

Arts & Culture Research Symposium 2020

21 July 2020, Tuesday, 3-5pm

Zoom Videoconferencing

Theme: Arts & Health

Conference Proceedings

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| 5 | <p>Panel Discussion</p> <p><u>Panellists</u> Prof Katherine Boydell Dr Clive Parkinson Dr Donald Yeo</p> <p><u>Facilitator</u> Dr Joanne Yoong</p> |
| 5.1 | <p>Q: What are some ethical, practical, even personal challenges that practitioners face on the ground when putting programmes like these into place?</p> <p>Prof Boydell: There are unique ethical challenges in engaging in arts-based health research and bringing the arts and health together, particularly confidentiality and anonymity. Individuals involved in creating artwork in a research project or arts intervention may not want to remain anonymous as they may be proud of their work. This may require some pushback with ethics committees – offering participants a choice to be identified with their artwork over the protection of anonymity.</p> <p>Another is the issue of dangerous emotional terrain. Being engaged with the arts can be empowering but being involved in something that is more embodied or powerful also has the potential to do damage if not harnessed well. Finally, there is the issue of aesthetics. Aesthetics are important, and in the field of arts and health, one may need to contend with what constitutes good art when bringing non-artists to create in these processes and what that means. One of the strategies to mitigate these issues is to bring reflexivity into the equation. It is important to allow for that space to reflect, engage, talk and converse about some of these.</p> <p>Dr Parkinson: Building on what Katherine said, quantitative research creates anonymity in its subjects. Research that is large-scale and epidemiological in its scope contrasts with qualitative research that allows a level of intimacy and story. Artists and researchers are part of an ecology, so it's also about nurturing mutual respect for each other's work. In practical terms, bringing established artists and junior artists together to work on projects requires a lot of give and take and learning and here, mentoring is critical in avoiding ethical pitfalls.</p> |

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| | <p>The big ethical question for me is ‘Where is the continuity for the participants involved in research projects?’ How do people living with dementia and their carers carry on post-project? There is the danger of well-funded research projects sweeping in and out of people’s lives, leaving people without that intense level of creative exploration.</p> <p>Dr Yeo: Practically, for me, the challenge is the interaction between dementia specialists and art practitioners. In Singapore, we don’t have people who are skilled and have expertise in both. Hence, it is a challenge to bring these two groups of people together and negotiate that mindscape. We must find a comfortable space for arts practitioners and healthcare specialists, not to compromise, but to focus on the purpose of the programmes, and agree on the outcomes. That is how we should overcome this practical challenge.</p> |
| 5.2 | <p>Q: What happens around the sustainability of these programmes. What happens after the research is done? How do we manage to get traction for long-term sustainability?</p> <p>Prof Boydell: This is an issue with research where there is funding for trials but not necessarily for implementation. There is a need for longitudinal work. It’s important to fund strong, rigorous, longitudinal work over a long period of time - some follow-up on positive impacts may stretch 12-18 months. I do think that it’s a problem trying to sustain these projects that are so critical when the funding is over. Unfortunately, I don’t have the answer. I think arts for social change is important in terms of advocacy work, to ensure that these programmes are part and parcel of the system. At the Black Dog Institute, we try to acknowledge social determinants of health, and build the Arts & Prescription programme into what we do, so that Culture Dose is not funded as a stopgap, or short-term initiative – this is embedded in our organisations and collaboration. That collaboration is important for bringing the arts and health together.</p> |
| 5.3 | <p>Q: So, Donald, turning to the practical local context, you showed us a beautiful mixed methods study, if you could tell us about some of the questions that came up. So how did you get that done locally? What are some challenges of getting something like that funded? Would you consider that to be academic or non-academic research? What made you choose to do this the way you did it? How did you get that done and where do you see that going?</p> <p>Dr Yeo: I think the magic is what you can see. The magic is not what the numbers can tell you; the video is very important for us, when convincing potential funders. When we started 8 years ago, we had nothing to show, only an idea. It was a programme based on <i>Meet Me at MoMA</i> and a lot of similar programmes. We talked to people and through a confluence of different factors here – the growing focus on the elderly, community arts and funding for this sector. The magic really was engaging the funding bodies. Although our programme was funded by the NAC, the level of interest in the beginning was small with funding initially slated for 2-3 years. But we’ve been funded for 5 and more years. So, it’s about proving the work works. I remember people from NAC dropping in on the tours and watching for themselves. That whole experience of being among beneficiaries is very important part of the convincing,</p> |

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| | <p>and not letting up on quality at the same time. It's not pro-bono work when you do quality, professional, creative work and we stick to that principle very strongly.</p> |
| 5.4 | <p>Q: If each of you could say a little about what excites you about new technology, or what makes you optimistic about the post-COVID world or the way in which we have to do this work in the future?</p> <p>Prof Boydell: I'm excited that a great number of individuals can engage with free artworks in a webinar in one hour, and to keep returning and engage in art outside of the webinar. A lot of participants have said they engaged in the webinar recording with other members of their own family, or it inspired them to create together with others. Thinking beyond what it does in that one hour, it can generate a great deal more in terms of engagement. Not taking away the importance of the face-to-face, but many of our participants are saying that this is very accessible; it is a very non-stigmatising place and space to engage in art, and conversations about mental health issues that often aren't the topic of discussion. I'm enthusiastic about the fact that you can take something out of the gallery and engage in artwork that belongs to all of us, and to reach communities who may not otherwise come together. My hope post-COVID would be for a lot of people who have participated in <i>Culture Dose</i> online to be keen to go to the gallery, whether in Sydney, or regional galleries that we have in smaller and remote locations.</p> <p>Dr Parkinson: People have craved physical connection during this COVID existence. We don't just want everything to be digital. Across Greater Manchester, the Greater Manchester Combined Authority and its cultural team distributed 38,000 <i>Creative Care Kits</i> to vulnerable young people and older people across the 10 districts of Greater Manchester. These physical kits were delivered safely to give people a sense of connectivity, physical re-assurance and creative activities. This is thinking innovatively, not just digitally, but practically, physically, how can we do these things safely? We can stick our necks out, take some realistic chances, and have a go at just doing things differently. This is a link to the young persons kit: https://www.greatermanchester-ca.gov.uk/media/3020/creative-care-kit-young-people.pdf</p> <p>Dr Yeo: The online world has opened so many new opportunities for arts and dementia. As we are speaking, we are experimenting with the online platform. And the trick is to boil it down to basics – what makes an interaction, an activity engaging? It's really about the person's life. We ask, how would this person be excited for the 45 mins to an hour in front of the computer screen? We excite them and are seeing amazing results. The interaction is no less, and in some cases, even more than in person where there could be a lot of distractions for a person with dementia. Whereas online, you concentrate at one thing or two things at a time. I'm very positive, about this sentiment to do something while waiting for re-opening. I agree with Dr Parkinson that we need a mix of online and in-person [interaction]. We feel very positive about online engagement preparing for the in-person interactions, because that is where you really get to know them, and they are right there in the living room, you can see what is going on in their lives. I think that is a fantastic opportunity for us.</p> |