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**Arts for health: exploring
best practice in children's
hospitals**

Penny Curtis
Winston Churchill Memorial
Trust
Fellowship 2017

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I am immensely grateful to everyone who agreed to meet with me and who gave so generously of their time. Inevitably, this report does not do justice to the richness, the complexity and the variety of children's hospital environments that I was able to experience during my Fellowship. I generated hundreds of images and have necessarily had to filter these substantially, as I have had to filter the detailed information that I received, when presenting my findings.

Very many individuals have helped me through my Fellowship. I would like to gratefully acknowledge the particular help of the following, without whom I would have been unable to identify the diversity of sites and contacts that contributed to the richness of my Fellowship.

- Dr Rebecca McLaughlan, Lecturer in Architectural Design, School of Design, University of Melbourne who has been endlessly patient with my questions and generous with the contacts that she has provided.
- Lynne Seear, Manager, arts in health, Children's Health, Queensland who kindly enabled a number of visits and arrange for me to meet key individuals in LCCH.
- All the staff at Kidz First, Counties Manukau, Auckland for organising a series of meetings and visits for me.

I intended to focus, during my Fellowship, upon visual arts, using a broad interpretation that encompassed spatial decoration, 2 and 3 dimensional art and, where relevant, virtual art works. The project did not aim to consider other art forms such as participatory art workshops, performance art, creative writing, music therapy etc. However, I did meet and benefit from discussions with artists whose medium of expression was not visual art. The interest in my project from the broader arts community enriched my Fellowship and helped me to contextualise my thinking, even though our discussions are not reported directly in this document. I hope that they will forgive me for this omission.

Abbreviations and glossary

Bathurst –	Bathurst Base Hospital, Brisbane, New South Wales
Decal -	Decal (or transfers or appliques) consists of a base material (usually plastic in hospitals for hygiene reasons) on which an image is printed, allowing the image to be moved to another surface upon contact, usually with the help of heat or water.
Dubbo –	Dubbo Base Hospital, Dubbo, New South Wales
ED -	Emergency Department
LCCH -	Lady Cilento Children’s Hospital, Brisbane, Queensland
MRI -	Magnetic Resonance Imaging
NICU -	Neonatal Intensive Care Unit
NSW -	New South Wales, Australia
NUM -	Nurse Unit Manager
Orange -	Orange Base Hospital, Orange, New South Wales
Randwick -	Sydney Children’s Hospital, Randwick, New South Wales
RCH-	The Royal Children’s Hospital, Melbourne, Victoria
SCBU -	Special Care Baby Unit
Starship -	Starship, Auckland
WCH -	Wellington Children’s Hospital, Wellington
Westmead -	The Children’s Hospital at Westmead, Sydney, New South Wales

Executive summary

In 2017, I travelled from the UK to Australia and New Zealand to look at, and learn from, arts for health in children's hospitals. Although as a nurse researcher I have had a long-term interest in understanding children's perspectives on, and experiences of, healthcare environments, my interest in arts for health only developed when children made it clear to me that hospital design, décor and arts were important to them. This Winston Churchill Travelling Fellowship has allowed me to visit a wide range of newly built and established hospitals in order to consider how visual and installation art can contribute to healing environments within children's hospitals. While I have previously focused upon understanding children's experiences and perspectives, the focus of this Fellowship was to understand the perspectives and experiences of arts and healthcare practitioners, and to view the outcomes of their work within children's hospitals. The Fellowship allowed me to consider the following questions:

- How do practitioners' understand what children and family members want and need from their hospital environment?
- What sorts of art works are provided for children in hospitals and how do these reflect, interpret and meet the needs of children of different ages and cultural backgrounds?
- How, and to what extent, are children involved in decisions about the design and decoration of hospitals and the artworks that are chosen?
- How is the impact, on children, of hospital arts evaluated and how are children of different ages and cultural backgrounds considered in any evaluations?
- What challenges have practitioners encountered and how have they overcome these?

I photographed artworks and various aspects of the built environment in each site that I visited and talked at length to architects and designers, arts for health practitioners, nurses and play specialists and academics. The findings from the Fellowship are presented in relation to 7 themes:

- Different visions for or approaches to arts for health: these can be thought of as curating, architecture and interior design, and branding. Each lends a particular style to a hospital's internal environment.
- Responding to age and cultural diversity: arts practitioners tend to respond to diversity in children's age in one of two ways, either by emphasising that all children can and should be receptive to all types of arts (all-arts-for-all-children), or by differentiating between the wants and needs of younger and older children. Cultural diversity can be responded to through the design and use of hospital spaces and through the conscious consideration of the type of art displayed.
- Promoting wayfinding: visual and installation art can play an important role in marking out children's spaces within hospitals that include adult services and in helping children orient themselves within complex hospital environments.
- The importance of organisational support: ongoing support at operational and governance level is essential for the strategic development of arts and health.
- Linking with cultural and other organisations: partnerships with bodies and organisations as diverse as art galleries, aquaria, zoos, commercial organisations and the University sector all have the potential to impact on children's hospital environments.
- Involving children in planning and evaluation; there is evidence of children's involvement in the design process for some new builds but the extent to which children are involved in the evaluation of internal environments, and the art that contributes to these within hospitals, is less clear.

Following from these findings, the report offers a number of recommendations:

- Further research is needed to understand what works for children and family members; what sorts of artworks they respond to within specific contexts. Currently there is much

good intention with little real evidence to help determine which vision/approach is most appropriate.

- Dialogue about the types of artworks provided in hospital spaces should be ongoing and should include children and family members and health professionals. Health care professionals *will* adapt the environment within clinical spaces if they do not understand or share the approach that has informed the choice of artworks in those spaces.
- Further consideration should be given to how visual and installation arts can reflect localities (landmarks, flora and fauna etc) in ways that both resonate with children and tie hospitals into their local communities.
- Further research is needed to understand more fully how children respond to all-arts-for-all-children and how they respond to age-oriented artworks within particular contexts.
- Currently, cultural diversity receives much less explicit consideration than does age-diversity. Further consideration is needed, within the UK context, of how cultural diversity in user communities can be understood and recognised in the built environment and in interior design and décor.
- Schemes along the lines of Sydney's *Operation Arts* should be explored both for their potential to contribute to children's hospitals' art collections and the potential to contribute to children's spaces within predominantly adult hospital environments.
- Children should be actively involved both in the process of hospital design and in evaluations of the environments provided for them. Evaluation of arts within those environments should be encouraged and should be ongoing rather than one-off.
- Arts for Health should be embedded within hospital governance structures. In hospitals where the majority of services are oriented at adults, a locally nominated individual should ensure that children's interests (and those of their families) are represented.
- Potential links with cultural organisations and other organisations should be actively explored.
- Where children's services comprise only a small sector within adult-oriented services, it may still be fruitful to explore potential links with local Higher Education or Further Education institutions with which relationships could be mutually beneficial (particularly institutions with foundation or degree level arts programmes).

Conclusion: Arts practitioners and health care practitioners are actively working to provide care environments within children's hospitals and are committed to playing their part in enhancing the healing environment. This Report highlights 3 different visions for, or approaches to arts for health, which I have characterised as curating, architecture and interior design, and branding but also raises the importance of further research to help to understand how children respond to each approach, within different hospital contexts.

Introduction to the project

Background

As a nurse researcher, I have a long-term interest in understanding children's perspectives on, and experiences of, healthcare environments. Focusing on children's hospitals in particular, I have tried to understand what child-centredness might mean from children's own perspectives and how we can help children to be able to express what 'works' for them in the environments that we, as adults, design and provide for them. An interest in arts for health developed only gradually as it became increasingly clear that children were themselves highlighting the importance of art, and of decor more broadly, in communicating expectations to them about the sorts of children that spaces are meant for and for helping, or confusing, their ability to find their way around complex hospital sites. It was very clear that children can read these expectations in very sophisticated ways and can readily identify, for example, environments that they consider to be too babyish for them and which, therefore, make them feel uncomfortable or out of place (James, Curtis and Birch, 2008; James and Curtis, 2012).

While it is well-established that good hospital environments can improve patients' experiences and health outcomes (Sherman, Mardelle and Varni, 2005; Huisman *et al.*, 2012; APPG, 2017a), much of what we know about how art can contribute to healing environments relates to adults rather than children (APPG, 2017a). Hospital Arts can contribute to healing environments but we know little about what sort of art children like to interact with in hospital environments and our previous research shows that what adults provide is not always what children want (Birch, Curtis and James, 2007). While there is a very active Arts for Health movement within the UK, there has been relatively little focus on children, an omission that was confirmed in discussions with arts practitioners in UK children's hospitals. As many new children's hospitals have opened over recent years in Australia, it was clear that there was an important and timely opportunity to seek to learn from their experiences of commissioning and providing services within those new hospitals. In addition, hospital sites in New Zealand were recognised to offer a further opportunity to explore how arts within hospitals can respond to cultural diversity. This led to my application for a Travelling Fellowship to the Winston Churchill Memorial Trust to explore best practice in arts for health in children's hospitals.

Policy contexts

In 2013, Australia's National Arts and Health Framework (NAHF, 2013) was endorsed by the Standing Council on Health and the Meeting of Cultural Ministers, establishing a country-wide commitment "to enhance the profile of arts and health in Australia and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities" (page 1). Under the Federal system, States and Territories can adapt and apply this framework in a manner that best suits their circumstances. New South Wales, for example, has produced its own, NSW Framework, which reflects the National Arts and Health Framework in a State specific manner (NSWMOH, 2016). This policy context differs significantly from that of New Zealand where there are a number of Arts for Health programmes throughout the country, some of which are supported by District Health Boards, but no national level policy (Bidwell, 2014). The situation in the UK lies somewhere between these two: at the time that funding was granted for this Travelling Fellowship, the All-Party Parliamentary Group on Arts, Health and Wellbeing was concluding its Inquiry. The Group's report was subsequently published in July 2017 (APPG, 2017a, 2017b).

Aims, objectives and purpose of the project

The overarching purpose of the project was to explore, with a range of practitioners (architects and designers, artists, commissioners and health care practitioners) in Australia and New Zealand, how decisions are made about the design of children's hospital environments and the appropriateness of visual and installation art for children and families.

The main aim was therefore to make available examples of good practice that could help arts for health and healthcare practitioners to improve hospital environments for children in the UK.

The objectives were:

- to explore practitioners' understandings of what children and family members want and need from their hospital environment
- to identify the types of art works provided for children in hospitals and to explore how practitioners perceive that these reflect, interpret and meet the needs of children of different ages and cultural backgrounds
- to identify the extent to which, and how, children are involved in decisions about the design and decoration of hospitals and the artworks that are chosen
- to explore how practitioners evaluate the impact of hospital arts and whether and how children of different ages and cultural backgrounds are considered in evaluations
- to understand the challenges practitioners encounter and how these have been overcome.

With its focus upon arts and healthcare practitioners' perspectives and practices the project did *not*, therefore, seek to evaluate the *impact* of such environments on children and their families who accessed the study sites.

The approach used

The hospitals visited during this Fellowship were diverse in size and location and in the populations that they served. The nature of the environments provided for children also varied considerably. I visited large city institutions as well as small rural hospitals and although my initial plan had been to visit only new-build children's hospitals within Australia, as opportunities opened up, my focus broadened. This proved to be a useful decision as, although there was indeed much to be learned from the new-builds, the majority of children experiencing hospital care in the UK will do so within general rather than specialist paediatric hospitals and in established, rather than new-build facilities. Additional information about each site is provided in Appendix A, and the Fellowship itinerary is available in Appendix B.

Sites visited in Australia:

Sydney:



The Children's Hospital, Westmead



Aboriginal Health Centre, La Perusa



Randwick Children's Hospital

Rural New South Wales



Dubbo Base Hospital



Bathurst Base Hospital



Orange Base Hospital

Melbourne



The Royal Children's Hospital, (image kindly provided by BATESSMART).

Brisbane



Lady Cilento Children's Hospital



*Hummingbird House Children's Hospice.
With Fiona Hawthorn, General Manager*

Gold Coast, Queensland



*Gold Coast
University Hospital*

Sites visited in New Zealand

Auckland



Starship



Kidz First, Middlemore Hospital

Wellington



Wellington Children's Hospital

Within each site, I attempted to identify key stakeholders either through internet searches (e.g. architects involved in hospital design, contacts for arts for health practitioners at specific sites, Directors of Nursing etc) or by following up suggestions from existing contacts. The former strategy was frustrating, though occasionally useful. The latter strategy was by far the most fruitful and the help of key individuals who generously provided me with potential contacts and responded to my many queries, was key to the success of the Fellowship. One important lesson that I learned early on was that, though some contacts in my own discipline of nursing were extraordinarily welcoming and generous with the help that they provided, others immediately passed on my enquiry to arts practitioners or hospital charity representatives, perhaps suggesting that the contribution arts might make to care environments was considered to be the responsibility of other colleagues, rather than nurses.

As the focus of my Fellowship was intended to be upon visual arts, using a broad interpretation that encompassed spatial decoration, 2 and 3 dimensional and – where relevant - virtual art works (rather than the more usual, broader definitions of Arts for Health which encompass a variety of media as well as participatory activities *with* children (NAHF, 2013; NSWMOH, 2016; APPG, 2017a, 2017b)), I wanted to capture and record the nature of the environments provided for children in each site. After seeking advice from my own institution, I developed a consent form that, once signed by a representative of each organisation, allowed me to take photographs, within hospitals, of the art and decoration on display (Appendix C). As the subject of the photographs was the artwork, I was advised that any people captured in the image would be considered to be “incidental” and no consent was deemed to be required from them (for example, if an image was taken of a reception area and a member of reception staff was captured in the image). Nevertheless, I took every effort to avoid the inclusion of “incidental” people and this proved to be very straightforward: If I could not avoid their inclusion, I refrained from taking the photograph. I also took detailed notes of my observations and discussions with the people that kindly agreed to meet with me and to show me around hospital sites.

In addition to the site visits, I was also honoured to be asked to deliver a public lecture, hosted by the Melbourne School of Design, University of Melbourne.

The poster is for a public lecture by Professor Penny Curtis. It features logos for The University of Melbourne, the Melbourne School of Design (msd), the Faculty of Architecture, Building and Planning, and the Lyons Institute. The text reads: 'PRESENT A PUBLIC LECTURE BY Professor Penny Curtis, Interdisciplinary Centre for the Study of Childhood and Youth, University of Sheffield'. Below this is a photograph of children in a classroom setting. The date and time are '23 November, 6pm' at the 'Singapore theatre, Melbourne School of Design'. A short abstract description of the lecture is provided at the bottom.


msd
Melbourne School of Design
www.msdl.unimelb.edu.au

FACULTY OF ARCHITECTURE, BUILDING AND PLANNING

+ **Lyons**

PRESENT A PUBLIC LECTURE BY

Professor Penny Curtis
Interdisciplinary Centre for the Study of Childhood and Youth,
University of Sheffield



23 November, 6pm
Singapore theatre, Melbourne School of Design

Our perspectives on the nature of childhood and our understanding of individual children fundamentally influence when, why and how we work with children. This lecture will consider what happens when we approach children as competent commentators on their own lives, able and willing to contribute to our understanding of the built environment and, particularly, of the hospitals that we provide for them. Drawing upon data generated with children in studies conducted within diverse children's hospital facilities in the UK, it will consider what matters to children, how they experience aspects of the built environment of the hospital and what we, as adults, sometimes get wrong.

In the remainder of this report I will present the project's findings, discussed in relation to 7 main themes, before offering concluding remarks and making recommendations.

These themes are:

- Differing visions and approaches
- What sort of art is appropriate for children's hospital spaces?
- Responding to age and cultural diversity
- Promoting wayfinding
- The importance of organisational support
- Linking with cultural and other organisations
- Involving children in planning and evaluation

Findings

Differing visions and approaches

Within this theme, I distinguish 3 main approaches to the provision of arts for health: those having a principal focus on curating, on architecture and interior design or on branding. These are not mutually exclusive and there is often synergy between approaches within hospital sites. I also consider the place of children's own artwork within hospitals and the main concerns of health care practitioners.

Curating

Curating involves the organisation and display of arts resources in order to communicate a visual theme, identity and/or meaning. Arts practitioners advised that not only can children be engaged by many types of artwork, but that they *should* be challenged and exposed to different artworks. Through the curation of art displays children can be given access, within the hospital, to new images, which one practitioner described as "offering lots of different solutions, opportunities and cultural experiences". A clear and important distinction was drawn by some between their approach to arts for health – which is principally concerned with providing opportunity for exposure to and interaction with art - and that of arts therapists, who are seen as having to evaluate their input and provide evidence of positive effect on children's health. This distinction was also noted in the recent APPG report on Arts for Health in the UK.

"a distinction remains between therapy and the therapeutic by virtue of intention and mode of action. The former generally refers to a service being offered to patients with a particular clinical goal in mind; the latter tends to be centred on the stimulation of creative activity with an indirect effect on health" (APPG, 2017a page 21).

Curating is therefore seen as having therapeutic effect rather than as a form of therapy.

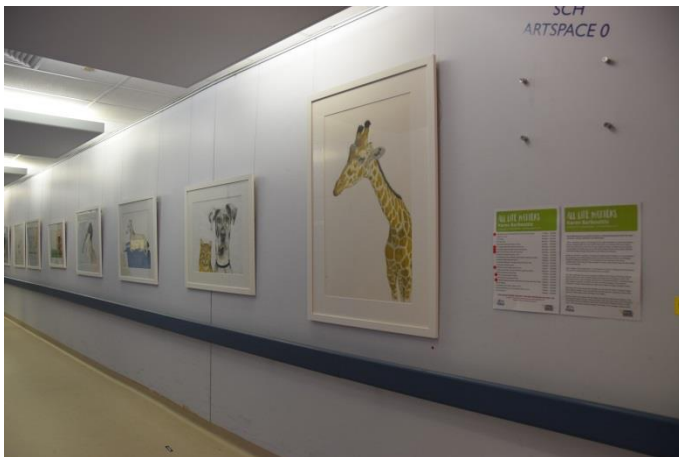
Three case studies of curated art collections are offered overleaf.

Many hospitals reported that they had little if any room to store art works and therefore making changes to the environment could be achieved by rotating art around the different spaces within the hospital or, in the case of Randwick, by encouraging the sale of items from temporary exhibits. Randwick provides high quality, gallery style hanging with no rental fee. They levy a low commission fee and approximately 10-15% of exhibited items are sold and contribute to income generation.

Case study

Randwick

The Arts Programme dates from the opening of the current hospital in 1997. Initially collection based, art was sourced predominantly from artists in the local community. The permanent collection contains in excess of 900 items, mostly 2-D framed pieces of art as this is most readily cleaned. The collection is available to any space in the hospital that is not subject to enhanced infection control measures. The primary focus is on patient/family areas; artwork is also hung in staff areas. There are 5 gallery spaces all located in public corridors: these contain approx. 180 artworks, which are changed 4 times per year. External artists are invited to put forward ideas and the Art Program Manager makes the selection. The collection has also benefited from some donated artwork, including works of national importance.



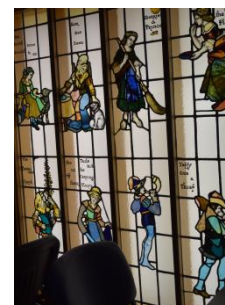
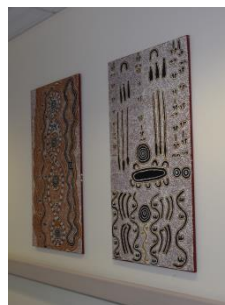
*Tim Talty, Art
Program
Manager*



Case study

Westmead

Westmead has a part-time curator responsible for its arts collection of more than 2000 works. Approximately 96% of the permanent collection held by the hospital has been donated. The hospital has benefited from donors' ability to receive a tax deduction, for the donation of items recognised as important to Australia's culture, under the Federal Government's Cultural Gifts Program. Included within Westmead's collection are artworks by children, generated through the Operation Art scheme (described later in this report).



Indigenous art

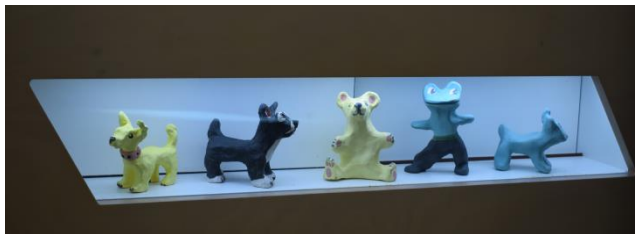
Heritage art

Case study

Lady Cilento Children’s Hospital, Brisbane

LCCH has a large and growing collection of approximately 500 artworks worth more than \$2 million. The development of this collection has benefited from the experience of the Arts Program Manager, Lynne Seear, a former Queensland Art Gallery deputy director with more than 30 years’ experience in visual arts. Lynne describes the resource as a 21st century art collection almost exclusively by known, ‘professional’ artists. In addition, gallery quality display cases have been built into reception desks and staff can be asked to curate the content of these.

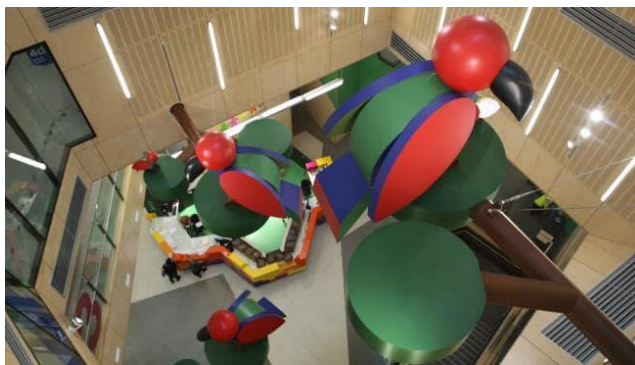
Indigenous art



Reception desk display case



The wishing tree



Native *eclectus* parrots in the central atrium. ‘A Little Community’ by Emily Floyd



Architecture and interior design

The importance of architectural and interior design is seen most clearly in some of the new builds that were visited, particularly RCH, LCCH and Hummingbird House.

The central design theme for LCCH was that of a tree, which is both rooted in the past and growing into the future. This also, however, explicitly links



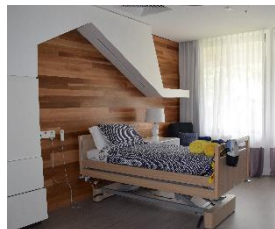
LCCH exterior

the notion of childhood with

nature. In their design for the new 12 storey building, constructed within a tight urban footprint, architects Conrad Gargett Lyons strove to maximise views to the outside and access to outdoor garden terraces. The external aspects of the hospital are also designed to reflect the colours of native Bougainvillea plants while the brown columns are reminiscent of trunks or logs. The nature theme is continued

inside the building through the use of wall skins featuring butterflies, beetles and insects.

The location for Hummingbird House also provides access to mature trees and nature and the designers, ThomsonAdsett architects have maximised the connection to nature through the extensive use of wood in the building's interior. This can be found in bedrooms at the head of each bed, and on some ceilings and flooring within indoor spaces, where it also makes spaces more 'home-like' (wooden floors in particular being very traditional in Queensland) .



Hummingbird House; using wood to bring the natural world inside

RCH provides an inspirational illustration of the integration of architecture and interior design. The hospital opened on its current site in late 2011. Designed by Billard Leece Partnership and BATESSMART Architects, the hospital is designed to bring the Royal Park into the hospital and the hospital into the park. It comprises 4 buildings, each interlinked yet separated by elements of nature as each intersects with element of the park and/or gardens and/or courtyards. The hospital as a whole is oriented in a manner designed to embrace the park and, as hospital entrances are acknowledged to be points of stress in patients' and families' journeys, all vertical entrances are designed to open to views of parkland. The intention was to provide a view of a tree from every window: 85% of inpatient rooms have views of the park, while the remainder look out onto green courtyards. The exterior of the building is also clad in colours that reflect those of the park; the greens and browns of growing plants, with some red at the front of the hospital (reflecting red Eucalyptus flowers) to identify the location of the ED. Windows are shaded with baffles with multiple circles within circles that serve to filter sunlight, mimicking the dappling of light by the leaves of eucalyptus trees. As with LCCH, the theme of nature is carried into the interior of the building. RCH uses a coherent and consistent approach to spatial decoration, layering each storey of the public

- 
VISUAL ARTS
 Painting, drawing, photography, installation, design, craft, sculpture
- 
DIGITAL MEDIA
 Film, web, animation, audio, iPad apps, new technologies
- 
PERFORMING ARTS
 Theatre, music, dance, drama, comedy
- 
LITERARY ARTS
 Story telling, creative and narrative writing, poetry
- 
BUILT ENVIRONMENT
 Architecture, spatial design, wayfinding, lighting, signage, gardens, social and cultural places

The Built environment is explicitly noted as a key contributor to the Arts in the NSW Health and the Arts Framework (page 5)



LCCH butterfly wall skin

aspects of the building with illustrations reflecting different environments within the State of Victoria. Wards on each floor bear the names of flora and fauna found within each of the specific environmental themes.



Billard Leece Partnership Wayfinding & Architectural Graphics
BATESSMART.

Image kindly provided by BATESSMART

The coherence of the spatial decoration means that there are few examples of paintings, prints, photographs etc. There are, however, some important and substantial installations. In the main street, RCH's wide connecting corridor, stands "The Creature". With some resemblance to an ant, The Creature holds a butterfly, wings flapping, and around it is suspended another commissioned work, the Fairies. Both are independent of the interior design themes for the ground level of the hospital but utilise a predetermined colour palette to ensure that they tie visually into the environment.



RCH's The Creature and Fairies. Image kindly provided by BATESSMART

Branding

WCH contains a variety of artworks including paintings, sculptures and a historic collection of Royal Doulton Tiles. These latter installations were originally purchased for the King Edward VII Memorial Hospital for Children, which opened in Wellington in 1912. The 18 tiles were moved to the new Wellington Regional Hospital site in Newtown when it opened in 2008.



Wellington Regional Hospital's Royal Dalton Gallery

However, perhaps the most notable feature of WCH is the marking-out of children's spaces with 'Hospi' images. Hospi is the brain child of Bill Day who founded and Chairs the Wellington Hospitals Foundation charitable Trust. Hospi has been used, over the last 5-6 years to provide a clear identity for children's services and as a means of fundraising within local communities. With design support from Wellington-based Weta Studios, (a design and effects facility famed for its contributions to a number of block-buster films, not least the Lord of the Rings and Hobbit trilogies – <http://wetaworkshop.com/about-us/history>) a portfolio of Hospi designs, in different poses and engaged in different activities, has been produced. Any clinical area can request vinyl appliques for a space, which is then ordered to the appropriate size and design.

Each child admitted to hospital is also given a Hospi soft toy.



WCH

The application of Hospi vinyls to the outside of this small space, carved out of the hospital's ED waiting area, marks it out as for children

The role of children's own art

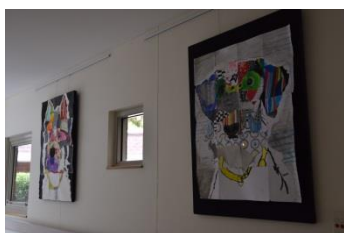
In a number of hospitals, displays of children's own art is either limited or not in evidence. However, there appear to be 3 situations in which children's own art is more likely to be displayed.

1. Firstly, where there is no clear strategic arts focus – that is, where neither curating, architecture and interior design, nor branding has a dominant influence on the internal environment. These might be characterised as situations in which hospitals are doing the best they can with the limited (arts-related) resources available to them.
2. Secondly, when curating activity is largely or wholly concentrated within public spaces (corridors etc) or public and adult healthcare spaces but does not extend to children's spaces. This may be because of funding restrictions or because practitioners anticipate that children have special and different requirements that they feel they are not equipped to meet.



Bathurst; children's art on display

3. Thirdly, when participatory arts activities with children are well supported.



Art work by young people in the adolescent unit, Westmead



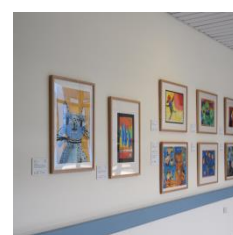
Art room in Adolescent Medicine, Sydney Westmead.



Surf and skate boards designed by children and young people. Randwick

Operation Art

For the last 25 years, the Children's Hospital at Westmead has run an annual arts project, in association with the New South Wales Department of Education¹. Schools throughout New South Wales are encouraged to submit 4 works by students in Kindergarten through to Year 10. Schools pay a fee to enter each piece of art, which is reduced for those in rural and remote locations. Support from partnership organisation and sponsors enable entries to be exhibited in galleries and sites within Sydney before 50 are selected for a regional tour. Finally, these selected works enter Westmead's permanent collection. Operation Art not only continually expands the size and diversity of Westmead's collection but also contributes to children's hospital environments in rural and remote locations, where some of the art works are loaned.



Operation Art on display in Westmead

What sort of art is appropriate for children's hospital spaces?

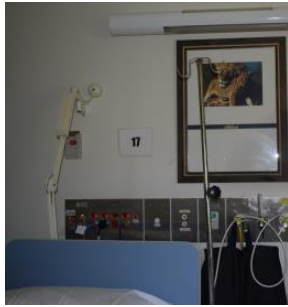
In a number of hospitals, art is used explicitly to tie the hospital into the local community or area, and to provide children with visual images that connect to the outside and to the natural world. In Bathurst, for example the multifaith chapel/quiet room has a representation of the Macquarie River etched into the glass. The children's Ward is also oriented to maximise views to the Blue Mountains. As noted, art used for interior design within RCH deliberately reflects different environments within the State of Victoria. Nature, flora and fauna, is a common theme in much, though by no means all of the artwork in the majority of hospitals.

By contrast, arts practitioners, as they strive to provide children with "different solutions, opportunities and cultural experiences" are keen to avoid images of popular culture. Such images date rapidly and many are associated with particular age groups of consumers (Birch et al 2007). In Dubbo Hospital, for example, the Nurse Unit Manager had introduced nameplates to individualise each child's bed space some 20 years ago, using pictures of animals from National Geographic magazines, explicitly because these were seen not to date.



Starship: decal is used to bring 'nature' into the atrium

¹ <https://www.artsunit.nsw.edu.au/visual-arts/operation-art-2018>



Dubbo: Children's name plates

The majority of artworks in most hospitals are located in public spaces including corridors and waiting areas. In new builds this may be because funding defines priority areas and therefore restricts the use of resources within clinical spaces. In their address to the 9th Annual International Arts and Health conference, held in the Arts Gallery of New South Wales, Sydney in 2017, Fionnagh Dougan (CEO, Children's Health Queensland) and Lynne Seear (Manager, arts in health, Children's Health, Queensland) recalled that when Fionnagh came into post, one of her first priorities was to address the previous focus on public spaces. Lynne was tasked with bringing art into the "scariest places in hospital": places where cannulation and anaesthetics were located as well as oncology areas and trauma admissions. Clinical areas are widely seen to require a different approach to arts, maximising their potential to contribute to children's distraction.

Distraction

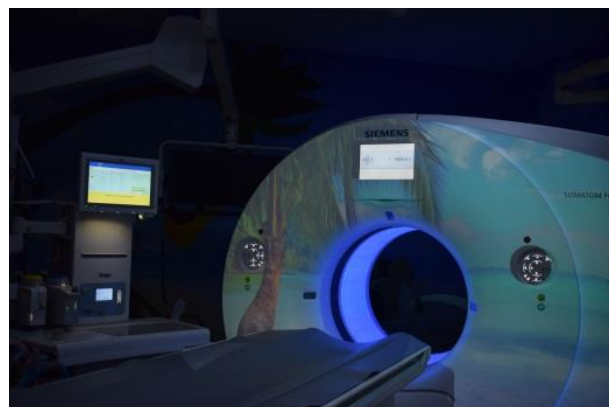
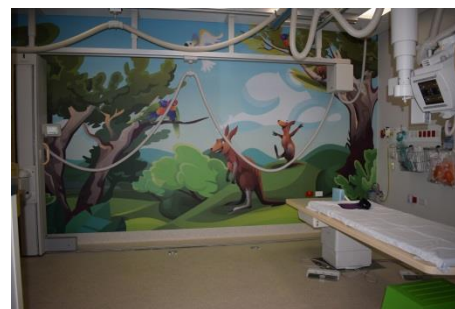
The potential for visual and installation art to distract children within the hospital environment is widely acknowledged, though one play specialist suggested that we should think, rather, of arts providing an "alternative focus" rather than distraction which tends to emphasise something that is *done to* children. In clinical spaces, the desire to provide, as one arts practitioner put it, "a clear visual space, not too cluttered" can conflict with the aim of introducing art and decoration for the purpose of distraction. An environment considered by the arts practitioner to be "just a mess" can be seen by practitioners as a more child-friendly alternative to a space that is otherwise largely unadorned.

Bed spaces and other clinical areas tend to be the spaces most likely to be devoid of, or containing relatively little art, or only simple decoration. Where resources are available, decal is widely used to introduce distraction into the environment.

Case study

LCCH, Medical Imaging Department:

At handover of the new building, the Imaging Department lacked decoration or artwork and was described as having plain white walls with occasional coloured panels. Since then, attention has been focused on the clinical/treatment areas, with some artwork in the entrance and waiting areas. Decal has been used extensively to create distraction walls. In addition projection of images and associated soundscapes provide distraction in imaging rooms such as those with MRI scanners.



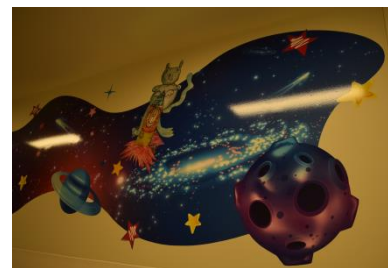
Projection (with associated sound) onto MRI scanner

Case study

Starship

Decal is widely used to create a more child-friendly environment. The seashore scene in the Outpatients Department was developed in consultation with children, who were asked to draw what the sea meant to them. Their images were then incorporated into the design. Early use of decal was not without its problems as designs were not produced for specific locations and there was a need to cut into the design where, for example, hand wash was mounted.

Staff noted that decal can have other drawbacks: it offers a limited range of designs and reflects artists' notions of appropriate decor and though it can be customised, as Starship has shown, it is expensive. When it is applied, therefore, there is a commitment to keep it: it is expected that the decal will stay in place for 10 to 15 years.



Examples of the incorporation of children's art into decal

Decal has been used extensively in Starship to provide distraction and to modernise the environment



However, a number of hospitals, particularly smaller units, do not have access to resources that enable them to utilise decal images within their children's wards or other clinical areas. Even in new-builds, PPP (Public- Private Partnerships, akin to PFI, Private Finance Initiatives in the UK) conditions may restrict modifications to the internal environment. In these circumstances, staff work hard to provide alternatives. One of my favourite images from my Fellowship is of 2 action toys taped to an examination light; before they were allowed to apply any decoration to walls in clinical spaces within LCCH, staff in the Oncology Day unit used the toys to provide some visual distraction for children.



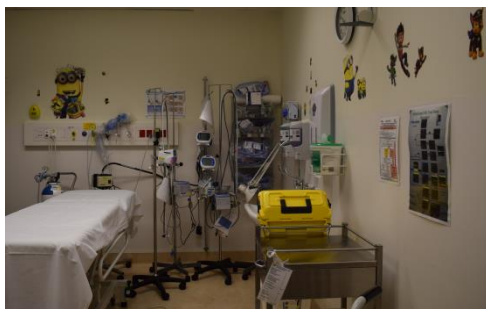
Dubbo children's ward, wall painting by a former nurse



Dubbo paediatric outpatients department – pictures purchased by staff



Dubbo: wall painting in ward bathroom



Bathurst: contemporary culture - appliques in bathroom

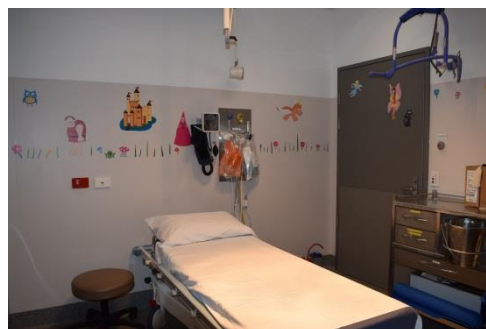


Bathurst children's ward - appliques added to walls



Orange - appliques added to the decoration provided by Operation Art

Gold Coast; adding appliques in the new consulting rooms



Responding to age and cultural diversity

Diversity in age

Children's hospitals provide services to children aged up to 16 years, and sometimes beyond this. Differences in tastes, likes and dislikes and exposure to different forms of visual art over this period of the lifecourse may be substantial. Two different, though not necessarily mutually exclusive, understandings of how arts for health can reflect diversity in children's ages can be distinguished. One approach can be characterised as 'art for all' while the other differentiates between younger and older children's needs and preferences (though these younger and older categories are assumed rather than clearly specified).

Some arts practitioners feel strongly that art should be accessible to children of all ages. One remarked that there is "no resistance" from children across the age range to contemporary art, while another made clear their belief that art portraying animals is liked by both young and older children. Similarly bright colours are seen to be liked by all children. In designing RCH, commissioning of the artwork for the interior design focused on identifying an Illustrator who could provide hand drawn quality which captured light and prompted children's imagination and spoke to children of all ages. Accessibility, to children of all ages, can also be promoted through spatial design. In the design of Hummingbird house, a deliberate attempt was made to avoid either a look that was too childish or one that suggested it was oriented at teenagers. All rooms in Hummingbird House are therefore designed as bedrooms that can then be dressed according to the age of the child through the choice of bedcovers, light shades et cetera.

More commonly, hospital spaces explicitly or implicitly distinguish between younger and older children. This distinction can be made in one of 3 ways: spatially, through the types of art displayed, and through the placing of art.

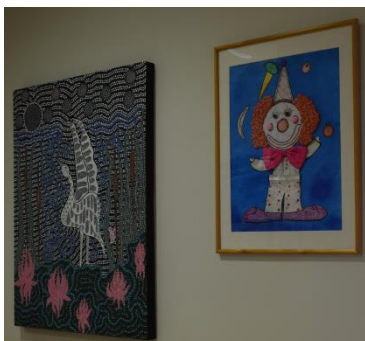
The outpatient department of Gold Coast hospital illustrates how spatial distinctions can be used to mark out different environments for children of different ages. The area nearest to reception is clearly marked as for young children while the area further away is aimed at older children. In planning for the new RCH, the architects explored how they could make places within hospitals more child friendly through the provision and organisation of space. By zoning spaces they were able to encourage children and young people into particular areas (with alcoves oriented at older children and open spaces at younger children), though all children were free to use all of the space provided. This experience was transferred into the new RCH ambulatory care area.



Gold coast. Outpatient adolescent zone



Gold Coast. Outpatient young children's zone



In contrast to the beliefs of some arts practitioners that art can be made accessible to children of all ages, some spaces reflect the belief that young children respond to and should be provided with particular types of art. In Bathurst, for example, of 2 pieces of artwork mounted in the entrance corridor to the children's Ward, one (the clown) was considered appropriate while the other was considered inappropriate for children. Similarly, in Orange, an arts for health initiative in the children's ward had led to the

development of a panel containing images of animals and children at play that is reminiscent of a young child's book illustration.



Orange children's ward. Part of a decorative panel

Older children are given particular attention in Kidz First with a space theme in their adolescent room.



Kidz First adolescent day room

The placing of art also can also reflect a distinction between younger and older children in some hospitals. In Starship, for example, decorative designs produced by children are placed on ward corridors so that the designs by very young children are lowest while those designed by older children are higher.

Cultural diversity

Recognition of, and response to, cultural diversity is achieved in one of two ways (though again, these are not mutually exclusive); firstly, through the design and use of hospital spaces and, secondly through conscious consideration of the type of art displayed within spaces. In Australian hospitals, access to outdoor spaces is recognised as an important need for Aboriginal, Torres Strait and Pacific Islander communities. To allow large family groups from Pacific Islander communities to visit and be involved in children's hospital care, both Hummingbird House and RCH provide access to outdoor space and flexible family sleeping spaces. Private courtyards and reflection spaces are seen as particularly important for Aboriginal, Torres Strait and Pacific Islander communities - spaces that can be adapted for all cultural and religious needs.



Dubbo: children's garden

The importance of rituals within some communities is also recognised through spatial design. Acknowledgement of the belief, within some communities, that the soul must be free to depart after death is reflected in the provision of a balcony on each ward of the RCH as well as an interview room with a window that can be opened; end of life care can be located here if the family so wishes. In addition, RCH provides a family lounge, located at the base of the inpatient wing and separate Aboriginal family facilities with access to a private garden. This garden faces East, towards the sunrise as architects were advised that this was important to some indigenous communities. There is also an end of life facility on the ground floor of the inpatient block. This contains a small apartment with a bedroom and access to a private garden area. The multifaith prayer room also accesses a garden within a courtyard space in which there is running water. In RCH the ability of children and young people to personalise their own rooms is also seen as a key response to the need to recognise cultural diversity; a means through which children can express their cultural identity.



RCH: children's communication board

The conscious consideration of the type of art displayed within spaces can be an important way to recognise and respond to cultural diversity. While in one hospital 'nature' was suggested to be a useful unifier, of equal relevance to all children within the State, more frequently it was the importance of indigenous art that was commented upon. LCCH, for example, is committed to ensuring that in excess of 50% of the art collection must be indigenous art, though there is no guidance about the relative proportions of Aboriginal and other art works exhibited within the hospital. Randwick, similarly has a 'rule of thumb' that at least one piece of aboriginal art should be on display in each department. Within Kidz First, an impressive wooden carving, gifted to the hospital by the Cook Island Prime Minister, welcomes children. The carving has become part of this symbolic identity of the hospital, located as it is in an area with a large Pacific Islander community. Kidz First entrance foyer is also decorated with a Pacific theme, originally carried through on each floor. Painted by a Pacific artist, the work visualises a story, though its meaning has been lost in time as changes have been made to the internal environment.

Kidz First wooden carving gifted by the Cook Islands



Kidz First. Pacific Island art



Promoting wayfinding



Randwick; a wayfinding marker

While art works, particularly permanent installations, facilitate children’s wayfinding, the wayfinding potential of art was only explicitly and deliberately developed in a few of the hospitals visited and this was generally to assist with specific routes. In Randwick, for example, a wall mural guides children into the adult hospital spaces to the pathology department. The seals within this mural provide a visual

representation of SEALS (South Eastern Area Laboratories Services). In addition colours are used to enhance elements of flooring, particularly where these indicate the location of lifts or entrances to departments. This form of wayfinding, using “Australian colours” is seen as a passive reference to Aboriginal origins.



Theming of zones both establishes which spaces are for children within hospitals that also include adult services, and provides a clear identity for different areas within children’s spaces. Hospi is used to identify children’s spaces, and wayfinding through the adult hospital, in Wellington. In Kidz First, adult areas have cream coloured flooring while children’s areas use bold colouring. In the children’s surgical ward the blue flooring indicates that this is a Kidz First area; each pod within the Ward is also given a separate visual identity in this way. LCCH uses colour to identify each floor while RCH uses a design palette to provide coherent, consistent and explicit visual information about where a child is located within the hospital. RCH also provides a superb example of a free, downloadable App (My RCH), which includes wayfinding information (https://www.rch.org.au/apps/My_RCH/).



Hospi showing the way in Wellington Children's Hospital



RCH, Melbourne. Mountain Tops theme identifying level 4 location. Image courtesy of BATESSMART



Kidz First. The ward’s orange pod is clearly identified by the flooring.



LCCH. Each floor has a clear colour identity

The importance of organisational support

While a number of new build hospitals have benefited from initial arts funding, allocated as a proportion of the capital cost of the build, ongoing support is required for the strategic development of arts and health. Two examples of the benefit of ongoing, institutional support are presented below. One relates to LCCH and the other to the development of arts practice in the Department of Adolescent Medicine in Westmead.

LCCH

In discussions with LCCH's architects, it was explained that traditionally, 2.5% of the budget for DHSS contracts had to be utilised for interior design and this norm has tended to influence all contracts including PPP (akin to the U.K.'s PFI). This funding must be used for other than "business as usual" and its use is subject to significant evaluation and justification.

This funding stream must be used for procurement of art that is publicly accessible; it cannot therefore be used in clinical areas such as procedure rooms, theatres, imaging areas etc. In the development of LCCH, additional funding was sought - and was allocated - from the capital project for 'distraction elements' of the interior design with further contributions to funding provided from within the budgets of clinical teams, matched by funding from the hospital's Foundation. The Arts in Health Manager is employed by Children's Health, Queensland. Lynne took on this role in 2011, working with an initial Advisory Panel which included the Chief Executive of Queensland Health, members of the executive leadership team, a senior nurse, a representative of the hospital school, the consumer representative and representatives of cultural sectors in the city. The post has remained firmly embedded within the hospital's governance structure, reporting directly to a member of LCCH's Executive body - evidence that, as Lynne happily reports, the arts programme has become part of the routines of the hospital.

As Child Health Queensland has State level overview for paediatric health, as Arts in Health Manager, Lynne also has State-wide responsibility for arts for health in the area of child health.

Westmead

2017 was the 40th anniversary of the Department of Adolescent Medicine at Westmead. The Department includes both a 15 bed inpatient ward and outpatient services for adolescents – children of high school age (year 7 and up, though there is some flexibility).

The departmental arts programme was established in 1986 by Clinical Professor David Bennett, a visionary paediatrician who believed that art could play an important role in adolescent health, where he saw a "need to call upon the talents, creativity and active involvement of young people in their own care, to introduce new and exciting experiences and to facilitate growth and change" (Bennett and Rowe 2003). The Department provides core funding for Arts Coordinators, and the programme has become ingrained as an integral part of the service

Elise and her colleague Michelle each work part time in the Clinical Unit of Adolescent Medicine, which receives additional funding from bequests and Rotary Club donations etc.

Linking with cultural and other organisations

A number of hospitals have links with external cultural organisations, though there is considerable variability in the extent to which these are sustained and ongoing, and in the extent to which they have impacted on the hospital's children's spaces. I was informed, for example that Bathurst Regional Art Gallery had coordinated an initial art workshop with children to establish arts when the new hospital opened. In Orange, the hospital was described as having an 'arrangement' with Orange Art Gallery: key artworks from the Gallery's collection are exhibited within the hospital's public spaces, though staff felt that this had not impacted within the paediatric facilities.



Orange. Main corridor.

Within the large urban connerbations of Brisbane and Sydney, both LCCH and Westmead have benefited from links with the University sector. Joanna Capon (2012 page 866), Westmead's founding curator, is reported to have said:

“Murals had not originally been considered for the arts project. However, this was changed by request, just before the hospital opened, from the neonatal intensive care unit for something to enhance their walls, where dust-gathering paintings could not be hung. This was the beginning of a cooperation with the Design School of the West of Sydney University. The 1st murals were painted by the professors and students. When the murals proved to be successful, nurse unit managers (NUM's) in other units wanted murals in their walls, which led to the Design School introducing *Brushed with Care* as part of their 2nd year students coursework. The students worked with the NUMs and unit staff, under the supervision of their professors and designed murals around the Australian animal symbols that are used to identify individual units.”

LCCH benefits significantly from their Arts Manager's strong cultural connections. Lynne Sear described partnerships with a range of cultural organisations from Art Galleries through to musical ensembles. LCCH has also worked with Griffith University in Brisbane, particularly their film school over a number of years. During my visit they launched short Christmas film (*A gift for the lonely heart*) that they had jointly produced for showing on the patient entertainment system.

<https://app.secure.griffith.edu.au/news/2017/12/01/griffith-filmmakers-bring-christmas-spirit-to-lady-cilento/>

RCH provides a rich illustration of the potential benefits of partnerships with cultural and other organisations.



*The Royal Children's Hospital, Melbourne.
Image kindly supplied by
BATESSMART*

Case study

RCH

Partnership with SEA LIFE, Melbourne Aquarium led to the inclusion of an impressive, two-storey aquarium, with its base in ED, on the lower ground floor, it extends up into the 'Main Street' on the hospital's ground floor. The aquarium provides an immediate point of distraction as children enter the ED triage area. After triage, children await treatment in a waiting space on the other side of the aquarium. This aquarium was said to be "key to the success of the ED".

Partnership with Melbourne Zoo allowed the inclusion of a meerkat enclosure in the outpatients department, with waiting spaces arranged around 3 sides of the enclosure. This is a large enclosure, open to the sky, which forms the centre/hub of the clinics. Staff from the Zoo feed the meerkats each morning and provide care for them each day. (Notably, Melbourne Zoo is co-located nearby in the Royal Park.)

Partnership with Scienceworks, a science museum located some 10 km from RCH, which administers the cultural and scientific collections of the state of Victoria, has enabled the inclusion of interactive activities/games within the hospital. These resources were provided by the museum and placed by the design team within waiting spaces around the hospital.

Partnership with Village cinemas, an Australian-based film exhibition brand with headquarters in Melbourne, enabled the inclusion of Hoyts beanbag movie theatre on the ground floor of the inpatient block

Partnership with Scholastic books has enabled the provision of the Book Bunker, also located on the ground floor of the inpatient block. The Book Bunker provides a lending service to children in the hospital.



Aquarium in triage area of ED



Aquarium from Main Street, ground floor



Outpatients, looking through to meerkat enclosure



One of the resident meerkats



The lending library

Involving children in planning and evaluation

In new-build hospitals I asked about the involvement of children in the planning process. In some hospitals, such as Orange and Gold Coast, either input only from clinical staff was reported, or no involvement of staff or children was thought to have taken place. However it is quite possible that those individuals who were kind enough to show me around did not have access to the information that I was trying to access.

In three of the sites, Hummingbird House, LCCH and RCH, the consultation process was described. In the design of Hummingbird house, architects ThomsonAdsett worked with a specialist consultancy organisation - "a specialist consultancy in human-centred design" - to consult with families and grandparents of bereaved children who had died in hospital and/or who had received palliative care in hospital contexts, and with children who had a terminal illness. Although it is difficult to identify the impact of children's voices, ThomsonAdsett highlighted a number of design modifications that followed the consultation process and which help to mark out the hospice environment as different from hospital. To reduce the division between clinical and nonclinical areas, the kitchen was relocated to the centre of Hummingbird House, so that children could cook with Hummingbird's chef if they so wished. In addition, although initially a separate building was envisaged to provide spaces for children's activities this was integrated into the main building following consultation.

Children were included in the initial consultation process from which the brief for what was to become the new RCH was developed. A Youth Advisory Council, comprised of children with long-term conditions contributed to the process of developing the hospital's internal design and was involved in choosing the successful artist. While the overall scheme had been chosen by commissioners, then interpreted by the design team and finally re-interpreted by 2 artists, members of the Youth Advisory Council were then asked to comment upon the proposed designs. Each of the 2 artists provided an illustration, with background layers that could be used as part of way marking and to provide distraction and which included animals that could be 'cookie-cutted' out.

Consumer representatives were involved throughout the design process for the new LCCH hospital. This included a long established Family Advisory Committee and a specially constituted Youth Advisory Group. The Youth Advisory Group are reported to have wanted LCCH to 'not look like a hospital'. The initial consultation was described as a multi—stage collaborative process. At the beginning of the project 3 collaborative workshops were held. The first was designed to elicit factors of importance to stakeholders. These were split into a) non-environmental factors that could be aided by design, such as staff access to hospital and to patients in order to, for example, reduce waiting times and b) environmental factors including wayfinding, access to the outside and views of the outside. A second workshop, with adults only, sketched out their 'now-and-future visions'. Primary and secondary factors were then identified. Primary factors in the LCCH consultation were: wayfinding; maintaining normal life; access to green space/nature; daylight; pleasing colours; views to the outside; environmental comfort; entertainment, distraction and inspiration. Secondary factors were considered to be: places to put users' 'things'; private interview spaces; controlling glare and light; hiding medical equipment; play areas for siblings; somewhere to get something to eat and drink; children's/families' own toilet and shower; access to a personal entertainment system; ability to see activity in corridors.

Children's voices are only, of course, one element of any consultation process and multiple meetings with every clinical specialty took place throughout LCCH's design and build process. In discussions it was pointed out, astutely that those without the time to participate in conversations and planning about design lost out, while conversely, those who "shouted the loudest" got most attention in the design process. Children are, however, given an explicit voice in the commissioning of artworks valued over AU\$5000. The Arts Programme at LCCH extends into the hospital school, where children are encouraged to participate in commissioning decisions by voting for their preferred artwork. Their decision has, on all but one occasion, been honoured.

It was often difficult to clarify whether and how children are involved in the evaluation of internal environments and the art that contributes to these within hospitals. When I asked arts practitioners and health care professionals how they sought feedback on the internal environments, some seemed just a little bemused and replied that they had not really considered this. One practitioner, in New Zealand, in response to my question about how they determine what works for children, replied “I’d like to know that too”. Another, in Australia, pointed out the difficulty of isolating the benefits of art from other inputs.

When feedback is solicited, it is often anecdotal, from parents commenting that a space “needs brightening up”. When a parent or a child is observed looking at an artwork then staff may take the opportunity to ask whether they like what they are looking at. In a similar vein, one arts practitioner felt that as they are always around, and everyone knows them, people will therefore just come up to them to tell them what they think about the art on display. This does not mean that there were no examples of consulting with children. In Westmead, for example, the participatory art workshops in the Department of Academic Medicine are routinely evaluated. Similarly, in Randwick, at the end of each workshop 2 questions are asked of the participating children: how does art make you feel? And what was your favourite part of the workshop? However Randwick would very much like to undertake a formal review of the arts programme in this site if time, resources and appropriate skills to do this were to become available.

Formal evaluation of the environment seems to be uncommon. Kidz First have tried to carry out inpatient surveys but have had very poor response rates to questions sent by email following discharge. As one nurse pointed out, many families may not have the data to download attachments that are sent. They hope that shifting the focus of the inpatient survey to mobile devices, which will be given to children and families while in hospital, may help to improve feedback. To do this they recognise that they will need to develop an age-appropriate survey to actively involve the children. Hummingbird house is also keen to carry out POE - post occupancy evaluation - and to involve children in this.

While in LCCH, much of the feedback that has contributed to the modification of the internal environment (such as the application of decal in clinical spaces) has come from staff, there has been one completed evaluation, which did involve children, of the hospital’s green spaces. This evaluation was described as opportunistic. Queensland University of Technology students undertook a project evaluating LCCH’s green spaces, leaving diaries within the gardens that users could fill in, to communicate what they liked about this aspect of the hospital (Reeve, Nieberler-Walker and Desha, 2017).

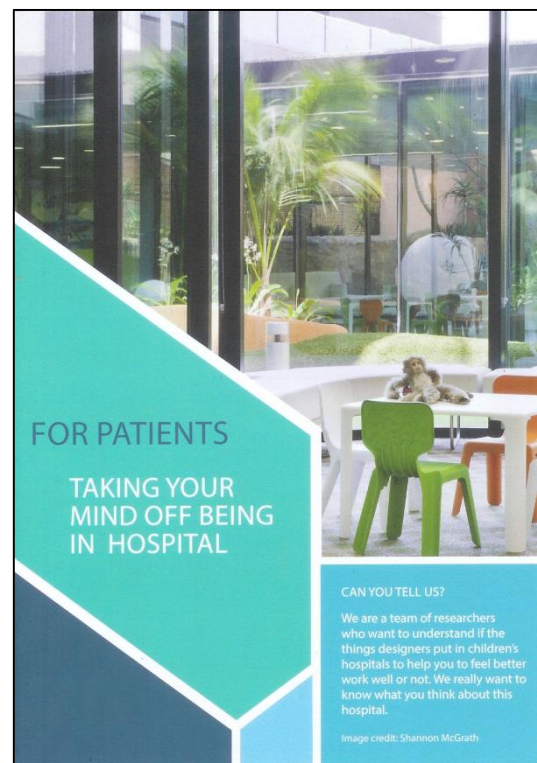
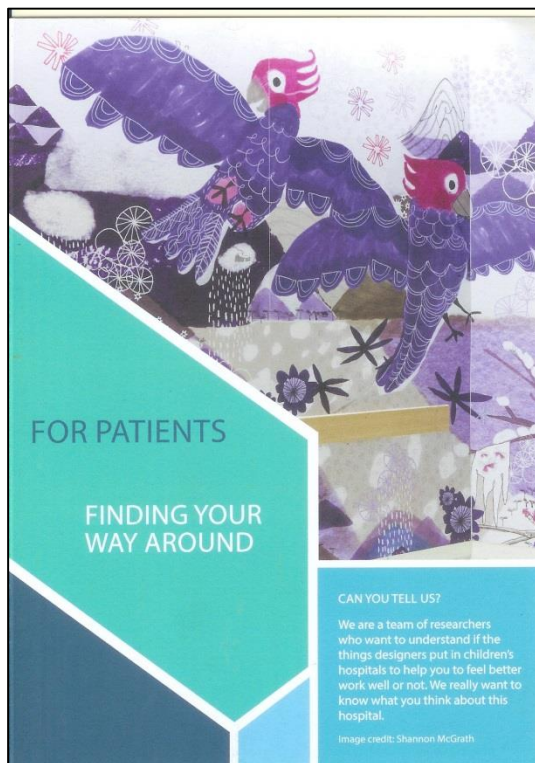


Both LCCH and RCH are, however, part of a large-scale research study (which also includes Perth Children’s Hospital) that is examining the benefits of the new paediatric hospital facilities to the wellbeing of patients and their families (and staff). The research team is led by Professor Julie Willis (Faculty of Architecture, Building and Planning at the University of Melbourne) in partnership with Lyons Architecture. The project, *Designing for Well-being: Realising Benefits for Patients through Best Practice Hospital Design* is funded by the Australian Research Council:

“The project’s research will lead to an integrated understanding of design and environmental factors and their relative importance in promoting patient health and wellbeing. The project aims to develop translational design strategies and evaluative methods to best realise future healthcare environments that make a distinct and positive contribution to the wellbeing of patients, visitors and staff”.

<https://research.unimelb.edu.au/partner/case-studies/physical-sciences/designing-for-wellbeing>

Focusing specifically upon children's hospitals, the coherent, consistent and thorough evaluation being undertaken within this research project promises exciting and significant impact. I was very lucky to spend some time with the project team while in Melbourne and to talk through the range of innovative methods that are being used to enable children to actively participate in the study. (Data is also being generated with parents and staff.).



Over the next few years, the findings from this study will also, undauntedly, be of substantial benefit to planners and service providers within the UK.

Summary with recommendations

The overarching purpose of this project was to explore how decisions are made about the design of children’s hospital environments, and the contribution that visual and installation art can make within such environments. **It was beyond the remit of this Fellowship to evaluate the impact of these environments on children and their families.**

The findings from site observations, and discussions with a variety of arts, health and design professionals, provide responses to most of the objectives that I had intended to address and I present these below with recommendations for how these might be built upon in the UK context. They also highlight areas in which further work needs to take place.

Understandings of what children and family members want and need from their hospital environment

Different visions for, or approaches to, arts for health and to the inclusion of visual art within hospitals can be distinguished. Although these are not mutually exclusive it is nonetheless useful to draw such a distinction as each approach lends a particular style to a hospital’s internal environment. I have referred to these approaches as curating, architecture and interior design, and branding. There is good evidence of benefit for arts for health, and for visual art, within hospital environments; arts have been credited with contributing to “well-being, offering reassurance and creating identity” (Daykin *et al.*, 2008). Nevertheless, we do not know whether any one approach makes a stronger contribution than any other, to the healing environment of the hospital or to children’s experiences within hospitals.

In some locations curating, and some internal design approaches, are particularly focused upon public spaces such as corridors and waiting areas. This may be because of restrictions imposed on the use of arts resources in new-builds, or because arts practitioners do not feel that the resources available to them are suitable for children. Within clinical spaces, the potential of artworks to distract children is strongly emphasised and there may be tension between arts practitioners’ concern for the aesthetic and for clear, uncluttered visual space, and health care practitioners’ creative modification of the environment, in line with their perceptions of child-friendliness and of what children and family members want and need within spaces. Tension may also arise when other hospital users do not share the vision of the arts practitioner/s; this was seen in one site where the artworks chosen were described as “arbitrary” and as having “no consistency and not always very appropriate for children”.

KEY POINTS

- Three different visions for, or approaches to, arts for health were identified: curating, architectural and internal design and branding. Each produces a different look and feel within children’s hospitals
- No matter what the arts for health vision, where health care practitioners perceive that there is insufficient distraction within clinical spaces they will work to adapt these, using art and décor for this purpose.
- We do not know whether any particular approach to the use of artworks and décor makes a stronger contribution than any other, to the healing environment or to children’s experiences within hospitals

RECOMMENDATIONS

- There is a need for further research to understand what works for children and family members; what sorts of artworks they respond to within specific contexts. Currently there is much good intention with little real evidence to help determine which vision/approach is most appropriate.
- Ongoing dialogue about the types of artworks provided in hospital spaces is essential: this dialogue should include children and family members and health professionals. Health care professionals *will* adapt the environment within clinical spaces if they do not understand or share the approach that has informed the choice of artworks in those spaces.

Understandings of the appropriateness of different types of art works for children

While there is agreement that children – and family members - benefit from the provision of visual and installation art within hospital spaces, practitioners differ in their understandings of the nature and types of artworks that are suitable for them. Two broad understandings are evident; one emphasises commonalities between children and is grounded in the belief that all children should be exposed to a broad range of art styles; the other differentiates between the presumed tastes, needs and experiences of older and younger children. However, previous research suggests that a note of caution might be advisable when we apply an all-art-for-all-children approach.

“Contrary to a view which may prevail among some contemporary artists, patients who are ill or stressed about their health may not always be comforted by abstract art, preferring the positive distraction and state of calm created by the blues and greens of landscape and nature scenes.”(Lankston *et al.*, 2010 page 490)

Similarly, where art and hospital spaces are oriented at particular age groups – particularly where art and design mark these out as for young children – hospitals can be criticised for feeling too babyish (Birch, Curtis and James, 2007; Lambert *et al.*, 2014) with the result that all but the youngest children feel uncomfortable within, or excluded from, spaces within hospitals. Overall, therefore, we do not know which understanding of the types of artworks that are most appropriate for children, works best in any particular context.

Although there is considerable diversity in the types of artworks provided for children, reference to the natural world is commonly seen. And in some hospitals this theme is applied in imaginative ways to emphasise the embedding of the hospital within its local community and beyond. There are also some stimulating examples of how nature themed designs have been used, particularly within new-builds, to help children with wayfinding within complex hospital environments.

Much more contentious is the use of images from contemporary culture. While these are generally avoided by arts practitioners, they are not uncommon in clinical spaces that have been adapted and modified by health care practitioners who are striving to provide distraction and a child-friendly environment.

Recognition and response to cultural diversity can be accomplished in 2 complimentary ways: through the design and use of hospital spaces and through conscious consideration of the type of art displayed within spaces. In the Australasian context, this generally includes providing access to outdoor, green spaces and the selection and display of indigenous artworks.

Children’s own artwork does not feature in all hospitals. However, one notable example of how children can be engaged to contribute to hospital art collections and to hospital environments is provided by Sydney’s *Operation Art*. This both enhances community engagement and provides an arts resource that extends beyond Sydney to smaller children’s hospital facilities.

KEY POINTS

- Arts practitioners tend *either* to emphasise that all children should be exposed to a broad range of arts styles (all-art-for-all-children) *or* emphasise that arts should recognise and respond to differences between the presumed tastes, needs and experiences of older and younger children.
- While arts practitioners generally avoid the use of images from contemporary culture, these are widely used by health care practitioners seeking to introduce distraction into clinical spaces.
- Art can play an important role in linking a children’s hospital to, and embedding it within, its local community and Region.
- Cultural diversity can be acknowledge and responded to through the design and use of hospital spaces and through conscious consideration of the type of art displayed within children’s hospitals.
- *Operation Art* provides an excellent example of how children can contribute to arts collections and to hospital environments.

RECOMMENDATIONS

- Consider how artworks can reflect localities (landmarks, flora and fauna etc) in ways that both resonate with children and tie the hospital into its local community
- Further research is needed to understand more fully how children respond to all-arts-for-all-children and how they respond to age-oriented artworks within particular contexts.
- Currently, cultural diversity receives much less explicit consideration than does age-diversity. Further consideration is needed, within the UK context, of how cultural diversity in user communities can be understood and recognised in the built environment and in interior design and décor.
- The potential for schemes along the lines of Sydney’s *Operation Arts* should be explored both for the potential to contribute to children’s hospitals’ collections and the potential to contribute to children’s spaces within predominantly adult hospital environments.

How are decisions about the design and decoration of hospitals made, and how is the impact on children of visual and installation arts evaluated?

There is evidence of children’s involvement in the design process for some new builds but the extent to which children are involved in the evaluation of internal environments, and the art that contributes to these within hospitals, is less clear. This report had illustrated a variety of ways of ‘doing’ arts for health. Each way provides anecdotal evidence of benefit, particularly in the form of reports from family members saying that they enjoy the artworks, but we do not know in any concrete way whether one sort of environment that is created is better for children than another, or which aspects of art are beneficial within particular environments.

While there is guidance available to inform evaluations (Public Health England, for example, provides just such a framework (Daykin and Joss, 2016)), to understand which factors contribute to the provision of healing and caring environments within children’s hospitals will require real and committed interdisciplinary working and the active involvement of children themselves. In many ways, we are only in the early stages of a potentially exciting journey to better understand the contribution of arts for health in children’s hospitals and will continue to learn from developments

such as those promised by the large scale evaluation of new-build children’s hospital that is currently underway in Australia. The research being led by Professor Willis, (the University of Melbourne Faculty of Architecture, Building and Planning), will hopefully lend new insights into ‘what works’ within children’s hospitals over the next few years.

KEY POINTS

- We do not know, in any concrete way, whether one sort of environment that is created is better for children than another, or which aspects of art are beneficial within particular environments.
- While children are increasingly consulted during the design phase of new-builds in particular, they are less commonly involved in evaluation of the environments, and the artworks within these, that are subsequently provided for them.
- Guidance is available to inform evaluations. Evaluations of the use of arts should help us to better understand which factors contribute to the provision of healing and caring environments within children’s hospitals in the UK.

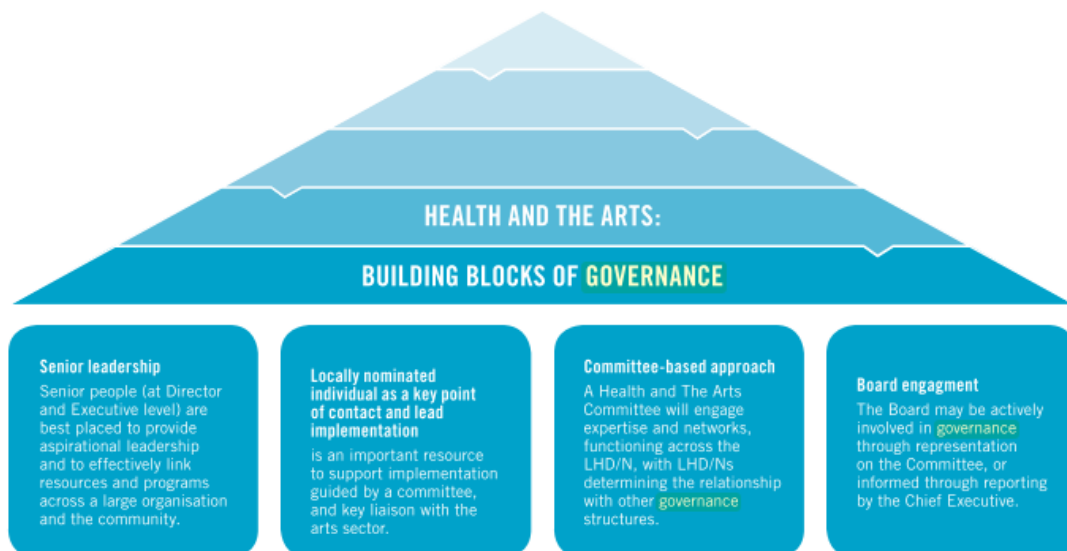
RECOMMENDATIONS

- Children should be actively involved both in the process of hospital design and in evaluations of the environments provided for them. Evaluation of arts within those environments should be encouraged and should be ongoing rather than one-off.

Challenges to, and opportunities for, arts for health in children’s hospitals.

The findings presented in this report strongly suggest that a sustained, strategic approach to arts for health benefits from consistent organisational support and, in particular, from the support of a champion that can ensure that arts are embedded at the level of an individual unit, the hospital and the health service. The NSW Health and the Arts Framework (NSWMOH 2016 page 2), for example, refers to the necessity of ‘key building blocks’ which include the development of “a Health and the Arts Committee, engaging Board and senior management support, taking a strategic approach, strengthening capacity across health and the Arts, stakeholder and community engagement and transparent monitoring, evaluation and reporting”.

The NSW Framework may provide a starting point for considering how Arts for Health in children’s hospitals can be securely embedded within health services in the UK, in order to ensure their sustainable and strategic development.



NSW Framework (NSWMOH 2016) Building blocks of Governance (page 8)

PARTNERSHIPS: Although in the UK the APPG report (APPG, 2017a) recognises the potential benefits of hospitals’ cultural links and notes, for example, the long standing relationship between the National Portrait Gallery and a number of hospitals (including Great Ormond Street, Evelina London Children’s Hospital at Guy’s and St Thomas’, the Royal London Hospital and Newham University Hospital), this Fellowship report highlights the diversity of links with cultural and other organisations from which children’s hospitals might benefit. Partnerships with bodies and organisations as diverse as art galleries, an aquarium, a zoo as well as commercial organisations and the University sector all have the potential to impact on hospital environments.

KEY POINTS

- A sustained, strategic approach to arts for health benefits from consistent organisational support.
- Partnerships with external cultural bodies and organisations can have a significant impact on children’s hospital environments.

RECOMMENDATIONS

- Arts for Health should be embedded within hospital governance structures. In hospitals where the majority of services are oriented at adults, a locally nominated individual should ensure that children’s interests (and those of their families) are represented.
- Potential links with cultural organisations and other organisations should be actively explored.
- In predominantly adults hospitals, in which children’s spaces are also located, it may be fruitful to explore potential links with local Higher Education or Further Education institutions with which relationships could be mutually beneficial (particularly institutions with foundation or degree level arts programmes).

Next steps

Plans for dissemination and follow up work.

Since returning to the UK, I have submitted an application for funding to explore the development of a Mixed Reality application (incorporating Virtual Reality and physical play) that will aim both to distract children within specific clinical spaces and enable them to understand and prepare for the medical care that they will experience within those spaces.

Following this report, knowledge and findings will be shared through publications in academic and practice journals, online case studies and conference presentations and workshops.

I also aim to work directly with those arts and health care professionals who have responsibility for children's hospital environments and, in particular, for ensuring that visual and installation art contributes to such environments. I will explore opportunities to host workshops with members of the network of children's arts practitioners and Patient Advice and Liaison Services' representatives from children's other hospital settings.

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Appendices

Appendix A

Visits

Country/ State	Location	Visit	Date of visit (2017)	Contact	
Australia NSW	Sydney	Art for Health conference.	30 th Oct - 1 st Nov		Venue: Art Gallery of NSW
	Sydney	Aboriginal Health Centre, La Perouse	2 nd Nov	Michelle Jersky	Program Manager: Arts in Health & Community Development
	Sydney	Sydney Children's Hospital Randwick	2 nd Nov	Tim Talty	Art Program Manager
	Sydney	Children's Hospital at Westmead	3 rd Nov	Elise Franke	Youth Arts Workers, Adolescent Medicine Unit
	Dubbo	Dubbo Base hospital	7 th Nov	Jenny Johnson Deanne Dent	Director of Nursing. Paediatric ward manager
	Bathurst	Bathurst base hospital	8 th Nov	Patricia Sullivan Christine Mcmillan	Deputy Director of Nursing Arts and Health Coordinator, Arts OutWest
	Orange	Orange Base Hospital	9 th Nov	Dr Stuart Crisp	Paediatrician, Unit manager and Clinical Senior Lecturer Paediatrics & Child Health, School of Rural Health, University of Sydney

Australia Victoria	Melbourne	Royal Melbourne Institute of Technology	17 th Nov	Paul Ramcharan	Associate Professor, Design and Social Context, School of Global, Urban and Social Studies, the Royal Melbourne Institute of Technology
	Melbourne	Royal Children's hospital	21 st Nov	Mark Healey	Studio Director BATESSMART, Lead on interior design for the Royal Children's Hospital
	Melbourne	Billard Leese Partnership	22 nd Nov	Mark Mitchell	Director, Billard Leese, a Partnership of architects, interior designers and urban planners. Developments include the Royal Children's Hospital, Melbourne and Perth Children's Hospital.
	Melbourne	Public lecture, University of Melbourne	23 rd Nov		
	Melbourne	Royal Melbourne Institute of Technology	24 th Nov	Soumitri Varadarajan	Associate Professor, Industrial Design, School of Architecture and Design
	Melbourne	Designing for Wellbeing: Realizing Benefits for Patients through Best Practice Hospital Design - Research team	27 th Nov	Alan Pert Rebecca McLaughlan Codey Lyon Stephanie Liddicoat- Ocampo	Professor and Director, Melbourne School of Design, University of Melbourne, Lecturer in Architectural Design, School of Design, University of Melbourne Lyons Architecture (Architectural and urban design practice) Research Fellow, School of Design, University of Melbourne

	Melbourne	Institute for Creative Health	27 th Nov	Dr Emma O'Brien	Executive Director Royal Melbourne Hospital
	Melbourne	RCH The Murdoch Children's Research Institute	28 th Nov	Professor Fiona Newall Stacey Richards	Director of Nursing Research, Nurse Consultant, Research,
	Melbourne	Australian Catholic University	28 th Nov	Paul Longridge Leanne Hallowell	Paediatric nurse employed by Billard Leese Partnership Lecturer (Early Childhood Education). Research interests include educational play therapy interventions in MRIs.
Australia Queensland	Brisbane	Story tellers	30 th Nov	Pam Blamey Morgan Schatz Blackrose	
	Brisbane	LCCH	1 st Dec	Lyn Seear	Arts programme manager
	Brisbane	Thomson Adsett Architects	4 th Dec	Chad Brown Suzie Wiley	Design Architect for Hummingbird House Surroundings, Consultancy practice in human-centred design.
	Brisbane	Hummingbird House Children's Hospice	5 th Dec	Fiona Hawthorne	General Manager
	Gold Coast	Gold Coast Hospital	6 th Dec	Michelle Noyes	Clinical nurse consultant
	Brisbane	LCCH	7 Dec	Lynne Seear Roslyn Walker	Arts programme manager Emeritus Visiting Medical Officer (former Director of Paediatric Surgery during planning phases of LCCH and after opening of the new-build).

				Alyssa Bowden	Starlight Children's Foundation
	Brisbane	LCCH	8 th Dec	Kathy Henry Liz Crowe	Nurse Unit Manager, Oncology Day Unit Social Worker and Team Leader Critical Care, Paediatric Intensive Care Unit
New Zealand	Auckland	Auckland University of Technology	11 th Dec	Stephen Reay	Director, Design for Health and Wellbeing Laboratory
	Auckland	University of Auckland	11 th Dec	Dr Tamasailau Margarita Suaalii-Sauni	Associate Professor with experience of research into Pacific Islanders' health.
	Auckland	Starship Child Health	11 th Dec	Sarah Little	Director of Nursing Plus play therapists
	Auckland	Massey University	11 th Dec	Karen Hoare	Associate Professor. Nurse Practitioner for Children and Young People
	Auckland	Kidz first children's hospital Manukau	12 th Dec	Michelle Nicholson-Burr Niccy Brougham Robyn Maria Jane Eyres	Clinical Nurse Director NUM, NICU Play specialist Nurse Unit Manager, Super Clinic (paediatric outpatients) Plus senior nurses
	Wellington	Wellington Children's Hospital	14 th Dec	Bill Day and Sara Ellis	Chair and Administrator; communication and events.

Appendix B

Hospitals in Australia

Sydney Children's Hospital, Randwick

<https://www.schn.health.nsw.gov.au/hospitals/sch/welcome>

The Children's Hospital at Westmead, Sydney

<http://www.schn.health.nsw.gov.au/hospitals/chw>

The Royal Alexandra Hospital for Children is also commonly known as the Children's Hospital at Westmead.

The Sydney Children's Hospital Network was instigated in 2010 and created in 2011, bringing together Randwick and Westmead hospitals. Together they have 441 beds paediatric beds, 51,000 inpatient admissions, 92,000 Emergency Department presentations and over one million outpatient service visits each year (<https://www.schn.health.nsw.gov.au/about>).

Dubbo Base Hospital, Dubbo

Approximately 390 kilometres west of Sydney in rural NSW, Dubbo is one of three sites visited in western NSW.

The children's ward has 15 inpatient beds and can be expanded +3 if necessary. There are up to 2000 admissions per year and around 2400 children access hospital services each year (including accident and emergency). Medical, surgical and oncology care is provided on the one ward. The population served has a high number of First nation peoples and the surrounding area has high levels of deprivation.



Deanne Dent, Nurse Unit Manager for the paediatric ward at Dubbo. Deanne has managed the children's ward for more than 22 years

Orange Base Hospital, Orange

<https://www.service.nsw.gov.au/nswgovdirectory/orange-health-service>

Just over 200 kilometres west of Sydney, Orange's new hospital opened in 2011. Orange has 10 inpatient paediatric beds.

Bathurst Base Hospital, Bathurst, NSW

Approximately 200 kilometres west of Sydney, Bathurst's new hospital opened in 2008, though the heritage building remains. The paediatric ward has 7 beds including 3 single cubicles and it can extend its capacity +2 by using 2 beds in the maternity section.



Patrician Sullivan, Deputy Director of Nursing, Bathurst.

The Royal Children's Hospital, Melbourne

<https://www.rch.org.au/home/>

RCH is a 334 bedded hospital, completed in 2011. It is the major, specialist paediatric hospital in the State of Victoria. RCH is the designated state-wide major trauma centre for children and a national centre for heart and liver transplantation. Also within the RCH site is the world renowned Murdoch Children's Research Institute and The University of Melbourne Department of Paediatrics.

Lady Cilento Children's Hospital, Brisbane

<https://www.childrens.health.qld.gov.au/lcch/>

Lady Cilento is a 359 bedded hospital located near the south bank of the Brisbane river. It is the major specialist children's hospital for families living in Queensland and northern New South Wales. The new hospital opened in 2014 bringing together, on one site, services that had previously been located at the Royal Children's Hospital in the north of the city and the Mater Children's Hospital in South Brisbane.

Hummingbird House Children's Hospice, Brisbane

<http://hummingbirdhouse.org.au/home/>

Hummingbird House is Queensland's only children's hospice and one of only 3 children's hospices in Australia. Located in North Brisbane, the 8 bedded hospice opened in 2016.

Gold Coast Hospital, Gold Coast

<https://www.goldcoast.health.qld.gov.au/hospitals-and-centres/gold-coast-university-hospital>

Gold Coast Hospital is a 750 bedded hospital, which opened in 2013. There is **32 bed** inpatient children's ward. The hospital provides paediatric medical and surgical care as well as a children's ED, critical care facilities, oncology and palliative care.

Hospitals in New Zealand

Starship, Auckland

<https://www.starship.org.nz/>

Starship Child Health provides paediatric services to children throughout New Zealand and the South Pacific. It is the major paediatric hospital for the country. The building opened in 1991 and has 219 beds.

Kidz First, Auckland

<https://www.healthpoint.co.nz/public/paediatrics/kidz-first-paediatric-inpatient-services/>

Kidz First is a purpose built facility in Middlemore Hospital, in the South of Auckland. It is the national referral centre for paediatric burns treatment. Kidz First opened in 2000 with 75 beds for children aged 1 month to 14 years. There is also neonatal unit (NICU and SCBU) and a children's ED.

Wellington Children's Hospital, Wellington

<http://whf.org.nz/wellington-childrens-hospital/>

Wellington Children's Hospital is co-located with Wellington Regional Hospital. The Children's hospital building opened in 1988 and has a day ward and 2 inpatient wards admitting around 4,000 children per year. The construction of a new, 50 bedded children's hospital has been announced, which is expected to open by 2020.

Appendix C
Photograph consent form



Professor Penny Curtis would like to use photographic images of: (*hospital*)

.....
Images will principally be used in a report submitted to the Winston Churchill Memorial Trust, in research publication/s and presentations and on social media sites.

Professor Curtis would like to publish these images in perpetuity in all media now known and hereinafter devised throughout the World.

Full acknowledgement of and attribution to (*hospital*)
will be included when images are used.

Please note that your name will not be published with the images. Before taking any photographs of (*hospital*)
your permission is needed.

Please complete this form, then sign and date the form where indicated.

<p>Your personal details</p> <p>Surname _____</p> <p>Forename(s) _____</p> <p>Address _____ _____ _____</p> <p>Contact telephone number: _____</p>	<p>May Professor Penny Curtis use photographic images of (<i>hospital</i>)</p> <p>.....</p> <p>.....</p> <p>in perpetuity in all media now known and hereinafter devised throughout the World? (Please circle the appropriate response.)</p> <p>YES NO</p>
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