

Arts Ability Programme^a: Arts and Health or Arts and Disability or both?

A record of Wexford County Council's considered position on its relationship to both disciplines.

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Summary

Within its Arts Strategy 2011 – 2015, Wexford County Council identified the need to better define Arts Ability according to *Arts and Health* and *Arts and Disability* in line with national trend. Whilst areas of intersection are noted, consensus recognizes these as distinct disciplines. The task was assigned to an independent Arts and Health advisor who collated desk research and feedback from relevant stakeholder consultation as a discussion paper. This was presented at an Arts Ability Steering Group^b meeting on Tuesday 20th November 2012 and the ensuing discussion informed a revised draft. This was issued to all stakeholders with the opportunity for further comment. As no recommendations were offered, this document serves as a record of Arts Ability's considered position on its relationship to both disciplines at the close of 2012.

As it approaches its tenth anniversary, Arts Ability considers itself to be both *Arts and Health* and *Arts and Disability* in nature. This marks a progression from the previous objective of the extended partnership agreement to 'consolidate long-term plans for *Arts & Disability* provision within County Wexford'. Individually, though elements of the programme have historically echoed *Arts and Health* practice, the motivations of some

^a Arts Ability is an ongoing inclusive, person-centered arts programme which was piloted by the Arts Department of Wexford County Council during 2003 with the aim of celebrating the creative imagination of people who experience mental health issues and/or intellectual, physical or sensory disabilities.

^b The Arts Ability Steering Group is composed of the County Arts Officer, three programme participants, three professional artists and representatives from four host venues.

project partners have simultaneously developed with their understanding of Arts Ability's contribution to their care. Within settings that follow a holistic model of care or use person centred planning, benefits to health and well-being are attributed to creative activity even when they are not defined objectives. Similarly, where facilitators support the creative process and do not set out to achieve health related outcomes, an awareness of the inevitable and intrinsic benefits of creative activity means an affiliation to *Arts and Health* is hard to renounce. Arts Ability provides opportunities that have the potential to offer more than the equal playing field of *Arts and Disability*.

Intention does not solely pertain to the negotiated goals of partners. The programme advocates a participant led approach and so, regardless of whether the activity occurs in a health setting or not, the extent to which an intervention is *Arts and Health* will be guided by an individual's reasons for attending. This can be subject to change during the long-term nature of participation in these settings. Furthermore, participants' views as to whether they have a disability or consider themselves to be an artist or writer will differ considerably.

Understanding how Arts Ability relates to national consensus on both disciplines is important in order to access relevant support, financial or otherwise, towards maintaining standards of excellence, project development and overall sustainability. This paper attempts to identify how this relationship manifests, describes where distinction is forced, and reveals the complexities of trying to delineate a broad remit in long-term care situations and HSE Disability and Mental Health Services. It is important to note that any distinction is made using the broadly accepted definitions of others, rather than Arts Ability's own understanding of its relationship to the disciplines. Arts Ability promotes the principles of social inclusion and provides 'for a diversity of participants who are valued equally'². Therefore, any form of internal demarcation serves no purpose in the routine operation of projects. When access to resources requires differentiation each situation will vary according to the relationship between and intentions of participants, professionals and setting.

As a comprehensive programme of arts experiences with participative sessions at its core, Arts Ability responds to a variety of needs and settings that can develop during

long-term provision. In order to embrace this diversity, meet individual expectations and provide excellence at all times it employs a spectrum of approaches across both *Arts and Health* and *Arts and Disability*. This is exemplarily of person centred best practice.

Arts Ability: Arts and Health or Arts and Disability or both?

Before answering this question we first assume that all those who access Arts Ability are persons with a disability and that this is understood as the widely accepted social model of disability. That is, when long-term physical, mental, intellectual or sensory impairments, in interaction with various attitudinal and environmental barriers, hinder the full, effective and equal participation in society. Then we need to ask: why ask?

What's in it for us?

Within a partnership that through its very name asserts competence and whose stakeholders work to eliminate society's barriers, such classification hardly seems relevant. Within Arts Ability a creative community embraces inclusion, celebrates all, and works collaboratively. An in-house labeling of Arts Ability projects, according to their fit with national consensus on *Arts and Health* and *Arts and Disability*, risks undermining this work. Moreover, once a service user has satisfied a service provider's referral criteria and finds themselves accessing its arts programme, they are defined by their chosen art form not their disability. We must establish what Arts Ability stands to gain from exploring its complex relationship with these separate disciplines or the task seems no more than onerous conjecture.

Funding is typically cited as the reason for probing administration. Whilst the Arts Council's contribution to Arts Ability's core funding does not come via Arts Participation, which distinguishes the disciplines, some internal demarcation is indeed constructive in order to assess the eligibility of special projects for specific funds. However, understanding the parameters of *Arts and Health* and *Arts and Disability* possibly proffers greater support through the Arts Council's role as advocate and information resource. As the national agency for funding, developing and promoting

the arts in Ireland, the Arts Council's delineation and definition of the disciplines is echoed by other influential organisations. Pertinent examples are artsandhealth.ie, a national online resource for all stakeholders involved in *Arts and Health* in Ireland and Arts & Disability Ireland (ADI), the national resource and development organisation for *Arts and Disability*. Though they choose to differentiate, they all recognize areas of intersection and see the disciplines as complementary.

Each platform affords Wexford County Council Arts Department's strategic priorities to encourage new partnerships with additional *Arts and Health* services, to place Wexford at the forefront of national *Arts and Health* practice and of overall sustainability. This of course benefits participants, yet not before access to such networks has enriched a team of highly skilled creative professionals. It is important to note that for the most part, despite team meetings and exemplary multidisciplinary partnerships at each Arts Ability site, creatively, project facilitators are lone workers practicing in challenging environments. Their expertise can be augmented by access to apposite research, peers and CPD opportunities.

Whether financial or otherwise, recognising Arts Ability's alignment to the boundaries and perspectives of other agencies helps to identify appropriate support mechanisms efficiently.

We are inclusive – so why not included?

The need to better define Arts Ability's work according to *Arts and Health* and *Arts and Disability* was first identified during an application to host the national Dialogue Arts and Health series in 2011. Despite presenting a strong case, Wexford County Council's submission was declined owing, in part, to an accepted distinction between the disciplines.

A subsequent case study submission to artsandhealth.ie presented further exclusions. This was initially recognized when the website invited two Arts Ability facilitators to submit, evading another whose work could be considered as *Arts and Disability*, according to consensus on the defining characteristics of *Arts and Health*. The

necessity for distinction was confirmed with editorial comment when the case study was accepted. It was Wexford County Council's priority to present Arts Ability as a comprehensive programme rather than compartmentalize and profile projects separately. Overall the editorial panel was very impressed by the programme but felt the case study would be strengthened through concrete examples initially denied by word limits. It recognized Arts Ability as having a broad remit, operating in both health and disability areas, and stressed that examples should focus on the *Arts and Health* aspects of the programme.

Similarly, not all Arts Ability activity would be considered relevant to ADI's sphere of practice. This does not extend to arts used as a vehicle for well-being or life skills, although it is a resource for the professionals who seek to include and engage people with disabilities in the arts at all levels. When enquiring as to the suitability of promoting the forthcoming KTAC Writers' book through the Spotlight section of their website, ADI replied asking if the writers were with disabilities or if it was an *Arts and Health* project? On visiting CWCW (New Ross) Ltd., it indicated that only the studio group strand of the programme would be eligible for specific bursaries.

Understandably every organisation has boundaries and limits to resources and Arts Ability should be sensitive and responsive to this in order to protect and uphold its core values that prioritise an inclusive ethos where each participant is considered equal.

What's the difference?

As a partnership involving HSE Disability and Mental Health Services, it follows that the resulting creative programme might straddle both *Arts and Disability* and *Arts and Health*. The Arts Council describes *Arts and Health* as 'a generic term that embraces a range of art practices occurring primarily in healthcare settings, which bring together the skills and priorities of both arts and health professionals'³. It distinguishes *Arts and Disability* practice from this by stating that its focus is solely on the engagement and involvement of people with disabilities in the arts, whether as participants, practitioners or audience members.

Participation in Arts Ability has demonstrated considerable benefit to well-being across all settings. Indeed, the fact that all partner venues ardently find solutions for annual reinvestment despite an adverse financial climate suggests each project offers more than mere access. The question therefore becomes about intention.

To be specific...

The Arts Council states that good *Arts and Health* projects are characterised by clear artistic vision, goals and outcomes that seek to enhance health and well-being. Within the Arts Ability Policy document, this is addressed in its mission to provide arts experiences that 'celebrate creative expression which empowers and enhances the development of the individual.'⁴. The core values it promises to embrace are representative of any quality *Arts and Health* or *Arts and Disability* initiative. Health and well-being are not specifically referenced. Perhaps a resource organisation preserving the boundaries of its support, might deem this insufficient for its criteria. The policy is necessarily general enough to be relevant to the entirety of the programme and cover unanticipated circumstances. A more specific reference to health would be problematic for an aspect of the programme that had no intention of achieving health related outcomes.

Moreover, the programme's aims and objectives are free to accommodate the varying individual goals of participants. Within Arts Ability, intention is not solely asserted by the partner organisations. Whilst one participant might be intensely aware of ensuing well-being outcomes, another might access purely to develop their creative potential or to experience a specific activity. This is subject to change as the long-term nature of projects fosters the confidence and offers professional development opportunities that might alter an individual's original personal priorities.

The ways in which Arts Ability's relationship to the disciplines can be perceived must therefore consider the intended outcomes of participants and partner organisations, the setting and the professionals involved.

Trying to compartmentalize a creative community

It is perhaps easiest to align CWCW (New Ross) Ltd. according to consensus on the characteristics of *Arts and Health* and *Arts and Disability*. Although the creative activity takes place in a safe caring environment facilitated by a partnership of professionals working equally, neither pertains to health. Nor is there a reference to health in the organisation's aim to provide a service with objectives that are VALID⁵. The focus is on artistic development with tailoring that is conscious of a correlating impact on personal development. The extent to which this affects well-being will depend on the individual. Though participants can have a mental health issue secondary to their intellectual disability, any benefits to health and well-being are an indirect by-product of access to creative activity rather than intended outcomes. These, ultimately, can mirror those of an *Arts and Health* context. Participants traverse the threshold of *Arts and Health* when making work in response to or for exhibition in healthcare settings.

In providing a service for adults with severe to profound intellectual disabilities, WRIDS presents an interesting dilemma when attempting to categorize. Though service users do have health issues these are generally overshadowed by or resulting from intellectual, physical or sensory disability and it is their disability that has prompted referral to the service. Yet the fact that the primary contact in the partnership is between a Clinical Nurse Specialist and an Artist, and that all staff follow a holistic⁶ approach to care, the project can inevitably be considered as *Arts and Health*. Whilst the context might suggest this is inextricably linked with *Arts and Disability*, the service provider's acute awareness of the innate benefits to well-being, as part of this holistic approach, overrides the described understanding of *Arts and Disability*.

The nature of the creative programmes at KTAC and the RT Unit at St. Senan's Hospital at first seems least contentious – belonging to both *Arts and Health* and *Arts and Disability* sectors. Mental health contexts are widely embraced by arts and health organisations whilst simultaneously being considered part of a broader understanding of disability. When harnessed, this promises to be positive in terms of available resources, providing that distinction is not forced.

However, as a genuine collaboration between health and arts professionals under the banner of Recreational Therapy, ADI would contest the RT Unit's compliance with *Arts and Disability* as it is an area of practice 'involving people with disabilities where the arts is used as therapy, an advocacy tool, occupational therapy, a vehicle for well-being or life skills development'⁷. Where KTAC's provision sits with this is a little more tenuous. Any reference to skills in its mission statement is steeped in enabling those who, due to illness, disability and/or difficulty with learning⁸, would otherwise find problems taking part in the community in which they live as equals. It differentiates illness from disability. Indeed service users at RT Unit and KTAC may not identify themselves with the disability community. Additionally, there are participants who access both sites. The fluidity and responsive nature of the programme makes any delineation across campus a complex matter and Arts Ability must be wary of any perceived labeling.

Both settings have the cohesive interdisciplinary professional partnerships expected of good *Arts and Health* practice. Beyond routine teamwork, health professionals bring their own creative skills set. This is clearly seen in the RT Unit programme and a book of writing and photographs resulting from a unique collaboration between 29 participants, a nurse and a facilitator. Health professionals at both sites recognize and celebrate the impact that creative programmes have on the quality of life for service users. The matter therefore comes back to whether they work towards shared goals with intended health and well-being outcomes.

It is argued that it is not the ill health that is being targeted but the ability. The fact that participants become empowered when accessing Arts Ability is fundamentally a healthy thing. A facilitator might not set out to achieve health related outcomes but when the resulting creative outputs have enlightened health professionals to participants' perspectives their work deserves some recognition as *Arts and Health*. Moreover, as part of a focus group for an independent evaluation of Arts Ability 2010 – 2013, when KTAC and RT Unit participants were asked what came to mind when they thought of art and writing, one participant said that they found it 'therapeutic'. The same individual found themselves reading more, inspired by the reading of a visiting professional poet. This aspect of their access could be considered as *Arts and*

Disability alongside their first participative sessions. However, when a participant describes the reasons for continued access as being ‘therapeutic’, the accepted definition of *Arts and Disability* is rendered insufficient, regardless of the professionals’ intentions. Another participant simply felt it was a positive thing to see their poetry published.

This direct consultation with participants highlights why Arts Ability belongs to both *Arts and Health* and *Arts and Disability* and that the extent to which it conforms to each will depend on the individual. This is true even within a given site.

Running the gamut

In summary, all Arts Ability partner organisations seek quality of life outcomes, whether they are explicitly linked to well-being and health or not. This makes any allegiance to the basic engagement and involvement of people with disabilities in the arts, understood as *Arts and Disability*, seem insufficient when describing Arts Ability’s role. It is underscored by the resolute aversion of stakeholders to describe their practice in terms other than ‘ability’. Regardless of the context in which it occurs, there is arguably always the latent potential for creative activity to be of benefit to well-being. However, national consensus advises that projects are only considered to be *Arts and Health* when these are specifically outlined as aspired outcomes. Despite asserting clear goals and outputs through its mission, core values and development plans, Arts Ability has little written on these outcomes. Instead their potential is understood – overtly.

Any leaning to *Arts and Health* becomes clearer when healthcare manifests through the setting and professionals involved. Yet, just as participants’ motivations for accessing can change, it is possible for a venue’s aims and objectives to change. Whilst elements of the programme can be considered to have been *Arts and Health* from the outset, others have developed an understanding of its scope and contribution to the care it offers over an extended period. As exponent of a person-centred approach in partnership with HSE Disability and Mental Health Services, Arts Ability proficiently tailors provision to individual needs within diverse settings. This

necessitates a spectrum of approaches within both the *Arts and Health* and *Arts and Disability* sectors. The extent to which Arts Ability conforms to each sector will depend on what organisations it partners and the individuals participating at a given time.

Where documentation requires, this flexibility should be celebrated and firmly asserted rather than appearing indecisively as 'Arts and Health/Arts and Disability'. It should be comprehended to the programme's advantage, though further distinction within each project is not always simple. It is important that any such distinction, based on wider consensus, does not limit, fragment or create hierarchy within the creative community that is Arts Ability. Instead it should be used solely to efficiently identify and acquire resources to strengthen and effect project development, allowing Arts Ability to run the Arts and Health – Arts and Disability gamut.

This research highlights the difficulties in assigning clear demarcation to Arts Ability projects according to current understanding of the distinction between *Arts and Health* and *Arts and Disability*. While the text attempts to identify where Arts Ability might echo the concerns of each, further guidance is needed if resource organisations require broad programmes to delineate their practice. This is particularly pertinent for arts programmes providing for complex needs within HSE Disability and Mental Health Services. The Arts Council recognizes the need for refined research and in 2013 it plans to partner with WHAT, Create and ADI to this end.

¹Arts Ability Policy Document 2009

²Arts Ability Policy Document 2012

³Arts Council Arts and Health Policy 2010

⁴Arts Ability Policy Document 2012

⁵CWCW (New Ross) Ltd. brochure <http://www.cwcw.ie/private2/brochure.pdf>

⁶WRIDS Mission Statement and Philosophy of Care

⁷*Why arts and health should not be confused with arts and disability?* Pádraig Naughton, Executive Director of Arts & Disability Ireland, <http://www.artsandhealth.ie/perspectives/why-arts-health-should-not-be-confused-with-arts-disability/>

⁸Killagoley Training and Activation Centre (KTAC) Mission Statement

Glossary

It is recognized that those involved in the project may not use the following terms to describe themselves but for clarity within this report the following terms are used:

Participant Participant Artist or Writer

Facilitator Professional Artist or Writer

CWCW County Wexford Community Workshop (New Ross) Ltd.

RT Unit Recreational Therapy Unit, St. Senan's Hospital, Enniscorthy

KTAC Kilagoley Training & Activation Centre, St. Senan's Hospital, Enniscorthy

WRIDS Wexford Residential Intellectual Disability Services, Enniscorthy