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Disability and the Arts: Inclusive Practice for Health and Wellbeing

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Introduction

The way we see, speak, and think about disability – in real life, and in fictionalised representations of real life in the arts, the media, and popular entertainment – defines disabled identities, which in turn defines disabled people's access to agency, authority, and power in society.

(Hadley and McDonald, 2018, p. 1)

Hadley and McDonald's statement illuminates the seriousness of enabling and facilitating participation by people with disability (PWD) in all facets of society. Since 1981, the International Year of Disabled People, most western countries have instituted human rights legislation that protects citizenship and ensures the inclusion of PWD in their communities and societies. More recently, 182 countries (out of 193) signed the United Nations' (UN) Convention on the Rights of Persons with Disabilities (United Nations, 2015). These rights included Article 30, the right to a cultural life, which covered leisure and the arts. However, compared to the general population, PWD still participate less than those without a disability in all types of cultural activities. If access to cultural life is restricted then the advantages of participation in leisure activities are not achieved (Liu, 2009). Current social and cultural practices for PWD reflect a history of segregation and persisting issues of exclusion (Aitchison, 2003). Overall, it is widely acknowledged that PWD do not have the same liberties and prospects as non-disabled individuals (Darcy, 2019; Darcy et al., 2020). In this chapter we demonstrate how the inclusion of PWD in the arts produces individual, social and health benefits.

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Disability, Arts and Leisure

We [i.e. PWD] desire a place within the community! This place is not just somewhere to lay down our heads, but a place which brings comfort and support with daily living, friendship, meaningful work, exciting recreation, spiritual renewal, relationships in which we can be ourselves freely with others. And out of this great things may flourish.

(National People with Disabilities and Carer Council in Australia, 2009, p. viii)

This quote captures the importance of community participation including recreation and arts as a human right for those living with a disability. However disability and leisure are commonly considered separately and not together as interdisciplinary approaches which combine leisure sciences with a sociological approach to disability (Darcy *et al.*, 2022). Artistic programmes have become popular both with individuals living with disability and among disability communities, and these activities have focused largely on medical outcomes (Bullock *et al.*, 2010; Solvang, 2018). These programmes have been linked to casual leisure and not taken seriously in relation to artistic product and/or merits. This is demonstrated in regard to 'disability arts', which is art production cognizant of the understanding of disability and created by PWD (Solvang, 2018).

This chapter is positioned within a social approach to disability (Barnes et al., 2010). The effect of participation in disability arts projects on social participation and, hence health and disability citizenship (Darcy et al., 2022) of those involved is central to this chapter. Two models dominate the theoretical debate on understanding disability and are further reflected in health and leisure discourses (Young et al., 2020) and in health promotion strategies (Peel et al., 2021). The primary model is known as the medical model based on an individualized understanding of a person as the idealized 'normal' and, hence, able bodied. In this model any differences from what is considered 'normal' are viewed as 'abnormal' or 'deficits' based on a person's impairment(s) (Darcy et al., 2016). In this model, individuals need to change their deficits via medical interventions, rehabilitation, treatments and by deploying assistive technology to 'normalize' their bodies (Swain et al., 2003).

The social model of disability takes a social constructionist perspective that splits impairment from the social and cultural experience of being disabled by socially constructed barriers (Darcy *et al.*, 2016), which is the state that occurs within a particular setting (Vehmas and Makela, 2009). Instead, the social model revolves around the lived experience of PWD, the environmental, interpersonal and attitudinal barriers they encounter, which creates disability compounded on top of a person's impairment (Oliver, 1996). This puts disability on economic, political, and social agendas where PWD have a human right to participation in society (Darcy *et al.*, 2016). The social model seeks transformational outcomes for PWD and their families through creating and enabling rather than a medical model where PWD are expected to adapt in a disabling environment and are subject to disabling attitudes and behaviours still prevalent in society.

Participation in Art and the Social Determinants of Health

This chapter is concerned not with physical health outcomes but with the social, emotional, and psychological dimensions of health. The social determinants of health, specifically the development of social capital and social inclusion, have previously been studied in relation to PWD (Williams, 2008; Sherwin, 2010; Hillman et al., 2012; Maxwell et al., 2014; Onyx et al., 2018), and these studies have consistently demonstrated a link between disability and social exclusion, which limits the participation of PWD in their communities and society in general. On the other hand, creative art can provide 'spaces where, through the making of art, individual emotional and embodied identity is strengthened and a sense of belonging (safety, attachment, and recognition) generated, provid[ing] a base for tentative forays into often difficult spaces and relations of mainstream society' (Hall, 2013, p. 248). Drawing on positive psychology, casual leisure (such as artist endeavour) has been linked to health and wellbeing outcomes (Hutchinson and Kleiber, 2005). Community art involvement can be linked to the five key action areas of health promotion outlined in the Ottawa Charter (World Health Organization, 1986). These involve creating supportive environments; strengthening community actions; developing personal skills; reorienting health services; and building healthy public policy. These action areas involve the creation and activation of human, social and bodily capital. Yet, it is the development of social capital that can affect health, emotions and wellbeing.

Chenoweth and Stehlik (2004) identified the following five factors that limit social capital's presence in the experiences of PWD:

- PWD need both financial and emotional support to strengthen social capital.
- PWD experience social isolation from the wider community, not just because of external rejection, but also due to the time and internal resources that are required when living with disability.
- In some circumstances, members of the wider community use violent and/or bullying behaviour to express their rejection of PWD.
- Voluntary contributions, by PWD, are predominantly made to organizations and committees that work to support PWD, and consequently are often invisible to the wider community.
- High levels of bonding exist between groups of people with specific impairments, because of shared understandings, experiences, and circumstances. However, there is often little that bridges these groups to 'the community at large' or other groups with different impairments.

In summary, social inclusion addresses these limitations. Social inclusion is about PWD being treated like 'us' – that is, not like 'them' or the 'other' (Smith, 2008) – and is produced by a confluence of factors. These include structural and environmental factors, to do with universal design and accessibility, as well as access to information and communication, and support for community engagement – such as facilitated opportunities. Additionally,

social inclusion is also about equity and social justice (Maxwell, 2012) and a process of fairness that leads to PWD and non-disabled members of the community being able to engage with socially-valued arts opportunities, resources, products and rewards.

The achievement of social inclusion is made possible when community members value the differences and pluralism that exist within their (broader) community. Here a community creates a social identity made up of members – with all their differences and similarities. As previously mentioned, the arts both shape and reflect this identity. PWD who appear in public performances, films, advertising and/or on television re-enforce their inclusion and value in society. But their under-representation or distorted media representation can also perpetuate negative perceptions and stereotypes of PWD as disadvantaged, or present unrealistic perceptions of a disabled artist as superhuman or a 'supercrip' (Clogston, 1990). In the context of this chapter, artworks produced by artists with disability contribute to the eclectic artefacts that represent who we are as a society. Conversely, the absence of such artworks contributes to the 'invisibility' and 'denial of identity' (Zhang and Haller, 2013) of this significant group of people.

History and Tradition of Disability and the Arts

Although the exclusion of PWD from the arts continues, there is considerable research showing that capable cohorts of artists with disability and non-disabled artists are working together in complex recreational arts, serious leisure activities and professional performances (Darcy *et al.*, 2022). Matarasso's (1997) groundbreaking UK study, *Use or Ornament?: The Social Impact of Participation in the Arts*, was conceivably the first empirical study concerning the social impact of the arts. Some 60 case studies were closely examined, with another 30 case studies on the periphery, and over 600 people were either interviewed or included in this group. This was supplemented by data from 513 questionnaires (from adults and children), and another 500 questionnaires completed by people directly involved in the case studies. From Matarasso's work, broader research themes were identified and are outlined in Table 2.1.

The themes related to social impact identified in Matarasso's (1997) work focused on the development of human and social capital through individual and community empowerment. These individual and community level processes can be linked to the health promotion action areas identified in the Ottawa Charter (World Health Organization, 1986). Personal development can be mapped to the development of personal skills; social cohesion and local identity to strengthening community actions; community empowerment to both building healthy public policy and creating a supportive environment and health and wellbeing to reorientating health services. This linkage of social impact themes identified in arts and disability literature with health promotion actions is depicted in Table 2.2.

Table 2.1. Major themes of social impact of participation in the arts (adapted from	m
Matarasso, 1997).	

Theme	Definition
Personal development	Change at an individual level, including confidence, education skills, social networks, etc.
Social cohesion	Linkages between individuals and groups including intercultural and intergenerational connections.
Community empowerment and self-determination	Addresses organizational capacity building, consultation and involvement in democratic processes, and support for community-led initiatives.
Local image and identity	A sense of place and belonging, local distinctiveness and the image of groups or public bodies.
Imagination and vision	Concerns creativity, professional practice, positive risk taking, and touches on expectations and symbols.
Health and wellbeing	Relates to health benefits and education through the arts, as well as people's enjoyment of life.

Matarasso (1997) identified the growth of the arts and disability movement in Britain, as well as its international significance. In particular, the study pointed to changes in people's attitudes; how the arts and disability movement influenced legislative change and change in employment practices. Participants spoke about improved confidence, both personally and socially, but not necessarily in relation to group empowerment. To facilitate change, the report recognized the importance of disability specialist consultants to improve access from the built environment and programme perspective. Over a 25-year period, Matarasso's study resulted in many other significant investigations and reports around the globe that reinforced, developed and built upon these six themes (Hutzel, 2010; MacPherson *et al.*, 2014; van den Hoogen, 2014; Onyx *et al.*, 2018; Lee and Northcott, 2020).

Our work is premised around 'disability arts', rather than 'the arts and disability', because we believe the underlying discourse found in the literature relates to disability and how the arts can be used as a form of intervention to produce individual-level changes or outcomes. The majority of this literature has its roots in the medical model theory, therapeutic recreation and the sociology of stigma. As Aitchison (2009) has argued, for too long the field of leisure studies has been exclusive. With its emphasis on physical experiences, 'disability has been "disembodied" from the research agenda. However, an alternate discourse is that leisure and the arts are vehicles for transforming our understanding of ability and disability. We have witnessed a progression through the influences of legislation and human rights approaches to inclusion (Smith and Bundon, 2018), where some of the more recent literature adopts a social relational model to empowering individuals and placing the activities they are undertaking in the foreground.

Table 2.2. Individual and social health impacts of participation in the arts.

Strengthening community actions	Creating a supportive environment	Developing personal skills	Building effective health public policy	Reorienting health services
Build community organizational capacity	Increase people's confidence and sense of self- worth	Help build new skills and work experience	Facilitate effective public consultation and participation	Challenge conventional service delivery
Develop community networks and sociability	Help people feel a sense of belonging and involvement	Encourage adults to take up education and training	Improve perceptions of marginalized groups	Help offenders and victims address crime
Provide a forum for intercultural understanding	Contribute to the educational development	Provide a forum to explore personal rights and responsibilities	Help transform the image of public bodies	Provide a route to rehabilitation for offenders
Help validate the contribution of a whole community	Reduce isolation by helping people to make friends	Give people influence over how they are seen by others	Make people feel better about where they live	Enrich the practice of professionals in public and voluntary sectors
Promote intercultural contact and co- operation	Promote tolerance and conflict resolution	Contribute to people's employability	Help community groups raise their vision beyond the immediate	Transform the responsiveness of public services
Develop contact between the generations	Encourage local self-reliance and project management	Help people develop their creativity	Raise expectations about what is possible and desirable	Stimulate interest and confidence in the arts
Extend involvement in social activity	Help people extend control over their own lives	Encourage people to accept risk positively	Facilitate the development of partnerships	Contribute to a more relaxed atmosphere in health centres
Be a means of gaining insight into political and social ideas	Build support for community projects	Be an effective means of health education	Strengthen community co- operation and networking	Help improve quality of life of people with poor health
Help involve local people in the regeneration process	Develop pride in local traditions and cultures	Allow people to explore their values, meanings, and dreams	Provide reasons for people to develop community activities	Have a positive impact on how people feel
Involve residents in environmental improvements	Help people take up or develop careers in the arts	Provide a unique and deep source of enjoyment	Create community traditions in new towns or neighbourhoods	Erode the distinction between consumer and creator

An Australian context

In the Australian context, the Australia Council for the Arts has recognized the importance of arts for PWD, and the contributions of these people to the arts (Darcy *et al.*, 2015). A major research project was commissioned in 1995, and undertaken in recognition of a basic lack of data relating to artists with

disability (Walsh and London, 1995). The report examined participation, basic access barriers inhibiting artists with disability from participation at community and professional levels, and the overall legal framework, which legislated 'inclusion', i.e. through the Disability Discrimination Act 1992. The Australia Council project also investigated the state of the arts and disability movement in Australia, funding bodies and arts venues as 'gatekeepers', international best practice, and explored strategies for improving Australian practices. This ground-breaking work led to the Australia Council undertaking a five-year programme, which focused on developing: an arts and disability best practice scheme; a national arts and disability forum; arts and disability information and advocacy programmes; and furthering research into the arts and disability. For example, fact sheets and guidelines were produced for Access all Areas – an initiative of the Australia Council for the Arts and prepared by Accessible Arts and Arts Access (Accessible Arts and Australia Council, 1999).

Over the proceeding five years, there was a flurry of activity that led to a plethora of programmes, which broke new ground and allowed for disability in arts to focus on artists with disability and organizational change, i.e. in order to grow and develop the sector. Additional research, including 12 project case studies, was presented in a publication called *Making the Journey*: Arts and Disability in Australia (Hutchinson, 2005). The book examined the inclusive practices used by arts organizations and the initiatives that made a difference to the lives of PWD (many of which are reflected in Table 2.2). In doing so, it offered a broader perspective on 'disability' and increased awareness of the general public, as well as improved relationships with businesses and other communities. It also increased income generation and innovation within the sector, which was created by, and for, PWD - stretching or pushing the boundaries of contemporary art forms. With respect to 'the arts' and 'social impact', Making the Journey identified some important outcomes from a number of the case studies; particularly to do with public awareness, economic potential, and furthering creative and practical practices to include participation and relationship-building beyond the arts and disability communities. More recent work has focused on 'Allyship' and the importance of artist-ally partnerships in empowering artists with disabilities and arts organizations (Hadley, 2020).

Disability Arts Case Studies

To show the effect of inclusion in the arts on people's health and wellbeing, we present three case studies of disability arts partnership projects in regional and urban Australia undertaken as part of our wider research examining the social impact of the projects (see Darcy *et al.*, 2015, 2019; Edwards *et al.*, 2015; Onyx *et al.*, 2018). These show inclusive leisure practices which can be linked to social and emotional health benefits for those living with disability through their participation in the arts, as well as increased enjoyment and life satisfaction. They also demonstrate the network of stakeholders involved to make the practice inclusive.

Case Study 1: An integrated arts and disability theatre show

In this case study an established partnership between a theatre company and a regional Disability Trust was leveraged to build on a relationship previously developed in a number of other artistic projects. This relationship facilitated the establishment of a safe, welcoming environment for participation in an integrated theatre production involving artists with and without a disability performing together. The production involved a series of mixed abilities workshops. These enabled performers from the Trust together with members of the local professional performing arts community to create strong development opportunities for all participants. A Disability Trust employee explained:

Our whole philosophy is creating an inclusive world and it's about getting the guys out in the community [and] being seen ... when we bring them to this situation, it's not a case of here are some actors with disabilities, they're just actors ... and by doing that it enables the guys to get that sense of confidence within themselves, and they appreciate the fact that they're being treated as adults and as actors as opposed to someone with a disability, with an interest. And that's very important.

The inclusive environment provided ongoing and appropriate artistic activities, which engendered individual social values of respect, emotional support and reciprocity. The professional theatre company began to integrate their work with PWD into their core practice by exposing people and artists with disability to professional practice and encouraging them to develop theatre skills and their self-confidence. The production involved five actors with a disability. One actor described her involvement and obvious enjoyment:

The best thing about it is expressing yourself with what you have, basically, in yourself and believing in what you do and follow your dream. And it's just amazing feeling that when you see this, people out there, please, follow your dream, 'cause this is part of my dream'.

A number of the participants describe their involvement leading to increased levels of confidence. For example, another stated:

It's been a while that I've been doing this drama and I've generated many other natural talents to go with it ... I can now imitate more than 20 famous voices ... I specialize in the entertainment of children. I've actually got goals to get into filming now and I've started writing a story or actually a screenplay. Because I've finished writing a story itself which took approximately nine years, but now I'm onto the screenplay. That will be very funny. And plus, there's actually a group of people with disabilities in a certain part of it too ... I'm good at writing too actually, because I've written over 400 jokes now too and a couple of songs and I play guitar and I'm good at singing.

Additional wider social impacts were noted with the artists with disabilities being more broadly recognized and included in their community and feeling valued by this experience. This wider social impact was discussed by study participants, artists, performers and audience members. This involved the establishment and growth of the standing of the Trust and the theatre in the wider disability community, the arts community and the local geographic community which included local schools. One actor with disability suggested that:

One good thing is it's helping the wider community find out the truth about people with disabilities. Just because a person's got a disability that does not mean to say that they are no good for society.

The following model (Fig. 2.1) details the network of stakeholder engagement in the project. The model follows a ripple model of social impact (Edwards *et al.*, 2015) so that there are

Case study 1: Continued.

four layers of stakeholders (1. central players – participants, venues, and coordinators; 2. those with limited engagement – families, friends and advocacy groups; 3. the extended networks – local schools, professional artists and the university; and 4. the wider networks). The position of the stakeholders represents their relative centrality to the project. This ripple effect begins in the centre, with a welcoming and belonging project – one that incorporates social values, networks with external/arts organizations, and contributes to the wider community. In this case study wider networks include the local council, local media, professional and amateur artists, arts organizations and disability organizations as well as local education establishments.

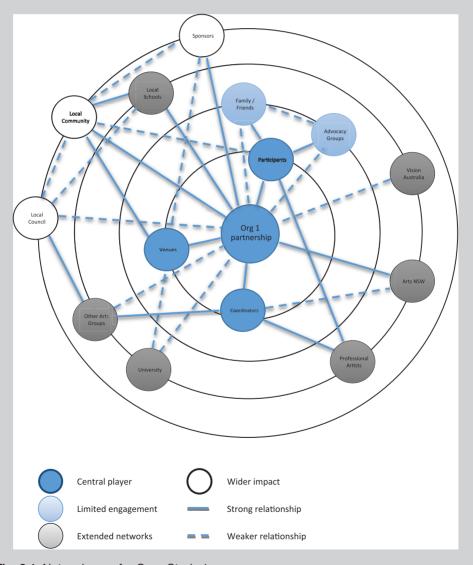


Fig. 2.1. Network map for Case Study 1.

Case Study 2: A mixed ability electronic music group

In Case Study 2 a series of creative development workshops was held over a two-year period focusing on producing a musical performance. This was organized by a partner-ship between a regional theatre company and the creative director from a well-established urban theatre company. Together with a local school, actors and artists engaged in the creative development process. The final production involved a mixed abilities electronic music group and professional and emerging artists and crew with and without disabilities. The production toured both regional and urban centres attracting theatre subscribers as well as local community members. The media coverage was outstanding, covering a broad range of media channels and different perspectives and aspects of the show, from its multimedia dimension to the unique musical ability of the band and their development as musicians to performers.

The organizers went out of their way to ensure the participants were made to feel welcomed and felt a sense of safety and security as they were working with both their friends and colleagues. In fact, the regional theatre's project group is passionate about producing art together both with the community and with PWD. As one of the organizers explained, the project is 'all about the art really and the fact that we are making it inclusive and accessible, those sort of things as I mentioned are part of our process anyway'. The participants immediately had a sense of belonging and were able to create networks with the professional artists without disability, who assisted their creative skill development, and enhanced both their intrapersonal and individual skills. The manager of the mixed-abilities band explained:

We really did support each other. Being the manager of the band or the founding member and I pull a lot of stuff together, the guys will come to me ... I wasn't employed to manage anybody to be a support worker. But because of the history of us that naturally comes about anyway ... like a lot of our lunch times are just spent going through and processing what happened in the morning and going through what was going to happen in the afternoon.

A key outcome was the expert skills development of the performers. One of the organizers from the theatre noticed this change:

Two of the guys in [the band], or one in particular the guy who is autistic, he's been going to a day service for most of his adult life, I was working there so I know him, and I know how little a lot of people are challenged. You find out what a person likes and they're good at. What am I trying to say? He hadn't been challenged much in his adult life to go beyond what he thought he was capable of doing, and for him going through this was an amazing process for him. Out of that he's gone on to do other stuff ... and that confidence in himself to speak up about what he knows and about what he can do, and also working with new people and being open to change.

Another organizer recognized the progress the actors had made throughout the creative process: 'It's great to see people develop their potential – I get a little bit teary when I talk about that but that's one of the coolest things about working with this mixed ability ensemble.'

Case study 2: Continued.

The network map for this case study (Fig. 2.2) demonstrate a variety of close and distant, and strong and weak networks. The fact that the theatre was a welcoming organization (inviting community participation) meant that from the start the programme had an inclusive ethos. Social impact in this disability arts programme was far reaching where the artists themselves were recognized in the local community and continued their semi-professional journey as actors when the production toured.

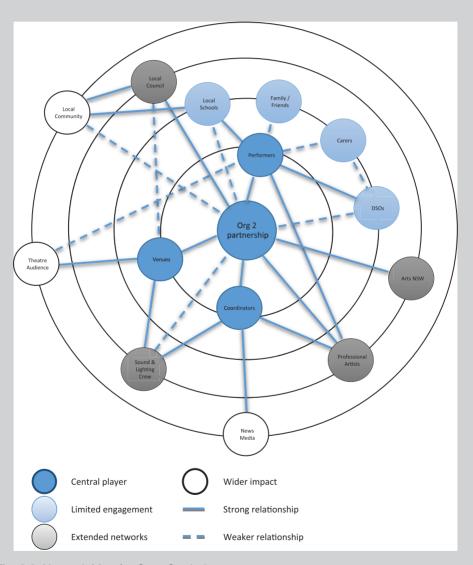


Fig. 2.2. Network Map for Case Study 2.

Case Study 3: A creative arts studio for adults with a disability

In Case Study 3 an urban art studio offered creative programmes with whole of life outcomes for adults with disabilities. As part of their programming the studio began a 'core' art programme focused on recreational art. This operated five days a week with approximately 120 people attending per week. The core programme was extended to include a smaller offering for a more committed group of artists with disability to ensure that they could be mentored, by professional artists, to enhance their skills and ultimately lead to professional outcomes, such as employability. The art studio involves PWD working with professional artists as mentors. After years of practice within the core art programme, the new 'studio artists' programme was initiated which saw their skills in, and passion for, the visual arts develop, along with a strong portfolio of work. The organization has continued its core art programme, however the studio artist programme grew so much extra gallery space was purchased in which the artists 'work' several times a week.

From the outset the studio provided a programme in which the members/artists felt comfortable and accepted in the collective art group. In describing the approach of the studio to PWD, the principal artist linked the programme's social values to the welcoming and belonging nature of the programme.

So we're trying to treat everybody – equally. I think I notice personally over the years of working at the Studio, even though we're supportive of people with disabilities and we have to sort of have an understanding of all their little pros and cons I guess, I don't think we really see them as somebody with a disability ... A lot of them become really good friends of ours and become quite close to you, sort of like a little family. Especially the studio artist group ... everyone's quite close. So, I think ... when I meet other people with disabilities it's not the first thing I think, it's not the first thing we see, so we really do try to see them for the person first, and for their skills and their interests and everything.

The creativity that the artists gained as a result of their experiences was observed by some of the parents and friends of the artists. For example, one artist's mother said that her son never wanted to leave the gallery of an afternoon and that she had witnessed his change:

He was always on the perimeter of a crowd. He was off standing back. Now he's in the middle, he's right there where everything is happening. It's made such a difference to him and to me and of course he's turned out to be apparently quite a good artist, very contemporary, which goes over my head a little bit.

The programe also demonstrated professionalism with the artists exhibiting to external audiences in mainstream galleries. This had significant effects on the artists' skills as the principal artist noted:

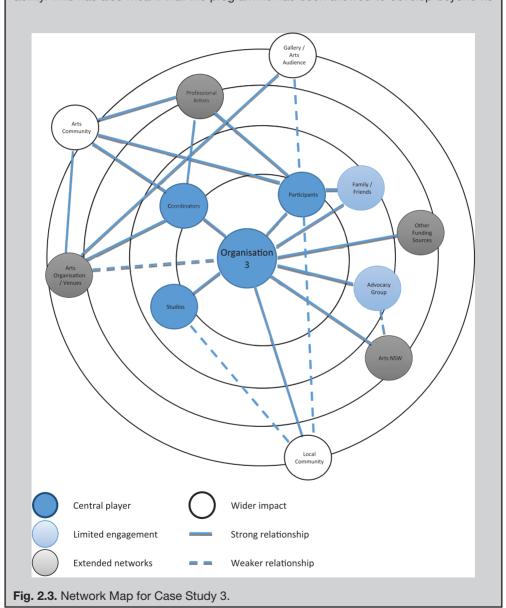
I think there's been a massive like confidence boost of course. So confidence is like a big one, I don't know I think like a lot of them, like there's an excitement throughout a lot of the members [artists], so they love – they know what it is to have an exhibition now they know what it means and I think the work involved, like there's an element of professionalism coming through in the work.

The inclusive nature of the organization and its programes facilitated some strong external networks. These expanding networks bring wider levels of inclusivity, and each new network creates greater opportunities. This is particularly true where there is engagement with non-disabled professional artists as colleagues and mentors. Similarly, further engagement with

Case study 3: Continued.

the broader community brings even greater enrichment to both the artists and to those impacted by them. Ultimately the artists with a disability are finally included in mainstream society not as 'disabled' but as artists and valued contributors.

Both the increased skill set of the artists and the networks that the organization facilitated through the programme challenged perceptions and social values of arts and disability. This has also meant that the programme has been allowed to develop beyond its



Continued

Case study 3: Continued.

initial scope through the wider social impact in the local and arts communities. This was demonstrated by the director of art at the studio:

I think the project has been really important in allowing the artists to develop skills and things like that, but it's also been important in enabling us to develop working partnerships with some established artists, and some established arts venues and organizations, and to increasingly have artists linked with cultural producers ... they don't only have to engage with the arts as therapy.

Figure 2.3 which displays the network map for Case Study 3 shows that there are fewer stakeholder types associated with this programme. However, most of the links between stakeholders in the network are very strong, particularly those between the artists (participants) and external partners. The inclusive ethos of the organization profoundly shifted the experience of artists. An artist with disabilities explains:

I always like working with other artists, especially my mentors as I learn new things which makes my art more professional. My mentors always listen to my ideas and what I want to achieve with my stories and illustrations and then they suggest ways to make it better. They do this in a way that I am always included in the creative process and in this way the process always remains fun.

Learning from the cases

In this chapter we have demonstrated that disability arts programmes which involve collaboration between professional artists and artists with a disability create ongoing networks of inclusive practice in a larger context. For each case we were able to identify a network map (see Figs 2.1–2.3), which estimates the degree of closeness between specific 'other' stakeholders and the participant group itself. There is a specificity about these others in that they differ for each project. For instance, in Case Study 3, a parent expressed astonishment and amazement that their son was capable of such expressive artistic engagement. They had become so focused around the child's disability that they could not imagine any real artistic potential.

In the case studies a specific investor group linked to the arts industry; technical experts who worked with the PWD as specialized support, mentors, or colleagues were identified. The research data demonstrated that this specialist cohort was very excited by the opportunity to work with the PWD, although acknowledging that they did need to adapt their work for the new situation. The mentors in Case Study 3 reported that they had learned much from working with PWD and would like the chance to collaborate with PWD as colleagues and artists again. The experience of working on the projects gave technical professionals, mentors and collaborators a valuable understanding of artistic endeavour in a new contextual setting.

The arts have their customs and practices, beyond projects for the general population, art critics' comments and public broadcasting. The case studies show evidence of social impact which surpassed the immediate audience of the performance, exhibition or show. The projects reported on the social

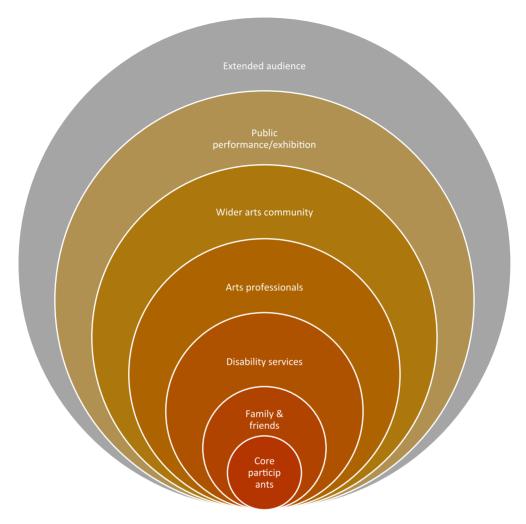


Fig. 2.4. The ripple of stakeholder engagement.

impact in their development stages within mainstream (predominantly) print media at the regional or state level or received attention on local and national radio. In Case Study 2 the initial project spread into the mainstream and continuing live performance through a travelling theatre production.

Research has only just started to explore the importance of social inclusion through a series of quite specific artist stakeholder groups. We believe that more research is required to extend this understanding and to do this we have identified the following groups as being impacted:

- the fundamental cohort of participants (PWD and non-PWD)
- family and friends of the participants
- disability services including carers and organizers
- the professional artists working with PWD

- the broader arts community
- the direct viewing audience
- the wider audience, i.e. those who experience the production at a later date (Onyx *et al.*, 2018).

Our research suggests that the stakeholder impacts ripple outward from the core group of participants (Fig. 2.4). At this first level is a self-contained scenario in which the project has positive outcomes for the participants directly engaged with artistic production. However, there is very little awareness of the project existing outside of the project team (or organization) because the project is situated in-house. Generally, this project would be run by a disability service organization or arts and disability organizations.

The case studies presented in this chapter are illustrative of the final, outer level of engagement which is 'extended' or ongoing. This type of project has reached an audience beyond the original intended performance/exhibition and is able to engage stakeholders with no direct involvement in the project. Such engagement may involve coverage by media in the form of stories, documentary of the creative process is exhibited or broadcast or the project receives external awards. Projects in this extended level become part of ongoing production in different geographic areas and/or in different areas of focus such as education. Generally, but not always, the project will be run by mainstream arts organizations.

These ripple effects are comparable to those described in health promotion literature (World Health Organization, 1986; Peel *et al.*, 2021) and indicate the development of social cohesion and local identity through strengthening community action and community empowerment, along with the creation of supportive environments for health and wellbeing to flourish. In this study we have witnessed the social impact being more prevalent than any impact to the individual artist with disability. Each of the programmes was structured so as to enable wide engagement with a range of community stakeholders. Each of the stakeholders depicted in Fig. 2.4 may experience a different kind of impact, and in turn provide a different sort of feedback to the original participants. But together they create a much richer and more nuanced picture of social inclusion in disability arts. Of course, this also creates new questions, and in future, would require research to be dynamically embedded in the performance schedule of the projects together with data collection techniques to capture media impact and engagement.

Final Thoughts

Our research suggests that to understand social inclusion in leisure programmes we must look further than the participants themselves, to discover in detail which stakeholders are influenced and how they are impacted. By doing this, we are taking the viewpoint of the project and PWD as representatives of change. This is very much the antithesis of the medical model approach to disability and addresses Aitchison's (2009) call for leisure

studies to embrace embodiment. Through their art, artists with and without disability create an influence on others. This relationship is usually give-and-take in that the impact experienced by others also feeds back and supports the impact experienced by the participants (Onyx *et al.*, 2018). However, the artists with disabilities are the subjects, not the objects, of this social impact, and this leads to greater social inclusion.

Social inclusion and improved health and wellness through feelings of belonging and acceptance can be linked to the expansion of social networks which for PWD can be limited to their households. Expanding networks brings wider inclusivity and each new network creates wider opportunities. This is particularly true of deep engagement between PWD and non-disabled professional artists through their role as colleagues and mentors. Further engagement with the broader community brings even greater enrichment to both the artists and to those impacted by them. Ultimately the artists with a disability are finally included in mainstream society not as 'disabled' but as artists and valued contributors.

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