

BACKGROUND DISCUSSION PAPER

June 2005

Arts and Wellbeing Programme: Arts and Disability and Arts and Health:

PREFACE

Informed by discussions in Ireland and Australia in early 2005, which looked at emerging thinking at that time about health, equality and disability issues, the Arts Council considered a presentation of two previously separate headings - *Arts and Disability* and *Arts and Health* under a single title - the *Arts and Wellbeing Programme*.

Subsequently however, through the intensive *Partnership for the Arts* consultation process with arts and disability and arts and health practitioners, Council acted on their advice that it would be more prudent to continue to treat the *Arts and Disability* and *Arts and Health* programmes as separate entities, at least for the duration of the strategy under discussion.

The document below informed the consultation process and preceded the return to separate Summary Policy Papers on *Arts and Disability* and *Arts and Health*.

CONTEXT

The Arts Council wholly endorses Article 27 of the Universal Declaration of Human Rights which states that *Everyone has the right freely to participate in the cultural life of the community, to enjoy the arts and to share in scientific advancement and its benefits..* The Council wishes to ensure that there is equity of access to the arts for career artists, non-career artists, arts workers and audiences.

PROFILE

1. Arts and Disability

In the past, the Arts Council has aimed to address the needs of people with disabilities across the entire spectrum of its activities by influencing arts organisations: through its own policy and practice; through focussed initiatives and funding; by working with other agencies; and by providing support and funding for new and existing organisations and practitioners in the area of arts and disability and disability arts. It recognises that the current needs of the sector have not been adequately reflected in recent policy or actions.

Funded organisations in 2005, with exclusive or extensive input, are the Arts and Disability Forum (NI), Arts and Disability Ireland, CREATE, Fire Station Artists Studios, Kilkenny Collective for Arts Talent, Poet's House, Shadowbox Theatre Company.

Council appreciates that the arts and disability sector has shown a continued willingness to engage with and advise the Arts Council. The sector has clearly articulated its needs which are summarised below.

- The Arts Council needs to show that it is committed to the sector. One way of doing this is to draw in expertise to inform policy. This could be done by appointing a person or a team from the sector to advise Council. In addition, the sector considers it essential that the Arts Council facilitates and funds a network, run by and for artists with a disability, which will promote the work, culture and identity of the disability sector. The Arts Council should consider disability issues in the context of cultural and social diversity and effective change and needs to address issues in the wider context of equality/equality legislation. The Arts Council has undertaken welcome research in the past, action is now required.
- A second way of demonstrating commitment is to make Arts Council premises disability friendly. Some members of the sector have commented that what they see as the complete inaccessibility of the building makes a clear statement of the level of commitment of the Arts Council has to the disability sector. (The Arts Council was refused planning permission to install a lift at the front of the premises some years ago. An accessible toilet was built and other internal renovations were carried out. More needs to be done.)
- Council also needs to take the lead and effect a change in policy which explicitly includes and prioritises the area of arts and disability for a five year period; to disability proof this policy and resultant proposed actions; to prioritise funding for networking, sustainable capacity building and universal access; to take advantage of the fact that 2006 is 10th anniversary of the publication of *A strategy for equality – Report of the Commission on the Status of People with Disabilities*; and lobby for tax benefits (comparable to Section 23), for venues to be made universally accessible; Council should produce and distribute a charter for funded organisations; Council should form further links with Arts Council Northern Ireland and Scottish Arts Council who have evolved excellent practice.
- The Arts Council's application forms ask about the organisations involvement in Participatory Arts, should the same be done for Arts and Disability? Programmers should be encouraged to create programmes for disabled people; the Arts Council could fund publications relating to good practice that would be distributed to all client organisations. A "stock take" should be undertaken to identify and summarise what is being done at the moment for the sector by both the Arts Council and others, and what resources are available. This should include the work that arts practitioners with a disability have created and one way to present this could be through some form of festival or exhibition of the work of artists with a disability. In particular, Council should update the *Arts and Disability Handbook* published in 1999. Applications for funding that require specific expenditures due to the engagement of disabled artists, or structural changes to venues, could attract premium funding. There could be a supplement to the project budget to facilitate specific inclusive expenditures; the Arts Council should provide incentives for the inclusion of disabled audiences and disabled artists.
- Specific funding should be ring-fenced for the sector, either by creating a specific pool of funding from which all applications from the sector are satisfied, or allocating a specific proportion, say 5%, of all budget headings as applicable to the disability sector only.
- The Arts Council should create disability awareness, from an equality perspective, amongst the arts sector in general. Such training should be delivered by people with a disability and could be a condition of certain funding, for example, venues.
- The Arts Council should work with other agencies such as FÁS and Business2Arts to maximise dissemination of information about workplace support grants, and to fully exploit opportunities.

The role of the Arts Council

The Arts Council recognises arts and disability as a broad term encompassing a range of arts activities which involve people with disabilities both as practitioners and as audience members. Arts and disability practice can include both art works by people with disabilities as well as arts activities involving people with disabilities.

Council recognises disability arts as a specific arts activity which involves work done by artists with disabilities as an expression of their identity as disabled people. Artwork created by disability arts practitioners contributes to the expression of a disability culture.

Council also needs to acknowledge the changes taking place within Arts and Disability Ireland (a new director being sought), the emergence of a new organisation, Irish Disabled Artists Network (IDAN) and impending disability legislation.

The perspective taken by Council is that of a social model of disability, while acknowledging a preference for impairment focus, or the affirmation model, by some people.

The Arts Council understands the terms 'people with disabilities' and 'disabled people' to include children and adults who experience a physical, sensory, learning, or mental health disability. It acknowledges the preference of some individuals and organisations for the use of one term in favour of the other. The Arts Council will endeavour to keep informed of developments in terminology and to respond accordingly.

Council acknowledges the Equality Authority's definition of the disability sector which includes those with physical, intellectual, learning, cognitive or emotional disabilities and a range of medical conditions.

2. Arts and Health

During the 1990s, the Arts Council received many excellent proposals for arts and health projects. Council responded to this growing area by instituting a programme of work that included the establishment of a Joint Steering Committee with the Eastern Health Board (later the Eastern Regional Health Authority, now the Health Services Executive) in 1998. This committee oversaw five pilot arts projects in healthcare projects.

These projects included diverse health and social care settings throughout the Eastern Regional Health Authority area. The overall aim of the five pilot projects was to develop, document and evaluate a number of pilot projects in designated locations to inform policy on arts in health settings and to establish models of good arts practice in health environments.

The Practice of Arts in Healthcare (published by the ERHA in 2003) was drawn up by the Authority, together with the three Area Health Boards in the eastern region, the voluntary sector and the Arts Council. The report details the five pilot arts-in-healthcare projects, which involved people with intellectual disability, older persons, children, people with physical disability and people recovering from addiction.

In 2001, it was estimated that there were over 150 arts and health projects in existence in Ireland. It was essential to map these projects and so the Arts Council also commissioned a study - *Mapping the Arts in Healthcare Contexts in the Republic of Ireland: a review* carried out between March and June 2001 by *Leargas Consulting* and Ruairi O'Cuiv, in order to map the levels of artistic activity taking place within healthcare settings in the Republic of Ireland.

A continuing priority for Council has been to encourage policy development within health boards and other relevant bodies, and to seek policy coherence between agencies. In order to address the need for best practice guidelines for those involved in establishing and managing arts and health projects the Arts Council began work on a handbook. *The Arts & Health Handbook* (published by the Arts Council in 2003) was the culmination of a process of consultation by the Council with those involved in arts and health. The publication celebrates the dedicated work and experience of artists, doctors, nurses, patients, care-workers and administrators and aims to provide practical information to those planning arts projects within a healthcare setting. Such projects can range from the purchase or commissioning of an artwork to organising a major arts programme.

In order to encourage a policy-based approach to this growing area of activity and to further build on progress made to date, the Arts Council hosted the Arts and Health Conference in Dublin Castle in June 2004 and in 2005 the key issues arising were published on the Arts Council's website.

In 2005, funded organisations involved in this sector include 4th Promise, Waterford Healing Arts Trust, Music Network, Kilkenny Collective for Arts Talent, CREATE and the Open Windows Project.

There is an increasing understanding of the differing roles and expected outcomes of arts projects and arts therapy projects, as well as an understanding of the commonalities arising between occupational therapy and the arts.

The role of the Arts Council

The Arts Council's role has been to advocate the value of the arts within healthcare settings, to support the artists and project organisers and to help ensure that the artistic practice is of the highest standard. Council considers the arts in the context of arts in care settings, and as a part of an holistic view of wellbeing, health potential or health promotion. Council also considers arts and health in the context of reducing inequalities and strengthening wellbeing as well as strengthening health.

WHAT MIGHT BE DONE, BY THE ARTS COUNCIL AND OTHERS

Arts and Wellbeing:

- Traditionally, the *Arts and Health Programme* and the *Arts and Disability Programme* have been managed separately and independently of one another. Under current legislation (Equal Status Act, 2000; Equality Act, 2004) it is illegal to discriminate under nine grounds, one of which is disability. The other eight grounds are gender, marital status, family status, age, sexual orientation, race, religion and membership of the Traveller community. It is therefore proposed that a new category - Arts and Wellbeing be introduced. Under this heading the Arts and Equality programme and *the Arts and Health programme* will operate to ensure equitable artistic and social engagement. This would ensure that the Arts Council is aligning itself with the leaders in the disability, health and arts spheres.
- The World Health Organisation's definition of health is 'a state of complete physical, mental and social wellbeing not merely the absence of disease or infirmity'. We believe that the arts are an essential element of the physical, mental and social wellbeing of everyone. We believe that the arts are an essential component of the Department of Health and Children's stated aim of the achievement of full health potential including people-centred principals of equity and fairness. Arts and Wellbeing would embrace an holistic view of society which aims to reduce inequalities and to strengthen health (as stated by Dublin Healthy Cities) and is informed by current international best practice (for example, *Australia Council for the Arts – Arts and Wellbeing*, a guide to the connections between community cultural development and health...social inclusion and cultural diversity).
- An appropriate annual budget, and staffing, must be put in place to support Arts and Equality and Arts and Health during the life of the strategy. Funding decisions aim to raise standards of practice in all programme areas in addition to promoting the necessity for a strong policy based approach.

Arts and Disability/Arts and Equality:

- Draw in expertise by seconding a person from the sector to further advise Council in the area of Arts and Disability/Disability Arts in the context of Arts and Equality - this person would draft an Arts and Disability/Disability Arts Policy which would inform the subsequent Equality Policy and ensure that the requirements of the forthcoming Disability Act, and support for both arts and disability and disability arts practice.
- Facilitate a mandated network run by, and for, artists with disabilities which has a base in the Republic of Ireland. This could form part of the remit of an existing organisation.

- Take the lead by prioritising the arts and disability sector for a five year period. The Arts Council will seek to become a model of good practise by providing, as far as possible, universal access to its premises, publications and procedures. It will stipulate in all its literature for individual artists that, where necessary, an artist with a disability may apply for funding for a personal assistant and that this should form part of their budget submission. It will undertake Disability Equality Training, for staff and council members, carried out by a person with a disability. It will encourage its funded organisations to follow its lead.
- Consider a three-pronged approach to building capacity in the sector over a five-year period. The first would be to dedicate a proportion of all Arts Council spend (capital, revenue, Local Authority, Artists Supports (including International) to the sector. This would include a specific funding stream to facilitate artists with disabilities to purchase digital and other equipment/ technologies. The second would be to provide an increased discrete budget for Arts and Equality. The third would be to ensure that both budgets are underpinned by a separate Arts and Disability/Arts and Equality policy.
- Update the *Arts and Disability Handbook* (1999). This will assist in identifying and summarising current activity in the sector.
- Seek to develop and/or instigate partnerships with the Forum of People with Disabilities, the National Disability Authority, the Equality Authority, FÁS and Business2Arts, and its funded organisations to ensure opportunities are maximised
- Acknowledge the value of the Arts and Disability Awards jointly funded by Arts Council of Northern Ireland and the Arts Council/An Chomhairle Ealaíon.

Arts and Health

- The Arts Council will consider policy in the context of the contribution the arts can make to the health, quality of life and social wellbeing of all in society and in particular to those in care settings. The Arts Council confirms its belief that the arts are central to the wellbeing of Irish citizens and values the diverse ways in which art is made and viewed by its publics. It also values the benefits of the arts to those publics be they art makers, art workers or audience members. Arts in care settings are a prime example of this belief.
- Optimise and build on the key findings of the Arts and Health Conference, June 2004 which was itself a culmination of existing and historic arts and health activity. The conference was part of a longer term initiative to encourage a policy based approach. The key conference findings focused on three areas: policy formation and development; networking opportunities; structures.
- Test the viability, by undertaking a feasibility study, of a national, holistic, independent, inclusive arts and health resource organisation to lead the sector. This would have clearly defined parameters, aims and actions. It would link with government health bodies, existing projects and networks and give consideration to the other areas which emerged from the conference: review of funding mechanisms; the possibility of a follow up conference; aspects of education and training; and the further development of resources. The Arts Council encourages individuals and organisations to continue to use local, national and international networks in the interim
- Acknowledge the fundamental importance of understanding partnership and good working relationships between, and the many common aims of, artists and arts workers in the field and art therapists, occupational therapists, and other health care staff in relation to beneficial health service user (patient, client, resident etc.) outcomes and intends to develop policy in this area
- Further develop the relationship with the Department of Health and Children (possibly in the context of recommendation 5 of the Report of the Consultative Forum subgroup on Population Health/Health Promotion 2001- Interdepartmental Group on health to promote multi-sectoral approaches), and with the Health Service Executive regions in order that a diversity of voices and experience can be tapped to produce and develop further policy.
- Consider a further conference, *Arts, Wellbeing and Architecture* to further examine themes arising from the Architecture and Health discussion as the Arts and Health Conference