

# artwork

ISSUE 57 DECEMBER 2003



ARTS, HEALTH AND WELLBEING

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## Editorial by

Lisa Philip-Harbutt,

Director of CAN SA.



Lisa Philip-Harbutt  
Photo: Danielle Schriever

**A** wise woman called Lillian Holt was a key note speaker at a conference I was at recently. She spoke of the importance of telling your story and the importance of hearing others' stories too. Every speaker that came after her (and who had attended her key note) spoke in a different way to their audience. They started with their story and built out to their topic. Unsure where to start in writing this editorial I have decided to adapt her approach to another context, so here goes.

I spent a lot of time travelling as a child, with my sisters and my strangely alternative parents. My father liked to blow things up, so there was lots of mining camps, drill rigs, prospecting. My mother liked to make things. Sometimes we lived in the city and it is interesting that my sisters remember the time spent in Adelaide and I remember the times spent in the bush. I am a strange mix. I work in the city – I want to work with people, a great variety of people, but then I need the bush and solitude. This mix is what keeps me healthy, keeps me sane.

I have spent my 'grown up' years exploring the overlaps between visual, performing and community arts. I have always mused over what to call what I do. In earlier years I would describe the work rather than try to fit it into a movement, field or sector. When asked what I was up to I would say that I was:

- working with a bunch of young mums exploring the issues of teenage pregnancy.

- part of a team making a show about addiction.
- working at a hospital with young anorexics.
- helping out a bunch of kids who were painting a mural at a health clinic ... etc.

Over the years I recognised that there were a number of other practitioners undertaking this sort of work. I worked in a variety of locations, but I started to identify a part of my practice which occurred within health settings and set out to achieve specific health outcomes. But what do we call it? It seems this early question still applies.

*Artwork 57* explores the work being undertaken in the areas of Arts, Health and Wellbeing. The writers were commissioned for their differences in methodology, experience, location and art forms in the expectation that we may be able to illustrate the depth and breadth of the practice.

In 'Practising Arts and Health – What's in a Name?', Christine Putland, an academic working within Flinders University Department of Public Health, explores the various combinations of the words arts, health and wellbeing and ponders on the implication of the development of the current terms. Rosalie Hastwell takes up the questions around language in her article 'Working Together for Wellbeing – A View from Community Health'. Recent conferences highlighted for her the different perspectives; both between a medical and wellbeing model in health, and between

arts and health and ccd. She then goes on to discuss some of the differences in relation to the Arts and Cultural Program at the North Richmond Community Health Centre.

The discussion broadens out to examine policy and funding in two articles. Deborah Mills' article 'Art And Wellbeing; Some Challenges In Securing The Connections And Integrating Policy And Practice' reflects on a recent research project she has undertaken with Paul Brown for the Community Cultural Development Board of the Australia Council. They examined links between ccd and community wellbeing. Michael McLaughlin's article 'The Haves and Have Nots' provides a bit of a tour of state-based Arts and Health funding and ponders the effects on local Community Arts practice.

I have always found the location of the work is crucial so we have tried to give examples of work that are occurring in different locations. In 'Slow Tucker, Long Yarn', Tom E Lewis and Jayne Nankivell take us east of Katherine as they outline a project that involved communities in the development of stories about their own health. In contrast Helen Zigmond explores some of her work over the last ten years which has been located within a medical framework of hospitals and health services. Her article is called 'A Personal Place Within a Space – Health as a Cultural Context'. The specific community is also relevant. In 'The Working Body: Arts and Health for Artists', Catherine Murphy writes

about a series of workshops that were developed specifically for artists to help them identify and improve health issues associated with their arts practice.

We have articles from two peak organisations. Sally Clifford and Jo Kaspari manage the Australian Network for Arts & Health, and they have written a self explanatory article called 'Australian Arts and Health 1997-2003: a Six Year Perspective'. Gareth Wreford from the disability and disadvantage organisation DADAA outlines some of the key issues and discussions around disability and health in his article 'DADAA – place of disability in arts, health and wellbeing'

Can I hear you say 'so where is the art in all of this?' Well we have added two examples from the practice in a visual piece by Matthew Nettheim which was developed with hospital staff as part of his artist in residency at Flinders Medical Centre. And Susie Fraser gives us an insight into her own

personal journey with a piece of creative writing called 'On your own two feet – How the arts have aided and abetted one woman in developing an interest in resilience'.

We round off the articles with a review of a book that we are finding very useful for our members and students here in South Australia. The book is Martin Thiele and Sally Marsden's *Engaging Art: The Artful Dodgers Studio – A Theoretical Model of Practice* and the review is by Deborah Mills.

We are hoping that this edition gives a great overview of the work being undertaken in the area of arts, health and wellbeing. For me personally I still don't have any answers, just a lot of definitions and some great explorations into the differences and similarities of the practice. But that's okay. Being a visual thinker I think the closest I have got to figuring it out, is when I think back to the Ven Diagrams of primary school maths class. There were intersecting circles that overlapped with

shared similarities but also maintained themselves as unique circles in their own right. We used to colour them in using the primary and secondary colours of the rainbow. So I will leave you with that picture of arts, health and wellbeing - a younger Lisa, sitting in the class room in the city, dreaming of the desert landscape, drawing intersecting circles, using broken coloured pencils and trying desperately to stay within the lines ■

*Lisa Phillip-Harbutt, Director of Community Arts Network SA Inc for the National Network.*

*PS We would like to apologise to Madalene Chu and Jon Hawkes for the misplacement of a line of text in Artwork 56. We hope that this did not affect your reading of these great articles.*

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Artwork Magazine is a collaboration with Community Arts Network SA Inc (CAN SA) Queensland Community Arts Network Inc (QCAN) and Community Cultural Development NSW (CCDNSW).

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## ARTWORK 57 – ARTS, HEALTH AND WELLBEING



At [ccd.net](http://www.ccd.net), the National Community Cultural Development website, *Artwork* readers can take issue with or support, perspectives reflected in this issue of *Artwork* Magazine, via an on-line forum.

Simply go to [ccd.net](http://www.ccd.net) at [www.ccd.net](http://www.ccd.net) and login as a member and follow the All Talk link to Current Forums.

For more information about projects featured in this edition of *Artwork* magazine, visit [www.ccd.net](http://www.ccd.net) and follow the links to 'ccd in action'.

[ccd.net](http://www.ccd.net) is an online resource for communities, artists and organisations working in the field of community cultural development.

# Practising Arts and Health

## What's in a Name?

CHRISTINE PUTLAND

Christine Putland sets the scene exploring the relationship between art and health.



South Tyneside Art Studio, England. Photo: Christine Putland

Linking the terms 'health' and 'art/s' in various combinations (arts *in* health; arts *and* health; arts/health; arts for health etc.) is becoming commonplace in both the arts and health sectors in Australia. Despite some ambiguity, these labels have developed a special kind of discursive power: for instance, convincing hospital managers to permit staff to introduce live music into wards, or lending credibility in the eyes of funding bodies to undervalued community arts initiatives. (I admit, I have been known to refer somewhat enigmatically, to the 'emerging field' of 'Arts and Health' in the vain hope that I would be taken seriously when applying for research grants in the Health Sciences Faculty.) My question is, however, what precisely are we naming here? Are we talking about one emerging creature, or many? What does/should it/they look like? How will we know them – by their intentions, how they behave, or what they produce? And does any of this matter?

In this space I argue that it does matter for several reasons. Firstly, the label Arts and Health in all its variations - let's refer to it inclusively here as A&H - appears to be surviving despite this incoherence. Secondly, the currency of the term reflects the growing number of exciting and innovative examples of work, the achievements as well as the struggles, and so it is timely to take stock of these developments in the 'field'. If we hope that others will appreciate and respect this work then we need to be able to communicate its value precisely and effectively. And thirdly, if the label is to be a meaningful description of, and guide to, effective practice, then it seems advisable to at least be clear about what it is not, even if we are reluctant to be prescriptive about what it is. This requires a dialogue amongst the many players involved in A&H, and it is in the spirit of contributing to such a conversation that I consider these questions.



Arts and Health Workshop 2002 held in the Flinders University Art Museum Campus Gallery. Photo: Christine Putland

**Fortunately, the Flinders University Department of Public Health (FU DPH) where I now work is a haven for people with such mixed professional heritage.**

The particular perspective that I present here reflects a mixed background including drama teaching, community development and public policy. Fortunately, the Flinders University Department of Public Health (FU DPH) where I now work is a haven for people with such mixed professional heritage. This is no coincidence, but is based on a broad, holistic view of 'health' as a positive state, not merely the absence of disease (WHO 1986). In brief, health is understood to be the result of a complex interplay of social, environmental, economic, political and cultural factors. Improving health is not the same thing as curing illness – one can occur without the other – and requires interventions at a population level as well as with individuals and communities. Health promotion is concerned firstly with people's experience of wellness, and is the responsibility of a wide range of players, not solely the province of the health sector.

Shortly after my arrival in FU DPH, it became evident that postgraduate students and the wider public health workforce were expressing an interest in learning more about A&H, and I was charged with the welcome task of responding by developing a training and research/evaluation profile in the area. In the event, this 'interest' has turned into a minor 'tsunami', incorporating a study tour in the UK, development of a substantial workshop program, and a number of collaborations around training and projects.<sup>1</sup> As a result, my concern is with 'practice' rather than 'product' in this

article, and the particular approach I take is very much informed by these circumstances as well as the practitioners with whom I have worked.

### **What are we naming?**

It will not be news to any readers that the 'field' of A&H is incredibly diverse in terms of:

- art forms (e.g. visual, performing, music, dance, photography, new technologies)
- settings (e.g. health care environments, community centres, schools, parks, homes)
- directed towards individuals, groups, communities, whole societies
- primary drivers of initiatives - artworkers, health practitioners (promotion and care), community development workers, government agencies etc.
- degree to which health/wellbeing focus is explicit or merely implied
- purpose of the initiative (i.e. underlying assumptions about the links between art and health/wellbeing).

In Australia, as in the UK, there are historical, political and professional reasons for the diversity and it would be fruitless and tardy to attempt to orchestrate unification, even if it were desirable. Diversity is, indeed, one of the great strengths in work that is intended to express context, culture and place (Smith 2001). The problem with diversity is that it often disguises lack of clarity about aims and intended effects (Angus 2001).

### **One creature or many?**

The sectors of arts and health from which A&H practitioners hail are divergent in most respects, but with one important feature in common: each is in itself multi-disciplinary and beset by all the usual tensions that this implies. There appears little sense of homogeneity in practice or professional status in either sector, and frequently no unified voice to speak on its behalf. Like the arts, the health sector is characterised by segmentation and professional divisions. Given this, many different kinds of relationships, drawing on varying work practices and cultures (as well as interpretations of 'art' and 'health'), are represented by the label A&H.

Yet the reality is that most arts workers are not also health workers, and most health workers are not also arts workers. Therefore, it would be unreasonable to presume that each partner will be aware of and sensitive to the other's understandings and expectations. Indeed, this partly explains why many health workers and art workers have enthusiastically embraced the workshop program offered by FU DPH during the past year – they recognise that A&H may require a departure from their current role. In an interview with Larry Butler in Glasgow ('Survivor's Poetry' and 'Trongate Studios'), he reported a similar observation about working with a mental health focus: 'it is distinct from being an artist working in a community setting; it

involves working with minds and bodies of people who may be vulnerable, and there is a need for preparation and training'.

Experience in the FU DPH has shown that many health workers, while appreciating in theory the intrinsic value of art making, in the face of workplace demands are inclined to regard it as mainly instrumental, another 'tool' among many in the health promotion kit. It has to be acknowledged that this is a significant step forward from the blatant 'healthism' inherent in the 'pictures are great for patient morale provided they don't come out of my budget' attitude. However, it invites a relationship in which art is subservient to health ends and thereby limits creative potential.

... there are ongoing debates about the effects of A&H initiatives ...

Meanwhile, many arts workers struggle with the difficulty of moving beyond general statements about health and wellbeing benefits, towards a deeper understanding of the possibilities for social change offered by A&H. Because much A&H work appears to be working in the context of medicine and health services it is often assumed that it has similar aims (Angus 2001). On the contrary, bubbling away beneath the surface in the health sector are powerful critiques of conventional health practice – a rich vein that A&H regularly taps into (Smith 2001). An understanding of the political significance of adopting the kind of approach to health promotion outlined above under the rubric of 'Public Health' is required. It is no coincidence, for example, that 'health promotion', like 'community cultural development' (ccd), regards itself as marginalised in terms of formal support and resources within its own sector. Just as there are ongoing debates about the effects of A&H initiatives, and the evidence to

support them, this situation begs an open and frank conversation about the varied but equally vital contributions of art and health practitioners.

### What does it look like? How will we know it?

I suggest that the model of practice most likely to facilitate such a conversation is an alliance between the sectors/organisations/practitioners in these fields. But the way that this alliance is articulated and put into operation is of utmost importance here. The alliance I envisage is not about conflating art and health, one with the other. Neither is it about re-badging existing practice. A&H is not the same thing as ccd for example, although many of us would agree that without the influence of ccd insights and vision the field would be sadly depleted. The point is, much of ccd practice is not A&H, just as there is and will continue to be a considerable amount of practice legitimately called A&H that draws only remotely on ccd concepts and principles. This alliance must be based on a genuine engagement with, and mutual respect for, different underlying theories, skills and knowledge bases, working cultures, and expectations of effect. It is currently in the process of being built around voluntary collaborations on the assumption that participants can achieve together what cannot be achieved individually (Walker 2000).

Below I present a series of rationales for A&H work that are the result of examining the kind of practices that flow from such an alliance. They represent the range of intended effects of A&H relationships, but are by no means a definitive or prescriptive framework. Hopefully they will prompt debate and evolve accordingly. Each rationale describes a different art/health relationship with corresponding implications for design, implementation and evaluation of initiatives. Clearly these are not mutually exclusive and any given initiative may draw on more than one, either simultaneously or at different times in its life. They are organised here along a number of continua. The central individual/collective continuum indicates focus: the progression from working with individuals to working with groups, communities, and at a societal level. At the same time, it is possible to chart an increasing/decreasing emphasis on health

discourse that is mirrored by the decreasing/increasing presence of art discourse.



NB The numbers are simply for ease of identification and are not intended to imply a hierarchy of importance.

Key:

#### Rationale 1: Participation in the arts is therapeutic

- Art practice: typically music, visual, dance
- Health focus: physical and mental
- Participation: both passive (watching, listening) and active (art making)
- Settings: mostly health care services, hospitals, community health centres.

#### Rationale 2: Incorporating art and design in health care environments can contribute to individual healing and promote health

- Art practice: typically visual art, design, music
- Health focus: mainly mental, some physical and social
- Participation: mainly passive (observing, experiencing)
- Settings: hospitals, nursing homes and other health care services.



Larry Butler of Survivors' Poetry Scotland with photo masks of staff and patients at Woodlee Hospital. Photo: Christine Putland

**We must continue to ask  
'where is the art?' and  
'where is the health?'**

### **Rationale 3: Participation in the arts promotes individual health and wellbeing**

- Art practice: any art form – commonly visual art, drama, music, video, emerging technologies
- Health focus: mental and social health, wellbeing
- Participation: active (art making)
- Settings: community centres, schools, public events, homes, health care centres.

### **Rationale 4: Participation in the arts contributes to building community capacity**

- Art practice: any art form: community arts, ccd
- Health focus: mainly social health and wellbeing, indirectly mental and physical
- Participation: active (art making)
- Settings: community and public venues, indoor/outdoor spaces.

### **Rationale 5: Participation in the arts is intrinsically valuable**

- Art practice: any art form: public art, community arts, ccd
- Health focus: implicit – mental and social
- Participation: active (passive?)
- Settings: anywhere, public or private.

### **Rationale 6: Democratic arts practice leads to cultural sustainability**

- Art practice: ccd
- Health focus: implicit – long-term vision of social change
- Participation: networks, collaborations
- Settings: public settings, organisational networks, government/non-government.

These rationales can also be read as hypotheses or theories of change, and as such they can be refined to assist in developing an evidence base for different models of practice. They also sit comfortably alongside attempts to synthesise practice by grouping initiatives according to the settings in which they take place.

In this article I have offered only provisional answers to the questions posed at the outset, as part of the continuing conversations about A&H that are being conducted on many levels. It is my prediction that an A&H alliance has the potential to evolve new ways of working, hybrid forms of practice appropriate to culture and context. As Matarasso (1997) reminds us, empowerment derives specifically from the act of creativity, with 'all the excitement, danger, magic, colour, symbolism, feeling, metaphor' that this entails. We must continue to ask 'where is the art?' and 'where is the health?' But more particularly, we must articulate 'what is the precise relationship between art and health in this initiative?' ■

#### **References/footnotes**

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Smith, T 2001, *Common Knowledge: The Tyne and Wear Health Action Zone's Arts and Health project – Interim Evaluation Report*, Centre for Arts and Humanities in Health and Medicine, University of Durham.

Walker, R 2000, *Collaboration and Alliances: a Review for VicHealth*. VicHealth.

World Health Organisation (WHO) 1986 *Ottawa Charter for Health Promotion*, First International Health Promotion Conference, Ottawa, Canada.

1. For information about the A&H workshops and short courses as well as the Graduate Programs offered by the Department of Public Health refer to the website:

[www.flinders.edu.au/pubhealth](http://www.flinders.edu.au/pubhealth).

The Study Tour of UK in 2002 was funded by the Deane O Southgate Fellowship Award. A report on this tour is also available on this website.

*Christine Putland teaches 'Art, Wellbeing and Public Health' in the Department of Public Health at Flinders University, South Australia. She is engaged in several research/evaluation partnerships and convenes a program of workshops and short courses aimed at building effective practice in Arts and Health.*

MATT



*Biotechnology Research Group,  
(School of Medicine FUSA)  
Micrograph of filamentous actinomyces.*

*Photographer Matt Nettheim 1999.*



NETTHEIM



*Neurology Research Team,  
(School of Medicine FUSA)  
The Human Brain.*

*Photographer Matt Nettheim 1999.*

Photo of Matthew Nettheim by Jodi Muttonson

Matthew Nettheim  
gives us a photo essay  
of images from the  
Flinders Medical Centre  
Artist in Residence  
Program in South  
Australia.



*Ophthalmology Research Group.  
Corneal transplant in the human eye.*

*Photographer Matt Neithelm 1999.*



*Microbiology Diagnostic Services  
(South Path SA FMC)  
Petri dishes showing bacterial growth.*

*Photographer Matt Neithelm 1999.*



*Autonomic Nervous System Laboratory.  
(Centre for Neurosciences)  
Computer reconstruction of a single nerve cell and some of its connections.*

*Photographer Matt Nettheim 1999.*



*Animal House Team.  
Transgenic mice.*

*Photographer Matt Nettheim 1999.*

*Matthew Nettheim has been a photographer for half his life and worked in many different fields. Starting out as a newspaper photographer for the Australian newspaper he then moved into magazine photography and currently makes the best part of his income as a stills photographer on feature films. All along he has had exhibitions of his own arty stuff that is generally social documentary in its nature and has always focussed on people. Whilst undertaking several artist in residency programs he found this project was the most challenging and rewarding of all his work. He would love to do more of this type of work in the future. He also does street performing with busking trio BUZZ and performs live music, mainly piano, in a number of capacities. To contact Matthew Nettheim email [mnettheim@yahoo.com.au](mailto:mnettheim@yahoo.com.au)*

# Australian Arts and Health

SALLY CLIFFORD AND JO KASPARI

**T**he Australian arts and health sector has changed a lot in the last 6 years. In 1997, work where professional arts practice interacted with health environments (hospitals, community health centres, acute psychiatric hospitals) was generally referred to as arts 'in' health. In 2003 this work is still taking place but has been joined by a wider body of practice and conceptualising which also embraces notions of community wellbeing and concepts of a healthy society and so the more recent arts 'and' health is being replaced with 'arts and wellbeing'. The changing nature of this work has also been informed by the growing theoretical base provided by the community cultural development (ccd) sector.



While the Australian 'arts in health' movement grew out of the community arts movement of the 1970s, Australian Network for Arts and Health (ANAH) would like to formally acknowledge that arts and cultural practice has for a long time been integral to health and wellbeing of the Indigenous cultures of Australia.

This article will discuss selected key developments in this sector through the work and evolution of ANAH.

In 1997 Brisbane based artists and ccd artworkers Jo Kaspari and Sally Clifford formed the Australian Network for Arts and Health. ANAH was formed in response to limitations and problems in the work taking place at this time which were affecting the sustainability and longevity of the work. These issues had been identified by ANAH through a combination of lived experience by Jo particularly (who had a long professional history in working as an artist and ccd worker in mental health settings, as well as through a national field study of arts) and health practice carried out by Sally in 1996-1997.

One key issue was the way artists were employed in some healthcare settings i.e. rates of pay and appropriate clinical staff support. Some major hospitals had Artist In Residence programs, where artists were employed in an on-going way to deliver art programs or individual projects with health service consumers. These positions were

often set up and championed in the hospital by a key middle manager and by the artists themselves. However a lack of knowledge and support across the hospital culture and management has led to the loss or down grading of many innovative and alternative art and health initiatives.

Another key problem was the number of solo artists and artworkers working on their own in large hospital settings or in satellite community health networks. Support for these positions was often only in the form of the key middle manager or an extra supportive social worker or nurse. In a day to day way, they often had to overcome levels of apathy and disinterest from nurses, managers and clinical service providers they were working alongside. This situation had a significant impact on many art programs realising their true potential for intervention and health promotion. Once again a lack of support for such positions across the hospital culture, often led to feelings of isolation and artists leaving these positions prematurely.

**One key issue was the way artists were employed in some healthcare settings ...**

# 1997-2003

## A six year perspective

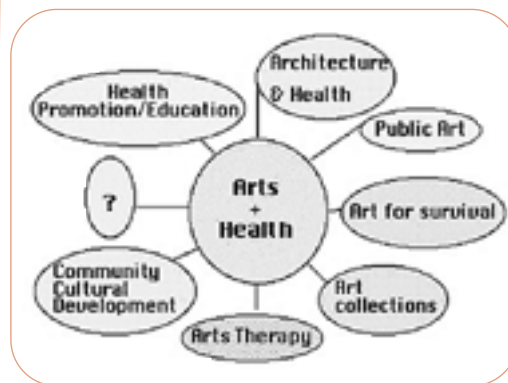
Sally Clifford and Jo Kaspari report on the development of the arts and health sector in Australia since 1997.

In contrast though many artists stayed in poorly supported positions because the demand from consumers and participants in their projects was so strong and the artmaking was obviously having a huge impact on their individual lives. Similarly there was a number of healthcare workers – mostly social workers and nurses – who were keen to do more arts programs, as they could see clear demonstrated evidence of the positive impact of these programs in their workplace.

In response, a network concept was developed primarily to enable artists and healthworkers who were feeling isolated in their practice to be in contact with each other and know that there was someone else working with similar issues in another part of the country. ANAH prioritised creating/contributing/developing theory about this practice, and contributed to a period of increased activity in this area. In 1997 ANAH guest edited and contributed to the QLD Community Arts Network (QCAN) publication *Network News* dedicated to 'Arts and Health' and in 1999 Artlink dedicated a publication to 'Art and Medicine'. Two national conferences took place in Toowoomba (1994/1998) (where Baillie Henderson Hospital ran a successful Artist In Residence Program). Also at this time regional arts and health networks were beginning to emerge, for example in the Hastings Council region of NSW.

To build funding bodies' knowledge about the sector, ANAH advocated for increased understanding about this practice. A key issue at this time (and one which still continues although to a lesser extent today) is the passing of responsibility between art funding bodies and health funding bodies to fund this work - art thinking it's a health issue and health thinking it's an art responsibility. Of course the uniqueness of this sector, is that it actually demands real partnerships for it to function well.

At this time ANAH's work was informed by the concept that in Australia the arts and health sector is constituted of many different art making practices and contexts – curated art collections in hospitals, health promotion, art therapy, expressive art therapies, ccd, and *Art for Survival*.<sup>1</sup> Ccd was seen as one of a number of ways of practising arts and health. See diagram below :



The key practical strategies used by ANAH since 1997 have included:

- ANAH website [www.anah.org.au](http://www.anah.org.au) which since 2000 has mapped and documented the Australian Arts and Health sector
- E- news (previously *News and Views*) which is a quarterly national newsletter
- Annual arts and health 1-day forums in 1998, 1999 and 2000
- Information and Training seminars (from half-day to 2-day) in Hervey Bay, Redlands, Townsville, and Darwin
- Sector meetings and consultation sessions which have informed development of emerging policies and in part promoted/informed the International *Synergy* Symposium in Sydney in 2003
- Arts and Health on-line forum in partnership with ccd.net after the *Synergy* Symposium
- Brisbane level advocacy work for the sector
- Project management of a number of arts and health focused initiatives in Brisbane, including: 'House.Home.Homelessness' (see on-line gallery on ANAH site) and 'Wynnum Manly Youth At-Risk' Project.

In 2003, ANAH recognises that the Australian 'arts and health' landscape is a very different one to that of 1997 and with this, a recognition that the purpose of ANAH needs to be a different one.



**An interest in the nexus of art, culture, health and wellbeing has come to be much more mainstream in recent years ...**



The key difference is that the term art and health has expanded to include not just art in hospitals or hospital redevelopments or art programs in acute psychiatric or drug and alcohol units – but has come to include and embrace art programs which are about the health and wellbeing of an entire community.

This was emphasised for ANAH in December 2001 when we attended a two day conference called 'Cultural Action for Community Health' jointly hosted by the UTS Centre for Popular Education and the Cultural Development Network Victoria, in Melbourne. In 1997, we believe a conference of this title would have attracted presentations on programs in hospitals and links with the art therapy sector and ccd work. Instead most of the work was about ccd projects and initiatives grounded in achieving wellbeing for a range of communities e.g. inner-city housing developments, youth drug and alcohol support and perhaps a couple of community health centres. We believe this was a significant indicator of where this work, once called arts and health, has shifted. Since then there have been a number of conferences and festivals nationally where health, art and wellbeing has been on the agenda. These have included: the recent *On the Axis* National Youth Arts and Cultural Development Conference in Cairns (September 2003), the Adelaide Festival (2002) and the last two National Rural Health Conferences (Canberra and Hobart) all had either streams or sessions on arts and health.

This trend was supported by the nature of the Australian contributions at the international *Synergy* Symposium in Sydney in February 2003. This symposium had a broad wellbeing, art, design and architecture scope and as a result highlighted the diverse cross-section of work happening in Australia. Most of the Australian contributions reflected work grounded in either ccd, community wellbeing and artmaking or environmental design-based work rather than hospital-based art practice.

An interest in the nexus of art, culture, health and wellbeing has come to be much more mainstream in recent years and has attracted the attention of a broad cross-section of practitioners. The reason for this is

This page, top by Irene, bottom by Robert. Images on fabric. House, Home and Homelessness project by the Australian Network for Arts in Health, funded by Brisbane City Council in partnership with the REcovery, Empowerment and Development Centre 2002.



beyond the scope of this article, but it is enough to say that it is many more than in 1997.

ANAH has recognised that while there is still a long way to go before funding bodies develop specific arts and health funding streams, (such as that developed by VicHealth), advocacy and knowledge building about this work is happening in a much more mainstream way. The other key milestone we would recognise, is the increased interest from both artists and healthcare workers in evaluating their arts and health work and in seeking out relevant documents. This seems to reflect a maturing of the sector and a desire to seriously value and implement the practice. The VicHealth document *Evaluating Community Arts and Community Well Being* (2002) is a significant document when tracking the history of this work.

In light of these developments, ANAH sees it as perhaps inappropriate and a duplication of resources that there is one networking agency working nationally for this sector, when locally, and at a state and national

level (especially by way of ccd.net), practice, advocacy and sector capacity building is alive and well. ANAH sees that many of our original goals, in terms of building networks, raising the profile of the sector and bringing the work to the attention of state and federal bodies, have been achieved.

In response to this, in 2003 ANAH has refocused its purpose and practice. This direction is captured on the streamlined ANAH website which will remain a key interface for the organisation. We would like to formally acknowledge the many individuals and communities with whom we have had the privilege of networking over the past six years. ANAH continues to receive many new registrations for our eNEWS and will continue to produce this newsletter and manage the on-line gateway website. It has been a joy to have been part of an exciting stage in the on-going development of an arts sector which, from an international perspective, is quite unique to Australia ■



#### Footnote

1. *Art for Survival* is in reference to a practice, brought to our attention in Darwin, where in some Indigenous communities, paintings were created and sold for the direct purpose of raising money to buy medical equipment, e.g. kidney dialysis machine. We identify this as a distinct form of arts and health practice.

*Sally Clifford is currently the Artistic Director of Catalyst Youth Arts Organisation Inc. which works with young people and their preferred cultural interests in the Pine Rivers Shire north of Brisbane. Since graduating from the QUT Drama program in 1991 she has worked as a theatre director, director and writer of self-devised works, extensive festival coordination work and project coordination, design and management, most of this work in community and health-related settings.*

*Jo Kaspari has worked for 15 years as an artist and cultural industry worker. Her initial study was as a visual artist, but she has worked in health settings from Cairns to Toowoomba and Brisbane using many media from film-making to music and poetry, working in mental health, and with drug and alcohol issues, and with at risk youth and women. Jo has visited international arts and health conferences and programs, and now applies her skills to the advocacy and support of arts and health initiatives in Australia.*

# Slow Tucker Long Yarn

TOM E LEWIS AND JAYNE NANKIVELL

Tom E Lewis and Jayne Nankivell tell us of a project which involved six communities in the Northern Territory, exploring their own community health through story and song.

**A** boriginal communities are vastly different places in comparison to the cities that most Australians reside in. Each community is different to the next, but they have many things in common too. For example, each community has institutions like a shop, a clinic, a school and a council office. The community shop is an interesting place to the outsider – there is a steady stream of fast food and soft drink being sold and consumed by people who already have more health problems than cityfolk. When walking around the community one can hear TV and American hip-hop music blaring out from the houses and this is where community members believe cultural breakdown begins. ‘The campfires are all split up,’ says Tom E Lewis. ‘We have to bring everyone back to one campfire to sing together and tell the stories to the children.’

This is the basis of the ‘Slow Tucker, Long Yarn’ project that grew from the ‘Let’s Go! To the outback’ project in 2002, where requests from community elders to assist with building cultural strength through the arts highlighted their concerns about community health. Arts Katherine and ATSI Arts Katherine worked with communities to develop the project and to access funding to offer opportunities to as much of the Katherine region as possible. The Katherine region covers an area of about 400,000 square kilometres, from the Arnhem Land coast to the desert, consisting of over 30 Aboriginal communities and this year the

**The community shop ... a steady stream of fast food and soft drink being sold and consumed by people who already have more health problems than cityfolk.**



Puppetry at Barunga, Slow Tucker Project. Photo: Sandy McKendrick

project travelled to five communities on the east side of Katherine, spending one week in each location. During the week participants told the stories of their region, its cultural background and its strengths and weaknesses.

Community artists, Tom E Lewis and Sandy McKendick, managed the project offering a diverse range of skills in drama, puppetry, music and visual arts. Richard Coburn documented the processes and stories from each community and artists Megan Cameron, Megan Holt, Josh Ingrams and Samantha Chalmers offered extra skills at different times through the five weeks. Communities visited were Mataranka and Jilkminggan combined, Minyerri, Ngukurr, Barunga and Wugularr (Beswick). In the communities, the artists worked with mostly youth and women to develop stories of community health.

In mid August the car was packed for a five-week tour with materials, food, swags and artists to start Slow Tucker, Long Yarn. The weather at this time of year still has nice cool mornings and 32 degree days, but it's also the time for season to change into hot oppressive days of 38 degrees and balmy 25 degree nights. There's no air conditioned motel for the artists to retreat to in the evenings, not even a house in most places, just a humpy made by the artists with some of the local bamboo with a tarpaulin tied to the top. Shade is the artists' most treasured resource at this time of year.

Mataranka was the first stop, where the Mataranka and Jilkminggan communities joined together to develop their stories from their region. These two communities combined provided a mix of Indigenous and non-Indigenous and all agreed that one of the aspects that kept their community strong was the link with recreation, food and the environment. We focussed on fishing, an activity that is significant for non-Aboriginal and Aboriginal people, both today and in the past. Stories of fishing were developed and songs were written. Kids created fish models with bamboo and woven palm fronds. Katherine Hospital donated old X-rays, which were made into shadow puppets. Working together, teachers, artists, kids and community members developed a story about camping, spending time together fishing, cooking the



**... requests from community elders to assist with building cultural strength through the arts highlighted their concerns about community health.**

fish and eating together. Caring for the environment was a strong message also as none of the fishing would happen if the environment was not looked after. The finale of the week was a performance presented to the community with a feast of fresh healthy food, giving the rest of the community the opportunity to participate in the project and to celebrate together. The song was popular with the kids:

One cold day we went to the river  
We took three dogs, two billycans and  
a cooked damper.

But instead, we ate yallabourne along  
the way.

We saw kangaroo jump across the  
road, as the eagles they fly, and we  
saw the white buffalo.  
OOOOH!

When we got there, the beautiful river  
was blue, green and white, it was  
running faster than my life.

One big log was there in the water  
And I see all the fish swimming, down  
under.

There was Bream, catfish, ngaladarra,  
turtle, saratoga, longbottom and  
Mahndorrwogu,  
And there was fish for everyone ...

Written by Mataranka students, music  
by Tom E Lewis

The feast at the end of the week became the final focus for the project in all communities. For the community people to come and celebrate in the 'Slow Tucker' was just as important as the 'Long Yarn' part was for the participants.

Barunga community focussed their story around the ever-present problem of transport in the community. An analogy was made between the health of the community and the health of a motor vehicle. If a motor vehicle is not looked after then it doesn't work very well, just as the human body is unwell if it isn't looked after. The teenage boys wrote their own rap song and a tray top vehicle was brought in to dance on. The performance identified an array of issues ranging from the beautiful environment of the region to a slap stick performance of all the conflicts and issues that can arise from doing the wrong thing in a community, using the motor vehicles and scenes of road conflicts as an example of how things can go wrong and misunderstandings can happen if people aren't caring and looking after each other.

Minyerri is a community more isolated from the influences of grog and fast food, and the community strength shows, but there are still affects of these things evident in the community and concerns amongst the elders regarding the breakdown of culture due to these influences. Minyerri community embarked on the week of learning and sharing with vigour, with a theme of 'Life's a Circus'. Young people learnt circus skills,



Shadow puppets at Mataranka, Slow Tucker Project. Photo: Sandy McKendrick

**This country is rich with  
history of people  
flowing, travelling  
through the river  
systems from the coast.**

drama, sculpture and dance and older people taught the artists and the young people about traditional collection, sorting, grinding and cooking of water lily seeds. The project was based at the community school and the Principal was heard at 9.00pm one night saying in desperation 'Would you all go home from school please!' The advertising went home for 'The best ever circus to be seen in Minyerri' and the whole community (all 400) came out for a night of entertainment and feasting. One week doesn't prepare performers fully for presentation no matter how confident the practice is; the music started, the ringmaster introduced the performers, who had all got stage fright and were hiding. After a bit of coaxing, the acrobatic tumblers came out, followed by the stilt walkers and the human pyramids rose from the earth and collapsed at all the right times. A giant sculpture of a turtle entered the circus square along with printed festive flags and the circus scene was backed with film of collecting water lily seeds. The evening closed with a disco where the challenge went out between community members and artists to show off their dance expertise. Everyone collapsed into their swags about midnight to be woken at 7.00 am by kids arriving at school again. Part of the song 'Life's a Circus' was:

Something's going on in Minyerri  
Circus smiling to embrace a story  
Children learning, future yearning

Though each we build and grow.

Who, ... so who are we,  
Eyes open wide,  
But do you listen

You, ... that's you and me,  
A life that's free  
A time for giving,  
It's up to you a time for living.

Big top, acrobats, performers vision  
Take your time because it's your  
decision  
Life can smile or life can hurt us,  
Put it together as life's a circus.

Written by students at Minyerri school,  
music by Tom E Lewis

Ngukurr is a larger community in the 'rock country'. Rock country is beautiful, but rugged country that takes in escarpments, creeks, river systems and springs. This country is rich with history of people flowing, travelling through the river systems from the coast. Cultural strength was the focus of the stories brought to the surface at Ngukurr, with the traditional stories of how people travelled from the coast in Koras (Macassan boats). The strength of the spectacular and rich environment is a strong force in the stories and the women used the produce of the environment to weave boat sails and boats for the performance.

Traditional dance and stories being performed by all age groups in the community was very emotional for the older people in the community, who were moved to tears at remembering their old stories.

The River is Flowing

The river is flowing,  
Flowing and flowing.  
The river is flowing,  
Down to the sea.

Mother carry me,  
A child I will always be.  
Mother carry me,  
Down to the sea.

Traditional Folk Song

Wugularr, the last of the communities and it's really hot now, but this does not deter the community or the artists. The young people tell their stories in a song called 'Do you Know Wugularr', which talks of the weather and its trials, waiting for the rain and hoping it doesn't flood again. Maybe weather is upmost in everyone's minds when it is so hot or it might be that weather is a prominent part of people's lives at Wugularr. Wugularr is built too close to the river and every year the community evacuates for the flood waters. The first and last verses of the song are:

Verse 1

Do you know Wugularr  
All de people bin waiting for dem  
knock em down rain  
And dat little one fly, bin fly away  
Hoping that someday it will be the  
same again

Verse 4

When everything's good again  
Hope it doesn't flood again  
We'll be waiting for dat knock em  
down rain

While the young people were making puppets for performance learning skills and writing songs, Sandy McKendrick was 'out bush' with the women collecting pandanus and dyes for basket weaving. Throughout the process of collecting materials, the women were inspired to write a song:

Weaving From My Hands:

I gotta go gettum pandanus  
Hey brother take me down the road  
Hey sister help me carry mine load.

Now let dat one pandanus dry  
Then pick em up and twist and turn-em  
round  
Weaving things that we all need to  
learn.

Chorus

Now we gotta go gettum colour  
Orange, red and bright one yellow too  
Cook-em in the flour-drum  
Stir-em good and the colour come.

All the women go langa bush  
Getum but-but to make string bag  
Blah make im soft one, bla make im  
long.

Women stay strong weaving  
Baskets, mats and dillybags  
Teach-em all dat piccininy story and our  
songs

Close

This is the secret of our life  
This is the story from our heart  
This is the weaving from my hands.

Written by Vera Cameron, Vera Lane,  
Lyn Ashley and Julie Ashley music by  
Tom E Lewis



Collection of water lilies from Minyerri, Slow Tucker Project. Photo: Sandy McKendrick

The final event for Wugularr and the project was held at the pensioners' camp and was combined with the screening of another community arts project addressing petrol sniffing. The old people were proud to have such a community gathering at their place and the whole community enjoyed the time to gather together and showcase their talent.

'Each community had a completely different *nyngiya*, or spirit, producing stories unique to their history, country and experiences' said Tom Lewis, 'This is what brings people back to their campfires'. When the project started, the focus was on an arts, health collaboration, but it became evident early in the project that there was much more involved than just those two connections. Art is like the underlying soul of the community, whose survival and well being is dependant on the health, environment, education and the culture. Without art, the community doesn't exist, it comes from and is influenced by the environment, it keeps the community healthy and happy, it encompasses the cultural boundaries an integral part of daily and future life.

The effects of the policies of many community council leaders to maintain 'the essentials' as they might call them, is a misguided approach to management of a community. Community cultural development (ccd) is the essential ingredient for communities to keep the ties between art, culture, health, education and environment together and is the essential ingredient to maintaining human dignity ■

*Tom E Lewis was born in at Ngukurr and grew up in the Katherine region. He has spent most of his working years in the performing arts industry working in film and theatre, both nationally and internationally. More recently he has dedicated his time to community arts in the Katherine region. Tom's gifts in ccd are in the combination of professional skills and the knowledge of the people he is working with on Aboriginal communities.*



*Jayne Nankivell has lived in the Katherine region for 20 years and is the coordinator of Arts Katherine – the regional arts organisation. She creates a ccd focus for the organisation and each year a major ccd project is undertaken. She believes in the enormous talent throughout the communities of the Katherine Region but sees the reduced opportunities and access to skill development through isolation and other issues.*

# Art and Wellbeing

DEBORAH MILLS

**Deborah Mills provides insight into the Australia Council CCDB report which explores the inter-relatedness of social, cultural, economic and environmental factors in governments' understanding of wellbeing within a community context.**

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his article is a reflection on the discoveries which have been made and the issues which have emerged during a research project

undertaken by myself and Paul Brown on behalf of the Community Cultural Development Board (CCDB) of the Australia Council. Unless explicitly stated, the views in this article are my own and not those of the Board.

The CCDB of the Australia Council has commissioned research to identify where and how community cultural development (ccd) processes can enhance the implementation of policy concerned with community wellbeing. The research has documented case study examples of the application of these processes in this policy area and reviewed recent local and overseas research on the social impacts of involvement in participatory arts activities. In commissioning the work the Board hopes to increase the awareness and appreciation of

government agencies of the significance of ccd to agency policies concerning community wellbeing.

In tackling this project, we have adopted a concept of wellbeing which builds on a social and environmental view of health and which recognises the inter-relatedness of social, cultural, economic and environmental factors. In tackling a topic which is very broad in its scope, we have chosen to focus on the following policy themes: ecological sustainability, natural resources management, rural economic revitalisation, community strengthening, active citizenship, diversity and inclusion, health and wellbeing and integrated approaches to policy, planning and service delivery, also known as a whole-of-government approach.

It is interesting to contemplate why, after 30 years of sometimes exemplary practice, often in association with health, welfare, social justice, environmental and cultural rights organisations, so little progress had been made in the effective integration of ccd practice into the ways in which government agencies think and behave.

This project has given me an opportunity to explore some of the reasons for this. I have found that some of these reasons are generic to the ways in which government agencies behave, and some I think are endemic to the way in which ccd is practised, conceptualised, funded and theorised. However, I am convinced that ccd processes have the power to transform relationships, what and how we learn, our social structures and our policy, planning and governance structures and processes. But we have to be prepared to make some

changes to the way in which we approach our practice if these opportunities are to be fully realised.

In the following sections of this paper I will discuss some of the reasons for the continued marginalisation of ccd practice, some of the barriers to the effective implementation of policies to do with community wellbeing and how ccd can help overcome some of these barriers.

The achievement of wellbeing for communities often requires the re-formation and/or extension of ideas and information, the establishment of shared understandings of the meaning of sustainability and the building of shared commitment to the solutions. Barriers can include different and/or competing knowledge bases, a lack of connection between localised and/or particular interest groups and expert systems, poor communication of technical knowledge, a lack of consensus on solutions and actions and alienation of communities and groups from decision makers. However, the first hurdle we need to overcome in getting ccd more securely embedded into government policy is the policy development process itself.

## The Forces Shaping Policy Development

The policy development process of governments is presented as a logical, rational, linear process, involving carefully argued premises, comprehensive evidence and rigorous examination of the alternatives. This view of the policy making process presents three challenges for ccd advocates.

# Securing the connections – integrating policy and practice

The first challenge is the demand for 'objective' evidence in support of a particular policy. Even where research evidence on the social impact of involvement in the arts exists as, for example, in *Champions of Change – the Impact of the Arts on Learning*, a study initiated by the Arts Education Partnership in America, Australian educational authorities are demanding local research to substantiate the findings before they get too involved in championing the arts here. There is little local research into the social impacts of participation in ccd projects, although this is changing. Some overseas research is lacking in the rigour necessary to mount convincing arguments, dependant as it is on weak methodology and a failure to track results over time. It is all the more encouraging, therefore, to see respected academics such as Rick Flowers from the Centre for Popular Education at the University of Technology, Sydney, and Paul James, the Director of the RMIT Globalism Institute, Melbourne, becoming involved in local research evaluating the social impact of involvement in the arts and participatory arts practice on individuals and communities.

The second challenge this view of government policy development presents is the hegemony of particular knowledge systems. In government policy spheres technical and economic knowledge has greater cachet than other forms of knowledge, including knowledge about collective participatory practice. A similar hierarchy of knowledge also applies when comparing so-called universal knowledge of, for example, natural resources management with local or Indigenous knowledge

systems. The holders of universal scientific knowledge in Canberra may be critical of the efforts of local landowners to prevent soil erosion and the latter may be suspicious of attempts to impose 'one size fits all' strategies and resent the failure to respect local knowledge acquired over generations.

The third challenge presented by this view is that it is often a lie. Irrationality and opportunism are often the real drivers of policy development processes. It is not unusual for government policy to result from the frantic efforts of bureaucrats to retrospectively make sense of a Minister's door-stop pronouncements. Carefully crafted arguments can be overthrown by backroom deals or last minute cold feet in Cabinet. There are instances of ccd practitioners exploiting this characteristic of policy development to their advantage, but this advantage is usually limited to securing funding for a project and falls short of embedding their approach into the mainstream of government policies and programs.

**... the first hurdle we need to overcome in getting ccd more securely embedded into government policy is the policy development process itself.**

## The Multi Disciplinary Environment

All spheres of government are grappling with new ways of thinking and acting in order to improve the wellbeing of communities. They are also recognising that many of the issues they deal with separately are inter-dependent. This has led to attempts to develop a holistic approach and response to economic, environmental and social development; which recognises the interdependence of these issues.

In order for these efforts to be successful, ways need to be found to harness the expertise of people from different disciplines and, often, to develop partnerships between government and non-government agencies. In the words of one official interviewed for this project, 'The days of thinking you can do it on your own are well and truly over.' However, these multi-disciplinary approaches present challenges. Different knowledge systems can use different assumptions, values and language. One knowledge system may have predominance over another. The hegemony of economic rationalism is something most of us have encountered in our dealings with government policy makers. The hegemony of the medical model and of doctors within the health system is another example.

The lack of a common language can also frustrate opportunities for different knowledge systems to inform and enrich each other. In the case of ccd the shortage of theoretical analysis of the working methods used, or simply a lack of a language with which to communicate this theory and analysis to people from

# Art +

disciplines other than the arts, has made it harder to develop a common language.

We have identified and documented case studies which demonstrate how ccd processes can help build relationships between different knowledge systems and build shared understanding and insights.

## Organisational Behaviour

Another factor which can stymie multi-disciplinary and multi-agency approaches is the nature of organisations themselves. Government agencies are formally constituted, hierarchical entities. Inter-disciplinary work is often complex, involves high levels of uncertainty and requires multiple interconnections between different parts of the same organisation and often with other organisations. This can create a turbulent environment which is inimical to single, hierarchical, formally constituted, highly controlled organisations. Solutions to the challenges posed in achieving community wellbeing require new forms of organisation, forms which allow for different parts of an organisation to work together, for different disciplines to work together and for government and non-government agencies to work together. These organisational arrangements require a willingness to permit a dispersal of power – a power sharing down the employment hierarchy, but also out into community based organisations through the development of mutually beneficial and mutually respectful partnerships.

These organisational arrangements require in turn a leadership which encourages free and creative thinking and has the ability to

create structures and mechanisms that inspire and encourage the desired actions and results. Much of what passes for management in today's organisations is based on rewarding employees only if they perform adequately. As long as organisational goals are met, the manager does not seek to change workplace methods or structures. These management attributes present a challenge for ccd workers attempting to influence the way government agencies think and behave.

We have identified and documented case studies which demonstrate how ccd processes can build links between different parts of the same organisation, between an agency and other organisations and even change the way in which agencies behave, making them more willing to take risks and experiment with new ways of working.

## Distrust of Governments

The institutions charged with the responsibility for policy development and resource allocation can seem remote from and insensitive to the interests of local communities or particular interest groups. This centralisation of the present policy approaches of agencies can act to prevent communities from expressing their values and from fully embracing new policy approaches.

In some government quarters there is a growing realisation that technical knowledge alone cannot achieve community wellbeing. Some government agencies now acknowledge that community engagement, also known as active citizenship or participatory democracy, is a building block for community wellbeing. Some governments are recognising that only through engaging people in active debate on the kind of society they want will people and communities explore and clarify their values, their goals and the means to achieve them.

However, attempts to engage communities in this way are encountering difficulties. Again, the centralised ways in which policy is developed and resources controlled not only mitigates against community engagement but is likely to contribute to distrust of government and, in turn, to inertia and/or resistance to change at the community level. These feelings of alienation can be particularly acute for marginalised groups.

The case studies we have found demonstrate that ccd processes can be an effective way of re-engaging people in social and political processes, of informing policy and of influencing organisational behaviour.

## Intentionality Of Practice

Policy is a concept referring to the skills and competencies of organising people, resources and institutions. This became necessary in the 18th century as absolutist regimes governed by a sovereign gave way to the more dispersed requirements of

**Policy has therefore  
been invented as a way  
of controlling the  
populace ...**

# W W E I I

'democratic' regimes governing a new object known as 'the people'. Policy has therefore been invented as a way of controlling the populace and, for this reason, some ccd practitioners feel squeamish about integrating their practice into government policies and practice.

Another issue has been referred to already, and that is the shortage of much theoretical analysis of practice. Another barrier to integration is the way in which people from different knowledge systems tend to position themselves at the centre of the universe. For example, a social worker working with marginalised young people will see social work tools as critical to successful intervention. An artist working with the same group of young people may see ccd processes as critical to success. I would like to suggest that both need to see the young people as central and to negotiate a range of approaches with the young people concerned.

Another barrier to effective integration of ccd into agency policy and practice is the way in which funding is provided. I mean this in three senses. Firstly, the arts funding itself is often provided for short-term, one-off projects, thereby limiting opportunities both for the development of long-term partnerships between arts organisations and health agencies and for long-term results. Secondly, the funding is provided without securing any longer term commitment on the part of the health agency. Thirdly, resources are rarely provided for long-term, independent evaluation of the social and other impacts of involvement in ccd processes.

## Concluding Remarks: The Arts As Tool? The Arts As Transformer?

In considering the intent behind ccd practice and its application by government agencies, we distinguish between *instrumental* approaches which involve the arts ('let's implement policy using the arts') and *transformational* approaches ('let's allow creative activity to help determine policy by developing and negotiating shared understandings of various policy challenges and mapping out solutions'). Our research has found that the understanding and application of culture and of the arts (and we do understand the difference) by non-arts government agencies in their policy, planning and service delivery activities has focussed, for the most part, on applying the arts in an instrumental way. The same approach could be said to apply to those arts agencies trying to encourage a whole-of-government response to what is termed culture (but is actually the arts). Certainly these efforts have been useful in getting the arts recognised as an effective tool for educating and raising awareness of particular issues. The arts have served as a tool for civic enhancement, as a way of building self confidence and engagement with the wider community, or as a way of revitalising a local economy. However, we argue that such instrumental use is only half the story.

We propose that there are what we term transformational possibilities arising from engagement with the world of the intellect and the arts which move beyond the instrumental application of the arts to unlock new solutions to the challenges faced in

achieving the wellbeing of communities. We argue that if the new policy paradigms contained in these policies are to take hold they will require, amongst other things, new habits of thinking and acting. In our research we have found that collective cultural processes can assist in engendering debate, building relationships, extending knowledge, illuminating divergence and highlighting consensus around shared meaning, purpose and values.

The Community Cultural Development Board will be implementing the next stage of this project early in 2004. For more information, contact the CCDB ■

*Deborah Mills' commitment to ccd has been applied in a variety of settings including the community sector, local and State governments and as the Director of the Community Cultural Development Board. Currently a consultant, she is happiest when working on cultural policy.*

*Collaborating with Deborah on the CCDB report was Paul Brown a Sydney-based writer, academic, consultant and community arts worker. He is a Director of Alphaville, an Arts Development company, working across theatre, film, arts policy and community projects. Alphaville is focussed on work which integrates arts and environment.*



# The Working Body

**Catherine Murphy reports on a series of workshops in South Australia that raised awareness of healthy, sustainable work practices for artists.**

**I** just can't help it. When I think about health, arts and community cultural development (ccd) my foreground image is of a sore neck, aching back and tendonitis. Pain is persistent, it refuses to be ignored, and finally overrides creativity, productivity, professional or personal development.

The story of my direct association between arts, health and pain began in 1993. That was the year I finally had to admit to myself I was no longer able to sit at a computer for hours. I made an appointment with a doctor who specialised in occupational health and safety. She furrowed her brow alarmingly as she examined my spine, shoulder and arm and advised me to stop work so I'd have a chance to heal.

That year marked my first decade as a ccd writer in community and suddenly my future as a writer was uncertain. It was an alarming realisation. It also seemed unjust.

I'd spent ten years giving my 'all' as a freelance ccd artsworkeer and had achieved some amazing outcomes with communities. Throughout those years I'd seen the urgent need for artsworkeers to have industrial protection and regulation and had agitated within my relevant trade union for an Artsworkeer Award. I'd been politically, socially and culturally engaged, but I hadn't been aware of my body, my physical self, my patterns of movement, my patterns of holding.

When I moved beyond shock, I began to wonder why I had thought I could get away with the separation of my body from my creative, social, political self? Didn't I need my hands, fingers, eyes, neck, spine to put thoughts into words? Isn't my body central to the creative process, the principle instrument of my craft and the complex, intriguing means through which I am able to create anything? The question is: how can we become aware of ourselves, of our working bodies? After all, entire communities are benefiting from the creative enthusiasm which artsworkeers inject into the body of our culture.

I know I'm not alone. Modern working life demands that we all work twice as hard for less and less financial return and with less regard for safety. In the arts it's love not money which is meant to sustain us. The other reason I know I'm not alone is that in

March and April 2002, over 100 South Australian arts practitioners, from all art forms, responded to some advertising for The Working Body. These workshops in the Feldenkrais Method® were organised and designed especially for them. The message which attracted them was the opportunity to raise personal awareness about creative options for healthy, sustainable work practices with the added benefit of increasing creativity, whilst also reducing pain and discomfort.



The Working Body workshop facilitators, left-right: Catherine Murphy, Ollie Black and Catherine Truman. Photo: Cath Cantlon

I am one of three Adelaide artsworkeers (and we are all certified practitioners of the Feldenkrais Method®), who planned, designed and implemented The Working Body Feldenkrais workshops. My colleagues are well known in national and international arts communities: Ollie Black, who has worked for decades as a performance artist and Catherine Truman, a contemporary jeweller and sculptor.

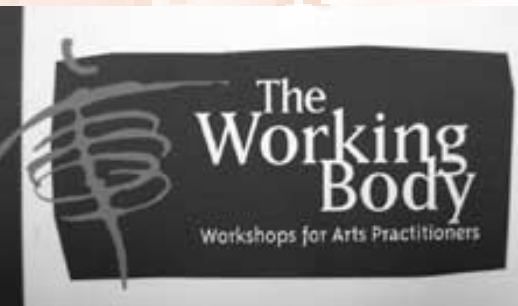


An Awareness through Movement® lesson for artworkers. Photo: Cath Cantlon



# Arts and Health for Arts Workers

CATHERINE MURPHY



Logo and brochure design by Sandra Elms

Recognising that artists manage on very low incomes, our three Working Body Feldenkrais workshops were free, supported by a small grant from Health Promotions, a fund administered by Arts SA and the State Government. The origins of this fund can be traced back to Foundation SA which was established with accumulated funds from a State Government tobacco levy.

**I began to wonder why I had thought I could get away with the separation of my body from my creative, social, political self?**

We promoted The Working Body Feldenkrais workshops with a beautifully designed leaflet/poster, widely circulated to South Australian artists, craftspeople, writers and performers with cooperation from professional arts organisations: Craft South, The School of Art and Craft, The SA Writers Centre, and Ausdance. These organisations also published articles in their newsletters about the Feldenkrais Method® and the free workshops.

Ollie, Catherine Truman and I continue to work in the arts, as well as practice the Feldenkrais Method® by teaching public Awareness Through Movement® classes and by working one to one with our clients. Catherine Truman and I were independently drawn to the Feldenkrais Method® and eventually undertook separate professional Feldenkrais Trainings (in Perth and in Melbourne) as a direct result of occupational injury and pain caused by unsustainable arts practices. Ollie Black was introduced to the Feldenkrais Method® at a Movement for Actors workshop in Paris with Monica Pagneux. Between 2001 and 2003 Ollie won an Australia Council Fellowship to teach workshops to actors, physical theatre performers and circus artists in Sydney, Brisbane, Melbourne, Albury/Wodonga and Adelaide. Her aim was to find out if physical theatre performers could have access to greater creative potential and more awareness of their skeleton. These

workshops were designed to illustrate to participants that Feldenkrais can be a pathway to physical movement which requires less effort, strain and stress and is therefore easier, more pleasurable.

Our three-way collaboration began in 1998. The visioning, planning and implementation of The Working Body workshops spanned nearly three and a half years. The title of our workshops, The Working Body, was chosen because it suggests a body which functions easily, without excessive strain and effort, a body which works well. These notions are central to the philosophy of the Feldenkrais Method® and it was our goal to convey them to our colleagues who use their bodies for creative expression.

Most importantly, these free workshops gave participants the opportunity to have a direct experience of their personal movement patterns. Awareness Through Movement® lessons are gentle, guided movement sequences in the Feldenkrais Method®. The lessons we chose for these introductory workshops reflected our understanding of the functional, day to day needs of artworkers for flexible, easy movement. We taught two 40-minute lessons and two shorter lessons in standing and in sitting. They aimed to increase awareness about easy, functional ways the body can be used to turn, reach, bend, stretch etc. At the specialised workshop for



A large group of SA artworkers at a workshop in the Ausdance SA space. Photo: Cath Cantlon

writers we taught a lesson about 'writing from the sitting bones' and a lesson about connecting the hand and arms to the chest and spine.

Sustain, Sustain, Sustain, Sustain,  
 Art becomes a process that consumes  
 ..... passion cannot be ignored .....  
 Courage & discipline to change a way  
 of doing, so it becomes a way of being.  
 The body becomes ignored as the  
 creative process overtakes .....  
 There is no giving up of art – it is my  
 life, so there is 'no choice' about to do  
 or not to do.  
 A workshop participant

At each workshop, participants were thrilled to have the opportunity for small group discussion with colleagues who work in art forms with which they were familiar or not at all familiar. Participants came from the following fields: music, acting, design, print making, shoe making, sculpting, writing, dance, circus, photography, interior design, dance as well as crafts and visual arts including silk painting, screen printing, pottery, jewellery, design, woodwork, ceramics, glass blowing.

They relished the chance to exchange on issues such as:

- the physical environment in which they work

- the way they use their bodies at work
- how the use of their bodies affects their arts practice and arts products
- how injury or pain impacts on their creativity and their arts practice
- how they could begin to plan and develop a creative and sustainable arts practice

It was a wonderful way to introduce new ideas about new ways to use their bodies in work, at work.

Change nature of work to suit the body  
 Be aware of the movements now,  
 before they become bad habits that can  
 affect the rest of my career and body.  
 Take the time to do a task in a way that  
 won't damage my body, rather than do  
 the task quickly in a way that may  
 damage my body, for the sake of  
 getting a faster result.  
 My body is more important than my  
 deadlines.  
 Pain is not necessary in my work.  
 I don't have to suffer for my art!  
 A workshop participant

Participants in the writers workshop had the opportunity to express in writing any changes they experienced during the afternoon by responding to three phrases:

- of the body
- from the body
- with the body.

#### Of the Body

I was unaware OF THE BODY. I lived in my head. I once described my body as a stobie pole holding up flashing lights – my head.

#### From the Body

comes everything. The body is the way: & the way intentness of writing uses and ignores the body, intent also, like a pointer at the kill. Developing the power to be so intent all over & yet remain at ease, is why I'm here.

#### With the Body

Felt more fluid, fluent, walked more easily, sense of floating, space not closed in, more peaceful, and I like writing 'f's' which is a fluid letter. My style of writing has changed after each lesson.  
 A writers workshop participant

Detailed evaluation forms were completed by most workshop participants and collated into computer graphs by our colleague in the Feldenkrais Method®, Susan Hillier. The results weren't surprising, but they did confirm that artworkers are looking for ways to make their work conditions physically sustainable so they can be creative, productive and have long careers. It did confirm I'm not the only one who experiences pain at work/through my work.



**The money, time and effort involved in rehabilitation following injury (if rehab is possible at all) means prevention is the smartest cure.**

It did confirm communities of artists are searching for smarter, more intelligent ways to sustain their careers and their bodies through preventative means such as The Feldenkrais Method®. The money, time and effort involved in rehabilitation following injury (if rehab is possible at all) means prevention is the smartest cure.

'Pain' was identified by the majority of participants as the first reason for workshop attendance. The next biggest group were there through 'curiosity' and the next largest group because of 'health'. Two-thirds of participants said they experienced low to middle level pain while working and they were often brought into awareness of their body while they were at work, because of discomfort or fatigue. Only a very small proportion reported feelings of pleasure (such as during dance or acrobatics) as triggers for awareness of their bodies. A majority of participants reported 'awareness' as the most useful element of the workshops.

Finally, if individual artists are able to increase their awareness about how they use their bodies in working life, it will mean communities of artists are healthier, happier, more productive, creative and will enjoy long and sustainable careers. This is at least as crucial as our artistic outcomes with communities, or our personal artistic products. Finding a balance between taking care of myself at work and my commitment towards the health and well being of the wider community through ccd, has meant that I continue to work, write and communicate with ease, with pleasure. I can give more to my work, and keep something for myself – my health ■



SA writers loved sharing information about the environment in which they write and how they use their bodies at work. SA Writers Centre Workshop. Photo: Cath Cantlon

*Catherine Murphy has worked as a writer on ccd projects since the early 1980s, receiving an Australia Council Fellowship in 1995. Projects with hundreds of people in metropolitan and regional Australia have resulted in a dozen published works. These days she combines a practice in the Feldenkrais Method® with her work as a writer in communities.*



# DADAA – Place of Disability in Arts, Health and Wellbeing

## Developing an advocacy strategy

GARETH WREFORD

**Gareth Wreford, Director of DADAA National Network looks at some key issues and discussions around arts, disability and health.**

'Is there a gene responsible for our obsession with perfection?' (Back to Back)

# W

inner of The Age 2002 Critics Award for Creative Excellence *Soft* is a work developed by Back to Back Theatre in Geelong which explored the social implications of developing genetic technologies. The ethical dilemmas of pre-natal screening and the value of diversity of human form become confronting questions when presented by three performers with Down Syndrome. In 2003 *Soft* has been touring art festivals in

Europe. Also in 2003 Patricia Piccinini's *We Are Family* explored medical intervention in human life and the value of difference through an exhibition of engineered 'life forms'. These polymer and paint figures were presented as ordinary beings with impulses to love and play at the Venice Biennale. Meanwhile back home a much talked about article 'less is more' examined the motivations and implications for freedom of speech and expression of people without disabilities who like to alter themselves to look or feel better. (Tressider)

For the DADAA National Network (Disability in the Arts, Disadvantage in the Arts, Australia) these works highlight some of the issues we face in looking at arts, health and wellbeing. In between preparing an arts and disability calendar for Family and Community Services and maintaining a common agenda between the seven diverse State arts and disability bodies that make up DADAA's core network, an opportunity to sit on my couch and consider why we do the advocacy work we do was welcome.

The notion of 'wellness' inherent in wellbeing has a parallel in our understanding of disability as a socially created problem. The resulting focus on universal access avoids deficit labelling and allows for the inclusion of people who do not identify as having a disability. Recent work by the World Health Organisation (WHO) also seeks to erase the perception of disability as simply equating with illness (WHO 2002).

So should we then advocate for the arts because they make people feel better, should art have a social purpose? This is not a new discussion and was usefully captured at the 2000 Regional Arts Australia (RAA) Esperance conference in two presentations by Chris Sidoti and Margaret Seares, then Human Rights Commissioner and Chair of the Australia Council respectively. Sidoti reminded delegates that the arts 'are both means to worthy ends, such as good health, good education and good communities and ends in themselves ... there is a right to culture, to enjoy and participate in the arts'.



Left-right: scenes from Back to Back Theatre's production of *Soft*. Photos: Jeff Busby.  
Top right: Sally Miller and Andrew Nixon in *in the blood* by Restless Dance Company. Photo: David Wilson.

Citing recent European policy debates Seares stated, 'the claim that artists are different, unique, and should not be expected to explain themselves or why they believe the state should support them will not wash in this day and age'.

In deliberately putting a foot in both the disability/health and arts camps DADAA plays a delicate balancing act. In discussing who should bear the cost of funding work with both artistic and health outcomes 'there is real risk of the activity being supported neither through arts programs nor through health programs' (Walsh). For DADAA members, as with most arts organisations, approaching different funding sources can mean changing the language and highlighting different aspects of our projects to 'fit' the funder.

DADAA National's core support from the Policy Communication Research arm of the Australia Council is recognition that people with disabilities participate in the arts as audiences, and professional artists, across art forms and in community settings. Artists with disabilities don't necessarily see themselves as ill and the diversity of their practice is not automatically the responsibility of the Community Cultural Development Board (CCDB) or a health/disability agency.

**The notion of 'wellness' inherent in wellbeing has a parallel in our understanding of disability as a socially created problem.**

DADAA's recently completed Disability Action Plan says we place ourselves firmly within a 'wellbeing' framework because of its currency within our Australian arts and health context. Direct participation in and increased access to the arts contributes to the wellbeing of people with a disability, their carers, family, friends and community. This may be the moment to take a deep breathe, pause and ask yes but what is wellbeing? Like social capital it's used with some abandon and any two arts projects claiming to build social capital and wellbeing may not be comparable.

One of the best local articulations of wellbeing I've seen is in *Just Vibrant and Sustainable Communities – a framework for progressing and measuring community wellbeing* written by Jenny Wills for the Local Government Community Services Association of Australia in 2001.

Community wellbeing 'builds on a social view of health with interrelated social, cultural, economic and environmental factors' (Wills). The World Health Organisation in 1998 identified ten social determinants of health and the international evidence on associated ill health risks (WHO). The determinants include unemployment, transport and social exclusion. VicHealth have pulled together a similar collection of research (VicHealth). Rather than arguing for greater inclusion in the arts because of its health benefits the arts are positioned as part of a broader social inclusion strategy which will have associated wellbeing outcomes. It's an important distinction.



Patricia Piccinini, *The Young Family* 2002. Silicon, polyurethane, leather, human hair. Photo: Graham Baring

For people with disabilities in Australia we know their level of employment is below the OECD average (despite research showing people with disabilities are good employees), access to Education and Training is low and attendance at arts events is below average. The societal context for this debate is Australian Bureau of Statistics (ABS) figures indicating that 18 per cent of the Australian population, or more than three million people, have one or more disabilities. This figure is increasing, in particular with the ageing of our population.

As a Network we start locally and then look to International arts and health strategies – in particular the work being done in the UK.



Awakenings Roberts Place, Awakenings Festival 2003. Photo: Melissa Pouliot

**Most international and domestic literature focuses on the participatory arts in a community setting, when examining social impact/health outcomes.**

The more interesting research I've seen is 'based on an evaluation of arts projects not in terms of reported direct improvements to physical health, but in terms of the factors which precipitate or facilitate such improvements' (HEA). The evidence for such improvements included broad social capital indicators alongside evidence that the social capital outcomes were 'heavily dependent on the quality of the finished product or performance as well as the engagement of the process' (HEA). Heartening words! The same study identified the importance of community 'space' in supporting social capital outcomes (HEA). This conclusion has also been reached in New Zealand where 'Creative Spaces', community places where people can meet and make art, are an accepted and successful model of working with and supporting social capital and wellbeing. The outcomes captured through evaluation are so often limited by the questions asked.

One of the most widely quoted and influential studies in the UK is Matarasso's *Use or Ornament – The Social Impact of Participation in the Arts 1997*. Despite its methodological shortcomings (Merli), the study was timely in coinciding with the

election of the Blair government and effective in the way that earlier English publications hadn't been.

Matarasso's study is, I suspect, much quoted by supporters of the participatory arts because other reports noted a lack of robust evidence supporting the anecdotal claims 'despite many examples of organisations and projects working to combat social exclusion' and the 'fact that this type of work has been subject to more evaluation than any other work in the [arts] sector' (Jermyn and Belfiore).

Interestingly Diedre Williams' 1996 Australian study *Creating Social Capital* influenced the methodology Matarasso used (Merli). Williams' work is for me stronger in its longitudinal focus which is extremely rare (even unique?).

Most international and domestic literature focuses on the participatory arts in a community setting, when examining social impact/health outcomes. For DADAA our interest in wellbeing, following the WHO social determinants of health, ICF and our preference for the social model of disability, has broader components like:

- Social connectedness – friendships, trust, social capital built through access to and participation in the arts.
- Attitudes towards people with disabilities – media, employers, carers, front of house staff.
- Economic participation – access to work, education, accommodation and money.
- Physical environment – design of spaces, equipment, ecological health.

For DADAA building social capital through the arts includes Arts Access (VIC) working with the 2003 Melbourne International Arts Festival and Deaf community to provide a record number of Auslan sign-interpreted events and a marketing strategy building awareness of the accessible aspects of the Festival for people with disabilities.

Also the assumption that art for people with disabilities always takes place in a community setting can itself be discriminatory. Mwerre Anthurre (Bindi Centa Arts) is part of a supported employment service in Alice Springs that is accessed by and services remote communities twice weekly. The Centa is a professional arts development model. Travelling through the Northern Territory in September I saw works from Bindi featured in both Desert Mob in Alice

Springs and the Telstra awards in Darwin. Mwerre Anthure is an artists collective which focuses on promoting culturally relevant work options, expression and arts skill development for a number of Indigenous employees who display a genuine interest in arts career development. The pride associated with a work being professionally exhibited and sold (i.e. productive activity generating an income) can have a major impact on wellbeing!

Generally, for artists who identify as having a disability about 20 per cent say that their disability impacts on their artistic practice most of the time or all of the time while another 20 per cent say it has no effect at all (Throsby).

Our approach to advocacy might highlight the sound public policy reasons to support greater access to and participation in the arts by people with disabilities in addition to the provisions of the Disability Discrimination Act. We might recognise that wellbeing is easier to 'sell' to some non-arts stakeholders than a rights-based argument. Though this is still a two step argument – apart from any cost and health benefits – people with disabilities have the right not to be discriminated against in accessing training and employment and then choose the arts as a career.

We might express a preference for consistent messages that are jargon free and can work across sectors and government. An example of this is the NICAN postcard 'Please consider' describing the characteristics of people who participate in their communities through sport, recreation, tourism and the arts. Access to, and inclusion in, all of them creates an environment which contributes to social capital and health outcomes!

At the risk of 'pulling the wings off the butterfly to find out how it works' the wish list of robust research, relevant to people with disabilities, that we would be interested in seeing might include:

- Comparative studies of arts and other forms of intervention.
- Longitudinal studies.
- Analysis of disincentives and opportunities within the welfare and taxation framework.
- Research which looks for any negative impacts associated with access to and participation in the arts alongside evidence that short term project funding can produce outcomes which transfer into organisational change.
- Better designed research methodologies with control groups, initial analysis of participants' wellbeing.

- Scoping of the outcomes required by different government departments and existing evidence of government departments working together.
- Economic impacts including measures of prevention and cost saving.
- Potential for different arts experiences to build social capital – participatory (both as creators and/or re-creators of others' work) and arts audiences.

At a National level DADAA could be bolder in our advocacy utilising what we already know. Collecting all the evidence in the world won't matter unless we can influence the decision makers who control the dollars!

There are also risks associated with trying to do too much and 'proving' everything that the arts can do – comprehensiveness can be the enemy of effectiveness. DADAA's brief is broad and our resources limited so trying to do the perfect research study or influence 'the government' could take up years of our time and achieve little for people with disabilities. In 'mainstreaming' the experience of disability through a broad focus on health we need to be realistic about what we can deliver and prioritise by identifying and addressing gaps in service provision, program delivery and innovation.

The UK Health Education Authority report 'Social Capital for Health' identified some resistance to evaluation, particularly according to health criteria, that might set uncomfortable precedents for justifying art in terms of its social usefulness. Similarly developing a national advocacy strategy can carry the implication that 'one size fits all'. This is a real danger when what research there is into the 'nature and value of best practice in arts projects which impact health and wellbeing' indicates they are:

- specific, in that there is no one 'winning formula'
- local, in that they tend to be defined and determined by local conditions and outcomes
- generated by personal and passionate impetus (HEA).

Please consider

Characteristics experienced by people who are not members of a community	Characteristics arising from community participation through leisure
Separateness from the real world	Belonging to and being part of communities
Constant boredom	Adventure and challenge
Loneliness	Companionship, increased social networks, new and stronger friendships
Dependence or total isolation	Interdependence
Restricted freedom	Freedom
Bring controlled	Control and power over lifestyle
Limited growth and new challenges	Improved self image through achievement
No sense of a future	Hope and enthusiasm for a future
Feelings of failure	Achievement

NICAN postcard image courtesy of NICAN Inc

This may go some way towards explaining the perceived lack of 'robust evidence'. It may be unreasonable to expect a repeatable model with common and repeatable outcomes that can be easily measured.

The role then of DADAA as a non government organisation in mediating the space between 'the government' and 'people with disabilities' (neither group is a homogenous whole!) in arts, health and wellbeing is worth considering. For all the social capital and community building terms being used within government they cannot create community or build social capital. 'At best they can create policy environments which assist individuals and institutions in civil society to do these things, or at least, do not stifle their efforts or make their task more difficult.' (Hughes). This is an argument in support of Government and community working together! Smarter advocacy which doesn't assume 'the government should' be delivering all services might unlock greater resources for people with disabilities to achieve their goals and aspirations.

Further, focusing too heavily on the social aspects of art produced through government subsidy could limit artistic expression by reducing the arts to a utilitarian function. If diverse forms of cultural expression are not valued generally then it may be more difficult to justify them for people with disabilities. This might then lend support to the arts sector looking at support for people with disabilities in the arts as an indicator of the overall health of the arts sector. More than one commentator has used words to the effect that the measure of a civil society is how we treat those on the margins.

As Jermyn notes:

... currently the focus of policy and research interest is on the value of the arts in reaching non-arts social inclusion goals like health but perhaps there is an argument for saying that arts inclusion should be considered one of the dimensions of social inclusion itself. (Jermyn) This statement sits comfortably with DADAA.

In accessing non-arts resources to support cultural participation by people with disabilities, the language of wellbeing may prove useful in building bridges between some government policy and program silos. The challenge is to do this in a way which broadens rather than constrains the cultural choices of people with disabilities. For DADAA strength through diversity allows room for freedom of expression, experimentation and occasionally getting it wrong!

If Piccinini's 'life forms' were flesh and blood would they be loved? ■



Awakenings Festival 2002 In the Arts There is Only Ability, Dr Coppelia's Toys.  
Photo: Jane Murray

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# A Place Within A Space

## Health as a Cultural Context



Freedom. Photo: Emma Wilczek

**Helen Zigmond takes us on her journey in the development of CLACIA 'Creatively linking a Community through Its Arts', a model of ccd practice currently being trialed in regional NSW.**

### Creating the Space

**T**he Creative Well arts program was established in response to the Cultural Plan for the new Westmead Children's Hospital in 1993, as a conceptual framework for the building of a new children's health facility in the identified demographic center of Western Sydney. Its purpose was to incorporate the vision of an aesthetic and healing environment with state-of-the-art pediatric health care.

However the Cultural Plan was predominately concerned with the place of visual arts in the healing environment. As a practitioner with a theatre arts background, I was aware that there was little provision for the children and young people to actively contribute into their own cultural context. I was invited to develop a program on the basis that I would fund the project externally.

In structuring Creative Well, it was necessary to identify the hospital as an unusual community – with its permanent staff and its transient and recurrent population – a familiar situation for those working in arts health circumstances. For the arts program to work effectively, it requires that the structure be put in place to support this community's creativity, with an open time frame. Whilst project-based programs provide strong creative focus for the community, the arts program becomes a part of the cultural context in which the child or young person's contribution enhances the work, but is not dependent on it.

### HELEN ZIGMOND

The structure provides pathways for engagement in the creative process and the use of the environment as a stimulating resource. In order to achieve this engagement we must look at the 'creative spaces', places that can access the sensate world which informs, educates and reaches out beyond the particular circumstance. It considers the dynamic tool of these spaces to be the imagination. It uses the arts through its structure and form, to support these creative journeys. Familiarity with an imaginative cultural context, identifies a role and with it a sense of ownership – a personal sense of space becomes a place. So that,

Ellen with very limited sight and hearing demands to be at the centre of the action, she senses the movement, hears part of the drama, and cries out if her wheelchair is not 'in' enough. For she is totally involved. She'll repeat a line that she has heard with a chuckle, for it has appealed to her wit. The action continues internally for her and allows her access to a world she is quite passionate about (Zigmond).

Creative Well chose to work in two areas, the narrative form, culturally accessible to all, and film making as a contemporary medium for the adolescents. The construct used 'the

**Creative Well chose to work in two areas, the narrative form, culturally accessible to all, and film making as a contemporary medium for the adolescents.**



Links to Learning and Headway Programs

Language of WellBeing', which proved challenging for some working from the medical model in an environment based on negative framing and assessment, i.e. 'what's not working'. The issue is concerned with the difference between medicine as an interventionist 'fix up' discipline, and health, with its support and sustaining of broad long-term cultural initiatives.

### The Creative Continuum

The participants of Creative Well, many of whom have irregular periods of engagement, are supported by a structural safety net. The introduction of collaborative protocols pools the participants' creativity, allowing them to draw inspiration and stimulus, and offers a role for them to contribute when appropriate. With permission, a younger child's story is supported and interpreted by an adolescent's illustrations; both receive a copy of the collaborative work.

Creative Well creates a continuum of support through cross generational interaction, and its currency is 'creativity'. After negotiation, Creative Well is able to work with the child or young person wherever they are in the hospital complex.

The practice of community cultural development (ccd) benefits the broader hospital community through the celebration of creativity, offering an interaction beyond the illness. Working on moments of filmmaking around the hospital, we find staff more than happy to be engaged in the 'set ups' as we gather up our own audience – others who delight in seeing adolescents being adolescents regardless of the drips, wheelchairs and ill health. They become what they are, adolescents engaged in negotiating ideas, changing roles and working collaboratively.

The project was seen to be sustainable both in its structure and content. A product of this model reaching out into the community was the publication of stories *Putting time to Bed* written and illustrated by children and adolescents celebrating their 'Language of Well Being'.

**In writing for three audiences, I ultimately satisfied none.**

### Common Ground

As a practitioner, the crossover between health and the arts, was consolidated in 1997 at a youth health conference when Associate Professor Nunn had written, 'The way we look at the Future affects how we feel and how we cope in the present'.

Concurrently I had presented, 'the creative process carries with it a sense of vision, a future achievement through the continuum of action and in the engagement of the imagination, the opportunity to stand in the present'.

### Sharing the space

To assess the relationships between creativity/arts and health, I was supported by the Community Cultural Development Board (CCDB) to write a brief discussion paper *Striking the Balance*, an overview of the attitudinal landscape of arts health partnerships in the adolescent sector of some NSW programs. Fifteen people were interviewed; six artists, six health professionals and three who represented health administrative positions with a commitment to the arts.

I chose to write an open paper, reflecting the participants' needs, buying into neither the language of ccd nor the medical models of assessment. In writing for three audiences, I ultimately satisfied none. Criticism covered a huge range: the paper was too short or too long; it was criticized for having references in a discussion paper, yet was too personal in style, then too distant from the practice; it was lacking in methodology, but contained detailed examples of ccd practice, it had been done before. Little or no comment



Oh No – Not That, artists: Grace Brodie and C. Parer

was made on the content. No one disagreed with the outcomes. So form, rather than content, was dividing the readership. Attitudes did prevail: that whilst Health was the employer then it could demand the outcomes, from a medical model not health perspectives. This dilemma still exists for the community: that medicine is dominant to health. Medical practitioners voiced supportive statements yet called arts in health adjunctive, others viewed it as no partnership, rather a relationship to be negotiated day by day – hardly equal partners.

Whilst artists were expected to be part of the medical team, rarely were the health practitioners prepared to be a part of the creative discipline or community. Final recommendations addressed: issues of pay equal to allied health; education within health; evaluation and research linked to tertiary institutions; and executive support.

### Finding the Place

My work has been influenced by the French 'Twinning Policy' – that no one's cultural life should be diminished by their health circumstance; and VicHealth, with its multi sectorial support of arts in the community which acknowledges engagement in the arts and the creative process as a health initiative.

Was it possible to adapt the Creative Well hospital model, and what had I learnt from writing *Striking the Balance*? Certainly the work could be trialed beyond the institutional context, based on a number of ccd beliefs:

- Any group of people who become a structured entity can and do form a community and with it a cultural identity.
- Any one group of people has special needs and all can become contributors into the community cultural context when appropriately supported.
- Cross generational interaction and collaborative protocols are indicators of a functioning community.
- Arts are a part of the cultural expression which have moved beyond the private into the public arena through time and place and have used form to translate those changes.

CLACIA, 'Creatively linking a Community through Its Arts' was developed as a ccd model and is being trialed in regional NSW, in the Hastings region in conjunction with the Hastings Arts Health Network 2002. It is based on the construct and challenge that 'a healthy community is a creative one'.

CLACIA aims to cross reference the community through its creativity, supported by artists in the community. We are looking at the sustainability of relationships. Once the protocols between community groups are established, they can be revisited at any time.

We are supporting our artists with a document called *Common Ground*, based on the Core principles from *Use or Ornament*, Comedia UK. It is concerned with understood expectations, shared objectives and joint evaluations, with negotiated pay scales for the agency and artist prior to contracts being signed.

To date there are 14 artists on the books and we have engaged Catholic Aged Care, The Headway Program, Continuing Education, ACES disability organisation, Links to Learning, and a number of primary schools. Each project moves some part of the creative process into another part of the community and this in turn is creating an ongoing momentum of its own.

Having been disappointed by an over committed tertiary institution for our evaluation, we have decided to review and inform our practice based on the quality of engagement and set it against a framework, a three tiered process each with a sense of time and place:

- For a person to engage – they need to feel safe
- To be imaginative, to have the right to interpret – a person needs to feel free
- To be creative and work originally a person needs to know that the work belongs to them the creator.

It is these requirements of safety, freedom and ownership that speak clearly for the cultural/political development of the community and health as a cultural context ■



Headway mural, artist Jenny Hooper

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*Helen Zigmond is project director of Creative Well and CLACIA arts in health programs. Trained in theatre arts and Education, she has extensive experience in cross discipline and community projects. She has represented her work nationally and internationally.*

# On Your Own Two Feet

How the arts have aided and abetted one woman in developing an interest in resilience. (Of course her desire to follow a career in the arts may be part of what has driven her to need resilience ... )

Neither Health nor Balance are static states. We are self-regulating systems: constantly engaged in balancing and healing. Resilience is being able to bring yourself to balance when adverse things have pushed you too far. It requires stamina, elasticity, centring, and the knowledge of how to find support – to get back on your feet.



To move in silence through ... To see a clear clean path – an avenue with trees reflected in a mirror – her breath so still, whilst round about the paper peels in tatty strips – the surfaces are prone to times destruction. She did not want to leave the silence. The precious silent slipping through without a wake – a membrane that could be slipped through but which was not rent by the experience – that stayed so firm, luminous, healthy – a slippery moist pink. Imperceptible stillness of small gentle breath – small babies mouths – the soft spot under the downy hair, firm but malleable, breathing through the fontanelle – she remembered the feel beneath her fingers – the satisfaction of the smell of babies heads – held close and breathing through their fontanelles, fairy hair and such a smell. Why was a baby's head an image come of stillness?

Perspective. What is the critical distance necessary to be able to get something into perspective? If you can't leave a situation in order to get perspective on it, if you are enmeshed in it, you are in a way tethered. Being tethered makes perspective difficult. How can you put distance between you and it - how else can you remove yourself - go through a doorway real or metaphoric.



She flounders into deeper and deeper water losing her foothold. She is encumbered with voluminous clothing and paraphernalia. She has lost the ability to prioritise - to see the shore from the ocean - to know which way to turn her sinking head – one nostril out, she is dissolving.

Tether  
Tethered  
Held in  
Restrained  
Held firm  
Got by the leg  
Strangled by your own cord  
Securely connected to a firm support structure  
Knowing your place  
Hold the line  
You do not feel the tether till it's taut

'You work with an issue because it is unresolved. By doing it you get to a different place with the same issue and with you life. The dance changes the dancer,' Halprin 1990 P.231

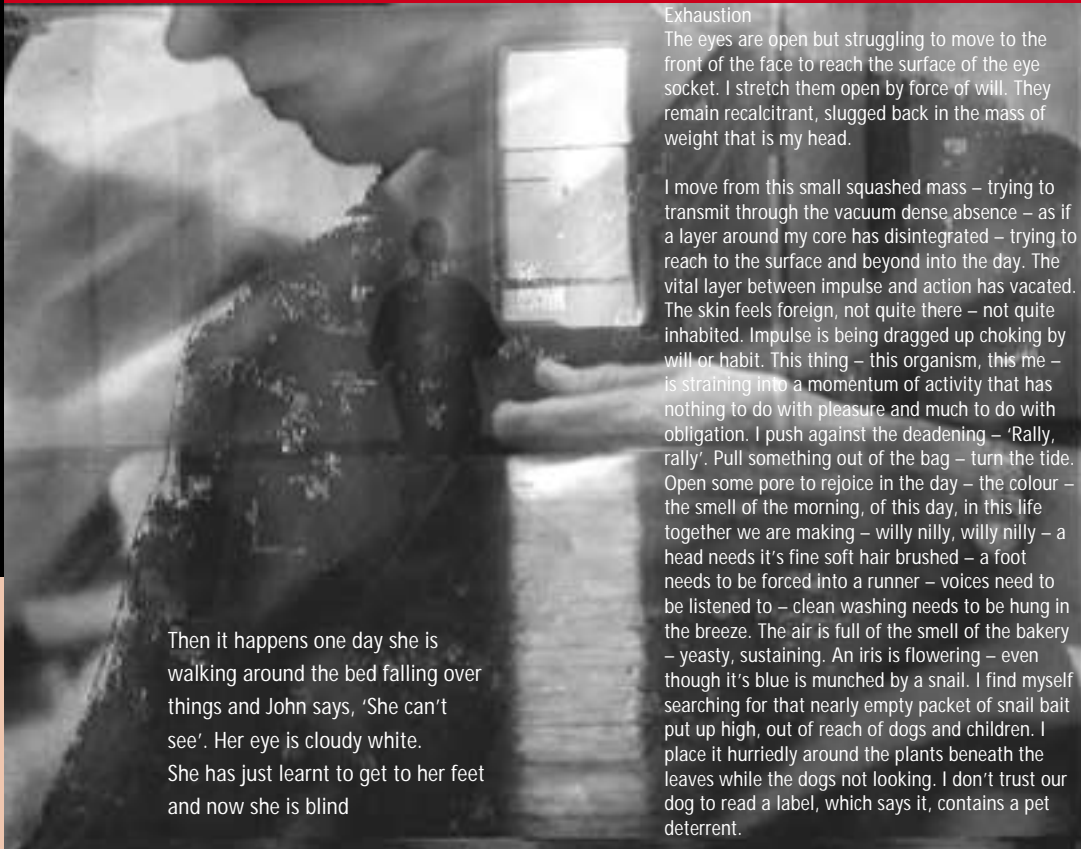
Susie Fraser graduated as an actor from the Victorian College of the Arts in 1980 and was a founding member of Theatreworks Community Theatre Company. Her work has spanned performance making and teaching in many situations. She currently lives in Adelaide where she cobbles together work as a mother, artist and Feldenkrais practitioner - most recently working for the Northern Metropolitan Community Health Service as a Community Artist.

Images by Lisa Philip-Harbutt

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In *Stories from the Interior* a woman struggles to gain perspective on the experiences of motherhood, career loss and migration; plus the family dynamics of twins, siblings and disability. Despite her feelings of deep love she feels exhausted and depressed. She has lost sight of her path. Where are the comfortable boundaries?



**Exhaustion**

The eyes are open but struggling to move to the front of the face to reach the surface of the eye socket. I stretch them open by force of will. They remain recalcitrant, slugged back in the mass of weight that is my head.

I move from this small squashed mass – trying to transmit through the vacuum dense absence – as if a layer around my core has disintegrated – trying to reach to the surface and beyond into the day. The vital layer between impulse and action has vacated. The skin feels foreign, not quite there – not quite inhabited. Impulse is being dragged up choking by will or habit. This thing – this organism, this me – is straining into a momentum of activity that has nothing to do with pleasure and much to do with obligation. I push against the deadening – ‘Rally, rally’. Pull something out of the bag – turn the tide. Open some pore to rejoice in the day – the colour – the smell of the morning, of this day, in this life together we are making – willy nilly, willy nilly – a head needs it’s fine soft hair brushed – a foot needs to be forced into a runner – voices need to be listened to – clean washing needs to be hung in the breeze. The air is full of the smell of the bakery – yeasty, sustaining. An iris is flowering – even though it’s blue is munched by a snail. I find myself searching for that nearly empty packet of snail bait put up high, out of reach of dogs and children. I place it hurriedly around the plants beneath the leaves while the dogs not looking. I don’t trust our dog to read a label, which says it, contains a pet deterrent.

Then it happens one day she is walking around the bed falling over things and John says, ‘She can’t see’. Her eye is cloudy white. She has just learnt to get to her feet and now she is blind

I wanted to know if motherhood and the making of art could co-exist for me.

Writing and performing as extrication. As marking a separation from A movement through A carrying with



I couldn’t go on bending, weaving, stepping aside, stepping back, swallowing my words, absorbing the reverberations. Like a sponge I was being poisoned. I was feeling shapeless. I was feeling like a piece of flotsam, being pulled along in the wake, an old piece of rubbish caught in the rudder

‘Getting it right’ expressively may in some cases be the only kind of ‘control’ you can have over a situation. A sense of control over ones situation has been well documented in health research as a key to well being. So Expressive Control : the domain of the artist . How do you tell the story? How do you make the pictures? What bits do you tell to whom? Where do you place it? These choices can bring solace. I write about a time of pain from inside the pain - and paradoxically I delight as I feel the power of expressing it – ‘getting it right’.

It builds resilience.

‘This is not to say that disorientation, confusion and dis-ease have no place in the geometry of balance. They in fact stimulate the balancing mechanisms. Stimulate us to ask questions, what is dis-ease, what does healthy mean, how do we recognise and maintain it ? How can we stay awake during the fall; this is the healing issue.’ (Stark Smith, 1979)

# Working Together for Well

ROSALIE HASTWELL

## Part One: 'May I talk with you?'

**A**s I approach the writing of this article it's the end of October and I've just come from three days in Sydney at the Diversity in Health Conference. Presented by the big players in NSW and multicultural health, local area health services and others, the themes for the conference this year were innovation, creativity and harmony. This all sounded good and seemed like a highly appropriate forum to be relating experiences, exploring issues and promoting discussion around community cultural development (ccd) within a community health setting.

After a day or two of joining the huge auditorium audience for plenary sessions, followed by breakout sessions for multiple

series of delivery of 20 minute papers, I was reminded of the significant gaps between the collaborative creative work that happens with culture and communities across Australia within a community cultural development framework and the thinking, policy and service approaches which characterise much of mainstream health.

Don't get me wrong – there were some great moments, some inspirations and even a few revelations. One of the highlights for me was a presentation by Professor Amareswa Galla (from the Research School of Pacific and Asian Studies, Australian National University) who was exploring international case studies where the '... re-establishment of cultural pride and sense of place, and hence ensuring participation in civic life and governance structures, is seen as the key to addressing social wellbeing'.

**... many of the disciplines which surround our work in community health are highly objectified ...**

(Galla, 2003) Case studies included exciting developmental work with the local community in Ha Long Bay in Vietnam. Also informative, sobering and inspiring were a number of presentations on refugee wellbeing in Australia, including a presentation by Marc Chaussivert on the work of a group of refugees and asylum seekers through the Sydney Refugee Art Group in 2002.

But the often formal, academic and objective approaches presented, as well as the scant opportunity for cross-discipline discussion at the Conference, was also food for thought. I found myself reflecting on questions relating to the opportunities for interface and collaboration between ccd and other approaches to health and wellbeing, and also on the challenges posed by differences in language, process, knowledge and belief which characterise these approaches.



Boy with lantern at Topiary Island installation on Parade Route, Moon Lantern Festival 2002.  
Photographer: Catherine Acin

Rosalie Hastwell looks at the language of ccd within a community health setting and discusses the work of North Richmond Community Health Centre, Victoria.

### Part Two: Whose learning?

While it was good to see some reference to arts and health at the conference, and links to a social model of health, many of the disciplines which surround our work in community health are highly objectified and are often focused on promoting health at the level of the individual. When we look at the ways in which knowledge and information was understood and presented, I believe that the Diversity in Health conference was modeled on some quite different assumptions to those underpinning ccd and that these assumptions are significant when it comes to determining the aims, processes and outcomes of our different approaches to health.

There was an apparent lack of consumers or community members participating in the Diversity in Health conference. This was in stark contrast to a ccd forum I was involved in earlier this year with the Cultural Development Network (Vic) and Office of Housing. Called 'Building Communities', much about this forum exemplified some of the basic principles guiding ccd practice.

'Building Communities' (Melbourne Town Hall, May 2003) was in many ways about wellbeing, specifically exploring the contributions of and issues around ccd in public housing. Tenants participated on many levels – along with artists and workers from state, local government and the private

sector. The voices of tenants were strong – as presenters, as performers, in panel discussions, as passionate and rigorous debaters in response to presentations, and in plenty of animated talk at lunch and tea breaks.

In order to work effectively with tenants, and with other communities in health, these voices are central. As workers we need to engage, to learn, to empathise and understand, to support, to inspire and be inspired and to acknowledge that we all – always – have much to learn. In the rest of this article, I would like to reflect on some of the ways in which the work of the Arts and Culture Program at North Richmond has contributed to community wellbeing from its position within Community Health, and also on some recent developments at State level.

### Part Three: Arts Culture and Health at the North Richmond Community Health Centre

The Arts and Culture Program at North Richmond Community Health Centre is embedded within an organisation which is essentially a cluster of primary and community health services and programs targeting the local community and several geographically dispersed ethnic communities around Melbourne. The Centre is situated on the Richmond Housing Estate, which is the largest high rise public housing estate in Victoria, and which has many Vietnamese and Timorese tenants. The Centre plays an active role in many ways on the Estate and also has strong relationships with and specialised services for Timorese and Vietnamese communities, asylum seekers and refugees living across Melbourne.



Finale performance, Moon Lantern Festival 2002. Giant Puppet "Moon Woman" created collaboratively by Burning Sensations with young people at Collingwood College. Finale Director: Elana Vereker. Photographer: Catherine Acin

At North Richmond the understanding of 'community health' is about:

... (promoting) the health and general physical, mental and social wellbeing of the community by providing a service that is curative where necessary but works towards the prevention of ill-health, the active promotion of wellness and education in life-coping skills. (Strategic Plan, 2003-2006)

Alongside its medical services the Centre has maintained a commitment to a range of social services and community development initiatives. It was through an understanding of the importance of a sense of community wellbeing and pride in one's cultural identity that the Arts and Culture Program emerged. The Centre's involvement with community arts projects began in the late 1980s with a series of highly successful initiatives with local, culturally diverse communities. With the interest and momentum that was built through this work, together with the support and commitment of senior management at the Centre and the hard work and vision of leading artists including Julie Shiels, a fully fledged program was gradually developed.

The program works in many ways to increase opportunities for communities to control, develop and promote their own cultural practice and identity. This happens

through mentoring, skills development and cultural development projects with key communities, through long term strategies, through smaller projects and as a part of political campaigns, particularly around refugee and asylum seeker issues

Our role changes frequently between supporter, advocate, collaborator, initiator, partner, advisor, mentor, trainer, fundraiser and project manager in response to the currents within these communities. For example, the change in circumstances for many within the Timorese community from the profound uncertainty and confusion around residency in Australia, to finally being in a position to look forward to a future in this country, has coincided with the emergence of a group of East Timorese community and cultural activists establishing the Melbourne East Timorese Activities Centre (METAC) here in Richmond. METAC has a vision for supporting, celebrating and revitalizing the East Timorese community as they establish themselves in Melbourne. While the Arts and Culture Program has worked with individual members of METAC over the years prior to this formation, our role is now, excitingly, one of support and training for this group as they establish the Centre, as well as collaboration on a number of coordinated arts projects which will track and celebrate this new development in the community.

**... we have worked closely with a range of social and community programs as well as collaborating with medical services ...**

Within the Centre and more broadly we have worked closely with a range of social and community programs as well as collaborating with medical services to produce health information for specific communities – including a Diabetes CD Rom promoting diabetes health information in community languages.

One of the major 'planks' of the program which has evolved over the past ten years and which involves most of the communities and many of the organisations we work with is Moon Lantern Festival. Taking place each September, at Vietnamese/Chinese Autumn Harvest time, this has become a highly significant and valued annual tradition for the communities involved.

Moon Lantern Festival at Richmond began with a small group of children and families from the local, mostly Vietnamese, Primary School, joining arts, health and community workers in a simple lantern procession around the Health Centre followed by the traditional handing out of (very healthy!) lollies to children at the end of the event. The Festival has stayed on the Estate, and is still built around the central event of the lantern procession but has now grown to become a major community celebration. A strong collaborative arts component highlights current community issues and is combined with significant cultural traditions.



Lantern Parade, Moon Lantern Festival 2002. Parade Director: Stef Robinson. Photo: Catherine Acin

The past two years have seen the Festival finale developed as a highly moving event with the East Timorese community, featuring stories and images related to the moon in Timorese Indigenous culture (these are not traditionally linked to the essentially Chinese celebration of Moon Lantern) and personal accounts from refugees and asylum seekers of their experiences of leaving Timor to come to Australia, and the new life which people have encountered in Melbourne.

The program is also actively involved in documenting and promoting ccd practices within the broader areas of public housing and community health. In 2004 we will launch a five year statewide project with the Centre for Culture Ethnicity and Health. Cross Cultural Collaborations (CCC) will focus on community capacity building, and on incorporating, documenting and promoting ccd processes as a way of developing health promotion material with Non English Speaking Background communities.

### Further Opportunities within Community Health & Health Promotion

Some of the current and future opportunities for ccd within community health in Victoria lie within the recently expanded

emphasis on health promotion at state level. Integrated health promotion is now an accountability requirement by the Department of Human Services. This emphasis not only recognises the importance of community capacity building strategies to address priority health and wellbeing issues but also emphasises coordination and collaboration. For effective coordination and collaboration between ccd and other health approaches to community wellbeing, we need to be ready to have dialogue with those services, programs, and policy makers who share some of our objectives for wellbeing with, for and through community.

At the local level, increased effectiveness for ccd can come about through greater coordination and integrated planning between programs and services at the Health Centre. The Centre's current Strategic Plan (2003 – 2006) names as a top priority the goal of building community capacity through health promotion and community development, and commits to the implementation of comprehensive Plans for Health Promotion and Community Development. Viewed from a community-centric standpoint, this approach can help to ensure that the needs and priorities of the communities associated with the Centre will be met more effectively and across all programs ■



Moon Lantern Festival – Khue Nguyen (Gouche on Paper). The Celebration Project, North Richmond Community Health Centre

*North Richmond Community Health Centre Inc is assisted by the Commonwealth Government through the Australia Council, its arts funding and advisory body.*

*The Program also receives financial and in-kind support from North Richmond Community Health Centre and a broad range of local, state and commonwealth government sources as well as philanthropic and other non-government sources.*

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*Rosalie Hastwell has been the Manager of the Arts and Culture Program at North Richmond Community Health Centre since 2001. She has previously worked as a musician and community artist, and in the areas of community cultural development and cultural planning in grass roots organisations and in local government.*



Shadow Puppet play presented as part of Moon Lantern Festival Finale, Richmond Housing Estate September 2002. Finale developed collaboratively with the East Timorese community. Finale Director: Elana Vereker Timorese Cultural Consultant: Bernardo da Costa Duarte. Photographer: Catherine Acin

# The Haves and the Have

**U**nder Australia's federal system of government, the delivery of health services is one of those areas that have remained a state or territory responsibility. So to attempt any accurate picture of an Australian arts and health movement, some understanding of the different approaches by state and territory governments to arts and health is useful in assessing how even or uneven that movement may be (or indeed if there is any movement at all!).

What follows though, is a far from complete picture of where arts and health might be at, on a state by state basis. Rather it's a personal sketch, informed by the experiences of one mid career community cultural development (ccd) practitioner, who over the last twelve months has run skills development and health theatre projects in three states and territories; has worked in partnership with a number of health agencies over the last decade; and has occasionally advised on arts and health funding programs. So the thinking here is considered rather than exhaustive and there will be gaps!

But the first and most obvious point to make is that policy and programs supporting arts and health projects and services vary considerably from state to state. In some states such as Victoria (Vic), Western Australia (WA) and South Australia (SA), a specific government arts and health program is readily identifiable, situated within the government health or arts department or agency. For other states the location of specific arts and health policy or

programs is less clear. In the bigger states such as New South Wales (NSW) and Queensland (Qld), you would be hard pressed to locate anything that could be described as a dedicated arts and health policy or program. (This however doesn't mean the work isn't actually happening, an important point I will return to later.) For smaller states or territories such as Tasmania (Tas) or the Northern Territory (NT), the lack of clear arts and health policy and programs is seen as a real impediment to the development of even a modest arts and health project, let alone a sustainable program of activity.

Where explicit policy and programs do exist (SA, WA, and Vic) there has been in recent times the emergence of some notable variations in direction and intent.

Historically the policy pairing of health and arts in government has been and continues to be constructed, within a health promotion framework. This is particularly true of explicit arts and health funding over a decade or more in WA, SA, and Vic. These state funding programs, have traditionally taken the form of health sponsorship of arts organisations and activities. Sponsorship dollars are granted in return for the badging of arts events and

activities as 'healthy', usually contributing to a priority social marketing strategy or campaign being run by the state health promotion agency.

In more recent years, that model has been significantly extended. Of the back of some notable national and international research into links between arts activities and wellbeing, VicHealth, Victoria's health promotion body, revamped its arts and health program in 2000. The new policy focus is now not so much on the social marketing of health messages, delivered via sponsorship of the arts, but on the comprehensive fostering of links between active participation in arts activities and community health and wellbeing.

From a ccd point of view, this policy shift is significant indeed. Here is a state health agency explicitly concerned with active participation in arts activities, community capacity building and processes that foster the local determination of cultural values. This concentration on participation, coupled with policy concerns of access and equity, makes the VicHealth's program something of a model for those promoting arts activity as an important component of a

social as opposed to a clinical approach to improving individual and community health and wellbeing. Perhaps the most notable evidence of the seriousness of the

**... the policy pairing of health and arts in government has been and continues to be constructed, within a health promotion framework.**

# State arts and health programs

## Notes

MICHAEL McLAUGHLIN

**Michael McLaughlin  
discusses the impacts of  
state based Arts and Health  
funding on local Community  
Arts practice.**

VicHealth initiative has been the establishment of a specific arts and health research program within the agency, to evaluate and deepen understanding of those links.

Of course the VicHealth program is not above criticism. A project model of funding predominates, as is true of many funding agencies. Practitioners continue to argue, not without evidence, that good arts and health practice is better based on three year programs of work, rather than on one off or intermittent project work (HEA). It is also unclear as to whether the VicHealth arts and health program will result in more expert and skilled arts/health workers or indeed whether the program itself will encourage innovative models of arts and health practice. This kind of questioning might also be asked of the other specific arts and health funding programs, in the health promotion bodies of other states. Such questions again suggest that caution is needed in concluding that because a state has a specific arts and health program, that innovation in the delivery of arts and health processes is assured.

Yet for ccd practitioners in some states and territories, one suspects the VicHealth funding model for arts and health activities is eyed off with some jealousy and thoughts of, 'if only in our state'. That's perhaps particularly the case for practitioners in smaller states and territories such as the NT.

As someone who recently facilitated cultural action for health workshops in Alice Springs sponsored by the Central Australian Remote Health Development Service, I can attest

that for NT practitioners, arts and health initiatives are very intermittent and difficult to establish. When activity does take place, it is often dependent upon the sole initiative of professionally and often geographically isolated individuals. As such the practice is more associated with an individual's particular working methods, rather than a more widely articulated arts and health approach, built on institutional support and partnerships.

For others, such as practitioners in Tasmania, there is similar frustration at lack of resources. But at least here, the frustration is being shared. Like the NT, in Tasmania, local funding for arts and health initiatives has been historically small scale – accessed not through any kind of dedicated program but through discretionary funding programs with objectives sympathetic to arts and health processes.

However the interest shown by Tasmanian practitioners and communities for an expanded role for arts and health approaches is becoming more and more recognised in the state health bureaucracy. A current partnership between the government health promotion unit and Tas Regional Arts, is seeing a series of forums around the state, exploring the practice of arts in promoting health. Over 50 interested individuals attended the recent regional forum in Launceston, a figure which greatly encouraged organisers, and a second forum is to be held in Hobart shortly. In the case of Tasmania it will be interesting to see if this bottom up advocacy approach may result in policy and program shifts at the more senior levels of government.

**VicHealth ... promoting arts  
activity as an important  
component of a social as opposed  
to a clinical approach to  
improving individual and  
community health and  
wellbeing.**

In more populated states such as NSW and Queensland, there are, as has already been mentioned, no specific, widely promoted arts and health programs within government. However the size and resources within health departments in both states is considerable and arts and health activity is clearly taking place. Some arts practitioners work directly in the health bureaucracy, delivering arts services to individuals and communities,

pavement. Within the broad health domain, certain policy ideas can be harnessed in the name of good participatory arts and health practice. Policies such as harm minimisation in the area of drug and alcohol education can lend themselves to democratic, consultative, approaches to working with communities – processes at the core of much ccd work. Similarly, the recent widespread program and policy focus on the health ‘consumer’, most notably in the area of mental health promotion, has

created the policy space and the project funding, to support a number of arts and health projects. Again the particular policy focus, in this case on the rights and protocols of working with mental health consumers, has resulted in projects where degrees of control and ownership by the community are consistent with good ccd practice (TraXside).

What these last examples suggest, is perhaps one of the tentative conclusions that can be drawn from this article.

That is, while it is possible to ‘score’ states and territories on how well their policy and programs support arts and health activity; this does not necessarily equate with, or explain, the relative strength or weakness of the work happening on the ground, state by state.

For example Tasmania as a state without a dedicated arts and health funding program, has not been precluded from establishing innovative models of arts and health services. A recent partnership between the state government and a local council has established *Pulse*, an impressive youth health centre with a successful, ongoing and specific arts program for young people. The model is similar to community based and/or state government run centres this author is familiar with in the ACT, Vic and NSW.


Similarly, the NT struggles to establish arts and health projects, yet in July this year, disability groups in Alice Springs, ran *Mapping the Territory*, an arts skills development project that has been carefully observed nationally as a model for work in this area. In the area of mental health promotion in the last twelve months, I am aware of high quality health theatre projects developed along similar ccd models in at least three different states each with very different arts and health policy settings.

What this all suggests, is that models of arts and health practice in Australia are transferring from state to state regardless of varying policy and program contexts. In this context, it is useful to recognise discrete areas of activity and networking within the arts and health field (i.e. youth, mental health, disability and the arts) and consider the importance of those networks in the dissemination of information and innovative models of practice. Such networks, formal or informal, are important drivers of change in the arts and health field and may still operate, even in states and territories, where arts/health policy and program settings are far less than supportive ■

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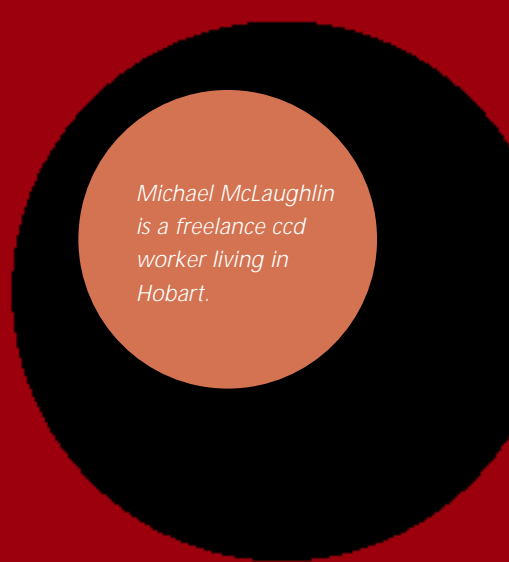
TraXside Youth Health Service's project 'Slide-show', an example of an arts and health project developed by mental health 'consumers'.



**... the importance of arts and cultural expression to these multi disciplinary health teams is highly valued.**

often as part of permanent programs of work. For example NSW Health runs a network of youth health teams, which have a long and impressive record of community-based arts and health work. Moreover these programs have provided resources, skills and development opportunities to some of that state's best community based arts practitioners. A similar team operates in Brisbane and again the importance of arts and cultural expression to these multi disciplinary health teams is highly valued.

As well in states such as NSW and Queensland, arts organisations and arts practitioners wishing to work in arts and health have, by necessity, become adept at spotting the cracks in the funding



*Michael McLaughlin is a freelance ccd worker living in Hobart.*

# Review

## Engaging Art: The Artful Dodgers Studio – A Theoretical Model of Practice

Deborah Mills reviews *Engaging Art: The Artful Dodgers Studio – A Theoretical Model of Practice* by Martin Thiele and Sally Marsden.

**D**escribing the intoxication of the imagination and the banality of life Fernando Pessoa, Portugal's major twentieth century writer, observed that they were 'art and life living on the same street, but in different rooms'. (Mamouny, Gomes) Well *Engaging Art* is a book about art and life living in the *same* room, and it is far from banal and, although my response falls a little short of intoxication, I was certainly stimulated by the facts and ideas presented. *Engaging Art* describes how involvement in creative activity increases the opportunities and sense of social inclusion for highly marginalised young people. This in itself is reason enough to read the book as, through an analysis of the research conducted over two years, we learn of the significant impacts of the arts program on 63 participants, and through the voices of some of the young people themselves, we follow their developing assurance and artistic development.

But there are other reasons to read this book. As its title indicates, it is also a distillation of knowledge, experience and working methods into a model of arts practice that delivers social change outcomes. There is also a chapter on the working method of the artist practitioner which sets out the criteria for mutually respectful and successful working relationships between a community and artist. Based on the research undertaken for

this book in evaluating the social impact of participation in the arts, the authors have also suggested a framework or methodology for evaluation so that other artists and researchers can begin to track social outcomes from similar programs.

*Engaging Art* is a companion book to an earlier work edited by the same authors: *Risking Art: Art for Survival*. *Risking Art*, published in 2000, reviewed twelve youth-orientated health and welfare agencies employing artists on a continuing basis. The response to *Risking Art* was considerable, a response attributed by the authors to the lack of evidence and discussion on the social impacts of community cultural development. I expect that response to *Engaging Art* will also be strong, as there has been little research and few publications on the social impacts of participation in creative activity, particularly evidence drawing on Australian research.

*Engaging Art* records impressive, though qualified, evidence of the impact of the Artful Dodgers Studio as part of a multi-disciplinary service to engage with and provide specialist services to young men and women with complex needs, specifically, young people with a dual diagnosis of substance abuse and mental health issues. The study records a dramatic reduction in substance use, an overall reduction in the reported levels of anxiety, depression and self-harm and significant levels of reconnection to formal education and employment.

But the significance of this book goes beyond this evidence. It is in the authors' development of a theoretical model of practice that we see the beginnings of a language with which both the working methods of artists employed in these

contexts and the very nature and impact of participatory arts practice itself can be described and understood by people from a wide range of backgrounds. Thiele and Marsden achieve this common language not by subjecting the value of participatory creative processes to the hegemonic values of another discipline, something we have seen too much of in the arts and economic development push, but by illuminating the processes used in a way which makes them comprehensible to people coming from other knowledge systems.

**Thiele and Marsden achieve this common language ... by illuminating the processes used in a way which makes them comprehensible to people ...**

Depending on particular organisational conditions, and this is discussed in more detail below, the illumination of these processes can create the opportunities for different knowledge systems to not only co-exist, but to inform and enrich each other. This interaction and inter-dependence can, in turn, create the circumstances where creativity and the need for cultural expression become understood as essential for human health and happiness, and not a tool to be wheeled out at the discretion of an 'enlightened' bureaucrat or if funding is provided by an arts agency.

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This common language and inter-relationship between different knowledge systems is crucial if we are to see more effective integration of community cultural development policies and practice into the thinking and behaviour of agencies charged with improving individual and community health and wellbeing. If you accept that this is an important project, then why, after 30 years of participatory arts practice in, with and for health agencies in Australia is there so little integration of these processes into the policies and priorities of health agencies? Obviously, documented evidence of the efficacy of these processes in achieving the policy objectives of particular agencies is necessary and has been thin on the ground, although this is changing. The hegemony of economic policy may be another reason for this lack of integration. Perhaps there are other reasons. There has been a shortage of theoretical analysis of the working methods used in community cultural development, or simply a lack of a common language with which to communicate this theory and analysis to people from disciplines other than the arts.

In another context, Dr Lowitja O'Donoghue has suggested that the process of generalisation foists on Indigenous culture a series of assumptions made by white people with

no basis at all in actual experience of Aboriginal people. This generalisation makes indigenous culture 'opaque' (O'Donoghue, 1991). Perhaps the lack of theoretical analysis has rendered certain kinds of participatory arts processes opaque. Perhaps a lack of direct experience of participatory arts processes and their impacts by decision makers in government agencies make it easier for them to generalise and make assumptions about these processes.

Organisational behaviour may give us other clues to the continued marginalisation of participatory arts practice within health agencies. In my experience, all attempts to create multi-disciplinary approaches are bedevilled by the tensions caused by different forms of knowledge, but also by organisational structure. Inter-disciplinary work is often complex, involves high levels of uncertainty and requires multiple interconnections between different parts of the same organisation and often with other organisations. This can create a turbulent environment which is inimical to single, hierarchical, formally constituted, highly controlled organisations and, if not to all of the people who inhabit them, then more often to the people who run them. I have no direct experience of the organisational characteristics of the Catholic Church in Australia, but this project seems to suggest that the auspicing body for the Artful Dodgers Studio, Jesuit Social Services, Melbourne, has the organisational capacity to nurture turbulent environments better than any government agency to date.

If we want art and life to live in the same room, then new forms of organisational structure and behaviour need to be found. We also need to find ways for people from different disciplines to inform and enrich each other. *Engaging Art* is an important contribution to this process ■



*Engaging Art: The Artful Dodgers Studio – A Theoretical Model of Practice*, by Martin Thiele and Sally Marsden is published by Jesuit Social Services, Melbourne, phone 03 9427 7388.

#### References

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*Deborah Mills' commitment to community cultural development has been applied in a variety of settings including the community sector, local and State governments and as the Director of the Community Cultural Development Board. Currently a consultant, she is happiest when working on cultural policy.*

Background image: *Trapped*, watercolour pencil on canvas, artist: Adam, front cover *Engaging Art: Artful Dodgers Studio – A Theoretical Model of Practice*



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