# Australian Arts and Health

SALLY CLIFFORD AND JO KASPARI

The 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 artsworkers 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 lead 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 artsworkers 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 disinterestedness 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

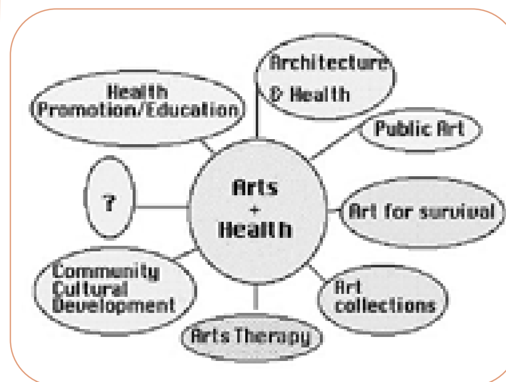
**Sally Clifford and Jo Kaspari report on the development of the arts and health sector in Australia since 1997.**

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.* [1] 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** which since 200 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

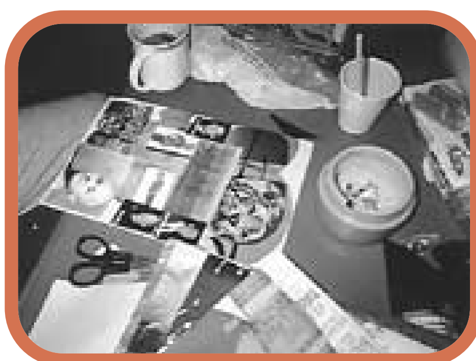
This page, top by Irene, bottom by Robert. Images on fabric. House, Home and Homelessness project by the Australian Network for Arts in Health, funded by Brisbane City Council in partnership with the REcovery, Empowerment and Development Centre 2002.

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.*

This page: top, homepage of ANAH House – House, Home and Homelessness site designed by David Diggles: bottom: workspace and works in progress – House, Home and Homelessness project, artist Thomas Vale Slattery. Photo: Sally Clifford