and beyond.
Collaboration	<ul style="list-style-type: none">Arts, play and discovery are realised through balancing HI investment with <i>innovative partnerships</i> and third party contributions working together to deliver activated programs.Patient and family centred programs enable diverse opportunities for patient, family and staff involvement and self-expression.
Integration	<ul style="list-style-type: none">Arts, play and discovery in health design is integrated with architecture, interiors, landscape, wayfinding and retail, enabling <i>spaces for wellbeing with a sense of wonder</i>. These spaces facilitate relationships between consumers and social cohesion through participatory experiences and activated social environments, in areas of high visibility, easily accessible in central circulation zones
Connection	<ul style="list-style-type: none">Places of curiosity and empowerment for peer-to-peer support create a sense of belonging and safety, with a commitment to inclusion and diversity.Children and young people are active shapers, managers and negotiators of their experience in hospital
Sustainability	<ul style="list-style-type: none">Arts, play and discovery infrastructure commits to lifecycle planning of facilities and cultural assets, responsive to their geographical and environmental footprint

Context

The role of arts and play in a health and tertiary education precinct contributes to invigorating the Network and campus-grounded sense of identity, based on internationally accepted evidence of the value of arts and cultural practices to health, education and innovation. Arts and play can build the collective wellbeing of patients, families, staff, researchers, health consumers and the community who interact with the service. Play is central to this as the language of children underpinned by a sense of curiosity. Furthermore, they can stimulate the research and education environment, increasing its amenity and attractiveness, and so assist in recruiting the best skilled workforce required for the growing Network and precincts.¹

This strategy acknowledges the existing arts and play strategies at both the new Westmead Acute Services Building and the Prince of Wales Redevelopment, Randwick. It is proposed the objectives contained within this strategy will align with their respective precinct visions and continue to reflect the ambitions of these investments.

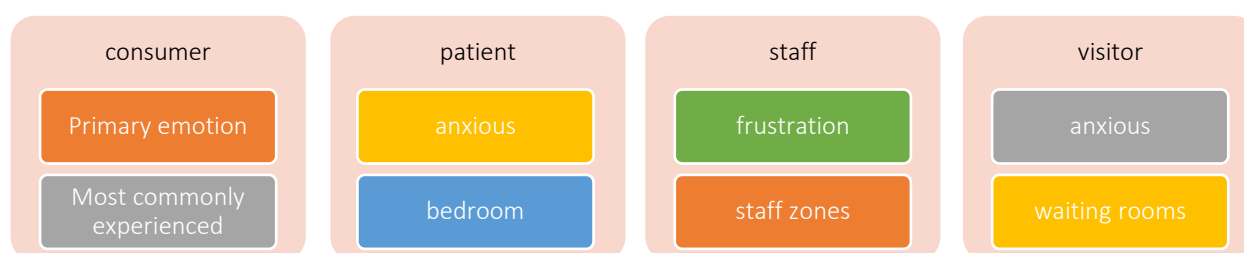
¹ RHEP Arts & Cultural Strategy, City People February 2020

Stakeholder Consultations Summary

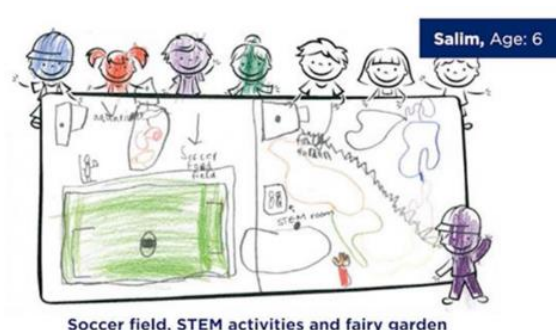
Consultation throughout 2020 has consisted of a range of activities, ranging from online surveys, clinical cluster meetings, 1:1 conversations and workshops. Feedback from Consumer Feedback and Functional Design Briefing is detailed in Appendix 1, with a summary of consultations offered in Table 5.

Key findings of the Emotional Ward Review (Arts & Play Survey, April 2020) identified consumer groups experience different emotions in different areas of the hospital (refer Table 4). Arts, play and discovery investment can assist to mitigate these experiences with purposeful design and beyond go-live with activated programs. Of note, how waiting spaces are not only designed, but managed has key benefits for all.

Table 4: Emotional Ward Review – Dominant emotions experienced by key consumer group in area most commonly experienced



What this demonstrated was how areas of wait are designed and activated operationally have a substantive impact on stress, anxiety and social isolation and secondly, the clear association that engaging quality arts and play programs mitigate heightened emotions, with greatest investment impact for arts and play are in areas of wait.



SCHN Children's Survey, August 2020 *What would you want the new hospital to look like?*

Table 5: Consultation Summary

Month	Consultation	Key Findings
February - May	Functional Design Briefing	Arts and Play is recognised by all parties as having a resoundingly positive impact on the health setting
February	Arts & Play Staff	Opportunity for accessibility
May	Emotional Ward Review Arts and Creative Play Survey extended all staff, consumers and Project User Groups and Project Working Groups participants	135 responses Priority given to participatory art forms, Indigenous/Aboriginal arts, culturally diverse art, music to listen and engage in, and a strong commitment to art created by patients and children. Firm position to engage arts to mitigate stress and anxiety
June	Two consumer surveys, for children's and adults across the Network	1,400 responses were gathered from diverse perspectives about ideas on what the new buildings could include from a design, space and experience perspective. More than 50% of

		the responses rated arts and play in the top 3 & 4 of 8 themes
July	Four workshops for design opportunities for the Children's Comprehensive Cancer Centre	A major insight from the workshop centred on the value of integrating gamification and research into patients' journeys.
Ongoing	1:1 conversation: different families who have used the hospital with their children for various reasons. This includes 4 Aboriginal mothers, 3 local Aboriginal Randwick residents and a mother from regional NSW	The importance of cultural gathering spaces, artwork as wayfinding, sensory art experiences and murals from local artists were reoccurring themes.
November / December	Clinical cluster briefings with multiple HPUs*	<ul style="list-style-type: none"> - Management of play areas compromised effectiveness of these areas, though all noted the spaces were required - There is an operational gap to effectively coordinate space activation and arts/play in non-clinical sessions

*Clinical Cluster meetings included consultations with the following wards and departments:

NICU/PICU

Oncology

MSSU

Perioperative

CHW IPU: Clubbe Ward, Wade Ward, Edgar

Stephens Ward

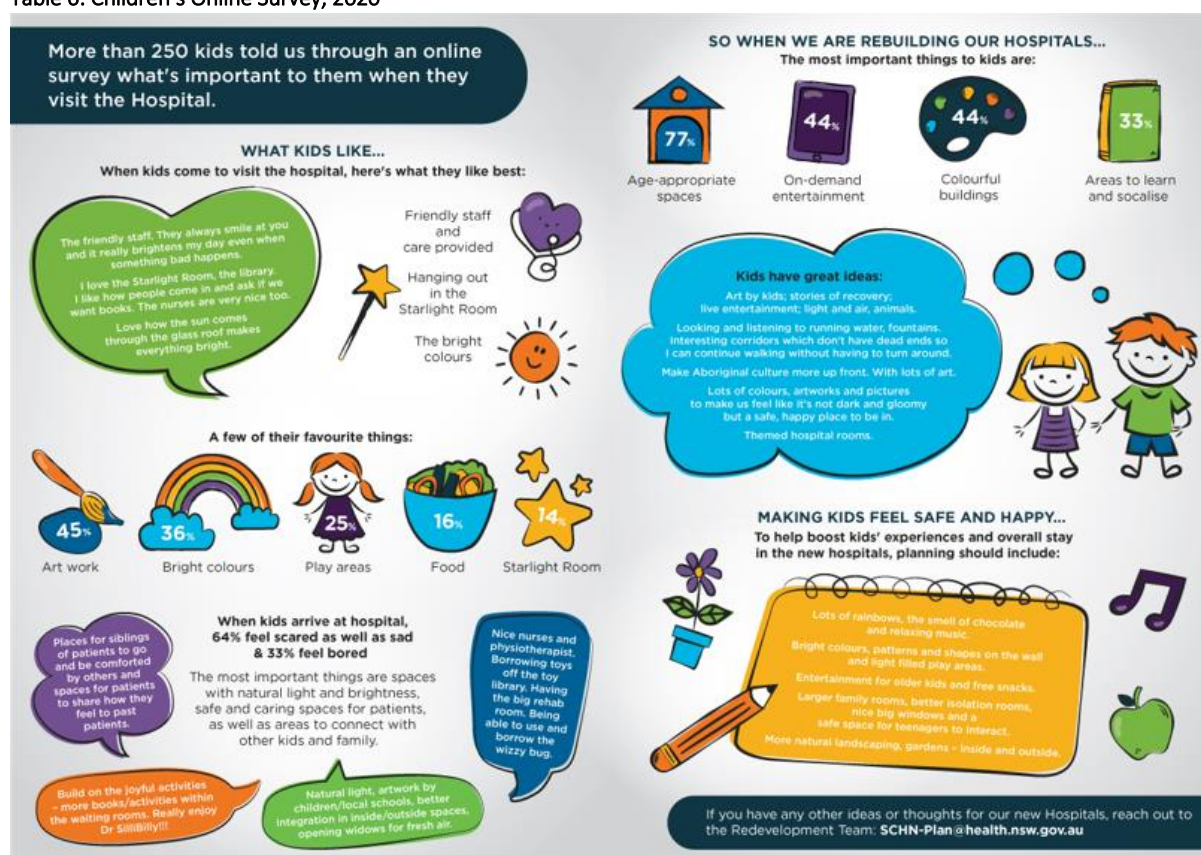
Allied Health: Physio & OT, Music Therapy

SCH IPU: Renal & Neurological Wards

Emergency

Curatorial

Table 6: Children's Online Survey, 2020



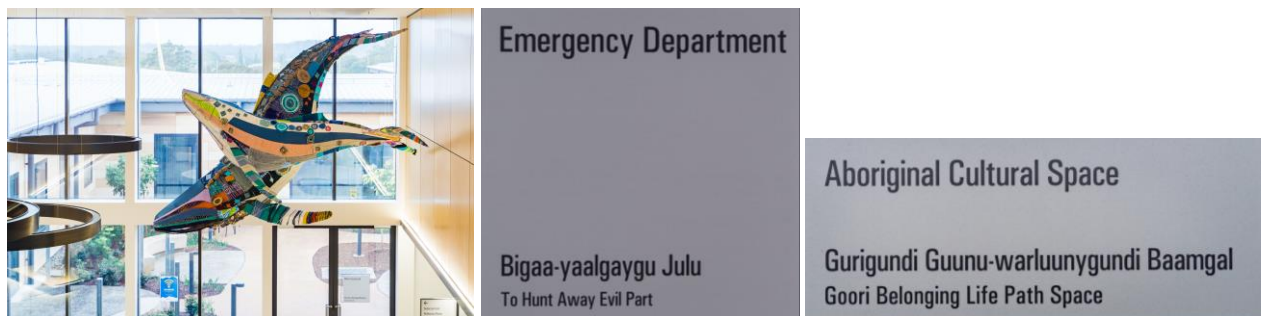
Aboriginal Consultation

This strategy leverages previous consultation with Aboriginal community at the Randwick Health & Education Precinct as well as consumer feedback and is well placed to implement and honour many aspects of the SCHN Aboriginal Strategic Plan 2018-2021 through both participatory and receptive programming. Consultation to enable co-design and co-delivery with Aboriginal community will be addressed in the implementation phase of this strategy, specific to the sites at which these developments are to expand.

Arts, play and discovery can effectively promote cultural safety, engagement and inclusivity when led by, for and with Aboriginal communities on Country. Importantly, embedding Aboriginal worldviews and practices (such as Dadirri) in mainstream healthcare systems empowers communities and fosters compassion. Dadirri provides an opportunity for 'tuning in' and having an understanding. Dadirri means inner, deep, quiet and still awareness; it is about taking time to listen and being connected. Ensuring this Dadirri is included in the capital redevelopment and business-as-usual programming is vitally important for clinical care, to instil calm and reflection across a campus that otherwise runs without pause. This can be interpreted in built form such as sharing Story through multi-disciplinary design elements including wayfinding, floorplan design and cultural spaces, and begins with a commitment to *Designing with Country*².

Case Study:

Darruyay Yilaaming Maam Wurruunda Ngalanambaygam-Gundiya (Welcome to this House of Healing)



Arts in Health, Macksville Hospital 2020 <https://www.youtube.com/watch?v=9AeU4Nij4Zw>

² Designing with Country, 2019 NSW Government Architect
<https://www.governmentarchitect.nsw.gov.au/projects/designing-with-country>

Definitions

Arts, Play & Discovery for SCHN

The marriage of play, arts and discovery in this context is strategically positioned to leverage the physical clinical environment and intangible emotional chapters between periods of clinical treatment, acknowledging that not one discipline on its own can support a state of wellness in isolation.

Arts and Health

Arts and health refer broadly to the practice of *applying creative, participatory or receptive arts interventions* to health problems and health promoting settings to create health and wellbeing across the spectrum of health practice from primary prevention through to tertiary treatment. Importantly, it recognizes all art forms, inclusive of dance, visual arts, heritage, performance, music and literature.

NSW Health & the Arts Framework 2016

Play

Play is how children explore, interact, and come to understand the world around them. The use of play in healthcare greatly assists in maintaining and encouraging development, creates a sense of normality in the clinical environment and has the potential to reduce stress and anxiety. Allied Health Professionals use different types of play, including developmental, therapeutic and medical play to build rapport, develop coping strategies and build resilience. Play is a context for lifelong learning that enhances dispositions such as curiosity and engagement and stimulates a sense of wellbeing. Given play is a child's language it should be the foundation of our spaces and interactions with children for all ages.

Kids Matter - Australian Early Childhood Health Initiative.

Early Years Learning Framework – Department of Education and Training – Australian Government

Discovery

For the purpose of this strategy, we acknowledge that arts and play are a form of research and discovery and promote lifelong learning. Clinical spaces such as Children's Comprehensive Cancer Centre (CCCC) and tertiary education stakeholders provide a vehicle for exploratory play, creative thinking and wonderment in discovery.

Elevating the human experience

The recently launched NSW Health document *Elevating the Human Experience: Our guide to action* for patient, family, carer and caregiver experiences aligns with many of the principles articulated in this document. The Guide foregrounds the importance of human connection in healthcare, stating that "We are human beings, caring for other human beings". As an integrated, holistic practice, this strategy builds human connection through facilitating trusting relationships and a sense of identity and belonging between people and communities.

Arts, play and discovery principles can be applied to two of the priority initiatives of the Guide, namely creating a physical environment that is warm, clean, welcoming and conducive to wellbeing and care and considering the cultural appropriateness in the design of physical space.

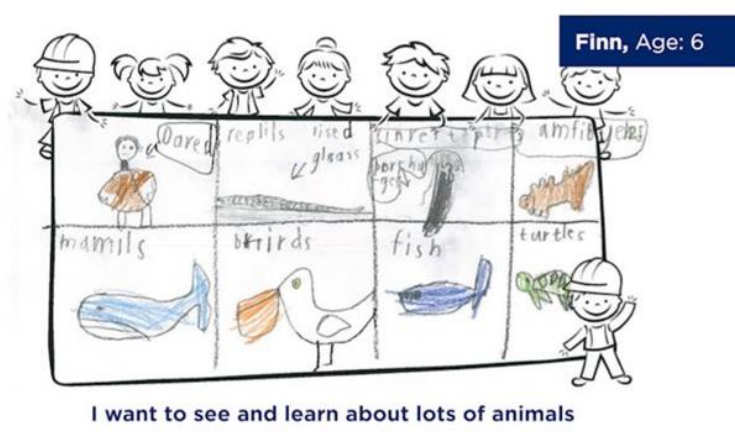
In addition, arts, play and discovery can:

- diminish our anxiety and connect us with our humanity

- enhance physical environments for healing, health and wellbeing
- meet people's needs holistically – for body, mind and spirit
- facilitate both kindness and compassion

Art humanizes the hospital. It makes people realise we care about them and not just their disease.

Dr John Yu, *Good Weekend Magazine*, Sydney Morning Herald 1996



Built Environment, Landscape & Interiors

The premise for current planning of the proposed redevelopment of the built environment, landscape and interiors is biophilic design: creating restorative spaces that support human-nature connection for optimised clinical outcomes.

Integrating the arts, play and discovery as part of built form, of landscape and interior design is essential to complement biophilic restorative spaces by supporting *human-to-human connection* for optimised clinical outcomes and to cement these services within their precincts as community owned venues for wellbeing.

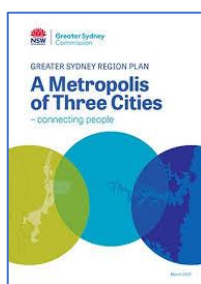
Other opportunities and impacts considered as part of this Strategy

City Planning and NSW Government's priorities

- Metropolis of Three Cities and District Plan
- Liveability and place making goals and funding available for public spaces
- Westmead as a Lighthouse Precinct and priority
- Randwick Collaboration Area priorities

Precinct planning

- Randwick Health and Innovation Precinct Strategy 2021-2024: Arts and Culture Strategy - *Turning the inside out*
- Westmead Health and Innovation District: Westmead Health Precinct Strategic Plan (draft)



Existing Programs

Across the Sydney Children's Hospitals Network arts and play is embedded in both participatory and receptive programming. Many of the arts and play programs were implemented decades ago and have evolved in response to new developments and growth in the sector while some are relatively new. Child Life and Music therapists, Allied Health professionals are funded by Ministry of Health and/or Foundation streams.

Arts and Play programs across the Network include the following:

Table 7: Existing Programs

Site	Program
Network	There are no arts or play programs strategically managed across the Network
Randwick & Westmead Campus	Permanent Collections The Chronic Illness Peer Support (ChIPS) Child Life Therapy Music Therapy The Starlight Express Room and Captain Starlight Livewire powered by starlight adolescent roaming facilitators digital platform Clown Doctors The George Gregan Playground
Randwick	SCHF Art Program Temporary Exhibition Program ArtEx Workshops Youth Arts Program (YAP) Ngala Nanga Mai parent Group Program Fairy Garden Fairy Happy Garden Art therapy (Saunders Ward only) Adolescent recreation program (Saunders Ward only)
Westmead	Adolescent Medicine's Youth Arts Program (YAP), including Community Cultural Development Projects Operation Art Program Art Trails Sculpture Walks The Book Bunker The Aboriginal Children's Memorial Garden Westmead Children's Labyrinth Multi-sensory garden and multi-sensory room (managed by Child Life Therapy) Art Therapy (Hall Ward only) Adolescent recreation program (Hall Ward only)
Bear Cottage	Art Therapy Permanent collection (in consultation with W'mead) Child Life and Music Therapy

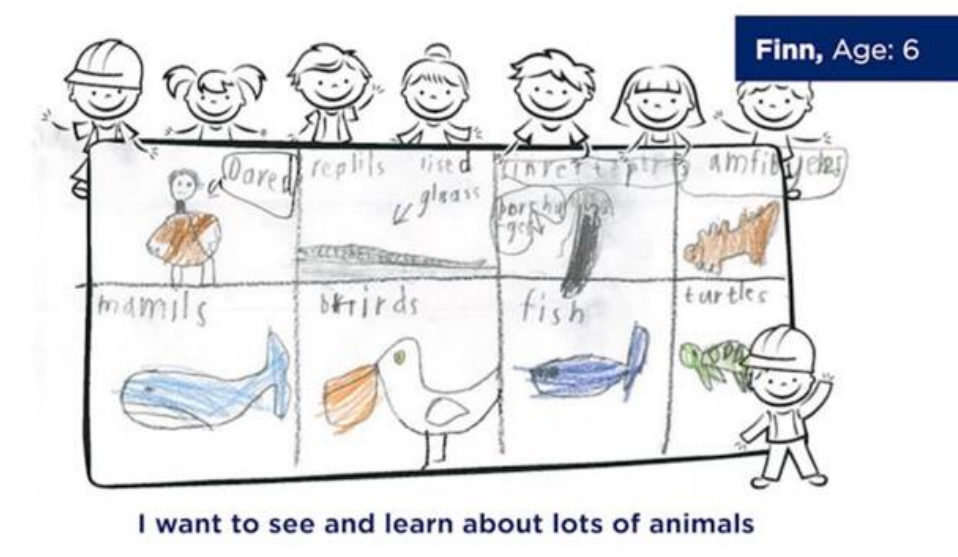
Current Policy and Evidence for Arts, Play and Discovery in Health

Every child and young person have a right to participate in education, play, creative activities and recreation, even if this is difficult due to their illness or disability.

- Play has a particular role in healthcare: it supports the ability of children and young people to cope with their experience in healthcare services. This requires both a physical environment conducive to play and recreation, as well as a commitment across the organisation to giving children and young people the time, encouragement and support to play and participate in therapeutic activities.
- Opportunities to participate in education, play, creative activities and recreation should be suited to the child's or young person's age, condition and culture.
- To the greatest extent possible, these activities should take place in an environment designed, furnished, staffed and equipped to meet the child's or young person's needs, interests and abilities.

Ref. *Charter on The Rights of Children and Young People in Healthcare Services in Australia*, Children's Hospitals Australasia, 2010, p.17

https://awch.org.au/wp-content/uploads/2018/10/kids-rights-in-healthcare-australian_version_final_210911web.pdf

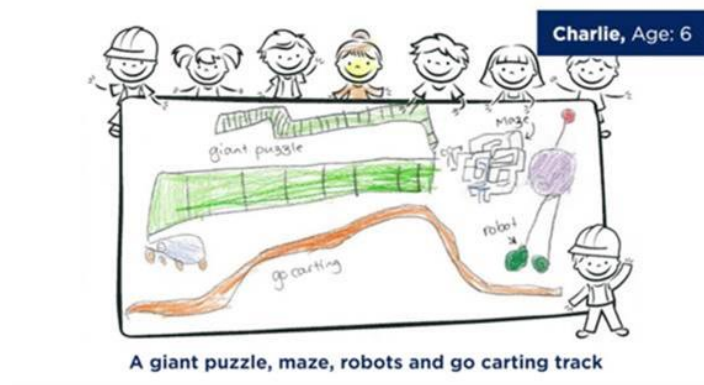


Integration of art in hospitals can improve patient, staff and community wellbeing by:

- Enhancing the experience for patients, staff and visitors, improving up to 15% variance of positive satisfaction in health care systems*;
- Reducing the length of stay;
- Reducing the use of medication;
- Having a positive impact on clinical outcomes
- Enhancing the quality of holistic service delivery

The recent [World Health Organisation \(WHO\)](https://www.who.int/publications-detail/9789241565080) finding is that **there is a robust impact of the arts on both mental and physical health**. This meta- analysis of results from over 3000 studies identified a major role for the arts in the prevention of ill health, promotion of health, and management and treatment of illness.

The transformative impact of culture and creativity is increasingly being recognised. The philanthropic independent think tank, A New Approach, has just published its second report which addresses the evidence for this impact specifically on health, innovation and education and learning. The executive summary concludes that: "The evidence presented in this report shows that Australians' high rate of participation in creative and cultural activities helps us develop a sense of belonging, forges social cohesion, stimulates curiosity and the ability to engage with different perspectives, and can have a range of beneficial effects on health, wellbeing, economic, employment and educational outcomes".



In particular the research shows that:

Creative capability is demonstrably the driving force behind innovation-driven, economically diversified economies. Preparing Australia for the future of work in the Fourth Industrial Revolution requires workers to develop skills in creativity. Engaging in creative and cultural activities has been found in global studies to help build the skills needed for these rapid changes.

There is substantial evidence that, when art and culture are used in clinical settings, they consistently deliver improved physical, mental and emotional health outcomes. Engaging with arts and cultural activities impacts the social determinants of health and has been found to mitigate the risks of dementia. In 2016, Australian researchers produced the first dose-response study of arts and mental health, showing that 2-hour 'doses' of creative activities per week could enhance mental wellbeing in a general population.

Arts and culture-based education has been found to be beneficial in developing intellectual skills and enhancing educational impacts. Not only does it help future-proof Australia's workforce, it also helps mitigate disadvantage, particularly with students who are 'at-risk': who is socio-economically disadvantaged, at risk of prematurely disengaging from schooling, and/or expressing anti-social or non-coping behaviours".

Arts and health are a relatively recent area of government policy but is expanding rapidly. At a federal level, the National Health and the Arts framework was established in 2013, and at a state level, the NSW Health and The Arts Framework was published in 2016.

Arts interventions are often low-risk, highly cost-effective, integrated and holistic treatment options for complex health challenges to which there are no current solutions".

World Health Organisation Europe (2019)¹

Part 2: The Strategy

Table 8: Summary of Arts, Play & Discovery Strategy

Arts, Play & Discovery Vision: <i>To lead an evolving Model of Care engaging arts, play & discovery</i>		
Objectives		
Stewardship	Connection	Lifelong learning
<p>Enhance patient and staff wellbeing through arts, play and discovery as a holistic treatment option, an inter-disciplinary Model of Care, administered centrally.</p> <p>Supported by a commitment to continued research and quality improvement.</p>	<p>Create restorative spaces for meaningful human connection with a focus on culturally safe environments for Aboriginal families</p> <p>A coordinated approach to arts, play and discovery with a dedicated 'ward' acting as a central nervous system to support creative spaces in clinical areas and provide patients and staff with calm, welcoming environments, and opportunities for refocusing and self-expression.</p>	<p>Lead developmentally appropriate programs through arts, play and discovery to foster compassion, humour, adventure, curiosity and creativity.</p> <p>Programs continue to evolve based on changing Models of Care, best practise research and resource capability.</p>
Strategic Priorities		
<p>Lead accessibility: Model of Care is inclusive to all consumers regardless their cultural diversity, age, gender, ability or sexual orientation</p> <p>Model of Care is inclusive of therapeutic treatments for clinical outcomes (eg art, music, play therapies) and non-therapeutic experiences (rotational art displays, playgrounds and experimentation) to enhance moments between clinical treatment</p> <p>Reframe disability as beacon of opportunity</p> <p>Activate <i>meanwhile program</i> in advance of redevelopment go-live that enhances existing programs</p> <p>Reinvigorate existing partnerships and leverage scholarship of neighbouring cultural institutions</p>	<p>Establish a visible, accessible <i>Centre for Arts, Play & Discovery</i> at each campus and applied across satellite services including virtual care that includes:</p> <p>a front-facing multi-disciplinary studio lab and recording studio that stimulates self-expression for patients, scientists and creatives alike, that is both workshop and collaboration zone</p> <p>Create environments for patients and their families that normalise the hospital experience</p> <p>Embed arts, play and discovery into the built form, with priority given to local Aboriginal language in wayfinding, placemaking nodes, public art commissions, auditory, light and sensory applications</p> <p>Re-imagine art and heritage collections across diverse times, cultures, stories from Country and places our families live and work, told through the lens of patients, staff and leading artists of our time</p>	<p>Activate the patient staff and family journey through a diversity of activities that continually attract leading artists, scientists, researchers, therapists of creative disciplines: play, child life, music, art, dance & bibliotherapy</p> <p>Enable lifelong learning opportunities for patients outside of typical teaching environments</p> <p>Provide developmentally appropriate programs that hold imagination for not less than 30minutes over a 24hr period either self-directed or guided</p>
Enablers		
Governance Champions	Dedicated Resources Partnerships Volunteering Integrated design	Evaluation

Objective 1: Stewardship



Objective 1: Stewardship

Enhance patient and staff wellbeing through arts, play and discovery as a holistic treatment option, an inter-disciplinary Model of Care, administered centrally

Combining arts, play and discovery as a strategy to treat the whole patient, not just the sum of their clinical needs underpins the value of arts, play and discovery. In a first for the Network - indeed nationally - arts, play and discovery is advocated as a centralised, coordinated, Network-wide Model of Care (MoC) in its own right, and integrated into MoC in identified Health Planning Units (HPUs – Refer Table 3).

Four key reasons for a centralised Model of Care include:

- Operational efficiencies: Whilst some existing programs and teams (Table 1) share resources within a campus, they have limited capacity to be shared across hospital wards, floors or even the Network. This indicates clear opportunities for administrative efficiencies in a centrally managed service.
- Expanding access: Multiple arts/play services run similar hours mid-week during school hours, often the busiest time of clinical treatment rounds. Centralising services has significant potential for expanded service offering across the week and Network, for little additional cost, supporting families beyond the times of clinical treatment and thereby creating a hospital for wellbeing not just ill-health. Sydney's RPA & Chris O'Brien Lifehouse *Arterie* and *Carterie* programs are exceptional benchmarks for shared resources across a campus for the Children's Network to aspire to
- Service delivery improvement: A consistent and centrally managed program or approach would provide patients, families and staff with greater opportunity to engage with developmentally appropriate experiences to refocus and normalise the hospital environment regardless of day and time. There is also an opportunity to consider volunteer supported experiences, particularly in creative arts and sciences, particularly during weekend and low-peak visiting periods
- Service delivery enhancement - opportunity to consider volunteer supported experiences
- Clinical support: almost all HPUs said their play spaces were vitally important real estate, however, to be effective they require strong support, thoughtful positioning, and guidelines of use. It has been evident in some areas that when this along with adequate resourcing is missing the rooms are reprioritised to other pressing areas.
- Table 8 details clinical area opportunities for capital and operational consideration.

Table 9: HPUs & Integrated Models of Care

HPU/ Service	Model of Care Potential	Capital support needs	Operational need
NICU/PICU	Integrated music therapy for neonates and access to ipads for older patients for use during procedures	Dimmable lighting in patient rooms and access to natural light Display of artwork in entry, corridors and family lounge Bereavement and interview rooms to be multipurpose	Coordinated arts therapy program Centralised booking for bereavement/interview rooms
Oncology	Assist social interactions for BMT and immunosuppressed patients	Access to outdoor sensory garden for stimulation and family-based activities Controllable lighting options in patient bedrooms Storage for separate toys and resources essential for immunosuppressed patients	Centralised management for play spaces for infection control reasons Developmentally appropriate spaces which can be adapted for different age groups
CHW IPU Clubbe Ward, Wade Ward, Edgar Stephens Ward	Toys, ipads and bubbles are used to distract in procedure rooms Opportunity to personalise bedspace	Access to sensory garden and outdoor green space Spaces with sensory stimulation ie fish tanks Leisure spaces for adolescents	Play spaces require supervision and activation or they become redundant. Also require safety considerations such as lockable cupboards Provision of spaces which are adaptable for a range of age groups
Perioperative	Sensory play at reception/periop Older patients can sometimes come into theatre awake and alone, need distraction device for them to hold	Auditory experience improved through better acoustic treatment of waiting spaces Inclusion of Aboriginal art is important Transition from stage 1 to stage 2 recovery could involve softening of light Structural arts and play in waiting rooms deteriorate quickly due to cleaning, could be replaced by technology such as projections. Walls with magnetic paint or chalk	Point of arrival, perioperative hold and recovery are all significant areas for arts and play integration Centralised management of play space Developmentally appropriate spaces which can be adapted for different age groups
Allied health	Use of space across the week not just M-F 9-5, equity of access for all	Require well organised storage and movement of toys and resources Having play rooms on wards big enough to accommodate clinician, allied health, carer and patient with room to still move Access to outdoor spaces that can be adapted for clinical outcomes	Centralised booking and referral system Collaboration across Allied Health, SCHF Art Program, Clown Doctors, Starlight Room, Music therapy
ED	Access to self-directed art/craft packs for after-hours visitors	Significant areas for integration of arts and play; point of arrival, waiting areas,	Developmentally appropriate spaces which can be adapted for different age groups

		behavioural lounge and treatment/procedure rooms Murals in treatment spaces to create immersive environments	
MSSU	Access to craft packs or toys outside of office hours Particular attention to isolation rooms as they don't attend school	Access to green outdoor spaces and natural light Highlights of bright colours not blocks of colour or too much Murals in treatment rooms are extremely helpful Access to Starlight channel and/or visits from Captain Starlight	Playrooms need to be activated or they get commandeered for meeting rooms or storage spaces
Music therapy	By incorporating music with other art forms gives patients the opportunity to create a tangible, sharable outcome. Supply of USB to patients for storage of their music/animations/digital creations	Performance space in centralised location to activate a volunteer music program and invite schools to perform Share these performances with patients on the ward by broadcasting via Starlight Collaboration could be encouraged through the provision of appropriate spaces	Participatory music program required across all wards Collaboration across departments (Starlight, Livewire, CLT, Art Ex program, SCHF Art Program) expands patient experience
SCH IPU Neurological and Renal Wards	Already rely heavily on CLT to offer play services Offer provisions for after-hours play services, afternoons and weekends are currently big gaps to fill Currently no potential to offer messy play or cooking activities	Display of artworks, especially Aboriginal art Ability to decorate ward entrances Sensory spaces for special needs patients, de-escalation rooms	Play areas to accommodate a broad range of age groups Adaptable to look different for long stay patients Good storage

Objective 2: Connection



Objective 2: Connection

Create restorative spaces for meaningful human connection, with a focus on culturally safe environments for Aboriginal families

Restorative spaces that provide security, comfort and engagement are shaped by an environment that is welcoming and designed to “enrich the lives and identities of children and families” (EYLF, p.18). These environments create meaningful connections when they are responsive to the diverse needs, learning capacities, abilities and interests of patients, families and staff. A holistic approach supports ‘The Whole Child’ as it acknowledges children’s physical, personal, social, emotional, spiritual and cognitive wellbeing (EYLF, p.16). This the core intent for the Arts, Play & Discovery Strategy, particularly in seeking to create opportunities for connections between children, families, staff and community: to embrace the importance of reciprocal and meaningful relationships for health, learning and wellbeing.

Provisioning real estate through capital redevelopment for operational programs is of equal importance



Case Study: How to fix a Pixie

This project was developed for the 2020 National Science Week to explore the shared sciences of art conservation and medicine, where the painting ‘becomes a patient’ and art conservators show us how to examine the ‘patient’, diagnose the problems and ‘operate’ to replace damaged paint surfaces and varnish. The series of seven videos generated over 2,500 views on Facebook and Youtube. They were also broadcast on Starlight TV to patient’s bedsides and shown in two sessions at the Hospital School at Westmead to both primary and secondary students.

https://youtu.be/KyH5JCC2_II <https://youtu.be/nurCzeRcMjQ>

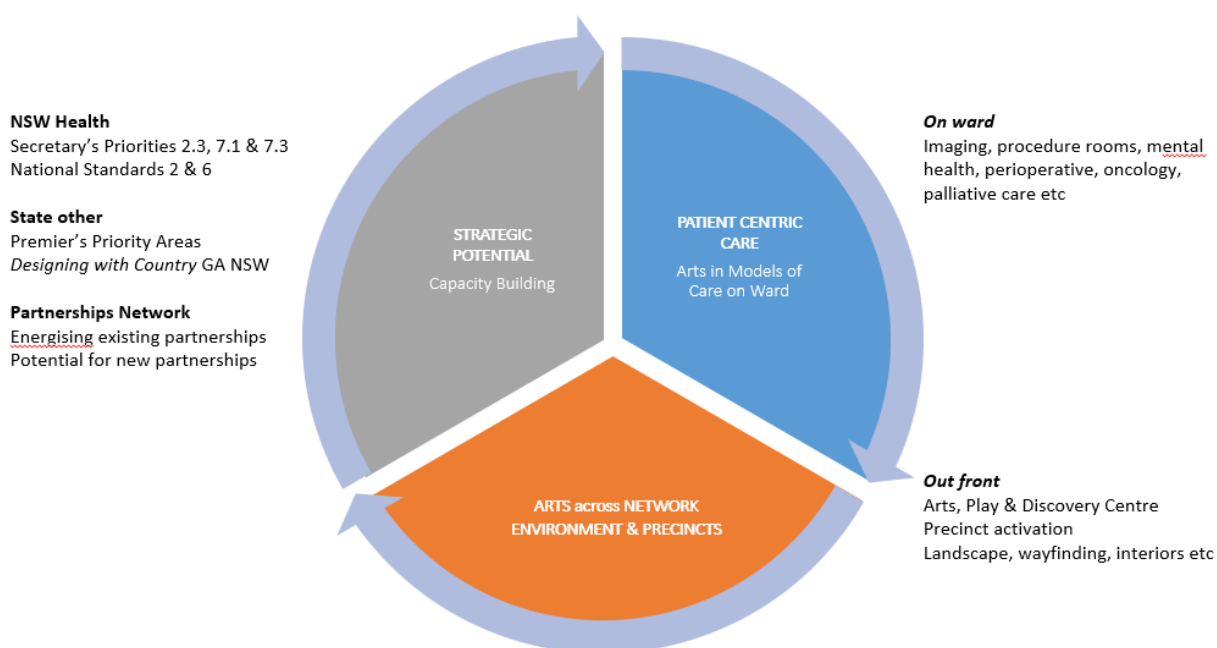
to this framework as one might assume commissioned public artworks, wayfinding or rotating exhibitions as nodes for placemaking, comfort and familiarity. The proposed Centre for Arts, Play & Discovery* is intended as a highly accessible ‘shop-fronted’ studio lab, co-located with multi-purpose workshop space and recording studio to enhance virtual health capability – on and off site. Centrally managed to attract leading scientists, researchers, creatives in a Residency focussed program, such a service would have ability to support paediatric care across NSW and nationally.

A coordinated approach to arts, play and discovery with a dedicated ‘ward’ acting as a central nervous system and demand-distributed across clinical areas provides patients and staff with calm, welcoming environments, and opportunities for refocusing and self-expression.

Locating a Centre for Arts, Play & Discovery within the Entertainment Zone (Randwick) and Level 3 ‘Megazone’ (Westmead) is significant for 3 main reasons:

- ‘Shopfront’ service amplifies the service offering for welcome, for escapism, to neutralise anxiety and mitigate boredom and reinforce key messages that the SCHN is treating the whole of patient family, not the sum of their clinical need.
- A highly accessible and visible ‘shopfront’ experience will enable a blurring of the lines of retail spaces to create a village atmosphere, ‘normalising’ the intersection of daily community and hospital life
- A central location acts as the conduit for peer-to-peer support, for teens in oncology to find support with their peers in renal, burns or well-siblings alike, fostering a growing sense of independence and empowerment in their health care outside their immediate clinical environment;
- A highly visible, purposefully designed and activated zone has greater potential to attract third party and philanthropic support to enable cost-neutral impact on hospital administration
- The CCCC Discovery Centre at Randwick is not physically feasible at Westmead, however via digital means the discovery capability can be extended and shared across the Network. Likewise, the ground-floor Westmead laboratories have great potential to be made visible to the campus community, creating a statement of discovery in and of itself.

Table 10: Capital Opportunities identified for arts, play and discover integration



Objective 3: Lifelong Learning



Objective 3: Lifelong Learning

Lead developmentally appropriate programs through arts, play and discovery to foster engagement, curiosity, critical and creative thinking.

Lifelong learning acknowledges the importance of continual development, growth and reflective practice. Children and young people are capable and confident learners, constructing their own learning through curiosity and critical and creative thinking. The principles of the Reggio Emilia education model places a strong focus on the 'myriad forms of research and learning' through a strengths based approach, encouraging peer scaffolding, self-expression and considering the environment as the third educator. Given the significance placed on environmental ecologies guiding the architecture, landscape and interior designs, enabling a social ecology through arts, play & discovery will add value to the spatial investments as much as to investing in the family's sense of control when at their most vulnerable.

Extensive consultation across staff and patient groups strongly articulated the high value attributed to participatory arts and play *programs* for improved patient experience for their appreciated role in distracting patients and providing positive engagement. Consultations with CCCC and potential for partnership support with tertiary institutions highlight the impact of the potential of arts and play when combined with science.

The primary goal of arts play and discovery as part of the redevelopment of the two campus' is the efficacy of supporting clinical care, however a commitment to a tactical developmentally appropriate program will ultimately determine the legacy of this investment. Engaging arts play and discovery as a holistic treatment within multi-disciplinary care informs transformation in health, collaboration and new ways of human-to-human relationships.

Play, arts and discovery as integrated with clinical disciplines should provide opportunities that enable pedagogic excellence and that align with the Agency for Clinical Innovation (ACI) *Seven Ways of Learning* to positively impact clinical care. For this reason, a centralised program based on developmental growth will add transformative value to human experience, expressing individuality more than diagnosis, and nurture extensive partnerships across NSW pillars and third-party organisations.

In alignment with *Kids Matter* - Australian Early Childhood Health Initiative, arts, play and discovery will enable ongoing and further opportunities for:

- | | |
|---------------------------------------------------------------------------|-------------------------------------|
| - Mastery | - Desensitisation |
| - Self-expression | - Empowerment |
| - Therapeutic expression | - Relationship building |
| - Choice and decision making | - Supporting developmental outcomes |
| - The development of self-efficacy, competence, confidence and resilience | |

This objective directly responds to the overwhelming demand by all stakeholder groups that the redevelopment must more effectively cater to the diverse needs throughout paediatric care and the programs that mitigate treatment anxiety, boredom and isolation. Given the impact of single room design, this objective is of high significance to overall patient wellbeing.

Play, arts and discovery as integrated with clinical disciplines should provide opportunities that enable pedagogical excellence aligning with the Agency for Clinical Innovation (ACI) Seven Ways of Learning to positively impact clinical care. A centralised approach enhances the existing programs, transforms the patient and family experience, reinforces the importance of ‘the whole child’, and nurtures extensive partnerships across NSW pillars and third party organisations.

Benchmark: *Discovery Centre, Perth Children’s Hospital*



Located on the Ground Level of PCH, the Centre brings together science and health research in a fun and educational way. Through games, children will be able to explore the human body and learn what researchers are doing in the Institute’s laboratories.

The centre features six digital interactives offering more than 25 different games, as well as a range of tactile exhibits.

One of the games encourages children to imitate immunotherapy, working together to help white blood cells defeat cancer cells. Another allows children to find out more about health by viewing the human body using medical scanning techniques, such as X-ray, ultrasound or Magnetic Resonance Imaging.

The Discovery Centre provides a unique engaging experience for children aged 7 and up and you never know – the parents might learn something too!

To this extent, lifelong learning values of the Reggio Emilia model underpin this framework; children can construct their learning; they learn their place in the world through interactions with others with a heavy focus on social collaboration; and where the environment is also their teacher. Given the significance placed on environmental ecologies guiding the architecture, landscape and interior designs, enabling a social ecology through arts, play & discovery will add value to the spatial investments as much as to investing in the family’s sense of control when at their most vulnerable.

Benefits Realisation

The Arts, Play & Discovery Strategy contributes to the SCHN Benefits Realisation Framework across sustainability, better patient health and experience, accessible services and safety. Table 11 details the direct benefit from engaging this strategy as part of the redevelopment, with Table 12 demonstrating capacity to influence benefits for operational impact beyond go-live.

Table 11: Arts, Play & Discovery Strategy and the SCHN Benefits Realisation Framework

Benefit Name	Benefit Description	Benefit Type
Research	Improved health and wellbeing outcomes for children Potential: Enable 30minutes of arts, play and discovery activities to positively impact up to 8hours of clinical treatment.	Sustainability
Flexibility	Improved model of care Improved human experience through an inter-disciplinary Model of Care has capacity to drive a new benchmark for paediatric healthcare to address anxiety, boredom and powerlessness in patients, families and staff	Better patient health and experience
Capacity	Greater access to services, drive national excellence An integrated, rather than siloed approach, maximises capital and operational investment, and strengthens 3 rd party partnership capacity	Accessible services
Virtual	Equity of access across hospitals, campus and regional NSW, particularly through digital expansion of existing program	Sustainability
Families	An improved and safe environment for patients, families particularly through enhanced cultural safety for Aboriginal families	Safety

Table 12: Arts, Play & Discovery Strategy and Plus Benefits

Benefit	Benefit Description	Benefit Type
Premier's Priority Areas	Engage Aboriginal, CALD, young people, seniors and regional communities in co-delivery of capital infrastructure – arts, play and research components	Accessible services
More strongly demonstrate operational value	In commissioning new artwork/s with and by community, the project has capacity to leverage capital investment to support operational requirements, specifically meet objectives for National Standards 2 – Consumer Engagement and National Standards 6 (Cultural Safety)	Sustainability
3rd party investment	Opportunity for growth in philanthropic support across multiple disciplines art, health and science from 0.3% to 0.5% GCC	Sustainability
	Increase in volunteer hours	Sustainability
	Increase in operational programs supported by 3 rd party agencies	Sustainability
	Increase in the diversity of creative play programs available to broader demographic	Sustainability

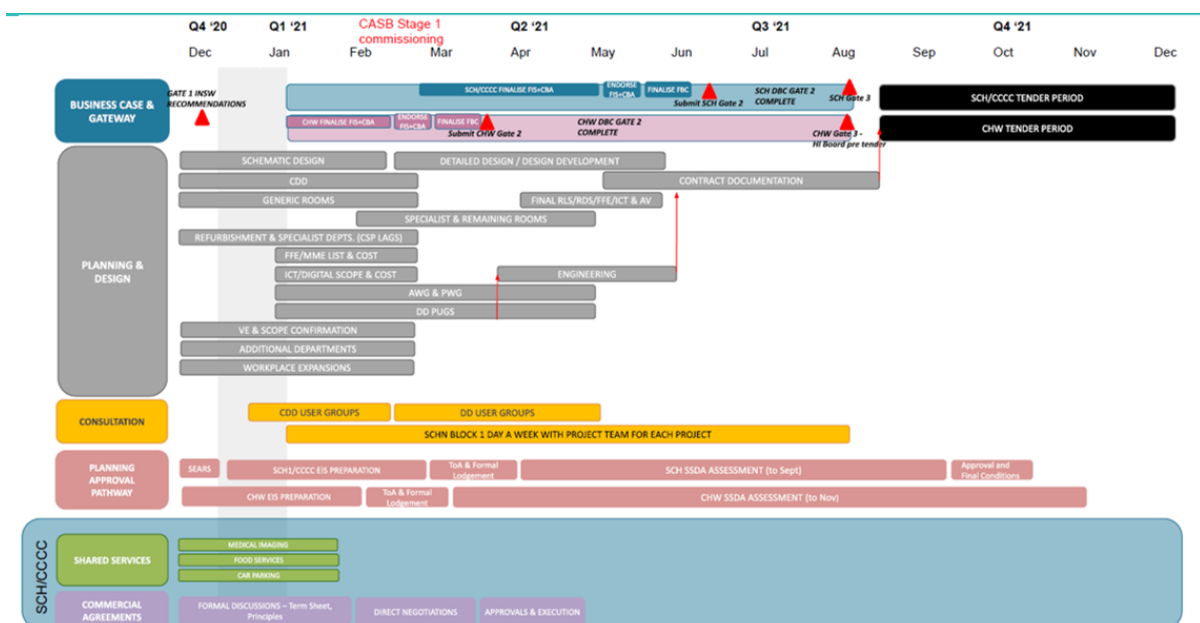
Part 3: Implementation

To successfully implement this work, there are four key enablers: appropriate governance, dedicated resources, partnerships and evaluation. A summary is provided in Table 13A & 13B below, and detailed overpage.

Table 13A: Key Decisions for Implementation

Business Case MARCH 2021	Governance MARCH 2021	Partnerships APRIL-MAY 2021	Capital Integration MAR-SEPT 2021
<ul style="list-style-type: none"> Executive Team recommendation to PDC Business Case includes Arts, Play & Discovery as a central opportunity for community co-delivery and supporting human experience beyond BAU 	<ul style="list-style-type: none"> Appoint a Champion from the SCHN Executive to drive network-wide operational approach towards a new Model of Care and partnership capability Create site based Arts Working Groups reporting through PDCs to advise on the capital investment 	<ul style="list-style-type: none"> CEO to chair round table forum with Culture and Leisure leaders across NSW Govt Identify government and social enterprise agencies to collaborate with 	<ul style="list-style-type: none"> Commission arts/play/discovery consultant to drive site-specific opportunities Partnership Negotiations Internal Responsibilities resolved Group 1 Scope priorities endorsed by PDC for contract documentation

Table 13A: Program for Implementation



Governance

The following recommendations are advised:

1. **Appoint a steering committee for arts, play and discovery to be supported beyond the capital life of the project, chaired by a senior member of the Executive team and supported by a minimum of three clinical leads across the Network for arts, play and discovery respectively**
2. **Appoint an Arts Working Group for each site to support the implementation of capital initiatives, public art commissions to be assessed by cultural professionals, accountable to Project Control Groups at each site**

Resources

For the SCHN to realise their vision for transforming kids health, based on Executive leadership advocacy for the role of arts and play in health settings, the intrinsic nature of research, learning and science on the sites of both Randwick and Westmead precincts, significant resources and coordination will be required.

The risk of not dedicating resources to a robust arts, play and discovery strategy will compromise the capital investment of human-nature connection in the built form that needs the human-human connection and patient journey to be activated.

The need to manage play spaces and inconsistent coordination across arts and play teams is currently compromising service delivery. Some activities could occur now to support workforce planning at go-live, such as: scope and costing reviews, investigating partnership and collaboration potential, customer service programs and volunteer recruitment.

It is further recommended that:

3. **A scoping study and cost benefit be undertaken in early 2021 to identify potential workforce planning requirements; and**
4. **That these requirements are considered in the workforce plan for the expanded Network**
5. **Consider a staged 'meanwhile program' to administer a centralised booking service to manage and coordinate play areas, therapists and creatives at Randwick from July 2021, lessons learned to be activated and improved for implementation at Westmead from July 2022 and Network wide from 2023**

Strategic Partnerships

To achieve operational capacity, there is substantive opportunity to collaborate with precinct partners and cultural organisations to add value to daily life at each hospital campus and mitigate operational funding impact. These partnerships may overlap across sites or be independent of each other. The core recommendation is to invest in partnerships that themselves share the common principles of creativity, research and play, and complement the biophilic design principles attributed the architecture, landscape and interior strategies.

Potential partnerships could include, but are not limited to:

Campus	Philanthropic	Government
Network	Sydney Children's Hospitals Foundation Starlight Foundations Sony Foundation	National Parks NSW Taronga Western Plains Zoo Sydney Harbour Federation Trust DPIE & Public Spaces Charter
Randwick		Precinct Partners - <i>CCCC</i> Australian Museum Centennial Parklands Trust
Westmead		Precinct Partners Powerhouse Museum Mount Annan Botanical Gardens

In addition to the above 5 recommendations, it is strongly encouraged to engage in a NSW cultural and lifestyle leaders round-table forum in Autumn to draw out feasibility of cross-partnership collaboration as a means to maximise capital investment.

Evaluation

The recent World Health Organisation (WHO) finding is that there is a robust impact of the arts on both mental and physical health. Based on international research accepted at the highest level, best practice now demands the incorporation of the arts into health facilities. This meta-analysis of results from over 3000 studies identified a major role for the arts in the prevention of ill-health, health promotion, and management and treatment of illness. (Australasian Health Facility Guidelines: Arts in Health Framework (2015). Australian Health Infrastructure Facility Guidelines. p. 7)

Arts for Health & Wellbeing: An Evaluation Framework (2016) is a model directed to health settings for use in evaluating health and arts initiatives. In addition, Health Infrastructure will continue to collaborate with NSW Health Pillars the Agency for Clinical Information and Bureau Health Information to assess program value based on Quadruple Aim Framework. It is proposed a tailored evaluation framework will be developed specific to the benefits being assessed.

Developing an evaluation framework

In the recent Arts in Health Empirical Study five categories were prioritised in the development of an Arts in Health Benefit Framework which can be extended to measure the interdisciplinary model of care recommended for this strategy:

- Patient health outcomes
- Patient experience
- Staff experience
- Visitor experience
- Preventative health savings

The benefits were prioritised based on the function of the following:

- Policy alignment (NSW Health Strategic priorities)
- Data availability
- Strength of evidence/attributes
- Potential net benefits

Arts in Health Empirical Study. (2019) SGS Economics and Planning Pty Ltd. Prepared for NSW Health Infrastructure and Create NSW.

Table 14 presents the proposed metrics used to assess each of the essentials of value as recommended by the Agency for Clinical Innovation and Ministry of Health's Chief Experience Officer, Systems Purchasing Branch. The metrics used in the assessment will vary depending on setting, e.g. measures such as violent incidents will be used in emergency departments, whereas provision of sedation medication is more appropriate in a mental health care setting.

Table 14: Proposed project evaluation measures

Essential of value	Potential benefit	Metric
Experiences of receiving care	Improved patient experience	Patient survey, independently administered and collected by the Agency for Clinical Innovation. Core set 1 compared to BHI surveys: Rating of overall experience Perception that pain was well controlled Perception of how long they waited for care

		<p>Rating of staff kindness and caring</p> <p>Cultural and religious beliefs respected by staff</p> <p>Observed verbal or physical abuse</p> <p>Core set 2, real-time collection:</p> <p>Ratings of comfort in waiting area, cleanness, natural light, colour</p> <p>Ratings of artwork and decorations</p> <p>Questions on specific artworks</p> <p>Number and severity of complaints recorded in IIMS and other systems</p> <p>Levels of anxiety and depression according to HAD scale</p>
	Improved wayfinding and orientation around health service.	<p>Improved ratings of signage in surveys</p> <p>Reduced staff time on directions and information</p>
	Increased social engagement and cohesion	<p>Reduced length of stay as measured in PAS</p> <p>Improved quality of life (QOL) scale in survey</p>
	Distraction/diversion for patients, families and caregivers and staff members	<p>Improved patient experience</p> <p>Number and severity of complaints</p> <p>Levels of stress and anxiety</p> <p>Provision of sedating medication</p>
Experiences of providing care	Improved staff to patient relationships and communication	<p>Staff satisfaction using staff survey</p> <p>Staff retention rates</p>
	Improved staff well-being as a result of arts integration improving overall amenity in capital works programs	<p>Levels of absenteeism</p> <p>Levels of sick leave</p>
Health outcomes	Reduced pain	<p>Requests for pain medication (including sedatives)</p> <p>Total amount of pain medication provided</p> <p>PROMs assessment of pain</p>
	Improved reporting of wellbeing	PROMs assessment of wellbeing, anxiety and depression
Efficiency and effectiveness	Better management of patients and family in waiting area	<p>Number of aggressive or violent episodes in the waiting areas</p> <p>Reduction in self-harming behaviours</p>
	Improved pain management by staff leading to reduced need for sedation	<p>Staff time providing pain relief or sedation</p> <p>Pain medication provided</p> <p>Reduced overnight stays</p> <p>Increased rates of feeding for premature infants</p>
	Culturally safe spaces	<p>Rates of leaving ED without completing treatment</p> <p>Rate of admissions from Aboriginal and CALD groups</p> <p>Rates of discharging against medical advice from wards</p>

ⁱⁱⁱ https://www.artscouncil.org.uk/sites/default/files/download-file/Value_arts_culture_evidence_review.pdf

APPENDICES

Appendix 1: Consumer Feedback

Appendix 2: Models of Care - from Clinical Cluster discussions

Appendix 3: Kids Rights in Healthcare

Appendix 4: Collections: Statement of Significance

Appendix 1 Consumer Feedback

"Bright, colourful, uplifting. Maybe artwork children have done e.g. a mosaic or mural. Uplifting music, happy staff!"

"Access to small and homely comforts goes a long way. This includes use of bright colours, fresh air, comfortable furniture, artwork and peaceful music."

"Plenty of artwork... it makes a huge difference! For long term patients and carers, access to different spaces, especially garden/natural light filled spaces is important in order to break the intensity of the highly medicalised ward environment."

"Features like age appropriate indoor and outdoor play zones and activities, access to technology, wifi and play therapy to foster a positive hospital environment that plays down being in a hospital setting and encourages socialisation."

Patient experience:

For Harrison who was unable to move or speak for seven weeks in ICU, he spent most of this time staring at a ceiling. The first thing he said when he was able to speak again (after hello), was could you put some colour ceiling panels up? Harrison's mind was healthy and active, but he was locked in his body. He became so bored and frustrated during this period, he has referenced the value of movable art, fixed pictures and 3D wall paper to help other patients like him.

Functional Design Brief

The Functional Design Brief documents outline many opportunities for arts, play and discovery to be incorporated into developmentally appropriate models of care with the majority of them focussing on creating warm, welcoming and calming spaces for children and parents. This first impression was then explored further through making environments that were appropriate for each age group within the patient cohort (ie babies and infants through to young adults).

The Surgical Patient

- Reception/check in/hold area needs to provide a warm, welcoming and calming environment for patients and families that displays the core visions and objectives of the hospital project. p.27
- Consideration should be given to the age appropriateness of spaces to ensure that they appeal to children but also to young adult patients.
- Low stimuli environments for spectrum behavioural patients p.12
- Expansion of current model so that Allied Health is embedded in the daily operations of the surgical unit to aid rehabilitation through early intervention
- Access to natural light, views and positive distractions should be maximised throughout the unit to reduce stress levels (for patients and staff) and promote wellness. P.27
- Therapy/multidisciplinary room to be included in Clinical support area p.31
- Waiting area to be child friendly and create positive distractions. P.30
- Dimmable lighting and low stimuli environments for special needs children p.31

The Overnight Patient

- Care will be delivered within a multidisciplinary model where various clinical teams, including allied health and subspecialty teams, work collaboratively to provide care tailored to the needs and expectations of the patient and their family. P.6
- The Internal Functional Relationship diagram highlights several areas which could benefit from arts and play programs including a shared play/Multifunctional and Adolescent Zone, Outdoor area and Family/Parents retreat. P.10
- A variety of positive places to facilitate the patient journey, need to avoid spaces (interview rooms) being associated with 'bad news'. p.14
- Multifunctional spaces for communal patient and family activities. P.15
- Safe places for kids to play and socialise. P.15
- Separate age-appropriate spaces for adolescents. P.15
- Access to outdoor spaces p.15
- The use of artwork of audio-visual displays throughout the unit to create positive distractions and a normalising environment p.15
- Culturally sensitive environment with consideration to the multinational patient cohort as well as the Aboriginal and Torres Strait Islander population p.15
- Art in health can play a vital role in enriching, supporting, nurturing, encouraging and comforting for better health outcomes, and can play a role in providing improved health and wellbeing outcomes for all. The arts and spaces for play in the SCHN buildings are one of the key factors in ensuring our patients feel safe and welcome when visiting or staying in hospital. It also plays an important role in treatment for our patients. P.16
- Patient care areas; all rooms are to be child and family friendly and may include AV capability to assist with distraction and play p.18
- A quiet study area that is adolescent friendly and digitally capable. Can also be used as a multipurpose space when not being used by patients. P.18
- Treatment/procedure room to include some distraction and play therapy fittings and fixtures. The use of lights and audio-visual distractions are to be considered. The room to include the provision N2o for pain relief during the performance of procedures, however the use of this will become less if good AV distraction and or virtual reality distraction devices are included. Arts and play therapy principles to be considered within this space P.19
- Playroom/multipurpose space; Uses could include the following: structured and unstructured play activities, structured play therapy provided by child life therapy staff, storage should be flexible in design, modular and easy to clean, consider the inclusion of a washing up sink/equipment washer to wash toys used in play therapy, Consideration to be made in relation to zoning or dividing this space when more than one activity is being undertaken, operable wall should be acoustically treated. P.21
- Recreation room (adolescent); The recreation room may be used flexibly across the day to provide both play and education for adolescent young adults as a shared space centrally located between a pair of inpatient units. It will provide an indoor area where adolescents can meet with their peers/friends/family. It may also be used as an additional meeting zone for family and staff away from the hustle of the clinical area. Access to natural light and view is required from this space Fit out of the space to be commensurate with adolescent young adults, provide a chill out zone as well as access to technology. Space to include: TV, Docking stations or charging stations for personal devices, Lounging furniture as well as desks and chairs. P.22

The Critically Unwell Child - NICU

- Palliative Care Suite; Family bereavement / counselling / multipurpose areas are to be provided collocated with a Neonatal bed space to support end of life and palliative care. When not in use for palliative care the area could be used as a private waiting space for anxious parents awaiting a child's return from surgery or a procedure. P. 24
- designing a unit that ensures a family centric, culturally appropriate, warm, welcoming and sensitive environment p.19
- providing carers/family control over their infant's environment where appropriate e.g. ambient light, volume control p.19
- provide an environment that promotes wellness and a sense of calm by the use of colours p.19
- consider the use of artwork throughout the unit to create positive distractions and a normalising environment p.20
- the NICU is to be a culturally sensitive environment with consideration to the multinational patient cohort as well as the Aboriginal and Torres Strait Islander population p.20
- The environmental aesthetic; consider using items from the sibling colouring in book that is utilised to help reduce vicarious trauma for siblings. The PUG would like to incorporate the artwork from the book into the unit aesthetics i.e. as big stencils or murals on the walls p.20
- Art in health can play a vital role in enriching, supporting, nurturing, encouraging and comforting for better health outcomes, it has been acknowledged that art in health can play a role in providing improved health and wellbeing outcomes for all. The arts and spaces for play in the SCHN buildings are one of the key factors in ensuring our patients and families feel safe and welcome when visiting or staying in hospital. It also plays an important role in treatment for our patients. P.20
- Waiting area should be warm and welcoming considering some integrated play space to provide positive distractions for siblings p.22
- Family Support Area; Family lounge, with integrated play zone, the space is to be calm and comfortable p.25

The Critically Unwell Child - PICU

- Interventions and care including early mobilisation provided by allied health clinicians are essential components of the PICU multi-disciplinary team including, physiotherapy, social work, speech therapy, interpreters, occupational therapy, music therapy and mental health service. P.9
- Specialist multidisciplinary and family-centred care model. Considering the child and their family ('family unit') as partners in planning, developing and monitoring care, we will ensure the service meets their needs. P.11
- Internal Functional Relationships; Family support area, Public and visitor entry, Bereavement area, therapy room, interview and counselling room are all areas that could benefit from Arts and play programs. P.13
- designing a unit that ensures a family centric, culturally appropriate, warm, welcoming and sensitive environment. P.23
- providing carers/family control over their child's environment where appropriate e.g. ambient light, volume control p.23
- all patient areas are to maximise access to natural light and views, and positive distractions p.25
- the PICU is to be a culturally sensitive environment with consideration to the multinational patient cohort as well as the Aboriginal and Torres Strait Islander population p.25
- spaces that incorporate a nature motif with each POD having a unique motif/theme p.25
- Art in Health (use of alternate means for therapies – play therapy, music therapy) Art in health can play a vital role in enriching, supporting, nurturing, encouraging and comforting for better health outcomes, it has been acknowledged that art in health can play a role in providing improved health and wellbeing outcomes for all. The arts and spaces for play in the SCHN buildings are one of the key factors in ensuring our patients and families feel safe and welcome when visiting or staying in hospital. It also plays an important role in treatment for our patients.

The following principles will be considered in developing the Arts in health strategy for the SCHN. P.25

- Entry area; Waiting/child play area - consider a configuration to enable visitor/group separation, with integrated play space to provide positive distractions for siblings p.27

The Cancer Patient

- The provision of thoughtful, well- designed, accommodation for patients, parents and carers is a critical component of optimal care provision and the promotion of wellness, wellbeing, healing and recovery. P.20
- CHW volunteers and the ward grannies will provide assistance for patients and their families with way finding, the provision of refreshments, play and companionship. P.25
- Care environments will have a positive ambience designed to lessen fear and empower patients and their families p.26
- Patient and family settings will promote wellness and support as normal a life as possible for the child and family, including siblings p.26
- OOAC; Inclusion of variety of spaces within or adjacent to the IPU for patients and families to rest, play, relax and re-charge p.26
- OOAC; Safe places for the children to play, participate in craft and games and socialise (when appropriate) p.27
- OOAC; A designated adolescent area p.27
- OOAC; A sensory garden p.27
- OOAC; Consider the use of artwork or audio-visual displays throughout the units to create positive distractions and a normalising environment, (cleaning and infection control principles to be assessed) p.28
- Patients and parents will benefit from easy access to an outdoor area. Consideration to be given to a sensory garden and an outdoor environment that enables bed access, large wheelchair access and parents and family member use p.28
- All patient care areas are to be a culturally sensitive environments with consideration to the multicultural patient cohort as well as the Aboriginal and Torres Strait Islander population p.28
- Art in Health (use of alternate means for therapies – play therapy, music therapy) Art in health can play a vital role in enriching, supporting, nurturing, encouraging and comforting for better health outcomes. It has been acknowledged that art in health can play a role in providing improved health and wellbeing outcomes for all. The arts and spaces for play in the SCHN buildings are one of the key factors in ensuring our patients and families feel safe and welcome when visiting or staying in hospital. It also plays an important role in treatment for our patients. P.28
- Play, wellness and recovery; The Charter on the Rights of Children and Young People in Healthcare Services in Australia states that a well-arranged environment should enhance a child's development through learning and play and that the way an environment is designed and laid out can influence how a child feels, acts and behaves. The inclusion of designated Playrooms in the IPU and in the OACC is therefore essential. Additionally, Child Life Therapy, patient and parent / carer feedback consistently reports the benefits of access to outdoor play spaces, inclusive of a Sensory Garden. Consideration of a shared space appropriate for Allied Health related interaction with patients and therapy i.e. Physiotherapy and Occupational therapy will be explored. P.28
- IPU Entry/Reception/waiting area; A separate play area with storage capabilities will be integrated into the waiting area where CLT and music can outreach to other areas within the OACC, for play and music resources for patients is required in the OACC.; A Group / Adolescent room will also be provided in this location and will be used for adolescent and young adults and multifunction to allow for group meetings, case conferences, family consultations and education as required p.31
- IPU Quiet Study room (Adolescent use); Desks and chairs for quiet study or teaching, may be used by long stay parents for computer work when not in use by patients p.37

- IPU Procedure/treatment room; to include some distraction and play therapy fittings and fixtures. The use of lights and audio-visual distraction, virtual reality and other distraction devices are to be included and determined during design development. Arts and play therapy principles will be essential this space and storage for CLT procedural distraction equipment is to be included. P.38
- IPU, Child specific Support space/Playroom; In recognition of lengthy periods of admission for each patient, child life therapy staff and music therapy staff provide patients with therapeutic interventions to support their emotional wellbeing. These interventions are individualised and based on developmental needs of patients and require a range of resources. A shared playroom will be provided, it will include space for play and activities, CLT and Music will require a storeroom with a washing up sink and equipment washer, to store, prepare and clean play and music resources for individual patients of varying need and all ages p.41
- IPU Adolescent space; The recreation room may be used flexibly across the day to provide both play and education for adolescent young adults as a shared space centrally located between a pair of inpatient units. It will provide an indoor area where adolescents can meet with their peers/friends/family. It may also be used as an additional meeting zone for family and staff away from the hustle of the clinical area. Access to natural light and view is required from this space Fit out of the space to be commensurate with adolescent young adults, provide a chill out zone as well as access to technology. Recreation space to include: TV; Docking stations or charging stations for personal devices; Lounging furniture as well as desks and chairs

Emergency Department - SCH

- Internal functional relationships; potential for Arts and play to be integrated into the following spaces; Behavioural assessment lounge; waiting and play area; treatment/procedure rooms; sub waiting areas
- A play area is to be provided within the main waiting area. P.15
- A welcoming, inclusive and appropriate environment for all including the Indigenous community and those from culturally and linguistically diverse backgrounds incorporating the use of artwork p.16
- Maximise natural light, views and positive distractions in all patient and family areas and staff rooms to support recovery, circadian rhythm, patient orientation and reduced stress levels for patients, cares and staff p.16
- An open play area for children with noise dampening and washable surfaces. P.20
- ESSU - A treatment room with distraction and play therapy fittings and fixtures i.e. lights and audio-visual distractions to be considered p.23

The Overnight Patient - SCH

- Internal Functional relationships IPU, potential for Arts and play to be integrated into the following spaces; Outdoor space, play room, Rec. Room, Therapy room. P.10
- Internal Functional relationships MSSU, potential for Arts and play to be integrated into the following spaces; play room, Rec. Room, Therapy room. P.11
- Schooling; Children and young people admitted to the inpatient unit will be encouraged to continue to their school education when they are able to. Teaching support will be available at the SCH School or within the inpatient unit, based on the health and education needs of each patient. P.14
- Procedures/Treatments; The patient's bedroom is considered a 'safe haven' and as such invasive procedures, such as blood collection, lumbar punctures, extensive dressings, or procedures where N2O is required to be used will be performed within a procedure/treatment room. P.15
- A positive and supportive environment for all patients (infants to young adults), their families and staff that is friendly without being childlike; Spaces which provide privacy where families can spent time just as the family; A variety of places to facilitate the broader patient care/ journey o A choice of small meeting / interview spaces for conversations with families - need to avoid spaces

being associated with “bad news” o A multifunctional space for communal patient and family activities i.e. for families to cook and eat together, sharing entertainment, school o Safe places for kids to play and socialize o Separate age appropriate spaces for adolescents. P16

- Access to outdoor spaces for both patients and families and staff. P16
- Play / Recreation / Therapy / Communal Space - Medical / Surgical (Shared Areas); A therapy space to be shared between a pair of inpatient units for use by patients who do not have conflicting isolation needs • A play area to be shared between a pair of inpatient units for use by patients without conflicting isolation needs • Creation of a multifunctional space (play area and / or therapy space) for communal activities, family dining and group entertainment to be explored during Concept Design; this space will require access to a kitchenette equipped to meet HACCP standards • A sensory room which could be booked by therapists for use with patients (option to provide this amenity is a multifunctional space, such as a quiet study room, to be considered during Concept Design) • Wheelchair accessibility needs to be considered for all these spaces • A quiet study area to be shared between a pair of inpatient units • An adolescent specific recreation space to be shared between a pair of inpatient units - a larger centralised area could be provided per floor which can be accessed by patients without conflicting isolation needs • Access to outdoor play/green spaces p.18
- Play / Therapy – MSSU; • A gym/therapy space with storage for equipment and access to consult/interview rooms for assessments and interventions to support early discharge • Playroom/play space p.18
- Procedure Room; Treatment / Procedure room to include some distraction and play therapy fittings and fixtures. The use of lights and audiovisual distractions are to be considered p.19

The CCCC Clinical services - SCH

- Age-appropriate facilities including a teenage area, younger playroom, tween centre, as well as options for music, exercise and quiet areas for school, are important adjuncts to clinical care. Additionally, a shared space appropriate for Allied Health related interaction with patients and therapy i.e. Physiotherapy and Occupational therapy should be available. P.13
- The Charter on the Rights of Children and Young People in Healthcare Services in Australia states that a well-arranged environment should enhance a child’s development through learning and play and that the way an environment is designed and laid out can influence how a child feels, acts and behaves. Child Life Therapy, patient and family feedback consistently reports the benefits of well designed play areas and access to outdoor play spaces, inclusive of a Sensory Garden. P.14
- Use of murals and other wall aesthetics to create a warm and interesting environment p.29
- Play and music therapy o The CCCC multidisciplinary team includes both Play and Music Therapists as part of its allied health team. Design must incorporate the ability for patients to interact on a one-on-one basis with the therapists, as well as in a group session (e.g. group music therapy session). Self-directed play away from the bedroom (e.g. playrooms in the IPU) is also an important aspect of therapy. o Pop-up Starlight Room space or equivalent as well as remote access to the Starlight room for those patients that are unable to leave their room. P.29

Appendix 2: Models of Care - from Clinical Cluster discussions

NICU

- Important to involve early mobilisation for patients in arts and play
- NICU has a sibling colouring book and bereavement colouring book
 - Characters from the book, such as the possum could be incorporated into the unit
 - Put on to walls of lounge or treatment rooms
 - Indigenous artwork from colouring book that was drawn especially for book (NICU to approach artist about using artwork on the ward)
- NICU art works could be displayed in entry ways, corridors, family lounge as treatment/procedure rooms are not utilised
-
- Emphasis was placed on creating environments for families to live in so that they feel comfortable spending time with their infants
- Babies have much shorter stays when they have quality access to the parent/carers, as stress-free as possible
- Access to music therapy, not just recorded music. Allows the music to be adapted to how the child is physiologically responding to it.
- Ability to change the lighting and personalise the room environment
- Language is more important than music - especially exposure to maternal and paternal voices
- Reading and books very important part of play for NICU
- Arts and Play has a clear benefit for parents, staff and siblings in decreasing stress and anxiety
- Stress is the biggest factor for parents/families need to use arts and play to decrease stress
- NICU bereavement room to be used as a multipurpose space and all agreed no bereavement space has been designed well previously. Very important space to get right. Essential to have natural light.

PICU

- Music therapy is able to positively affect physiological changes in patients such as lowering heart rate, the use of music played through ipads helps patients during procedures
- Participatory art activities would be beneficial for siblings but not necessarily patients in this area
- Ability to change the lighting and personalise environment.

CHW - IPU

- Treatment and procedure rooms; Toys, iPads, bubbles are currently used as a distraction for patients in procedure rooms. They should also have art on the walls
- Colours are very important, as is the opportunity to personalise bedspace.
- In contrast, too much visual stimulation could be very problematic at times
- Play spaces in IPU's can be problematic. It would be advantageous to have spaces that don't require staff resources and support; whilst also having a space which is flexible for all age groups. With the ability to cater to different age groups at different times with lots of storage options and have someone responsible to set up and pack up for each age group
- Leisure spaces for adolescents should be larger spaces so patients are not in close physical proximity
- Need to consider variety of patients – ambulatory and long term patients
- Accessibility to outdoor space, sensory garden and green space for all patients without needing to book
- Spaces with sensory stimulation such as fish tanks have been very beneficial for young patients i.e. Edgar Stephens. Space does require upkeep with feeding and cleaning but have a very calming impact

- Patients in the new build are going to be much sicker kids with the rise of morbidity and mortality and are less likely to access shared spaces so it is very important to focus on arts and play in single bedrooms

CHW – Perioperative suite

- Inclusion of Aboriginal art in the space is needed
- Improved acoustics need to be explored to improve sound which would benefit patients, families and staff. Currently it is very noisy and not beneficial for anyone
- Transition from stage 1 to stage 2 could involve softening of light to create a calmer atmosphere –dimmer switches to control lights
- Positive distractions in the unit are quite difficult to achieve currently but would like to implement in PSB
- Waiting rooms that are not like waiting rooms – more like a playful rooms with textures e.g. a jungle that covers all walls and ceiling. Interactive activities to distract and give agency to patients waiting for procedures whilst fasting
- Walls with magnetic paint or chalk in the unit
 - Chalk can easily be cleaned off patients compared to markers
 - Patients are marked with markers for surgery sites so risk that they could draw on themselves
- Flexibility for arts to be changed in the space to suit different needs and ages
- Structural arts and play deteriorate quickly due to cleaning so could be replaced by technology such as projections
- Light projections as distractions when going in and coming out of theatre
- Some older patients come inside the theatre awake and sometimes without their parents
 - It is a very unusual and sterile environment and they are left feeling quite vulnerable
 - A distraction device for these patients to hold on to that can also still stay clean
 - Many options of sensory toys could be utilised
- Use of corridors and spaces outside of theatres would be better for arts
- Kids love watching and interacting with fish tanks
- Quiet area that staff and families can relax in whilst waiting for their child to come out of surgery
- Markers for using to draw on glass – separate area for adolescents to use these markers on the wall
- Point of arrival, perioperative hold and recovery are of significant value for arts and play integration

I can't imagine why you would assume that because the Building is a fixed structure that the way it interacts with the world, and the way that both play and art are incorporated into the experience of it, wouldn't be dynamic and growing in the same context that we look after kids who are dynamic and growing.

The building should reinforce what our core business is and support the overall objectives of the project. Having art as a dynamic or playful experience changes the way that kids, as well as parents, siblings and staff, interact with the building. This interaction speaks to one of the project's key objectives, which is embedding an understanding of educational research, it is also about attracting the best and the brightest people and it's certainly patient centred.

The new building would ideally include:

- an art collection on permanent display. It helps to create a sense of the history and culture of the geographical location, particularly when including the display of Indigenous culture.
- space for temporary displays that change regularly. By involving the community, you can draw them further into the process and the creation of the arts and play experience.
- Aspects of arts and play to build on; sound, tactile (sensory) experiences and storytelling. Especially stories from different cultural backgrounds.
- Play spaces - *these spaces need a workforce plan too. It's not a perpetual motion machine, you can't just set it up and expect it to function without additional input.*
- The arts and play structure has to allow capacity for quiet souls as well as loud toddlers. A lot of people are noting that the current hospital doesn't serve adolescents particularly well.
- Art and sculpture can create a sense of place but could also be utilised to surprise regular visitors. We are not set up to offer new questions and currently there is less capability for a two-way conversation.

Benchmark example: Princess Maxima Centre for Pediatric Oncology, Netherlands

- Example of the built environment that offers new experiences: a linkway between main hospital and oncology centre, turns several ways which structurally it does not need to and has transparent film on the glass, so depending on the time of day or weather, it offers a different experience. It also gives a transitional breathing space between the two hospitals.
- Another feature of this hospital is the view from the front entry. You see through a play area to a large window with a view of a field of wildflowers. Reinforcing the concept that you are here for a little while and all that outside is still waiting for you.

Benchmark example: Nelson Mandela Children's Hospital, Johannesburg. Example of successful arts and play integration

- Furniture and wayfinding designed from children's drawings.
- Wayfinding at a child's height not an adults.
- Different colour schemes throughout the hospital, also different flora on each level to distinguish where you are.

A joint research project currently conducted by SCHN and University of Sydney to investigate ways in which VR and AR technologies can aid children in preparing for procedures. The *Building realities* project aims to explore options that allow kids to create their own art experience.

- Using AR to photograph and incorporate the child's own belongings or toys into the admissions process. Software which renders photographs or drawings into an AR character which can be inserted into the environment the child is viewing. That is, their teddy bear could walk them into surgery.
- For older children they could leave behind a character for the next child to find. So the child going in is not just thinking about their experience, they are getting the chance to look after the next child. They can externalise and produce altruism in that experience.

It would be lovely if that experience of it (presenting to Perioperative) was continuously changing because if we could have that facility not only does it change for the kids but it also changes for the staff and that would keep inspiring them to come back because it continues to be a place of wonder for them.

*There's a balance between art and experiences that change and art that's static. **What we don't have the capacity for is to offer options.** If there is a patient who wants to be more in control of their experience or for whom giving them that sense of control about play might be supportive or successful, I can't offer them that.*

A key member of staff to add would be someone from CLT. *We don't have that option and that would be a key thing to embed into our model of care.* Very occasionally we'll have a patient who has a pre-existing relationship with CLT but as it is we don't have the ability to access anyone either in the pre-anaesthetic clinic or upon presentation to the Hospital.

Oncology

- Assist social interactions for BMT and immunosuppressed patients
- Continued access to outdoor sensory garden for stimulation and family based activities
- Flexibility for patients to adapt their environment through lighting
- Storage for separate toys and resources essential for immunosuppressed patients
- It would be essential have a Bluetooth speaker in each inpatient room for oncology patients. This would be used in Music Therapy sessions by the Music Therapists, and also for patient and family use. Child Life Therapy at times will also provide music for relaxation or comfort purposes. This system would be used in all initiatives, of welcome, comfort, interactive and engagement. This could also extend to outpatient rooms, and may even assist in lowering anxiety in the GA bays/rooms in the clinic. To create a welcoming, child friendly space that is typically feared by many. If patients were able to have some choice at this time, eg. choose the music, colour of lights, or interactive slide on the ceiling, it would certainly provide a much needed positive refocus at these stressful times.
- **Oncology Music Therapist Matt Ralph** conducts Music therapy sessions at the bedside for Oncology patients. Typically, these sessions combine music, narrative and art to create a short animation. Some patients aren't confident with music making so combining it with more familiar art forms encourages participation. By working with tactile art materials in combination with different apps on the iPad, they create a hybrid of animation, music and art.
- By utilising technology (laptop and USB) patients can take their creation home and bring it back if they return to hospital and they can share it, creating a tangible product that they can be proud of. It also opens up ways to work with Starlight, Livewire, with Rose (SCHF art program), and also involve the parents.
- In the context of the redevelopment and finding a model to extend arts and play, collaboration could be encouraged through access to appropriate spaces. Spaces that have; good acoustics, tables and chairs, be well equipped and resourced and spaces that people feel they can come and gather in. These spaces should be available across wards and public spaces.

- Performance spaces – what would work? Having a space in the foyer, which is fairly accessible, a sunken circular area (internal amphitheatre) with a small stage and a sound system, it would be a space that invites you to create in. That then gives you the opportunity to invite schools in or start up a volunteer musician initiative it would invite a lot of activity.
- By focusing on who is most likely to run art programs in the building and tap into what they might need to collaborate more easily, if the building is encouraging those people to create art and invite others to as well, that's a really good start. It keeps the art living and promotes engagement.
- Art has such a huge impact on kids experience of hospital, it's such a powerful way for them to enjoy themselves and feel connected, literally magic. It has so many benefits to their self-esteem and to their identity, its not just something that is nice to have, it is something that transforms their whole future.

Allied Health

- Centralised booking system
- Require well organised storage and movement of toys and resources
- Having playrooms on wards big enough to accommodate clinician, allied health, carer and patient with room to still move
- Having space in patient rooms for a playmat
- Access to outdoor spaces that can be adapted for clinical outcomes with wheelchair accessibility, that aren't over designed and are separate to public spaces. Possibility of play to include bike track, basketball hoop and other ballgames. Normal household activities of gardens, planting, worm farms, etc
- Collaboration across Allied Health, Clown Doctors, Starlight Room, Music therapy
- Use of space across the week not just M-F 9-5, equity of access for all

MSSU

- Natural light very important, also the ability to see sky and greenery
- Low stimulation environment for patients with a spectrum disorder, including treatment of lights in corridors and patients' rooms
- Use of bright colours but everywhere, just splashes
- Patients in isolation don't attend school so they require appropriate activities
- Ideally it would be nice to theme wards as they do for the Christmas Party Day
- Mural treatments would be beneficial
- Playroom was not utilised and was commandeered as a meeting room
- Patient privacy is important but also to be seen, toddlers enjoy the live theatre of people passing by
- The Starlight channel and Captain Starlight are a good option for adolescents and older children
- Access to craft packs and toys that are easily cleanable
- Unit will have 20 short stay single bedrooms, typically admissions are from the local area with acute asthma, gastro, etc. Age ranges from neonates to 16-year-old and will stay for up to 72 hours

ED

- Significant areas for integration of arts and play; point of arrival, waiting areas, behavioural lounge and treatment/procedure rooms

Appendix 3: Kids Rights in Healthcare

Every child and young person have a right to participate in education, play, creative activities and recreation, even if this is difficult due to their illness or disability.

To the greatest extent practicable, children and young people should be assisted to participate in their regular activities and routines while in a healthcare service. This minimises anxiety and maintains their development and learning. Children and young people ought to remain engaged in education while they are in a healthcare service. They also need an environment in which play, and recreation are facilitated, by staff with appropriate knowledge and skills where possible. Play has a particular role in healthcare: it supports the ability of children and young people to cope with their experiences in healthcare services. This requires both a physical environment conducive to play and recreation as well as a commitment across the organisation to giving children and young people the time, encouragement and support to play and participate in therapeutic activities. Opportunities to participate in education, play, creative activities and recreation should be suited to the child's or young person's age, condition and culture. To the greatest extent possible, these activities should take place in an environment designed, furnished, staffed and equipped to meet the child's or young person's needs, interests and abilities.

Ref. *Charter on The Rights of Children and Young People in Healthcare Services in Australia*, Children's Hospitals Australasia, 2010, p.17

<https://awch.org.au/wp-content/uploads/2018/10/kids-rights-in-healthcare-australian-version-final-210911web.pdf>

Appendix 4: Collections: Statement of Significance

Both the Children's Hospital at Westmead and the Sydney Children's Hospital, Randwick manage and expand a permanent collection of artworks collectively valued at more than \$3.7 million** through donations and philanthropy on an ongoing basis. Neither collection operates with an acquisition budget for active expansion. These separate collections channel the diversity and potency of the visual arts to improve the lives of the Hospital's patients, to inspire and engage their families and carers, and to develop the Hospitals into a dynamic cultural hub. The collection also complements the Hospitals aim to create an atmosphere of healing, warmth, caring, diversion and assurance.

Artworks from these collections are installed at their respective sites throughout public and staff areas, and where infection control measures allow, inside wards and departments.

All acquired works must meet the aims of the collection policies that govern them, and directly benefit the Hospital. The collections consist of artworks of a high artistic and aesthetic quality and social significance to the communities they represent.

Once installed, artworks develop a strong association with specific sites in the Hospital for consumers and staff alike. They become place markers for wayfinding, comforting pieces of familiarity, and can transport viewers away from the daily stresses of the hospital.

Both collections focus on works by leading contemporary Australian artists and professional practitioners, however, they also have a dedication, most notably that in CHW, to the acquisition of artworks produced by children. Each year the Operation Art exhibition provides an opportunity for artworks by students across NSW to form part of the collection at CHW and ensure that the collection continues to prominently include the perspectives of children and young people.

****This value is calculated from the artworks currently on the Asset Register at each site. At SCH artworks valued over \$5,000 are added to the Asset Register and at CHW artworks over \$10,000 are included. This is not the total monetary value of the SCHN art collections.**

Credits

This paper was written by Brigette Uren, Program Director Arts, Health Infrastructure and Ivy Baddock, Curator Children's Hospital Westmead with extensive consultation with the Project Working Group – Arts & Play, the Project Team detailed in Credit Table 1 & Credit Table 2 below. and multiple clinicians across the Network plus stakeholder partners.

Table 15: Project Working Group Members

Members of the Project Working Group – Arts & Play	Organization	Role
Ivy Baddock	CHW	Chair, Curator
Tim Hoffmann	SCHN	Director, Planning and Redesign
Kristy-Leah Goymour	SCH	Manager, Child Life and Music Therapy Program
Janet Burke	SCH	Manager, Child Life and Music Therapy Program
Matt Ralph	SCH	Music Therapist
Jourdan Emily Hancock	SCH	Youth Art Worker, SCH & Chronic Illness
Michelle Jersky	SCHN	Manager, Arts in Health – Community Health Centre
Rosie Downie	SCH Foundation	Art Experience Coordinator
Sarah Scott	SCHN	Department Head (Shared), Child Life & Music Therapy Department
Cathy Quinn	SCHN	Department Head (Shared), Child Life & Music Therapy Department
Vanessa Starr	SCHN	Deputy Head, Child Life & Music Therapy Department
Michelle Mathyi	CHW	Arts Coordinator, Adolescent Medical Unit
Elise Franke	CHW	Arts Coordinator, Adolescent Medical Unit
Sandra Pengilly	SCHN	Clinical Program Director, Child Life Therapy
Ken Gamma	SCH	Program Manager, Starlight
Renee Thurston	CHW	Program Manager, Starlight
Chandra Franken	SCH + CHW	Livewire Program Manager, Starlight
Faye Scovell	Department of Education	Art Teacher, Children's Hospital School Randwick
Timothy Talty	SCH Foundation	Art Program Manager
Mercedes Wilkinson	CHW	Principal, The Hospital School at Westmead
Kiri Collins	CCI	Head of Core Services
Matt Swan	CCI	Principle Consultant, CCCC
Dee Walker	CCI	Family Relationship Coordinator
Karen Tiquiri	SESLHD	Director of Nursing, Champion of Arts in Health for IASB
Elizabeth Kookarin	SESLHD	Project Coordinator – Arts in Health IASB
Sonia Maddock	UNSW	Head of Cultural Networks
Rhiannon Edmonds	Consumer	Consumer Representative (CHW)

Ashley Hayes	Consumer	Consumer Representative (SCH)
Jane Tliege	Consumer	Consumer Representative (SCH)

Table 15: Project Working Group Members

Project Team Members	Organization	Role
Brigitte Uren	HI	Program Director, Arts - Advisor
Betissa Ryan	HI	Project Director
Phillip King	HI	Project Director
Caleb Teh	HI	Project Director
Kitty Mackay	HI	Communications and Engagement Manager
Hugo Harnett	CHW	Redevelopment Program Director
Cassie Hainsworth	CHW	Change and Transition Lead
Natalie Ong	HI	Graduate Project Officer, CHW
Shiraali Patel	CHW	Project Support Officer, Planning and Redevelopment
Cathy Lovell	SCH	Redevelopment Project Director
Louise O'Shannassay	SCH	Change and Transition Lead
Kellie Wilson	SCH	Redevelopment Project Support
Alexandra Loftus	SCH	Communications Manager
Jimmy Wright	PwC	Project Manager
Oshara Gunadasa	PwC	Project Manager
Hanan Husaini	PwC	Project Manager
Marie Fournier	PwC	Project Manager
Caitlin Hazell	PwC	Project Manager

