

# Creative Practice for Youth Wellbeing in Aotearoa | New Zealand

Mapping the ecosystem in Tāmaki Makaurau | Auckland

Critical Research Unit in Applied Theatre

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2019



EDUCATION AND  
SOCIAL WORK



THE  
CREATIVE  
THINKING  
PROJECT

This report was prepared by staff of the Critical Research Unit in Applied Theatre at the University of Auckland. The research team of Amber Walls, Dr Molly Mullen, Dr Stephen McTaggart and Professor Peter O'Connor are particularly grateful to the Creative Thinking Project at the University of Auckland and the Research Committee of the School of Critical Studies in Education, Faculty of Education and Social Work, for their financial support of the project. We acknowledge our participants for the time and care that went into their responses to our survey.

Critical Research Unit in Applied Theatre  
August 2019.

## Table of Contents

|   |           |
|---|-----------|
| <b>Executive Summary .....</b>  | <b>1</b>  |
| <b>Introduction .....</b>   | <b>4</b>  |
| <b>Research design and methods .....</b>  | <b>7</b>  |
| <b>Creative youth wellbeing organisations in Auckland .....</b>                                   | <b>12</b> |
| Online survey: Responses .....  | 16        |
| <b>Literature Review .....</b>  | <b>57</b> |
| Defining wellbeing.....   | 58        |
| Influences on wellbeing .....   | 60        |
| Defining wellbeing in the New Zealand context .....   | 65        |
| Critiques of wellbeing.....   | 70        |
| <b>Youth, arts and wellbeing: the international context.....</b>                                  | <b>72</b> |
| A growing global movement .....   | 72        |
| Arts for wellbeing .....  | 76        |
| Young people, arts and wellbeing.....   | 78        |
| <b>The arts and wellbeing in Aotearoa: the current national practice and policy context .....</b> | <b>84</b> |
| Youth wellbeing .....   | 84        |
| Arts and wellbeing .....  | 85        |
| The development of a national alliance for arts and wellbeing .....                               | 87        |
| The practice and policy context .....   | 88        |
| <b>How do the arts produce wellbeing? The research and evidence base.....</b>                     | <b>95</b> |

|  |            |
|--|------------|
| International research: overview .....     | 96         |
| International research: young people.....  | 98         |
| New Zealand research.....                  | 107        |
| Challenges and critiques .....             | 112        |
| Questions of evaluation and evidence ..... | 113        |
| <b>Conclusion and recommendations.....</b> | <b>115</b> |
| <b>References.....</b>                     | <b>129</b> |

## Executive Summary

### Research Context

This report examines organisations supporting the wellbeing of young people through participation in the arts. The research focuses, in particular, on organisations in the Auckland region. It scopes the ways in which these organisations understand, carry out and resource their work. It identifies key challenges for sector sustainability, growth and positive impact across Aotearoa New Zealand. A review of international literature places this local work in the wider national and international context.

### Key Findings

This research shows:

- The arts for wellbeing in New Zealand exist in an unfavourable environment. It is fragmented, siloed and lacking visibility and a substantial local research base.
- Government investment and funding in arts and wellbeing is relatively low considering the many policy-aligned outcomes.
- The current policy and funding context presents significant, deep-seated challenges which impact on growth, sustainability and positive impact for artists engaging with young people on major wellbeing issues.
- Inappropriate funding models as well as poor funding levels impacts on the quality of service provision by artists and arts organisations.
- A failure by local and national government to recognise the capacity for the arts to bring about significant individual and community change in wellbeing hampers the field.
- The significant interrelationship between the arts, health and wellbeing is now well-established internationally and, in some countries, including the UK and Australia, deeply informs regional and national government policy. That is not the case in New Zealand.

## YOUTH WELLBEING IN AOTEAROA

- There is a rapidly growing, significant evidence base internationally demonstrating wide ranging health and wellbeing benefits for young people from participation in the arts.
- The literature demonstrates a close alignment between wellbeing and the distinct nature and experience of a creative process
- There is a limited local research and evidence base and lack of appropriate evaluation methods.
- There are potential synergies between holistic understandings of wellbeing, Māori and Pasifika theories or models and arts practice.
- There is a diverse, significant and rich body of arts and wellbeing practice for youth in the Auckland region.
- This area of practice is noticeably cross-sector and cross-disciplinary and can be found in organisations working within and across the arts, youth, health, education, cultural and community contexts.
- Organisations understand wellbeing in many different ways, but the dominant understanding of the relationship between the arts and wellbeing is an individualised, instrumental one.
- Practice is currently informed by an eclectic knowledge base including Positive Youth Development, Arts Education, Community Cultural Development, Community Arts and Socially Engaged Arts, Participatory Arts, Applied Theatre and Arts Therapies.
- People doing this work are often qualified and experienced in relevant areas of practice, but the workforce overall suffers from lack of sustainable employment opportunities and pathways for specialised study and professional development.

**Key recommendations for the government:**

- To recognise the significant role of the arts in maximising the potential for individual, community, social health and wellbeing.
- To invest in national strategic leadership and resourcing to resolve the deep-seated, significant challenges to the growth and sustainability of this sector.
- To develop a national arts strategy to embed the arts across all government policy areas.
- To adequately resource Te Ora Auaha Creative Wellbeing Alliance Aotearoa and Arts Access Aotearoa as national bodies representing the sector.
- To invest in high-quality professional development, evaluation and research to strengthen quality practice.
- To fund similar mapping/scoping research at a national level and extend it beyond the exclusive focus on youth.

## Introduction

This report, produced by the Critical Research Unit in Applied Theatre at the University of Auckland, examines organisations supporting the wellbeing of young people through participation in the arts. It draws from a research project conducted between February and December 2018. The research focuses on organisations in the Auckland region which work in the field of arts and youth wellbeing. It scopes the ways in which they understand, carry out and resource their work. It identifies key challenges and opportunities for sustainability and growth of the field. Supported by a review of international literature, this investigation explores and cites local work in the wider national and international context.

The project was conceived in a conversation between practitioners, researchers, and funders who came together to participate in a focus group about research and evaluation practices in community-based arts. Discussions led to the conclusion that, whilst ‘sector knowledge’ told us there are significant systemic issues impacting our field of interest, there is relatively limited local evidence to advocate for the role of the arts in health and wellbeing in Aotearoa New Zealand.

This research provides new insights into theories, practices, and evidence within this low-profile and under-researched field. These insights will inform further research and/or the development of a longer-term strategy designed to enhance the profile, impact and recognition of organisations using the arts to promote youth health and wellbeing in Aotearoa.

This research takes place at a critical moment in the local context. Recent government interest in wellbeing as a policy goal, alongside increased interest and investment in young people and the arts have created a climate of new opportunity. Pre-dating this, the Critical

## YOUTH WELLBEING IN AOTEAROA

Research Unit in Applied Theatre worked in partnership with a number of arts, health, education, youth and community organisations, to build a nationally focused project designed to grow arts for wellbeing as a thriving field of practice. Te Ora Auaha: Creative Wellbeing Alliance Aotearoa has been formed from this collaboration.

### **Why is this research needed?**

The last decade has seen a significant growth in the use of the arts in strategies designed to promote social change, health and wellbeing. 'Arts for health and wellbeing' has emerged as a rapidly expanding and thriving field of practice internationally, and gained momentum and investment especially in places like Australia, the UK, mainland Europe and Canada. This is supported by a substantial growing evidence base demonstrating the value of creativity and the arts in promoting individual and collective wellbeing.

An area of particular research and investment has been the potential of the arts to promote youth wellbeing. In Europe and Australia, arts-based 'wellbeing' programmes with young people have been the focus of significant investment. In the United States and Canada, CYD (Creative Youth Development) has emerged as a dynamic movement unifying a diverse and fragmented grass-roots field into a national movement to promote youth wellbeing through the advancement of arts and creativity.

New Zealand however, has not historically benefited from comparative levels of research, strategic leadership and investment in the role of the arts in youth and community wellbeing. A report commissioned by Pegasus Health Ltd., a key Primary Care provider, drew this conclusion. It also identified the 'promising potential' of the arts to promote positive mental health, and identified synergies with indigenous health models (Bidwell, 2014).

This investigation focuses primarily on developing our understanding of community-based youth arts work for young people in Auckland. However, the research produces data

## YOUTH WELLBEING IN AOTEAROA

and evidence which are potentially of value to long-term national goals and priorities for youth, arts, health and wellbeing.

### Research questions:

- Which organisations are using arts and creativity to promote youth wellbeing in Auckland?
- How do these organisations understand, execute and resource their work?
- What are the key challenges impacting on sustainability and growth?
- What are the key aspirations and opportunities for growth of this 'field' of practice in Aotearoa?

## Research Design and Methods

### Definitions

We adopted the following working definitions:

***Young people.*** Our study looks at young people aged 12-24, consistent with the definition of youth adopted by Ministry of Youth Development. We are aware that this is not a universally accepted definition, and that, in some cultures the period of youth is determined according to rites of passage associated with transition into adulthood.

***Arts practice.*** We include music, dance, theatre/drama, visual arts, literature, spoken word, craft/object making, digital and media arts, photography and film, mixed media, circus arts, street arts (graffiti art), and expressive artforms of any cultural tradition including Ngā Toi Māori (such as kapa haka) and Pacific arts.

***Creative.*** For the study, creative is understood to mean creative processes and practices involved in the above mentioned artforms. We did not adopt the broader contemporary conception of 'creativity', often used to refer to novel and imaginative practice in other fields, such as science and humanities.

***Participation.*** We were specifically interested in participatory practices which we understand to actively create opportunities for young people to participate fully and have greater control over what happens to them through seeking their 'advice, participation and engagement' (Ministry of Youth Development, 2002, p. 22). Within the context of the arts specifically, participatory practices are defined as "art that is created collectively by groups of people (who may not self-identify as artists) ... with this process facilitated by an artist or group of artists" (International Centre for Arts for Social Change, 2019).

Our research, therefore excludes the activity of attending arts events from participation in the arts.

*Wellbeing.* Wellbeing is a complex, socially and culturally situated term. It means many things to many people. We chose not to offer our own definition but to allow survey participants to tell us what it means to them. We also consider the role of the arts in relation to some specific conceptions and models of wellbeing as part of the literature review in this report.

*Creative youth wellbeing.* We define this broadly as *participation in practice with intentional youth wellbeing goals*. Survey participants were asked to define how they understood wellbeing within the context of their own work.

The term *creative wellbeing* used in this research study, was informed by the consultation process used in the formation of Te Ora Auaha. Workshops with practitioners, policymakers and researchers held in March and September 2017 explored ways in which the arts and wellbeing are understood and applied in the local context. Wellbeing was defined as a holistic concept embracing physical, social, psychological, and spiritual factors, and not separable from social equity, social justice, and the sustainability of the wider environment. This understanding reflects Māori and Pacific models of health, and is broadly consistent with the socio-ecological and rights based conception of wellbeing articulated in the 2019 government Child Wellbeing Strategy cabinet paper. It was also agreed by workshop attendees that the arts should not just be seen as a tool for application in social interventions, but recognised for the health-promoting qualities of engagement with creativity in our daily lives more broadly.



Figure 1: Descriptions of what wellbeing means to practitioners in Aotearoa, New Zealand. Source: co-design workshop for an arts and wellbeing network, September 2017.

### Geographical scope

- The mapping work (survey and database) was restricted to the boundaries of the Auckland supercity region.
- The literature review was national and international.

### Methods

We used a mix of qualitative and quantitative research methods. The research strategy included:

- ***Establishment of a cross-sector Advisory Group*** to draw from key expertise across the fields of arts, health and youth, and to ensure relevance of data collected. The Advisory Group included representatives from three peak bodies (arts, youth, arts access, plus specialists working in the ‘creative youth wellbeing field’).
- ***Ethics approval*** was granted on 17 May 2018 by the University of Auckland Human Participants Ethics Committee (UAHPAC) REF: 020522 for administration of the qualitative survey.
- ***An international literature review*** was undertaken between March and December 2018 using library searches, databases, journals, evaluation reports, policy documents and

online sources. Although this is a relatively young field of practice, a wealth of relevant international literature was sourced. Our focus was on literature produced over 10 years up to, and including, 2018, except where material was felt to be seminal and highly relevant to current theories or research. All source materials were carefully screened and only those from credible sources and peer-reviewed journals were included, with the exception of a handful of local (New Zealand) evaluation reports and publications which we reviewed. Literature includes material drawn from a broad inter-disciplinary field using search terms guided by the definitions outlined in this section.

- ***Desk-based mapping research*** set out to map an area of arts practice that lacks visibility and coherent identity. The focus was organisations in the Auckland supercity region who provide arts-based activities with wellbeing goals for young people aged 12-24. The first step in the process was to conduct desk-based research using key terms to identify organisations whose practice was aligned with our working definitions. In addition to an online search using key terms, we searched publicly available data via specific networks of interest. This was carried out between February and April 2018.
- **A database of organisations** was produced. We decided that some activity would be outside the scope of this project. We excluded sole practitioners from this exercise, with the exception of those who work as part of an organised group of practitioners. Telephone contact was established with eligible organisations for the purposes of identifying the most appropriate email contact to receive the survey. The database was subsequently used to administer the survey.
- **Online survey of identified organisations** using a mixture of quantitative and qualitative questions administered via Qualtrix.

### Research limitations

Whilst both the survey and online search produced valuable insights, the following limitations should be acknowledged. The database search for relevant organisations was limited by a reliance on information available in the public domain. We are aware that not all organisations can be easily found online. Since completing the survey we have become aware of further organisations that do not have digital platforms and/or whose online presence is in early stages of development.

By utilising an online survey, we are aware that our research was reliant on one person's representation of their company's work. This may not reflect the different ways each company's practices are understood by different people within organisations. We were also unable to probe organisations for clarification or further exploration. A small number of organisations (including three who did not complete the survey) engaged with the research team at length via email and provided additional information and insights. This information cannot be included in the data analysis as it is outside the scope of the research ethics. These observations highlight the limitations of the research methods, and we suggest further qualitative research would provide enhanced insights.

It is important to recognise that the categorisation of certain cultural practice as 'the arts', and the dominant perception that such practices are separate from everyday living, is a largely western construct. This understanding points to the potential of future partnership research, and further research using indigenous methodologies, to understand what youth wellbeing might mean in relation to creative processes and practices embedded in Te Ao Māori and Pacific Island cultures.

On a final note, the research team took the decision to not include the database in this report. Since the total number of organisations is relatively small, we felt that publishing

details about the organisations in the database could compromise the de-identified survey participants.

## Creative youth wellbeing organisations in Auckland

### Online mapping

This part of our research project set out to map organisations using participatory arts practice with wellbeing goals involving youth aged 12-24 in the Auckland region. Our first step was to conduct online research using key terms to identify organisations whose practice was aligned with our working definition. In addition to this, we searched publicly available data via specific networks of interest, including:

- Regional grants programmes who might support this area of practice
- National and regional arts, health, youth and community networks
- Regional arts, culture, youth, community, health facilities and organisations
- Regional faith organisations and Marae
- Regional and local Māori and Pacific arts, youth, health, community organisations
- Auckland Council (website and contacts in arts and youth departments)
- Regional regeneration initiatives
- District Health Boards and youth health and wellbeing service providers
- Local Boards (initiatives and grant-making schemes)
- Grant-making bodies, trusts and foundations known to support arts, youth or community health practice

Our search, initially identified 95 organisations and groups, including:

- Regional organisations providing community-based arts engagement for young people

## YOUTH WELLBEING IN AOTEAROA

- All regional arts and culture venues and facilities
- Auckland Council, Arts, Events and Youth Empowerment teams
- National and regional youth organisations providing youth engagement and activity programmes
- Youth and Community Centres, which were identified in searches for arts provision
- Regional churches and Marae
- National and regional youth health and wellbeing organisations
- A District Health Board which was identified as providing arts therapies
- Youth-led, arts-based initiatives

Following further scrutiny, this list was refined to 27 organisations whose online information confirmed a sustained engagement with young people through arts practice-based programmes, with an additional 33 organisations and groups of interest (i.e., with no visibility of work that met our criteria online, but whose work warranted further inquiry).

All 60 organisations were contacted via email and invited to participate in our survey subject to confirmation of eligibility against our working definition and criteria. A total of 41 organisations responded (just over 68% of the total cohort). Of these, eight organisations confirmed that they were not eligible and three new contacts confirmed eligibility. Organisations that felt they were not eligible were either youth organisations with no arts provision, or arts venues who felt that their work was primarily focused on arts engagement and that, although wellbeing may be an outcome of their work, this was not a particular goal they prioritised. One organisation using arts-based engagement to promote mental health felt that they were not eligible because their work (although it is open to the 18+ age range), is not primarily targeted at young people.

Following the mapping process, 30 organisations were confirmed as fitting the scope

## YOUTH WELLBEING IN AOTEAROA

of our research and invited to complete our online survey.

These 30 organisations included:

- Small community based organisations with bespoke arts-based youth development and wellbeing programmes (10)
- Artists' collectives (2)
- A national youth arts organisation (with regional centres) (1)
- National youth development organisations which offer the arts alongside other programmes (4)
- An applied theatre organisation working nationally (1)
- Arts centres and theatres offering sustained youth participation programmes (3)
- A District Health Board offering arts therapy programmes (1)
- Small organisations offering arts therapies (5)
- A mental health promotion organisation (1)
- A youth-led programme (1)
- One small organisation working nationally to deliver training programmes for practitioners and families (1)

Of these 30 organisations and groups, many work with multiple artforms (almost 50%).

Theatre-based programmes were highly represented (26%), alongside dance, drama and music (all 6%), followed by circus, spoken word pottery and kapa haka (all 3%). Most of the organisations (over 76%) offered highly bespoke programmes developed to support youth wellbeing specifically (rather than wellbeing being one of many foci in a wider programme).

In their 2018 research mapping the youth development eco-system, The Centre for Social Impact identified four key practice approaches: risk-based interventions (targeting young people seen to be in need of intervention); universal services (for all young people;

and youth-driven and youth-led approaches (characterised by increased agency for young people). Of the 30 organisations identified in our research over two-thirds (70%) were risk-focused. These organisations broadly targeted young people deemed to be at risk due to disability; educational exclusion; contact with the youth justice system; mental health challenges; cognitive learning differences or because of perceived disadvantages associated with low-socio-economic neighbourhoods.

The majority of the 30 eligible organisations (73%) have not-for-profit/ charitable trust status. Other models include small business and non-formalised groups (13% each); and a Ministry of Health funded District Health Board. The non-formalised groups are all artist-led. One of these is specifically youth-led.

The prevalence of not-for-profit/charitable trusts implies a sector heavily dependent on fundraising and philanthropic giving and the survey responses around resourcing are consistent with this.

### **Limitations and challenges**

Mapping this field was challenging. This is an area of arts practice that has been, to date, lacking in visibility and coherent identity. It includes a high proportion of small organisations and groups. We are aware from our professional experience that multiple other groups and organisations exist which did not appear either in our search or requests for information via local networks. Many of these are not easily found by public searches, either because they have no open access web presence, or their web presence reveals limited information about the organisation or group. There is a distinct lack of networks or information points through which these organisations and groups can be found. This is further complicated by the diversity of the ecology, with organisations operating across multiple 'sectors'. Establishing a full picture of the field requires additional research using

methods which are sensitive to this ecology.

### Online survey

The 30 organisations identified as fitting the scope of this research were emailed a Qualtrix online survey incorporating both quantitative and qualitative questions. 19 organisations completed the survey.

#### *Types of organisation/group*

Survey participants were broadly representative of the 30 eligible organisations in our database. They included organisations and groups working across the arts, youth, health, education and community sectors, including:

- A District Health Board
- A mental health promotion charity
- An Arts Therapy and Play Service
- Two youth development organisations
- Three disability focused arts organisations
- Three arts centres
- Four theatre/performance organisations
- Two artist collectives
- One community arts education provider
- One organisation delivering arts in alternative education contexts.
- Māori and Pasifika-led organisations and groups.

Over half of the organisations had charitable status: nine were charitable trusts, one was a company with charitable status, and one was in the processing of registering as a charity. Three organisations identified as not-for-profit entities, one as a public company, and

## YOUTH WELLBEING IN AOTEAROA

two as private businesses. No local authority, church or Marae-based groups participated in the survey. One organisation described itself as having youth organisations embedded within a parent (arts) organisation, and hosting several other small, tenant youth organisations.

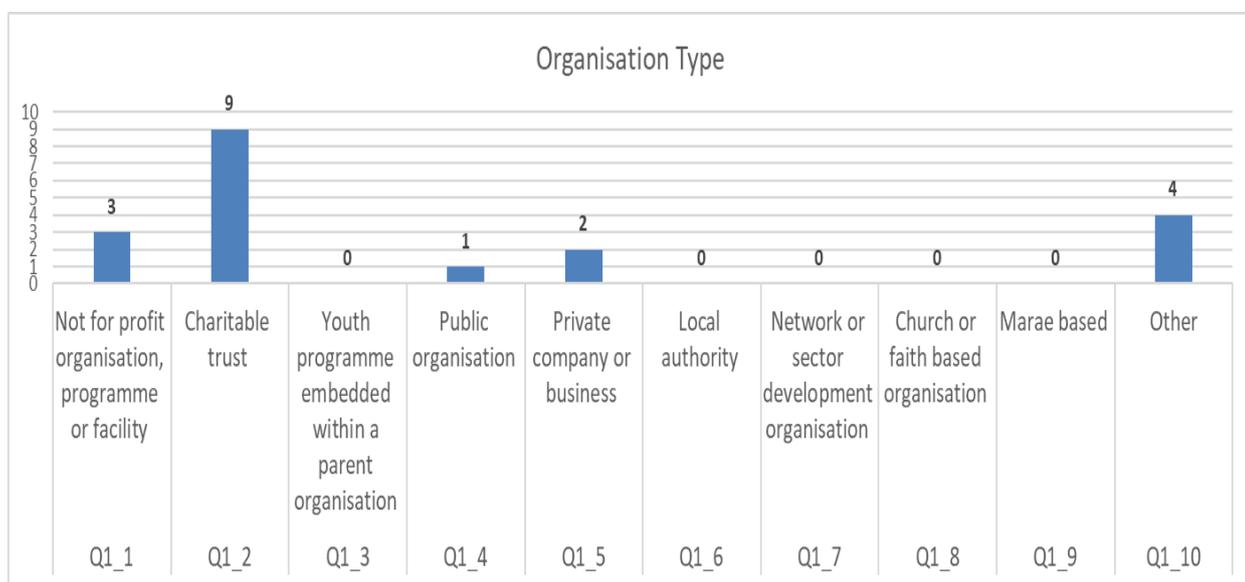


Figure 2: Graph showing categories best defining the form of organisation or group

### Geographical reach

The majority of respondents (12) described the primary geographic area they served as regional (Auckland-wide). Six of the 19 Auckland-based organisations have a wider, national reach, and five work at neighbourhood level. One organisation described themselves in 'other' as delivering a third of their work outside of the Auckland region. Respondents in some instances selected more than one category to describe, for example, regional and national reach.

## YOUTH WELLBEING IN AOTEAROA

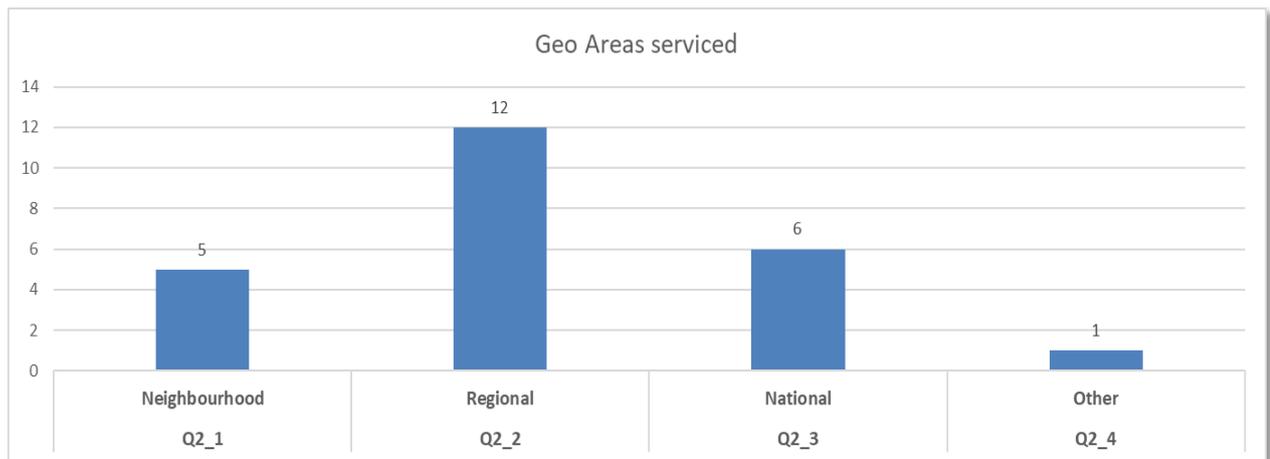


Figure 3: Graph showing the primary geographic area served

13 of the 19 respondents provide programmes for young people in Central, West and South Auckland. 11 provide programmes in North Auckland. Seven work in East Auckland. Several organisations described working onsite (in their own venues) and also in specific neighbourhoods. Neighbourhoods specifically named were Edgewater, Pakuranga, Manurewa, Otahuhu, Mount Roskill, Onehunga, Kohimarama, Mt Albert, Western Springs, Henderson, Takapuna and the Kaipātiki Local Board area.

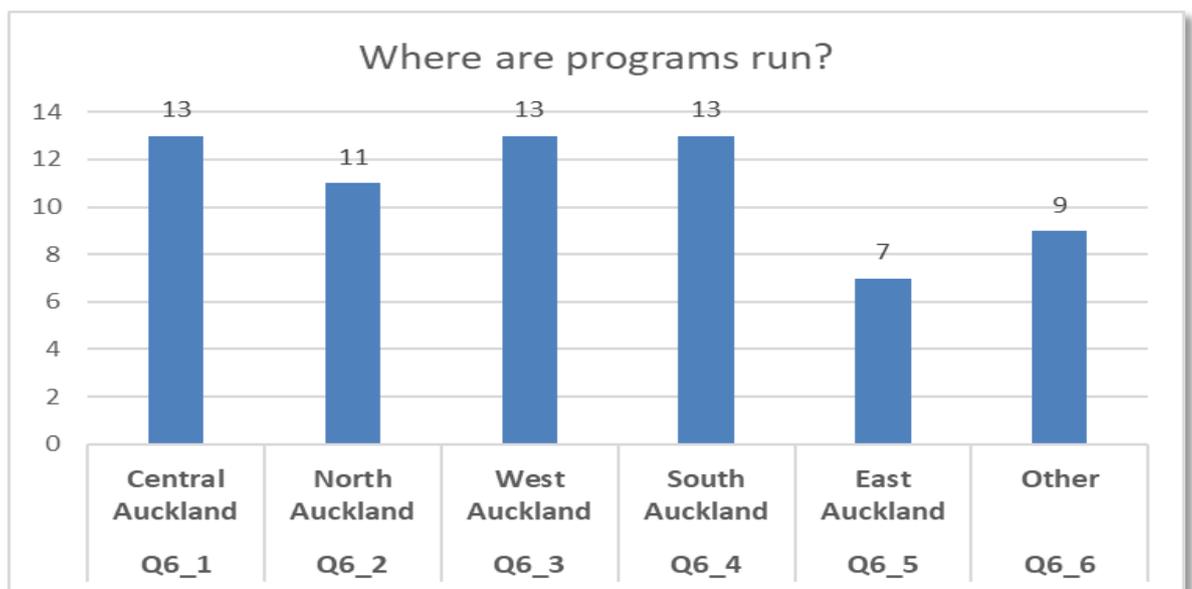


Figure 4: Graph showing where organisations run their programmes

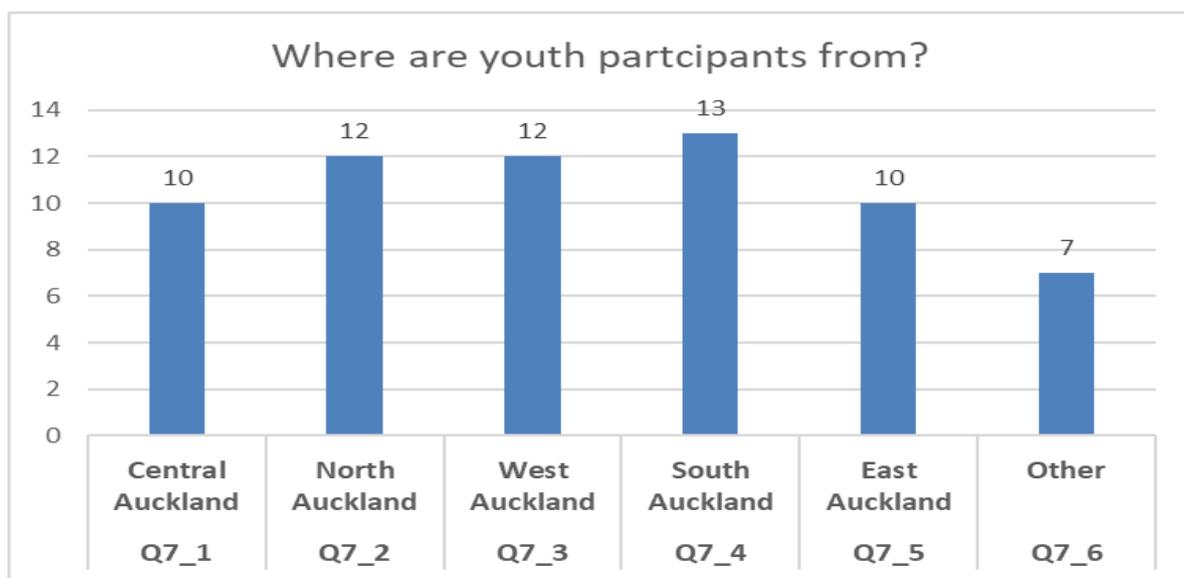


Figure 5. Graph showing where youth participants are from

The survey did not ask respondents to give a rationale for their geographical presence or reach. However, one organisation commented that they would work in any community subject to invitation, whilst another commented that *‘We offer to North and East Auckland but they are reluctant to take us. Our main focus is decile 1-3 schools, although we go higher if we are having difficulty making bookings’*. This second comment indicates that some organisations may target specific kinds of settings (e.g. low decile schools) rather than specific geographical areas.

### Youth Participants

Respondents indicated that their work engages a broad range of ages, spanning 12-24 years, with engagement reducing incrementally across the older age ranges. Almost all (17) respondents indicated that they work with young people aged 12-14 years. 16 work with the 15-16 years age range, 15 with the 17-21 age range, and 11 with the 22-24 age range. These statistics are broadly consistent with Creative New Zealand’s recent review of arts participation which identified an incremental decline in arts participation amongst the older youth population (Colmar Brunton, 2018b). The high engagement of young people aged 12-

## YOUTH WELLBEING IN AOTEAROA

14 years reflects the number of organisations running programmes with/within schools. The majority of programmes for older age ranges were bespoke, designed in response to the specific needs of target groups, for example to support mental health or social inclusion.

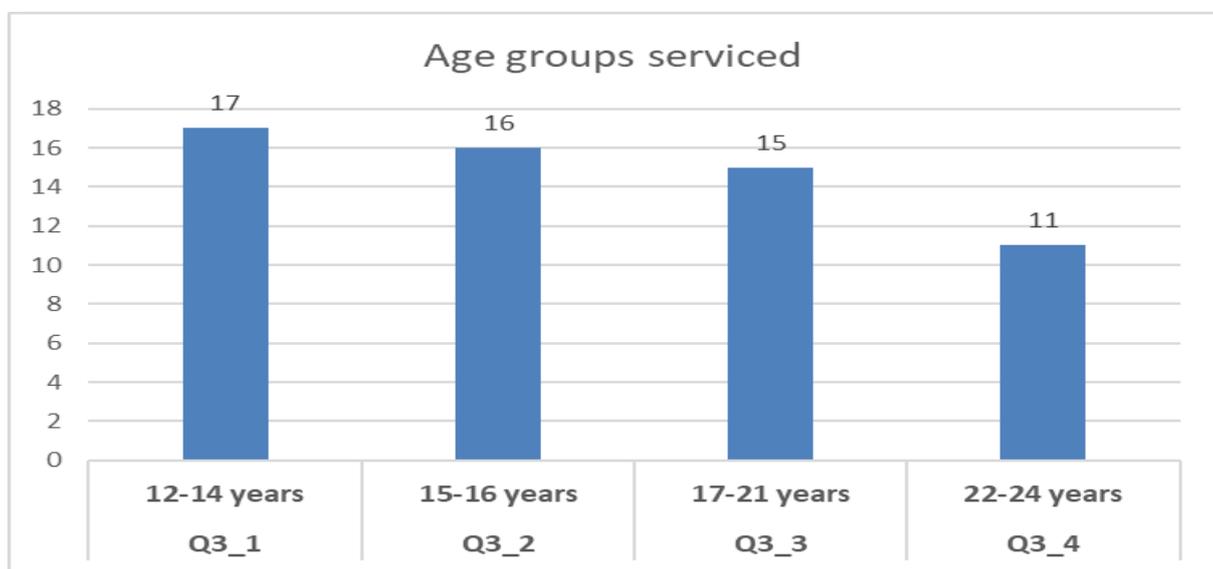


Figure 6. Graph showing age groups worked with

Auckland is a culturally diverse city, and is described in the Auckland Plan as being home to 120 different ethnicities (Auckland Council, 2013). The ethnic categories used in the survey were drawn from those used by MSD (Ministry of Social Development) and are broadly representative of the main ethnic groups living in Auckland.

Survey participants are working with a range of ethnic groups, including young people from Māori, New Zealand European, Samoan, Cook Island Māori, Niuean and Tongan backgrounds. Just over half of the organisations reported Chinese and MELAA (Middle Eastern, Latin, American and African) young people participating in their programmes. Under 'other' categories, respondents indicated that they specifically work with Solomon Island and South Asian Youth. Three organisations targeted 'all' populations. Only one organisation was unable to comment on ethnicity due to data collection not being 'good enough'. Responses overall suggest that survey organisations pay attention to the ethnic identities of their

participants and most proactively monitor participants' ethnicities. This is perhaps important to note in light of research, evaluation, data and reporting being identified as a key area needed for development by a high number of survey organisations.

### **Participant populations**

14 of the respondents work with young people within mainstream schools. Many organisations work with groups of young people who are marginalised or who may face additional life challenges. For example, nine work with students in Alternative Education (AE), who are either excluded from or do not engage in mainstream education. Eight work with young people with experience of disability, and the same number work with young people with experiences of mental ill health. Eight also reported working with young people receiving support through Oranga Tamariki. Five work with Rainbow or LGBTQI+ (lesbian, gay, bisexual, trans, queer and intersex) young people, and 3 work with migrant and/or refugee communities. Eight organisations indicated that they target all young people who want to engage with their work, whilst also working with groups experiencing additional challenges. However, approximately half of respondents work in highly specialised areas providing bespoke programmes for specific youth populations. Four of these specifically work within the area of disability, three in youth mental health, three with young people involved in the justice system, and at least three organisations provide year-round creative programmes within AE contexts as part of their core activity.

Notably, 74% of organisations work solely with young people understood to be disadvantaged. This figure correlates with organisations in our wider database. It is also consistent with findings from the literature review which indicate that creative practice with youth wellbeing goals is predominantly focused on those understood to be disadvantaged or 'at risk'.

Two organisations specifically described working with young people’s support communities; either whānau (families), or other adults who live with, teach or support young people.

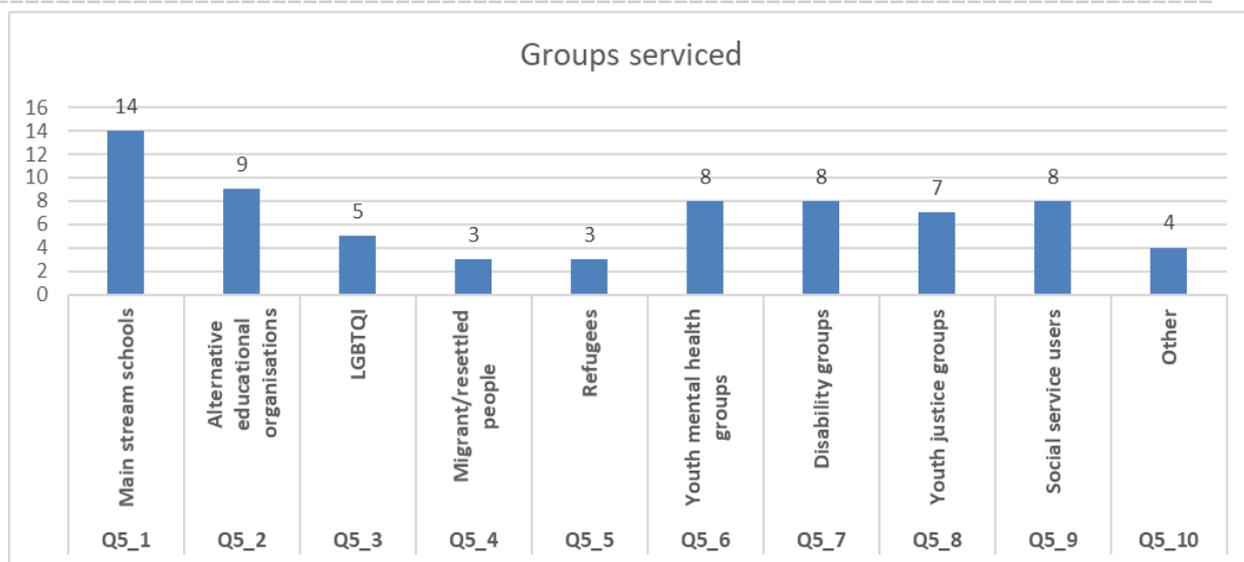


Figure 7. Graph showing participant populations

***What does ‘creative youth wellbeing’ mean to our survey participants?***

We asked survey participants to respond to two questions; how they understand and promote wellbeing within their work, and to describe their organisation’s aspirations for their youth wellbeing programme. There was a good deal of correlation across the two answers, so the following summary draws from answers from both questions.

In response to the question: In what ways does your organisation understand and promote youth wellbeing? Our survey participants described different understandings of wellbeing and approaches to promoting it. These reflect some of the different conceptions and applications highlighted in our literature review, especially ways in which wellbeing is understood in different contexts.

The organisations referred to multiple personal, social, cultural and/or environmental factors that they understood to impact on young people’s wellbeing and sought to address in

their work. Many survey respondents understood wellbeing as multi-faceted.

Individual accounts of their approaches to promoting wellbeing through the arts appeared to be strongly related to the operating environment. Those working in a healthcare context described more instrumental use of the arts for health focused outcomes, for example, *“the use of art materials and play by clinicians”* (in a District Health Board). Organisations who defined their work as art therapy or *“a fusion of therapy and arts practice”* indicated a holistic understanding of health. One of these, for example, described a desire to promote *“the mental emotional and social health of children in a time of need or vulnerability... [and acknowledged] the role of peers, teachers, whanau and community in the developmental journey of the child”*. Art therapy organisations also articulated a dual focus on both health and artistic outcomes, though health outcomes were described with greater emphasis, exemplified by this organisation whose work sets out to *“build self-confidence and self-esteem, social adjustment, sense of self as well as education in the principles of artmaking”*. One respondent referred to a difficulty establishing the value of art therapy within the health sector.

Organisations who had a closer relationship with the youth development sector (such as youth development organisations, and some of the small charities) understood wellbeing in ways more closely aligned with Positive Youth Development frameworks or philosophies. In these cases, understanding young people’s definitions of wellbeing took prominence, and the organisations’ work focused on providing opportunities through which young people could explore, build skills and lead their own change. However, these organisations tended to not articulate prescribed definitions or outcomes. For example, one described using a *“strengths-based approach, allowing young people to be themselves”* whilst another described *“collaboration to co-design ... with whanau and rangatahi”*, whilst others described

## YOUTH WELLBEING IN AOTEAROA

*“allowing space for the participants to make it their own”, and “we understand [wellbeing] through speaking to young people and ensuring projects are co-designed and youth-led”.* This approach correlated strongly with the level of youth leadership supported within the organisation.

Organisations operating from arts/performing arts venues tended to understand the arts as promoting wellbeing in more intrinsic ways. Their work was closely aligned with arts education models of practice where the quality of artistic process and outcomes are a stronger focus. For two of these organisations, providing access to quality arts experiences was enough. One described how they promote youth wellbeing through access to free arts education workshops and programmes. Another stated that *“we believe that through participation in the arts it promotes wellbeing, a sense of belonging and improved skillset. It is an opportunity for participants to find and express their creative voice in a healthy, safe and friendly environment”.* Other venue-based organisations described *“wrap around arts experiences”* in which access to quality arts experiences were offered alongside carefully crafted practices designed to promote deep engagement with the world and ultimately educational and personal development. One of these organisations, for example, described *“live performances that address local issues and explore ideas of relevance to young New Zealanders [that] open young minds to something fresh, exciting, heartfelt and challenging ... that develops relationships and creates a space where real engagement can happen”.* This organisation felt they were drawing from the theories of well-known educationalist Sir Ken Robinson and *“creating the conditions for students (not to mention teachers and artists) to flourish”.* Notably, organisations emphasising artistic outcomes (above health) had a higher proportion of funding from ‘arts’ sources, such as Creative New Zealand.

One organisation articulated their understanding of wellbeing as embedded in Te Ao

## YOUTH WELLBEING IN AOTEAROA

Māori, and therefore culturally contextual. In this instance, wellbeing was conceived as dependent on a culturally sustaining environment including *“a Kaumātua to lead us through all things Māori and create safe environments with karakia etc.”*

All but one organisation offered programmes predominantly focused on achieving/demonstrating individual wellbeing for young people. Two organisations also offered training to upskill wider support networks, such as schools and social services, but this was not their main focus.

The exception was an organisation which offered professional development programmes for those who support young people (whānau, schools, social support services). This organisation described using *“theatre to activate social change”*. They articulated a socio-ecological perspective of wellbeing and described how their work sought to challenge and change specific environments and attitudes that are detrimental to young people’s wellbeing stating that they see *“our youth as a social reflection on the changes required in our education and community structures for learning and engagement. Over the years we have come to recognise the value in reframing attitude towards our cognitively different youth. The ... positive understanding of these [adult] participants directly correlates with the wellbeing of our youth”*.

Whilst their work focused on young people, many of the survey organisations also acknowledged that young people’s wellbeing was dependent on their wider living environments. Three organisations articulated a desire to contribute to social and/or systemic change or an understanding that such changes are essential to youth development. This was especially strong in organisations working with young people experiencing disability or *“differently wired minds”* who articulated a need to reframe or *“normalise what is often viewed as dysfunction or disability”* and address specific structural or social changes to enable

## YOUTH WELLBEING IN AOTEAROA

recognition, participation and wellbeing. One particular organisation linked *“significant increase in teenage anxiety, youth alienation, unemployment, teenage runaways and youth suicide”* with these dominant cultures of exclusivity and alienation and articulated an urgent need to *“shift cultures of domination to ones of respect”*.

A commitment to the broad ideals of social inclusion and equity was a strong theme across the responses of many of the organisations who saw these as necessary conditions for youth wellbeing. Some 63% of organisations focused their work exclusively on young people experiencing mental health challenges, disability, and/or exclusion from school. Many respondents described working in youth-centred, highly responsive ways around the needs of disadvantaged young people. This was approached in different ways. For some, it was about creating a forum to challenge dominant unhealthy cultures (as described above) or to discuss important issues. For others it was about opening up access to the arts because *“good arts shouldn’t just be for the rich”*. For another it was about *“offering opportunities to those who have often not been served well by the formal education system”*. Words such as compassion, connection, child-centred, inclusive, kind, respectful, inclusive, empowering featured consistently across responses.

For seven respondents (mainly but not exclusively small charities or not-for-profits), promoting the social inclusion and wellbeing of marginalised youth using arts-based approaches was the core function of the organisation or group. These organisations/groups had been established specifically around the potential of creative engagement for youth development, health and wellbeing. These organisations have evolved unique and innovative fusions of one or more transdisciplinary practices drawn from arts, health, youth and/or education fields. One organisation referred to *“art therapy and/or a fusion of therapy and arts”* another described *“arts and play therapy”*. Another described how they bring together

## YOUTH WELLBEING IN AOTEAROA

practitioners from arts, health and youth sectors to co-design programmes: *“we employ core staff that are steeped in Positive Youth Development and mental health to foster and implement programmes that have these solid foundations at the very core of delivery ... Our youth development staff and teaching artists collaborate to co-design programme content together”*. These organisations were also characterised by highly responsive inclusive philosophies, strengths-based practice frameworks, a commitment to youth-driven approaches, and a socio-ecological conception of wellbeing. One organisation, for example, described how they take a *“zero reject approach”* and *“person-centred approach”* and take *“regard of the individual in the context of family/ school”* ... *“in practice this means we ... work to better understand how we can change our approach, attitudes and response toward them to enhance their participation, fun and growth”*. Notably, these organisations were characteristically small (two-five employees), dependent on a high ratio of freelance contractors to deliver programmes, and also highly dependent on philanthropic project funding. This suggests a high level of instability and challenge in organisations with innovation at their heart.

Respondents articulated a firm belief in a relationship between the arts, creativity and wellbeing. A third felt that engagement with high quality arts experiences intrinsically promotes wellbeing. This was evident in statements such as *“we believe all young people have creative potential, that creativity plays a strong role in self-esteem/ confidence and ultimately wellbeing”*, alongside references to *“the life-changing impact of the arts”*, and *“the arts are vital to life”*. Others spoke about facilitating an exploratory and reflective creative process of *“artistic problem solving and critical thinking”* through which participants could develop *“imagination”* and be *“curious”, “playful”, “brave and courageous and not scared of exploring and not having answers at the beginning of exploring”*. For one organisation,

creative processes provided safe space to explore challenging issues; *“through fiction, youth can investigate, question, reflect upon and empathise with some of the issues in families and contexts in which they can arise, such as violence, neglect and abuse”*. These processes were presented as contributing to youth wellbeing. A number of organisations specifically referred to the importance of high quality arts experiences to achieve good outcomes. Others spoke about the importance of facilitating self-expression and creating opportunities for young people to be heard and to determine the outcomes of projects themselves. These commentaries are consistent with theories of creativity and personal growth represented in the literature review through, for example the work of Cahill (2008), Cahill & Coffey (2016), Eisner (2002), Hickey-Moody (2013), Mullen & Thomas (2016), O’Connor (2008a), Ryan & Deci (2002) and Walls, Deane & O’Connor (2017).

### **Aspirations**

Respondents articulated a range of aspirations for their creative wellbeing programmes. These encompassed: enabling personal development outcomes for young people; changing specific environments, processes or attitudes perceived to be detrimental to young people’s wellbeing; contributing to structural or social changes to enable greater recognition and participation for young people; and contributing to broader social or systemic change.

The greatest emphasis in these responses was on individual personal development outcomes. Across the organisations collectively, dominant themes were improved self-confidence, self-esteem, bravery and courage, resilience, positive mental health, emotional competence and coping skills, social adjustment; creativity, playfulness, curiosity, joy, empowering independence, self-determination, increasing life choices, developing a strong sense of self, enabling youth to make a positive contribution to society, critical reflection and

## YOUTH WELLBEING IN AOTEAROA

connection with the world, increasing aspirations and building a vision for their future.

Although they include health-specific goals, these aspirations overall are most closely aligned with those found in accounts of PYD (Positive Youth Development) and CYD (Creative Youth Development) than predominant health sector models of practice.

Predictably, the aspirations stated by individual organisations correlate closely with the operating context of each project, i.e., artistic and creative goals emanated from arts settings, health outcomes from health settings, and youth development outcomes from youth settings, but also across the cohort more generally. Several respondents (youth development organisations) aimed to be guided by young people's self-determined aspirations. Several organisations described aspirations to build skills and career pathways in the arts. Several organisations described aspirations for greater access to the arts amongst young people, especially those from low socio-economic backgrounds.

Two respondents articulated aspirations for wider social change and inclusion and equity ideals. One sought "*social transformation [and] dignity and achievement for everyone*". The other aspired to "*all young people in Aotearoa ... thriving*".

Notably, social connection and social capital, which feature heavily in the arts and wellbeing literature, were not strong features in our survey. Two organisations hoped that their work would support young people to make "*positive contributions to society*", but this was not specifically framed in the context of reciprocity or building social networks.

Notably also, many respondents felt that it was important young people have spaces outside of their day-to-day norms where they are included, heard and supported to explore and engage with the world. Several respondents described how arts projects provided highly responsive, person-centred "*safe environments*" or "*breathing spaces*", particularly for young people experiencing challenges in their life.

## YOUTH WELLBEING IN AOTEAROA

Two organisations (a small charity and an artists' collective) explicitly described their intent to advance the field of Creative Youth Development by drawing from international research and adding to the local evidence base. For one organisation this was about *“learning and sharing best practice through robust and appropriate ... evaluation to contribute to the evidence base of arts and wellbeing”* and support its development in New Zealand.

### **Artforms**

Of the responding organisations, 73% report that they make drama and applied theatre with young people, closely followed by music (68%) and dance (52%). Literature based artforms were also a popular with 42% offering spoken word, 36% using writing and/or literature. Only 26% of organisations reported using visual digital art forms, and no organisations reported using opera.

21% of respondents (four organisations) indicated that they work with Ngā Toi Māori (three specifically named kapa haka) and the same number with Pasifika artforms. No other specific cultural practices were referenced. One organisation reported using all artforms as appropriate.

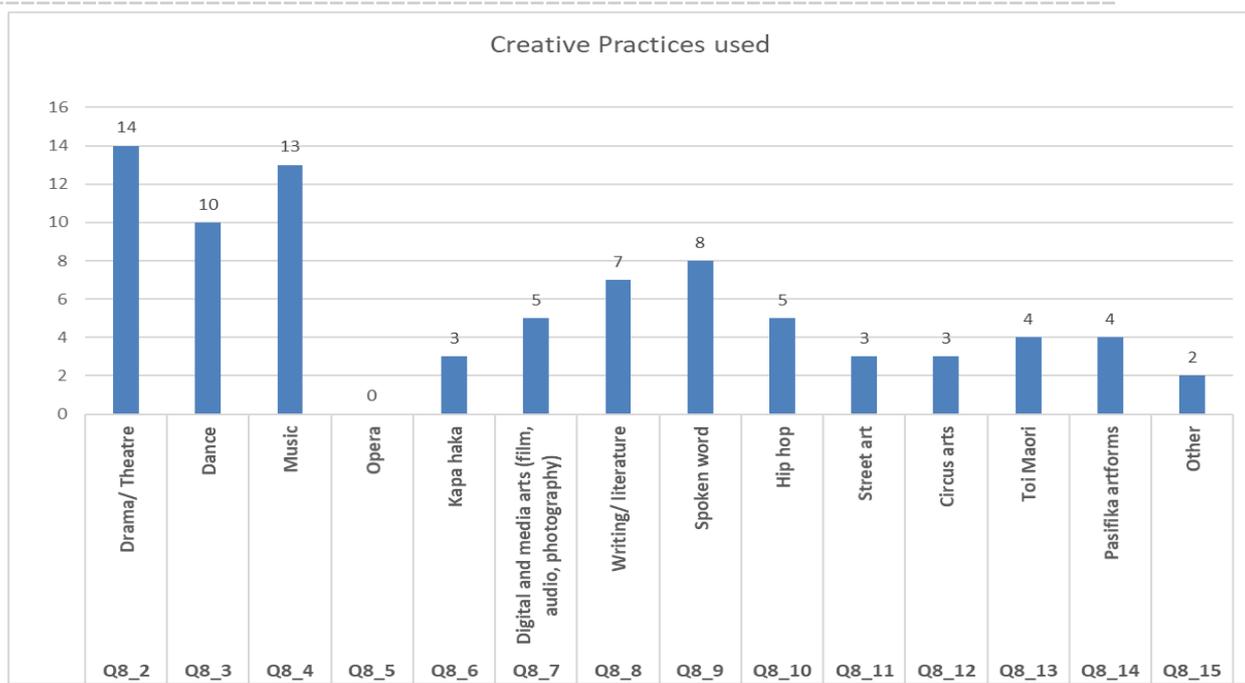


Figure 8. Graph showing arts/creative practice(s) used with young people

More research is needed to understand why some activities have greater representation than others.

### Activities

Respondents described a diverse range of activities being offered to young people. Workshops (one-off activities rather than sustained projects) featured highly (73%), closely followed by projects, mentoring and holiday programmes. Almost half provided training, and 42% provided school-based activities, with 26% specifically providing programmes in Alternative Education centres. 26% also indicated that they provide or contribute to festivals while 42% of respondents provide activities they described as ‘other’; these included opportunities to perform, exhibit and showcase creative work produced by young people. In the ‘other’ category, two organisations described youth mental health events and public campaigns, one (a District Health Board) described clinical “*art therapy – individual and group [and] play therapy*”; and several others described exhibitions and performances. Two (both

arts venues) described partnerships with schools through which they are able to offer a range of tailor-made opportunities.

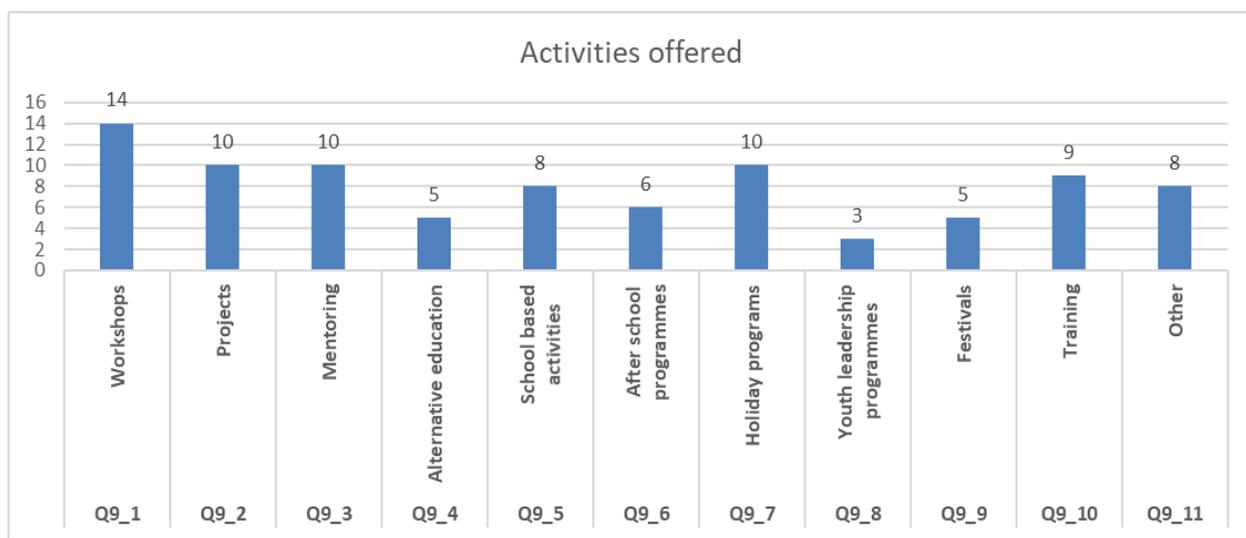


Figure 9. Graph showing types of activities offered

Data indicates that some types of organisation are more likely to offer certain kinds of activities. For example, Venue based arts organisations’ work was characterised by high levels of workshops and engagement with schools. Workshops in these instances were often delivered as part of education programmes with schools. For two of these organisations, this was their only engagement with young people. Youth development organisations were more likely to provide holiday and mentoring programmes, less likely to deliver projects. None provided alternative education or festivals. Health or arts therapy organisations tended to concentrate on workshops and projects, with none providing alternative education or youth leadership programmes. Organisations who presented themselves as a hybrid mix of arts/youth and/or health practice were highly represented in providing alternative education, and all delivered workshops and projects. Training was provided by a range of organisations, but notably by all organisations whose practices were distinctly hybrid, and by only one of the

youth development organisations. Supported by commentary in other parts of the survey, it appears that 'training' includes both in-house training for staff, and the provision of training for external parties.

Across groups, activities were predominantly focused on engaging individual participants in group programmes, with a small number of wider population level interventions such as public mental health campaigns. This would need further exploration to be fully understood, but the picture appears to be consistent with the literature review, which indicates an emphasis on individualised engagement.

One notable highlight is the breadth of work carried out by many of the organisations.

### **Practice frameworks**

This line of inquiry identified the diversity and emergent nature of Creative Youth Wellbeing as a field of practice in Aotearoa. Respondents described a wide range of practice definitions and frameworks. Most organisations selected multiple categories from those provided, and some offered additional ones. *Arts and Health/Wellbeing* and *Creative Youth Development* were the most popular choices, used by around 50% of organisations. This response is surprising since neither term is a dominant feature of public strategy or policy related to the arts locally. The latter term, which is most closely associated with recent developments in the US (as described in the literature review) did not appear in any public material related to the survey organisations or the wider database at the time of our research. The organisations who selected these choices describe their practice in very different ways, suggesting that they may hold varying understandings of these terms.

In contrast to this, the next most popular practice frameworks, *Positive Youth Development* and *Arts Education*, are both widely used terms in the local arts literature, policy and funding environment. *Arts Education* is in widespread use in arts organisations

## YOUTH WELLBEING IN AOTEAROA

working regularly with schools, and *Positive Youth Development* has been widely adopted as a national framework across the youth sector promoted by the MYD (Ministry of Youth Development) through the YDSA (Youth Development Strategy Aotearoa (MYD, 2002), as described in the literature review. The language of *Positive Youth Development* is widely promoted by public and philanthropic funding providers as a desirable or essential requirement of grant aid. We suspect that this indicates the extent to which funder agendas impact on practice.

‘Other’ practice frameworks consistently used by survey organisations included *Community Cultural Development* (36%), *Community Arts* and *Socially Engaged Arts* (both 31%), *Participatory Arts*, *Applied Theatre* and *Art Therapy* (all 26%). In the ‘other’ category, respondents described frameworks such as *drama therapy*, *music therapy* and *co-design*, alongside practice models drawn from the mental health field (*CBT*, *Cognitive Behavioural Therapy*), and youth/social care field (*Circle of Security* and *Incredible Years*). It was not possible to identify whether the organisation used the arts *alongside* or *as delivery vehicles* for these health practice models. Since no mention of the arts is made in New Zealand health policy relating to these specific models, this could be an interesting area of exploration for future research.

One organisation indicated that the practice frameworks offered in the survey are not utilised by their organisation. They described themselves as a theatre company *that “only creates new work either through devising or working with writers both nationally and internationally. We incorporate personal stories and experiences at the basis of our work. We incorporate physical forms of storytelling alongside verbal. We are an ensemble theatre company”*. We understand this statement to indicate that the organisation sees itself as primarily focused on delivery of arts experiences which by their nature will be intrinsically

health-promoting.

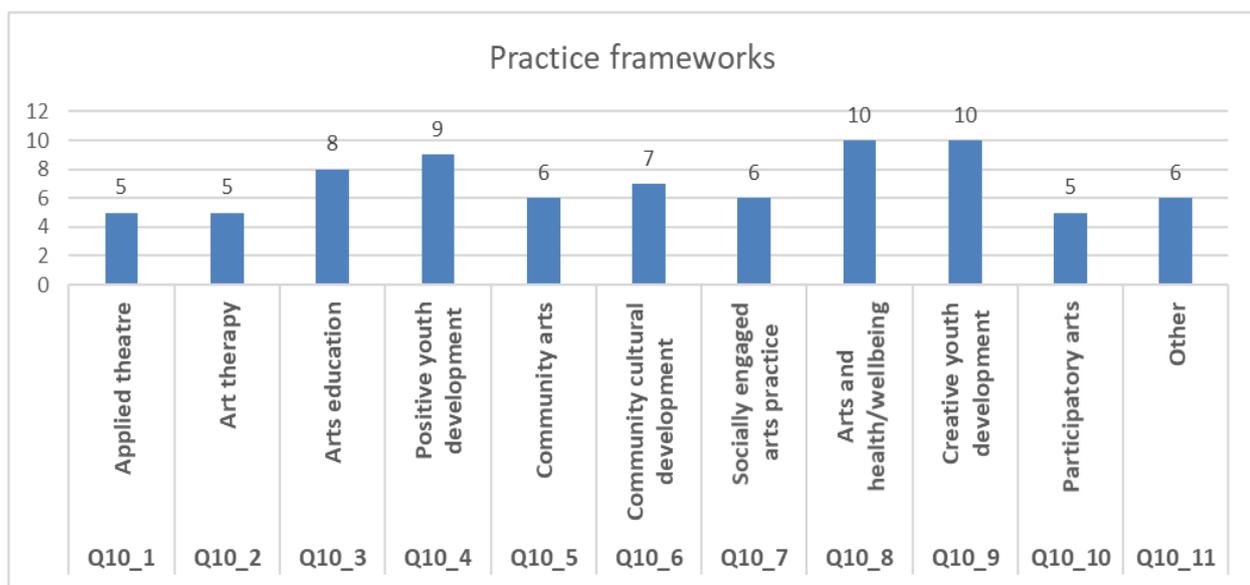


Figure 10. Graph showing practice frameworks

### *Youth leadership and decision-making*

Survey participants were asked to indicate levels of youth involvement in designing activities in their organisation. This question utilised definitions drawn from Roger Hart’s (1992) Ladder of Participation, a model which is widely used within youth engagement practices internationally and locally and is actively promoted by the MYD. Hart’s Ladder provides seven definitions to describe the extent to which young people are involved in decision-making, ranging from situations in which adults take full responsibility to one on which young people adopt full leadership roles:. Organisations were asked to map their practice against these definitions, and also to describe how they promote youth leadership within their organisation.

Responses indicated high levels of youth leadership with 78% affirming youth leadership as a priority in their work. These ranged from opportunities to participate at board level (one organisation) to 78% of organisations who offer different opportunities including

## YOUTH WELLBEING IN AOTEAROA

internships, training, mentoring, opportunities to facilitate and lead projects, direct productions, teach peers, and represent the organisation internationally. A handful of organisations described co-design processes used to involve young people in the design of new programmes, and a similar number described employing young people who have previously trained with them. These practices appeared to be most prevalent within organisations who aligned their work with PYD practice frameworks, and also those whose work is focused on young people experiencing additional life challenges such as mental health, disability and educational or social exclusion. In these contexts, youth leadership is framed (in other parts of the survey) in terms of youth development outcomes. Organisations who did not specifically promote youth leadership in their work were operating within a healthcare or arts therapies context.

Organisations whose work was more closely aligned with arts education models and who worked with youth populations broadly (such as theatres and arts centres), described the development of leadership potential in relation young people as emerging young artists.

Three organisations did not actively promote youth leadership in their work. Of these, one was an applied theatre company delivering tailor-made, time-limited, issue-based programmes, and two were clinical settings using arts therapy models in which the relationship with young people was primarily as a participant and/or client.

Responses mapped against Hart's Ladder of Participation also supported high levels of intent to involve young people in co-designing and shaping the organisations' work. A majority (68%) of organisations indicated that the definition 'adult-led activities in which decision-making is shared with youth' described their work broadly. This was closely followed by the definition 'adult-led activities in which youth may be consulted with some opportunity for feedback', and finally by 'adult activities in which youth are consulted'. See *Figure 11* for

all answers in relation to Hart’s definitions of youth participation within programme design.

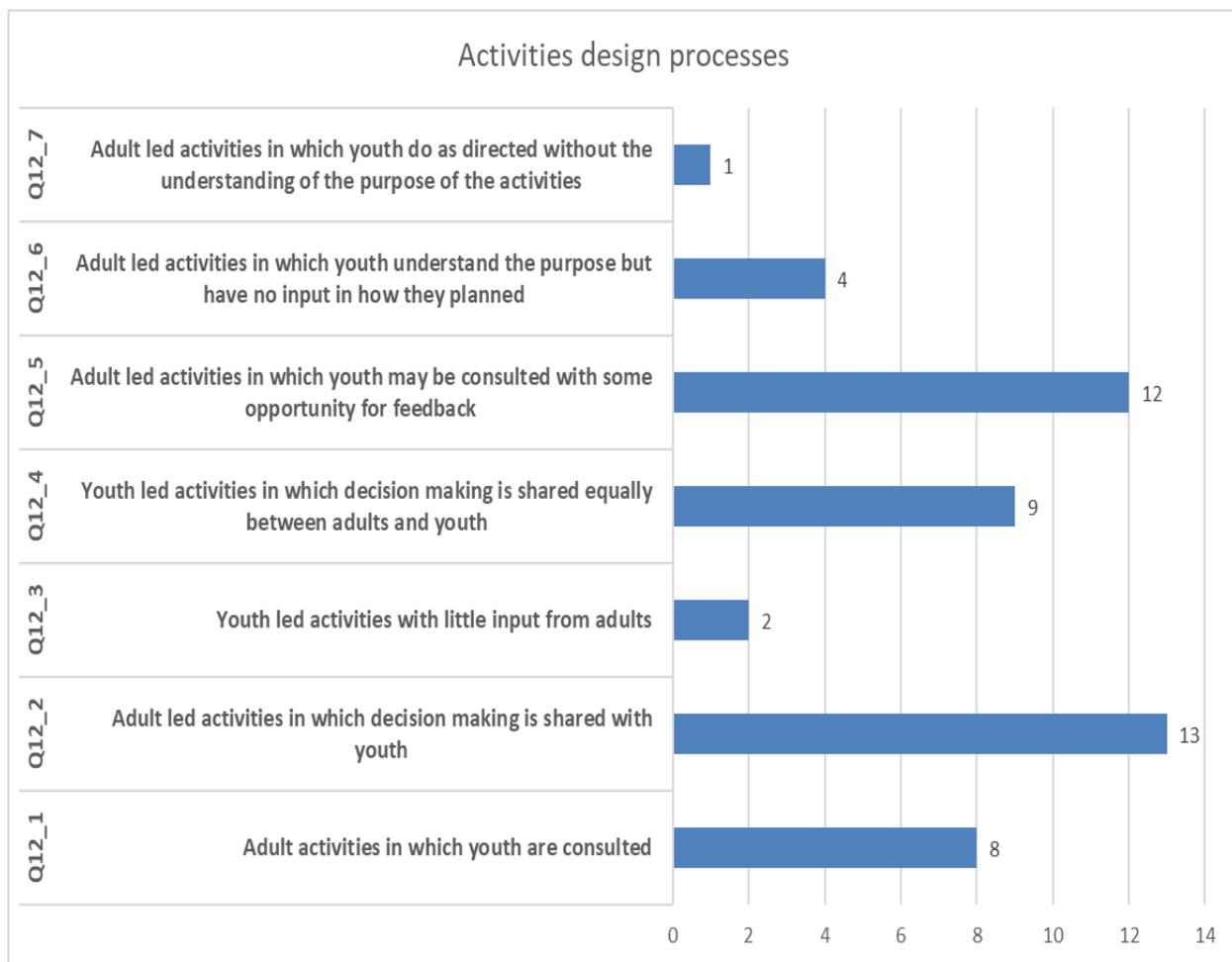


Figure 11. Graph showing statements describing the activity design process

### The Creative Youth Wellbeing workforce

The survey asked organisations to describe how their programmes are staffed, the kinds of roles that people fill, and the training and qualifications that support staff and volunteers to work effectively.

Answers to these questions revealed a diverse, interdisciplinary workforce with a wide range of roles, job titles, training and qualifications. Consistent with previous responses, organisations tended to draw from language historically associated with the field of practice with which they are aligned. For example, organisations who worked from established physical venues (theatres and arts centres) predominantly described their staff using a

## YOUTH WELLBEING IN AOTEAROA

combination of arts and education terms (educator, teacher, artist, director, performing arts coordinator). Organisations working within healthcare contexts used terms such as therapist and mental health practitioner, and youth development organisations who deliver the arts alongside other programmes described staff as youth workers, social workers, counsellors, mentors and activity coordinators. However, several organisations described a combination of staff sharing a mix of titles traditionally associated with arts, education, health and youth sector practices, often working in multi-disciplinary teams.

Consistent with the diverse roles across the organisations, respondents described a highly trained and expert workforce with qualifications spanning broad disciplinary fields, including the arts, health promotion, psychology, youth, and education. The only named professional qualification which distinctly crosses these disciplinary pathways were arts and drama therapists who were employed by at least five of the 19 organisations. The responses highlight the interdisciplinary nature of the field, and a commitment by organisations delivering this work to employ staff with significant training and expertise. The majority of organisations described qualifications which require University study, some of these at postgraduate level. Answers to this question may also indicate limitations in the availability of interdisciplinary training and qualifications relevant to Creative Youth Wellbeing practices. This would be a useful area for future exploration.

Ongoing professional development was also important to our survey participants with 84% expressing a commitment to providing or funding training and staff development opportunities. The majority of these are provided in-house and tailor-made to cater for specific organisational and staff needs. Most of the training described in detail related to the development of skills related to better understanding and supporting young people with particular challenges such as disability, autism, epilepsy, use of drugs and alcohol, and

## YOUTH WELLBEING IN AOTEAROA

sensory and cognitive processing differences. Other examples frequently mentioned related to child protection and health and safety processes. Four organisations provide training in youth development practices broadly, one of which provides on-the-job training towards a youth work qualification. Only three organisations specifically mentioned training related to Treaty of Waitangi obligations and indigenous youth development models, suggesting that, alongside cultural competence more broadly, this may be an area for future development in the sector. No organisations mentioned arts training. In light of the high numbers of youth workers, social workers and health professionals employed as staff in these programmes, this may highlight a gap in professional development designed to increase skills and awareness amongst non-arts professionals in the possibilities of arts-based practices for Creative Youth Wellbeing. Finally, four organisations specifically referred to financial limitations affecting their ability to support the professional development of staff.

Organisations were asked to tell us about the numbers and type of contracts their staff hold. Responses indicated a large variation in the number of staff and volunteers, ranging from no dedicated staff (for youth programmes) to over 100. This was characteristic of the significant variation in scale of organisations taking part, i.e., from small charities and businesses through to a national youth organisation. However, answers to questions about employment contracts revealed patterns common to most, if not all, organisations. The workforce was characterised by a significant number of staff employed on part-time, fixed-term and casual contracts, and as volunteers. Across the 19 organisations, 86 people were currently employed on part-time, fixed-term contracts and 78 worked as volunteers. This compares to 80 full-time and 70.4 part-time staff on permanent contracts.

These figures highlight the precarity of employment within this field of practice. Across the organisations the number of volunteers (78) was almost as high as the number of

## YOUTH WELLBEING IN AOTEAROA

full-time permanent staff (80). The number of staff on permanent paid contracts (full-time and part-time) was only 46% of the total workforce. Over a third (37%) of paid workers were on fixed-term and/or casual contracts; of these, less than 7% were on full-time contracts. At least two organisations had no permanent staff, with all staff on casual or fixed-term contracts. A handful of organisations had less than three members of staff, and the smallest organisation had one member of staff. These staff members were funded through short-term project grants.

Three organisations described having precarious roles occupied by key staff, such as the Company Development Manager, the Programmes Manager, and the Creative Director. For most organisations, staff on casual, fixed-term and voluntary contracts are facilitating artists, tutors, arts educators and actors. Qualitative feedback from several survey participants highlighted that these contractual arrangements are perceived as a significant problem. However, a number of organisations also flagged the wider employment situation in their organisations as problematic. Others described a workforce dominated by short-term, insecure positions, *“overall we have 1 full time staff and 17 part-timers”*. A company with charitable status who have been running for several years explained that *“there are three of us in the core team that run the organisation and we are currently doing so as volunteers. We are seeking funding to make these roles paid positions”*. Another, a larger and more established arts company, told us that *“the development arm which supports artists and delivers our schools programme is still small and underfunded”*.

Responses to this question start to indicate the significant and deep-seated challenges experienced by creative youth wellbeing organisations, which are related to the nature of the funding context (discussed further below). The responses detailed above reflect the findings of national and international research that a reliance on short term and/or

insecure funding creates a range of problems for participatory arts organisations. It is evident that these funding conditions can place organisations into ongoing 'survival mode', channelling energy and resources into delivering short term outcomes for funders, reporting and further fundraising (Mullen, 2014; Mullen, 2019). The sense of insecurity and precarity this kind of funding generates can make it difficult for organisations to thinking creatively and long term about their work and their relationships with young people/communities; deterring them from experimentation (with new creative forms or approaches or new models of practice) and inhibiting the development of sustained partnerships or long-term collaborations (Mullen, 2014; Mullen, 2019; O'Connor & O'Connor, 2019).

Short term/time limited funding makes it difficult for organisations to create secure or permanent positions. This has implications for both organisational and creative practice. Organisations face the challenge of experienced staff moving on to other work (because future contracts cannot be guaranteed or more hours offered), which means regularly expending resources on seeking, employing and training new staff (see also O'Connor & O'Connor, 2019). This, in turn, has implications for the consistency and development of creative practice. An unstable workforce has additional implications where approaches to creative youth wellbeing involve the careful development of trust relationships with young people over time. The responses above indicate the importance of volunteer work to this area of practice. However, given international research and activism highlighting the prevalence of exploitative forms of free labour in the creative sector, this is an area that warrants further research. It is also notable that a significant proportion of the workforce involved in creative youth wellbeing appear not to be entitled to the benefits and rights that come with permanent employment, nor access to sustainable career pathways.

Findings from our survey are consistent with subsequent research conducted into the

## YOUTH WELLBEING IN AOTEAROA

sustainability of careers in the creative sector commissioned by Creative New Zealand and NZ On Air. An online survey of 1477 creative professionals highlighted a precarious sector with low pay, income insecurity and significant numbers of professionals who described juggling jobs to put food on the table. Only 23% described their income as providing a comfortable living, whilst 36% were finding it difficult or very difficult to sustain a comfortable living, and 40% who were just getting by. Over 55% of those surveyed supplement their income by working outside the creative sector, and 43% earn a total income of \$30,000 or less (including their non-creative income). Over half felt there were insufficient opportunities to sustain a creative career in New Zealand, and 63% have spent time overseas to support their career. 47% cited lack of continuous work as a key barrier. For those entering a creative career, the average amount of time spent volunteering is one year five months (Colmar Brunton, 2019).

Though these findings relate to the creative sector broadly, the picture which emerged was consistent with patterns of employment and in particular high levels of volunteering and a significant dependence on short term contracts highlighted in our own survey.

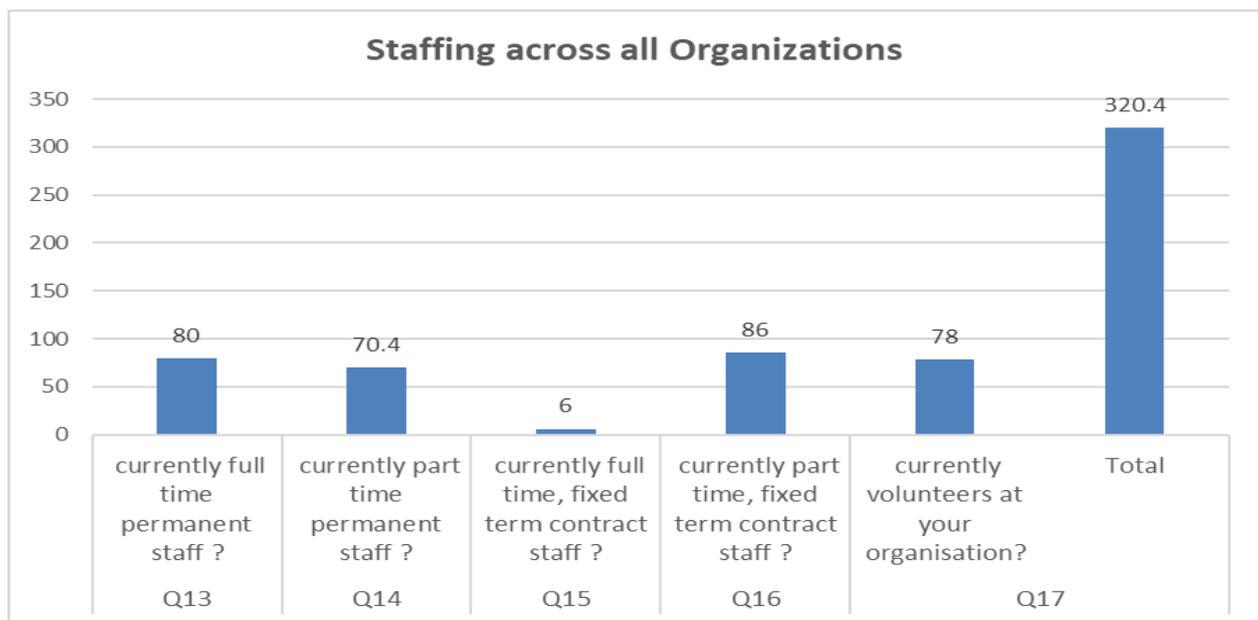


Figure 12. Graph showing staffing

### Professional affiliations and networks

Survey participants were asked to identify network membership and affiliations to help us understand more about the operating context, professional connections and infrastructure that support their work. Respondents again highlighted the diversity of the field, indicating membership of networks and professional affiliations spanning the arts, youth, health, disability, social and business sectors.

31% of organisations were affiliated to local youth and community networks and/or Arts Access Aotearoa, a national network supporting access to the arts. 21% were affiliated to Ara Taiohi (national youth work network), 21% to Australia, New Zealand and Asia Arts Therapies Association (ANZACATA), and 21% to Creative Access Network (CAN) a regional peer-led network supporting the professional development of participatory arts organisations. The majority of responses to this question, however, related to the 'other' category, through which respondents identified regional networks such as Auckland Restorative Justice Trust and mental health networks, and numerous national and

## YOUTH WELLBEING IN AOTEAROA

international professional affiliations (Psychotherapists Board of Aotearoa (PBANZ); Health and Care Professionals Council (HCPC); British Association of Art Therapists (BAAT); Altogether Autism; Parent 2 Parent; Aotearoa New Zealand Association for Social Workers (ANZASW); New Zealand Association of Counsellors (NZAC), Social Workers Registration Board (SWRB); Drama NZ; Performing Arts Network of New Zealand (PANNZ); Employers & Manufacturers Association.

Responses to this question further highlight the high levels of professionalism and expertise present in the field. It may also indicate access to professional development and training via these affiliations. Notably, none of the affiliations described was cross-cutting, i.e., straddling the arts, health and wellbeing and pertinent to the full combination and range of practice. We suggest that this is an area of need for the future development of the field. This is supported by the literature review which indicates a direct link between access to bespoke (arts, health and wellbeing) training and professional networks and growth of a flourishing field of practice.

Notably, only one of the organisations was affiliated with the New Zealand Evaluation Association (ANZEA), perhaps suggesting a weak culture of evaluation and research and limited access to resources supporting evaluation and research practices.

### **Funding**

Organisations were asked to provide an indication of the current operating budget of their creative work with young people (in the most recent financial year), alongside information about sources of funding and the key challenges they experience in relation to seeking funding.

The operating budgets of those participating in the survey ranged from 0-\$999 to \$500,000 or more, with most organisations operating between \$10,000 and \$199,000. Ten of

## YOUTH WELLBEING IN AOTEAROA

the 19 organisations operate on less than \$99,000 per annum, seven organisations on less than \$49,000, and three on less than \$9,999.

Organisations with the largest income (\$500,000 or more) included a District Health Board and a Performing Arts Centre. Venue-based organisations were represented across the whole range of incomes, and we suspect that some organisations may have provided figures related to their total organisational income, not their work with young people specifically.

Organisations represented at the lower income end of the scale were characterised mainly as small arts organisations, with artist collectives earning the least income (under \$9,999). Youth development organisations with relatively high staff numbers were also strongly represented at the lower income end, also representing less expenditure on the arts in their organisations. This correlates with comments from two youth development organisations in other sections of the survey that their creative work needs to be further developed.

With one exception, those at the higher end of the scale were in receipt of funding from mainly Ministry of Health (MoH) and Ministry of Social Development (MSD) sources. These organisations in other sections reported health and social outcomes. The exception to this was an arts venue whose goals were mainly artistic, and who offered programmes for young people alongside broader audiences. Their main sources of funding were reported as Philanthropic, Local Authority, Creative New Zealand, fees (for shows) and studio hire. Organisations whose goals were arts or youth development outcomes were over-represented at the lower end of the scale.

Asked about the source of their funding, respondents indicated a high level of dependence on income from philanthropic sources (68%), closely followed by local authority funding (52%). The third largest single category was Creative New Zealand, though it should

## YOUTH WELLBEING IN AOTEAROA

be noted that this represents the *source* not the scale of funding received. Between one and five organisations also received funding from national, government sources, including MSD as the largest proportion, Ministry of Youth Development (MYD), Ministry of Education (MoE), and MoH. Given the number of survey participants describing their work as closely aligned with youth, health, education and social development priorities, the number of organisations receiving funding from these sources could be described as notably low.

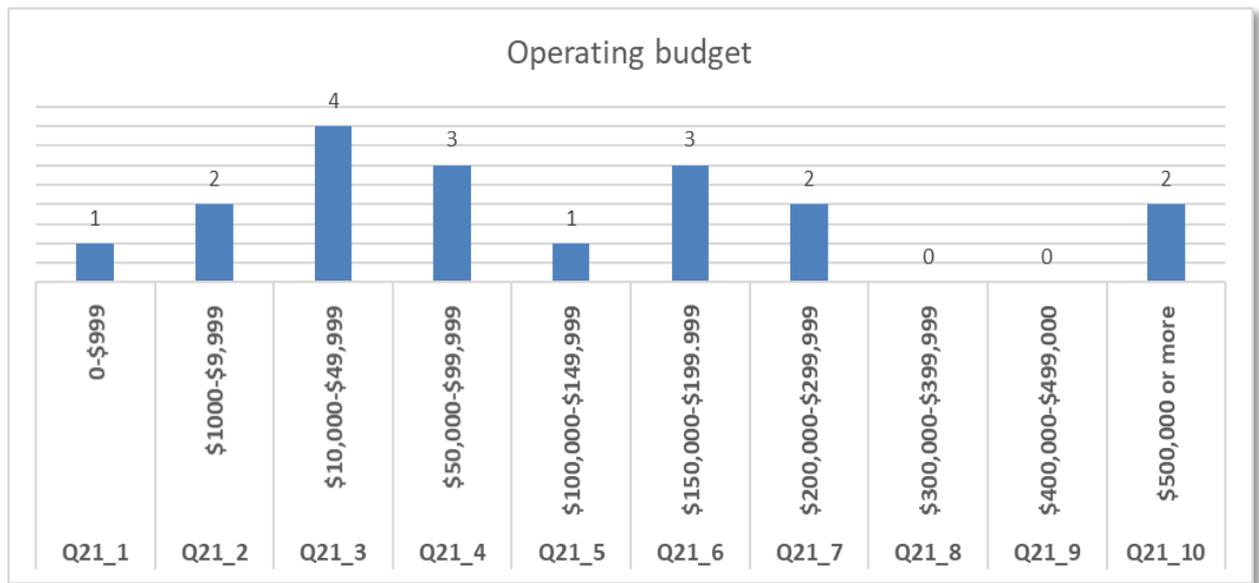


Figure 13. Graph showing current operating budget of creative work with young people (in the most recent financial year)

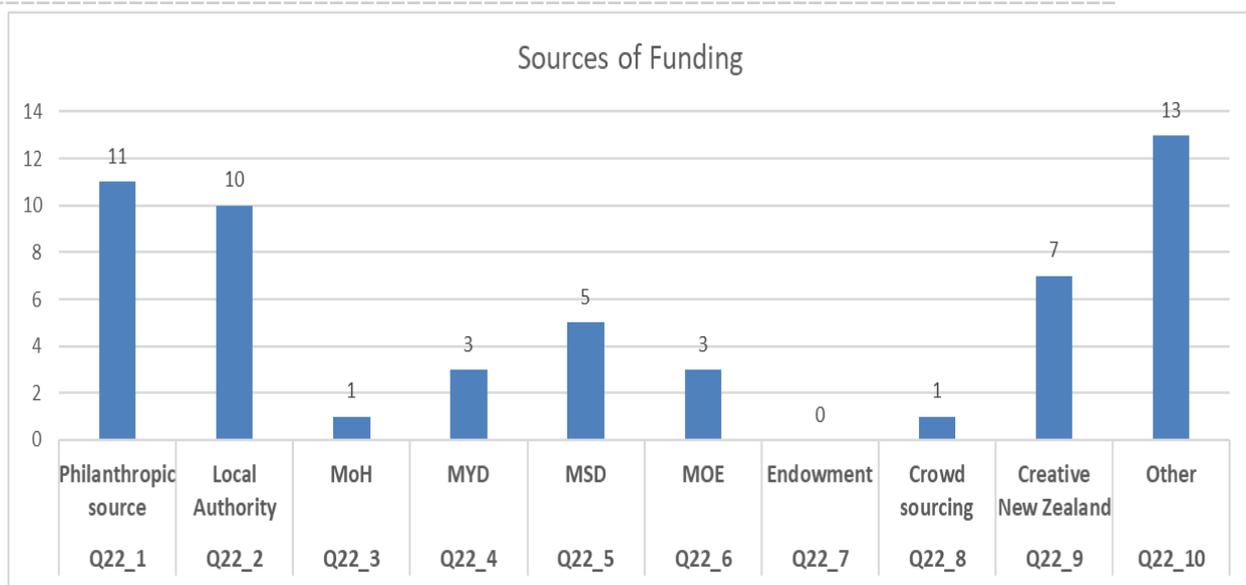


Figure 14. Graph showing sources of funding

Under the ‘other’ category, organisations described a mixed funding economy with income sourced from a combination of philanthropic, private donors, government, donations, fees and business.

Asked which of these sources contributed the greatest proportion of their total funding in the previous financial year, respondents predominantly identified philanthropic sources as providing the most (31%) of their income. The closest to this was local authority income at 15%, with all other sources providing negligible amounts. Answers under the ‘other’ category again provided details of the diverse economy of the field, with income including a combination of private donors, community trusts, local and regional government grants, government contract (one organisation), income from studio hire fees, in-kind support from volunteers, family and friends and from the clients themselves, fees or in-kind support from participants/clients.

Philanthropic giving has been a significant source of funding for organisations

delivering creative programmes with youth wellbeing goals.

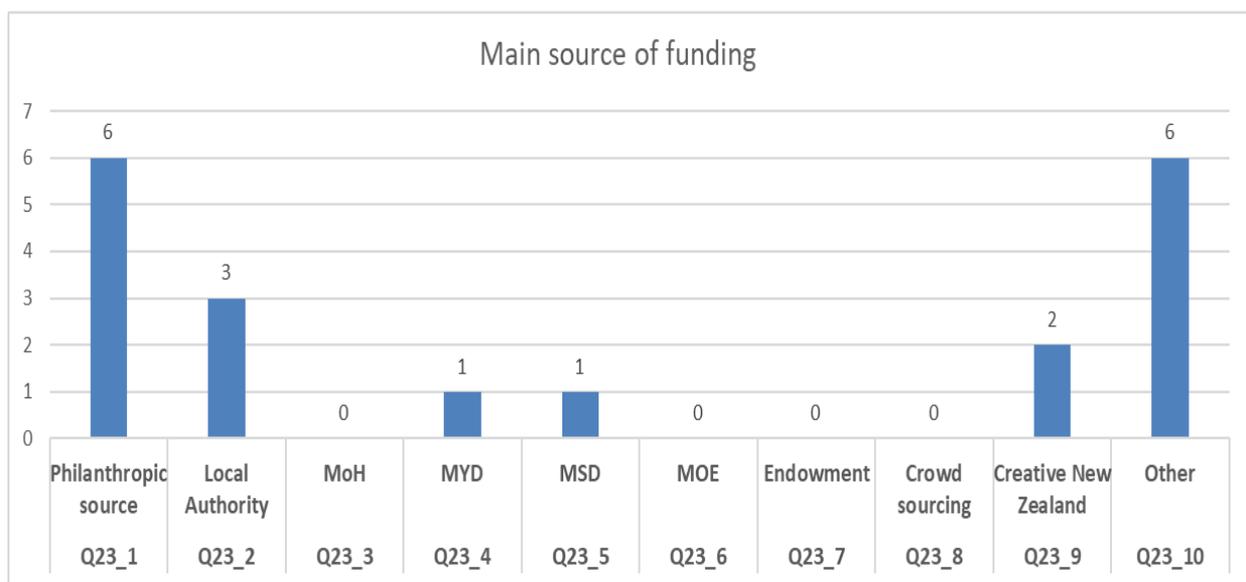


Figure 15. Graph showing who contributed the greatest proportion of total funding in the previous financial year

### Key challenges

We asked participants to describe the key challenges impacting on their ability to carry out their work. All but one participant identified sustainable funding as the main challenge, with many common issues across the organisations. Key challenges identified by multiple organisations, which related to funding, included:

- The resource-intensive nature of reliance on short-term grants and continual need to submit applications in a highly competitive environment with no certainty of success (noted by 50% of respondents). One organisation, for example, commented on the *“time consuming nature of community trust applications: meeting application deadlines that do not align with our programme timeline ... completing progress reports and final audit reporting. Sometimes this process is completed only to receive \$1,000 worth of grant funding”*.
- Challenges associated with reliance on short-term grants which limit sustainability,

## YOUTH WELLBEING IN AOTEAROA

prioritise quick-fix responses over longer-term goals, and make it difficult to build a team, upskill and retain staff (noted by 30% of respondents).

- Reporting requirements associated with grant aid and continual need to produce research, data and evaluation in an environment that does not provide funding for these specific activities.
- Increasingly scarce funding resources and the sense of competition stimulated by over demand.
- Tendency of funding sources to focus purely on delivery and not on *'the full costs of running programmes'* (such as essential organisational and administrative costs, evaluative and reporting tasks), also impacting on organisational sustainability.

Despite the diversity of organisations responding to the survey, answers to this question suggest there are several common challenges impacting on organisational practice and sustainability. As discussed above, the most common challenge was funding and resources. A key perceived challenge was dependence on short-term grants which, as discussed above, can limit long-term planning and sustainability. Organisations also identified challenges related to the scarcity of funding; inadequate resourcing making it difficult to pay for administrative and staffing costs; and the time-intensive nature of making continuous short-term grant applications, followed by the reporting requirements of funders.

Six organisations cited staff retention as a problem in relation to funding. For example, one organisation explained that *"we lose our key management staff every 3-4 years as their jobs are underpaid and they can get better paid elsewhere"*. Another, described *"depending on short term funding [which] makes it hard to plan ahead. Losing staff because contracts are short term and not well paid"*.

## YOUTH WELLBEING IN AOTEAROA

One organisation described the challenge of trying to achieve longer-term outcomes for young people within the context of funding that does not support long projects or staff salaries. Another organisation described difficulties, not just with the longevity of funding, but the way in which funding is organised, for example, “[we] *need to know at least 6 months in advance if funding is continuing to enable us to book into schools. Often we don’t know about funding until June – the financial year starts in July. One year we didn’t know well into July*”. Other organisations commented on the time intensity associated with the culture of short-term grant aid, for example. “[The problem is] *time – to make applications, monitor and report, complete accountability requirements*”.

Others commented on the competition created between organisations who are seeking the same scarce resources. Two respondents suggested that the situation was becoming increasingly difficult because “*a lot of the smaller trusts/charities are no longer arts focused*”, and there are “*dwindling levels of funding as more groups compete for \$\$ and the source/s are not able to match their previous granting levels*”. One organisation specifically commented on lack of government funding, consistent with dependency on philanthropic and short-term grants.

Evaluation and research was the next most common challenge, reported by over a quarter of organisations. Some organisations described the problem as a lack of skills or capacity within their organisation to carry out evaluation and research, while others described the need for “*robust evaluation and research*” to promote understanding about the value of their work to funders and to other stakeholders. One respondent described lack of “*understanding [about] the power of an arts-led curriculum*”, whilst another referred to the challenge of “*getting recognition of the professionalism of arts therapy*”.

Three organisations described professional development as a key challenge.

Commentary was consistent with answers to the previous question asking what professional development opportunities organisations provided for their staff. In answer to this, four organisations described it as financially challenging. One organisation cited lack of access to appropriate professional development, indicating a gap in availability of relevant opportunities. This is perhaps also supported by the high number of organisations providing in-house training described in previous sections.

Three organisations cited partnerships as a challenge. Two of these provided no further clarification. However, in response to another question, one of the organisations described competition for resources driven by the funding context. It would be sensible to assume that a culture of competitive working practices is likely to inhibit collaboration and partnership development, alongside stretched resources, inadequate staffing and lack of investment to enable long-term planning.

Three organisations described the challenges they experienced working in a practice culture which they felt was at odds with the principles of their own work. One respondent described a lack of understanding about arts-based approaches in the health sector because they are "*not a deficit-based intervention*". Another respondent (an arts therapist) described lack of recognition for early intervention and prevention work (such as her own) in the health sector where medical model practice is focused on treatment. A third organisation described integration of the two professions as challenging, resulting in "*siloed working*". These statements echo discussions presented in the literature review about the different cultural paradigms that inform arts and health, both locally and internationally. Local literature describes a health field which is dominated by deficit-based bio-medical models of practice. This is likely to be at odds with participatory and community-based arts practices which writers, such as White (2009) argue is more closely aligned with social models of health and

strengths-based frameworks. This means that, within this dominant culture, arts organisations often struggle to articulate their value and establish their own ways of working. We suggest this tension would be a valuable area for future exploration, especially in the local context where it is further complicated by the tension between dominant medical models of health and more socially focused Māori and Pacific models. The literature specifically identifies synergies between participation in the arts and social determinants of health, and indicates potential for the arts to offer culturally responsive alternatives.

Finally, one respondent suggested that there is “*no dedicated funding to support both aspects [arts and health] together*”, meaning that interventions are likely to be compromised by the dominant culture dictated by the funding source. In short, organisations have less freedom to develop hybrid and responsive ways of working.

Challenges presented by funding may appear to be pragmatic, but the ways in which this kind of arts practice is funded and financed is intimately connected with the ways organisations work creatively with young people (Mullen, 2019). As organisations engage with different donors, they ‘translate’ the language and values of those donors into their practice (Balfour, 2009). Organisations may also have little choice but to take funding from donors where the source of the funds presents a conflict with the wellbeing focus of the practice, from alcohol or gambling for example. The nature of the funding context also has implications for the overall ‘culture’ and direction of the sector (see for example Maunder, 2013). If organisations see themselves in competition for scarce resources they may be less inclined to share approaches and resources and contribute to the development of the sector as a whole. Understanding the picture of who is funding this sector in Aotearoa and whether a more strategic approach to resourcing this area of practice is, therefore, critical.

Further, as is evident above, organisations can experience tensions between the need

to instrumentally align the focus and intentions of their practice with funding priorities and predetermined targets and a commitment to youth-led, experimental or open ended approaches to creative youth wellbeing (Mullen, 2017). There has been much argument that the social, ethical and artistic values that inform this kind of arts practice can be compromised or undermined by the need to demonstrate predetermined measurable outcomes or evidence of change, particularly from a short term project (Balfour, 2009; Mullen, 2017). The need to evidence change or impact in a way that meets the criteria of donors, for example, can lead to an emphasis on individualised solutions to social problems, where the individual is represented as the problem in need of corrective intervention (Freebody, Mullen, Walls & O'Connor, 2019). This can be at the expense of organisations taking strengths-based approaches or thinking about how their creative practice might engage with systemic and structural issues impacting on youth wellbeing.

It seems that more work needs to be done to support organisations to articulate their ways of working and the value of their approaches and to determine ways of evaluating their work that meets their own needs, as well as those of donor agencies.

### **What resources or changes would make a difference?**

We asked survey participants to describe what resources or changes would allow them to do their creative work with youth more effectively. Again, there was significant consensus across the organisations; 89% of organisations agreed that increased and/or more stable funding would make the key difference. For a small number of organisations, funding was the sole focus, exemplified in comments such as *“funding, funding, funding”*. Several organisations described the need for long-term funding to replace reliance on annual funding or short-term grants. Detailed commentary was reflective of that in previous discussions

## YOUTH WELLBEING IN AOTEAROA

about funding. Several organisations described the need for longer-term funding contracts to enable sustainable programmes, long-term planning and retention of skilled staff. For example, one organisation wanted to achieve “*sustainable multi-year secure funding*”, and another wanted to see “*non-competitive funding models that only support ‘projects’ or ‘time length programmes’ instead of salaries that are required*”. Analysis across responses to different survey questions highlights this reliance on short-term grants as a problem for small charitable trusts and artists in particular. A need for funding to cover the cost of core operational functions was again mentioned by one organisation. Two organisations specifically cited the need for resources to enable more subsidised and free work in low-decile schools and neighbourhoods which are socio-economically disadvantaged. One organisation specifically identified a need for government funding to enable rollout of national programmes which have generated high demand in schools. Two of the youth organisations which deliver the arts alongside other youth engagement programmes specifically cited the need for more funding for creative programmes and equipment in the youth sector.

The second most frequent answer related to the workforce where 42% of organisations cited additional staff broadly as a key aspiration. A number commented on the need to attract staff to facilitate work with young people, described variously as artists and youth workers. A number commented specifically on a need for more professional development opportunities. One organisation said they needed “*more skilled/ trained youth workers*” (they did not specify what skills were needed), whilst another cited the need for “*more trained orchestral musicians from Pasifika cultures*”. A third indicated that they are currently “*creating their own*” through in-house training and support for students of their programmes. One organisation also reflected on a need for bespoke training. In an earlier

## YOUTH WELLBEING IN AOTEAROA

question, organisations were asked about workforce development and cited a high level of in-house training compared to use of external training. The training access was also heavily weighted in skills related to youth development and health practices, with limited mention of arts-based training. Combined answers to the question of workforce development suggests a lack of availability to arts-based opportunities relevant to Creative Youth Wellbeing practices, and ultimately lack of access to people with the skills needed.

31% of organisations felt that access to more appropriate spaces and/or venues would enable them to carry out their work more effectively. For three (small charities) this was related to delivering mobile programmes in community spaces which had inadequate facilities and, for organisations with their own venue, it was related to not having spaces that were large enough for groups or (in the case of a youth organisation) not suitable for creative work.

26% of organisations indicated a perception that the value of the arts to youth wellbeing is poorly understood and that greater recognition would enable their work to be more effective. One small charity working predominantly in social and health care contexts wanted to see *“wider understanding and acceptance of arts and wellbeing as a serious early intervention/protective factor”*. Two organisations, both using theatre to promote wellbeing in school and community contexts, commented on a need for greater *“understanding of process/applied theatre pedagogies in primary schools”*, and *“a better understanding in schools of the value of the creative wellbeing and learning this offers for students. For many young adults maths/ reading at level 1/2 NCEA may offer less than community theatre/ disability arts with respect to their happiness, wellbeing and social development”*. One other organisation commented on a lack of understanding of the challenges and complexity of their work with high needs groups across their networks. These perceptions are supported by our

## YOUTH WELLBEING IN AOTEAROA

literature review which highlights the historic low visibility and status of the field of practice at a national level.

Finally, two organisations wanted to see more partnerships and collaborations enabling joined-up efforts to support young people's development and wellbeing. One of these wanted to see "*sufficient financial and skill resource to better coordinate relationships with wrap around support services (mental health, literacy, youth alcohol and drug services, sexual health etc)*". The comment echoed previous comments about competitive funding models and perceptions of a siloed culture in arts and health, both of which inhibit collaboration in different ways.

## Literature Review

### Scope of the review

Here we provide an overview of current literature related to participation in arts programmes with health and wellbeing goals amongst young people aged 12-24 living in Auckland, New Zealand. The review includes literature from local and international sources in order to situate this work within the broader international context. It includes material drawn from a broad inter-disciplinary field using search terms guided by the definitions used in our survey (see Methodology). Young people's participation in the arts is a broad field. Our review draws specifically from literature which describes young peoples' engagement in the arts with health and wellbeing goals, including the known determinants of health and wellbeing.

The review was undertaken between March and December 2018 using library searches, databases, journals, evaluation reports, policy documents and online sources. We prioritised material from the 10 years up to, and including, 2018, except where relevant to illustrate historical context or seminal publications. All source materials were carefully screened and only those from credible sources and peer-reviewed journals were included, with the exception of a handful of local evaluation reports and publications. Although this is a relatively young field of practice, a wealth of relevant literature was sourced.

The review offers an overview of key literature, research, researchers, developments, debates and thinkers in this emerging field of practice. It draws together information and research to strengthen understanding about the local and international practice and policy context for young people's participation in arts programmes with wellbeing goals.

Over the last two decades wellbeing has emerged as an important concept, increasingly occupying our local, national and international policies and our everyday conversation. There is no universally agreed definition of wellbeing. It is understood in different ways by practitioners, policymakers and researchers. In this section of the report we offer an overview of these different understandings and explore particular ideas and practices which are most relevant to our research study. We start by offering definitions, different applications and critiques of wellbeing. We consider determinants – factors understood to impact on our wellbeing and, alongside this, explore different cultural conceptions of health and wellbeing relevant to our local bi-cultural and Pacific context, the international and local context for youth, arts, health and wellbeing practice. This includes (different) contemporary definitions and conceptions of the field of practice, and reviews the evidence base relating this to local research examples where possible.

### What is wellbeing?

#### *Defining wellbeing*

*Wellbeing is more than happiness or the absence of illness. It is fundamentally about how people experience their own lives, whether they feel able to achieve things and have a sense of purpose. It's also about a sense of belonging and being part of the social fabric, connected to other people and supportive local networks – Be Creative, Be Well. (Ings, Crane, & Cameron, 2012, p. 109)*

There is no commonly agreed definition of wellbeing. It is used to mean different things in different contexts. It is commonly understood as a state of being content with one's life, and is often used interchangeably with terms such as 'life satisfaction', 'flourishing', 'happiness', and 'mental wellbeing'. However, each of these has differing meanings and researchers, such as Forgeard, Jayawickreme, Kern & Seligman (2011) warn against a

tendency to reduce it to one construct (often life satisfaction) and ignore its multi-faceted nature. Here we review different definitions and perspectives on wellbeing to understand how it is understood and applied by our survey participants.

The concept of wellbeing appears in research in arts, health, education, psychology, economics, sociology, and development studies, with different interpretations and applications across these contexts.

Thompson and Marks (2008) suggest that, in the context of health practices, wellbeing is often understood primarily as a state of good physical health that can be improved by engaging in particular (positive health) behaviours. Prominent understandings of wellbeing draw heavily from Positive Psychology, a distinct branch of psychology (Dodge, Daly, Huyton, & Sanders, 2012). In this context wellbeing is *subjective* and relates to individual feelings of happiness, satisfaction and fulfilment. Two key figures in the Positive Psychology movement, Martin Seligman and Mihaly Csikszentmihalyi describe its aim as being to “*catalyse a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities*” (Seligman & Csikszentmihalyi, 2000, p.5). Positive Psychology literature focuses on ways individuals can achieve happiness, or ‘flourishing’ through health-promoting behaviours, such as a positive outlook.

Chase and Stratham (2010) describe how wellbeing is also often used within health and psychology to move away from a traditional, western, bio-medical model of health (treating illness in individuals), to a more holistic and positive understanding. Arts Council England (ACE), for example, suggest that “*the notion of wellbeing fits well with the World Health Organisation’s celebrated definition of health in 1946 as ‘a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’*” (ACE, 2018, p. 26).

Thompson and Marks (2008) suggest that, in the context of economic and social policy, wellbeing is synonymous with welfare and dependent on people's access to economic resources, healthcare, family and community support, and political freedom. On a similar note, Maidment & Beddoe (2013) suggests that, in social work, wellbeing is aligned with issues of social justice, poverty and economic oppression.

Wellbeing is also increasingly used by governments internationally as a way of measuring how well they are serving their people, informed by recognition of the inadequacies of dominant economic models to measure success (McLellan, Galton, Steward, & Page, 2012). This thinking is apparent in the local context where the current New Zealand government recently launched 'The Wellbeing Budget' and have spoken extensively about shifting from an economic model used by previous governments to one which uses the wellbeing of the whole population as a measure of progress. Addressing the 2018 *International Conference on Wellbeing & Public Policy in Wellington*, Rt. Hon. James Shaw, Minister of Statistics and Associate Minister of Finance, stated that:

GDP is repeatedly criticized for being a poor indicator of social welfare and for leading governments astray in their assessment of economic policies. GDP statistics measure current economic activity in terms of through-put. But they ignore wealth variation, international income flows, household production of services, destruction of the natural environment, and many other determinants of wellbeing. They don't take account of the quality of social relationships, economic security and personal safety, health, and longevity (Shaw, 2018, para.18)

### *Influences on wellbeing*

Not surprisingly, the factors understood to impact our wellbeing (and hence the policies and practices which will help us achieve it) are equally slippery and contested. Most

of the literature broadly acknowledges wellbeing as a multi-dimensional construct impacted by different aspects of our lives.

The literature broadly describes two interdependent aspects: *subjective* wellbeing (how we feel about our life) and *objective* wellbeing (the material conditions in our life) (Thompson & Marks, 2008).

The 2008 Foresight Mental Capital and Wellbeing project commissioned by the UK government has been an influential project. The Foresight Project was set up to identify key determinants of mental capital and wellbeing and advise the government on future policy directions. The project was informed by an extensive review of international 'wellbeing' research, evidence, and advice from over 400 experts worldwide spanning diverse disciplines including economics, social sciences, ethics, systems analysis, neuroscience, genetics and mental development, psychology, psychiatry, and sciences related to education, work and wellbeing (Go-Science, 2008).

The Foresight project defined wellbeing as *"a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others, and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society"* (Go-Science, 2008, p. 47).

This research identified complex social, cultural, economic and political factors which impact on wellbeing operating at individual and societal levels. These include factors such as poverty and inequality; discrimination and exclusion; conflict; migration; and access to decent housing, healthcare and employment. Many of these determinants extend well beyond the 'wellbeing' factors individuals may have control of in their lives to include norms, policies, ideologies, systemic conditions which all impact on our lives and the environments

we inhabit. The Foresight report makes policy recommendations targeted not just at individual wellbeing, but at improving broader family, social and physical environments, and signals an urgent imperative to address deepening social inequities (Go-Science, 2008). A growing body of research highlights the significant negative impact of social inequality on our wellbeing. Wilkinson and Pickett (2009) highlight that it has a negative impact not just amongst the most economically deprived communities, but for society as a whole.

In their chapter in Clift and Camic's (2016) seminal *Oxford Textbook of Creative Arts, Health and Wellbeing*, Allen and Allen also cite research which highlights that disparities in health (and wellbeing) outcomes are also linked to the levels of control and decision-making people have in their lives, alongside access to social resources and networks. This is increasingly a key theme in other literature, such as the 2010 UK Marmot Review Report which investigated the social determinants of health, and recommended that urgent action was needed to address global social inequalities and enable political empowerment (Marmot, Allen, Goldblatt, Boyce, Di McNeish, Grady, & Geddes, 2010).

There is a body of research highlighting the importance of environmental sustainability to wellbeing (Maidment & Beddoe, 2013). Wilkinson and Marmot's (2003) research established the interdependence of wellbeing of whole populations with wider environmental factors. Based on this study, Maidment & Beddoe propose the need for policies targeted at whole systems, and suggests that human wellbeing is only possible in the context of a healthy thriving Earth. They highlight a need to take an ecological systems perspective.

Originating from the work of American psychologist Urie Bronfenbrenner, Ecological Systems Theory stresses the need to understand our development and wellbeing within the context of our wider social environment: our relationships with friends, family, community,

## YOUTH WELLBEING IN AOTEAROA

and the public services, policies, institutions, cultural norms, ideologies and environmental conditions that impact our lives (Bronfenbrenner, 1979). Ecological Systems Theory is widely used in youth development and health practice locally and internationally as a useful tool to map the different impacts on young people's development and wellbeing. Although it presents a complex picture, it can be used to help us identify the scope and limitations of interventions designed to impact wellbeing. Individually focused initiatives, for example, supporting young people to develop mindsets and skills supporting personal growth may help them to navigate complex life environments, but are likely to not directly influence systemic issues impacting their wellbeing.

As part of the Foresight project, the UK New Economics Foundation (NEF) Centre for Wellbeing was commissioned to produce a population-level wellbeing tool – a set of evidence-based actions that could improve personal wellbeing (New Economics Foundation, 2008). NEF describes itself as an *“independent think-and-do tank that inspires and demonstrates real economic wellbeing”*. Its key mission is to redefine wealth in terms of wellbeing and promote the concept of wellbeing as a legitimate and useful policy goal (Aked, Marks, Cordon, & Thompson, 2008, p. 1). The centre has been a key player in the production of ideas and models for the promotion of wellbeing. One of the key findings of the 2008 Foresight Mental Capital and Wellbeing evidence review was the importance of positive relationships, social connection and participation to our wellbeing. The importance of a positive outlook, having some control over our life, and having a strong sense of purpose or meaning were also identified. These aspects of the research became the focus of NEF's *Five Ways to Wellbeing* (Aked, Marks, Cordon & Thompson, 2008). The findings of the Foresight project were translated into the NEF *Five Ways to Wellbeing* framework, popularly known in their abbreviated form as connect; give; take notice; keep learning and be active. These have

been widely promoted as ‘a kind of five a day’ for positive mental functioning (equating it with the five fruit and vegetables per day). The framework is used extensively across youth, community and public sector organisations internationally and in New Zealand. Alongside this resource, NEF coined the widely used definition of wellbeing: “feeling good and functioning well in the world” (Thompson & Marks, 2008, p.24).

Based on this model, NEF describe wellbeing as a dynamic process involving both *external resources* including *material* (such as income and employment status) and *social* resources (such as local networks and connections), and our *personal resources* (including our physical health, and our beliefs about ourselves and the world about us). Michaelson (2013) proposes that these dual aspects of wellbeing are interdependent and that the relationship between them affects our degree of good functioning. She suggests that the extent to which we interact with the world around us and are able to feel competent, secure, autonomous, connected to other people and good about our experience of the world, the more we feel able to function well in, and positively impact, our environment. The model builds on research affirming the feedback loop through which experience of positive emotions actively broadens a person’s capacity to adopt new patterns of thinking and build psychological resources for wellbeing (Thompson & Marks, 2008, p. 11).

In *Applied Theatre: Performing Health and Wellbeing*, Low (2017) highlights that conceptions of health and wellbeing are subjective and, not only socially but also culturally, contextual. Reflecting on the interchangeable use of the terms health and wellbeing, Low offers the distinction that health can be defined as an individual’s emotional, spiritual and physical condition, whereas wellbeing is socially constructed and defined by individual and community perceptions of their own health. She provides multiple examples demonstrating different conceptions of health and wellbeing, highlighting how each is defined differently in

## YOUTH WELLBEING IN AOTEAROA

different nations and suggests that no global definition is therefore possible. Low offers, for example, an Aboriginal conception of 'health' as dependent on the physical, social, emotional and cultural wellbeing of the whole community. This reflection is further developed in the section below.

### Defining wellbeing in the New Zealand context

In 2018, the incoming New Zealand government articulated a policy focus on wellbeing, followed by a series of initiatives: Budget 2019; The 'Wellbeing Budget' was announced alongside a stated commitment to putting human and environmental wellbeing at the centre of policy making. *Indicators Aotearoa NZ (Ngā Tūtohu Aotearoa)*, a set of indicators to be used to guide and evaluate progress against these wellbeing goals are under development. A new Child Wellbeing Unit is leading development of New Zealand's First *Child Wellbeing Strategy*.

The 2018 cabinet paper and public consultation document, *Child Wellbeing Strategy – Scope and public engagement process*, offers a detailed conceptualisation of wellbeing in the specific local context. It states:

we are aware that children's wellbeing is intrinsically linked to other broader contextual factors, such as living in a healthy and sustainable natural environment, and a just and inclusive society. We acknowledge the importance of these factors as prerequisites to individual and collective wellbeing" (p.9).

Not only does the cabinet paper emphasise an ecological system perspective, it makes particular reference to social equity and inclusion, and to the importance of subjectivity, context, culture, and self-determination in wellbeing. It highlights adolescence as a critical developmental period, and outlines six key principles which the government believe will support wellbeing in young people. These include recognising the United Nations

## YOUTH WELLBEING IN AOTEAROA

Convention on the Rights of the Child ‘as a foundational treaty’ (expressing relationship between young people’s rights and wellbeing); affirming that children are members of whānau and communities and cultures – and these must be at the heart of any action to improve children’s wellbeing; and acknowledging the importance of the Crown–Māori partnership in all work to promote the wellbeing of New Zealand’s children. The paper also states its commitment that wellbeing is associated with confident participation in Te Ao Māori. This framing of wellbeing acknowledges the unique bi-cultural, post-colonial context in Aotearoa. It honours the obligations of the Treaty of Waitangi through its commitment to partnership with Māori, the preservation of Māori tikanga (culture), and to principles of self-determination.

To inform the development of the Child and Youth Wellbeing Strategy, The New Zealand Children’s Commissioner and Oranga Tamariki carried out research with 6000 children and young people to understand what wellbeing meant to them and what they felt needed to change to improve wellbeing for all (Office of The Childrens Commissioner & Oranga Tamariki, 2019). Participants felt that wellbeing was about having fun, feeling contented, having supportive friends and family, and having basic needs met. The most important aspects of wellbeing (or having a good life) for participants as a whole were parent and caregivers having enough money for basics like food, clothes, and decent housing; good relationships with family and friends; safety from bullying, violence and accidents; and feeling respected and valued for who they are. A key insight was that change is needed: whilst most participants felt they were doing well, they were concerned about significant numbers of others who face challenges just to get by on a daily basis.

### *Māori conceptions of wellbeing*

## YOUTH WELLBEING IN AOTEAROA

An understanding of wellbeing as dependent on social and cultural contexts is highly visible in New Zealand Aotearoa.

For Māori, wellbeing is holistic; dependent on a harmonious relationship between of all aspects of our physical, social, spiritual and cultural world (Ministry of Health, 2016). It is collective and relational (always experienced in relation to others), and emphasises a deep connection to whānau (extended family) and the physical world. Angelm (2013) suggests that individual wellbeing can only be achieved within the context of a healthy whānau (family), physical environment and the spiritual world. For Māori, the relationship with others extends beyond the definition of positive social connection in western conceptions of wellbeing. It is closely linked to ideas about whakapapa and tūrangawaewae.

Literature on Māori wellbeing highlights the significance of persistent social inequities and cultural alienation caused by colonisation on Māori wellbeing. Angelm (2013) suggests that mana is central to wellbeing, and explains that, although it is often translated to mean status, mana is about self-worth and dignity and is at the core of being a healthy and achieving person. He highlights the difficulty in achieving mana in the context of unemployment, humiliation and dysfunction caused by colonisation. Durie asserts the importance of having a secure (cultural) identity to wellbeing and cites research showing that *“deculturation has been associated with poor health whereas acculturation has been linked to improved outcomes”* (Durie, 2004, p. 183). Much of the literature about Māori wellbeing focuses on the need for frameworks that are culturally responsive, culturally affirming and that enable self-determination and participation as Māori. Benton and colleagues assert that Māori wellbeing is critically linked to questions regarding self-determination and the control of one’s destiny (Benton, Crothers, Benton, & Kawharu, 2002, Vol 1, p. 51). The Treaty of Waitangi partnership is therefore a significant aspect of conceptions of wellbeing for Māori.

## YOUTH WELLBEING IN AOTEAROA

A few different models have been developed which encapsulate key concepts and practices for Māori wellbeing. One of the most influential/well-utilised, *Te Whare Tapa Whā*, was developed by Mason Durie following a hui (meeting) of over 1,000 Māori health, community and tribal leaders in 1994. Participants at this hui considered that Māori with good health and wellbeing possessed a strong sense of identity; self-esteem, confidence and pride, control of his/her own destiny, leadership, intellectual, physical, spiritual and whanau awareness, personal responsibility, respect for others, knowledge of Te Reo and Tikanga, economic security, and a solid whānau support (Rochford, 2004). *Te Whare Tapa Whā* visually represents four components of health; taha wairua, taha hinengaro, taha tinana and taha whānau as the four walls of a *wharenuī*, each wall necessary to support the whole. Durie (2007) suggests that the model's appeal is based on its holistic approach to health and the recognition of spirituality as a significant contributor.

For more information about *Te Whare Tapa Whā* and other Māori models, see <http://www.health.govt.nz/our-work/populations/maori-health/maori-health-models/>.

A number of Māori researchers have suggested models of wellbeing specific to youth founded on Māori perspectives. Ware and Walsh-Tapiata (2010), point out that "*Māori youth have distinct characteristics and values derived from their experiences and realities as Māori as well as youth. Māori youth need to develop cultural and youth-specific capacities*" (p. 20).

They go on to suggest that:

*cultural values known as tikanga have provided essential components of Māori models of development and wellbeing. Tikanga determine a culturally appropriate approach or Māori way of doing things [...] For some Māori youth, living in an environment that doesn't recognise certain ahuatanga or tikanga is a barrier to them achieving their full potential. (Ware and Walsh-Tapiata, 2010, p.20).*

One key proposal from young people in their research was that the overall wellbeing of the collective was considered paramount and may be just as, or more significant than, peer pressure or individual gain (Ware & Walsh-Tapiata, 2010). This finding is important for thinking about how wellbeing is conceived within youth arts projects that engage Māori young people.

### *Pacific concepts of wellbeing*

Some 7% of people living in New Zealand identified as having at least one Pacific ethnicity in the 2013 census (over 13% in Auckland) <https://www.stats.govt.nz/>. Whilst Pacific peoples are diverse and cannot be treated as homogenous, they share some commonalities in their conceptions of wellbeing. Like Māori, wellbeing is understood as holistic and includes physical, psychological, social and spiritual dimensions. Relationships, family and community play a central role in this.

Crichton-Hill, McCall & Togiato (2013) describe shared definitions of wellbeing that emanated from a fono with the Pacific community in Canterbury in 2011. Led by Pacific Trust Canterbury (PTC), the event was set up to develop a framework for health practice appropriate to engagement with Pacific communities. Participants were asked to describe what is important in their life to achieve wellbeing, and what were the key enablers and barriers. The top five factors influencing wellbeing were identified as family, health (mental and physical), education, finance and spirituality (church), resonating with the literature on Pacific wellbeing. Crichton-Hill and colleagues confirmed that these factors were common across ethnic-specific Pacific groups, but that some other differences emerged, demonstrating that a one-size-fits-all approach beyond these commonalities is not appropriate. The research also emphasised the negative impact of socio-economic and health

inequalities on the wellbeing of these communities, and the need to address not just individual but also broader structural determinants of wellbeing and issues of autonomy (Crichton-Hill, McCall, & Tagiaso, 2013).

There are several Pacific wellbeing models in common use in New Zealand. See here for examples: <https://www.health.govt.nz/our-work/populations/pacific-health>

Conceptions of wellbeing need to be contextual and culturally sensitive. In the context of a culturally and ethnically diverse environment such as Auckland, it will be important to refer to appropriate wellbeing frameworks. Other key populations include Asian communities who made up 12% of the population at the time of the 2013 census. See the Ministry of Health website for information about frameworks relevant to key populations: <https://www.health.govt.nz/our-work/populations>.

Alternatively, it may be more appropriate to develop definitions of wellbeing with young people and their communities as part of projects, rather than using pre-existing models.

### **Critiques of wellbeing**

Wellbeing is a controversial and contested term and is not without its critics. A regular feature in the literature is the way it has been interpreted within predominant neo-liberal ideals. Low and Baxter (2017) argue that within this context wellbeing is often defined in narrow, individualised and culturally inappropriate ways. Blomkamp (2014) suggests that conceptions of wellbeing used to inform policy have been driven largely by economists and psychologists who typically focus on the individual or an aggregate of individual responses, and the evidence they provide is oriented toward interventions at the level of the individual rather than society or community-wide responses. Commenting on the New Zealand and Australian arts practice context, Freebody and colleagues argue that neo-liberal conceptions

of wellbeing seek to shift responsibility for achieving wellbeing onto individuals. They suggest this has resulted in a policy and practice environment focused on fixing problem individuals, rather than considering broader determinants of wellbeing (Freebody, Mullen, Walls, & O'Connor, 2019). Baxter (2017) critiques conceptions of wellbeing framed by positive psychology. She suggests they make individuals responsible for wellbeing, and do not fully recognise factors in the wider social, economic and cultural environment that mitigate wellbeing.

Critics also suggest it has been hijacked by the global so-called 'happiness industry', and has become synonymous with the pursuit of personal fulfilment and consumer culture. Sointu's (2005) research used articles from two national UK newspapers over two decades to trace changing contemporary understandings of wellbeing and demonstrated how these relate to wider societal trends. Her research traces a shift from discussions about wellbeing in terms of the economy in the mid-1980s, towards discussions about individual lives and the quest to achieve wellbeing through a variety of personal wellbeing practices, often consumerist in nature. Sointu suggests that wellbeing has been turned into self-responsibility, a personal choice fed by an increasingly commercialised industry providing products which support self-development and mastery of our social contexts through practices of consuming.

Finally, Low (2017) critiques the use of wellbeing as an achievable 'indicator' of a country's success. She suggests that considering wellbeing as an indicator of economic progress is problematic because *"it suggests that it is possible to quantify an individual's sense of wellbeing or happiness and that it is possible to compare these indicators with others without acknowledging the myriad of other factors that may influence an individual's sense of happiness, for example, links to a community, culture and economic status"* (Low, 2017, p.19).

## Youth, arts and wellbeing: the international context

### *A growing global movement*

Across the globe, organisations using the arts for health and wellbeing goals are: [U]sing diverse and dynamic sets of practices in a variety of health care and community settings for expressive, restorative, educational and therapeutic purposes. Some work preventively, some enhance recovery, others improve quality of life ... The creative arts help make sense of our human condition, making room for the heart and soul to be heard. They encourage active engagement with the world around us, help people to keep learning, connect with each other and contribute to their communities.

(National Alliance for Culture, Health and Wellbeing, 2018, para 2)

Young people's participation in the arts encompasses a diverse field of practice. We include only literature which specifies intentional health and wellbeing goals or a related outcome such as known determinants of wellbeing. Where this is the case we explain the inclusion of the material.

This literature review focused on participation in community settings as well as community-based, non-curricular activity in mainstream education. As stated in the introduction, we define participation as sustained participation in the arts as part of a group. Examples which use methods from Art Therapy have been included where these met the criteria of community-based group participation (i.e. not part of a clinical client–professional relationship).

The idea that the arts are good for us is not new. Clift and Camic (2016) highlight that the role of the arts in promoting wellbeing has been understood throughout history and across cultures. Belfiore (2016, p.13) suggests that the idea of the arts as having healing qualities has a long history and that it can usefully be understood in two ways. One is the

*“arts as therapy” approach “according to which the arts are inherently healing and cathartic, and the art in therapy approach according to which artistic creation is one of the tools clinicians have at their disposal for the purposes of diagnosis, prognosis, and treatment”.*

The National Organisation for Arts and Health (NOAH) in the US points out that community choirs, dance, arts, craft, music and drama have long been a feature of our communities (NOAH, 2017). However, increased interest in the relationship between arts, health and wellbeing has resulted in the emergence of a distinct field of practice over the last 60 years. The term, arts for health and wellbeing, is now used internationally as an umbrella for a diverse, interdisciplinary field of activity which draws from arts, health, psychology, education, community and youth development practices and theories. Growth of the field has been so rapid that, in his seminal book (the first dedicated arts and health volume) charting the rise of arts in community health practice in the UK, White (2016) described the arts for health movement broadly as a *“small-scale global phenomenon”* (p. 41).

In their UK-focused research, Connected Communities Participatory Arts and Well-being: Past and Present Practices, Billington, Fyfe, Milling & Schaefer (2012) suggest *“community and participatory arts practices focused on community wellbeing have a long history, and range in nature from top-down, prescriptive activities funded and arranged by governments to grassroots, amateur and self-organising groups of participatory makers”* (p. 1). Camic (2008) described the field as ranging from arts therapies in clinical settings to use of the arts in broader population health promotion strategies taking place in diverse health, education, social care and community settings.

The intrinsic wellbeing benefits of participation in the arts are frequently acknowledged in arts for health and wellbeing literature. However, activities referred to most commonly under this umbrella term are broadly understood to mean those that intentionally

seek to impact positively on the health and wellbeing of individuals and communities.

In the UK, White (2009) describes the field as originating from the community arts movement of the 1960s to one he now describes as 'arts in community health'. He suggests the field has flourished within the context of active citizenship and social inclusion agendas; the economics of wellbeing; research linking self-esteem and perceptions of status to health outcomes; concepts of social capital and the importance of social connection; and the new public health agenda. Within this environment, conceptions of health and wellbeing have evolved from a historic bio-medical model focused on treating individual ailments to a social model of health, defined as a state of complete physical, mental social wellbeing and not merely the absence of disease or infirmity (World Health Organisation, 2014).

This broader understanding of health recognises the wider social, cultural and economic determinants that impact our wellbeing, and emphasises the importance of relationships, social inclusion and participation. White (2016) suggests that this environment in which the *"the boundaries between physical health, cultural vitality, spiritual balance, quality of life and communal wellbeing"* (p. 20) have blurred has been catalytic in opening up opportunities for the arts to play a role in promoting health and wellbeing. He suggests that two key ideas about the relationship between arts, health and wellbeing have particularly helped to facilitate this: growing awareness of the relationship between arts, health, social relationships and participation; and recognition of the limitation of traditional healthcare to address contemporary psychosocial conditions such as stress, depression, loneliness, 'unease', personal and social identity, human worth (and the potential of the arts to fill this gap). These ideas are also consistent with the wider literature and are explored further in the next section.

In his 2009 book, White seldom refers to wellbeing and uses health as a key

terminology. A few years later, wellbeing is firmly embedded in the literature. Clift & Camic (2016) published the seminal *Oxford Textbook of Creative Arts, Health and Wellbeing*, the first edited textbook offering international perspectives on arts, health and wellbeing. This was closely followed by Low and Baxter's (2017) edited text, *Applied Theatre: Performing health and wellbeing*, which also explores the international context, and to which we refer frequently in this review. Other volumes have also been published in the last few years focusing on specific disciplinary fields. These include *Music, Health and Wellbeing* by MacDonald, Kreutz, & Mitchell in 2013, and *The Oxford Handbook of Dance and Wellbeing* edited by Karkou, Oliver, & Lycouris in 2017.

Clift & Camic (2016) highlight a diverse, dynamic and rapidly expanding international network of arts practices with health and wellbeing goals. The field has apparently thrived particularly in the UK, Australia, mainland Europe, USA and Canada. It is supported by a growing interdisciplinary workforce; regional and national networks; strong leadership from peak bodies in several countries; dedicated journals; and, in some places, a thriving academic community.

Several countries have secured government and policy recognition, notably Australia and the UK. In 2014 Australia produced a government endorsed framework (Australian Arts and Health Framework, 2014). In the UK the field has flourished despite 'austerity' and reductions in public funding. It is well established across national provider networks, acknowledged as a credible health-promotion tool within public policy, and was recently the subject of a substantial cross-government, all-party parliamentary inquiry set up to inform policy (APPGAHW, 2017). The report produced from this inquiry, *Creative health: The arts for health and wellbeing*, outlines a comprehensive body of practice spanning diverse artforms, contexts, and addressing diverse health and wellbeing goals.

Different chapters in Clift & Camic's (2016) handbook highlight applications and challenges for the arts in a broad range of international locations and 'health contexts'. These include social inequities, empowerment and participation (Allen and Allen); access to healthcare and health literacy (Sonke and Baxter Lee); HIV AIDS (Wells); active ageing (Leeson); criminal justice settings (Robertson); the sex work industry (Venkit, Godse, and Godse); place-making (Lawson and Parnell); and within arts education (Barnes) and work with disadvantaged youth (Gladstone-Barret and Hunter; Batmanhelidjh).

### *Arts for wellbeing*

Within this global movement, distinct regional and contextual variations are apparent, and definitions and conceptions are continuously evolving.

Arts for health and wellbeing is an umbrella term for overlapping disciplinary fields, each located within different (and continuously evolving) conceptual frameworks and practice cultures (Billington, Fyfe, Milling, & Schaefer, 2012). The literature describes roots in many affiliated fields including community arts, participatory arts, art therapy, socially engaged arts, community cultural development and applied theatre.

Two affiliated fields are especially key. White (2009) describes arts for health in the UK as emerging from *Community Arts*. Writer and community arts champion, Matarasso (2016) defines it as "*a radical rights-based approach to participation in art characterised by a critical social engagement*" (Matarasso, 2016). This approach is explained by the evolution of community arts from the civic rights and democracy movements of the 1960s and 70s. Consequently, work which emanates from a community arts tradition tends to be politicised and closely aligned with empowerment and social justice goals (White, 2009).

Wreford (2010) describes how *Community Cultural Development (CCD)* has been especially instrumental in activating the arts and health movement In Australia, in particular

supported by the work of Australia Council. They define *CCD* broadly as collaborations between artists and communities working towards artistic and social outcomes, often focused on strengthening the capacities of communities to develop and express their own cultures and always using collaborative and empowering processes (Mills & Brown, 2004).

Community Arts, Participatory Arts and Community Cultural Development all emphasise participation in arts processes led by arts professionals.

In the literature, arts therapies are often described as distinctly different because they are intentionally therapy (White, 2009) and often based on a relationship between a client and health professional (Anni, Lewis, Russell, & MacNaughton, 2012). However, some literature argues that art therapy has evolved and this distinction is now blurred, with arts therapists working in a wide range of community contexts, some clinical, some not. Levine & Levine's (2011) book, *Arts Therapies: Art in Action; Expressive Arts Therapy and Social Change*, offers this perspective. Contributors in the book offer multiple examples where arts therapies have been used effectively to inspire social action, bring about social change, and address challenges presented by global conflict, political unrest, poverty or natural disaster. Closer to home, Green's (2016) University of Auckland PhD thesis explores the role of arts therapies in the context of the Canterbury Earthquakes.

Across the literature there are many regional and national variations in the way arts, health and wellbeing practice is described – as 'arts and health', 'arts and wellbeing', 'culture and wellbeing', or 'creative health'. These names reveal how the arts are positioned in each context. In Australia and the US where 'arts and health' is used, the work is closely aligned with the healthcare sector. In the UK where 'creative health' has emerged as a new term, the agendas of the arts and cultural sector and ideas about creativity are more prominent. The *Creative Health: The Arts For Health and Wellbeing* report which emerged from the UK All

Party Parliamentary Inquiry into arts, health and wellbeing clearly articulates the intrinsic value of everyday experiences of the arts in addition to its potential applications in healthcare contexts (APPGAHW, 2017).

In their review of UK based participatory arts practices for wellbeing, Billington et.al (2012) highlight the sensitivity of practice to local context. They observed that the arts have been applied in different ways dependent on context. They suggest that, *“In the context of health services, economics and policy, community well-being tends to be framed as a deficit-based model, focusing on providing remedial support to passively conceived communities of need, for example, ageing population groups”* (p.5). In mental health specifically, they suggest that wellbeing is predominantly understood as individual and subjective wellbeing, although more recent initiatives have begun to focus on wider determinants and issues of equity. Further, they observed increased use within psychology of asset-based and positive psychology models and community- or society-wide measures.

Billington et.al. attribute this to the disciplinary roots of different practice cultures. However, we suggest that applications of arts for wellbeing will also be highly influenced by the funding context. Historically arts, health and wellbeing has focused on articulating instrumental outcomes, i.e. its use as a tool to achieve healthcare outcomes. More recently, perhaps as the field gains in confidence and credibility, a shift is apparent in some policy and academic research towards also arguing for the intrinsic value of the arts to health and wellbeing, or a more complex understanding of the relationship between intrinsic and extrinsic value, or to a rights-based argument for the importance of the arts.

### *Young people, arts and wellbeing*

The relationship between the arts and youth health and wellbeing specifically has been a particular area of interest internationally and locally. Specific chapters in Clift & Camic

(2016) refer to young people, and a search of databases reveals a plethora of (mostly individual project) peer-reviewed articles and examples internationally.

Review of the literature reveals a diverse body of practice applied in settings across health, education, youth justice, public services and community environments (Clift & Camic, 2016; O'Brien and Donelan, 2008; O'Connor, 2012, 2013 a, b, c,, 2014, 2015). Whilst it could be argued that much of this work addresses outcomes which could ultimately promote youth wellbeing, we have selected material which expressly states health *and* wellbeing as an intention, unless otherwise indicated as outlined above.

Like Clift & Camic's (2016) handbook, the *Creative Health* report proposes the importance of a 'life course' approach in relation to young people's participation in arts, health and wellbeing activities. Both emphasise the importance of positive, early years' developmental environments to promote wellbeing in later life, informed by early years' research.

Distinctly absent from the 'arts for wellbeing' literature, but also important related fields are Positive Youth Development (PYD) and Creative Youth Development (CYD); both are described in the section on the local context. Although traditionally associated with language more related to youth development, wellbeing is now frequently referenced in PYD, evidenced by its prevalence in the recent Centre for Social Impact's (2018) report produced as part of the review of the Youth Development Strategy Aotearoa. Some, though not all, of the literature related to youth development practice is aligned with wellbeing.

A key source of literature is that affiliated with the CYD movement in the United States. CYD has emerged in the last few years as a distinct, named strand of youth development, drawing on the principles of Positive Youth Development. It is described by

Montgomery (2017) as:

A dynamic area of community arts education that successfully bridges youth development and arts education. CYD is an intentional, holistic practice that combines hands-on artmaking and skill building in the arts with development of life skills to support young people in successfully participating in adolescence and navigating into adulthood (p. 1).

Whilst wellbeing is not a term used frequently in CYD, Montgomery's article providing an overview of the field refers to young people's holistic well-being as a goal of participation in CYD.

CYD takes a broad definition of creativity and encompasses engagement in not just arts but humanities and science-based youth development programmes with an emphasis on creative inquiry and expression. Like PYD, CYD programmes position young people as active agents of their own change (Heath, Soep, & Roach, 1998), and resources within their own community (Montgomery, 2017). Youth leadership and decision-making is a strong focus of practice. Roger Hart's (1992) Ladder of Participation (used in our survey) is a key feature of CYD practice.

CYD uses an asset-based approach and focuses on optimising individual capacities, interests, and future potential, rather than focusing on problems (Damon, 2004). PYD considers that young people develop well if they are connected to asset-rich environments (healthy relationships, schools, supportive communities) that provide young people with belonging, connection, places for learning and recreation, and that build pro-social norms and skills (Canning et al., 2017). This can be achieved through structured youth development programmes, (Lerner et al., 2012) but initiatives also emphasise a need for big-picture thinking and systems-level interventions to create social environments that support youth

development and wellbeing (YDSA, 2002).

PYD and CYD have both emerged from out-of-school-hours programmes in the United States. Shirley Brice Heath (1999) produced seminal research identifying the specific and unique contribution of the arts within these programmes. Montgomery (2017) defines CYD as a dynamic area of community arts education that is able to bridge youth development and facilitate processes through which young people build social, emotional, academic, artistic and vocational skills. CYD, she says provides physical and psychological safety, supports self-esteem and nurtures caring relationships, community connection and a sense of belonging. The language and philosophy at the heart of CYD bear a closer relationship with models of arts education (than arts for health), and shares similarities with ideas about creative learning and the UK-wide Creative Partnerships schools programme during 2002-2011.

Like descriptions of the early field of arts and health in the UK (see, for example, Clift et al, 2009), CYD is characterised by grassroots, non-profit development throughout the country, where *“highly original CYD organizations develop to serve local needs”* (Montgomery, 2017, p. 2).

The broader literature related to young people’s participation in the arts reveals an emphasis on projects addressing the health and wellbeing needs of young people who are understood to be marginalised or ‘at risk’. Whilst this is viewed by some as a positive strategy to target resources where they are most needed, others offer more critical or cautionary perspectives. O’Brien and Donelan’s (2008) edited book *The Arts and Youth at Risk: Global and Local Challenges*, for example, features a number of critiques. O’Connor (2008b) suggests that ‘at risk’ labels play into the demonisation of young people in public life and that they can *“become another label to justify a range of programmes to contain the threat and risk they pose without needing to address the underlying causes of global instability,*

*particularly the growing disparity between rich and poor*" (p. 125). O'Brien & Donelan (2008) suggest that the arts are seen by many as a panacea for social disadvantage, and that critical debate is needed to prevent them from becoming instruments of social control. The authors affirm the importance of positioning young people as active and contributing within projects, and also the importance of methodologies that enable young people to reconstruct, shape and represent their own perspectives on potential solutions. Cahill's (2008) chapter suggests that 'problem-centric' programmes can unwittingly position participants negatively as bad, or sad, or failing in some way, and this can potentially reinforce negative stereotypes and disempower rather than enable. She suggests it is imperative young people are positioned as solutions not problems to be fixed. Cahill and Coffey's (2016) paper about their work with young people in Asia explores this idea further. The paper highlights powerful ways in which young people are positioned within their work as active agents with potential to enact the change they want to see, rather than passive recipients of change pre-determined by others. Key to this is the co-creative nature of relationships which often sit at the heart of arts programmes. This, she suggests, is the route through which young people are able to reframe life stories and imagine new possibilities.

Hickey-Moody's (2013) book *Re-assembling subjectivity through affect: youth, arts and education* explores young people's participation in the arts extensively. Hickey-Moody cautions us to develop more critical awareness of the way the arts are used to frame perceptions of young people. She suggests that "the arts are not *technologies of social control*" but that their value lies in offering "*methods through which young people become themselves and express opinion and critique*" (p.10). Art-making, she suggests is an act of resistance offering the potential for young people to re-imagine and articulate their place in the world, challenge social norms, and offering a means for us to see them differently

(Hickey-Moody, 2013).

Whilst they critique a tendency in social policy to use the arts as a tool to fix social problems, the writers noted above also highlight the potential of the arts to offer valuable methods or ways of working alongside young people to address social policy goals. The approaches described are notably also consistent with the key principles underpinning PYD and CYD. As described above, both draw from asset-based frameworks and emphasise youth leadership, in effect positioning young people as active agents rather than passive recipients within programmes.

There is a body of literature that articulates the unique qualities and potential of the creative process in young people's learning and wellbeing. This research largely emanates from an arts education research context, and offers valuable accounts of the relationship between young people and creativity. These narratives are notably missing from the evidence base around arts and wellbeing which emphasises project outcomes (*what* has been achieved, not *how*). This point is further developed in the section on evidence. Key figures include Hickey-Moody, Cahill and O'Connor referenced in the paragraph above. Eisner (2002), represented in the evidence section, has also written extensively about the affective nature of the creative process and its value within youth learning and wellbeing. In her (2014) essay, *The Foundational Bases of Learning With the Arts*, Shirley Brice Heath, another prominent researcher, highlights multiple cognitive, developmental and social benefits of arts participation. Citing Turner (2006) she states that "*Art-making affects memory, language, vision, auditory perception, emotional development, and mental health and wellbeing... it is nearly impossible to box off one or two key skills or cognitive growth areas as unaffected by sustained arts practice*" (cited in Heath, 2014, p. 358). Further to this, Heath joins other voices in emphasising the important contribution arts participation makes in the context of

contemporary life. She asserts that *"Never before has it seemed more important that young people are equipped to be able to find new ways of thinking and working through uncertainty, or developing personally, and of having the skills to engage and to be responsible for shifting their social contexts"* (Heath, 2014, p. 361).

### The arts and wellbeing in Aotearoa: the current national practice and policy context

#### *Youth wellbeing*

Young people in our research are defined as those aged between 12 and 24 years. At the time of the 2013 census, young people made up about one fifth (20.8%) of the total population of New Zealand; just over 924,000 young people aged between 10 and 24. This is projected to increase over the next 25 years to more than one million (Centre for Social Impact, 2018).

The Auckland supercity region is home to around one third of the total national population of young people. *I Am Auckland*, Auckland Council's strategy for children and young people highlights there are over 500,000 children and young people aged 0-24 living in Auckland. This accounts for almost 40% of the total population, with over 50% living in some parts of the city, such as South Auckland. The Plan highlights the increasing diversity of this population, which (at the time of the 2013 census) included 54% European; 16% Māori; 22% Pacific Peoples; 24% Asian; 3% 'other' ethnicity, and 6% unknown (I Am Auckland, 2013).

Youth wellbeing, and youth mental health in particular, are a national priority. New Zealand rates poorly on many indicators of child welfare, as well as low rates of investment in children and young people (Auckland Council, 2013). Youth mental health and suicide are significantly high compared to overseas statistics. In 2011, the government commissioned an inquiry into adolescent transitions which observed rising incidence of poor mental health and

## YOUTH WELLBEING IN AOTEAROA

painted a gloomy picture of the range of challenges facing young people as they navigate the world into adulthood (Office of the Prime Minister's Science Advisory Committee, 2011).

*Youth2000 national youth health survey series* has been conducted at intervals since 2001. To date, it has involved over 27,000 young people of secondary school age and provides significant insights into youth health and wellbeing nationally. The most recent report in 2012 painted a less gloomy picture overall. It indicated that, whilst many aspects of young people's health are on a positive trend, young people's emotional wellbeing is one of the few indicators on a negative trajectory. The report also identified economic insecurity (expressed through the extent to which families worry about not having enough food on the table) as another key aspect of wellbeing on a negative trend (Crengle et al., 2013).

Notably these indicators are also reflected in the views of young people aged 12-24 captured through Action Station's (2018) research project. The research, with over 1,000 young people, was designed to gather insights into what wellbeing means to young people. In the research report (self-published by Action Station), young people's top two concerns related to their wellbeing were improved access to youth-focused mental health services; and anxiety and stress caused by economic insecurity, unaffordable housing, student debt and insecure, low-paid work. These were closely followed by desire for social, cultural and policy change, including 'a kinder, fairer economy and meaningful secure work'; negative 'body image'; an end to oppression of all kinds; protection of the natural environment; opportunities to acquire the life skills and knowledge they need to be flourishing in the 21st century; a desire for more community and communal spaces.

### *Arts and wellbeing*

There is currently no single guiding policy or strategy in New Zealand related to the arts and wellbeing or arts and young people. Organisations working in this space operate in

## YOUTH WELLBEING IN AOTEAROA

an environment with conflicting ideas about health and wellbeing, and competing policy agendas (Freebody et al., 2019).

Walls, Deane and O'Connor's (2016) research describes an emerging but precarious field with high quality work happening in fragmented pockets across the country. They suggest that this body of practice has lacked recognition, visibility and investment and that, by contrast, investment in research, advocacy, coordination and leadership overseas has resulted in a flourishing field, supported by an expanding evidence base.

Bidwell's (2014) review of the international arts for health evidence base also concluded that arts for health has historically lacked policy recognition and sustainable investment in Aotearoa. Wellbeing has evolved as a significant concept and driving force for policy and practice locally. Wellbeing goals sit at the heart of key national agencies such as the Mental Health Foundation NZ, Health Promotion Agency and Ara Taiohi, the peak body for the youth sector whose mission statement reads "*for the wellbeing of young people and all those who support them*" (<http://www.arataiohi.org.nz/>). The (2002) YDSA (Youth Development Strategy Aotearoa), a strategy guiding youth development practice across different sectors is currently being refreshed. In their (2018) review of the youth development ecosystem carried out as part of the refresh, Centre for Social Impact position wellbeing as a central idea in the strategy, a feature which was not present in the 2002 edition.

Government interest in wellbeing has been directly aligned with the arts. Speaking at the 9th Annual Auckland Theatre Awards in 2017, Prime Minister Jacinda Ardern stated that she wanted the value of the arts across society to be a given: "*... when we mention the word wellbeing and we think about the arts; when we mention the word community and we think about the arts. When we mention togetherness, identity, culture, our heritage, and we think*

*about the arts*” (quoted by Christian, 2017, para. 3).

Commenting on Budget 2018, the Prime Minister acknowledged that the arts have historically been seen as ‘nice to have’ rather than essential investment. Alongside acknowledgment of “*the essential role the cultural sector plays in the wellbeing of our society*”. She outlined plans for significant investment in building “*a thriving cultural sector*” and “*sustainable careers for those choosing to work in it*”, alongside acknowledgement of “*the many benefits of cultural participation*” to individuals and communities “*in areas such as health and education,... social cohesion and community resilience*” (Adern, 2018).

Auckland Council positions both the arts and community wellbeing at the heart of its policies, and is a key funder of local programmes. The Council’s current 30-year plan puts social, economic, environmental and cultural wellbeing up front. Plan can be accessed from these weblink: <https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-plans-strategies/auckland-plan/about-the-auckland-plan/Pages/the-auckland-plan-explained.aspx>. Health and wellbeing is one of six overarching goals driving *I Am Auckland*, Auckland Council’s strategic action plan for children and young people. Plan can be accessed here: <https://www.aucklandcouncil.govt.nz/plans-projects-policies-reports-bylaws/our-plans-strategies/topic-based-plans-strategies/community-social-development-plans/Pages/children-young-peoples-strategic-action-plan.aspx>.

***The development of a national alliance for arts and wellbeing***

Preceding the current government focus on wellbeing, youth and the arts, interest has been building in the development of a national initiative to shape, lead and make visible the contribution of the arts to health and wellbeing in New Zealand. Since 2016, a group of practitioners and academics working across the arts, education, health and youth fields have been meeting and leading a consultation, visioning and co-design process with the wider

sector. Te Ora Auaha: Creative Wellbeing Alliance Aotearoa was launched by Associate Minister Arts, Culture and Heritage, Hon. Carmel Sepuloni on April 3 2019. The Minister also launched Te Ora Auaha's digital platform. The platform has created a public profile and mechanism for collective advocacy, dissemination of resources and research to amplify the potential to connect and strengthen the wider field.

### The practice and policy context

#### *The wider arts sector*

The programmes funded by District Health Boards referenced by Bidwell above are visible as part of the *Creative Spaces* network, a group of small community arts organisations providing “opportunities to make art for people with limited opportunities to do so. [Creative Spaces] are places of sharing, learning, support and creative expression, where people can experience fulfilment, a sense of achievement and self-esteem” (Arts Access Aotearoa | Putanga Toi ki Aotearoa, n.d.)

The work of Creative Spaces is supported locally and promoted nationally by Arts Access Aotearoa/ Putanga Toi ki Aotearoa, a capacity-building organisation whose mission is to increase access to the arts for people who experience barriers, and whose work focuses on (mainly adult) participants who experience disability, and on mental health and prison populations. The first *Creative Space* dates back to the 1980s with others being developed as part of an arts and health sector partnership led by Arts Access Aotearoa in the 1990s (Eames, 1999). Arts Access Aotearoa estimate that there are approximately 80 *Creative Spaces* engaging 6,700 people (mainly adults) every week in communities across New Zealand. Their website states that most of these opportunities are community based though some are provided as part day-care programmes, hospitals or training centres. The website can be accessed here: <https://artsaccess.org.nz/creative-spaces-exploring-creativity>.

## YOUTH WELLBEING IN AOTEAROA

Arts Therapy, a distinct area of the arts for wellbeing field is supported by a dedicated network Australia, New Zealand and Asia Arts Therapy Association (ANZACATA) providing regional professional networks, an annual conference and access to training and resources. Whitecliffe College of Art and Design offers postgraduate courses in Arts Therapies, New Zealand's only dedicated arts and health tertiary study. The recent addition of a new postgraduate course in the South Island indicates growth. However, this is still a relatively young profession, and (although present, and recognised by ACC), it is still not widely available across the public health system.

Community Arts and, to some extent, CCD, are familiar terms in New Zealand and we suggest are closely related to the development of arts, health and wellbeing practices. A significant area of practice development with young people in the local context has been that of applied theatre with a tradition that stretches back to the 1950s.

Creative New Zealand (CNZ), The Arts Council of New Zealand Toi Aotearoa, has recently begun to understand the possibilities of the arts for wellbeing. Arts for health features amongst the tools in their online advocacy toolkit (<http://www.creativenz.govt.nz/development-and-resources/advocacy-toolkit>). Their recent submission to the government-led Mental Health Inquiry advocated for increased public funding for further growth of *Creative Spaces*, alongside public investment in a national *Arts on Prescription* scheme (Pannett, 2018). In February 2019, CNZ's Chief Executive, Stephen Wainwright wrote in support of this that:

No-one can doubt the scale and scope of the issues we face as a country in the mental health space. We're concerned though that not covering the powerful benefits of arts may lead to a lack of policy recognition, and potentially funding, for this important contribution to a more sustainable and healthy community for all New Zealanders.

## YOUTH WELLBEING IN AOTEAROA

(Wainwright, 2019, para. 5)

In 2018, CNZ launched a new national youth initiative supported by \$5 million government funding over the next five years. The initiative is part of the current government's stated commitment to promoting participation in the arts for youth wellbeing. Whilst announcing this fund, Rt. Hon. Prime Minister Jacinda Ardern stated that *"My goal... is that all New Zealanders, young or old, rural or urban, are able to access the arts in whatever form in a way that supports their wellbeing"*(quoted in McDonald, 2018).

The CNZ youth arts initiative is focused on increasing young people's participation in the arts, and addresses the findings of the recent (2018a) CNZ triennial survey of participation in and attitudes to the arts amongst New Zealanders. This research (a survey of over 6,000 people) identifies a perception amongst adults and young people that the arts are good for their wellbeing. Though the research included a report focused on young people aged 10-14 specifically, the 15-plus age range is represented in the findings of the adult report. High levels (100%) of 10 to 14-year-olds have participated in the arts in the last 12 months (Colmar Brunton, 2018a). Some 35% of these feel 'brilliant' when they do creative things, whilst 31% feel 'really good'. The most frequent reason given for this was enjoyment, whilst others said that it helps them deal with stress (Colmar Brunton, 2018a, p. 21). Colmar Brunton (2018a) analysis suggests that taking part in the arts appears to be important for the wellbeing of many young people by promoting stress reduction, pleasure and confidence (Colmar Brunton, 2018a).

It should be noted, however, that participation is defined in the report as doing something at least once, and including attendance at events, and may well not refer to sustained engagement in an activity as in our own research project.

The report also identified a significant decline in participation in the performing arts

## YOUTH WELLBEING IN AOTEAROA

since the last 2014 survey (in contrast with an overall increase in participation in the arts more broadly), alongside declining passion for the arts as young people age (from age 12-plus). The report concluded that more research was needed to understand this.

CNZ's research indicates that young people's participation in the arts is supported in different environments. It suggests that school continues to be a highly important source of opportunity, but that (91%) young people have also participated outside of school, and (12%) have participated in the arts on a Marae (Colmar Brunton, 2018b). The online search conducted as part of our own survey of activity in the Auckland region included 'Marae' and found no mention of the arts. This is consistent with the challenges of mapping the field described above, i.e., that the activity is generated in diverse contexts, may not have an online presence, or may not be present on a sustained basis.

### *The youth development sector*

Ara Taiohi, the peak body for the youth development workforce supports a diverse national field of practice, characterised by high numbers of small, community-based NGOs (non-government organisations). Ara Taiohi supports organisations and practitioners working towards youth wellbeing through advocacy, networking, resources, information, training and conferences. The body does not specifically state that it promotes the arts, although the arts feature strongly in their work within for example, national Youth Week projects and the multiple arts-based presentations at the 2018 INVOLVE national youth sector conference. The key strategy guiding the work of the youth sector is the YDSA (Youth Development Strategy Aotearoa), originally produced in 2002 (and described in more detail in the section on wellbeing models). Hanna and Bagshaw (2005) note that the YDSA was originally set up to provide a common framework to guide all youth-related policies and practices and prevent silo working across the different sectors.

The YDSA is currently under review (2018-2019). As part of this, a mapping review of the youth development eco-system was carried out by the Centre for Social Impact. The review identified a complex ecosystem made up of diverse services and programmes supporting youth wellbeing. The arts feature regularly across all these different environments and opportunities, summarised as activity that takes place in museums, arts, culture and recreational facilities; culture-based programmes; local government-led and marae, church and community-based programmes.

The review notes in particular, *“numerous examples of arts and cultural programmes that adopt youth-led approaches and where young people are fully empowered to design and lead creative activities that enable them to express their identity, skills and leadership”* (Centre for Social Impact, 2018, p. 82).

This research project was produced and supported by several philanthropic funders, signalling a strong relationship between philanthropic giving and the youth development sector. The report highlights that philanthropy has been a key source of funding and driver of developments in the youth sector. It identifies the work of one particular philanthropist, the Vodafone New Zealand Foundation, which has provided partnership and multi-year funding to ensure *“outcomes for young people can be sustained and scaled”* (Centre for Social Impact, 2018, p. 124).

### ***The health sector***

The Centre for Social Impact (2018) review of the youth development eco-system did not feature the arts within activities described as ‘health’ or ‘health promotion’ (such as anti-bullying campaigns and programmes promoting positive health behaviours). Review of the health policy and literature highlights limited or no mention of the arts. The arts do not feature in any national youth health policy or strategy.

## YOUTH WELLBEING IN AOTEAROA

Bidwell's (2014) evidence review of arts and health commissioned by Pegasus Health Ltd. (one of New Zealand's primary health care providers) confirms interest within public health in the application of arts-based approaches. The author notes that arts and health is acknowledged by the Mental Health Foundation (via its resource service), and that a range of small programmes addressing mental health are supported financially by District Health Boards throughout the country, as described above. Use of the arts within mental health appears to be most prevalent.

Within mental health, national policy and research has, for some time, highlighted significant institutional, social and cultural barriers preventing young people from participating in relevant support services. It identifies a need to create new youth-friendly approaches, including the need for more accessible, inclusive, preventative holistic and culturally sustaining models (Lawson-Te Aho, 1998; McClintock, Tauroa, & Mellsop, 2012; Office of the Prime Minister, 2012). The Youth Mental Health Project established in 2012 set out to address these concerns by piloting new ways of working in schools, health contexts, youth services, communities and online. The Youth Mental Health Project introduced youth development workers in some schools, demonstrating an understanding that participation in structured youth development activities can contribute to wellbeing. Although the arts were not specifically acknowledged within the literature or strategy for this project, alignment of mental health with the youth development field signals new opportunities for the arts.

Review of health sector policy indicates that it has historically been dominated by a bio-medical model of health (i.e., treating illness in individuals) and a risk- focused perspective of young people. Arts for health/wellbeing literature locally and internationally frequently refers to this as the dominant approach within services supporting youth health and wellbeing, and suggest it presents particular problems for the arts. White (2009), for

example, suggests that the arts are more compatible with strengths-based approaches and social models of health which emphasise opportunities to build skills, social connections and engage in meaningful, enjoyable pursuits (see for example, White, 2009). Alternatively, Bidwell (2014) refers to different philosophical viewpoints which result in different priorities; on creative outcomes in the arts, and social outcomes prioritised by health.

Walls, Deane and O'Connor (2017) describe another related issue regularly featured in the literature, that of evaluation. Internationally, effective evaluation of arts for health has been a hot topic, especially in relation to the commissioning of the arts within a health policy context. Policy-making broadly has been dominated by a drive for evidence-based decisions, and in the health sector this has been particularly driven by a perception that only certain kinds of evidence are valid. This is relevant in the New Zealand context. Office of the Prime Minister's Science Advisory Committee (2011), reporting into adolescent transitions, stressed in its policy recommendations that only evidence-based services should be commissioned. It further highlighted that (quantitative) scientific methods should be used to produce evidence, with RCT (randomised control trial) identified as the gold standard for this evidence. This is consistent with the international situation as described in the section on evidence. Our literature search in the New Zealand context produced no material which would fit these criteria (and limited evaluation and research at all), demonstrating the potential for the arts to be completely overlooked as a viable, evidence-based approach within policy and commissioning contexts.

Freebody et al., (2019) suggest that changes in approaches are evident in the health sector with potential to open up new opportunities for the arts. They cite the 2015 evidence review conducted as part of the evaluation of The Youth Mental Health Project which acknowledges this historic medical model focus and highlights the value of pursuing

alternative approaches such as participation in family and community activities, including the arts.

### *The Research Sector*

As noted earlier there has been limited empirical research undertaken in Aotearoa New Zealand. However, The Critical Research Unit in Applied Theatre at The University of Auckland is recognised as an international leader in the practice and research of applied theatre. Applied theatre is an umbrella term defining participatory forms of theatre that frequently have social justice, political or health outcomes.

Academic staff in the Unit have produced over 40 academic articles on the arts/theatre in the social justice/health and wellbeing space in the last 10 years. In that time, 25 PhD students have produced multiple publications about the potential of theatre for social change with young people. Two Masters level courses are also run through the Unit. Applied theatre projects in earthquake zones, prisons (Christchurch and Mexico City), youth justice settings, and on topics as diverse as sexual consent, racism and inequality provide a focus for multi-disciplinary research. Significant philanthropic support for the Unit provides the opportunity for major research projects including this one. The Unit was also instrumental in the establishment of the Northern Region Arts in Corrections Network.

### *How do the arts produce wellbeing? The research and evidence base*

A substantial international evidence base has emerged which reports the positive impact of participating in the arts on wide-ranging determinants of wellbeing. This includes academic research which can be accessed through academic journals and a number of specialist search engines. An international library of 'grey literature' such as unpublished programme evaluations and strategies is also being compiled by Canterbury's Christchurch University in partnership with the Royal Society for Public Health (RSPH) in the UK.

This evidence largely consists of small-scale, highly specific studies, many of these peer-reviewed. It is impossible to fully cover or do justice to the body of research within the context of this report. This section summarises seminal studies and key ideas and critiques found across the literature.

### **International research: overview**

Here we focus on large-scale or meta-analysis drawing from academic research (which is usually peer-reviewed) and book publications by leading authorities and researchers over the last decade.

The following publications articulate the wellbeing benefits of participating in the arts across adult and youth populations broadly: APPGAHW (2017); Bidwell (2014); Clift and Camic (2016); Clift (2012); Department of Health (2006); Department of Health (2011); Grossi et al. (2011); Hacking, Secker, Spandler, Kent, and Shenton (2008); Low and Baxter (2017); NOAH (2017); Putland (2012); Tepper (2014); Wreford (2010); White (2009); Secker, Spandler, Hacking, Kent & Shenton (2007); Leadbetter & O'Connor (2013); Arts Council England (2018).

These studies are further supported by a plethora of publications focused on individual projects, and a larger number of unpublished project reports and evaluations across the field. Clift (2012) who has extensively written about the arts and health evidence base notes the consistency of reported benefits across the evidence base broadly.

Putland's (2012) evidence review commissioned to inform the development of a national policy framework for arts and health in Australia provides a useful 'at-a-glance' synopsis of the known effects of arts and health on a continuum of health determinants. These are presented within the context of different applications across the spectrum of public health and broader, population-level health promotion in clinical and community

settings. Putland's review concludes the following benefits from arts participation: improved morbidity and mortality in Europe, USA, UK, Australia; personal development (enhances confidence, knowledge, identity, empowerment, quality of life); sense of control (improved efficacy and mastery); improved skills (learning, team-work, flexibility, communication) leading to employability; improved physicality (dance, singing, musical instruments etc.) maintaining cardiac function, fitness, and brain health; increased social engagement (supports, networks, empathy, belonging); community building (engagement, motivation, cooperation, healthy environments); and increased social cohesion (group identity and pride, tolerance and understanding of difference).

The UK All-Party Parliamentary Inquiry process which resulted in the (2017) *Creative Health: The Arts for Health and Wellbeing* report, takes a broader perspective. This seminal and influential piece of work presents a compelling case for the value of this work, bringing together evidence and insight from multiple sources including expert testimony, academic researchers, peer-reviewed research, grey literature (including programme evaluations) and case studies illustrating broader descriptions of practice from around the UK. The report covers the breadth of the creative and cultural sector, and describes the benefits of both instrumental use in health care and health-promoting contexts, and the extrinsic value of encounters with the arts in everyday life.

Craemer's (2009) study is one of only a few studies which looks at the cost-effectiveness of arts-based approaches. This Australian study compared an art-based programme used to address mild to moderate depression with traditional pharmacological and psychotherapeutic interventions. The study indicated that the arts-based approach is likely to be cheaper whilst producing similar health improvements in adult participants. Importantly, the study noted the additional social benefits produced by the arts-based

context.

*International research: young people*

A number of systematic reviews of evidence specifically related to young people's participation in sustained arts activities confirm positive benefits (see, for example, Bungay & Villa-Burrows, 2013; Macpherson, Hart, & Heaver, 2015; Cultural Learning Alliance, 2017; Catarell, Chapleau, & Iwanaga, 1999; McLellan et al., 2012, Leadbetter & O'Connor, 2013).

These are further supported by a wealth of individual case studies and research projects, many of which are peer-reviewed. Here we focus on large or systematic international reviews alongside individual case examples in the local context.

International research related to youth wellbeing demonstrates the positive impact of arts participation and on a wide range of wellbeing determinants. These are broadly defined as social wellbeing (relationships, participation, social connection, networks, feelings of belonging and of being valued); physical health and wellbeing; mental wellbeing (improved emotional and psychological functioning); subjective wellbeing (life satisfaction, happiness and optimism for the future); eudemonic wellbeing (personal growth); educational achievement and engagement in learning, training, and employment (contributing to improved future prospects); creative skills, creativity and creative possibility.

It is notable that the evidence base is almost exclusively related to individual conceptions of wellbeing. A good deal of it appears to report on interventions designed to promote healthy behaviours, lifestyle choices, and life skills (i.e., changes in young people, rather than system-level changes).

In the UK, Bungay and Vella-Burrows' (2013) rapid review of international literature looked at the effects of participation in community-based creative activities on the health and wellbeing of young people aged 11-18. Across 20 studies they found that the strongest

## YOUTH WELLBEING IN AOTEAROA

result was in the area of mental health and emotional wellbeing. The most frequently reported outcome was increased confidence. Other commonly reported outcomes included social skills, increased self-esteem, sense of achievement, empowerment, and positive behaviour changes. Bungay and Villa-Burrows (2013) suggested that theatre/performing arts was a particularly effective medium.

In the US, Catterall, Chapleau & Iwanaga (1999) conducted a significant longitudinal study of 25,000 young people investigating the impact of participation in performing and visual arts programmes outside of school on academic attainment and social development. They followed students from final years in high school until the age of 26. Their study found positive results from arts participation, including lower dropout rates, improved social skills, and higher educational achievement. They noted the greatest impact on children from socially disadvantaged backgrounds, a finding which is commonly reported in research.

Daykin et al. (2008) systematic review of literature looked at the health effects of participating in performing arts on young people aged 11-18. They identified positive outcomes such as improved peer interaction and social skills, reduction in risk behaviours and increased knowledge of sexual health and of drug use.

Leadbetter & O'Connor's (2013) research into the benefits of young people's participation in the performing arts involved 1,200 participants. It concluded that the experience built confidence; improved interpersonal skills; decreased anxiety and promoted resilience and coping skills.

In the UK, Macpherson, Hart & Heaver (2016) conducted a scoping study of 'arts for resilience' literature alongside delivery of a creative programme for young people 'with complex needs'. They reported a significant evidence base (over 190 related references) linking visual arts practice to increased individual and community resilience. This evidence

was drawn from across disciplinary fields including art therapy, social work, community health, visual arts practice and geographies. Their research concluded that arts participation was extremely beneficial to young people's sense of belonging and ability to cope with difficult feelings, and that even short-term interventions can impact on young people's resilience.

The concept of resilience is a familiar feature in arts and wellbeing evidence. It is associated with the idea of capacity to adapt to change and adversity, and often criticised as responsabilising individuals to cope with the impacts of poor social and life environments (Aranda & Hart, 2015). Arts Council England's (2018, p. 5) publication exploring resilience within the arts offers a more positive picture by drawing a distinction between "*survival resilience ('bouncing back')* and the richer, more fruitful idea of *adaptive resilience ('bouncing forward')*".

Belonging is a key theme in the literature, closely aligned with the potential of arts participation to facilitate relationship building, social participation and connection. The NEF's *Five Ways to Wellbeing* recommends that we participate in neighbourhood activities like the arts to *connect* with others (Aked et al., 2008). In its *Well-being Manifesto for a Flourishing Society*, NEF go so far as to suggest that US evidence indicates that 40% of our happiness is determined by our participation in '*Intentional activities ... such as participation in social pursuits and exercise*' (Shah & Marks, 2014), p. 6). Bidwell's (2014, p. 6) literature review of international arts for health evidence highlights that "*participation in an arts programme, however, is not merely a substitute for a social "get together" for those who lack networks of friends and social support*". She suggests that collective "*purposeful engagement and development of creativity is a critical factor and cannot be achieved just by bringing people into one place where they can socialise*". She goes on to quote Camic (2008), who describes

the arts as carrying “*evolutionary utility*”. “*Dance, visual art, song, and drama developed as a way for humans to create feelings of mutuality between each other, facilitate the need for belonging, find and make meaning, as well as gaining physical competence through participating, creating, observing and responding to the world around them*” (Bidwell, 2014, p. 5). Citing the work of Kimiecik, 2011, p. 769), Bidwell suggests that “*this feeling of meaning and engagement is emerging as a hitherto under-recognised but crucial component of health promotion and one which is able to ... lead to transformative health experiences and enhanced quality of life*”.

Social capital (social bonds), is commonly referred to as one of the key mechanisms through which arts projects can promote wellbeing (Hampshire & Matthijsse, 2010). Hampshire and Matthijsse’s (2010) research project entitled “*Can arts projects improve young people’s wellbeing? A social capital approach*” explored the experiences of a group of young people involved in a singing project over an 18-month period. The project encountered many challenges (related to attendance and peer relationships) and concluded that yes, the arts can promote social capital but the process of achieving this is by no means simple or certain. They suggest that social capital cannot be understood in isolation from the wider contexts of people’s lives, and that issues such as peer pressure, cultural and socio-economic context will impact on success.

Numerous researchers refer to the highly specific conditions of successful practices. MacPherson, Hart & Heaver’s (2016) review above notes that the outcomes they reported are linked to well facilitated, regular, group activities; the nature of the intervention; the circumstances of individuals; and the extent to which it addresses individuals or communities. Bungay and Villa-Burrows’ (2013) research noted the importance of culturally relevant practices. Heath (2014) stresses that participation is key to learning in the arts relating this

claim to learning theory and evidence of its positive neurological effects and describing the importance of embodied creative processes. McClellan et al. (2012) stress the importance of a focus on creative *processes* (rather than outcomes), including a non-judgemental atmosphere; sustained participation; and opportunities for autonomy (control) and decision-making. Bidwell (2014) suggests that the key characteristic of successful arts programmes is that participants create something meaningful to them, and are supported to explore and extend their skills through incremental challenges that give them a sense of autonomy and fulfilment.

Most of the arts, health and wellbeing literature is focused on evidence of outcomes, i.e., *what* outcomes are achieved. Much less attention is paid to *how* they are achieved, i.e., what is it about the arts that promotes wellbeing? Arts Council England highlight this gap in their (2018) review of the evidence base for the arts in health, wellbeing and criminal justice settings. They ask “*how much ... does the research tell us about how practice might be improved, or what mechanisms make creative engagement effective in different settings?*” (p. 9). There is a body of literature that clearly articulates the relationship between arts participation, the creative process and youth wellbeing, as referenced in the section on young people and the arts. This emanates from arts education research and rarely features in the arts, health and wellbeing literature.

Related to this, several voices in the literature call for us to pay more attention to understanding the nature of arts for wellbeing practice, how it works, and the development of more robust theoretically grounded frameworks (Anni et al., 2012; Broderick, 2011; Rosenberg, 2008; Swan & Atkinson, 2012; Wreford, 2010).

A significant report which seeks to address this gap is the (2012) literature review by McClellan et al. commissioned by the UK’s CCE (Creativity, Culture and Education). The

review explores the impact of the creative initiatives on young people's wellbeing. It was produced to accompany an evaluation of Creative Partnerships, a seminal national programme in primary and secondary schools across the UK which lasted for over a decade and generated a significant body of research. Although Creative Partnerships was primarily focused on improved academic achievement through creativity, CCE were interested in exploring the relationship between creativity and wellbeing. The review provides a valuable overview of key theories and perspectives, seeking to explain outcomes represented in the evidence base. McLellan and colleagues highlight several theories they suggest are important to explain the connection between the arts and wellbeing:

- Mihali Csikszentmihalyi's (1997) theory of Flow. Flow, characterised as complete absorption in a task where a person is functioning at their fullest capacity, is commonly associated with the arts, especially projects seeking to address poor mental health. The therapeutic effect of the arts is often described. Absorption in an enjoyable task with just the right level of challenge and a steady pace for thought-processing is understood to lead to reductions in stress, anxiety and depression.
- Ryan and Deci's Self-determination theory (Ryan & Deci, 2002) which McClellan et al. suggest bears the strongest relationship with the arts and youth wellbeing practice. Self-determination theory is concerned with self-development. It proposes that there are three universal psychological needs: competence (feeling effective, and experiencing opportunities to exercise and express our capabilities); autonomy (having control of our behaviour); and relatedness (feeling connected, cared for, caring for others, and a sense of belonging in our communities). Ryan and Deci (2002) suggest that healthy development is

dependent on the fulfilment of these needs. McLellan identified evidence that correlated closely with each of these themes. This also appears to be the case in relationship to outcomes described in this section, including accounts of personal growth, belonging, and the meaning making described by Bidwell earlier.

- Social Capital theory coined by sociologist Robert Putnam in his influential (2000) book *Bowling Alone: The Collapse and Revival of American Community*. Social Capital describes the social connections, bonds, levels of trust, reciprocity and honesty found in a neighbourhood which are understood to contribute to feelings of wellbeing and are commonly reported as an outcome of arts for wellbeing practice, as described above.
- The Capabilities Approach initially coined by economist and philosopher Amartya Sen (see Sen, 1991) and later developed by political philosopher Martha Nussbaum (2001). The capabilities approach focuses on the development of freedoms, human rights and entitlements. Nussbaum suggests that these rights are an essential component of achieving wellbeing. In her PhD thesis researching cultural policy in New Zealand, Emma Blomkamp (2014) suggests that the Capabilities approach is evident in local government policies which incorporate the concepts of community, social and cultural wellbeing with the ultimate goal of improving quality of life. Blomkamp describes how this approach shifts the focus from individual psychological states and recognises the wider social conditions of wellbeing (Blomkamp, 2014, p. 24).

McLellan et al. (2012) also cite the work of arts education scholar Elliot Eisner as providing important explanations for the link between creativity and wellbeing; see for example, *The Arts and The Creation of the Mind* (Eisner, 2002). Eisner writes especially about

the aesthetic and affective qualities of the arts and argues that aesthetic ways of knowing are *“able to transform our consciousness, thereby improving cognitive functioning and promoting greater personal growth”*. Outcomes which relate to this idea are not predominant, but appear more frequently in arts for wellbeing literature. For example, the All Party Parliamentary Inquiry’s Creative Health report notes that the arts *“are not anodyne; they allow us to access a range of emotions, including anguish, crisis and pain, which can serve as a preferable alternative to being sedated”* and that they *“can stimulate imagination and reflection; encourage dialogue with the deeper self and enable expression; change perspectives; contribute to the construction of identity; provoke cathartic release; provide a place of safety and freedom from judgement; yield opportunities for guided conversations; increase control over life circumstances; inspire change and growth; engender a sense of belonging; prompt collective working; and promote healing”* (APPGAHW, 2017, p. 14).

In *The Possibilities of Creativity*, Rajsingh (2016) asserts that *‘Creativity is exploration and it is through exploring creativity’s many facets and tributaries that we come to know creativity and ultimately ourselves and others more fully and completely’* (p. 83). In the same edition, O’Connor (2016) explains creativity as an important means for adaptation and optimism in a challenging world:

The 21st century world is, for many of us, a place that does not make a lot of sense. That being the case, the creative thinking process becomes vital. Creative play ... is an enabling process. It allows people to ‘recast’ themselves, both perceiving and projecting themselves differently. In imagination, anyone can be a judge, a sculptor, or an All Black. Experience can be broadened beyond our physical skills or circumstances to allow us to move outside standard expectations of what is possible or permissible. At times when the world is at its most threatening we see time and

time again that creativity provides a way to cope, to manage, to survive. (O'Connor, 2016, p. 3)

In their (2012) evaluation of the UK Creative Partnerships programme, Creativity, Culture and Education suggest that “*creativity brings with it the ability to question, make connections, innovate, problem solve... to reflect critically... These skills enable young people to adapt, to manage change.... Above all, creative learning empowers young people to imagine how the world could be different*” (2012, p. 5). The idea that creative processes are closely related to adaptation and problem-solving features consistently in the literature.

There is a body of literature describing such qualities of creativity and the arts, and their capacity to help us navigate our worlds. Marmot, Allen, Goldblatt, & Boyce’s (2010) report on the UK inquiry into the social determinants of health makes specific reference to the creative process:

The creative process involves experimentation, decision-making, expressing ideas and forming judgements – by its very nature the arts helps people to learn life skills while developing a sense of control and mastery over their circumstances and surroundings: these qualities are central to action on the social determinants (Marmot et al., 2010).

White (2009) suggests that the aesthetic qualities of the arts are at the core of arts for health and wellbeing practice, and are essential in helping us to address such modern ‘dis-eases’ as broken relationships, loneliness, stress and depression. He suggests that the arts “*cannot cure disease, but they can remove unease*” (White, 2009, p. 19). White goes on to quote Michael Wilson’s (1975) statement in *Health is for the People*:

Factors which make for health are concerned with a sense of personal and social identity, human worth, communication, participation in the make of political decisions, celebration and responsibility. The language of science alone is insufficient to describe

health; the languages of story, myth and poetry also disclose its truth (White, 2009, p.17).

In his now infamous editorial in the British Medical Journal, Smith (2002, p.1432-1433) extends this argument further and argues that it warrants a rebalancing of public spending in arts and health. He suggests that:

Health has to do with adaptation and acceptance. We will all be sick, suffer loss and hurt, and die. Health is not to do with avoiding these givens but with accepting them, even making sense of them ... Medicine cannot solve these problems. It can sometimes help—but often at a substantial cost ... This may be where the arts can help. The arts don't solve problems. Books or films may allow you temporarily to forget your pain, but great books or films (let's call them art) will ultimately teach you something useful about your pain.

Smith goes on to propose that “the arts may be more potent than anything medicine has to offer” and notoriously argued that diverting 0.5% of the health budget of the healthcare budget to the arts would improve the health of people in Britain.

The literature on evidence is predominantly focused on articulating health and social outcomes (rather than artistic outcomes), reflecting dominant perspectives on which outcomes are most valuable and in the interests of funding sources.

### *New Zealand research*

The only large-scale data related to young people the arts and wellbeing are CNZ's triennial survey researching participation trends in the arts amongst New Zealanders. CNZ's most recent survey (of over 6,000 adults and youth) reported that a third (35%) of young people feel '*brilliant*' when they do creative things (consistent with 2014 figures). However, the survey suggested that fewer feel '*very good*' (31%), and more say it makes them feel

## YOUTH WELLBEING IN AOTEAROA

'okay' (31%). Whilst 'very few young people do not enjoy doing creative things at all', 67% agreed that being involved in the arts improves their confidence; 62% said they helped them to feel good about life, and 58% felt it helped them to make new friends. The research identified that enjoyment and participation decline as young people move into their teenage years and secondary education. Some 74% of 10 to 12-year-olds felt really good when they did creative things, compared with just 56% of 13 to 14-year-olds. The report identifies high levels of participation in the arts, with 100% having participated in at least one art form or event in the last 12 months. However, it was unclear what level of participation was indicated, and data suggested that this may well be one-off engagement at a performance (Colmar Brunton, 2017).

Bidwell's (2014) review of the international evidence base for arts and health highlighted a convincing case confirming the potential contribution of the arts to youth wellbeing. Literature was drawn from overseas sources.

The New Zealand literature largely resonates with the international evidence base described above. Not all of the literature discussed below uses the term wellbeing, but all refer to goals directly understood to be determinants of wellbeing (such as positive relationships, positive self-perceptions, and social connection/networks). Personal development, confidence, raised self-esteem and increased social connection and belonging were equally reported as outcomes in the studies. Five of these also described community-building processes as central to the project, and three described positive public messaging about young people (led by young people themselves). It appeared that all but one of the projects was targeted at 'disadvantaged' individuals and spoke about goals to offer opportunities for success, or for young people to reframe negative self-perceptions. Almost

## YOUTH WELLBEING IN AOTEAROA

all examples set out to create spaces for exchange and dialogue where young people were supported to speak out and lead changes they wanted to see happen. For example, Mullen and Thomas (2016) refers to Hickey-Moody's (2013, p. 19) conception that arts participation can create important "*little publics ... spaces in which youth voices are heard*".

The youth examples included a national programme using applied theatre to generate dialogue about family violence amongst school children (O'Connor, 2009 a & b; O'Connor, 2011; O'Connor and Jose, 2012; O'Connor & O'Connor 2019); a music education initiative promoting personal development and wellbeing amongst young people in socio-economically disadvantaged neighbourhoods (McKegg, Crocket, Goodwin, & Sauni, 2015); two projects promoting personal development, positive messaging about youth, and community connection (Preston, 2018; Gray, Woodruff, Patmore, & Taylor, 2016); and two projects supporting personal development whilst also supporting young people to speak about their experiences publicly and effect change in their wider communities (Gray et al., 2016; Mullen & Thomas, 2016). Of these examples, one project was reported to be instrumental in a 59% reduction in graffiti in the town centre through community/ beautification activities (Gray et al., 2016). Another reported improved relationships of trust between young people and their local neighbourhood (Toi Ora Trust, 2017).

The New Zealand examples resonate strongly with theories of creativity and wellbeing explored in the previous section. For example, an externally evaluated creative programme for adults 18+ experiencing mental health challenges described how the process of being deeply engaged in creative practices was central to the development of new skills, mindsets, increased self-esteem; extended socialisation skills; and an increased a sense of belonging. The evaluation report attributed this, in particular, to the capacity of creative activities to induce 'flow' in participants (Savage, Hynds, Dallas, & Goldsmith, 2018). Flow theory was also

## YOUTH WELLBEING IN AOTEAROA

relevant to a group mental health promotion programme for 13 to 18-year-olds in Auckland, described in a peer-reviewed article. The article describes young people's views that playful, open-end exploratory creative processes with no pre-determined goal helped them to feel joy, optimism, a 'natural high', and relief from stressful, rule-laden lives in which they felt permanent anxiety about pressure to perform against prescriptive expectations (Walls et al., 2016). In the article young people also describe that the opportunity for open-ended engagement with no pre-determined outcomes provided a powerful breathing space from school, social and work environments driven by prescriptive, competitive and exclusionary social norms. This finding resonates with Eisner's writings about the liberating and health promoting nature of the creative process. He says that unlike other disciplines with pre-determined goals, the arts are exploratory and the end is not pre-determined but open to individual discovery. Notably, Eisner, an educator, also critiques what he described as the increasingly technicised, rule-laden and uniform culture that dominates schools and public life as a result of neo-liberal ideologies. He proposes that the arts offer an important antidote to this climate of control (Eisner, 2002). This perspective bears strong synergy with the young people's experience in the New Zealand article.

A common theme across the New Zealand examples is establishment of safe spaces and creative processes enabling young people to reframe negative self-perceptions and life stories and create new stories. For example, young people described how their participation in an applied theatre project gave shape and purpose to the daily grind of prison life; provided space to imagine different possible futures; and how it also challenged limiting perceptions of what the young people were capable of within the institution (O'Connor & Mullen, 2011).

Professor Peter O'Connor, has written extensively on the use of theatre in youth

## YOUTH WELLBEING IN AOTEAROA

prisons, psychiatric hospitals, and mental health units. Everyday Theatre, commissioned by the Department of Child Youth and Family in 2005 works with young people in the areas of family, violence and child abuse. It is the most researched, longest running theatre in education intervention in the world (O'Connor, 2009, 2011, 2013, 2015, 2018).

Dr Molly Mullen has written extensively on applied theatre and funding both in the NZ context and internationally (Mullen, 2014, 2015, 2017, 2019). As discussed earlier in the report, the way in which creative youth wellbeing is resourced or funded has implications for the nature, quality and sustainability of practice.

Accounts of personal growth (development of self-esteem in the New Zealand and international research) align closely with Ryan and Deci's Self-determination theory, described in the previous section. Their three proposed psychological needs (autonomy, competence, relatedness) were reflected in several project reports. These emphasised the importance of nurturing relationships and social connection (relatedness). They also described how young people were able to achieve success in the project (competence), countering previous negative experience because of either exclusion from school or mental health difficulties. Several projects reported that young people developed new visions and positive beliefs about their future as a result of these experiences of success (Gray et al., 2016;; McKegg, Crocket, Goodwin & Sauni, 2015; Preston, 2018; Toi Ora, 2017). Several of our New Zealand examples referred to promotion of autonomy (having control in one's life) through co-creative processes, shared decision-making, and support for youth-led approaches.

In O'Connor and Jose's peer-reviewed New Zealand study exploring the positive impacts of community-based activities for young people, analysis of longitudinal data from over 1,300 young Kiwis concluded that youth participating in community-based activities

experienced greater social support than non-participants. The study, which extended beyond the arts to include sports, found that participation in the arts, in particular, was associated with increased personal growth; an enriched sense of ethnic identity leading to more positive self-concepts and a greater sense of well-being amongst Māori youth (O'Connor & Jose, 2012). This research bears notable correlation with other studies which have found that young people experiencing disadvantage who participate in arts programmes are reported to achieve greater benefits than 'more advantaged' peers (see, for example, Catterall et al., 2009).

### **Challenges and critiques**

All except one of the New Zealand examples involved disadvantaged youth. 'At risk' groups are over-represented in arts and wellbeing projects/literature locally and internationally. Cahill, writing in O'Brien and Donelan (2008), warns against the potentially limiting effect of 'risk' focused projects and emphasises the need to position young people as active agents rather than passive recipients of projects. Almost all of our examples articulated their intention to create spaces where young people could envisage and lead their own transformation. These characteristics common to arts and wellbeing projects demonstrate the tensions faced by practitioners. Freebody et al. (2019) critique this emphasis on fixing individuals within social practice in Australia and New Zealand. They suggest that this approach has grown within neo-liberal policy agendas to make individuals responsible for their own wellbeing, absolving policy-makers of responsibility for wider structural impacts on wellbeing such as social inequalities. This, they suggest, has been exacerbated by a practice environment in which arts organisations have been dependent on funding linked to agendas outside of their control. Intentions to offer transformational outcomes are potentially limited

by funding sources and practice cultures.

Bidwell (2014, p. 17) describes an additional challenge related to funding, and its impact on outcomes: that of the culture of short-term projects grants. The majority of New Zealand examples were funded through short-term grants, limiting their potential for sustainability and sustainable impact. Bidwell points out that arts programmes “*tend to be vulnerable to uncertainties in funding unless long-term public money is available to support them. Participants who have experienced improved mental wellbeing through arts programmes can feel very let down and frustrated if a programme they enjoy is stopped. There is little discussion in the literature about sustainability for the participants and clearly, if tutors of sufficient calibre are to be attracted, they too must be confident that the programme will be of a reasonable duration and recognise their expertise and time with sufficient reimbursement*”.

### ***Questions of evaluation and evidence***

Challenges related to evaluation and evidence are well documented within the literature (see, for example, ACE, 2018; Daykin, Gray, McCree, & Willis, 2015; Putland, 2008; Rosenberg, 2008).

The challenges are multifold. Evaluation and research are seen as crucial in making the case for the arts within the context of competitive funding models, and evidence-based policy-making and commissioning. In the absence of funding specific to the arts for wellbeing, practitioners often find themselves speaking to funders focused on different philosophical positions, agendas and outcomes. ACE (2018, p. 7) suggest that most research around arts in health and wellbeing “*is shaped by the concerns and priorities set by those systems and by the relevant government departments rather than by the cultural sector*”. In her evidence review of the Participatory Performing Arts produced for the Gulbenkian Foundation, Tiller (Chrissie

Tiller Associates, 2014, p. 3) highlights this as problematic, describing how practitioners are forced to adopt inappropriate models to produce evidence, and the negative impact this can have on practice. She states that *“it is those working at the coalface who increasingly find themselves adjusting and reducing projects to prise them into frameworks that end up reflecting neither the ethos and values of the artists and organisations nor those of their participants ... Or being asked to respond to formulas, often imported from the business world where the big E-s, of effectiveness, efficiency, efficacy and entrepreneurship reign, that leave no space for the ‘unexpected’ or ‘surprising’”*.

One frequently documented challenge is that of providing evidence that is acceptable to the health sector. The health sector still predominantly favours evaluation practices and evidence drawn from science which see RCT (randomised control trial) and quantitative measures developed in controlled scientific conditions as the most credible forms of evidence. The arts have traditionally favoured qualitative approaches, and also have a different culture of evaluation. Rosenberg (2009) is one of many voices who point out the mismatch between scientific evaluative tools and the creative process, and highlight the need to develop methods which are more appropriate to the arts. These philosophical differences have made it difficult to produce evaluation frameworks and evidence that work for both arts and health sectors, and has led to perceptions that the arts have a weak evidence base. Within the dominant culture of an evidence-based policy-making environment, the arts have failed to gain support. Whilst some researchers internationally have focused on trying to replicate scientific methods in arts, health and wellbeing evaluation, others have argued that high quality qualitative and arts based research methods are more appropriate. In their research project exploring this context with arts and health stakeholders in the UK, Daykin et al. (2015) found that health professionals, commissioners and policy-makers also value these

qualitative methods if they are carried out with integrity and expertise. A good deal of literature comments on the need to improve the quality of evaluation practice in the arts, including the development of appropriate evaluative frameworks. We suggest this is particularly relevant in New Zealand where the research and evidence base is particularly underdeveloped, outside the applied theatre sphere.

### **Conclusion and recommendations**

Arts, health and wellbeing is now well-established internationally and, in some countries, including the UK and Australia, deeply informs regional and national government policy. It has evolved in different ways in different locations but, in each, it draws together a diverse field of practice working across voluntary, community, public, and private sectors. This field includes grass-roots community organisations and networks, the health, social care, education, academic, youth, community, arts and cultural sectors and draws from a rich history of practice.

Growth of the field appears to be been particularly fuelled by pioneering work and collaboration in the creative sector; high-profile advocacy; investment; university led research, sector leadership; and a focus on generation and dissemination of research and evidence. Government investment and leadership has had a catalytic impact exemplified by the significant influence of the UK All Party Parliamentary Inquiry into arts and health which has generated wide-reaching international opportunities.

Arts, health and wellbeing as a field of practice is closely aligned with concerns related to social equity, inclusion, democracy, human rights, and social justice. There is a rapidly growing, significant evidence base, internationally, demonstrating wide-ranging health and

wellbeing benefits for young people from participation in the arts. There is a rapidly expanding credible evidence base demonstrating wide-ranging health and wellbeing for individuals, communities and whole populations in clinical and community settings. Reported benefits include creativity and artistic skills; personal development (confidence, knowledge, identity, empowerment, quality of life); sense of control (autonomy, efficacy and mastery); practical, creative and interpersonal skills; improved physical health; increased social participation, connections, and sense of belonging; empowerment and civic participation; strengthened communities (engagement, empathy, cooperation, healthy environments); and increased social cohesion (group identity and pride, tolerance and understanding of difference).

Research and evidence offers important insights and new ways of thinking about, and addressing, the wellbeing of communities. People working in this field engage with diverse communities offering creative approaches to address complex social and health issues, often in innovative, joined-up and inclusive ways. Practice is especially focused on addressing the needs of vulnerable communities.

The arts are well positioned to address broad social determinants of health and wellbeing which the traditional medical profession may not be so well equipped to address. Evidence is predominantly focused on impacts at individual rather than wider societal, systemic, and environmental levels. Organisations are heavily influenced by the policy agendas of funders. Within this context, evidence predominantly articulates the value of the arts in terms of (more medically focused) outcomes desired by the health sector.

Engagement of academic researchers and the establishment of dedicated peer-reviewed journals has produced high quality evidence internationally. This has been crucial to establish the credibility and viability of the field. Evidence is predominantly focused on

## YOUTH WELLBEING IN AOTEAROA

outcomes and more work is need to evaluate the specific qualities, methodologies and frameworks that the arts and creative processes bring to wellbeing. It is recognised that more work is still needed to strengthen the capacities of arts organisations to produce high quality research and evidence. There is a limited local research and evidence base and a lack of appropriate evaluation methods

There are significant gaps in local research including information about what young people are engaged in, to what level and what factors inform this. The diversity, lack of coordination and grass-roots nature of much of the field makes it extremely challenging to identify the arts/youth/wellbeing ecosystem. Mapping the field at a national level would help to address important gaps in knowledge, and would help to inform policy decisions and investment. Although this study yielded valuable information, further research should use additional culturally attuned research methods to uncover the true scope of this field. Methods should also maintain sensitivity to the under-resourced, over-stretched and often freelance nature of this sector. It is recognised that more work is still needed to produce and disseminate high quality research and evidence about the role and value of the arts in youth wellbeing. It is identified that high quality evidence and research is vital to enable growth. Funders of youth/arts/wellbeing projects often do not invest in research and evaluation, adding to a culture which does not support sustainability and growth of good practice. Investment in both research and mechanisms for its distribution are needed.

Work is needed to establish evaluation approaches which are sensitive to the characteristics, goals and contexts of arts programmes with wellbeing goals. Relevant to this is the need for the arts sector to better understand and articulate its value in its own terms, as well as in how it can deliver broader health and social outcomes. There are potential synergies between holistic understandings of wellbeing, Māori and Pasifika theories or

models and arts practice. Literature indicates that the arts offer promising potential as culturally sustaining health and wellbeing practices. This should be explored through further research. This finding also indicates a need to grow the capacities of the sector to carry out and disseminate high quality, community-led research and evaluation exploring culturally sustaining methodologies.

Literature indicates that the concept of wellbeing is contested and needs to be better understood and defined in New Zealand, particularly in a bicultural policy context. Understanding the multiple, and sometimes incompatible, conceptions is important for policy and creative practice aiming to support or enhance wellbeing. This is because different conceptions lend themselves to different policy solutions and understandings of what the arts can be and do in relation to wellbeing (McLellan et al., 2012; Freebody et al., 2019). Individualised psychological conceptions, for example, can lead to narrow policy or practice focus on individualised interventions and outcomes evaluated against preconceived indicators (Blomkamp, 2014; Freebody et al., 2018). Wellbeing can also be framed as a desirable individual state that can be achieved by making the right product and lifestyle choices, including consuming a healthy level of culture or creativity (Sointu, 2005). Both of these conceptions underplay the complex social, environmental, economic and cultural factors that can mitigate wellbeing, emphasise individual responsibility for achieving wellbeing, and/or overstate the capacity of individuals to freely make the 'right' choices (Baxter, 2017; Low, 2017; Freebody & Goodwin, 2017). However, there are many conceptions of wellbeing in the literature that are multifaceted, holistic and aligned with issues of social justice and human rights frameworks.

Some scholars argue that wellbeing is difficult to define because it is both subjective and socially and culturally contingent. There is now a strong body of work around Māori

conceptions of wellbeing, for example, which highlights the need to acknowledge the impacts of colonisation and structural inequality, and to develop culturally sustaining approaches (Angelm, 2013; Durie, 2004; Benton et al., 2002). One of the organisations responding to our survey based their practice on a Māori framework for wellbeing. Further guidance on how to work in ways that are culturally appropriate and sustaining would be of value to the sector. There seems to be a lack of literature on young people's understandings of wellbeing. It is notable, however, that young people involved in Action Station's (2018) project suggested their wellbeing would benefit from changes at social, cultural, economic, environmental and political levels, and from a stronger sense of community, as well as individual supports and opportunities. The idea of developing a conception of wellbeing with young people could be integrated into participatory arts processes. There are, then, opportunities to develop understandings of wellbeing and the arts that are appropriate to New Zealand's youth strategy, Child Wellbeing Strategy and bicultural policy context.

There is a diverse, significant and rich body of arts and wellbeing practice for youth in the Auckland region. This area of practice is noticeably cross-sector and cross-disciplinary and can be found in organisations working within and across the arts, youth, health, education, cultural and community contexts.

It draws from many cultural practices and artforms. Many organisations offer specialised programmes bringing together knowledge and expertise from two or more disciplines. Much of this work engages with some of the most marginalised and disadvantaged communities, and addresses social equity and inclusion agendas. Nearly three-quarters (74%) of organisations in our survey work solely with young people understood to be disadvantaged. There are examples within the respondents of organisations who are committed to cultural democracy in a broad sense. Also, a number of highly original and

## YOUTH WELLBEING IN AOTEAROA

innovative programmes have evolved across Auckland, offering programmes designed around the specific needs of target groups including disability, mental health, the justice system and alternative education. Given the strength of youth leadership within the sector, there is an opportunity for organisations such as these to develop creative, youth-led responses to systemic/structural marginalisation, inequity and disadvantage.

Arts-based programmes with youth wellbeing goals take place in arts, youth, community, cultural and faith-based organisations; regional venues and facilities; and health providers. There is a high proportion of small community organisations with a handful of staff, and often larger numbers of contractors and volunteers. There appears to be a high proportion of short-term, one-off opportunities which include workshops, projects, mentoring, arts therapies and holiday programmes. This is determined by the nature of available funding. There seem to be fewer sustained, long-term opportunities for youth-arts participation.

Consistent with the findings of CNZ's (2018) research, engagement appears to reduce incrementally across the age ranges. Of the organisations participating in our survey, over 89% engage with 12 to 14-year-olds, reducing to 84% for the 15-16 age range, 78% for the 17-21 age range, and 58% the 22-24 age range. These figures represent the age ranges targeted by organisations, rather than demand from young people. Further research around the arts participation interests/needs of older young people could be of value to organisations in this sector. Data also indicate there may be an under-representation of Asian youth participating in the work of these organisations. There are a number of reasons for why this might be the case, geographic location or other accessibility issues, for example, or the targeting and focus of the programmes.

Geographical areas and groups served appears to be patchy and uncoordinated. Most

## YOUTH WELLBEING IN AOTEAROA

(68%) of respondents in our survey offer programmes in Central, West and South Auckland, and just over half (55%) in North Auckland. East Auckland was the area with least coverage (45%). We know, from our experience working in the field, that a number of small organisations and groups (especially those led by young people) did not appear in our search because they lack online or public visibility. It may be that certain neighbourhoods are more or less served by localised programmes. Further investigation would be valuable to uncover grass-roots networks and opportunities. Sector-wide strategy and leadership might also support aims to ensure equality of access to opportunities for arts provision across geographic regions.

Youth leadership is a strong feature of the sector. It was a priority for 78% of our survey participants who described a wide range of activities carefully designed to create opportunities in which young people could build their skills and capabilities as decisionmakers and leaders and contribute to the delivery of the organisations' work. These included opportunities to participate at board level; internships; training; mentoring; and opportunities to facilitate and lead projects, direct productions, teach peers, and represent the organisation internationally. There is significant potential within the arts to continue to expand democratic and participatory ways of working with youth through collaborative and co-creative approaches.

Organisations understand wellbeing in many different ways, but a dominant understanding of the relationship between the arts and wellbeing is an individualised and instrumental one. Around 50% of organisations explicitly identified their practice as Arts and Health/Wellbeing or Creative Youth Development, although there was not a common understanding of these terms between organisations. Our interpretation of the survey data is that many of the organisations have multifaceted understanding of wellbeing and holistic

understanding of the relationship between the arts and wellbeing. For example, a third of respondents articulated, in some form, the idea that the arts have an inherent or intrinsic value to individual *and* collective wellbeing. These respondents also indicate an understanding of there being a relationship between the quality of the participatory arts experience and the benefits to youth wellbeing. Reflecting contemporary research in the aesthetics of community-based participatory arts, these responses suggest this encompasses the quality of any artworks encountered and created through the participatory process, but also the nature of the process itself, the conditions created for collaboration, creation and participation (O'Connor, 2015; White, 2009). Several other organisations expressed understandings of wellbeing consistent with an ecological model. Consistent with such models, they articulated aspirations focused on achieving individual-level change, but saw the wellbeing of their participants as also contingent on achieving environmental and social changes. Such organisations understood their creative practice as being about challenging social norms and promoting social inclusion and equity. One organisation offered a radical vision for the arts and youth wellbeing, articulating an aspiration for "*social transformation*".

It is notable that the majority of respondents articulated their aspirations for contributing to youth wellbeing through the arts in ways that reflect the outcomes/evidence-focused nature of the policy and funding context. So, almost all respondents describe to some extent aspirations for creative youth wellbeing in instrumental terms, emphasising individual outcomes for participants, such as self-confidence, self-esteem and resilience, emotional competence and coping skills, increasing aspirations, independence, self-determination and increasing life choices and skills development. It is important to highlight that we are not arguing that these aspired-for outcomes are bad or wrong. They largely indicate a commitment to positive youth development and are consistent with the literature

## YOUTH WELLBEING IN AOTEAROA

that identifies multiple and complex factors influencing wellbeing. However, critical studies of youth arts and wellbeing identify the risks or limits of a strong/sole focus on participation in the arts developing individual skills or capacities, including coping and resilience (O'Connor, 2008). Such outcomes reflect historic health and mental health policies that problematize youth and are consistent with conceptions of wellbeing as something people are individually responsible for. What we want to highlight is that only three respondents described a central aspiration for their work to contribute to social and/or systemic changes, or an understanding that such wider changes are essential to youth wellbeing.

It is also important to note that only one organisation described practice informed by Te Ao Māori and an explicitly culturally responsive and sustaining approach. However, as we state in the limitations of this report, we are dealing with the representation of the work of each organisation by one person, at one moment in time. The survey responses cannot capture the full nature, meaning and value of each organisation's work. But, in terms of how organisations articulate the value of their practice, it seems that there is an opportunity for organisations to explore and consider the many possible ways in which the arts might support youth wellbeing, culturally responsive and sustaining ways of working, and the significance of social, systemic and environmental factors impacting on youth wellbeing. Practice is currently informed by an eclectic knowledge base including Arts and Health/Wellbeing, Creative Youth Development, Positive Youth Development, Arts Education, Community Cultural Development, Community Arts and Socially Engaged Arts, Participatory Arts, Applied Theatre and Arts Therapies.

As indicated above, this sector is characterised by the diverse and interdisciplinary nature of its practice frameworks and knowledge base. Frameworks for practice identified by the companies included Arts and Health/Wellbeing, Creative Youth Development, Positive

## YOUTH WELLBEING IN AOTEAROA

Youth Development, Arts Education, Community Cultural Development, Community Arts and Socially Engaged Arts, Participatory Arts, Applied Theatre and Arts Therapies. There is, however, a limitation around the differing ways in which these terms can be understood. It was clear that not all of the companies identifying Arts and Health/Wellbeing or Creative Youth Development as frameworks for their practice shared a common definition. It is important to recognise that these different frameworks offer potential sources of distinct creative approaches and bodies of knowledge that can inform and guide practice within particular contexts. It is also crucial that space is allowed in policy and funding for new terms and bodies of knowledge/expertise to emerge, from the field and from research, and be recognised. People doing this work are often qualified and experienced in relevant areas of practice, but the workforce overall suffers from lack of sustainable employment opportunities and pathways for specialised study and professional development

Organisations reported on the staff and volunteers involved in their work. It is clear that this sector has a diverse, interdisciplinary workforce with a wide range of backgrounds and qualifications. Responses indicate that the people working within these organisations bring a graduate/postgraduate qualification in the arts, health promotion, psychology, youth work and education. Many organisations employ professionally qualified arts and drama therapists to work on their non-clinical programmes. Responses indicate a possibly low number of people in the workforce with education or training backgrounds or qualifications in community-based or participatory arts (or related specialist areas like Community Cultural Development, Social Practice or Applied Theatre) specifically. This sector could benefit, therefore, from more specialist and interdisciplinary education and training courses and qualifications, bring together youth work/health promotion/psychology/education and participatory arts, for example.

## YOUTH WELLBEING IN AOTEAROA

The sector seems committed to providing ongoing professional development, mainly provided in-house to meet the specific needs of an organisation and the groups they work with. While organisations seem to be strong on ensuring their staff are prepared to support and engage young people and understand key policy and processes, more professional development around Treaty obligations and culturally responsive and sustaining practice could be of value. It is notable that none of the organisations said they provided training to develop their staff or volunteers' knowledge and skills in the arts. Given the range of non-arts backgrounds of many staff, and the commitment articulated by many organisations to offering high quality arts experiences, this could be another priority area for professional development. Given the multiple demands and pressures on organisations, identified below, capacity and funding are factors limiting the amount and variety of professional development these organisations can offer their staff.

The current policy and funding context presents significant, deep-seated challenges which impact on growth, sustainability and positive impact. From the survey responses it is evident that organisations involved in creative wellbeing for youth in Auckland experience significant challenges related to inadequate funding and resourcing options for their work. The lack of sustainable funding options for this area of practice means staff need to invest time, energy and other resources into a continuous cycle of applying for and reporting on small, short-term project grants, taking time away from developing and expanding programmes and supporting staff. Reliance on short-term grants inhibits the sustainability and growth of creative youth wellbeing programmes. It also limits the potential scope and positive impact of this sector. The predominance of short term funds for time-limited projects means organisations must focus on short term goals with or for youth. There is a missed opportunity, then, to foster a sector where people and organisations have time and

## YOUTH WELLBEING IN AOTEAROA

space to think creatively and in a long term way. Literature on funding for community-based arts supports this finding that uncertainty, instability and precarity related to funding inhibits sustainability (of organisations and programmes) and experimentation within or development of practice (Mullen, 2018).

The lack of appropriate and sustainable funding is likely to be exacerbated by the under representation of the arts across policy areas and the under-recognition of the potential of creative youth wellbeing in key, historic policy documents.

It is evident that philanthropy and other sources of private giving are important resources for creative youth wellbeing. If this area of practice becomes fully dependent on private giving, however, questions about who influences the focus and direction of the sector will arise. Local authorities, government departments and Creative New Zealand are also key contributors to the economy of the sector, but could be doing more considering the strong potential alignment of this area of work with local and national policy visions and goals and the commitment expressed by organisations to youth, health, education and social areas.

Strongly related to the funding issues identified in this report are challenges related to staffing. A reliance on short term and inadequate funding is likely to be contributing to the prevalence of staff on part time, and part time fixed term contracts. This is a specialised area of work requiring an experienced and qualified workforce. The involvement of experienced staff is important to the stability and quality of the programmes provided for youth. However, the prevalence of short term, unstable contracts makes it difficult to retain staff. Organisations are regularly losing staff with valuable experience and who have formed relationships with young people and partner organisations. Also, organisations spend valuable time and resources on re-recruiting and induction for new staff.

It is evident that volunteers are an important resource in this sector. More research is

## YOUTH WELLBEING IN AOTEAROA

needed, however, to assess the extent to which core business and activities depend on unpaid work by staff in these organisations. Some responses indicate that people who should be paid are doing work out of good will to ensure the work of the organisation with young people can continue.

The sector is fragmented, lacking in recognition and leadership/representation. As a field of practice, it is fragmented and uncoordinated with organisations mostly working in isolation and often in competition. There is no overarching strategy. Practitioners appear to be heavily influenced by funding and diverse policy agendas. Whilst there may be some advantage to organisations working across a broad range of contexts, the lack of a guiding strategy inhibits collective impact and development. The lack of opportunity for coordination and sharing of practice also inhibits growth of good practice and innovation across the field as a whole.

It was challenging to map the field fully. Information about many local services and opportunities was limited and organisations are affiliated to diverse networks, or to none at all. The sector is characterised by high numbers of small community organisations and projects. We know from our experience working in the field that a number of small organisations and groups (especially those led by young people) did not appear in our search because they lack online or public visibility.

As a result of this environment, opportunities are available to young people on an ad hoc basis across the Auckland region. There is considerable potential to catalyse the potential of the field through strategic leadership, coordination and investment. This could make a real difference for young people. There is close alignment with the goals and needs of the youth development sector. PYD (Positive Youth Development) and other more holistic and asset-based models of practice are closely aligned with philosophy and practices articulated by

## YOUTH WELLBEING IN AOTEAROA

youth, arts and wellbeing organisations. These approaches lead to more critically conscious ways of engaging young people that can lead to meaningful empowerment. The arts and creativity have significant and distinct contributions to make and we suggest that there is real potential to further develop the role of the arts within PYD. The CYD (Creative Youth Development) movement in the United States is of interest. This movement has been effective in unifying, coordinating and provide strategic direction to the work of grass roots community organisations. We are not advocating for the wholesale adoption of CYD in New Zealand, but suggest that the model offers a useful template develop some common strategy and leadership.

Although a strong desire for collaboration was articulated in our survey, competitive and short-term funding patterns currently discourage, rather than encourage, partnership and networking. We suggest that collaboration and partnerships are essential to strengthen the sector and ultimately its impact.

In the section about defining wellbeing in New Zealand Aotearoa we highlighted ongoing sector-led work to develop Te Ora Auaha: Creative Wellbeing Alliance Aotearoa. This initiative has brought together diverse organisations spanning arts, education, community, culture, health and social practice to advocate for, and strengthen, the role of the arts in the health and wellbeing of communities. Importantly, the alliance brings practitioners from different fields and researchers into an alliance with significant potential to build knowledge, research and evidence. The alliance is well positioned to support and lead this sector and, we suggest, would be a valuable investment.

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