

VicHealth's



## Audience Access Standards



John McLeod  
McLeod Nelson & Associates  
PO Box 5024  
Middle Park 3206  
Tel: (03) 9534 7488  
Fax: (03) 9534 7858  
email: [jnmcLeod@netspace.net.au](mailto:jnmcLeod@netspace.net.au)

for VicHealth 2006

# The Audience Access Standards

Through the Audience Access Standards, VicHealth encourages arts organisations to become health-promoting. This means health promotion becomes a central part of the organisation's work and is not confined to a single event or one particular activity.

Health promotion can occur at an individual level by focusing on the choices a person makes about such things as their diet, level of physical exercise and their mental health. Health promotion also focuses on the way institutional structures and organisations support or detract from the health of individuals and population groups. Finally, health promotion addresses particular populations because marginalised or vulnerable groups have significantly worse health

outcomes than the average. Health inequalities are population-based rather than the result of individual lifestyle choices.

The focus of the standards is on these three levels, but there is greater emphasis on the last two: organisations and the community. This image is represented in the following diagram from VicHealth.

This document expands the image implied in the diagram by teasing out what an arts organisation has to do to promote health. Nine standards for a health-promoting arts organisation are presented. In this sense, the standards are concerned with organisational change. Changing large and complex organisations, though, is not an easy task and takes time.

Working through the standards will entail:

- Having a detailed understanding of the standards.
- Being familiar with the concept of evidence and how it can be used.
- Gathering evidence.
- Ranking their activities in terms of the standards.

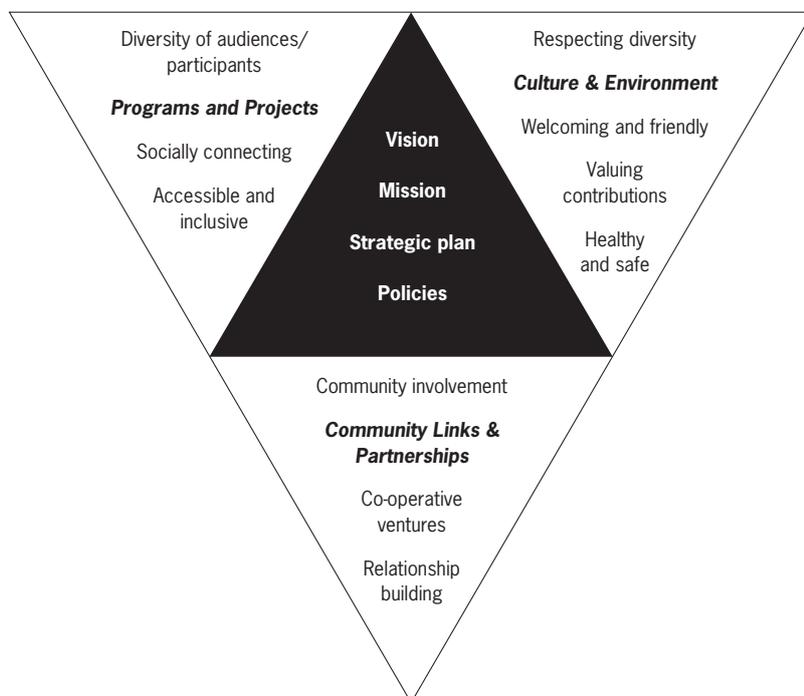
The document is divided into two parts. Part 1 explores a number of issues dealing with the arts and health promotion, the application of standards to diverse organisations, and the use of evidence. Part 2 contains the standards. The document is organised under the following headings:

Part 1:

- Focusing on the determinants of health.
- Linking the arts and health.
- Using standards in health promotion and in evaluation.
- Presenting the standards.
- Gathering and using evidence.

Part 2:

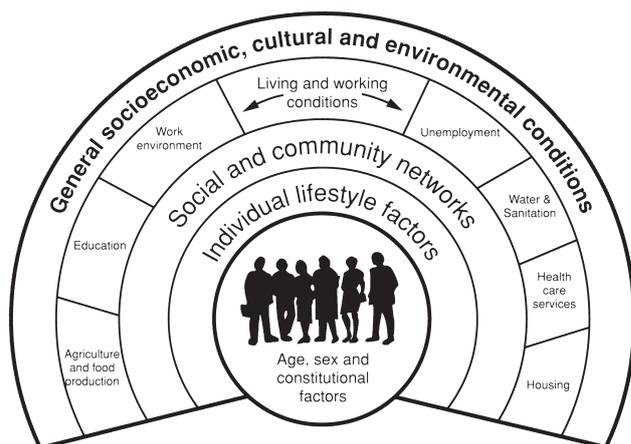
- Standards section 1: Creating a healthy, safe and inclusive environment and culture.
- Standards section 2: Developing programs and projects that promote health.
- Standards section 3: Forming community links and partnership.



## Focusing on the determinants of health

In recent times, health promotion has moved from a primary focus on changing the behaviour of individuals. The theory was that providing information led to an attitudinal change that, in turn, led to a change in behaviour. However, there is now an understanding that decisions about individual behaviour are much more complex. Behaviours occur in specific contexts and have particular meanings and these need to be addressed. Behaviours are also the result of a range of environmental, social and economic influences.

The result has been a focus on the determinants of health, many of which are beyond the control of individuals. A major British study<sup>1</sup> conceived of the determinants of health as four concentric circles that are constantly interacting.



The innermost circle addresses the individual's age, gender and genetics. These are not open to change. The other circles can, in theory at least, be modified to create better health outcomes. The second circle includes lifestyle factors that individuals can be encouraged to change such as not smoking, increasing their amount of physical exercise and having a balanced diet. Health promotion has traditionally focused heavily on this circle.

The next circle deals with the social and community networks to which individuals have access. Social inclusion or connectedness is a major determinant of health. VicHealth has vigorously championed this through its

Mental Health Promotion Plan (MHPP). In the current program, the emphasis on access to the arts by people from low socioeconomic groups or from rural areas is another important example.

Social networks can act as a buffer between individuals and the general socioeconomic, cultural and environmental conditions (the outermost circle) over which they have little control and which are the most difficult to modify. Unemployment, for example, is a major determinant of illness and lack of wellbeing.

The two other determinants emphasised in the MHPP are freedom from discrimination and violence (or put more positively, valuing diversity) and economic participation. Although the



Social inclusion or connectedness is a major determinant of health... Social networks can act as a buffer between individuals and the general socioeconomic, cultural and environmental conditions over which they have little control and which are the most difficult to modify.

plan emphasises mental health, there is now very good evidence that mental and physical health are intertwined. The notion of mental health is important because it links most directly with participation in the arts. As a term, it can carry some stigma because of the popular conception that mental health really means mental illness. However, VicHealth has deliberately used the term to reclaim the territory and see mental health as a universal resource for living well.

<sup>1</sup> Acheson, D (Chairman) 1998, *Independent Inquiry into Inequalities in Health Report*, The Stationery Office, London.

## Linking the arts and health

*Building stronger communities through the arts leads to better health for all Victorians*

The arts have a well-recognised potential to promote health and this, in part, has underpinned VicHealth's funding of arts organisations over many years. One of the arts' most powerful contributions to health is that they reflect and create an inclusive sense of community. There is now considerable evidence that the stronger people feel this sense of belonging, the healthier they are.

The arts are expressions of what it is to be human: they are reflections of, and on, our desires, interests, feelings and knowledge. They also show us the world from other perspectives. The arts value diversity. Although they present different viewpoints, they are underpinned by a common humanity and shared concerns about living.

Through participating in the arts, we are drawn into a web of shared experiences and understandings. Virtual communities are created. These may start with, but go beyond, location, ethnicity, gender and occupation.

It is recognised, though, that marginalised or vulnerable populations in the community have less access to the arts because of the cost, location, the type of arts that are on offer, or simply lack of experience. Arts organisations can sometimes be seen as exclusive and only catering to those who are wealthy, refined or educated enough to appreciate a particular form of art. The images presented by the arts of human experiences sometimes do not resonate with many people in the community. Specific strategies need to be implemented to target groups that find major arts organisations inaccessible.

Most of VicHealth's programs deliberately focus on marginalised groups because they have the poorest health. These groups face specific barriers regarding access to the arts. For example, money may be the major barrier for unemployed people. Time may be the barrier for carers of people who are aged or who have a disability, and a sense of acceptance and belonging may be the barrier for people who are refugees. The art work itself may not be engaging or meaningful to particular populations.

Therefore, arts organisations need to tailor their responses in ways that diminish the specific barriers these groups have. Free or discounted tickets may be appropriate for some groups, whereas the provision of transport may be the best response for geographically isolated older people. Sometimes, if arts organisations really want to engage a different group of people, they may need to vary the work they currently do. This may include the content, style and relationship with a potential audience of the arts that are available. For example, more interactive forms of performance might be engaging for some audiences if social connection is one of the aims.

It is a truism to state that promoting health is not the major or obvious function of arts organisations. However, there is a synergy between VicHealth's agenda and that of arts organisations. In broad terms, the emphasis on access sits neatly with every arts organisation's concern to develop its audience.

...marginalised or vulnerable populations in the community have less access to the arts because of the cost, location, the type of arts that are on offer, or simply lack of experience.



Publicly funded arts organisations increasingly have a responsibility to contribute in a range of ways to the wellbeing of the whole community.

While this synergy is a starting point, it tends to gloss over some of the more difficult differences. VicHealth's efforts are directed toward giving marginalised and vulnerable groups access to major arts events. These people are often difficult to reach and require considerable effort to engage in an ongoing way. In contrast, some arts organisations are more concerned with building their audience by getting more of the same people who already attend. This tension between the two agendas is not easily resolved.

It is important to state that organisations VicHealth funds have an ongoing commitment to increasing access. They are likely to continue the current emphasis on broadening their view of their community, engaging populations that do not have access to the arts, celebrating the diversity of what it means to be Australian, and working in partnership with non-arts organisations. This is a value position of how the arts make a positive contribution to Australian life. However, once funding ceases, there may be pressure from within the organisation to put less emphasis on those aspects of work that are closely aligned to the scheme and require considerable effort, but sometimes have limited results. Robust evidence can help persuade stakeholders of the public health benefits of working in this way.

Publicly funded arts organisations increasingly have a responsibility to contribute in a range of ways to the wellbeing of the whole community.<sup>2</sup> Ensuring people, particularly those who are disadvantaged or vulnerable, have access to high-quality arts experiences is one way of making this contribution. Similarly, working in partnerships with non-arts and other arts organisations spreads the impact of the scheme exponentially through the community. (This also has the effect of spreading the extra work required by the scheme and capitalising on the skills of welfare organisations in identifying, engaging and working with people who are socially excluded.) Developing a sophisticated public debate about the role the arts play in public health is a crucial outcome of the Arts for Health program.

<sup>2</sup> For example, the Victorian Government's current arts policy (Arts Victoria 2003, *Creative capacity + arts for all Victorians – A policy framework for the next decade*, Victorian Government.) states:

We face challenges that offer great potential for growth. We need to build audiences in under-represented groups – regional Victoria and the outer-metropolitan areas, young people and those from culturally diverse backgrounds ... The arts must be both exciting and engaging, welcoming to audiences from all parts of the community and intellectually and creatively challenging.<sup>2</sup>

Importantly, it goes on to draw the link between how involvement in the arts in different ways contributes to an individual's and community's health and wellbeing and uses the same language as the MHPP:

By participating in cultural activities, individuals and communities can address issues of health and wellbeing. Cultural expression enables us to respect and embrace difference and to establish identity and a sense of engagement with society. It can assist in economic recovery and renewal and build a more resilient society.

## Using standards in planning health promotion and monitoring results

Health promotion is really a way of working and not an added extra. It is an orientation to practice rather than a single event or an activity linked to a particular funding source. The standards are designed to map the dimensions of health promotion within arts organisations. However, they also require considerable interpretation in terms of the agency's core business, way of working and target audiences.

The arts are not static. They are often at the cutting edge of a community's consciousness. The arts can tell a story that may only be tacitly understood. Innovation and challenge are roles for the arts. For this reason, the arts are constantly being redefined and reinvented. Similarly, arts organisations need to challenge their own practice if health promotion is part of their core business. There may be better ways of achieving the standards, or strategies that were successful at one time need to be reviewed and replaced by different approaches. The standards are designed to encourage arts organisations to reflect on their practice and continually look for more effective ways of engaging vulnerable groups and promoting health.

The standards take a whole-of-organisation approach to health promotion and, as mentioned, this requires time and can be quite difficult to achieve. Many people within complex arts organisations see health as fairly peripheral to their work and as having little impact on their roles.

A whole-of-organisation approach will include policies, structures and work practices. It also means all staff are engaged at some level in health promotion. This might include, for example, marketing staff looking at ways of targeting marginalised groups, or programmers thinking about the image they are presenting through the arts of what it is to be Australian. Having a broad sense of how the arts contribute to the health of individuals and the community is important for all workers in the arts. The rhetoric of health promotion should infiltrate the discourse of making and presenting art. How this discourse is translated into action will depend on the nature of the organisation and the roles of each staff member.

Health promotion is really a way of working and not an added extra.



The standards are statements of what is currently accepted as good practice in arts organisations that are consciously contributing to health promotion. They are written in a general way because they have to be applicable to the work of all partners in the scheme. For example, the work of a community arts centre is different from that of an arts touring organisation or a museum. The standards are valuable, though, because they emphasise that a wide range of arts organisations can work toward similar goals when it comes to health promotion. They will achieve these goals, though, in different ways.

The standards framework has a number of purposes. These include:

- Developing a better understanding of the ways the arts promote health.
- Detailing VicHealth's commitments regarding health promotion through the arts.
- Mapping an arts organisation's efforts in terms of health promotion.
- Providing a benchmark of good practice against which arts organisations can monitor their progress in health promotion.
- Establishing a culture of continuous quality improvement regarding health promotion in arts organisations as they continue to reflect on the effectiveness of their work.
- Contributing to the evidence of the ways in which the arts promote health and wellbeing.



The standards are designed to map the dimensions of health promotion within arts organisations.

## Presenting the standards

The following set of standards can be applied to arts organisations that are committed to health promotion.

The standards are organised under the three headings of:

- Creating a healthy, safe and inclusive environment and culture.
- Developing programs and projects that promote health.
- Forming community links and partnerships.

These headings are derived from VicHealth's Arts for Health program. Under each of the headings are three standards.

The standards have been written to accommodate visual and performing arts organisations, large-scale events and smaller community activities. Organisations, in consultation with the evaluation, are asked to rank their current progress in meeting each standard. Ranking will occur on the basis of the evidence that is available and presented. The concept of evidence is explained more fully later in the document.

Within each standard, a series of questions is posed that provide an indication of the sorts of things that would need to be addressed if the standard is to be met. The questions go some way in setting the parameters for the standard. They are in the form of questions because evaluation and quality improvement occur in the context of a dialogue. The questions are prompts for this dialogue.

A hypothetical example is provided under each question. The examples give an indication of the range of activities that might be cited as evidence as part of the evaluation. They demonstrate how evidence is gathered and presented to support the standard. The examples are not intended to reflect attainment of the standard to any particular level.

Evidence will be gathered and presented in different ways across arts organisations. An international performing arts festival, for example, is likely to provide very different sorts of evidence compared to a regional art gallery.

The ranking scale comprises:

- **Aware.** The organisation (or parts of the organisation) is aware of the ways in which the arts contribute to public health.
- **Beginning.** The organisation is trialling a range of activities that are working toward meeting the standards.
- **Consolidating.** There is a significant number of activities across the organisation's various operations that address the promotion of health.
- **Embedded.** Health-promotion activities characterise the organisation's normal operations.

Evidence in health promotion and public health is emerging as a key issue for government and agencies such as VicHealth. Funding in health promotion is likely to be increasingly linked to evidence in the future. This section makes a claim for evidence that reflects the key aims and practices of the Arts for Health program. It is organised under the following sub-headings:

- The nature and importance of evidence.
- Forms of evidence.
- Gathering evidence in the context of the standards.

## The nature and importance of evidence

One of the challenges of this standards framework is to ensure better evidence is available and used to inform the decisions that are made. Building the evidence-base in health promotion needs to occur without losing those things that characterise the ways in which it and the arts work together. Evidence is often seen as providing proof. However, valid roles for evidence can also be to clarify, illuminate and illustrate how an arts organisation promotes health and meets the standards. Black (1998) argues that insights can be derived from theory, imaginative reasoning and an understanding of evidence in which judgements are formed on the basis of the 'balance of probabilities'. These are often as persuasive as scientific evidence and should be afforded some credence.<sup>3</sup>

Evidence is used to convince someone of a position being taken or the views that are being put forward. Therefore, it is important to ask who is the audience for the evidence and how it is going to be used. Through the evaluation, there are two major audiences. The first is funding bodies like VicHealth. They want to monitor the implementation and impact of the investment. The second audience is the arts organisations themselves. Evidence provides the basis for better decisions to be made during participation in the scheme. Both of these audiences are equally important.

The key questions for evidence (as for evaluation) are:

- Who needs to know?
- How will they use the information?
- What information, and in what form, will be most persuasive?

What counts as persuasive evidence in one context may not necessarily be at all convincing in another. For example, a play may be seen as 'true' in the sense that it resonates with someone's felt experience. However, it may not be seen as 'true' in an historical or scientific sense.

## Forms of evidence

Evidence can take a variety of forms in health promotion. Although the various forms of evidence are presented here as discrete, in reality there is considerable overlap. Gathering evidence that the standards have been met will normally require collating different types evidence from different sources. There would be some value in asking the following questions before deciding on what type of evidence is most appropriate:

- Will the evidence generated assist in meeting the standards?
- Will the evidence lead to better decision-making regarding health promotion?
- Is the type of evidence to be gathered an efficient use of resources?
- Are the skills for gathering and analysing the evidence already within the organisation?



Organisations are asked to rank themselves against each standard.

<sup>3</sup> Black, D., 1998, 'The limitations of evidence.' *Perspectives in Biology and Medicine*, 42(1) pp 1-7.

One of the challenges of this standards framework is to ensure better evidence is available and used to inform the decisions that are made.

Each of the following types of evidence has strengths and limitations.

- Policy and documentary evidence.** The language of health promotion, particularly mental health promotion, can be included in the policy, mission statements or other documents that inform the organisation's work. Statements could include, for example, commitments to working with marginalised groups, presenting diverse images of Australian life through the arts, or having an ongoing relationship with a community support or welfare agency. Planning documents could be quite useful sources, particularly because they often map the health-promotion territory. They can show evidence has been used to define particular activities, and how these activities are directly linked with expected outcomes. Comprehensive plans can also embody the organisation's practical knowledge about health promotion.<sup>4</sup>
- Structural evidence.** This would include permanent structures within an organisation that would address the intentions of the scheme and health promotion as it is embodied in

<sup>4</sup> The strategic planning should complement the work on the standards. Plans can expose implicit 'theories of action' to scrutiny. In all cases, the plan was the beginning of a logic model. A logic model is essentially a visual representation of the links between the rationale for the activities that are planned, the activities that are developed and implemented, and the expected short- and long-term outcomes. A logic model uses an *if/then* construction: *if* something is the case, *then* something will be the result.



It would be important to revisit such a plan regularly to monitor progress and finetune it. Evidence is not static; it is cumulative and changes over time. New evidence continues to emerge and this can assist in planning future activities.

The rationale in this model is important because it emphasises how evidence is used in practice. The evidence can be externally or internally generated. For example, knowledge about a particular population with whom the organisation wants to work will help determine the type of activities that are planned. Similarly, approaches that have been successful in the past may offer guidance in planning future work.



the standards. For example, a standardised, explicit and permanent process for engaging and consulting with marginalised groups is a structural response, and can demonstrate that the organisation's commitment to these populations is more than rhetoric.

- **Programmatic evidence.** Policies are an important artefact, but their impact is in terms of how they affect practice. Using the above examples, evidence could include the numbers of times members of the target groups use a particular space that is designed to increase access, an analysis of the range of Australian works presented in a theatre season, or the number of clients a welfare agency organises to participate on the festival.
- **Anecdotal evidence.** This relies on stakeholders' comments and opinions. It often includes off-the-cuff remarks or can include more structured interviews. Anecdotal evidence can be unreliable because it can depend on a small number of opinions that are then generalised. Asking a range of people and seeking out people who have a different opinion can enhance reliability. Evidence is 'triangulated' by getting different perspectives on the same issue. The contrary view can often provide the greatest insight into what is happening.
- **Survey evidence.** This is similar to anecdotal evidence but it is more structured. There is a deliberate effort to canvass a range of people and ask them the same questions. Confidence in the results increases because more people have responded.
- **Exemplary evidence.** This type of evidence selects a discrete set of activities for close scrutiny. These activities are used as a 'case'. A case can create leverage within the organisation to move it toward health promotion, or it can be seen as representative of what the organisation as a whole does, or as

an isolated instance that is used to improve one part of the organisation's operations and possibly influence the sector. Within the case, there is likely to be theoretical as well as empirical evidence. The theoretical evidence will rely on the persuasiveness of the 'logic' that underpins it. This was discussed a little more in the previous footnote, but it relies on making clear why particular activities have been designed and implemented the way they have, a detailed description of those activities, and the likely short- and longer term outcomes. The theoretical evidence should be supported by empirical 'indicators of success'.

- **Artefactual evidence.** The arts generate a number of artefacts and these can be evidential in their own right. For example, a set of scripts over a season may illustrate powerfully and directly how diversity is valued. Similarly, photographs about personal connection to place taken by people with disabilities may encapsulate the way an organisation helps vulnerable groups find a voice through the arts. Using the arts themselves as evidence is an important principle.
- **Experimental evidence.** This evidence is the result of an experiment that typically compares two groups, or two points in time within the same group. There is a well-defined intervention and responses are measured using a valid and reliable tool. If other variables are controlled, the evidence will indicate whether the intervention was successful. This type of evidence is often difficult to gather because it requires skills and resources that are normally not available to arts organisations. Variables are also difficult to control when promoting health through the arts. The arts are an integrated and integrating activity.



Evidence can take a variety of forms in health promotion.

# Standards section 1: Creating a healthy, safe and inclusive environment and culture

## Standard 1.1

### The organisation contributes to the health and wellbeing of its patrons and staff through policy and planning.

For example, what is the evidence that:

- Mission and policy statements address the contribution the arts can make to public health and wellbeing?
- The determinants of mental health inform the overall planning of the organisation?
- Internal and external research on the way the arts can contribute to public health is used to inform practice within the organisation?

#### Example: A regionally-based performing arts company

The company's mission statement describes the local community as diverse. The Aboriginal community is particularly mentioned, as are different ethnic groups who have migrated to the city over the last few years. The mission statement talks about the need to engage the whole community, and the role the company can play in reflecting the city's identity to create a more tolerant and inclusive community.

The marketing manager had made a presentation to the company's board and staff on mental health promotion, and has particularly emphasised social connectedness and valuing diversity. VicHealth's *Promoting mental health* kit was used as the basis of the talk. The five-year strategic plan is currently being reviewed, and the intention is to include a major aim to 'increase the range of people who see the work of the company by targeting the indigenous community and people in outlying and remote townships'. As part of this, drama workshops have been organised through the Aboriginal co-op. One play for the season will tour to four remote communities. The communities will be supported to market and stage the show.

Evidence used included:

- The company's mission statement.
- An interview done by the evaluators with a board member who attended the presentation.
- Planning documents that relate to broadening the audience.
- Programming information for the drama workshops.

## Standard 1.2

### The arts environment is welcoming and respects diversity among patrons and staff.

For example, what is the evidence that:

- Diversity is valued within the organisation and procedures exist to review and address discrimination if it occurs?
- Staff are trained to deal with diverse groups, including those who may be marginalised because of their cultural, language, disability or age?
- Arts venues are physically easy to negotiate and signage is clear?

#### Example: A visual art gallery

An access gallery has been established. This combines an exhibition and workshop space. This year, the exhibitions have included shows by people with a disability, the U3A art group, and a textile show and demonstration organised by women from the Eritrean community. These temporary shows were used as opportunities to involve the groups in the gallery's volunteer program. Twelve people joined the volunteer program and a mentor arrangement was put in place where each new volunteer was paired with one of the mentors. A formal evaluation of the access gallery is planned, and part of the terms of reference is to look at the physical layout of the space and its prominence in the building.

Some general training of staff and volunteers was implemented. Two training sessions were organised. The first dealt with multicultural issues, and the second concerned people with disabilities. Speakers were brought in from advocacy organisations.

The youth group created banners that are now at the entrance to the gallery saying 'Welcome' in different languages.

Evidence used included:

- Program information about the temporary shows.
- Photographs of the temporary shows.
- Documents that describe the volunteer program.
- A group discussion involving the evaluators, volunteers and mentors to talk about experiences of the program.
- Photographs of making the welcome banners.
- An outline of the training program.

## Standard 1.3

### Arts activities take place in healthy and safe environments.

For example, what is the evidence that:

- Venues have been reviewed in terms of their impact on the mental and physical health of patrons and staff?
- The organisation complies with all occupational health and safety requirements?
- The organisation is SmokeFree and provides a range of options for patrons' healthy eating and moderate consumption of alcohol?

#### Example: A community arts centre

An environmental audit was undertaken as part of the regular occupational health and safety reporting requirements. An extra category was included to look at the opportunities staff and patrons had for talking and mixing informally. This led to negotiation with the council to develop some seats and picnic tables in the grounds. The possibility of a coffee shop is being investigated. This will be developed in an under-used part of the building close to the street. The idea is that it will generate some income, give existing patrons and staff somewhere to chat, and encourage members of the community to come to the centre.

Outdoor events are held in summer or normally scheduled in the later afternoon and early evening. A large sail has been erected over the amphitheatre to provide sun protection for the performers. Sachets of sunscreen are sold for 20 cents at these outdoor events.

Evidence used included:

- Relevant parts of the environmental audit documents.
- Photographs of people using the seats and picnic tables.
- Documents relating to plans for the coffee shop.
- Programming documents.
- Photographs of the sail and point-of-sale for sunscreen.

# Standards section 2: Developing programs and projects that contribute to the promotion of health and wellbeing

## Standard 2.1

**The organisation implements a range of activities and programs that increases access to the arts by marginalised groups.**

For example, what is the evidence that:

- Barriers to participation are addressed, and solutions are implemented and reviewed?
- The organisation's programs and projects follow a range of formats, engage patrons in a variety of ways, and are implemented in different locations?
- People who are marginalised because of such things as socioeconomic status, ethnicity, location, gender or sexual orientation are specifically targeted?

### **Example: A local arts festival**

The festival contains a range of free and low-cost events. Many of these are staged in non-traditional arts spaces. The main street was closed for a major dance event where members of the public were taught and able to practise and perform a movement piece.

A sound and light installation occurred at the football ground that told the history of the local area. The arts team had taken oral histories from many, particularly older, people in the suburb. These became the basis for the show. Transport had been organised through local service clubs to bring these people to the show. Photographs of the event showed the number and range of people who attended.

One of the disadvantaged schools in the area was the venue for a photographic exhibition included in the festival. As a lead-up to the festival, a professional photographer was engaged to run three photographic workshops. The students were issued with disposable cameras and some of their work was selected to be part of the exhibition. Council also used a number of the young people's images in its publications over the following months.

Evidence used included:

- Photographs of the development and staging of the sound and light installation.
- Documentation of the numbers of people transported by service clubs.
- A short video of the photographic exhibition done by students at the disadvantaged school.
- Council publications incorporating young people's photographs.

## Standard 2.2

**Programs and projects enable people to become socially connected in a variety of ways.**

For example, what is the evidence that:

- Patrons can become involved in programs and projects in a variety of ways that range from active participation to vicarious engagement?
- There are opportunities for socially isolated or marginalised groups to participate in different aspects of the organisation's work?
- The organisation actively promotes social inclusion among marginalised groups?

### **Example: A performing arts centre**

The centre has targeted particular parts of its total program to focus on social connectedness. A matinee program of popular music tends to attract older retired people. The marketing manager identified that transport was the major barrier and negotiated with council to organise transport. A low-cost meal was available after the show and this was an opportunity for people to chat together.

A welfare organisation has identified that young mothers experience considerable social isolation because of location, lack of transport, few familial networks and little money. A women's circus group was engaged by the centre to run circus skills workshops in a local hall. Childcare was provided by the welfare organisation. The young women are working toward participating in the street festival later in the year.

A youth drama group has just been established. There is a core of 15 young people. Half are from the employment service and their involvement will be part of a work-for-the-dole scheme. There has been an emphasis on the technical aspects of theatre. This has included sound recording, rigging lights and constructing sets for shows. Most of these young people have no interest in performing but will provide technical backup for the schools festival later in the year.

The centre also has a volunteer program made up of over 50 people. These people are involved in such things as publicity, front-of-house and set construction.

All of the major shows have one or two nights where audience members can meet the performers to ask questions about the play they have just seen.

Evidence used included:

- Publicity documents for the popular music matinee.
- Documentation of audience numbers at the matinees.
- Photographs of the circus skills workshops.
- Interviews with two members of the youth drama group done by the evaluators.
- A short video of a meet the performers night made by one of the volunteers.

## Standard 2.3

### The diversity of Australian life is reflected through the content of programs and projects.

For example, what is the evidence that:

- Diverse stories are told through programs and projects?
- Programmatic decisions are based on input from a range of stakeholders?
- Marginalised groups are given a voice within the programs and projects?

#### **Example: A theatre company**

As the company's policy states, it 'is committed to showcasing new writing that deals with contemporary issues that challenge Australia's identity'. The season has included six new plays that have dealt with issues including native title, the stolen generation and refugees. The subscription brochure details each of the plays.

There is also a script development department where members of the company work with diverse community groups to document their stories and give them a theatrical form. Over the last 18 months, these groups have ranged from unemployed middle-aged men, older people from culturally and linguistically diverse communities, and young people from the Arabic community.

From the initial work, the Arabic community project was chosen for further development. (A panel that comprises members of the company, external theatre practitioners and two community representatives makes the choice.) A writer was appointed and the work was developed into a radio play. Negotiations are currently in progress to see whether SBS will broadcast it.

Evidence used included:

- The subscription brochure.
- Photographs of script development work in progress.
- An interview done by the evaluators with a panel member.
- The script for the radio play.

## Standards section 3: Forming community links and partnerships

### Standard 3.1

**The organisation is involved in, and actively contributes to, community debates on the relationship between the arts and public health.**

For example, what is the evidence that:

- The organisation has a clear understanding of the way the arts contribute to public health?
- Mental health and wellbeing are included in the way the organisation defines itself in terms of its community?
- The organisation collects and uses evidence to contribute to community debates regarding the role of the arts in the promotion of health and wellbeing.

#### **Example: A specialist museum**

The museum's policy documents talk about capturing the stories that have made Australia what it is. These documents state that the organisation is committed to providing a voice for those people whose story is often left untold. Through ensuring every story has an equal weight, Australia will develop a robust identity and this contributes to the wellbeing of the community. The link between mental health and wellbeing is not made in any of the documents. However, wellbeing is defined as having strong personal and cultural connections, and as participating in a community where diversity is valued and people are free from discrimination.

This idea of wellbeing is reiterated in the brochures and newsletters distributed by the museum and is clearly part of its rationale. Members of the board who were interviewed also used this rhetoric and could cite examples of how these commitments were translated into action within the museum. For example, specialist exhibitions had been mounted that looked at controversial aspects of Australia's history. The controversy itself was explored as part of the show.

Evidence used included:

- Relevant parts of policy documents.
- Examples of brochures and newsletters.
- Interviews with two board members done by the evaluators.
- Photographs of specialist exhibitions.

### Standard 3.2

**Strategic alliances are formed with a range of non-arts organisations to maximise the health benefits of participating in the arts.**

For example, what is the evidence that:

- The organisation works with other agencies to engage marginalised groups and individuals?
- Alliances with non-arts organisations are formal and sustained?
- The barriers to participation in the arts experienced by marginalised and vulnerable groups are addressed in consultation with non-arts organisations?

#### **Example: A performing arts centre**

As part of the centre's three-year strategic plan, two welfare organisations and target populations have been identified. In this funding round, it is a family support agency with a particular focus on young mothers. The second is isolated older people. For these groups, the agencies vary from the local government to a large aged care service in the area.

Prior to being written into the strategic plan, the centre sounded out the agencies regarding their interest and then invited them to a meeting. A draft plan was presented and the details were then negotiated with the organisations. Other stakeholders, such as maternal and child health nurses, were mentioned and these groups were approached to join the group. A joint plan was developed and this was formally signed-off by the CEOs of each organisation. The plan designated each organisation's tasks and responsibilities.

The people who were interviewed spoke positively about the program. From the welfare agencies' point of view, they were able to provide a new activity that was unlike anything they had offered before. The expertise of the arts centre was valued highly. The arts centre staff felt they were doing the things they did best, and the welfare agencies brought expertise and resources (particularly in the form of time) to the table. The three young women who were interviewed talked about getting new skills, making new friends, and breaking the routine of their day.

Evidence used included:

- Documents indicating the process of developing the joint plan.
- The agreement signed-off by the CEOs.
- A meeting with the evaluators and staff of the welfare agencies.
- A group interview done by the evaluators with three young women.

### Standard 3.3

#### The organisation helps to build the capacity of the arts sector to promote health.

For example, what is the evidence that:

- There is critical reflection within the organisation on its efforts to promote health and the findings are shared among the organisation's peers?
- The organisation contributes to professional arts and other forums in relation to promoting access by marginalised groups, social connectedness and the promotion of health and wellbeing through the arts?
- The organisation takes a leadership role within the sector regarding the promotion of health through the arts?

#### Example: An arts peak body

The organisation contributes to an annual conference for performing arts centres and conferences. Over the last two years, papers and workshops have been presented. The first paper was on the value of the arts in urban renewal in low socioeconomic areas. The second addressed increasing access to the arts for marginalised and vulnerable people. Copies of the papers have been made available on the organisation's websites and are linked to the VicHealth site.

The organisation has also established a training program that focuses on encouraging access to the arts by marginalised populations. Marginalisation is defined in the program as being caused by such things as gender, location, socioeconomic status, ethnicity and sexual orientation. Small amounts of money are available for arts practitioners to visit existing companies that have established activities to engage marginalised and vulnerable groups. Six grants have been made so far.

The organisation made a formal submission to a government review on the arts and was subsequently invited to participate in one of the working groups that were established to develop policy. The policy addresses the issues of access to the arts, and the ways the arts make a sustainable contribution to community identity.

Evidence used included:

- Papers and workshop presentations.
- Documents relating to the training program including the grants awarded.
- The submission to the government review of the arts.

## Photo acknowledgments



Footscray Community Arts Centre's  
"SCRAYP – Youth Arts With An Edge"  
at Footscray North Primary School.  
Photo by Steve Tierney



Drum Drum at Music Hive,  
Footscray Community Arts Centre.  
Photo by Sharon Jones



Drumbalaya at Music Hive,  
Footscray Community Arts Centre.  
Photo by Sharon Jones



Hopetoun Arts as Part of Bute Utes,  
Regional Arts Victoria.  
Lead Artist Deborah Burdett  
Photo by Bindi Cole



A Midsummer Nights Dreaming  
Mildura Wentworth Arts Festival.



The Street Festival  
Mildura Wentworth Arts Festival.



Such a Storm  
Hothouse Theatre.  
Photo by Jules Boag



Such a Storm  
Hothouse Theatre.  
Photo by Jules Boag



Roving Butterfly  
Geelong Performing Arts Centre.