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Arts Festivals Summit 2026 Budva

Workshop on Festivals, Health and Well-being in their local context

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Introduction

The workshop brought together festival representatives, cultural workers, artists, health professionals and public authority representatives to reflect on how festivals, the health sector and cities can work together around arts, health and well-being. The session combined a warm-up exercise, contextual framing of the wider trajectory behind this work, a round-table discussion with invited contributions, and two closing invitations for further engagement.

Opening exercise: care in practice

The workshop opened with a short exercise inviting participants to stand up, become aware of the space around them, reconnect with their bodies, and reflect silently on why they had decided to come to the workshop. Participants were then asked to pair up and share a moment in their work when they had felt cared for, and what exactly had made them feel cared for. The aim was to remember gestures of care within their working lives.

Several examples were then shared in plenary. One participant spoke about a programme in which musicians go to hospitals and perform for elderly people, blind people, disabled people and patients suffering from cancer. As both a musician and a festival founder, the speaker explained that playing for someone in a very dark moment of life can be deeply uplifting for the artist too. In that sense, the moment of giving became also a moment of receiving care, because it reminded the speaker why they had become musicians and why they were doing the festival in the first place.

Another participant spoke about care within a team, stressing the importance of a flattened hierarchy, shared values and mutual support. The speaker described a working environment in which people care for one another and where giving care also means getting care back. The point was made that this

reciprocity helps create a good environment to work in, and that when new people join the team, it is important that they either already share or are introduced into that culture.

A further example came from a hospital setting. A participant described how, when struggling with technical or digital tasks, they could always go to a secretary for help without fear of judgement or criticism. The fact that help was always available "without any comment, without any judgement" was experienced as a meaningful form of care. These initial stories established an understanding of care as something concrete, relational and often expressed through simple acts of support, generosity and trust.

Context: EFA's trajectory and European policy context on arts, health and well-being

Before moving into the discussion, the wider trajectory of EFA behind the workshop was briefly presented by Ana Benavides Otero from the EFA team. The workshop was also situated within a broader European and international policy context. It was noted that although culture and health had already been connected in some contexts for years, the pandemic made this intersection much more visible across Europe. Reference was made to the *Culture for Health Report*, to the inclusion of culture and health in the European Commission's *Cultural Compass*, and to the Open Method of Coordination process through which ministries of culture and health from across Europe worked together on recommendations in this field (*Culture and Health: Time to Act*). Mention was also made of the World Health Organisation's increasing recognition of the role of arts and culture in health, social inclusion and cohesion. These resources were presented by Rarita Zbranca as useful frameworks that can support advocacy and local action.

Round-table discussion

The core of the workshop took the form of a round table built around a simple but broad question: what had motivated participants to start working with arts and health, and what had proved to be supportive in collaboration with authorities and the health sector?

From pandemic response to arts and health collaboration

One contribution described COVID as the trigger. During the pandemic, a project supported by a national arts council brought people together online at a time when the cultural sector was isolated and disconnected. Care was included as a core topic, and psychotherapists and psychologists were invited to offer sessions because many people were struggling with loneliness, uncertainty and emotional strain.

This initial experience led to a forum that, for the first time, brought together the health sector and artists in the same room. While professionals such as drama therapists and music therapists were already working in this field, the initiative also explored how artists might work in hospitals, health centres and other institutions. It was noted that health authorities were often willing to engage,

although time and funding remained constraints, particularly time. In this case, it was a success story of a partnership developed through co-funding between European and national resources, supporting projects that paired health institutions with artists.

A personal story made this very tangible. A young woman undergoing chemotherapy explained that she always asked for a room with a specific artwork on the ceiling, because it helped her through the treatment, while other rooms felt cold and empty. This example illustrates in a simple way how art can shape the experience of illness and care.

At the same time, a major challenge identified was sustainability. Projects are often temporary rather than long-term programmes, yet continuity is especially important when working with vulnerable groups. Stopping projects suddenly can create new problems rather than solving existing ones. It was also stressed that well-being needs to be included in cultural strategies and policy documents if this work is to be properly anchored.

A city and festival perspective: beyond the event

Another contribution came from a festival organisation in a university city where culture and care are strongly supported by local government. The speaker explained that the festival organisation had previously worked on large historical figures and themes, often centered on white male figures from the past. At a certain moment, the organisation chose to shift direction and focus on themes that are highly relevant today and for the future. Health and well-being became one of these themes.

This led to the development of a new concept: a biennial festival called *Body and Soul*, described as a more poetic translation of health and well-being. Yet the ambition was not only to organise a festival every two years. The idea was to create a ten-year trajectory in which the festival would be one important and visible moment within a broader, permanent line of work on culture and care. This ongoing line includes collaboration between local administration, cultural and care departments, sports services, hospitals, universities, home care and elderly care facilities. One concrete area mentioned was arts on prescription.

The speaker described the festival as a catalyst: a moment that gives visibility to a broader process. The city supports this line not only politically but also financially, with budgets allocated to certain culture-and-care initiatives. At the same time, the speaker reflected critically on the risk of instrumentalising culture – using it merely to serve another policy field. This led to a broader reflection on values, limits and narrative. Culture should not become an excuse for failing to support the health sector properly; nor should artists be expected to replace therapists. But where artists want to bring their work into spaces where people are isolated, dehumanised or living with chronic conditions, it was argued that this should not too quickly be dismissed as instrumentalisation.

A hospital-based collaboration around Parkinson's disease

A contribution from the health sector came from a neurologist working with people living with Parkinson's disease and other chronic neurological conditions. The speaker explained that medical perspectives often focus primarily on deficits and loss. One personal motivation, therefore, was to help patients widen their perspective and reconnect with other resources, capacities and possibilities.

The story that followed centered on a collaboration with a young dancer and choreographer who had already been researching work with Parkinson's patients. Through a connection with the Academy of Arts in Berlin, this artist came into contact with the clinic and developed a month-long programme involving professional dancers and Parkinson's patients. The project included movement work, the use of hospital space, a film process, and a public performance at the Academy.

Part of the film was built around the question "if my body was a house", allowing patients to express how they felt about their bodies – whether they might want to open a door, close a door, or open a window. The public performance was described as especially powerful. Patients performed alongside professionals, and at times also solo. For the speaker, what was striking was that although there was of course a difference between a professional dancer and a person living with Parkinson's, this difference somehow ceased to matter in the performance itself. Beauty was present in both, and movement was present in both. The project offered participants not only a new perspective on themselves, but also the feeling of being part of society again, of being able to move, perform and be seen beyond illness.

The contribution also underlined what makes such work difficult within a hospital setting. The health system often needs someone from outside to approach it and initiate the collaboration. Once such a collaboration begins, many practical issues arise: use of rooms, contracts, insurance, privacy, filming permissions and communication across different working cultures. The speaker emphasised how the artist had a very relaxed communication style, while the clinic had to work through procedures and formalities and had a more bureaucratic style. It was suggested that if such work were already built into a more established programme, with the formal structures handled in advance, it would be much easier to repeat and sustain. Another positive aspect of the project was that the artist also worked with physiotherapists so that some of the experience might remain in the clinic after the project ended.

An artist's perspective: healing, survival and group empowerment

From the perspective of an independent artist, the relationship between theatre and health and healing began with a personal family crisis related to health from a family member. At that moment, the speaker felt torn between leaving the arts in search of more financial stability or developing a deeper and more profound relationship with theatre-making. The second path was chosen, and the process turned out to be deeply healing.

This experience later led to further study in drama therapy and to a growing interest in the dynamics of the group, particularly through research into ancient tragedy and the role of the chorus. Over time, the speaker developed what was described as a method, based on coexistence, physical movement, voice, non-verbal communication and a form of peripheral awareness in which the ego recedes, and the group becomes more present. The work is not therapy in a clinical sense, but it is deeply connected to healing, empowerment and the collective body. It can be used with professional artists, but also with communities with no prior theatre background.

The speaker stressed that this approach is rooted in a need to survive – emotionally, mentally, financially and collectively. It was also linked to a longer historical understanding of theatre as connected to healing places, community care and collective experience. Well-being was described not as an individualised or elite concept, but as something that emerges through a group finding ways to communicate, often beyond words.

A regional public authority perspective: structural challenges and bridging approaches

Another contribution came from a representative of a regional public authority working in cultural administration within a region that is also responsible for healthcare. It was explained that, while culture is a smaller part compared to healthcare, collaboration between culture and health is formally recognised in regional public health plans, and many initiatives are already taking place. Examples mentioned included activities in hospitals such as play therapy for children, dance for health, and projects involving Parkinson's patients.

However, what is still lacking is a structural, long-term framework for collaboration. Although there is willingness on both sides, the two sectors do not "speak the same language". In the health sector, time and costs are calculated very precisely per patient and per minute, whereas the cultural sector approaches work differently. As a result, collaboration remains slow and difficult, even when both sides want to engage.

The contribution emphasised the importance of individuals who can act as bridge-builders between the two fields. It was also highlighted that, beyond data and evidence, storytelling and lived experience are important in making the value of this work visible, particularly for policymakers. At the same time, even when research exists, translating it into the health system remains challenging. Overall, it was suggested that reconnecting culture and health requires time, systemic change, and trust.

Reflections emerging from the broader discussion

As the discussion opened up, several themes came through strongly.

One recurring theme was the need to care for artists, cultural workers and caretakers from the health sector themselves. It was repeatedly noted that these groups are underpaid, overworked and burned out, and that many of these roles are carried disproportionately by women. One participant referred to a recent conference whose main message had been simple: artists and caretakers need to be paid

properly, and they need to be taken care of. Without that most basic form of respect, larger concepts remain abstract.

This was linked to a broader point: although arts and festivals contribute to the well-being of others, cultural workers often reproduce within their own organisations the same exploitative logic they criticise elsewhere. Participants spoke about self-exploitation, short-termism and sacrifice. From that perspective, the current care trajectory was also described as an attempt to build a culture of care inside cultural organisations, and only then extend that outward into society.

A second theme concerned continuity and trust. One participant described long-term artistic work with refugees, children and older people in Berlin, where artists return again and again rather than offering one-off events. Over time, trust is built; people begin to wait for the artists to come back, relationships change, and even difficult group dynamics can soften. In one example, children who had initially spent their time fighting were eventually sitting and listening, waiting for the artists' return. This continuity was described as transformative and as something that does not necessarily require huge structures, though it does require organisation, support and commitment.

A third theme concerned evidence. Participants acknowledged that scientific studies are often useful, especially when trying to convince policymakers, foundations or hospitals. Examples were mentioned such as studies on quality of life, on singing and stress hormones, and on the health benefits of artistic practice. At the same time, frustration was expressed that even when evidence exists, budgets do not necessarily increase, and political decisions do not automatically follow. This led to the suggestion that what makes policy shift is not evidence alone, but also timing, relationships, human openness and the ability to tell stories.

Participants also discussed the value of artistic proof and lived experience. It was asked why some forms of transformation need to be validated by psychologists or statistics when they are already visible in artistic acts themselves – when people cry, reconnect, move differently or feel happiness. Related to this, another participant stressed that what has often disappeared in modern societies is not only contact with art, but the practice of art in everyday life. Artistic practice has increasingly been outsourced to professionals. The rehabilitation of the "amateur" – doing something out of love – was proposed as important, as was the idea that everyday singing, drawing, dancing, making or playing are deeply linked to care and well-being. Others added that the word "art" can itself feel intimidating, and that in many cases what is needed is simply the right to play.

Concluding thoughts

In the final exchange, it was suggested that trust remains essential: trust in instincts, trust in connections, and trust in the human relationships through which things begin to happen. The workshop did not aim to arrive at a single formal conclusion, but it clearly pointed to a shared understanding that arts, culture, care and health are deeply interconnected, and that this work needs stronger structures, better conditions, long-term continuity and sustained cross-sector support.

It also became clear that while evidence and policy frameworks matter, many of the examples that carried the discussion were simple human stories: a concert in a hospital, an artwork on a chemotherapy ceiling, a patient dancing in public, artists returning again and again to communities, and a child's diagnosis leading to a new understanding of theatre and healing. These stories grounded the discussion and showed that arts and care meet not only in policy and strategy, but in everyday gestures, relationships and practices.

Two invitations

The workshop ended with two invitations:

- To contribute to the development of a **catalogue on arts, health and well-being in festivals**. **Two surveys were open**: one addressed to festivals to share practices, experiments, ideas, questions and challenges related to arts, health and well-being, and another for local and regional authorities to highlight partnerships, policies or funding incentives developed in their local contexts. The collected material will be shaped into a catalogue, co-designed by festivals, cities and regions, serving as a shared learning resource as well as a tool for advocacy and exchange in the framework of the CARE - Culture for Mental Health project.
  Surveys were open until **26 June 2026**:
  - **Survey for Festivals**: Fill in the form
  - **Survey for Cities and Regions**: Fill in the form

- The second invitation was to the **Gozo Forum 'The Time We Spend Together' on arts and well-being from 4 to 6 July 2026 in Gozo (Malta)**, hosted and co-organised by the Victoria 2031 Foundation, the European Festivals Association (EFA) and A Soul for Europe (ASfE), with the support of the Ministry of Gozo and Planning.
  This 3-day forum and gathering will offer space and time for togetherness, reflection, and care on the topic of the arts, festivals and Europe. This moment will provide a shared platform for plenary conversations, creating a space for connection and exchange among multiple stakeholders that are in one or another way involved in dealing with the topic of arts and well-being: festival makers, artists, policy makers from local to EU level, but also community workers, volunteers, NGO and citizens on the ground. It is designed to foster meaningful, human connections, moving from personal to structural conversations, and onward to systemic debates evolving into a 'laboratory for care' with diverse experiences and perspectives. Have a look the full programme.

Credits

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