

CREATIVITY FOR HEALTH AND WELLBEING: Growing the movement in Aotearoa

Notes from September 2017 arts + wellbeing hui

A very warm thank you to everyone who contributed to our fabulously productive arts, health and wellbeing hui towards the end of last year.

Following up on our 1st Call to Action event in March, this hui was designed to gather shared priorities and aspirations to formulate an action plan and nominate a core group to lead it.

Here's a summary of our discussions. The core team will be meeting soon to make these into an action plan and set some fundraising in motion. In the meantime if you have any new thoughts (or want to commit to the core team) do get in touch.

Contact: Amber.amberwalls2@gmail.com

In attendance: Borni Te Rongopai Tukiwaho (Te Pou Theatre), Peter O'Connor (University of Auckland), Taimi Allan (Changing Minds), Annie Ackerman (The Big Idea), Tiffany Singh (Artist), Briar Monro (Creative New Zealand), Claire Noble (Arts Access Aotearoa), Lucy D'Aeth (Canterbury DHB), Lucy Mary Mullholland (APTE, Open Forte), Kelsey Deane (University of Auckland), Susan Jordan (Jordan and PC), Martin Sutcliffe (Corban Estate Arts Centre), Molly Mullen (University of Auckland), Amber Walls (Creative Collaborative, CAN), Rod Wills (CAN Creative Access Inc.), Margaret Lockhart (Mental Health Foundation), James little (Creative New Zealand), Yvette Sitten (Artist), Caroline Millar (Art Therapist), Angela Carr (Rep. Museums Aotearoa), Amanda Lawson (Whitecliffe College of Art and Design).



Who are we...? And what unites us?

Borni and Molly led us through a whanaungatanga, followed by a creative exercise and discussion designed to help us identify who is (or who should be) part of our arts + wellbeing movement, and what values and goals guide and connect us as a community...

We were asked to write the words we each use to describe our own work on a sticky note map. We then organised these into groups and discussed the diversity of our practice and the key values and language that unite us.

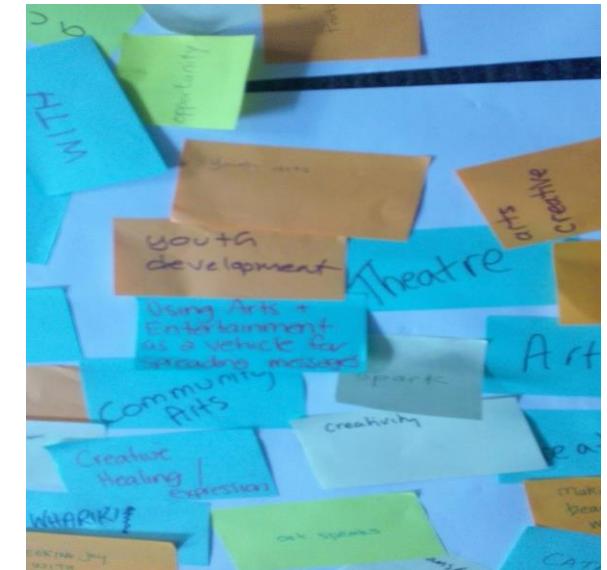
Who are we?

People used the following terms to describe their work:

Socially engaged art; mental health promotion; wellbeing activism; art therapy; health promotion specialist; youth development; community artist; disability arts advocate; museums researcher; creative healing practitioner; creative ageing specialist; applied theatre practitioner/ educator; evaluator; space activator; social practice.

A broad range of words were also used to describe the outcomes of our work. The wordle image on the right represents these, with the largest/ bold words representing those used most frequently.

This exercise identified the diversity of people and 'languages' in the room and in our arts + wellbeing field.



activism advocacy arts asking belonging building change
community creative development equity expression
empowerment engaged hauora healing inclusion
growing participation practice
outreach promotion questions regeneration revolutionary
social spaces theatre well-being youth

What do we mean by arts, health and wellbeing?

Our shared understanding of the terms health and wellbeing was broad and not confined to traditional (medical model) health sector practice. We agreed that we understand wellbeing as a holistic concept embracing physical, social, psychological, spiritual and creative wellbeing.

Although people in the room had different motivations driving their work, there was broad agreement that individual health and wellbeing is dependant on health promoting environments, and therefore was not separable from the goals of promoting healthy communities, community development, social equity, inclusion and social justice.

Values were important

Several people wrote words that outlined the political nature of their work and goals driven by principles such as social justice, equity, advocacy, social change and activism.

Language and our name

We discussed key words we could all sign up to; ones which we didn't especially like but felt necessary, and others which we should avoid. Words had different meanings to people in the room, but the activity told us that;

- The term health is inadequate to represent who we are. Wellbeing was preferred (not liked by everyone, but understood as relevant).
- Our 'name' needs to also encompass social/community arts practice, and speak to a broad understanding of collective wellbeing and our Pacific and bicultural context.
- It should speak also to the human and joyful qualities of our work.
- We might use a creative name and some ideas were offered.



What can we learn from others to help us grow strong?

Lucy D'Aeth and Amber Walls shared insights from their recent overseas trip to the UK Culture Health and Wellbeing Conference.

Key messages

- We are doing work here which is equally good but we lack the research, development and infrastructure to unite us and support collective growth
- Investment in quality research, evidence and advocacy has been catalytic in the UK in growing the arts and health movement
- Pacific/ Aotearoa concepts of wellbeing are really synergistic with current shifts (to more holistic concepts of wellbeing and a focus on social inequities), and our work here is really interesting to others.

Advice from overseas 'arts and wellbeing' networks

Australia ACAH (Australian Centre for Arts and Health) said the following elements of their work had been transformational for 'arts and health' in Australia

- Grass roots networks growing practice (opportunities to connect, share, learn, inspire and collaborate)
- Using an annual conference as a platform for innovation and networking
- Influential champions are crucial (not just high powered ones, proactive ones in different 'networks')
- International collaborations
- Investment in high quality training for arts AND health practitioners



What works in Finland and the UK?

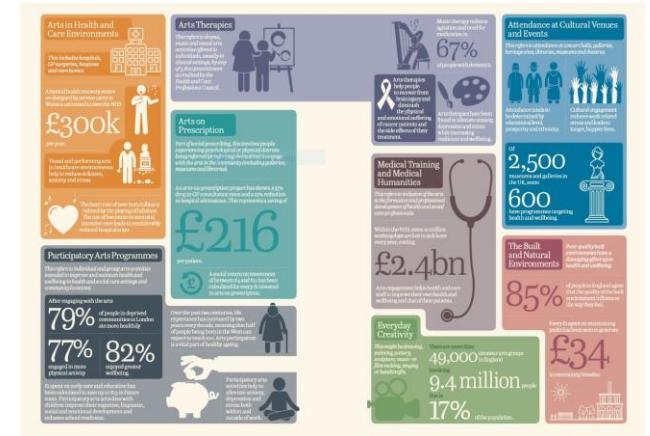
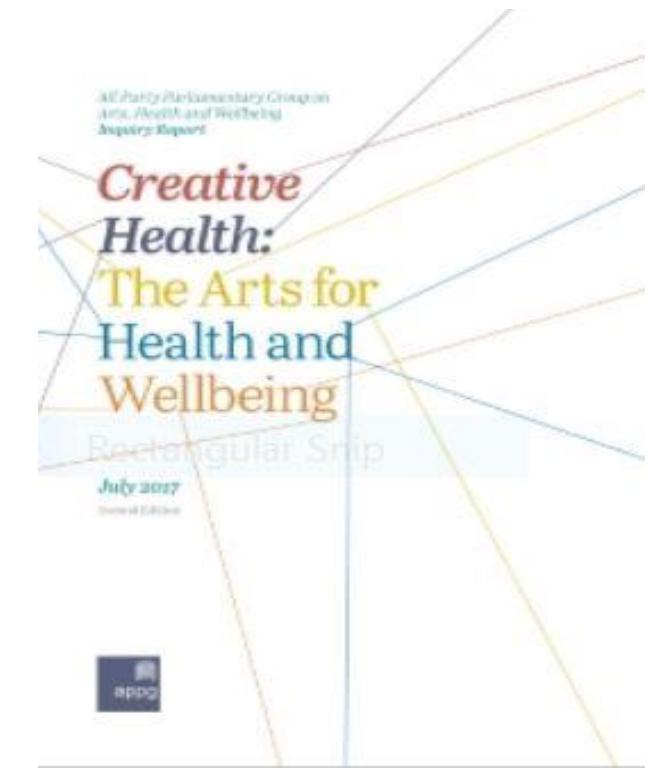
- Regional practice networks who meet regularly
- Bottom up, lightweight, locally-driven connected to a national hub (digitally and face to face)
- University-led research collaborations
- Collaborative arts/ wellbeing programmes/ festivals/ projects
- Advocacy and influential champions at government level

The UK All Parliamentary Inquiry on Arts, Health and Wellbeing

<http://www.artshealthandwellbeing.org.uk/appg-inquiry/>

Key messages from this important document

- Investment in research, evaluation and evidence is important but it's not everything
- There is substantial evidence but we still need a culture of producing quality evaluation and evidence (not necessarily scientific but appropriate to the nature of the work)
- Evidence needs translation e.g. policy briefings... guidance... experiencing the work
- A change of belief system/ culture is needed for the evidence to matter “policy-making is underwritten by a belief system – some change of belief needed”
- We need to mobilise the whole cultural sector for ‘healthy individuals and a health-creating society’
- A change of culture is needed – not just in public government/ health/ social care practice to recognise the arts. It is also needed in the arts/cultural sector to recognise arts and wellbeing as a an equally valuable practice, and in society as a whole to promote understanding of what wellbeing is and the complex factors that help us achieve it or not.



What do we need to feed our movement?

Taimi Allen introduced a creative exercise asking a series of questions designed to help us build a plan of action focusing on the people, partnerships, resources and actions we need to feed and grow our movement. We were then asked to nominate priorities using sticky dots.

Roots- what evidence do we have? What research is needed?

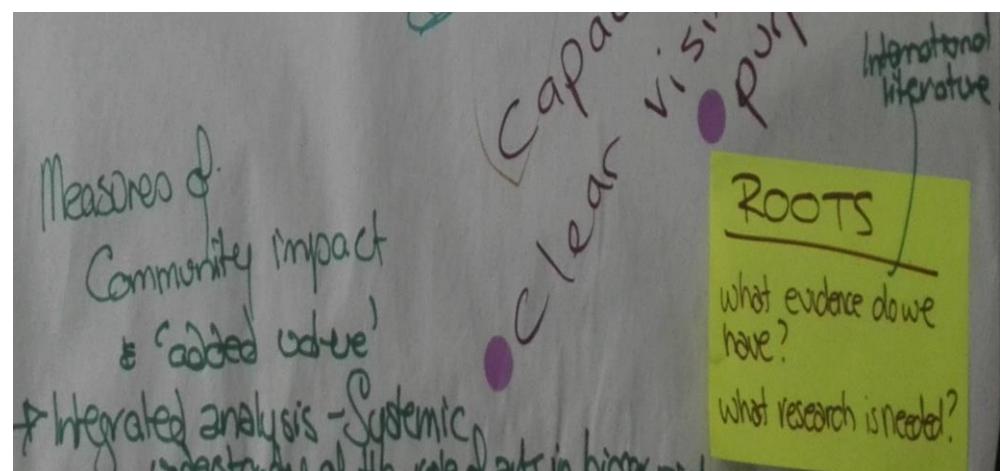
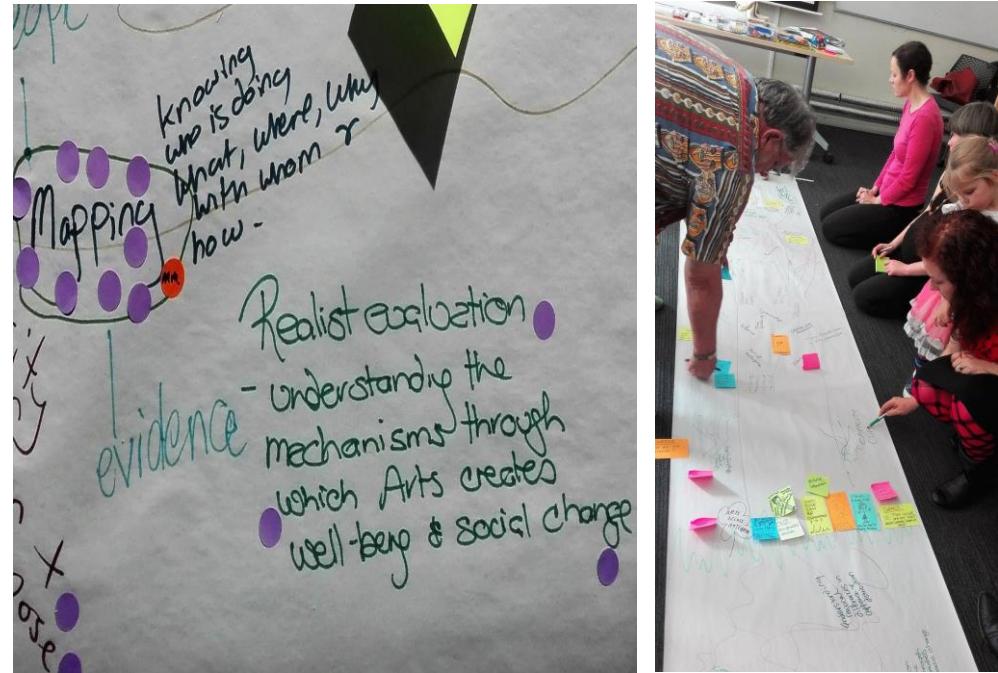
This section was voted as the second most important priority (11 votes)

We have:

International evidence and literature

We need:

- To map (identify) evidence available here
- Realistic evaluation (understanding *how* the arts produce wellbeing benefits)
- Comparative data (comparing arts interventions with other types e.g. bootcamps)
- MSC (most significant change)
- Measures of community impact and added value to the community
- Rich case studies of practice in Aotearoa



Grass – who is our core cast- place yourself here...

Setting up a core team to take the project to the next level was voted as the top priority (20 votes)

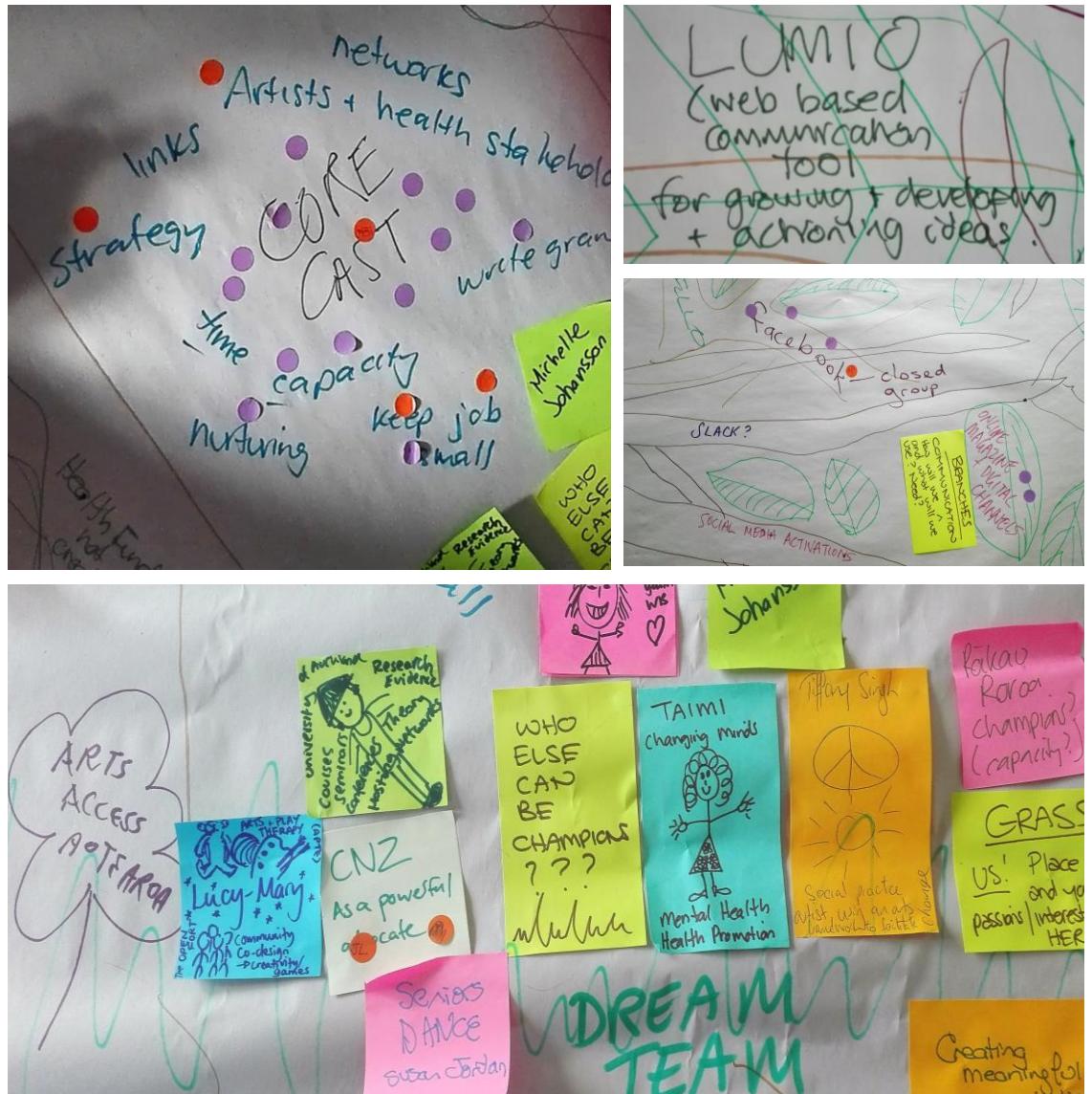
Core team: A team was nominated on the day: Taimi Allan (Changing Minds); Creative New Zealand; Arts Access Aotearoa; Lucy Mary Mullholland (APTE); Susan Jordan; Molly Mullen (University of Auckland); Tiffany Singh (artist); Angela Carr (University of Auckland and Museums Aotearoa); Amber Walls (Creative Collaborative and CAN (Creative Access Network).

Key role: Defining vision and purpose; setting strategy; fundraising, identifying stakeholders/ networks and building links; mapping people and evidence; keeping the work realistic in relation to capacity.

Branches – how will we communicate and what will we need?

Communication platforms were also seen as an important priority (8 votes).

Suggestions (in order of popularity) included website/ digital platform; lumio; slack; social media activations; facebook; online magazine; e-newsletter; podcasts.



Trunk - what resources will we need and where will we get them?

Most answers focused on sources of financial support. Suggestions included corporate social responsibility; philanthropic; sponsorship; LMLM (like Minds Like Mine) small grants; Mental Health Foundation media and creative grants; time banking; lotteries; Oranga Tamariki; MYD Partnership Fund; MSD; Seniors Ministry; social and holistic entrepreneurs; percent for arts from housing developers.

Partnership was also suggested, particular using CAN INC. (Creative Access Network) as networkers; informants; participants; 'old hands'.

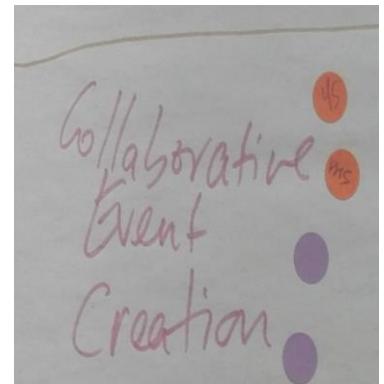
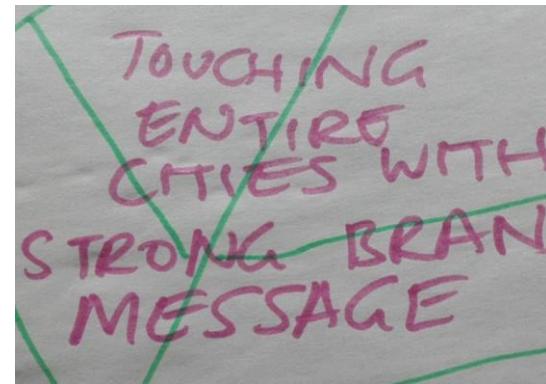
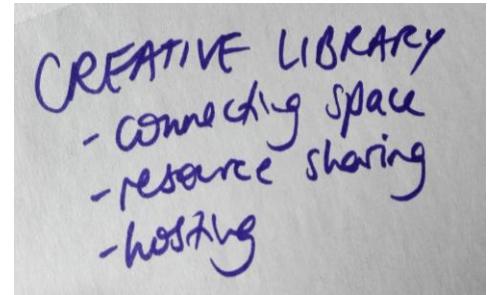
Weeds - what are the obstacles?

Answers were ageism and health funding not being 'creative friendly'.

Leaves - what projects/outputs/examples will come out of this?

Answers (in order of popularity):

Conference (7 votes); collaborative events; collaborations across industries; national festivals (locally led, regionally flavoured); creative ageing festival; creative library; real stories of change (on the Big Idea?); strong brand messaging; art and play therapy in primary schools, plus teacher PD and whole school culture change; participatory Artwork at Te Papa Artwork; healing for communities; mental health promotion tools and stigma reduction.



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Thanks to our supporters and contributors so far...



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SOCIAL WORK



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THE
BIG
IDEA