

# Evaluation of the Community Arts Development Scheme

Final report

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*Improving health and wellbeing  
through social connection and the arts*

## **Evaluation of the Community Arts Development Scheme**

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## Foreword

This evaluation of the Victorian Health Promotion Foundation's Community Arts Development Scheme (CADS) was undertaken by a multi-disciplinary team of researchers with expertise in the arts, health evaluation, ethics and sociology.

The research team was led by the University of Melbourne's Faculty of Architecture, Building and Planning and included researchers from the Centre for Health Policy, Programs and Economics; the Centre for Applied Philosophy and Public Ethics; the Victorian College of the Arts; and the Brotherhood of St. Laurence.

Over 50 years ago, the World Health Organization proposed that health is not merely the absence of illness but a complete state of physical, mental and social wellbeing dependent on a range of physical, psychological and social elements.

We now know that cultural practice is significant among these factors. Whether we observe performing artists working with youth workers to tackle homelessness, the rise of patient-focused architecture in public hospitals or the use of arts education to promote health in schools, we see compelling evidence that the arts can have a considerable impact on social and institutional life.

Beyond these instrumental uses, the making and sharing of art has a special role in communities. Works of art serve to bind communities together, to communicate complex ideas that include historical, social and even scientific concepts, and they provide a voice to people who may otherwise struggle to be heard. By bringing beauty into our lives, art adds to our wellbeing in a vital way. By challenging us and by drawing us closer to our neighbours, art adds dimensions to our existence.

The key to successful arts interventions and their impact on health and wellbeing, as evidenced by the work of the three community arts organisations chosen for the evaluation, **Somebody's Daughter Theatre Company**, **The Torch Project** and the **Women's Circus**, is both the growth of the individual and their connection with society.

The positive impact on personal and social development is significant as the arts can elevate a person's sense of self-worth and value to their community. The potency of the creative process acts as a great equaliser. These effects transfer to other



Somebody's Daughter Theatre Company



The Torch Project



Women's Circus

contexts, such as all aspects of daily life, family, work and cultural activities, which may make a social and economic contribution.

Outcomes from the CADS evaluation project explain the need to reconsider current models of education, research and artistic activity and pursue evolving and newer models integrating different disciplines. This way of thinking will change lives, communities and futures and holds the promise of community arts and health activities building emotional and practical community capacity.

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Richard Jones was part of the initial team that wrote and submitted the project tender and a member of the evaluation team from the commencement of the project to March 2008. Thereafter he was a major contributor to the development of the multi-disciplinary methodology employed in the project. With members of the project Operational Team, Richard developed the theoretical model for arts and health included in the report. He led the data collection process for the Somebody's Daughter Theatre Company evaluations and contributed to the descriptions and analysis of the Somebody's Daughter Theatre Company projects used in this report.

Finally, the evaluation would not have been possible without the involvement of the three arts organisations – Women's Circus, Somebody's Daughter Theatre Company and The Torch Project. We appreciate their commitment to the project and their contribution to its smooth running over the three-year period of the evaluation. We would also like to thank Jan Osmotherly, Michelle Chiller, Steve Payne, Andrew Davis and Francesca Sculli for their helpful suggestions throughout the project and their insight in drafting this report.

## Glossary and abbreviations

**Arts Climate Questionnaire (ACQ)** is a questionnaire to determine whether the arts environment supports and respects the autonomy of participants.

**Basic Psychological Needs Scales** asked participants to reflect on their life: specifically, how they felt about the people they interacted with, and their own sense of personal efficacy, capability and self-expression. There were three subscales used in the evaluation: Autonomy, Relatedness and Competence. Note: some modifications were made according to the unique attributes of each arts organisation.

**Domains of change** represent potential domains for qualitative and quantitative analysis in the Most Significant Change (MSC) evaluation methodology. These were developed in consultation with the arts organisations and VicHealth. The final set of domains included: Belonging and Identity; Personal Development and Change; Social Development and Change; Organisational Development; and Art and Culture.

**Enhanced Civic Engagement** was considered in relation to three key areas: (1) provision of new opportunities; (2) increased community pride; and (3) development of relationships at a community level.

**Community Arts Development Scheme (CADS)** is a funding program of VicHealth which aims to improve the capacity of experienced community arts organisations to facilitate and maintain social inclusion, civic engagement and the valuing of diversity to prevent discrimination and violence. The scheme provided funds over three years to three organisations – Women's Circus, Somebody's Daughter Theatre Company and The Torch Project – to enable the consolidation of more sustainable activity.

**Community Cohesion Indicators** measure the extent to which communities value diversity, create a sense of belonging and enable relationships to develop across group boundaries (DuHaime et al, 2004; UK Home Office, 2003). Although CADS-funded arts organisations do deal with geographically dispersed communities, much of their work deals with communities defined by issues rather than by geography.

**Community Impacts Dimension** describes the relationship between the arts organisations and the communities with which they work and explores the impacts of their work beyond the actual performance. This was assessed by two indicators: (1) increased awareness of the value of diversity and the harmful mental health effects of isolation and discrimination; and (2) enhanced civic engagement.

**Community Cultural Development (CCD)** is a community-based cultural practice, which engages artists/animateurs and communities in a process of participation, transformation and self-determination.

**Community Development** is a set of practices and principles for community-building that privileges the related values of respect, empowerment and self-determination.

**Culture** has at least two meanings in the context of this report. Firstly, it describes the tradition within which specific creative activities, such as theatre-making and performance, take place.



Secondly, culture refers to the making of meaning in everyday life, and the web of values, practices and habits that make up a community context. Community Cultural Development typically works at the interface between these two definitions, the aesthetic and everyday aspects of culture.

**Mental health** is the embodiment of social, emotional and spiritual wellbeing. It provides people with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just. It is defined in relation to VicHealth's Mental Health Promotion Framework in this evaluation (Victorian Health Promotion Foundation, 2005).

**Most Significant Change (MSC)** is an evaluation technique originally designed to measure end-user experiences, of widely geographically distributed development programs, against original program aims. Its primary function (in the CADS context) is to add the essential qualitative insights about the causes of the effects measured by more traditional quantitative means. MSC principally relies on participant storytelling and mapping the social processes that result in change, both on an individual and organisational level.

**Program Logic** is an approach to informing evaluation design which uses the underlying theory of the program as a central framework.

**Re-Igniting Community (RIC)** Projects in The Torch's program followed a three-phase cycle with each phase increasing in budget and scope.

**Re-Igniting Community Victoria (RICVIC)** is an initiative of The Torch to reconnect with communities that had previously been involved in RIC projects and then providing targeted support to each of these communities to develop and deliver their own RIC-style CCD projects.

**Self-determination theory (SDT)** (Ryan & Deci, 2000) privileges the social context in the development of health and optimal functioning of the individual. Psychological needs – autonomy, competence and relatedness – are seen as essential for psychological growth (e.g., intrinsic motivation), integrity (e.g. internalisation and assimilation of cultural practices) and wellbeing (e.g., life satisfaction and psychological health). Other indicators include the experience of vitality (Ryan & Frederick, 1997) and self-congruence (Sheldon & Elliot, 1999).

**Third space theory** proposes an in-between, or hybrid, space of human interaction where the participants can work together in non-oppositional ways to generate new knowledge and discourse. It implies containment and is often applied to situations where the encounter of two distinct and unequal social groups takes place in a 'third space' (e.g., performance, artmaking), where they partake in a common identity of shared space and common dialogue.

**Victorian Health Promotion Foundation (VicHealth)** works in partnership with organisations, communities and individuals to make health a central part of people's daily lives. Funding programs include CADS and a number of innovative mental health promotion initiatives in Victoria.

## Executive summary

The Community Arts Development Scheme (CADS) was established by VicHealth in 2005. It provided three-year support for three arts organisations that work with people from marginalised or otherwise disadvantaged communities to provide opportunities for personal and community development through the arts. The Scheme's aim was to improve the capacity of these three organisations to facilitate and maintain social inclusion, civic engagement and the valuing of diversity to prevent discrimination and violence. At the same time VicHealth funded a three-year evaluation with a view to improving the health evidence for community-based arts practice and increasing awareness, across multiple sectors, of the impact of this activity on mental health and wellbeing at both individual and community levels.

The three arts organisations selected by VicHealth for involvement in the program were:

- **Somebody's Daughter Theatre Company**, which works with women in prisons and post-release from prison (Somebody's Daughter) and with socially excluded youth (Highwater Theatre), providing opportunities for them to 'be heard and reconnected to community through participation in creative arts, skills development and presentation';
- **The Torch Project**, which facilitates theatre projects with local communities exploring 'fundamental responses to the themes of history, culture, identity and belonging'; and
- **Women's Circus**, which aims to 'inspire and empower' people, particularly women, who have experienced sexual abuse or are over 40 years of age, to reconnect with their body through circus.

Each of these three organisations has an impressive track record of working with communities and individuals, and of making powerful and challenging artworks and performances that reflect the realities of these individuals and groups and their experience of complex issues or significant forms of marginality. Their work is based on the belief that the arts provide a means for people to bear witness to their own experience and, through that process, to integrate their experience into a new sense of self. Their work also derives from the emerging practice of community cultural development where artists work with specific communities to empower them to express what is important to them and to embody their social and cultural values and aspirations.

In order to develop an evaluative methodology that would integrate arts, health and community development perspectives and overcome the limitations identified in previous evaluations of community arts and health, the research team, working in consultation with the arts organisations, identified and in some cases developed a number of tools and methods that could be used for assessing impacts at individual, community and organisational level. These tools included:

- Basic Psychological Needs scales
- Arts Climate scale
- Most Significant Change
- Audience surveys
- Program monitoring
- Interviews with key people in the arts organisations and their partner organisations
- Media monitoring.

The key findings of the research have documented the substantial benefits of the activities of these organisations on mental health and wellbeing at both the individual and community levels, as well as demonstrating positive outcomes for the three organisations themselves.

Through the period of the evaluation each of the three organisations was able to extend their outreach with increasing numbers of workshops and participants for ‘people experiencing disadvantage due to geographic or socio-economic circumstances’.

- Both the qualitative and quantitative data suggested that the supportive, collaborative environment provided by the arts organisations was highly valued by the participants and contributed to the mental health benefits they experienced. There were four interrelated processes that were important in achieving these outcomes: respect, engagement, community and safety (RECS).
- Qualitative data highlighted the importance of the creative process of art-making in achieving the mental health benefits, specifically with respect to ‘finding a voice’, physical skills development, self-validation and increased self-confidence through public performance.
- Participation in the arts programs was associated with significant improvements in Basic Psychological Needs, Autonomy, Relatedness and social support. These mental health benefits were found to persist over time.
- There was also evidence that the Arts Climate scale was significantly associated with these mental health benefits in the case of Basic Psychological Needs, Relatedness and social support.
- Through the arts process, issues that communities would otherwise find ‘too hard’ to face were raised and explored, thereby increasing awareness and civic dialogue about a range of issues that included family violence, racism and discrimination, surviving sexual abuse, social justice, empowerment, poverty, prisons policy, discrimination against same sex attracted people, and substance misuse.
- Audience survey data showed that the arts organisations had a positive impact on challenging perceptions, raising awareness and suggesting action around issues pertinent to mental health and wellbeing.
- A number of community-generated spin-off activities resulted from the work of the arts organisations, including arts activities and community development work.
- Media coverage of the arts organisations extended the health-promoting impacts of the organisations’ work, by widening their audience, drawing attention to the issues faced by particular groups in the community, and raising awareness of issues of mental health, isolation and discrimination.
- The arts organisations reported a number of benefits including underwriting for organisational sustainability, the opportunity to extend their outreach and develop new

partnerships, new insights into evaluation methodology and approaches, and sharing of information with each other, the research team and VicHealth.

- Both the arts organisations and the community organisations they worked with believed that improved and longer term funding would enable more sustained social change in response to the issues raised in the arts work.

In summary, the evaluation worked with three arts organisations to make explicit the role of their arts activities in achieving VicHealth's mental health promotion objectives at individual, organisational and community levels. At the same time it sought to shed light on the specific contributions of the creative process of art-making in achieving these objectives.

The researchers believe that this evaluation has resulted in a considerable advance in theory about the relationship between community arts and mental health and wellbeing and the portfolio of tools available to evaluators in this area.

# 1 Developing a framework for the evaluation

## 1.1 Evaluation objectives

The evaluation was designed to complement the grants made to the three organisations supported through VicHealth's Community Arts Development Scheme (CADS). Unlike many program evaluations, this was not conceived of as an accountability mechanism, but as a way to coordinate communication and enhance understanding between all participating organisations, to ensure that constructive lessons were learned from the shared experience of both the development activities and the evaluation process, and to improve the evidence available to explain how these sorts of programs work.

The aims of the CADS program were to:

- improve the capacity of the funded organisations to plan and implement their activity in ways that improve mental health and wellbeing at the individual, organisational and community levels;
- provide an improved evidence base for the impact of participation in community arts activity on mental health and wellbeing at the individual and community levels using methodologies of a standard equivalent to that required by high-quality, peer-reviewed publications; and
- increase awareness among participants, arts and community organisations, communities, academics and government agencies of the impact of community-based arts activity on mental health and wellbeing at the individual and community levels.

The evaluation sought to answer the following questions:

- Individual
  - Did the arts organisations provide an opportunity for arts participation in group activity for people experiencing disadvantage due to geographic or socio-economic circumstances?
  - Did the arts organisations implement their activities in ways that improve mental health and wellbeing?
- Organisational
  - Did the arts organisations develop models that are transferable to other communities and organisations?
  - Was the development of partnerships across sectors to promote health facilitated?
  - Did the CADS program increase the capacity of the art organisations to achieve all of the aims above?
- Community
  - Did the arts organisations develop high-quality work that engaged the community in civic dialogue?
  - Did the arts organisations increase awareness of issues pertinent to mental health and wellbeing?

## 1.2 Previous research on arts and health

A recent focus on interventions addressing disparities in health outcomes by improving community wellbeing has led to increased interest in the relationship between the arts, community development and health. Arts activities have been used to explore health issues and identify health needs within communities. The arts have also been found to have a positive impact on some of the major social determinants of health, including the physical environment, education and skills, employment, community cohesion, social exclusion, and access to services (Jermyn, 2001; South, 2004; Staricoff, 2006). At the same time, the emerging practice of community cultural development has worked in different community contexts to reintegrate arts practice into people's daily lives, to empower them to express what is important to them, and to embody their spiritual and cultural values and aspirations.

Funding agencies interested in supporting the arts for their health outcomes are increasingly looking for results indicating a measurable health gain from projects. This demand for evidence has been reflected in a number of recent reviews of the relationship between the arts and health. South (2004) concluded there is some evidence that participation in arts projects has a positive impact on the mental health of participants through raising self-esteem, improving emotional literacy and reducing social isolation. Jermyn (2001) in a review of the impact of the arts in reducing social exclusion found evidence of positive impacts of the arts on individual wellbeing, education (particularly with 'at risk' populations), health and wellbeing, creating social capital, and community development and urban regeneration.

The Centre for Arts and Humanities in Health and Medicine, Durham, England (2003) undertook a literature review of the arts and adult mental health. It considered a number of examples of best practice but concluded that the evidence base for arts in mental health based on methodical project scrutiny is slim. Similarly, they found little evidence of any contribution to the social exclusion debate. The review did, however, highlight literature suggesting that participation in leisure activities in socially connected ways enhances social inclusion and contributes to mental and physical health benefits.

McQueen-Thomson and Ziguras (2002) reviewed the impact of community arts programs on mental health and wellbeing. This work was followed up by a review of the literature on community festivals and celebrations as a strategy to promote mental health and wellbeing through community and cultural development (McQueen-Thomson et al, 2004). They concluded there is an emerging consensus among researchers that community arts programs, celebrations and/or festivals can promote community cooperation, reduce the isolation of individuals and groups within community and promote economic and social development. They found, nonetheless, that research in this field has a number of limitations, as it is predominantly anecdotal and based primarily on the opinions of participants or organisers of the community activities (McQueen-Thomson & Ziguras, 2002; McQueen-Thomson et al, 2004). They identified the need for this body of research to be supplemented by more rigorous and specifically targeted studies.

The literature on the impact of community-based arts on health provides limited support for the contribution of the arts to health. Although most studies are lacking in strong design, the few with strong design support the benefits of arts in health. This absence of evaluation and weaker study design in the evaluations of arts programs was a consistent theme in a number of reviews. Matarasso (1997) and the National Health Service (NHS) Health Development Agency in the UK (2000) both found that while there were many examples of good practice, actual evaluation was rare. Similarly, a review for the Cultural Ministers Council in Australia of existing research into

the social impact of participation in arts and cultural activities found a body of anecdotal and other informal evidence of positive impacts but limited theoretically grounded data (AEGIS, 2004).

The NHS Health Development Agency (2000) conducted a review of good practice in community-based arts projects and initiatives which impact on health and wellbeing. It included arts projects with health, health promotion, community participation, capacity-building or regeneration objectives. Most of the projects surveyed in the United Kingdom had carried out some form of evaluation, whether formal (46%) or informal (54%). Best practice case studies indicated that evaluation was rarely carried out formally, as projects seldom had the money, time or inclination to do so. Evaluation according to health criteria was infrequent. Furthermore, there was a fear of evaluation, in that respondents felt it might be reductionist, and might set uncomfortable precedents in justifying art in terms of social usefulness. Inevitably, respondents also suspected that evaluation would be linked to funding.

A number of authors have also highlighted the tension between a focus on evidence-based practice in health and the more emergent and experience-based nature of arts practice (White, 2006). For example, MacNaughton et al (2005) used a case study to describe the kind of arts in health project which seeks to enhance the social capital of its community and to show how difficult it is to measure the effects of this work using conventional measures of health improvement. Others commented that the quality of evaluation in community-based arts projects could be improved through a systematic approach to evaluation, better measurement of outcomes and the use of appropriate research methods in keeping with the ethos of projects (Hamilton et al, 2003; South, 2004). Staricoff (2006) commented on the need for both quantitative and qualitative methods in evaluating the arts in health. She concludes that evaluation is important in that it can inform the knowledge base for future practice, specifically relating to when and how to introduce different art forms to achieve the most effective results, including enhancing patient benefits and the quality of health care services and improving working conditions and job satisfaction.

McQueen-Thomson and Ziguras (2002) identify the following limitations to existing evaluations: a reliance on anecdote, small sample size, a focus on organisers, little attention to mechanisms, limited hypothesis testing and a lack of attention to longitudinal dimensions. Arts organisations themselves have criticised evaluations as being 'done to them' and comment that health promotion is not their core business. (A summary of the existing literature is included in Appendix 1.)

In order to address these criticisms and add to the literature, the evaluation team concluded that this evaluation needed to be theoretically based, use a multi-lens and multi-level approach, combining qualitative and quantitative methods and integrating health, arts and community development perspectives, have a longitudinal perspective and, crucially, allow participants a voice.

### **1.3 Developing an integrated evaluative framework**

The framing of community arts practice has moved from a focus on broad participation in the making and viewing of community-based arts to more specific and intensive developmental agendas, under the heading of Community Cultural Development (CCD) (Binns, 1991; Hawkins, 1993; Mulligan, 2006). In this context, community arts have become integrated with a range of now allied disciplines, organisations and agendas, from health and wellbeing to community and urban planning.

**Table 1.1 VicHealth Mental Health Promotion Framework 2005–2007**

Individual	Organisational	Community
Projects & programs which facilitate:	Organisations which are:	Environments which:
<ul style="list-style-type: none"> <li>• Involvement in community &amp; group activities</li> </ul>	<ul style="list-style-type: none"> <li>• Inclusive, responsive, safe, supportive &amp; sustainable</li> </ul>	<ul style="list-style-type: none"> <li>• Are inclusive, responsive, safe, supportive &amp; sustainable</li> </ul>
<ul style="list-style-type: none"> <li>• Access to supportive relationships</li> </ul>	<ul style="list-style-type: none"> <li>• Working in partnerships across sectors</li> </ul>	<ul style="list-style-type: none"> <li>• Value civic engagement</li> </ul>
<ul style="list-style-type: none"> <li>• Self-esteem &amp; self-efficacy</li> </ul>	<ul style="list-style-type: none"> <li>• Implementing evidence-informed approaches to their work</li> </ul>	<ul style="list-style-type: none"> <li>• Are cohesive</li> </ul>
<ul style="list-style-type: none"> <li>• Access to education &amp; employment</li> </ul>		<ul style="list-style-type: none"> <li>• Reflect awareness of mental health &amp; wellbeing issues</li> </ul>
<ul style="list-style-type: none"> <li>• Self-determination &amp; control</li> </ul>		
<ul style="list-style-type: none"> <li>• Mental health literacy</li> </ul>		

In their report *The Gifts of the Muse* (2004), McCarthy et al identify the challenges that occur when the arts become ‘instrumentalised’; that is, put to use in formalised programs for pre-determined ends. Through their practice, the three arts organisations involved in the CADS program navigate these challenges by maintaining the centrality, autonomy and discipline of the art-making process. In this context, art requires a range of skills from participants and organisations – conceptual, technical and aesthetic – that are not simply about individual therapy or self-expression. Typically, for the three organisations, it is the rigours of theatre-making which are most useful in fostering collaboration, skills development and in producing high quality public outcomes.

The ethos, theories of practice and outcomes of The Torch, Somebody’s Daughter Theatre and the Women’s Circus should be understood in the context of a range of international trends in community cultural development practice (Adams & Goldbard, 2002; Goldbard, 2006; Burnham et al, 2004). Some identify art as promoting different styles of learning, collaboration and leadership (Bentley, 1998; Fiske, 2000; Jones, MacDowall & Curry, 2007). Others refer to third space learning and how theatre can provide a space in which people can explore traumatic and troubling events through narratives that are similar to, but notably different, from their own. In this way, they can engage with these experiences as though from the position of an observer (Parris, 2008; Lumsden, 1999; Salverson, 1996; Boal, 2002).

Recent community arts practice is also seen to connect to broad notions of creativity and its role in an information economy (Bentley, 1999). Gablik (2006) argues that there are emerging forms of integrated art that exist outside of the art-as-commodity system, eschewing specialisation and reconnecting ethics and aesthetics.

These theoretical frameworks informed the development of the methodological approach to the evaluation, which sought to integrate consideration of community arts practice and the processes of community cultural development into the evaluative process.

VicHealth’s Mental Health Framework 2005–2007 (Table 1.1) was another key component of the theoretical context for this evaluation. This framework identifies intermediate outcomes in the



attainment of the social determinants of mental health, defined as social inclusion, freedom from discrimination and violence, and access to economic and social resources. The outcomes are located in individual, organisational, community and societal spheres, benefiting a diversity of population groups through strategic health promotion action. It should be noted that this evaluation did not assess access to education and employment, nor did it assess mental health literacy.

Early in the project a workshop was held to review the proposed methodologies. At that stage, a diagrammatic framework was developed that brought together the different theoretical frameworks and disciplines relevant to the development of an evidence base around arts and health (Figure 1.1). From the outset, the need for an evaluative framework that took into account perspectives derived from public health theory, cultural theory and arts practice and community development theory was acknowledged.

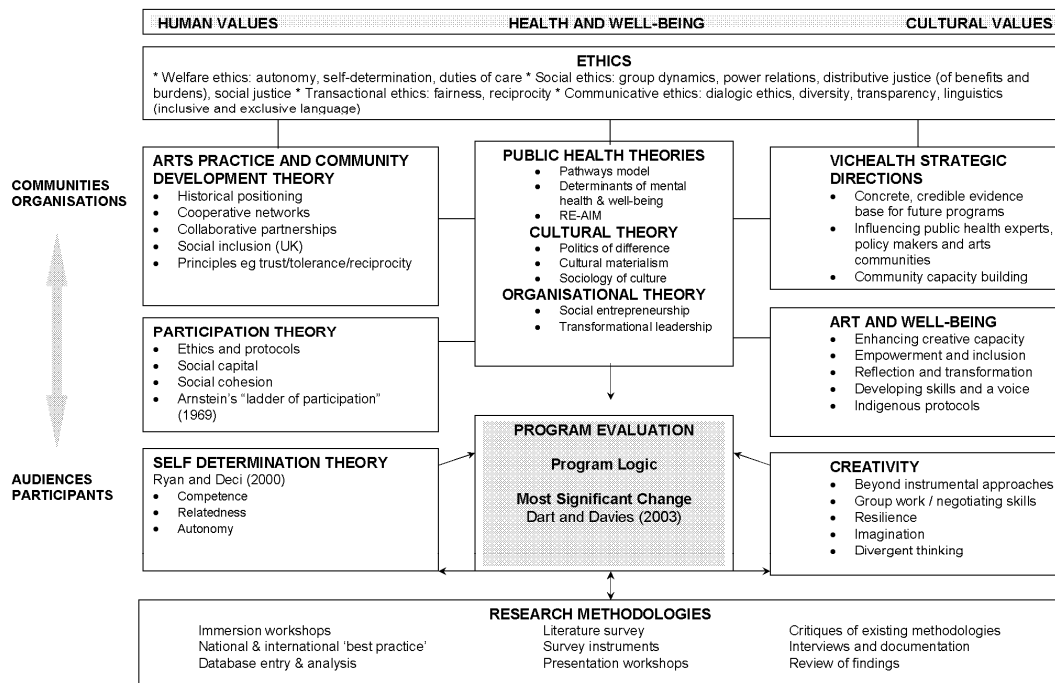


Figure 1.1 Multi-disciplinary knowledge sets informing the evaluation

## 2 Developing the methodology

Capturing the convergence between VicHealth's goals and those of the funded organisations was at the heart of our approach. To this end, the research team worked to develop a collaborative relationship with the arts organisations which allowed the evaluation to take into account the social, political, economic, cultural and community factors that shape their work.

In order to agree on the methodologies to be used in the evaluation, Program Logic<sup>1</sup> models were developed for each of the arts organisations. We then developed a shared Program Logic based on VicHealth's framework and the Program Logics operating within each organisation. There were three stages in this process:

- i. Program Logics were developed for each of the arts organisations;
- ii. These Program Logics were mapped to the CADS aims and the VicHealth mental health framework;
- iii. An integrated Program Logic was used to inform the methodology for the evaluation.

### 2.1 Evaluation questions

The purpose of this research project was to evaluate the success of the CADS program in relation to VicHealth's mental health framework. Table 2.1 provides a complete outline of the methodology and how it relates to the evaluation questions. A detailed description of the methods is presented in Kelaher et al (2007).

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<sup>1</sup> Program Logic is a description of a particular approach to evaluation which describes the logical linkages among program resources, activities, outputs, customers reached, and short, intermediate and longer term outcomes.

**Table 2.1 Evaluation overview**

Evaluation questions	Indicators	Who	Method
<b>Individual</b>			
Did the arts organisations provide an opportunity for arts participation in group activity for people experiencing disadvantage due to geographic or socio-economic circumstances?	<ul style="list-style-type: none"> <li>· Involvement of community organisations representing target populations</li> <li>· Representation from participants not usually included</li> <li>· Participants represent target populations</li> <li>· Level of attendance</li> <li>· Level of attrition</li> <li>· Existing opportunities for arts participation</li> </ul>	Participants	Program monitoring  Demo  Demo, Program monitoring Program monitoring Program monitoring Demo
Did the arts organisations implement their activities in ways that improve mental health and wellbeing by improving access to supportive relationships, enhancing self-esteem and self-efficacy and enabling self-determination and control?	<ul style="list-style-type: none"> <li>· Increased sense of belonging</li> <li>· Access to supportive relationships</li> <li>· Build new relationships</li> <li>· Positive community recognition</li> <li>· Development of an awareness of social issues and perspectives of others in their communities</li> <li>· Self-determination and control among participants</li> </ul>	Participants	BPNS, MSC ACQ, BPNS, MSC ACQ, BPNS, MSC Demo Demo  ACQ, BPNS
<b>Organisations</b>			
Did the arts organisations develop models that are transferable to other communities and organisations?	<ul style="list-style-type: none"> <li>· Involvement of community organisations representing target populations</li> <li>· Attendance and attrition</li> <li>· Structures in place to support ongoing involvement and development</li> <li>· Perceptions of acceptability</li> </ul>	CADS  Community organisation	Program monitoring  Interviews
Was the development of partnerships across sectors to promote health facilitated?	<ul style="list-style-type: none"> <li>· Enhanced civic engagement</li> <li>· Increased awareness of the value of diversity and the harmful mental health effects of isolation and discrimination</li> <li>· Number of community-generated activities</li> <li>· Type of community-generated activities</li> <li>· Involvement of community organisations representing target populations</li> <li>· Structures in place to support ongoing involvement/development</li> </ul>	Community organisations	Interviews  Media monitoring
Did the CADS program increase the capacity of the organisations to achieve all of the aims above?	<ul style="list-style-type: none"> <li>· Disbursement of VicHealth funding</li> <li>· Evidence of additional activities contributing to outcomes</li> </ul>	CADS	Program monitoring
<b>Community</b>			
Did the arts organisations increase awareness of issues pertinent to mental health and wellbeing?	<ul style="list-style-type: none"> <li>· Increased awareness of the issues addressed by performances</li> <li>· Number of community generated activities</li> <li>· Type of community generated activities</li> <li>· Involvement of community organisations representing target populations</li> </ul>	Audience  Community organisations CADS	Questionnaire, MSC  Interview, Program monitoring
Did the arts organisations develop high quality work that engaged the community in civic dialogue?	<ul style="list-style-type: none"> <li>· Audience attendance</li> <li>· Audience composition</li> <li>· Increased awareness of the issues addressed by performances</li> <li>· Provision of a new opportunity</li> <li>· Increased community pride</li> <li>· Build new relationships/increased access to supportive relationships at a community level</li> </ul>	CADS Audience  Community organisations	Program monitoring Questionnaire  Interview

**Abbreviations:** ACQ – Arts Climate Questionnaire; BPNS – Basic Psychological Needs Scale; CADS – Community Arts Development Scheme organisations; Demo – Demographic and other characteristics section of the participants; MSC – Most Significant Change

## 2.2 Self-determination theory, arts climate and basic psychological needs scales

Self-determination theory (SDT) (Ryan & Deci, 2000) posits three basic psychological needs – autonomy, competence, and relatedness – and theorises that fulfilment of these needs is essential for psychological growth (e.g., intrinsic motivation), integrity (e.g., internalisation and assimilation of cultural practices) and wellbeing (e.g., life satisfaction and psychological health), as well as the experiences of vitality (Ryan & Frederick, 1997), and self-congruence (Sheldon & Elliot, 1999).

SDT is an empirically developed theory and a number of associated questionnaires have been developed. This is particularly valuable for the evaluation because the three basic psychological needs (autonomy, competence and relatedness) posited by this theory map onto VicHealth indicators (self-determination, self-efficacy and sense of belonging respectively) and also match well with the arts organisations' perceptions of the influence of their activities on participants.

Questionnaires assessing whether particular environments support autonomy (Black & Deci, 2000; Williams et al, 1999; Kasser & Ryan, 1999; Williams et al, 1998) and satisfaction with basic psychological needs (Deci & Ryan, 2000; La Guardia et al, 2000; Ilardi et al, 1993; Kasser et al, 1992) were identified as being particularly relevant to the CADS program. Consistent with the central tenets of SDT, both these questionnaires privilege the social context in the development of health and optimal functioning in the individual.

The degree to which the social environment exerted an influence on participant outcomes was measured through the Arts Climate questionnaire (see Appendix 2) which sought to determine the extent to which the arts environment supported autonomy. Questions covered in this questionnaire included whether participants felt that they were, 'being understood', 'listened to' and 'encouraged to make a contribution'. The questionnaire also addressed whether the arts organisation's team members demonstrated empathy towards the participant.

The Basic Psychological Needs questionnaire (see Appendix 2) explored competence, autonomy and relatedness. More general in nature, this questionnaire asked the participant to reflect on aspects of their life, specifically, how they feel about the people they interact with, their sense of personal efficacy, their sense of accomplishment and their ability to communicate effectively. Both questionnaires were developed in consultation with each of the three arts organisations. Some modifications were made consistent with the unique attributes of each group.

Pre- and post-questionnaires were distributed on site at the arts organisations' training/rehearsal sessions. For Somebody's Daughter's programs, the pre-surveys were done in one session with the different groups in early 2007 and the post-surveys in 2008. One-off questionnaires were administered to all outreach participants at the end of their engagement, except for Geelong Youth Theatre (Somebody's Daughter) who were administered pre- and post- questionnaires. The different *modus operandi* of the arts organisations precluded the inclusion of a comparator group for the study.

For the majority of the prison and youth participants, assistance was required with completing the questionnaires due to literacy problems. In the case of The Torch and Women's Circus, the pre surveys were distributed across a number of sessions over a short period of time at the beginning of the program cycle. The post-questionnaires were distributed during the project debriefing sessions. Participants were permitted to take the questionnaires home and return them within a

two-week period, or fill them out and return them on the spot. This enabled those who had not completed a consent form to do so, allowing time for consideration.

There were other practical problems associated with the survey methodology used in the evaluation. It is important for the arts groups and the evaluators to develop rapport with participants before administering pre-surveys. This helps ensure that the evaluation is a positive experience for the participants and does not impact on their engagement with the program.

This evaluation did not include data from people who had left the arts organisations because of difficulty contacting them. It was also often difficult to identify whether people had actually left the program. Some people had spells of non-attendance, often due to factors unrelated to the program, but had a stated intention of returning to the program. Using a continuous measure of program attendance may help address this issue in the future.

Overall 273 people completed the surveys. The Arts Climate scale and Basic Psychological Needs scale had high reliability.<sup>2</sup> The Autonomy and Relatedness subscales also had good reliability.

### **2.3 Most Significant Change method (MSC)**

MSC is an evaluation technique originally designed to measure end-user experiences of widely geographically distributed development programs against original program aims. However, in the CADS context its primary function was to add the essential qualitative insights about the causes of the effects measured by SDT scales. Highly participatory in nature, MSC was originally used in international development contexts (Davies, 1998). More recently, it has been applied across diverse public and private sectors, covering areas such as organisational learning (Dart & Davies, 2003; Sigsgaard, 2002).

Our adaptation of the MSC technique involved four stages.

- i. Domains of change were identified in a workshop involving VicHealth personnel, the arts organisations and the evaluation team. The final set of domains included Belonging and Identity, Personal Development and Change, Social Development and Change, Organisational Development and Art and Culture.
- ii. Stories were collected from each participant, either in a focus group setting or individually. Each story consisted of a single event reflecting practical change (for good or bad) related to the program.
- iii. In the first selection phase, the most representative stories were selected by program participants.
- iv. In the second selection phase, panels reviewed the stories from the first selection phase. The notes from these discussions form part of the dataset, especially those relating to why members selected particular stories, the extent of the common experiences they reflect, and the meanings or values participants find in the stories. This phase also involved mapping the stories into the original domains.

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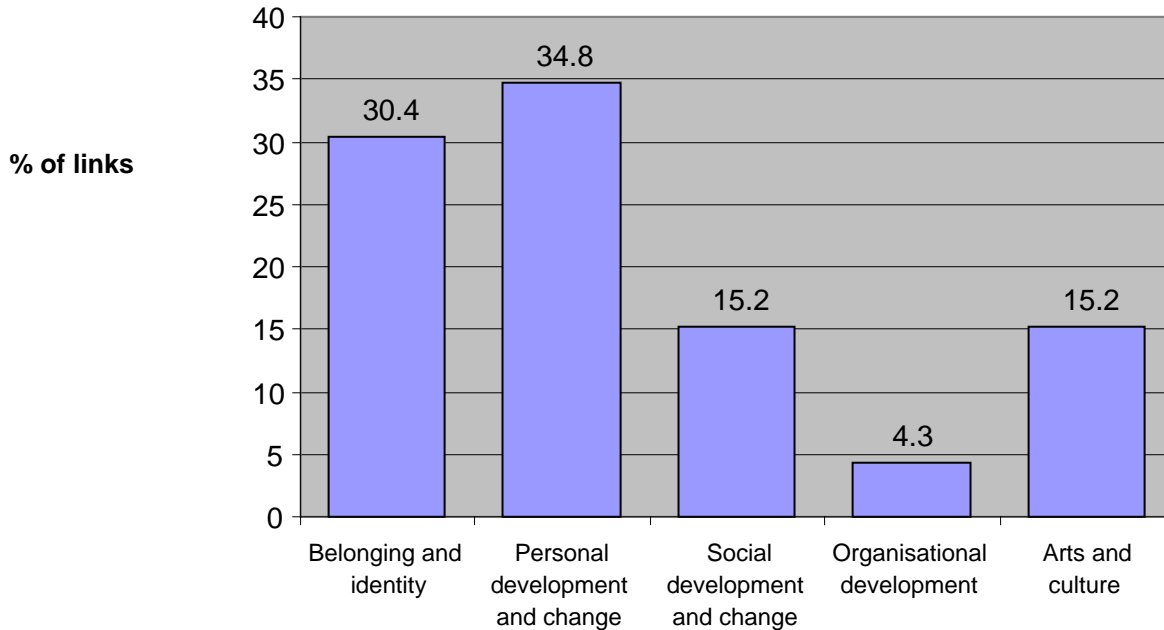
<sup>2</sup> The reliability coefficients for the scales area as follows: the Arts Climate scale (alpha=0.89), Basic Psychological Needs scale (alpha=0.84), Autonomy subscale (alpha=0.65) and Relatedness subscale (alpha=0.70) subscales. One item was excluded from the overall Basic Psychological Needs and Relatedness scales ('The people I interact with regularly do not seem to like me much') because it had an adverse impact on reliability. However, of the subscales, the Competence scale had unacceptably low reliability and so was not included in further analysis.

This information was then synthesised and fed back to participants to ensure that the process was transparent and the results available to all stakeholders. All the stories collected were made available for these discussions, but the focus was on the subset of stories selected by the panels during the process of funnelling upwards. In this way, the process of matching qualitative data to domains continues to respect the views of the program participants. Discussing the importance of peoples' stories in relation to program goals helps to clarify the objectives of the project while at the same time signalling when projects and processes need modification in order to refine their focus. In our case, limitations of time, usually caused by short program cycles, meant that each group of participants usually submitted just one set of stories, which were then combined for discussion by second-level groups from each arts organisation. A detailed description of this process is included in Kelaher et al (2008).

About 80 stories were collected from about eight sessions across the arts organisations between 2006 and 2007. From this original source participants selected 24 stories which went forward for second-level domain mapping and discussion. These 24 stories were sometimes mapped across multiple domains.

Figure 2.1 shows the distribution of these stories across the mapped domains. For the 24 stories, 46 links were identified. Of these 46 links, the greater proportion (30 of 46 links), are reflective of a sense of personal transformation dominating the narratives of participants. These were expressed as Belonging and Identity (14 linkages), Personal Development and Change (16), and Social Development and Change (7).

**Figure 2.1 Stories linked with MSC domains**



The process of story selection and analysis was not intended to provide a representative sample of all stories told at the initial storytelling stage, and we emphasised to participants that they need not select stories that are in some way ‘the best’. Instead we asked participants to choose stories that resonated with them or represented how the members of the selecting subgroup felt collectively about their experiences. In practice this tended to privilege stories that were more complete, but not always. What the selection of stories at level one represents is the resonance of individual experience among a group, and thus has considerable validity as a reflection of the common experience of people participating in collective or community art making.

The distribution of stories might have been quite different if stories had been collected in domain areas rather than mapped into them post-hoc. The decision was made not to impose domain areas in the data collection phase because it may have constrained the generation of stories. However this approach might be useful to obtain more stories in less represented areas.

## **2.4 Methods for evaluating organisational and community outcomes**

Organisational outcomes were assessed through key informant interviews with the CEOs, other senior staff or Chairs of Boards of the arts organisations (See Appendix 3).

Three methods were used to assess community level outcomes – key informant interviews, media monitoring and audience surveys. Interviews with representatives of the community organisations

(see Appendix 3) were chiefly concerned with addressing the impacts of the CADS program on the structure, aims, and sustainability of the arts organisations and their capacity to make a difference to their target communities (articulated as civic engagement).

Media coverage of the arts organisations' activities was monitored through VicHealth, the community organisations, arts organisations and FACTIVA (a searchable press clipping database).

Finally, audience surveys were conducted with the active support of the arts organisations to facilitate comprehensive data collection. These, together with collection of press and other public acknowledgements, provided a reliable base for measuring program impacts (see Appendix 4). Across performances for 2005 to 2007, the audience response rate for The Torch audiences was 37.9%, Somebody's Daughter Theatre 69.6% and Women's Circus 39%. Response rates were significantly affected by the different venues and arrangements. There were a total of 1469 responses to the audience surveys.



## 3 Key findings

### 3.1 Did the arts organisations provide an opportunity for arts participation in group activity for people experiencing disadvantage?

All three arts organisations provide access to art-making for populations that can be broadly described as disadvantaged. The Torch Project targets disadvantaged communities, while Somebody's Daughter concentrates on individuals (young people and women) who are experiencing social isolation and disadvantage due to imprisonment, abuse of alcohol or other drugs, or homelessness. While Women's Circus does not have an explicit focus on socio-economic disadvantage, or a brief to overcome geographic isolation, its work concentrates on young people, survivors of sexual abuse and women from diverse cultural backgrounds. Overall, the evaluation found that CADS support for these organisations allowed them to increase the opportunities for participation in the arts for people who would not otherwise have such opportunity

### 3.2 Did the arts organisations implement their activities in ways that improve mental health and wellbeing?

#### 3.2.1 Climate provided by the arts organisations

The arts organisations provided environments that were supportive, where participants felt understood and accepted, where their sense of confidence was boosted, where they could share their feelings and where their ideas and contributions were valued. This was reflected by high scores on the Arts Climate Scale (88% at the beginning of the project and 91.61% at the end) although there was no significant change over time.

There were four interrelated processes that were important in achieving these outcomes: respect, engagement, community and safety.

The following story from a participant in the HighWater program illustrates the importance of **respect** and a sense of common purpose in facilitating both the art making itself and the benefits associated with it:

I was a dero nut and I hardly ever went to school before HighWater. HighWater helps me think. If there's a problem we talk about it and it's more of a calm place than school. There are not as many fights because we all work together here. We are just one big group, not a whole lot of gangs because it brings us together when we do drama.

The story teller also highlighted the links between this process and **engagement**: 'This is the longest ever I've spent in school because it is not like school but I'm learning.' The second-level selection panel felt that this story illustrated that 'art can be a driver of re-engagement with education' and that 'HighWater is a safe place, it is calmer and you can think more clearly'.

We can see in this story, and the significance attached to it by participants, that much depends on an environment that actively facilitates dialogue and communication. As one second level participant put it, 'HighWater Theatre can encourage new ways to deal with problems, instead of just violence'. This story also demonstrates the importance of working together and being connected with others through the shared experience of performing together.

Themes around establishing a sense of **community** were echoed across the arts organisations:

Being around all these people has been an inspiration for me – really good models – I’m happier and bright and not so bitchy. Knowing that people were there to support me on my venture through the project and had faith in me has changed my life.

In discussing the significance of this story, one participant said:

After finishing The Torch Project I was on my last string at High School – I was “bad”, hanging out etc. I’ve matured a lot and I won’t go back to being mean, hanging out with bad people and doing bad things. I’m a new person now.

This story and its selection illustrates that the value of art-making activities is enhanced by an environment that values individuals and which makes possible reflection and transformative self-expression. This feeling of community was facilitated by communication, ‘people tended to listen to what you had to say’, the inclusion of ‘so many people from so many walks of life’ and a sense of reciprocity, captured in the comments: ‘No matter what you put out into the group you always got something back’ and ‘normally in social situations you can be cut down, but not here’.

Some stories focussed on a sense of **safety** and particularly how the process of skills development, workshopping and rehearsal contributed to building an accepting and supportive environment where people were encouraged to feel comfortable and at ease with themselves and where what they were doing was of genuine interest to others. For example, one participant said, ‘it’s rare to find a context where it feels safe to be fully me including strengths and vulnerabilities as well as strange, quirky or silly aspects’.

Safety was also an important concept in ensuring that participants were challenged but not vulnerable. All the arts organisations offered opportunities for people to be engaged in the process in different ways and considered the physical and emotional safety of the participants. This story from a Torch Project participant demonstrates their vulnerability; in this instance, the story teller found the experience very confronting.

Domestic violence scene where I was in the telephone booth saying I was a wife beater and it was caused by grog, and later on over in the school having a coffee, some guy thought it was brave of me to get up there and admit what I had done. He thought it was for real, so I explained to him I was acting.

This story was selected because it showed that through this project they had been able to talk about something that is kept hidden. They saw this as part of the process of social change arising from the creative impact of the show. They felt that because the show had been generated by the lived experiences of people in the community, there was an authenticity that was central to the value of the play both for the performers and the audience. The story also illustrates how the desire for authenticity should be balanced with concern about participants’ vulnerability.

### **3.2.2 Access to supportive relationships**

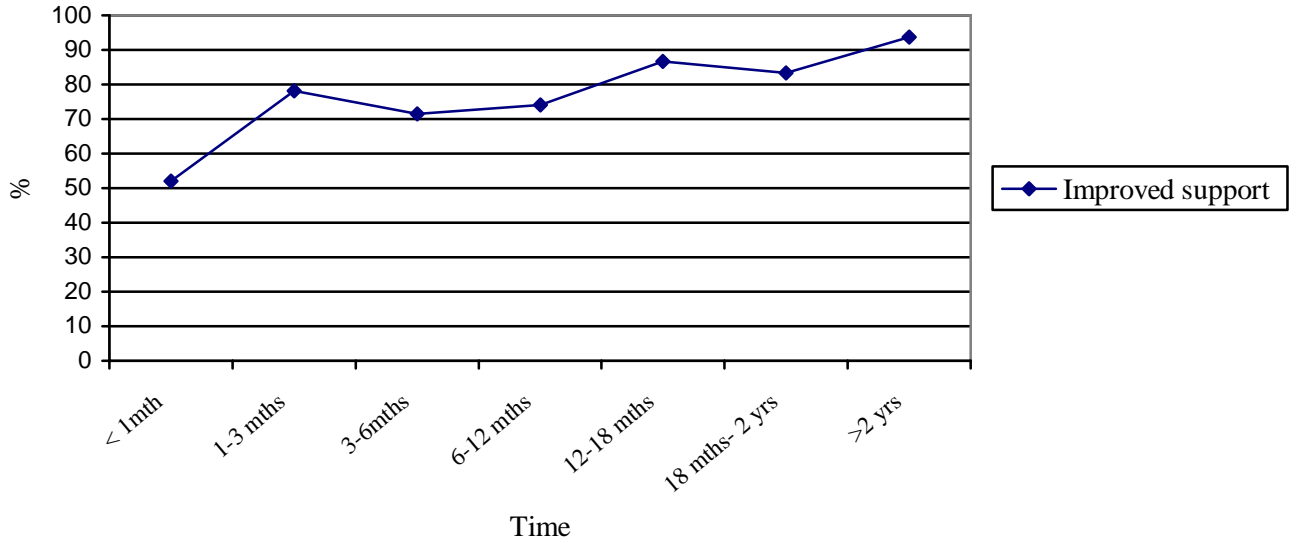
The survey data also provided clear evidence of improvement in social support. The percentage of the sample saying that their social support had improved since participating in the arts organisations increased from 65% at the beginning of their involvement to 82% towards or at the end.<sup>3</sup>

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<sup>3</sup> AOR 95% CI 2.57 (1.08-6.08), p=0.032

Figure 3.1 shows that when the entire sample was included in the analysis there was a significant linear trend in social support with more people reporting improved support due to CADS over time. No other time related trends were significant.

Figure 3.1 Percentage reporting increased social support due to CADS by time of involvement



The following two stories corroborate these data.

It was a night of a Torch rehearsal at Rosebud. And I had a really really bad day. I was feeling a little bit sad, well really really sad. And I walked into the hall with my head down, honestly not really in a socializing mood, and as I was walking through the hall people stopped what they were doing and came over to give me a hug and a hello. This was all within a span of 30 seconds within entering the hall, and I felt an overwhelming sense of love and above all acceptance, safety and the ability to trust these people.

The most significant change in my life since becoming involved in the Women’s Circus is that I now feel like I have a family. I have a group of women in my life who I feel love and support me and who I feel I can love and support.

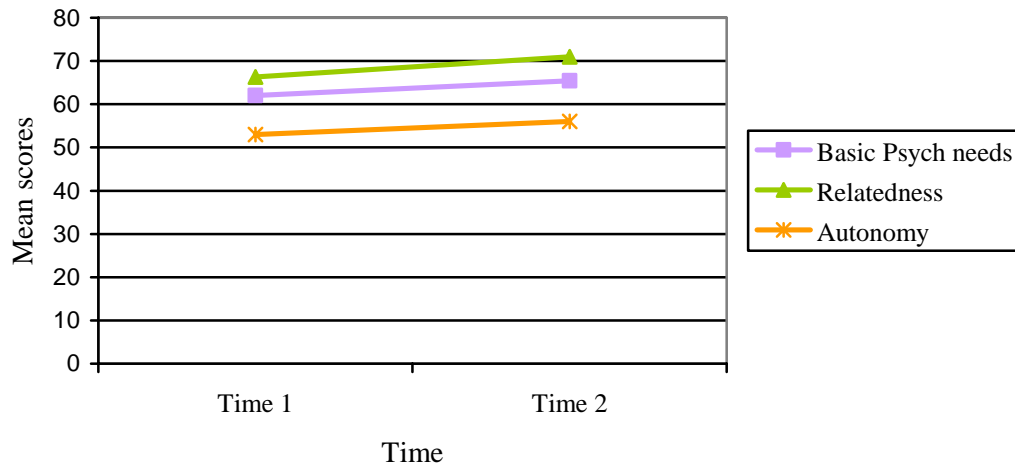
Words like ‘love’, ‘support’, ‘acceptance’ and ‘safety’ characterised the way participants described their relationships with others in the MSC stories.

**3.2.3 Improved mental health and wellbeing**

People who took part in the arts activities came away feeling connected, empowered and validated. The subjective experience is a complex amalgam of social connection, interpersonal relatedness, voice or self-expression and the simple joy of creativity. In terms of general indicators of mental health, such as self-determination and social connectedness, these people obviously felt they were doing better after the experience than beforehand. These findings are corroborated by the analysis of the Basic Psychological Needs scale. Figure 3.2. shows that there

were significant improvements in scores on the overall Basic Psychological Needs scale as well as the Relatedness and Autonomy subscales.<sup>4</sup>

**Figure 3.2 Mean Basic Psychological Needs scores at Time 1 and Time 2**



The mental health benefits reported by the participants were attributable in significant part to the Arts Climate scores, which suggests that the Arts Climate scale may be an appropriate tool for measuring some of the characteristics of arts organisations that relate to their potential mental health contribution. However, other factors more directly related to the process of art-making, such as finding a voice, gaining in physical skills and awareness, increased self-confidence from performing in front of an audience and being able to step aside from one's experience and create a new sense of personal identity, were also identified as key components contributing to mental health and wellbeing outcomes. For example, participants in Women's Circus focused on their personal journeys and experiences of healing, or reconnection, with their own bodies:

I had had my whole life a severe stutter, and while 15 years of speech therapy had helped to a degree, it was never eliminated. Being given a speaking role, which I could barely stutter out, and the trust and reassurance that came with that resulted in the permanent disappearance of my stutter, by the end of the 3-week performance.

There are also direct links with mental health in the stories, such as in this story from a participant in the Somebody's Daughter art program.

Until I started the art classes I didn't have any direction and I craved freedom. The prison system was killing me. Bits of my heart, my soul, my blood and my body were disappearing. If it wasn't for the art classes I would be on psychiatric drugs. I've been making a sculpture and the more it takes shape the more freedom I feel. It has become a

<sup>4</sup> Multiple linear regression was used to compare Basic Psychological Needs scale scores at time 1 and time 2. All analyses adjusted for gender, language, country of birth, Aboriginality, prison status and clustering due to arts group. Participation in the arts activities over time accounted for around 20% of the variation in scores. The results for each scale were as follows: Basic Psychological Needs  $p=0.001$ ; Autonomy  $p=0.007$ ; Relatedness  $p=0.000$ .

material reflection of how I'm creating my own healing. It keeps me alive. Art has become my new drug of choice.

In her comments she notes, 'in the Somebody's Daughter classes, I feel safe and comfortable with myself'. In this story the creation of the work of art and healing are intertwined.

Distinct differences can be observed depending on the nature of the art projects. Participants in Women's Circus focused on their personal journeys and experiences of healing or reconnection with their own bodies. Participants in Somebody's Daughter emphasised reconnection with community and self-validation. Participants in The Torch Projects emphasised interconnectedness and people coming together, or the achievement of a greater sense of place and belonging. These differential results are entirely reflective of the different target groups and purposes of the different organisations.

In the words of participants, community-based art-making works. There was significant evidence to suggest that factors in the art-making process, such as the process of creating, the experience of being in control of one's body, the experience of standing up in front of an audience and performing, are important components of the transformative process.

The study also suggested that the Basic Psychological Needs, Relatedness and Autonomy scales are appropriate for measuring mental health benefits associated with participation in community arts. All scales included in the analysis had good reliability and appeared sensitive to change over time. The Arts climate Scale proved to be a significant predictor of improvements in social support, Basic Psychological need and Relatedness.<sup>5</sup> These measures were not designed to capture the transformative processes associated with creativity. Developing methods to bring these processes into relief will be an important step in furthering an understanding of the relationship between arts and health.

Overall, the results suggest that the CADS program did meet VicHealth's objectives in relation to improving mental health and wellbeing. Given the mental health focus of the evaluation, the reflections of participants showed a high correlation between the broad definition of mental health being used in this evaluation and personal experiences of change amongst participants. The results also suggested that the climate provided by the arts organisations is an important mechanism for this change. Finally, the tools developed as part of this evaluation add to the portfolio of tools available to measure these outcomes.

### **3.3 Did the CADS program strengthen the capacity of the three arts organisations to develop partnerships across sectors for the promotion of health outcomes through the arts?**

All three organisations saw significant benefits in their engagement with VicHealth. Their identification as experienced and successful arts organisations raised their credibility with other funders and with partner organisations. As a result of additional funding, they were able to

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<sup>5</sup> Multiple linear regression was used to examine whether scores on the Arts Climate Scale were related to Social Support and Basic Psychological Needs scale scores taking into account changes between Time 1 and Time 2. All analyses adjusted for gender, language, country of birth, Aboriginality, prison status and clustering due to arts group. The relationship between Arts Climate Scores and scores on each scale is follows: Social support  $p=0.00$ ; Basic Psychological Needs  $p=0.001$ ; Autonomy  $p=0.007$ ; Relatedness  $p=0.000$ .

expand their activities. They did this either by strengthening their outreach projects or developing new models emerging out of their previous practice, thereby supporting the conclusion that they were able to develop models that were transferable to other communities and organisations. These new outreach activities were underwritten and put on a firmer footing, leading to increases in numbers of workshops and participants for each of the three organisations.

These extra outreach activities raised expectations in the community groups with which the arts organisations had contact and it may be difficult for these raised expectations to be met both in the present and the future. On balance though, it was clear that the CADS funding had contributed to putting the operations of the three organisations on a more sustainable footing.

### **3.4 Did the arts organisations increase awareness of issues pertinent to mental health and wellbeing?**

The community interviews and audience survey data provide significant evidence of increased awareness in communities of mental health and wellbeing. Family violence, racism and discrimination, surviving sexual abuse, social justice, empowerment, poverty, prisons' policy, discrimination against same sex attracted people and substance misuse were all emphasised in the interviews.

The evaluation found that the arts activities provided a platform to explore issues that were often 'too hard' for communities to face. At the same time, they provided new and different opportunities for exploring and expressing issues within communities in ways that engaged people who would not normally be involved. *Somebody's Daughter* and *HighWater Theatre* improved awareness of the problems and challenges faced by women prisoners and young people. For example, one person reported:

For wider community audience members the plays and workshops give them an understanding of many of the issues faced by young people who have experienced trauma in their lives.

Another individual explained how the performances:

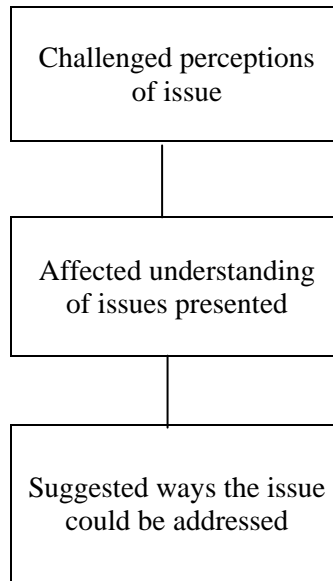
helped more people get a sense of the journeys these women have travelled, and why they are in the situation they are in.

Respondents felt that the work of *The Torch* had raised awareness in their communities in particular of family violence and sexual assault. For example, one respondent stated the benefit for the community as:

...being able to present community issues, typically the ones that everyone wants to hide away and not talk about, because they're the hard ones.

Figure 3.3 shows the model assessed in the audience surveys. We hypothesised that the health promoting effects of exposure to arts would occur through the viewers' perceptions of the issue being challenged. This change in their experience and awareness around a particular issue would in turn affect their understanding of the issues being presented. We also hypothesised that this change in knowledge and beliefs around an issue would be more likely to lead to action if the performances also suggested ways in which the issues could be addressed.

**Figure 3.3 Mechanism for the health promoting effects of performances**

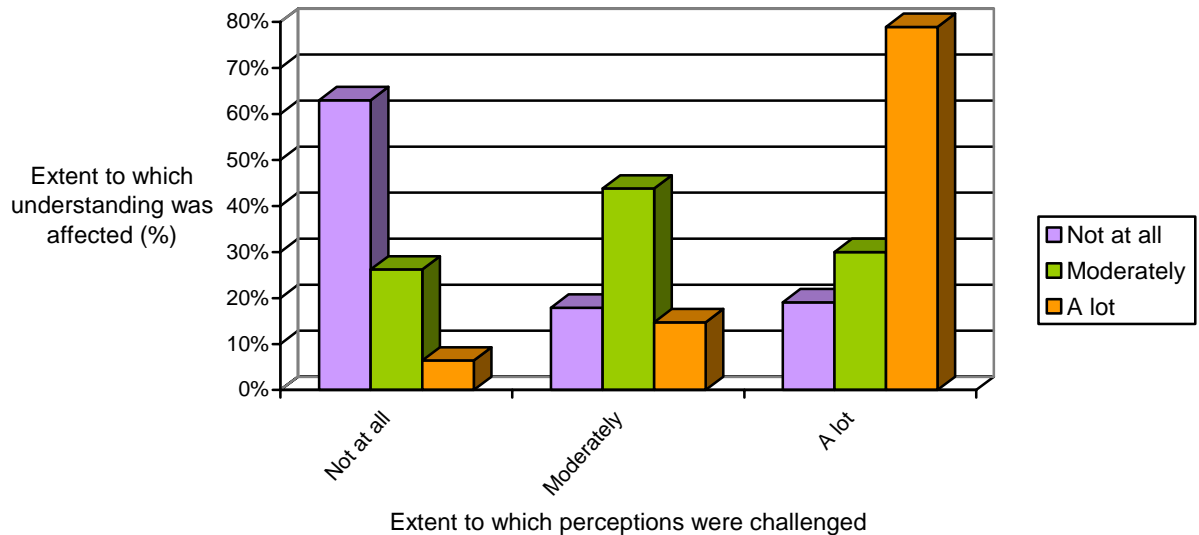


The audience survey data showed that the arts organisations had a positive impact on challenging perceptions, raising awareness and suggesting action around issues pertinent to mental health and wellbeing. They did this in ways that were authentic, sensitive and humanising, as well as uplifting and motivational. Just over half the audience respondents (50.2%) reported having their perceptions challenged ‘quite a bit’ or ‘a lot’ and a further 19.2% had their perceptions challenged ‘somewhat’. Similarly, 73.1% of audience members felt their understanding of the issues presented in the show had been affected.

There was a clear relationship between challenged perceptions and understanding of the issues. Figure 3.4 below shows that 63% of the people whose perceptions were not challenged did not report any change in their understanding of the issue. Conversely, 80% of those people whose perceptions were challenged ‘a lot’ reported that their understanding had been affected ‘a lot’.

There was also evidence that people who felt that their understanding had been affected either ‘a lot’ or ‘moderately’ were more likely than people who felt that their understanding had not been affected ‘at all’ to feel that the performances had suggested a way of addressing the issues presented .

**Figure 3.4 Correlation between the extent to which understanding was affected and perceptions challenged by the performance**



There was some evidence that the health promoting effects of the arts may be magnified when audiences were demographically similar to the performers, but this did not apply to all of the arts organisations, nor in all circumstances. The data also suggest that new audiences are likely to be more affected by the performances than those who are familiar with the issues or have been closely involved. Continued commitment to audience development is therefore likely to improve the health-promoting effects of the arts in the wider community.

### **3.5 Did the arts organisations develop high-quality work that engaged the community in civic dialogue?**

The evaluation also found that the arts organisations were successful in engaging the community in civic dialogue. The stories they told, either in theatre, visual art or other forms, evolved from the experiences of individuals and groups within the community. The process of working with individuals and communities over extended periods built individual and civic capacity, with many reporting strong feelings of connectedness to the group and a strong sense of personal and community achievement.

The arts were also seen to offer different modes for dialogue. One individual described the way the process developed by The Torch was able to facilitate the participation of people who may not feel comfortable using other modes of community engagement. He explains:

You don't necessarily have to stand behind the banner and march down the street. You can kind of be involved in it and nearly stand one or two positions from the issue you're addressing. You may have an issue with alcohol or abuse, but because it's being portrayed in a play, it's non-threatening. It's not saying 'I've been abused' or 'I've got an



issue with this'. It's nearly to the extent where you can have your issue presented but you're one, two, three persons removed from it.

Both participants and audiences reacted to the 'honesty' of the presentations, the 'humanity' and 'sensitivity' with which the issues were raised, as well as the effectiveness of the communication. Individual and community pride were significantly enhanced through the process and media coverage contributed to widening community awareness and dialogue about the issues beyond those directly involved either as participants, partner organisations or audience.

In most instances, the work of the arts organisations was closely linked with key community organisations. This created opportunities for local initiatives and new relationships to develop in response to the work. A number of these community organisations and agencies reported spin-off activities, including increased capacity to understand and respond to people in the target populations and to engage in partnerships to address issues.

One issue raised by respondents, across the three organisations, was that improved resourcing would provide opportunities for more sustained outcomes in terms of bringing about change in response to the issues raised in the arts work. It was felt that longer-term involvement in communities, expanding programs that were proving to be successful and resourcing community organisations to respond to the interest raised by the arts activity would contribute to better community outcomes. Despite these concerns about sustainability there was, nonetheless, evidence of longer term impact.

## 4 Conclusion

This evaluation has demonstrated significant mental health and wellbeing outcomes from the work of the three organisations. These outcomes have been at both individual and community level. Working with marginalised or otherwise disadvantaged individuals and/or communities, each of the organisations has provided opportunities for personal and community development through the arts. At the same time, their work has contributed to promoting social inclusion and civic engagement and has drawn attention to issues of diversity and marginalisation.

Through the application of a 'program logic' framework and the methodologies used, both qualitative and quantitative, the evaluation has improved the evidence base for these outcomes.

While none of the arts organisations posits mental health as an explicit program goal, each of them operates within a clear community cultural development framework where the arts are directed towards individual and community transformation and self-determination. A number of key aspects of this practice have emerged in this evaluation. These include:

- providing a framework for individuals and communities to reflect on issues of identity and self-image, to step outside their own personal experience and see this experience objectively through the artistic process;
- building self-confidence and individual and community pride through skills development, discipline, performance and presentation;
- giving voice (or physical presence) to people who would otherwise be unheard or unseen;

- creating a safe and supportive environment for people which facilitates dialogue and open communication about difficult or ‘too hard’ issues;
- exploring issues of culture and authenticity in cultural expression
- opening a window onto issues and challenging perceptions in ways that are humanising and personal, humorous or tragic, joyful or sad, inspiring and motivational.

Through the Community Arts Development Scheme, VicHealth has supported the development of an arts practice that is committed to positive social and cultural outcomes.

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# Appendix 1

## Arts health literature

The following is a summary of research undertaken so far in a broad review of literature relating to the evaluation of participatory arts activities. The aim of this research is to identify best practice models of evaluation that might be integrated with the Program Logic model, as well as the Most Significant Change, Eudaimonic Wellbeing and Self-Determination models. This research also attempts to identify evaluation models sensitive to the specificity of arts activities, creative experience and the principles of community cultural development.

### Key studies

Matarasso, F. 1997, *Use or Ornament: The Social Impact of Participation in the Arts*, Comedia, Gloucester. Landmark report that used an analysis of 50 individual projects to produce a catalogue of the social outcomes of participatory arts projects, particularly stressing their contribution to empowerment and social cohesion. Paola Merli is critical of Matarasso's study, questioning the validity of his data, methodology and the unstated place of community arts as 'therapeutic' or 'civilising' activities which ultimately 'legitimate social differences' and leave the structural conditions of deprivation intact. See: Paola, M. 2002, 'Evaluating the Social Impact of Participation in Arts Activities: A critical review of François Matarasso's Use or Ornament?', *International Journal of Cultural Policy*, vol. 8, no.1, pp. 107–18. Matarasso defended the practical and experiential basis of his study and the democratic role of community arts. See: Matarasso, F. 2003, 'Smoke and Mirrors: A Response to Paola Merli', *Journal of Cultural Policy*, vol. 9, no. 3, pp. 337–46.

Staricoff, R.L. & Loppert, S. 2003, 'A Study of the Effects of the Visual and Performing Arts in Healthcare – The First Scientific Evaluation', Synergy: Art, Health and Design conference, University of NSW, Sydney. Overview of the landmark Chelsea and Westminster Hospital Study, which aimed to empirically evaluate the effects of the hospital's visual and performing arts programs.

Wills, J. 2001, 'Building Blocks, Best Practice and Benchmarks: A framework for the development of community wellbeing indicators', Local Government Community Services Association of Australia. Proposes a model of seven indicators, based on triple bottom line categories: liveability, equity, conviviality, vitality, adequate prosperity and viability.

Di Maggio, P. 1996, 'Are Art-Museum Visitors Different from Other People? The Relationship between Attendance and Social and Political Attitudes in the U.S.', *Poetics: Journal of Empirical Research on Literature, The Media, and the Arts* (special issue on Museum Research), vol. 24, no.2–4, pp. 161–80. Di Maggio is one of the few investigators conducting rigorous empirical research. Elsewhere (Di Maggio, 2002, see below) has noted the major methodological problems with much arts research: 1) the fallacy of treatment (implicit assumption that all forms of arts participation produce similar effects) 2) the fallacy of homogeneity (assumption that a particular program will have the same effect on different types of participants and in different communities), and 3) the fallacy of the linearity of effects (assumption that benefits are generated in direct proportion to the level of arts participation).

DiMaggio, P. 2002, 'The Vital Border of Cultural Policy Studies', in *The Arts in a New Millennium: Research and the Arts Sector*, ed. David B. Pankratz & Valerie B. Morris, Greenwood Publishers, Westport, CT.

Wilcox, David, *The Guide to Effective Participation* (1994, ISBN: 1-870298-00-4; 1996 Available online: <http://partnerships.org.uk/guide/main1.html>)  
UK resource guide to developing successful participation in community activities, funded by the Joseph Rowntree Trust. Wilcox uses to Sherry Arnstein's 'ladder of participation' framework (1969) to evaluate levels of participation and the effects these have on the empowerment of community members. For instance, low levels of community participation in projects can lead to manipulative or simple therapeutic programs while high levels of participation produce forms of partnership and 'citizen control'.

Flowers, R. & McEwen, C. 2004, *Holding The Torch: Facilitating Change and Learning Through Storymaking and Arts in Regional Communities*, The Centre for Popular Education, University of Technology, Sydney. Evaluation of The Torch Project, using a 'framework of social indicators to measure the levels of community capacity building outcomes', including an indicator for artistic creation and quality.

The UK Arts Council research agenda since Blair has revolved around 'social inclusion' – the publications section of their website includes some major, thorough reports on this, including discussion of indicators:

Jermyn, H. 2004, *The Art of Inclusion*, Arts Council England, available at: [www.artscouncil.org.uk/documents/publications/phpyAtV3b.pdf](http://www.artscouncil.org.uk/documents/publications/phpyAtV3b.pdf)

This is a comprehensive 170-page report that provides an overview of evaluation methods and a reasoned case for its own methods in relation to evaluation the impact of 28 Arts Council programs on social inclusion. References a second Arts Council study: *Arts for Health: a review of good practice in community-based arts projects and initiatives which impact on health and wellbeing*, 2000, London Health Development Agency, UK.

Simo Häyrynen, 2004, *Evaluation of cultural impacts*, CUPORE, Finland.  
The research project aims at exploring and analysing concepts and actions occurring in the evaluation of cultural impacts. The objective of the project is to develop further theoretical and analytical aspects concerning the evaluation of cultural impacts and to form a coherent framework for the practice of evaluation. Also, the project aims at understanding the problems of the evaluation of culture in respect to the assessment of social development in other fields. The project's first publication presents a basic model for the practice, based on the evaluation of environmental impacts. Within the project, a collection of articles written by experts in fields of for example education, the environment, youth issues and culture is also planned, analysing the difficulties in evaluating phenomena which is difficult to measure or quantify.

## Community development theory

*Arts for Health: a review of good practice in community-based arts projects and initiatives which impact on health and wellbeing*, 2000, London Health Development Agency, UK.



Burnham, L.F., Durland, S. & Ewell, M. G. 2004, 'The State of the Field of Community Cultural Development: Something New Emerges', A Report from the Community Arts Network Gathering, *Art in the Public Interest*, May, Saxapahaw, North Carolina.

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Williams, D. 1997, *How the Arts Measure Up: Australian Research into the Social Impact of Arts Programs*, Comedia, London.

### Participation theory

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McCarthy, K.F. & Jinnat, K. 2001, *A New Framework for Building Participation in the Arts*, RAND.

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Putnam, R. 2000, *Bowling Alone: The Collapse and Revival of American Community*, Simon & Schuster, New York.

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### Public health theories/cultural theory/organisational theory

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Florida, R. 2002, *The Rise of the Creative Class: And How It's Transforming Work, Leisure, Community and Everyday Life*, Basic Books, New York.

Leadbeater, 1997, *The Rise of the Social Entrepreneur*, Demos, London.

Milner, A. & Browitt, J. 2002, *Contemporary Cultural Theory*, Allen & Unwin, Crow's Nest, NSW.

Young, I.M. 1990, *Justice and Politics of Difference*, Princeton University Press, Princeton, New Jersey.

### Art and wellbeing

McQueen-Thomson, D., James, P. & Ziguras, C. 2004, *Promoting Mental Health & Wellbeing through Community & Cultural Development: A Review of Literature focussing on Community Festivals & Celebrations*, VicHealth and the Globalism Institute, pp. 1–25, viewed 31 January 2008: [www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Mental-health-and-wellbeing/Social-connection/Community-Festivals-and-Celebrations-literature-review.aspx](http://www.vichealth.vic.gov.au/en/Resource-Centre/Publications-and-Resources/Mental-health-and-wellbeing/Social-connection/Community-Festivals-and-Celebrations-literature-review.aspx)

Mills, D. & Brown, P. 2004, *Art and Wellbeing: A guide to the connections between community cultural development and health, ecologically sustainable development, public housing and place, rural revitalisation, community strengthening, active citizenship, social inclusion and cultural diversity*, Australia Council, Sydney.

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McLeod, J., Pryor, S. & Meade, J. 2004, *Health in Public Spaces: Promoting mental health and wellbeing through the Arts and Environment Scheme*, Victorian Health Promotion Foundation, Melbourne.

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## Public policy

Wills, J. 2001, *Building Blocks, Best Practice and Benchmarks: A framework for the development of community wellbeing indicators*, Local Government Community Services Association of Australia.

Hawkes, J. 2001, *The Fourth Pillar of Sustainability: Culture's essential role in public planning*, Common Ground in association with the Cultural Development Network, Melbourne.

## Research methodologies

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London Health Development Agency 2000, *Arts for Health: a review of good practice in community-based arts projects and initiatives which impact on health and wellbeing*, UK.

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*Cultural Policy Research Online*, an initiative of the Cultural Information and Research Centres Liason in Europe (CIRCLE), [www.circle-network.org/cpro.htm](http://www.circle-network.org/cpro.htm)

'Making Connections: Culture and Social Cohesion in the New Millennium', 2002, *The Canadian Journal of Communication*, vol 27, no. 2, selected papers.

Flowers, R. & McEwen, C. 2001–2002, *Building a Research Agenda in Community Cultural Development*, available at: [www.cpe.uts.edu.au/pdfs/CCDResAgenda.pdf](http://www.cpe.uts.edu.au/pdfs/CCDResAgenda.pdf)

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## Useful websites

RMC Research Corporation, [www.rmccres.com](http://www.rmccres.com) – private corporation providing research and evaluation services in the US, including to Arts sector clients. RMC research forms the basis of the evaluation methods described in Jon Hawkes, *Fourth Pillar of Sustainability*.

Arts Council of England, [www.artscouncil.org.uk](http://www.artscouncil.org.uk) – includes a selection of major reports and arts program evaluations, many framed within a social inclusion agenda

Cultural Policy Research Online, an initiative of the Cultural Information and Research Centres Liaison in Europe (CIRCLE), [www.circle-network.org](http://www.circle-network.org) – database of European-based research into arts evaluation

*Research on Impacts of Community arts on Audiences – Measuring the economic and social impact of the arts: a review*  
[www.artscouncil.org.uk/documents/publications/339.doc](http://www.artscouncil.org.uk/documents/publications/339.doc)

*Evaluation of London Arts Board's 1998/99 Regional Challenge Programme*, Evelyn Carpenter, November 1999, for the London Arts Board  
[www.takingpartinthearts.com/?id=403](http://www.takingpartinthearts.com/?id=403)

*Communication and Audience Development* – A report highlighting communication and promotional tools taken from Arts Council England's new audiences programme. November 2003. Commissioned by Arts Council England through the New Audiences Programme  
[www.takingpartinthearts.com/content.php?content=993](http://www.takingpartinthearts.com/content.php?content=993)

Phoenix Players: using professional theatre for HIV prevention and social change in Kenya  
[http://www.kit.nl/exchange/html/theatre\\_hiv\\_aids\\_kenya\\_-\\_sexua.asp](http://www.kit.nl/exchange/html/theatre_hiv_aids_kenya_-_sexua.asp)  
Joseph J. Valadez, Senior Monitoring and Evaluation Advisor, NGO Networks for Health/PLAN International, Senior Associate, Department of International Health, Johns Hopkins University Bloomberg School of Public Health; Social Programs Co-ordinator, Phoenix Players, Ltd; Caroline Blair, UNICEF/Kenya, Former AIDS Project Officer AIDS; and James Falkland, Managing Director, Phoenix Players Ltd. Correspondence: J. Valadez, NGO Networks for Health, Suite 500, 2000 M Street NW, Washington DC, 20036 USA; Tel: +1-202-261.46.94; Fax: +1-202-955.11.05; email: [josephvaladez@compuserve.com](mailto:josephvaladez@compuserve.com)

*The Art of Community Conversation*, Anne Ellis, John Hopkins University Press  
[http://muse.jhu.edu/journals/theatre\\_topics/v010/10.2ellis.html](http://muse.jhu.edu/journals/theatre_topics/v010/10.2ellis.html)

Evaluating Community Arts and Community Wellbeing  
[www.arts.vic.gov.au/arts/publications/evaluatingcommunityarts.htm](http://www.arts.vic.gov.au/arts/publications/evaluatingcommunityarts.htm)

Decibel Evaluations: Key findings  
[www.artscouncil.org.uk/documents/projects/phpHmKQvn.doc](http://www.artscouncil.org.uk/documents/projects/phpHmKQvn.doc)

The Art of Community Conversation Anne Ellis  
[http://muse.jhu.edu/login?uri=/journals/theatre\\_topics/v010/10.2ellis.html](http://muse.jhu.edu/login?uri=/journals/theatre_topics/v010/10.2ellis.html)

[www.takingpartinthearts.com/?list=1&summaries=yes&show=projects](http://www.takingpartinthearts.com/?list=1&summaries=yes&show=projects)

[www.roadside.org/TDR.artinademocracy.html](http://www.roadside.org/TDR.artinademocracy.html)

[www.americansforthearts.org/information\\_services/research/default.asp](http://www.americansforthearts.org/information_services/research/default.asp)

[http://ww3.artsusa.org/information\\_resources/economic\\_impact/](http://ww3.artsusa.org/information_resources/economic_impact/)

[www.artsoz.com.au/AIA.htm](http://www.artsoz.com.au/AIA.htm)

[www.cbonline.org.au/index.cfm?pageId=12,37,3,796](http://www.cbonline.org.au/index.cfm?pageId=12,37,3,796)

[www.cbonline.org.au/index.cfm?pageId=12,37,3,79](http://www.cbonline.org.au/index.cfm?pageId=12,37,3,79)

[www.communityarts.net/links/archivefiles/policy\\_all/index.phpjus](http://www.communityarts.net/links/archivefiles/policy_all/index.phpjus)

[www.culturaleconomics.atfreeweb.com/Council%20Evaluation.htm](http://www.culturaleconomics.atfreeweb.com/Council%20Evaluation.htm)

[www.kit.nl/](http://www.kit.nl/)

<http://wvde.state.wv.us/news/226/>

## Appendix 2

### The Arts Climate Questionnaire (ACQ)

The ACQ has a long form containing 15 items and a short form containing six items. The questionnaire is typically used with respect to specific learning settings, such as a particular class, at the college or graduate school level. Thus, the questions are sometimes adapted slightly, at least in the instructions, so the wording pertains to the particular situation being studied – an organic chemistry class, for example. In these cases, the questions pertain to the autonomy support of an individual instructor, preceptor or professor. If, however, it is being used to assess a general learning climate in which each student has several instructors, the questions are stated with respect to the autonomy support of the faculty members in general. Below, you will find the 15-item version of the questionnaire, worded in terms of ‘the team at (Somebody’s Daughter/Torch/Women’s Circus).’ If you would like to use the six-item version, simply reconstitute the questionnaire using only items # 1, 2, 4, 7, 10, and 14.

#### Scale Description

The Climate Questionnaires yield a score on a 7-point scale which indicates the degree to which health care providers, instructors, managers or coaches are perceived to be autonomy supportive. Higher scores indicate greater perceived autonomy support. Each questionnaire can be used either in a long, 15-item version, or a short six-item version. Across domains, the alpha coefficient of internal consistency is virtually always above 0.90. The short form may be slightly less but has always been good.

There are four existing Climate Questionnaires:

1. The Health Care Climate Questionnaire (HCCQ)
2. The Learning Climate Questionnaire (LCQ)
3. The Work Climate Questionnaire (WCQ)
4. The Sport Climate Questionnaire the team at (SCQ)

The Arts Climate questionnaire component below is an adaptation of the Learning Climate questionnaires. The shorter form (see example Women’s Circus Questionnaire) was used, with an additional two questions relating to the provision of an inclusive and safe environment.

#### Arts Climate Questionnaire

This questionnaire contains items that are related to your experience with the team at (Somebody’s Daughter/Torch/Women’s Circus). Different projects have different ways of dealing with participants. We would like to know more about how you have felt about your encounters with the team at (Somebody’s Daughter/Torch/Women’s Circus). Your responses are confidential. Please be honest and candid.

1	2	3	4	5	6	7
strongly disagree			neutral			strongly agree

1. I feel that the team at (Somebody's Daughter/Torch/ Women's Circus) provides me with choices and options.
2. I feel understood by the team at (Somebody's Daughter/Torch/ Women's Circus).
3. I am able to be open with the team at (Somebody's Daughter/Torch/Women's Circus) during class.
4. The team at (Somebody's Daughter/Torch/Women's Circus) conveyed confidence in my ability to do well in the project.
5. I feel that the team at (Somebody's Daughter/Torch/Women's Circus) accepts me.
6. The team at (Somebody's Daughter/Torch/Women's Circus) made sure I really understood the goals of the course and what I need to do.
7. The team at (Somebody's Daughter/Torch/Women's Circus) encouraged me to ask questions.
8. I feel a lot of trust in the team at (Somebody's Daughter/Torch/Women's Circus).
9. The team at (Somebody's Daughter/Torch/Women's Circus) answers my questions fully and carefully.
10. The team at (Somebody's Daughter/Torch/ Women's Circus) listens to how I would like to do things.
11. The team at (Somebody's Daughter/Torch/Women's Circus) handles people's emotions very well.
12. I feel that the team at (Somebody's Daughter/Torch/Women's Circus) cares about me as a person.
13. I don't feel very good about the way the team at (Somebody's Daughter/Torch/ Women's Circus) talks to me.
14. The team at (Somebody's Daughter/Torch/Women's Circus) tries to understand how I see things before suggesting a new way to do things.
15. I feel able to share my feelings with the team at (Somebody's Daughter/Torch/Women's Circus).

**Scoring:** Scores on both the 15-item version and the six-item version are calculated by averaging the individual item scores. However, for the long version, before averaging the item scores, you must first 'reverse' the score of item 13 (i.e., subtract the score on item 13 from 8 and use the result as the item score for this item – for example, the score of 3, when reversed would become 5). Higher average scores represent a higher level of perceived autonomy support.

## Basic Psychological Needs Scale

### Scale Description

The Basic Psychological Needs Scale is a family of scales: one that addresses need satisfaction in general in one's life, and others that address need satisfaction in specific domains. Here we include the work domain and the interpersonal relations domain. The original scale had 21 items concerning the three needs for competence, autonomy and relatedness. Some studies have worked with only nine items, namely, three items per subscale. Here, the general and the work versions of the scale have 21 items, whereas the interpersonal relations version has nine items.

The entire BNS scale was incorporated into the CADS participant questionnaires, except in the case of Somebody's Daughter prison participants where item 12 was removed.

### Basic Need Satisfaction in general

#### Feelings I have

Please read each of the following items carefully, thinking about how it relates to your life, and then indicate how true it is for you. Use the following scale to respond:

1	2	3	4	5	6	7
not at all		somewhat				very
true		true				true

1. I feel like I am free to decide for myself how to live my life.
2. I really like the people I interact with.
3. Often, I do not feel very competent.
4. I feel pressured in my life.
5. People I know tell me I am good at what I do.
6. I get along with people I come into contact with.
7. I pretty much keep to myself and don't have a lot of social contacts.
8. I generally feel free to express my ideas and opinions.
9. I consider the people I regularly interact with to be my friends.
10. I have been able to learn interesting new skills recently.
11. In my daily life, I frequently have to do what I am told.



12. People in my life care about me.
13. Most days I feel a sense of accomplishment from what I do.
14. People I interact with on a daily basis tend to take my feelings into consideration.
15. In my life I do not get much of a chance to show how capable I am.
16. There are not many people that I am close to.
17. I feel like I can pretty much be myself in my daily situations.
18. The people I interact with regularly do not seem to like me much.
19. I often do not feel very capable.
20. There is not much opportunity for me to decide for myself how to do things in my daily life.
21. People are generally pretty friendly towards me.


**Scoring information.** Form three subscale scores, one for the degree to which the person experiences satisfaction of each of the three needs. To do that, you must first reverse score all items that are worded in a negative way (i.e., the items shown below with (R) following the items number). To reverse score an item, simply subtract the item response from 8. Thus, for example, a 2 would be converted to a 6. Once you have reverse scored the items, simply average the items on the relevant subscale. They are:

Autonomy: 1, 4(R), 8, 11(R), 14, 17, 20(R)

Competence: 3(R), 5, 10, 13, 15(R), 19(R)

Relatedness: 2, 6, 7(R), 9, 12, 16(R), 18(R), 21

## Participant Questionnaire (pre)



The purpose of this questionnaire is to get a better understanding of your experience with Women's Circus. We would like your assistance in identifying aspects of the program that will further its development. Your responses will be kept confidential.

**SECTION I – GENERAL**

**Q1. How did you first hear about Women's Circus?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Q2. Please indicate why you joined Women's Circus? (please tick all that apply)**

Fitness

Fun

Opportunity to meet new people

Involvement in the arts

Other, please specify

\_\_\_\_\_

**Q3. How long have you been with Women's Circus?**

Less than 1 month

1 to 3 months

3 to 6 months

6 to 12 months

12 to 18 months

18 months to 2 years

More than 2 years

**Q4. Have you attended continuously since you first joined (excluding term breaks or other program-based gaps)?**

- Yes (Go to Q5)     No

**Q4i.** If No, could you briefly explain for how long and why you stopped attending?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Q5. What is your main type of arts involvement with Women's Circus? (please tick one)**

- Performer
- Backstage
- Creative Process
- Other, please specify

\_\_\_\_\_

**SECTION 2 – RELATIONSHIP WITH WOMEN'S CIRCUS**

The following statements refer to your most recent encounters with the team at Women's Circus. Please indicate to what extent you agree/ disagree with the following statements. (Please circle the appropriate number)

	1 Strongly Agree	2 Agree	3 Somewhat Agree	4 Neutral	5 Somewhat Disagree	6 Disagree	7 Strongly Disagree
<b>6.</b> I feel that the team at Women's Circus provides me choices and options	1	2	3	4	5	6	7
<b>7.</b> I feel understood by the team at Women's Circus	1	2	3	4	5	6	7
<b>8.</b> The team at Women's Circus conveyed confidence in my ability to do well in the project	1	2	3	4	5	6	7
<b>9.</b> The team at Women's Circus encouraged me to ask questions	1	2	3	4	5	6	7
<b>10.</b> The team at Women's Circus listens to how I would like to do things	1	2	3	4	5	6	7
<b>11.</b> The team at Women's Circus tries to understand how I see things before suggesting a new way to do things	1	2	3	4	5	6	7
<b>12.</b> The team at Women's Circus creates an inclusive group, free from discrimination	1	2	3	4	5	6	7
<b>13.</b> During my participation at Women's Circus I feel physically and emotionally safe	1	2	3	4	5	6	7

**Q14. How much has your participation in Women's Circus helped to increase your support network? (please tick one)**

- Not at all
- A little bit
- Moderately
- Quite a bit
- A lot

**Q15. Do you have any comments you would like to add about working with the team at Women's Circus?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3 – YOUR LIFE IN GENERAL**

The purpose of this section is to identify how your sense of self has been influenced through your contact with Women's Circus. Please indicate to what extent you agree/ disagree with the following statements.  
(Please circle the appropriate number)

	1 Strongly Agree	2 Agree	3 Somewhat Agree	4 Neutral	5 Somewhat Disagree	6 Disagree	7 Strongly Disagree
16. I feel like I am free to decide for myself how to live my life	1	2	3	4	5	6	7
17. I really like the people I interact with	1	2	3	4	5	6	7
18. Often I do not feel very competent	1	2	3	4	5	6	7
19. I feel pressured in my life	1	2	3	4	5	6	7
20. People I know tell me I am good at what I do	1	2	3	4	5	6	7
21. I get along with people I come into contact with	1	2	3	4	5	6	7
22. I pretty much keep to myself and don't have a lot of social contacts	1	2	3	4	5	6	7
23. I generally feel free to express my ideas and opinions	1	2	3	4	5	6	7
24. I consider the people I regularly interact with to be my friends	1	2	3	4	5	6	7
25. I have been able to learn interesting new skills recently	1	2	3	4	5	6	7
26. In my daily life, I frequently have to do what I am told	1	2	3	4	5	6	7
27. People in my life care about me	1	2	3	4	5	6	7
28. Most days I feel a sense of accomplishment from what I do	1	2	3	4	5	6	7
29. People I interact with on a daily basis tend to take my feelings into consideration	1	2	3	4	5	6	7
30. In my life I do not get much of a chance to show how capable I am	1	2	3	4	5	6	7
31. There are not many people that I am close to	1	2	3	4	5	6	7
32. I feel like I can pretty much be myself in my daily situations	1	2	3	4	5	6	7
33. The people I interact with regularly do not seem to like me much	1	2	3	4	5	6	7
34. I often do not feel very capable	1	2	3	4	5	6	7
35. There is not much opportunity for me to decide for myself how to do things in my daily life	1	2	3	4	5	6	7
36. People are generally pretty friendly towards me	1	2	3	4	5	6	7
37. I feel able to discuss important personal issues with my family and/or close friends	1	2	3	4	5	6	7
38. I feel able to get involved in a community activity	1	2	3	4	5	6	7

**Q39. Do you have any further comments you would like to add?**

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**Q40. What do you see as the main **advantages** of being involved with Women's Circus?**

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**Q41. What do you see as the main **disadvantages** of being involved with Women's Circus?**

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**SECTION 4 – PERSONAL INFORMATION**

To assist in our analysis we need to ask for some personal details.

**Q42. In what year were you born?** \_\_\_\_\_

**Q43. Are you?**

- Female    Male

**Q44. Are you Aboriginal?**

- Yes    No

**Q45. Are you Torres Strait Islander?**

- Yes    No

**Q46. In what country were you born?**

- Australia  
 Other, please specify \_\_\_\_\_



Sometimes questionnaires can start you thinking about things that may be upsetting. If any questions in this questionnaire have upset or worried you please talk to somebody you trust as soon as possible. This might be a person from Women's Circus, a friend, a family member, a teacher or a counsellor. Should you wish to talk to a member of the research team, Janet Stanley can be contacted on **(03) 9483-1385** or **jstanley@bsl.org.au**

Alternatively you can send mail to:

**Janet Stanley**  
**Brotherhood of St Laurence**  
**67 Brunswick St**  
**Fitzroy, Vic 3065**

The evaluation team would like to thank you for completing this questionnaire. If you would like any additional information about this evaluation please feel free to contact Lindy Joubert, Project Leader on **(03) 8344-7437**.



## Appendix 3

### Interview schedules for community organisations and CEOs

#### CEO Interview Schedule – August 2007

Participant name:

Organisation:

Position/role:

Date of Interview:

Location/method:

Interviewer:

Thank you again for agreeing to participate in this discussion, your input is highly regarded. Let me reiterate your responses will be kept confidential and I will forward a transcript of this interview for your final review. This interview is completely voluntary and you can withdraw any time you wish.

VicHealth's aim for CADS is '... to improve the capacity of experienced community arts organisations to facilitate and maintain social inclusion, civic engagement and the valuing of diversity to prevent discrimination and violence'

Q1. What impact has CADS had on the way XX decides the target participants (content and audience) of their productions?

Q1i. How were these questions decided on prior to CADS?

Community engagement refers to the process of involving people in decisions that affect them. It is particularly critical to the regeneration of disadvantaged communities ([www.communitiesscotland.gov.uk](http://www.communitiesscotland.gov.uk)), and occurs at a government, private and community sector level.

Q2. Has CADS changed the way you approach community engagement?

Q2i. If so how?

Q2ii. If not, why?

Q3. What impact has CADS had on the organisational structure of XX?

prompt: staffing (new positions, longer contracts, professional development), number of projects/programmes/ productions, time (refocusing on activities rather than seeking funding)?

prompt: Are there specific challenges or weaknesses in your org (or operation) which have been directly addressed/ solved by CADS?



Q4. What impact has CADS had on the sustainability of XX?

prompt: both financial and social i.e. organisational, connections, networks, public awareness etc

prompt: What additional impact has CADS had on [arts group]? (i.e., on your ability to develop partnerships/attract funding)

Q5. Are there any organisational issues in XX which it was hoped would be addressed by CADS, but were not?

Q6. How well does this aim line up with what XX were already doing?

Q6i. If so, what has been the impact of this?

Q7. How do you think the CADS approach could be improved in order to achieve its aims?

Q8. Do you have any further comments?

### Community organisation interview schedule – August 2007

Participant name:

Organisation:

Position/role:

Date of Interview:

Location/method:

Interviewer:

Thank you again for agreeing to participate in this discussion, your input is highly regarded. Let me reiterate your responses will be kept confidential and I will forward a transcript of this interview for your final review. This interview is completely voluntary and you can withdraw any time you wish.

#### **Background**

Q1. How did you come to be involved with XX?

Q2. Could you briefly describe the relationship between your organisation and XX?

Q3. What do you see are the main benefits of your organisation's involvement with XX?

Q3i. To what extent are these benefits specific to community arts programs?

Q4. How could the program be improved?

Q4i. Do you see any barriers to these improvements being made?

Enhanced Civic Engagement – broader community impacts

Q5. Do the activities of XX have any impacts on the community beyond their performances and art exhibitions?

Q6. Has the performance and art exhibitions stimulated any discussion/debate around the issues raised?

Q7. Have there been any spin off activities?

Q8. Do you think the arts (drama, music, visual arts etc) are (most) effective for your program participants and audiences? If so, why?

## Appendix 4

### Program monitoring items

#### *Participants*

- Number of participants
- Characteristics of participants
- Number of drop-outs
- Attendance
- Attrition
- Length of participation
- Successful completion

#### *Community organisations*

- Number of ongoing collaborations
- Number of contacts/requests for new collaborations
- Number of new collaborations

#### *CAD organisations performances/activities*

- Number of performances
- Number of other activities

#### *Spin-off activities/groups/projects*

- Number of spin-off activities
- Number of spin-off groups
- Number of spin-off projects

#### *Expenditure*

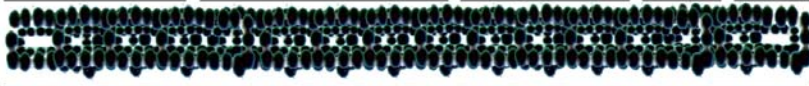
Disbursement of VicHealth funds

# Appendix 5

## Audience questionnaire

Internal Use Only

Group	Show	Location	Time	Date
Torch	WHITTINGTON	Geelong		7th of July



### Community Arts Development Scheme Evaluation

#### Audience Questionnaire 2007

We are interested in hearing your comments on the show. The questionnaire will only take a few minutes. Your input is highly appreciated. Any information you provide will be kept strictly confidential.

**Q1. To what extent were your perceptions challenged by the performance ?**  
(please tick one)

None at all  
  A little bit  
  Moderately  
  Quite a bit  
  A lot

**Q1a. If your perceptions were challenged, could you briefly explain in what way ?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Q2. To what extent did the show affect your understanding of the issues presented ?**  
(please tick one)

None at all  
  A little bit  
  Moderately  
  Quite a bit  
  A lot

**Q2a. Could you briefly explain why you think this ?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Q3. Has the show suggested ways of addressing issues for your community?**  
(please tick one)

Yes  
  No  
  Don't know

**Q3a. If yes, what might these be ?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q4. What was the main reason you came to the show ?

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Q5. What did you like best about the show ?

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May we ask some background information for analysis purposes only ?

Q6. Are you male or female ?

 M  F 

Q7. What is your age ?

---

Q8. Please indicate your highest level of education completed ?

- Primary school
- Up to Year 9/10 Secondary school or equivalent
- Year 11 Secondary school or equivalent
- Year 12 Secondary school or equivalent
- Trade qualification
- Diploma/Business College
- Undergraduate University degree
- Postgraduate University degree
- Other \_\_\_\_\_

Q9. What is your employment status?

- Employed full-time
- Employed part-time
- Self-employed
- Casual
- Unemployed
- Not in the workforce

Q10. What is your occupation ? \_\_\_\_\_

Q11. What is your postcode ? \_\_\_\_\_

Thank you for your time.

If you wish to speak to anyone in relation to this questionnaire, or the research in general, please feel free to contact the project leader, Lindy Joubert.

Phone : (03) 8344 7437  
Email : lindyaj@unimelb.edu.au  
Post : Faculty of Architecture, Building and Planning,  
University of Melbourne  
VIC 3010

Please place this completed questionnaire in the box provided



PROMOTING MENTAL HEALTH & WELLBEING

