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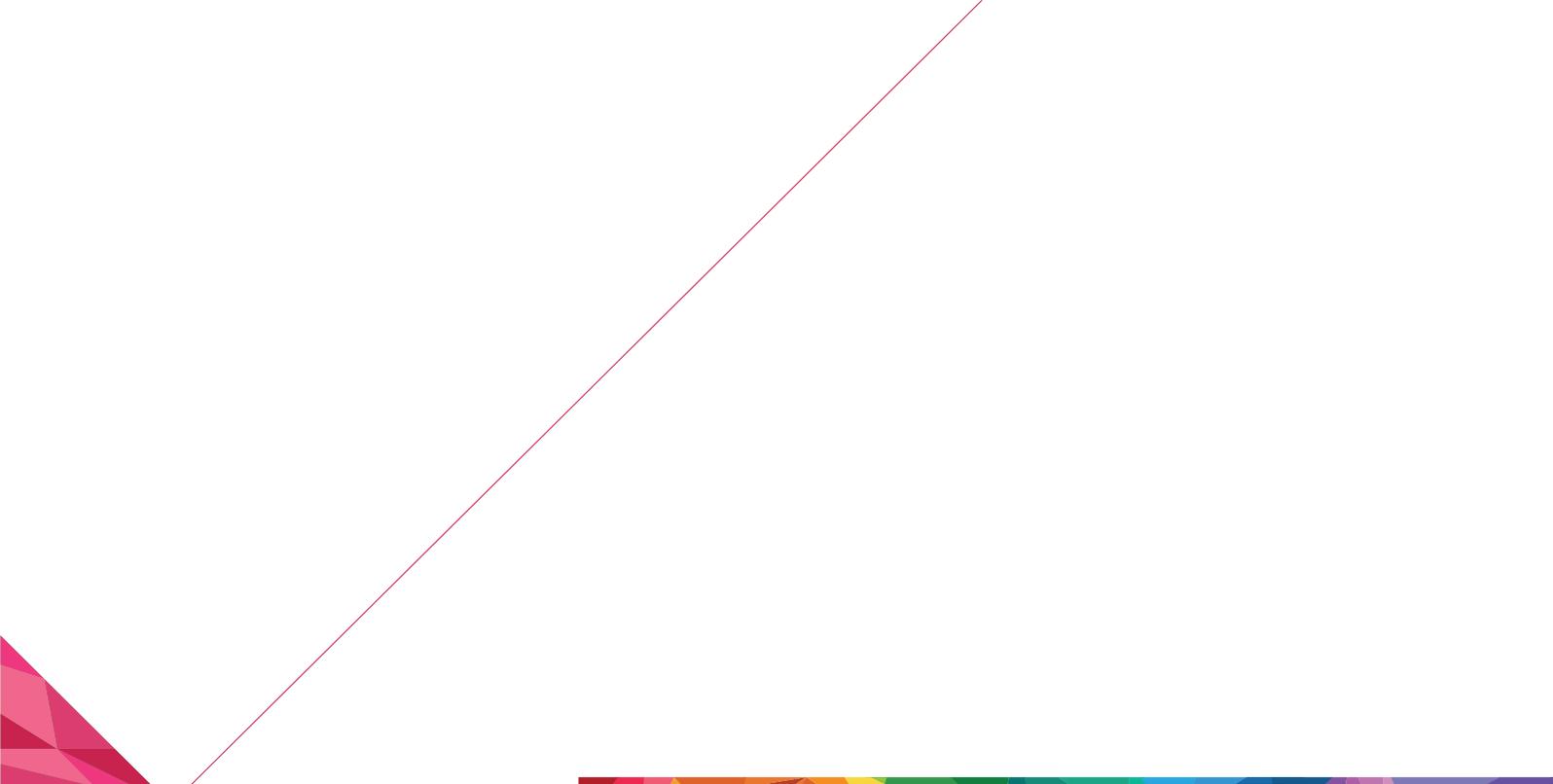
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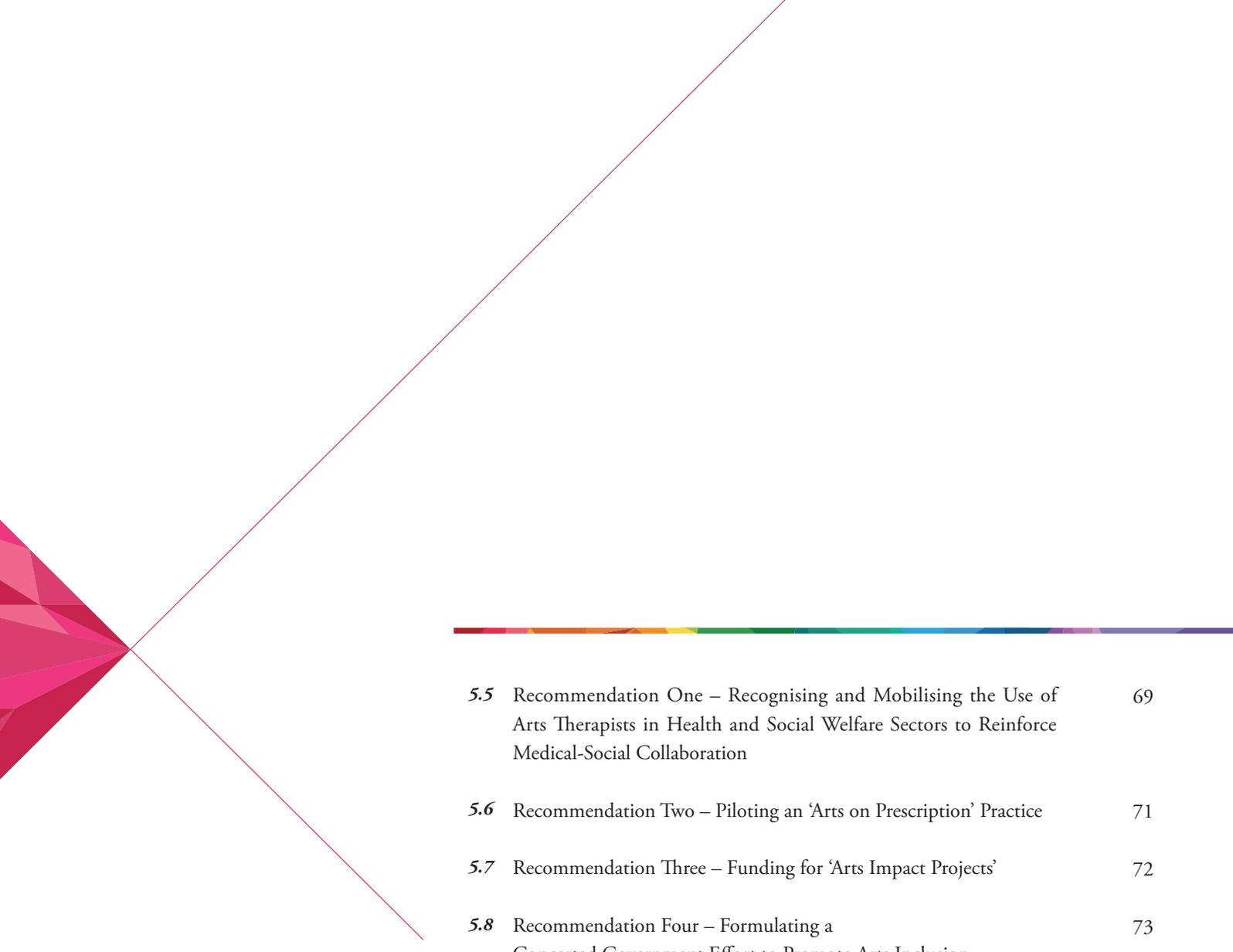
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He was appointed a Justice of the Peace in 2002, and a Commander (3rd Class) of the Most Noble Order of the Crown of Thailand in 2004. In 2006, he was awarded the Gold Bauhinia Star by the Hong Kong SAR Government. He has been conferred honorary degrees from Lingnan University, City University of Hong Kong, and the Open University of Hong Kong.



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Mr. Stephen Wong received a B.A. Degree in Economics from the University of Chicago, Phi Beta Kappa, and an M.A. Degree in East Asian Studies from Yale University. Since then, he worked for a number of global financial institutions, including as an Executive Director in UBS (London) and a Managing Director at RBS.

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Alvin has been actively promoting social innovation as a way to tackle local social issues. He has engaged different local stakeholders, including government officers, business leaders and social innovators, to promote applications of SIA and facilitate communication between business and social sectors. Before joining Our Hong Kong Foundation, he was a lecturer at the School for Professional and Continuing Education, University of Hong Kong. He obtained his MPhil in Economics from the Chinese University of Hong Kong and BSc in Economics and Finance, with First Class Honors, from the Hong Kong University of Science and Technology.

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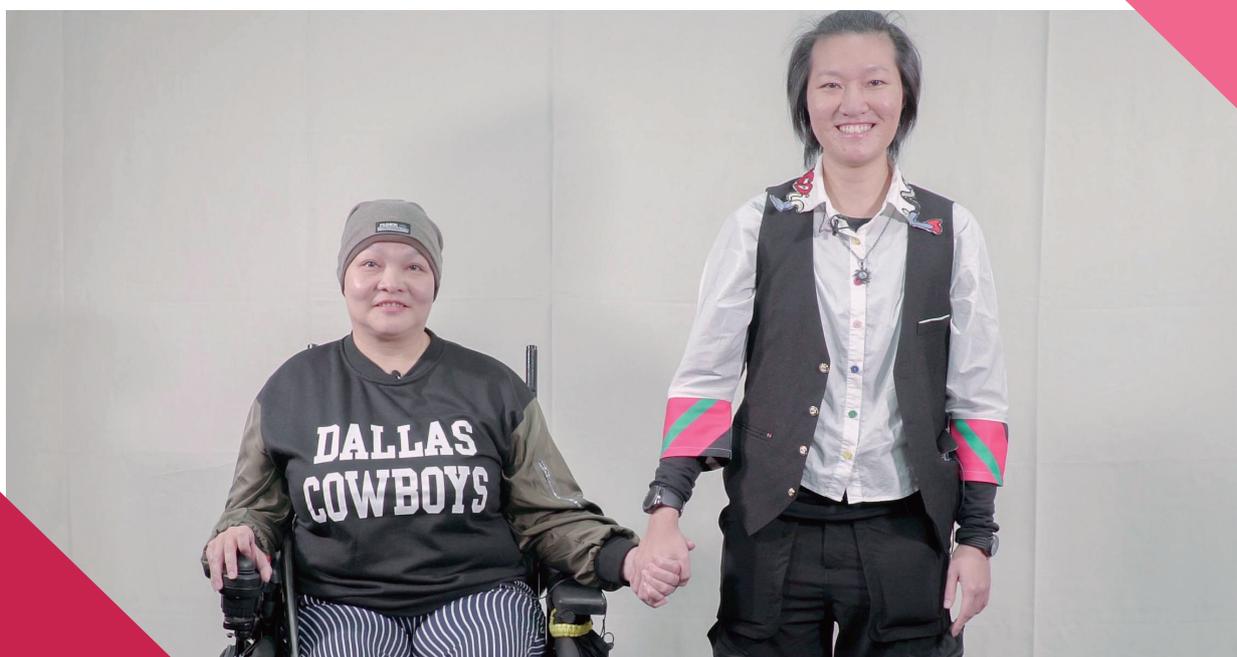
Queenie actively explores a unique combination of mediums including photography, installation and new media to interpret contemporary art and bridge the discourse between the art and non-art world, and consistently appears in a variety of visual art exhibitions, performances and journalism in Hong Kong and the United Kingdom.

# Executive Summary

Throughout history, arts and culture have promoted understanding and action on issues facing our communities and the world. For far too long, however, we have allowed arts and culture to remain a nicety, and it is time to recognise the important role of the arts in strengthening communities and the social agency that manifests through it.

Beyond the sheer pleasure and pure enjoyment through the participation in arts activities, arts illuminate our inner lives and enrich our emotional worlds by conjuring up an alternate dimension of communication, allowing people from all walks of life to feel, express and communicate regardless of their background, age, social status, appearance or mental condition. The arts can be an antidote to difficulties in communication and expressiveness, and a powerful weapon against unhappiness, loneliness and discrimination in society: a multi-manifesting tool that fosters inclusion amongst us.

This research is the first of its kind in Hong Kong, acknowledging and calling attention to the inclusive power of the arts. The research team has conducted rigorous literature review to fathom the different possibilities of inclusive work that manifest in participatory arts activities, as well as arts therapy as a means of intervention. This study is based on literature and evidence from foreign governments and numerous focus group interviews with local beneficiaries who were surveyed for their participation and engagement across the modes of both visual and performing arts. We have found that these arts programmes are most conducive to several demographic groups in Hong Kong, namely the elderly (including those with dementia), ex-offenders, at-risk youths, ethnic minorities, and the disabled with physical or mental impairment (including those with attention deficit / hyperactivity disorder (AD/HD), autism spectrum disorder (ASD), and specific learning difficulties (SpLD)).



**The first chapter** defines the concept of ‘arts inclusion’ upheld by this paper, and traces the term’s historical development in public policy. Rich with literature review, we refer to the relevant academic materials that support the role that arts can play in engendering social impact, and its implications towards inclusive outcomes on personal and societal levels. Given the parameters of this report, the chapter emphasises that the inclusive power of arts is realised when arts are used as a ‘tool’ or a ‘means’ to achieve certain objectives and outcomes in relation to inclusion.

**The second chapter** discusses ‘arts therapy’ in the health and wellbeing discourse, and considers its bearing in the context of Hong Kong. Supplemented by top-ranked scientific journals and literature, we elucidate the proven efficacies of ‘arts therapy’ on three main groups: i) dementia patients; ii) persons in rehabilitation, including those with AD/HD, ASD, and other mental illnesses; and iii) those with special educational needs (SEN).

It is characteristic of persons of these groups to experience difficulties in cognitive ability and/or verbal communication. Whilst this presents a handicap to conventional therapies, such as cognitive behavioural therapy (CBT), occupational therapy (OT), physiotherapy (PT) and speech therapy (ST), the non-verbal nature of arts therapy has proven itself to be especially efficacious towards these groups.

Namely, improvements in cognitive abilities through arts therapy interventions are evident in dementia patients. At the same time, arts therapy has shown results in improving mental states, stabilising mood, and facilitating other on-going therapies.

Most importantly, this chapter clarifies that ‘arts therapy’ is a clinical intervention of the therapeutic process of arts, which differs from arts activities of a non-clinical setting that may engender certain therapeutic outcomes. Whilst it is a statutory requirement for arts therapists to register with regulatory bodies in the UK and US, there are no such legal requirements in Hong Kong. The local government is encouraged to incorporate arts therapy into the overall healthcare/social service system.

**The third chapter** contains the key findings from

132 stakeholders engaged in arts inclusion services locally following a series of interviews with thirteen focus groups. The impact of participation in the arts on beneficiaries (via focus groups) and for front-line staff (via interviews) are presented under six overarching thematic benefits, including i) personal development; ii) social cohesion; iii) community empowerment and self-determination; iv) local image and identity; v) imagination and vision; and vi) health and wellbeing.

Whilst many of these themes are interlinked, beneficiaries have generally found personal gains in terms of health and wellbeing through a significant boost in self-confidence, self-control and motivation, and a transformed and more positive outlook of life. Front-line staff also highlight the benefits of arts in preventative work, such as using arts to promote healthy ageing, or using arts interventions as correctional treatment to reduce high-risk behaviour in vulnerable youths. They also mention the arts as a channel for cultural entitlement — that accessibility to cultural rights can lead to community empowerment, extending to increased social connection and more opportunities for social cohesiveness and inclusiveness overall.

We submit that active participation and engagement in arts-driven activities can advance ‘inclusiveness’ in different ways, and recognise the multiple layers of dynamics which make arts a composite means of communication for a society. In the case of theatre, for example, a play not only features actors who are immersed in the roles they enact, but the spectacle of drama also serves as a tool and platform to speak to the audience and address the general public. The inclusive power of arts is thus present in the personal and societal sense, through the benefits of health and wellbeing for the actors and the artist individually, through an opportunity to communicate with the audience, and through a sense of empathy to be fostered by other members of community and the public.

**The fourth chapter** provides an overview of the policies and initiatives that are relevant to arts inclusion, comparing those internationally to the local. In the UK, Norway, Sweden and Finland, and also in Australia, arts are already embedded in their healthcare policies. Many of these nations proactively promote greater integration of arts and health practices into their overall public services. In Asia,

the arts have yet to make a substantial feature in healthcare policies, with only a handful of cases in Taiwan, Singapore and Japan where arts are implemented into public policies for persons with disabilities, and against social exclusion. In comparison, Hong Kong is found to have certain discrepancies in its system for which the local government can seek proper measures to refine.

**The fifth chapter** analyses the challenges identified in the field, with several propositions of policy recommendation to the HKSAR Government. We have identified the challenges under four main themes that are common across the board:

### ▶ **Challenge 1**

**Lack of Professional and Public Recognition** on the impact of arts and arts therapy in general

### ▶ **Challenge 2**

**Gaps in Funding Systems** that hinder the dissemination and development of arts inclusion services

### ▶ **Challenge 3**

**Gaps in Manpower Planning** that hinder the growth and recognition of arts inclusion practitioners and therapists

### ▶ **Challenge 4**

**Adopting a ‘Preventative’ Mindset**

In our analyses, we find that ‘arts therapy’ – despite its well-evidenced efficacy, cost-effectiveness, and unique interaction with different groups including those with dementia, AD/HD, ASD or SpLD – is **not included** under the Hospital Authority’s (HA) organisational structure of ‘Allied Health Professionals’ (AHPs). We are concerned that the omission has hindered the growth and development of the profession, and affected the public’s perceptions on the proficiency of arts therapists. Critically, this perpetuates misconceptions to the profession not only at the community level, but also at the management level of service providers, compromising the notion of ‘arts for

inclusion’. Similarly, arts therapists are not included in the current staffing requirements under the Dementia Supplement (DS). A misnomer together with insufficient public recognition, arts therapy is under-utilised in the community.

We, therefore, call for a more concerted effort by the Government for the profession so that the functions of arts therapists may be maximised and mobilised effectively across the health and social welfare sectors in order to reach a wider scope of beneficiaries of various conditions. Moreover, arts therapists can alleviate the burden of other healthcare providers at the community level and relieve the pressure laid on an under-staffed and overworked healthcare profession.

Other issues raised in this chapter include the ambivalence in funding jurisdictions between the Home Affairs Bureau (HAB) and the Labour and Welfare Bureau (LWB), especially for projects or organisations supporting the development of arts but serving rehabilitants and disabled persons simultaneously. Moreover, a lack of resources to build up the local capability of research and development hides the growing significance of ‘arts inclusion’.

The contribution of the arts in preventative work is also a crucial element of this paper. This refers to using arts as a ‘tool’ to prevent individuals from falling into social ‘marginalisation’ in the first place, and may be understood in the context of maximising the quality of life among the elderly, or remediating emerging symptoms among those – young or aged alike – susceptible to mental health or behavioural issues. The preventative function of arts prompts us to broaden our way of thinking and draws our attention to the extended function of arts as a policy tool, which plays an equally important role as its existing ‘remedial’ function. It must be noted that this attempt in broadening the mindset is a challenge in itself.

## Recommendations

The research team has devised four sets of policy recommendations based on the above analyses:

### Recommendation One

#### Recognising and Mobilising the Use of Arts Therapists in Health and Social Welfare Sectors to Reinforce Medical-Social Collaboration

**We recommend** that the functions of arts therapists be properly realised and maximised by incorporating their existence into the health and social welfare systems. As a first step, **we recommend** that arts therapists be included in the HA's AHPs. As Hong Kong continues to grow in size and complexity, **we recommend** that the Government may consider planning the use of arts therapy in the areas of rehabilitation and for children with SEN, e.g. pre-school rehabilitation services at 'District Health Centres' with 'District-based Professional Teams'. Of particular relevance to Hong Kong's ageing population, **we recommend** that arts therapists be included in NGOs funded by the DS – to foster a more welcoming climate in which NGOs and service providers can engage arts therapy programmes for their users, thereby creating a coherent structure of therapies for a wide range of beneficiaries.

### Recommendation Two

#### Piloting an 'Arts on Prescription' Practice

**We recommend** that the arts are cost-effective measures that can be embedded in the current healthcare and social care systems which are under pressure. Reinforcing and expanding on Recommendation One, **we recommend** that an 'arts on prescription' practice be considered, which is a type of social prescribing currently in force in the UK, that links patients to arts-driven sources of support within the community. It describes a mechanism in which clinical or social practitioners refer patients to an arts-driven service or source of support that aims to help them in their recovery through creativity and increased social engagement, usually facilitated by NGOs within the community. Cognizant of the many misconceptions to the term and profession of 'arts therapy' in our community today, **we recommend** that these arts-driven sources of support must be run by persons who have completed diploma-level training courses taught by arts therapists as a way to ensure certain standards are met in their

engagement and facilitation with service users. This recommendation maximises the usefulness of arts to complement health and social welfare services, protects the integrity of arts therapists, and spreads the use of arts to help others.

### Recommendation Three

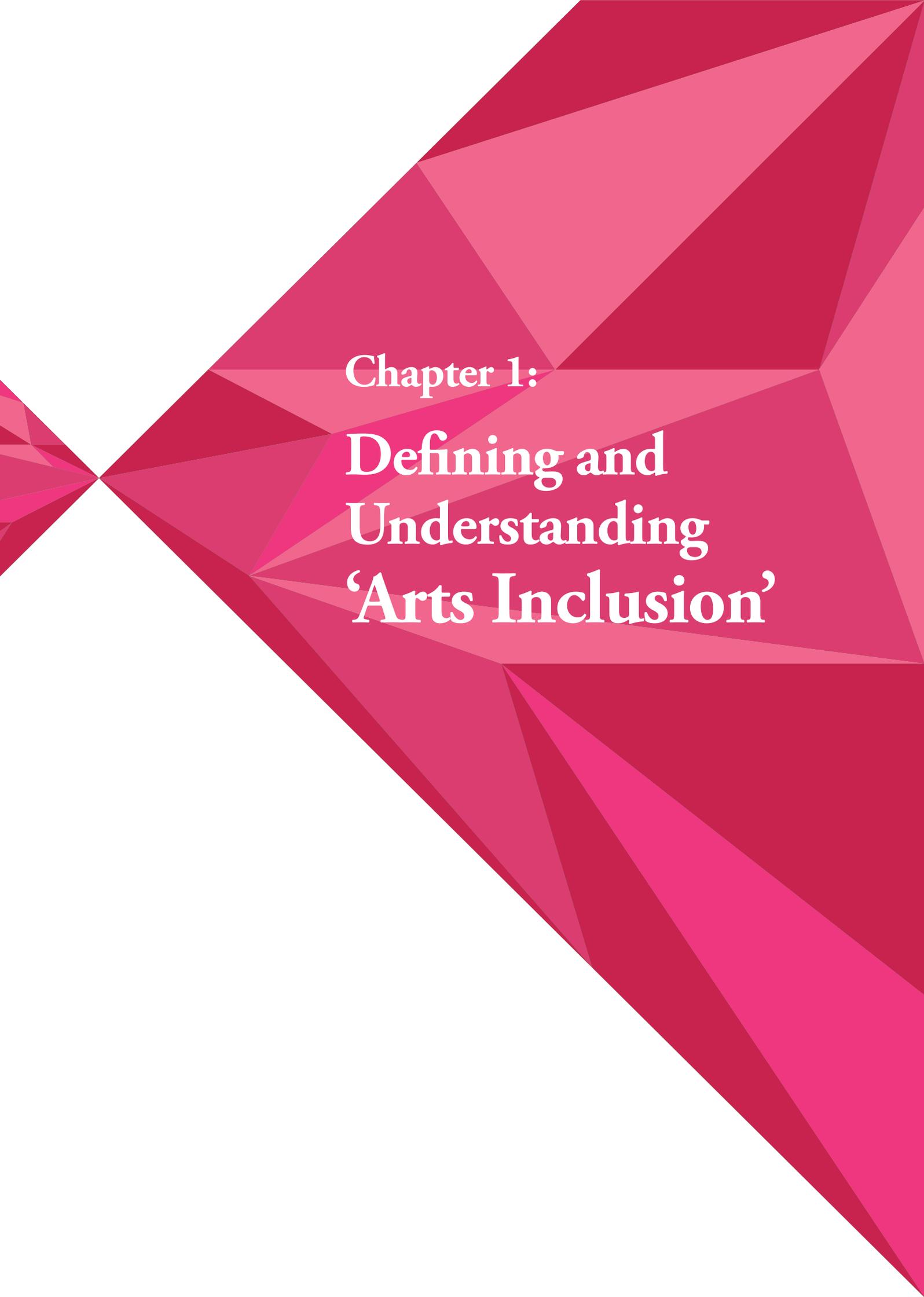
#### Funding for 'Arts Impact Projects'

**We recommend** that a funding for 'Arts Impact Projects' be set up either as a reference to the proposed fund dedicated to arts development for persons with disabilities announced in the 2017 Chief Executive Policy Agenda, or an adoption into existing mechanisms of public funds. **We recommend** that it provides funding for pilot arts projects, supports their evidence-based research in the local context, and incentivises them to sustain and scale-up. The funding rationale follows that arts projects – those which are 'proven' effective after their initial years of piloting – are entitled to a long-term grant. **We recommend** that once an organisation of arts-based services, interventions or programmes is proven effective with social impact, it should be made eligible for such funding, including cross-disciplinary arts-based organisations dedicated to serving all sorts of rehabilitants in the community.

### Recommendation Four

#### Formulating a Concerted Government Effort to Promote Arts Inclusion

**We recommend** that the Government initiates an arts inclusion campaign by means of using its services and products, and offering and promoting creative employment to artists with different abilities. This could effectively educate the public about arts inclusion. **We recommend** that the Government be more proactive in cultivating awareness of arts accessibility services, and consider incorporating those in more of the existing or new cultural venues. **We recommend** the use of current government structure more horizontally to create synergy across departments through shared targets and cross-cutting policies. Policies should work towards creative activity being part of all our lives, and these recommendations should act as catalysts for the change of thinking and practice that can open the way for the potential of arts for inclusion to be realised.



Chapter 1:

**Defining and  
Understanding  
'Arts Inclusion'**

## 1.1 Defining 'Arts'

Art historian Boris Groys once famously opined that the pluralistic nature of 'arts' was the 'the only allowed generalisation in the course of its modern kind' (Groys, 2008).



Indeed in this paper, we consider the term 'arts' in its broadest meaning without singularly pointing to any particular art form. The pluralistic form for such term is deliberately employed to accentuate the wide inclusivity of artistic endeavours this paper accommodates. Our definition of 'arts-based intervention' hence flexibly encompasses, but is not limited to, different types of creative and cultural engagement in the forms of visual art, photography, music, dance, theatre, literature, moving images, and sand-painting etc.

### 1.1.1 How Can 'Arts' Demonstrate 'Inclusiveness'?

With respect to our later discussions on 'arts inclusion', or the 'inclusiveness' of 'arts', we must first begin by explicating how the nature and properties of 'arts' can itself accommodate and foster 'inclusive' manifestations. We ask: how can 'arts' engender 'inclusion'; in what ways can 'arts' demonstrate 'inclusiveness'?

Two ways of looking at arts for inclusion are most commonly cited, and may be considered:

1. Arts as a means to an end (arts with instrumental value)
2. Arts as an end in itself (arts with intrinsic value)

The first binds 'instrumentality' to the arts, and specifically endorses its 'utility' as a 'tool' or 'agency' with a function to achieve predetermined goals and objectives (Matarasso, 1997). In the context of inclusion, this would refer to the instrumentalised 'use' of arts to render 'inclusive', or 'inclusion-enhancing' outcomes — such as using

the medium of drama as a tool to achieve intercultural cohesion for instance. (To be discussed in more detail in subsequent sections).

The second highlights the intrinsic value of ‘arts’ above all else, putting forward the view that the very essence of participating in arts itself embodies an ‘inclusive’ element. This is to say the process of participating in arts, such as the process of *musicking* or acting in a given context and setting, is already ‘inclusive’ in itself. Lewis Biggs, the ex-curator at the Tate of the North, crystallises the essence of this in his words, ‘Culture is a successful regenerator because it is an end in itself: the activity is inseparable from the achievement’ (Biggs, 1996).

It must be noted that, in light of the practical and policy-driven nature of this paper, we suggest it is more appropriate to focus on the first approach of arts inclusion (arts as a means) and construct our arguments around that. We shall look at how ‘the Arts’ **as a tool** may be better mobilised and instrumentalised to render positive impacts in different societal dimensions amongst different beneficiaries, on both personal and social levels.

### 1.1.2 The ‘Participatory’ Element of Arts

The focus on the *participatory* element in arts-based activity is also important in this paper. ‘Participation’ was indeed specified as a necessary success factor for arts inclusion practice by the Health Development Agency (HDA) report in 2000. The models for participation vary from joining a master class, a workshop or an open studio, to planning an event (e.g. arts festivals). Despite the many different ways of participation, there is usually a *collaborative* element to most artistic endeavours, such as having a group of participants creating artifacts together, or being part of a greater orchestral group etc. (Health Development Agency, 2000).

## 1.2 Defining ‘Inclusion’ – a Multi-Dimensional Concept

To begin to parse the relatively more modern phenomenon of ‘social inclusion’, it would make sense to explicate the term ‘social exclusion’ first – which we argue is not quite the direct antonym to ‘social inclusion’.

### 1.2.1 Social Exclusion

Social exclusion is a term first coined in France during the seventies commonly used to describe ‘the underclass which fell outside of the protection of the State’s social insurance’ (Silver, 1995).

The history of the notion of ‘social exclusion’ had pertained to the distributional aspect of economic resources, revolving around associations to ‘poverty’ in a strictly economic sense. But by the 1990s, the term had evolved and matured into a more broad and wider-encompassing notion: rather than describing a deficit model in only the distributional sense, ‘social exclusion’ was also used to describe deficits in the relational sense – the ‘dynamic process of being shut out, fully or partially, from any of the social, economic, political and cultural systems which determine the social integration of a person in society’ (Walker & Walker, 1997).

This broader definition is also most recently reinforced and reified by the United Nations (UN), framing ‘social exclusion’ as ‘a state in which the individuals are unable to participate fully in economic, social, political and cultural life, as well as the process leading to and sustaining such a state’ (United Nations, 2016). The evolved definition of ‘social exclusion’ therefore encompasses all those in society who experience deficit in not only the distributional aspect of economic resources, but also those in deficit in the relational sense and are prevented from fully engaging in the **different systems** of society (Sandell, 1998).

Richard Sandell (1998) was the first to parse the concept of 'social exclusion' in four main dimensions, and to declare the intertwined nature between them. His analyses had since been profoundly referenced in the relevant spheres of academia, given below:

### ▸ **Economic Exclusion**

**Being excluded from access to basic needs such as housing / shelter, health and education, as well as issues related to income and production**

### ▸ **Social Exclusion**

**Being excluded from access to social networks, services, labour market and social participation; concerns the importance of self-worth, dignity and community identity**

### ▸ **Political Exclusion**

**Being excluded from access to human and political rights, such as the freedom of expression and the right to participate in the exercise of political power**

### ▸ **Cultural Exclusion**

**Being excluded from the representation of one's cultural heritage, the participation in cultural production and the opportunity to enjoy and appreciate cultural services through uninterrupted access**

Sandell emphasises the implications drawn from the four dimensions are often inter-related and inter-twined, suggesting the ramifications rendered through one dimension may fall under the scope of another (an individual is often excluded in more than a single dimension). For instance, impoverished individuals who lack the means and motivation to participate in the arts and cultural events are excluded 'economically' and 'culturally', but may also encounter 'social' and 'political' exclusion without access to the community and the power to exercise certain rights.

According to the Social Model of Disability, it is specified that the exclusion of people with a physical disability is largely attributed to biased human spectacle, rather than a physical natural barrier (Shakespeare, 2016). This further reinforces the notion that social exclusion is likely to occur due to factors spanning more than one dimension.

## 1.2.2 Social Inclusion

The notion of 'social inclusion' itself falls under a multi-faceted, cross-dimensional disposition. A report by

Francois Matarasso in 1997 opined that the cultural process helps build self-confidence, which in turn enables individuals to better control their lives. This can re-connect people in an individual capacity as well as the collective. Matarasso has indicated that the importance of arts participation 'is not just that it gives people the personal and practical skills to help themselves and become involved in society...but that it opens routes into the wider democratic process and encourages people to want to take part. Participation is habit-forming' (Fisher, 2002; Matarasso, 1997).

In the policy discourse, we observe that efforts to promote social inclusion usually arise from concerns over a direct eradication of social exclusion. In fact, many seem comfortable with taking 'social inclusion' as simply the direct antonym to 'social exclusion' (de Hann, 1998). Indeed, there is noticeably less literature specifically dedicated to just 'inclusion' without first pre-supposing the occurrence of 'exclusion'. However, while there are similarities in the breadth and depth each term describes, we submit that there is a small but significant nuance between the two terms.

Literatures on social inclusion suggest that whilst tackling exclusion involves removing 'structural barriers'

to participation in society for excluded groups, e.g. barriers to employment or education, inclusion should as well involve a ‘radical shifting of social attitudes to difference’, rather than simply attempting to enable people to fit into an unwelcoming society (Bates, 2005; Bates & Davis, 2004; Department of Social Security, 1999; Dunn, 1999; Gordon et al., 2000; Jermyn, 2001, 2004; Office of the Deputy Prime Minister, 2004). This is best reified by the UN’s approach to the term:

*Social inclusion is thus a more deliberate process of encompassing and welcoming all persons and embracing greater equality and tolerance (United Nations, 2016).*

Hence, in the present report, we have taken promoting ‘inclusion’ to **not only** concern the remedial approach of tackling exclusion by removing barriers to people’s participation in society, but also involve taking **active inclusionary steps** to facilitate such participation.

As such, ‘social inclusion’ should be regarded more as a desirable long-term aspiration, and in parity ‘arts inclusion’ ought to be, in a better world, a daily form of practice without the need to single out or highlight what should be a natural occurrence; ideally, ‘inclusion’ would become one of the many core values embedded in the entirety of society where a community could leverage the arts to engage the productivity of difference, meet the needs of those falling behind, and continually challenge the stereotypes formed of different demographics (Fox & Macpherson, 2015).

Thus, our paper pays critical attention to this little yet significant nuance between the terms, and prompts us to open our ways of thinking towards the preventative function in the arts, which plays an equally important role as its existing ‘remedial’ function. The use of arts as a ‘preventative’ measure for the greater good of society presupposes a re-calibration of the definition of ‘the marginalised’ which is discussed below.

### 1.2.3 An Emphasis on Prevention: Rethinking the Definition of ‘Marginalised’

Who are ‘the marginalised’? Are the ‘marginal-

ised’ really ‘the marginalised’? The demographics labelled as ‘marginalised’ historically emerged for the sake of policy-making. In France, these groups used to be identified as ‘mentally and physically handicapped, suicidal people, aged invalids, abused children, substance users, delinquents, single parents, multi-problem households, marginal asocial persons, and other social misfits’ (Silver, 1995). Similarly, groups in Hong Kong unanimously considered susceptible to ‘marginalisation’ may include the elderly, those with dementia, ex-offenders, at-risk youths, ethnic minorities, and the disabled with physical or mental impairment – including those with AD/HD, ASD, and SpLD.

But as the modern society continues to develop in size and complexity, and in light of our fast-ageing community, we submit that the definition – and the category itself – of the ‘marginalised’ is constantly expanding. The ‘marginalisation’ of individuals is not a static state but describes an evolving spectrum wherein people may ‘fall in’ and ‘come out of’. Individuals may shuffle along this spectrum of precarity, and those who are ‘at risk’ could stay unidentified and become ‘the hidden marginalised’. Under the assumption of a fluctuating boundary, adopting a ‘preventative’ approach in policy-making and exploring ways to tackle the associated problems through ‘joint-departmental collaboration’ are indeed most timely and appropriate.

## 1.3 From Social Inclusion to Arts Inclusion

We now turn to the convergence of ‘arts’ and ‘inclusion’, and consider what they might mean when placed together in the context of public policy.

### 1.3.1 How Did ‘Arts Inclusion’ Come About in Policy-Making

The mobilisation of the arts as one of the means to redress social exclusion first entered the arena of policy-making during the Tony Blair administration at the turn of the 21st century when the UK Prime Minister established the Social Exclusion Unit (SEU) as part of a national strategy to eradicate exclusion through ‘joint-departmental collaborations’ (Sandell, 1998).

At the time, the SEU appropriated ‘neighbourhood renewal’ as its first attempt in tackling social exclusion, and subsequently deployed eighteen policy action teams (PATs) with different areas of focus to draft a roadmap accordingly. Policy Action Team 10 (PAT 10) was assigned the task of evaluating the impact of the arts and sports on neighbourhood renewal. Led by the Department for Culture, Media and Sport (DCMS), PAT 10 in 2000 launched the first paper with policy recommendations aiming to address social exclusion specifically through arts and sports. Entitled *Arts and Sports: a report to the Social Exclusion Unit*, it highlighted the benefits and impacts of the arts and sports separately and made 47 recommendations for the SEU’s consideration (The Social Exclusion Unit, 2004). These are summarised in APPENDIX I.

The interdisciplinary approach adopted by the UK Government led to a set of conclusive findings intended to provide a basis of future government work across a host of departments. The report specifically called on: i) the Department of Education and Employment (as it was then known) to use creative activities as a means to raise literacy and numeracy standards in schools; ii) the Home Office to incorporate arts- and sports-related projects into rehabilitation programmes for ex-offenders; iii) the DCMS to accentuate its social inclusion objectives through funding agreements with cultural funding agencies; and iv) the Arts Council England (ACE) to recognise explicitly the effective-

ness of using arts in combating social exclusion and supporting community development. It is evident that the UK Government had long recognised the value of addressing problems arising from social exclusion through joint-departmental collaboration (Fisher, 2002).

We shall delve into the multiple functions of arts as ‘tools’ to achieving ‘inclusion’ in detail below.

### 1.3.2 The Social Impacts that Manifest through Arts Participation

In his seminal publication of 1997, *Use or Ornament? The Social Impact of Participation in the Arts*, Francois Matarasso demonstrated the wide-ranging social impact of arts and culture and how it may be applied to different aspects of social policy (Matarasso, 1997). The study identified fifty areas of social impact engendered from the participation in the arts, which we present in APPENDIX II.

Different bodies of research had taken to divide these areas of social impact into six main categories, which is adopted in this paper. These six categories observe different dimensions — from the perspective of personal development to those on a social and community level (Health Development Agency, 2000; Jermyn, 2001; Social Exclusion Unit, 2001). The six categories are:

<b><i>i. Personal Development</i></b>	Personal growth in the sense of a transformation of identity
<b><i>ii. Social Cohesion</i></b>	Integration of people of different backgrounds through facilitating communication, understanding, and empathy
<b><i>iii. Community Empowerment and Self-determination</i></b>	Empowerment through community participation, strengthened community networks and mutual support
<b><i>iv. Local Image and Identity</i></b>	Defining local identity and fostering a communal sense of belonging
<b><i>v. Imagination and Vision</i></b>	Building assets and skillsets and developing creative expertise as a form of future capital
<b><i>vi. Health and Wellbeing</i></b>	Improved quality of life by promoting both physical and mental health and reducing health-related inequalities

### 1.3.3 The Impacts of Arts on 'Health & Wellbeing'

Whilst all these six dimensions will be covered and elaborated in latter sections, this paper particularly draws to the benefits rendered through arts in the Health and Wellbeing category.

A review on arts and health from the HDA in 2000 provides that 'health benefits' can be understood as broadly the 'building blocks' of 'social capital', whereby factors in the forms of enhanced motivation, improved social connection, positive mindset, reduced isolation, increased confidence and enhanced self-esteem may all constitute as benefits of 'health and wellbeing' (Health Development Agency, 2000). We adopt these parameters when we mention benefits in 'health and wellbeing' in this paper, and ascribe that activities pertaining to 'the arts' can generate these effects.

In connection with the arts, the same document suggests there are more evidence and a strong indication that increased wellbeing was *directly related* to involvement with arts, and not just with socialising or carrying out the physical activity involved (Health Development Agency, 2000).

The general consensus in current literature suggests that holistic and positive improvements in the mental health of participants can be achieved through the *catharsis* outlet of emotions through arts-related processes. We submit that this cathartic outlet discussed below is an emblematic characteristic of arts engagement.

### 1.3.4 The Cathartic Effect through Arts

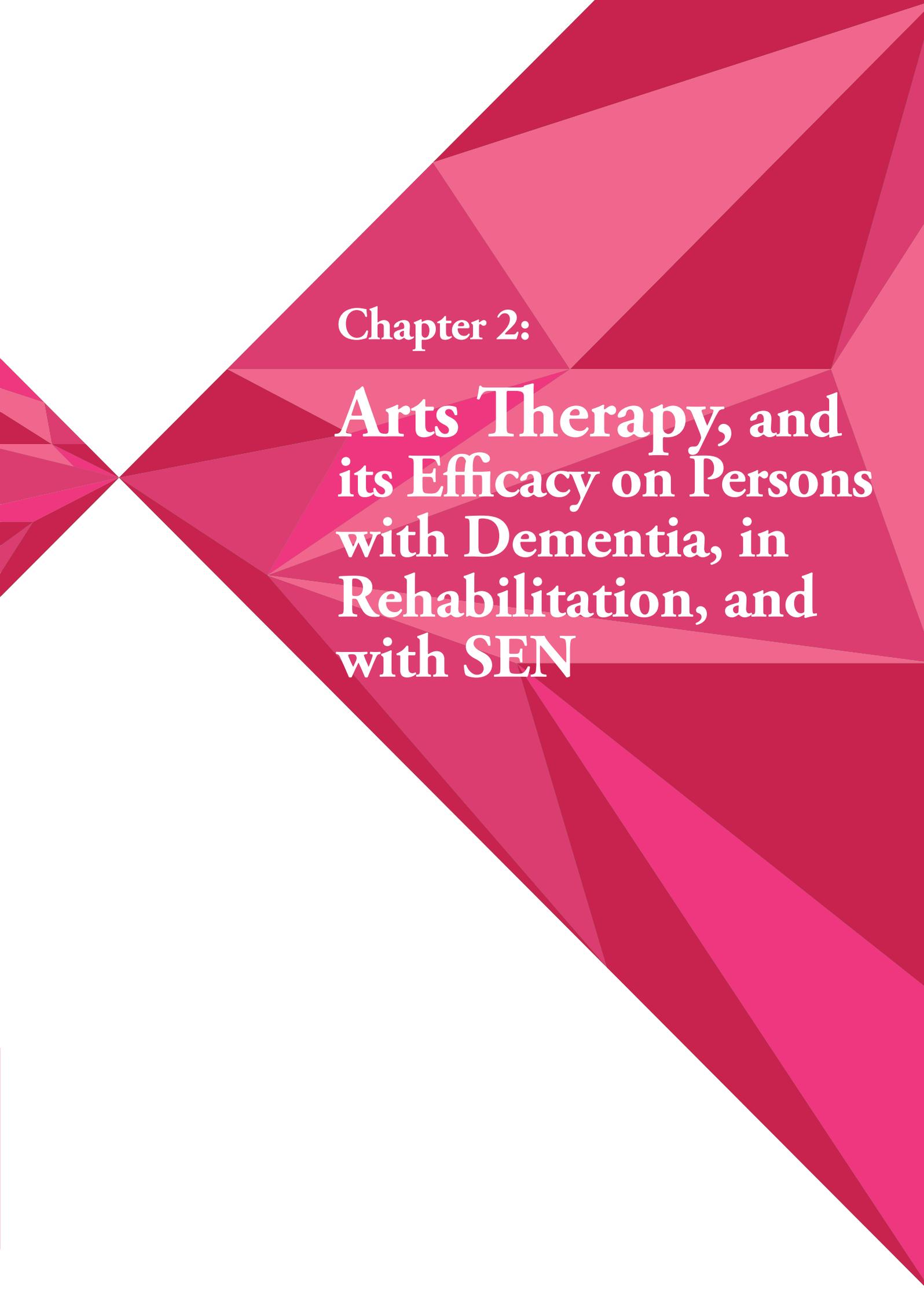
William Morris, in his seminal publication, 'The aims of Art,' attributed 'catharsis' as an 'aim' of art and called it as a type of *psychological process* that promotes the 'emotional and mental health' of the participants (Morris, 1887). In the modern vernacular, and according to the Oxford English Dictionary, 'catharsis' most often describes 'the process of releasing, and thereby providing relief from strong or repressed emotions'.

Building off the pivotal study on 'Arts and Social Impact' conducted by Eleonora Belfiore & Oliver Bennett in 2007, which is funded by the UK Arts and Humanities Research Council and ACE, we conclude with the 'positive tradition' of catharsis that develops from artistic endeavours (Belfiore & Bennett, 2007).

In our paper, we pay attention to the expressiveness of individuals through arts. The process of catharsis manifests most directly on a personal level, and its effects often extend to the dimensions of health and wellbeing which we will discuss further in latter sections. The act of expressing, or more accurately, of connecting with inner emotions of the self, also often leads to new insights or inner understandings of one self.

Diving into the 'cathartic' effect identified as one of the benefits of arts, we shall examine the arts-based, clinical intervention of 'arts therapy' for more meticulous bodies of empirical evidence and research, in particular to the physiological and psychological impact of arts on the health and wellbeing of individuals.





Chapter 2:

**Arts Therapy, and  
its Efficacy on Persons  
with Dementia, in  
Rehabilitation, and  
with SEN**

## 2.1 Defining and Understanding 'Arts Therapy'

In the previous chapter, we have delineated the well-researched social impact of participatory arts. Subsequently, it is useful to examine the relationship between artistic creativity and its effects on the human body. A clinical perspective is the most direct approach: we therefore turn to 'arts therapy'.

'Arts therapy' is a clinical intervention building upon the therapeutic process of arts, delivered by professional and accredited arts therapists, who must be registered with a statutorily-regulated board under the national healthcare systems in most countries. The Health & Care Professions Council (HCPC), the regulatory body of 'arts therapists' in the UK, provides the following definition of 'arts therapists':

*An arts therapist is a psychological therapist who has arts-based experience plus training in psychological interventions using drama, music or art as their primary mode of communication. Arts therapies can help to improve general development, social interaction and communication skills, and support mental and physical rehabilitation. (HCPC, n.d.).*

Arts therapists can ply their trade through different types of art forms, such as visual art, music, dance & movement, drama, poetry and prose etc. However, it is too common that references to 'art' in arts therapy literature can be naively taken to mean 'visual art' only, which is why for clarity's sake, we emphasise this paper adopts **the plural terms** for 'arts therapy' and 'arts therapists', to reinforce it is the

broad sense of the creative arts that is referred to, and not just one singular art form (Madden & Bloom, 2004; The National Coalition of Arts Therapies Associations, 2001). From here on, the profession of arts therapy with a broad spectrum of arts therapists will be referred under the broad interpretation of 'arts therapists'. We also include expressive arts therapists (EATs) under this broad name for this paper.

Concerning the professionalism and integrity of arts therapists, in the United Kingdom (UK) it is a statutory requirement to register with the HCPC, and four subsets of professional titles within the profession of 'arts therapy' are protected under this regulation, namely 'Art Psychotherapist', 'Art Therapist', 'Dramatherapist' and 'Music Therapist' (British Association of Art Therapist, n.d.). In the United States (US), there are two levels of credentials – both are based on thorough evaluation on academic achievement and clinical experience before qualification is granted (Art Therapy Credentials Board, n.d.). Currently in Hong Kong, we do not observe similar legal governance on arts therapists.



### 2.1.1 Arts Therapy is Different from Arts Activity

Whilst standard activities of participatory arts or programmes of broader cultural engagement may indeed render therapeutic outcomes, they are different from the clinical intervention of ‘arts therapy’. Differentiating from conventional arts teachers, therapists underscore the interaction with their patients or ‘clients’, as well as the tangible progress observed in relation to beneficiaries’ mental and behavioural state. It is critical to note the difference between arts activities that may engender certain therapeutic outcomes (non-clinical), and therapeutic arts interventions (clinical). In other words, arts facilitation is necessary but does not constitute a sufficient role on its own for the purpose of arts therapy. Sessions of ‘arts therapy’ are not to be undertaken by any untrained person, with or without a prior background in arts. Extended quality-assured training is a prerequisite for the delivery of ‘arts therapy’ sessions, and incompletion could potentially lead to adverse effects on the patient undergoing the service.

### 2.2 Arts Therapy as Part of Health Discourse

Derived from Sigmund Freud’s psychoanalysis, Carl Jung’s analytic approach, and Josef Garai’s humanistic psychology, among others, arts therapy embodies a variety of clinical approaches in practice. Studies have shown for arts therapies to be effective under a variety of settings (ther-

apeutic, rehabilitative, communal, educational) and beneficial to the integration of emotional, physical, cognitive and social functioning of individuals through improved health, enhanced communication, and increased levels of self-awareness and confidence (Madden & Bloom 2004).

For the scope of this paper, and with relevance to the context of Hong Kong, we shall discuss specifically the therapeutic effects of arts therapy on three selected groups of subjects: persons with dementia, persons in rehabilitation and those with SEN. Taking into account the experience of incorporating arts therapy into a public healthcare/ social service system in select regions, in the section below we will also explore the possible role HKSAR Government can play to facilitate the development in these areas.

### 2.3 Arts Therapy and Those with Dementia

According to Alzheimer’s Association, dementia is not a type of any specified disease. Instead,

*It’s an overall term that describes a wide range of symptoms associated with a decline in memory or other thinking or cognitive skills, severe enough to reduce a person’s ability to perform everyday activities (Alzheimer’s Association, n.d.).*

Alzheimer’s is the most common type of dementia, accounting for up to 60% to 80% of cases. Vascular dementia, which often results from a stroke, follows as the second most common dementia type. Other repairable conditions, such as thyroid problems and vitamin deficiencies, can also result in symptoms of dementia. Given Hong Kong’s ageing predicament, local cases of dementia will likely continue to grow.

A recent local study has shown that the prevalence rate of dementia for people aged over 60 in Hong Kong will increase from 8.4% in 2009 to 11% in 2039. Magnified by an ageing population, the number of individuals diagnosed with dementia will triple – from 103,000 cases in 2009 to 333,000 cases in 2039 (Yu et al., 2012). According to the statistics provided by the Legislative Council (2017a), HA had looked after some 28,000 people with dementia by



2017. As of 2015, the average waiting time for new cases at one of the HA's psychogeriatric specialist out-patient clinics is 11 weeks (Legislative Council, n.d.).

The Social Welfare Department (SWD) is also a source of support for the elderly population with dementia via Residential Care Homes for the Elderly (RCHE) and other Day Care Centres/Units for the elderly. However, the waiting time for admission is currently 36 months and 10 months, respectively (Legislative Council, n.d.).

The 'Dementia Community Support Scheme', where caregivers are trained to provide patients with individualised care, was launched as a pilot most recently in 2017. The scheme, provided by the HA, aims to meet the growing demand for support in the community among persons with dementia. However, there is no concrete indication that it will continue after a two-year trial. We refer to the policy strategy for persons with dementia in the UK as a case study below.

### **Arts Therapy Plays a Crucial Part in UK's National Strategy on Dementia**

While Hong Kong's dementia services generally aim to delay the patient's cognitive decline, the UK's strategy is seemingly one-step ahead by affording patients a chance to live well with dementia. In a national strategic document entitled Living Well with Dementia, published by the Department of Health (DH), the UK has issued a blueprint that not only calls for clinical services but also focuses on better quality of life for dementia patients. The pathway consists of three major components (Department of Health UK, 2009):

#### **▶ Raising Awareness**

- a. Improving the public understanding of dementia
- b. Reducing stigma and promoting help-seeking

#### **▶ Early Diagnosis and Support**

- a. Providing rapid and professional assessment
- b. Sufficient information for diagnosed patients
- c. Easy access to care and support services
- d. Structured support amongst peers

#### **▶ Living well with Dementia**

- a. Wide range of services in support of patients' caregivers
- b. Intermediate care for patients
- c. Supportive housing options and telecare
- d. Improved quality of service in care homes
- e. Improved end-of-life care for patients

The third component, 'Living well with Dementia', puts an emphasis on care and support extending beyond the physical health of patients and highlighting the need for looking after their psychological wellbeing. It is noted in the report that music therapy (MT), art therapy (AT) and drama therapy are recognised by the UK Government as important means in creating a high-quality social environment where patients are induced to improve their state of mind, hence their quality of life as well.

Moreover, this strategy identifies a major concern in the use of medication, in particular anti-psychotic drugs. It is suggested that they pose a number of health risks, including strokes and even mortality, and increase the likelihood of side-effects on patients. Therefore, in the UK healthcare professionals pay special attention to the use of anti-psychotic medication and their detrimental effects.

Cognitive behaviour therapy (CBT) is well evidenced for treating mental problems such as depression and anxiety. However, CBT requires sufficient cognitive and verbal abilities in patients (Lickel et al., 2012), which are usually lost in patients with dementia (Ferris & Farlow, 2013). Hence, standard CBT is found to be a less-than-optimal means of treating elderly patients with anxiety (Mohlman et al., 2003); it is even declared an ineffective way of treating clinical depression among patients having previously suffered from a stroke (Lincoln & Flannaghan, 2003).

Alternatively, arts therapists are among other professionals recommended by the DH to be commissioned for improving the mental health of dementia patients in care homes. The UK strategy also stresses the role – and therapeutic effect – of two-way daily communication between patients and their caregivers in promoting the quality of life of patients.

### **Scientific Support for Arts Therapy on Dementia**

In addition to the aforementioned study of government policy highlighting the practicality and suitability of arts therapy, the efficacies of arts therapy on dementia are well recognised and documented across different scientific bodies of research worldwide.

Firstly, arts therapy correlates to an anthology of evidence supporting the notion that it is an effective tool for improving holistic and mental status. It has been found that MT can effectively improve the functioning and relieve the symptoms of patients suffering from severe mental disorder(s) (Gold et al., 2009). It has also been affirmed of the prominent effect of MT on depression and anxiety among mild and moderate Alzheimer's disease patients (Guétin et al., 2009). Routinal MT is also shown to produce desirable effects on patients with mental disorders and a low level of self-motivation (Gold et al., 2013). Likewise, visual art is also proven to stimulate positive mood and peacefulness among the elderly (B. M. Wikström et al., 1993).

Apart from the different levels of improvement observed among patients of mood disorder(s), in general, arts therapy can also have a direct therapeutic effect in combating symptoms of dementia. In particular, MT is thought to be especially suitable for patients with dementia, mitigating the surge of behavioural and psychological symptoms of dementia (BPSD) among the patients (Raglio et al., 2008).

Numerous studies have shown that where cognitive and language functions decline as the disease progresses, but a patient's receptivity to music and musical memory remains well preserved (Aldridge, 2000; Cowles et al., 2003; Fornazzari et al., 2006; Norberg et al., 1986; Swartz et al., 1989). This is due to the independent nature of cognitive processing of music from that of linguistic capacity of the human brain, leading to the sparing of musical memory among patients of Alzheimer's dementia (Aldridge, 1993).

Moreover, Prickett and Moore's 1991 study has shown that patients are able to recite lyrics of songs far more dramatically than they could of spoken words. Other studies using various behavioural, physiological and neurological measures have unanimously provided encouraging results showing that music processing and musical memory do seem to be spared by the neurodegenerative effects of dementia (Cuddy & Duffin, 2005; Prickett & Moore, 1991; Vanstone et al., 2009). This significant improvement in the memory of dementia patients could induce a series of beneficial effects, including the stimulation of emotional states in particular to their affectionate memories and positive feelings (Waddell, 2000).

Similar to MT, visual art has been found to improve the functional connectivity of posterior cingulated cortex in the human brain (Bolwerk et al., 2014), which is a vital part for memory retrieval (Maddock et al., 2001). Likewise, theatre arts can improve the cognitive ability of the elderly, as well as their psychological wellbeing (Noice et al., 2004), while movement-based intervention such as dancing can help slow down the deterioration of cognitive abilities among those with early dementia (Ho et al., 2015).

Research findings also suggest that arts therapy overall can lessen neuropsychiatric symptoms which are not yet medically treatable by conventional pharmacologic means in patients with dementia (Chancellor et al., 2014). Moreover, creative arts therapy *combined* with PT has shown promising results – far better than PT alone – in relieving symptoms of clinical depression and strengthening the physical function of post-stroke patients (Kongkasuwan et al., 2016).

Arts therapy can also promote social engagement among participants. Pollack and Namazi's comprehensive study recorded a 24% increase in the volume of social behaviour, e.g. talking, vocalising, gesturing, smiling, touching, humming, singing and whistling following MT (Pollack & Namazi, 1992). Lord and Garner's study came to a similar conclusion showing significantly higher scores in social interaction after sessions of musical intervention (Lord & Garner, 1993). In many ways, visual art can serve as a communication channel between nursing staff and the elderly (Wikström, 2000) whereas an art gallery can serve as a place of intervention where patients with dementia can build upon the relationship with their caregivers (Camic et al., 2014).

Having considered the clinical component of arts therapy which are proven to be efficacious on dementia patients, we have come to recognise the rationale behind the mobilisation and incorporation of arts therapy as a form within the systems of dementia care in the UK. The reasons are reiterated in a quick summary as follows:

**1.** Anti-psychotic drugs pose certain health risks to patients with dementia. Their use should be minimised, and non-pharmacological forms of treatment are a viable alternative.

**2.** Arts therapy is proven as a booster for improving a patient's mental state and seems to fit the gap perfectly.

**3.** Arts therapy can directly improve the cognitive abilities of dementia patients, supplemented by certain therapeutic outcomes that cannot be achieved by the other more conventional pharmacological means.

**4.** Arts therapy can outperform other therapies in cases where patients have deficiencies in communication and social engagement.

**5.** The relationship and communication between caregivers and patients are crucial to improving the quality of life of patients, which can be improved through arts therapy.

It would be outside the scopes of this paper to comment on the overall policy on dementia care in Hong Kong, but we strongly recommend the HKSAR Government to include arts therapists as one of the professionals in supporting patients with dementia when formulating its long-term care policy.

All in all in Hong Kong today, the prevalence of arts therapy among elderly homes remains quite low – which may be due to the following reasons:

**1.** Arts therapy is relatively new compared to other types of therapies such as OT and PT.

**2.** Efficacies of arts therapy are not well recognised among service providers.

**3.** Arts therapists are not on the list of regulated healthcare professionals, nor are they included as AHPs under the HA.

However, we realise that some elderly homes in Hong Kong have started to commit to arts therapy as part of their regular services. In fact, Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged (which we have interviewed) is the first elderly home in



Hong Kong to do so, with a full-time music therapist and expressive arts therapist offering their respective creative arts therapy sessions to elderly residents on a daily basis.

It must be noted that many of the elderly service units in Hong Kong including elderly homes have made use of various types of arts activities to achieve different objectives in enhancing the quality of life of different elderly persons. While these arts activities may render similarly positive therapeutic outcomes, they may not be described as 'arts therapy' per se. This nuance is explicated in further detail in 2.1.1 and subsequent sections.

A set of policy recommendations has been devised to enhance the prevalence of arts therapy, to be discussed in Chapter 5.

## 2.4 Arts Therapy and Those in Rehabilitation

Rehabilitation services in Hong Kong mainly target 10 types of disabilities, including those suffering from AD/HD, ASD, hearing impairment, intellectual disability (ID), mental illness, SpLD, speech impairment, visceral disability and visual impairment. We find that arts therapy is particularly well evidenced for its therapeutic effects on symptoms of AD/HD, ASD, mental illness, ID and SpLD, which we shall touch upon below.



### 2.4.1 Arts Therapy and Those with AD/HD

Some common characteristics of those suffering from AD/HD are inattentiveness, hyperactivity and impulsiveness. AD/HD can be caused by brain injuries, genetic factors, smoking and other toxins. Currently, medication in the form of stimulants are the most commonly used treatment for AD/HD. The major function of these stimulants is to 'stimulate' attention by increasing the levels of dopamine and norepinephrine in the body, but they are not free from side effects which include a rise in blood pressure, faster heart rates and higher levels of anxiety (National Health Service, 2016a).

To avoid excessive stimulant intake, alternative treatment like cognitive behavioural therapy (CBT) may be considered for persons with AD/HD. CBT is the most common type of psychotherapy used for treating AD/HD, which aims to change the patients' behaviour and thinking. However, the use of language and verbal ability is required for patients in the CBT process (Lickel et al., 2012), yet children with AD/HD generally have difficulties in story re-telling and are weak in semantic language abilities (Purvis & Tannock, 1997). CBT is therefore handicapped – and even ineffective – in engaging these groups partly because students with AD/HD cannot communicate well and are relationally far removed from their therapists.

In these scenarios, the non-verbal disposition of arts therapy may render a feasible alternative. From literature to MT, for instance, art therapy is found to reduce motor impulsivity in AD/HD students (Cripe, 1986; Rickson, 2006); it can also enhance their social skills (Gooding, 2011; Mers et al., 2009).

Therefore, when traditional pharmacological treatment and therapy cannot be applied to AD/HD patients due to side effects or communicative deficiency in patients, arts therapy can be a useful tool in mitigating a patient's symptoms.

### 2.4.2 Arts Therapy and Those with ASD

ASD is a range of development disorders that affect a patient's social skills, such as communication and interpersonal skills. Patients may also have repetitive behaviour and a very limited scope of interests.

Currently, there is no cure for ASD, although medication can mitigate patients' behavioural problems, including depression and aggressive behaviour. However, medications for ASD usually have side effects like weight gain and movement disorder (Murray et al., 2014). Live-threatening side effects like rhabdomyolysis and seizures are also possible (Murray et al., 2014). Therefore, treatments for ASD are usually based on interventions that are aimed at improving the communication skills, social interaction skills, imaginative play skills and academic skills of patients (National Health Service, 2016b). The National Health Service (NHS) has particularly mentioned that speech and language skills of ASD patients are usually underdeveloped and that other means like pictures should be used instead to communicate with them.

Ideally, patients should be able to have access to a wider variety of intervention options in their treatment so that the therapeutic effects from the combination of interventions may be optimised. Interventions can include behavioural interventions, developmental interventions and psychological interventions, while arts therapies come under psychological interventions according to the NHS (Research Autism, 2017).

The inclusion of arts therapies in treating ASD are well supported by scientific research. Arts therapy can improve the social and emotional development of children with ASD (Kim et al., 2009), and MT can improve their social interactive skills (Kern & Aldridge, 2006). MT can also help children with ASD to memorise words and signs (Buday, 1995) and improve their communicative skills and behavioural skills (Edgerton, 1994; Kaplan & Steele, 2005). MT incorporating Applied Behaviour Analysis Verbal Behaviour can result in a satisfactory outcome on the echoic production of patients, and the overall result is comparable to speech training (Lim & Draper, 2011).

From what we have gathered, there is no single therapy that is all-applicable to every ASD patient. Patients and their caregivers should be given the option to choose the most appropriate approach of care, based on a wider selection of therapies given. The UK's approach incorporates different types of interventions, amongst which is the intervention of arts therapy. A wider selection of therapies allows ASD patients to identify their most appropriate form of treatment more efficiently, and it can serve as a reliable reference for the HKSAR Government.

In Hong Kong, the number of people diagnosed with autism increased from 3,800 in 2007 to 10,200 in 2013 (Census and Statistics Department HKSAR, 2015). However, the services provided by the HKSAR Government are far from adequate. The procedures of assessment, diagnosis and treatment may take more than two years, and it is not unusual in patients to miss their optimal window of period for treatment because of a long wait.

In Hong Kong, options of treatment available are limited to only OT, PT and ST. But according to Research Autism in the UK, these three types of therapies have unclear effects on autism. It is found that CBT and Applied Behaviour Analysis (ABA) are the most evidence-supported types of therapy for ASD, and although not as well proven as CBT and ABA, picture exchange communication system (PECT) and MT have shown evidence for their positive effects on ASD patients (Research Autism, n.d.). The availability of CBT, ABA, PECT and MT for ASD users, however, are very low in Hong Kong.

The HKSAR Government should revamp its services for ASD patients by shortening the time lag for treatment as well as widening its service spectra to include

CBT, ABA, PECT, MT and other therapies based upon positive, well-proven evidence.

### **2.4.3 Arts Therapy and Those with Mental Illness**

The effect of arts therapy on mental illness is most evidenced among all other disabilities in rehabilitation: depression, anxiety and relationships of patient with other mental illnesses can be improved through MT (Choi et al., 2008); social isolation, stigma and discrimination facing people with psychiatric disabilities have lessened as a result of arts creation (Howells & Zelnik, 2009); clay art therapy has helped people with depressive disorder to regulate their emotions (Nan & Ho, 2017); and dance- and movement-based therapy is effective in relieving stress for patients with breast cancer during radiotherapy (Ho et al., 2016).

Patients with dementia, AD/HD and ASD are prone to developing mental disorders such as depression and anxiety. A large part is because these patients usually have deficiencies in expressing their feelings via verbal communication, and become emotionally and psychologically suppressed. Care providers cannot always spot these characteristics, and when these mental suppressions accumulate, they hinder the effectiveness of regular therapies. As mentioned in the previous section, arts therapy can serve in this case as a non-verbal means to mitigate and remediate patients' mental problems and improve their emotional development. This can as well smoothen the impact made from other forms of intervention – a key reason that arts therapy is recognised as a very 'cost-effective' intervention by HCPC in the UK.

### **2.4.4 Arts Therapy, and Those with Intellectual Disabilities (ID) and SpLD**

The handicap in conventional therapies on verbal communication persists for those with Intellectual Disabilities (ID) and Specific Learning Difficulties (SpLD) – to be elaborated in this section. McGinnity and Banks (2004) have stated the handicap in conventional psychotherapy for people with ID who find verbal communication a challenge; they mentioned that arts therapy may thus be used on these people to enable them to express themselves in non-verbal

ways. The British Psychological Society pinpointed that the problem with most therapeutic interventions that aimed to improve mental states in ID patients was the lack of support from randomised control trials (RCTs): only one RCT existed in each of CBT and arts therapy, and the RCT for arts therapy indicated that adults with ID could have their communication skills and social relationship improved (Got & Cheng, 2008).

The Hong Kong Rehabilitation Programme Plan (RPP) 2007 classified dyslexia, motor coordination disorder and specific dysphasia as SpLD, with dyslexia being the most common type (Labour and Welfare Bureau HKSAR, n.d). 'Dyslexia' is defined by the International Dyslexia Association as 'a specific learning disability that is neurobiological in origin... [and] characterised by difficulties with accurate and/or fluent word recognition and by poor spelling and decoding abilities' (International Dyslexia Association, 2002). It is a life-long problem, and the most common types of interventions used for these cases in Hong Kong are educational therapy and ST.

Similar to the other disabilities mentioned above, patients with dyslexia may have communication problems due to deficiencies in language abilities (Temple et al., 2003). Arts therapy can, once again, serve as an alternative. The aggressive behaviour of students with dyslexia can be mitigated by painting, and their social competence can be improved through MT (Karami et al., 2012; Gooding, 2011). For more direct therapeutic effects on these groups, one may refer to Habib et al. (2016), who showed that MT can even improve reading abilities and phonological skills of these groups.

### **The Need for Arts Therapy in Hong Kong's Rehabilitation System**

Currently, we admit that the priority for Hong Kong should be to revamp the structure of rehabilitation programmes, reduce the average waiting time for assessment and diagnosis so that patients may have quicker access to treatment. Moreover, the lack of available options in treatment remains a problematic issue pending a holistic solution.

As mentioned, the interventions provided in Hong Kong for most disabilities are limited to three therapy types, namely OT, PT and ST. But the efficacies of these 3

therapies are not too well evidenced for the demographics of dementia, AD/HD, ASD and Mental Illness. For instance, CBT and ABA present as undeniably the more well-proven therapies for those with AD/HD and ASD, but even these are not well supported by the HKSAR Government.

Because deficiency in communicative skills is a common characteristic among the demographics mentioned above, it creates a handicap in the context of the mainstream therapies available in Hong Kong and a mismatch among patients these therapies are meant to cover. Arts therapy as a non-verbal and well-proven alternative could fill this existing gap, but its function, efficacy and adoption have been overlooked in the community. Arts therapists are often able to stabilise the moods of patients without relying too much on the use of language, and can facilitate the therapeutic effects of other ongoing therapies without inducing adverse side-effects. Hence, they provide a cost-effective alternative of intervention for treating different types of disabilities.

The types and traits of disabilities elicited above are also common amongst students with SEN. Below we examine how arts therapy may fit within the existing educational environment for this group.

## **2.5 Arts Therapy and Those with SEN**

In Hong Kong, those who suffer from AD/HD, ASD and SpLD are grouped under those with SEN. We look at where arts therapy may fit within the existing educational environment for this group below.

### **SEN Students Under the Age of Six**

For SEN students under the age of six, three types of education are provided. They are:

#### **1. Early Education and Training Centres (EETC):**

- a.* EETC supports disabled children from birth to the age of two, and focuses on the role of the child's family.
- b.* EETC facilitates the integration of disabled children aged two to six (who receive no other pre-school rehabilitation services) into mainstream schools.
- c.* EETC has a capacity of 3,124 with 4,487 applications in the year of 2016-17 (Legislative Council, 2017a).

## 2. Special Child Care Centre (SCCC):

a. SCCC supports children aged two to six with moderate and severe disabilities via special training and care.

b. SCCC had a capacity of 1,799 with 1,591 applications in the year of 2016-17 (Legislative Council, 2017a).

## 3. Integrated Programme (IP)

### in Kindergarten-cum-Child Care Centre:

a. IP mainly serves disabled children aged two to six in ordinary kindergarten-cum-child care centres.

b. IP had a capacity of 1,980 with 1,721 applications in the year of 2016-17 (Legislative Council, 2017a).

These three centres mainly provide support to those with disabilities in the forms of ID, AD/HD, ASD, physical disabilities, visual impairment, and hearing impairment etc. In reference to the Funding and Service Agreement (FSA) provided by the Government for EETC and SCCC, only three forms of therapeutic services (OT, PT, and ST) are included as essential service requirements at the centres (Social Welfare Department HKSAR, n.d.). The scope of therapeutic services for the IP is even narrower, with only OT and PT services available (Social Welfare Department HKSAR, 2014). According to representatives from the SWD, visiting STs from NGOs may also provide their services for children in IP. Moreover, clinical psychological service is also provided for all three types of pre-school services, delivered by clinical psychologists (CPs) from SWD or NGOs; yet they are not included as a service requirement.

It is very common for children with ID, AD/HD and ASD to also experience primary difficulties in their verbal communication. As mentioned, this potentially dampens the therapeutic effects of OT and PT, both of which rely heavily on verbal interaction. The incorporation of arts therapy as an alternative approach for these SEN students could therefore complement the current therapeutic services in EETC, SCCC and IP.

### **Arts Therapy for SEN Students Aged Six or Above**

In 2016, there were 7,890 SEN students of school ages enrolled in special schools (School Education Statistics Section HKSAR, 2017). Special Schools are classified by the types of disabilities, including:

### 1. Visual Impairment

### 2. Hearing Impairment

### 3. Physical Disability

### 4. Intellectual Disability

### 5. Hospital School

### 6. School for Social Development

### 7. Mainstreamed Classes

Special schools for ID had the highest enrolment at 5,701 (School Education Statistics Section HKSAR, 2017), or over 70% of SEN students in special schools. Some students with ASD were also diagnosed with ID and admitted to the special schools (HKSAR Government, 2012).

We find similar predicaments elsewhere. According to the Code of Aid for Special Schools, non-teaching staff in special schools are confined within the parameters of OT, PT and ST (Education Bureau HKSAR, 1998). The same issue persists in that there are currently no therapeutic services of non-verbal means to engage those with communicative problems for which arts therapists could present an effective and viable alternative.

Apart from special schools, many more students with SEN are currently studying in mainstream schools.

<i>SEN Students enrolment in mainstream schools 2015/16</i>	<i>Primary School</i>
Specific Learning Disability (SpLD)	8,370
Intellectual Disability (ID)	660
Autism Spectrum Disorders (ASD)	4,420
Attention Deficit and Hyperactivity Disorder (AD/HD)	3,850
Physical Disability	120
Visual Impairment	30
Hearing Impairment	280
Speech & Language Impairment	2,100
<b>Total</b>	<b>19,830</b>

In the year 2015/16, 19,830 and 19,640 SEN students were enrolled in mainstream primary and secondary schools, respectively. Among those, SEN students with SpLD, ID, ASD and AD/HD accounted for 87.2% and 95.1% in primary schools and secondary schools, respectively (Legislative Council, 2016). Based on the ‘Operation Guide for the Whole School Approach to Integrated Education’, student support teams (SST) and educational psychologists (EPs) are the core components in supporting these students.

The main responsibilities of SSTs are to formulate support plans and deploy resources for SEN students, with teams comprising school principals, class teachers and curriculum development leaders, etc. EPs are responsible for advising students based on their conditions in relation to SEN and for facilitating the formulation of supporting plans. They can also refer students to other professional services where necessary (Education Bureau HKSAR, 2010). Specifically, there is a 3-tier support model recommended for teachers to consider: quality teaching, additional support, and intensive individualised support.

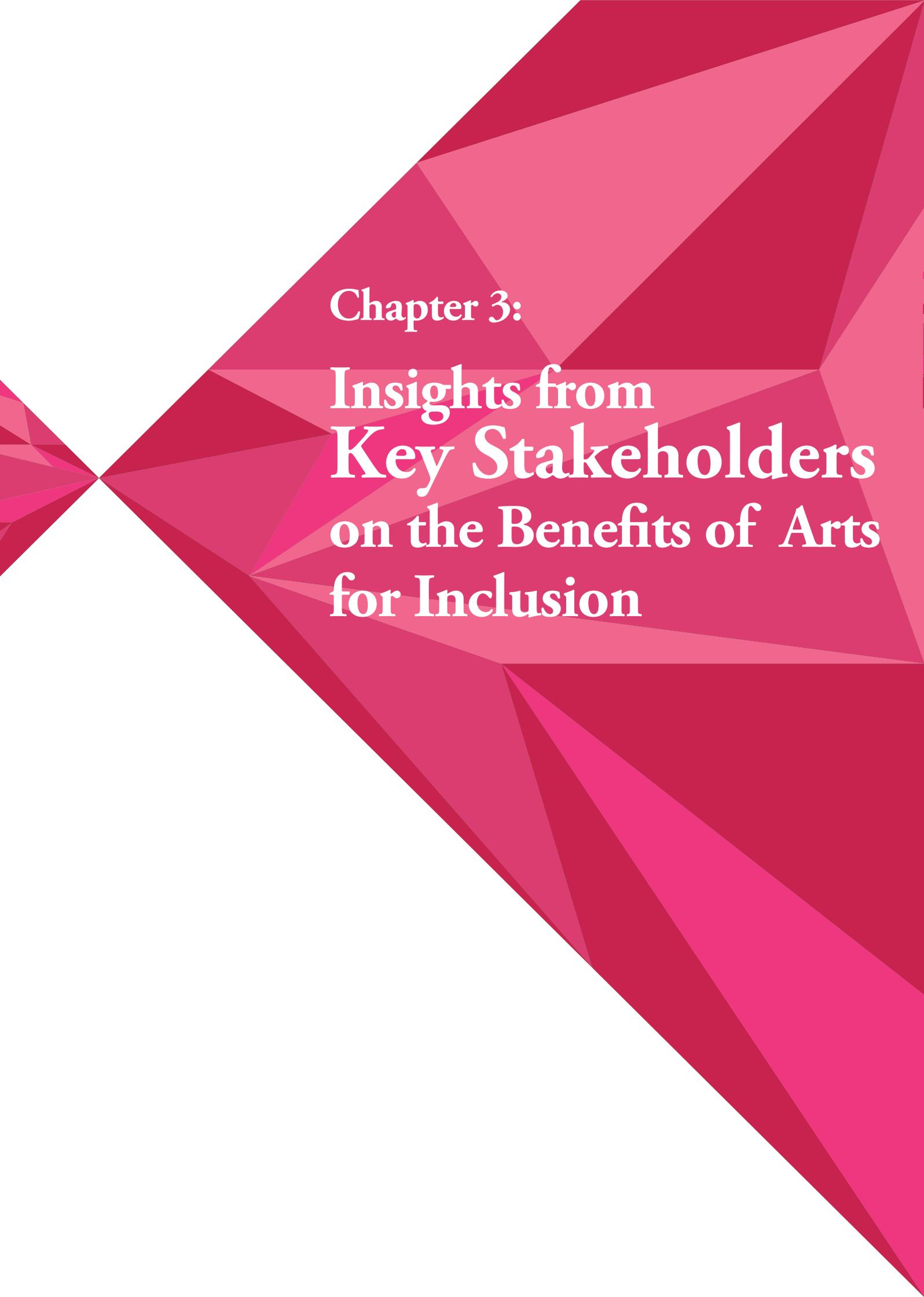
The Whole School Approach implies that teachers bear the bulk of responsibility in supporting students with different types of SEN. This portends two major problems:

- The additional burden may overwhelm teachers who already assume strenuous duties of teaching and other school-bound administrative tasks.

- Although teachers may have attended training for the 3-tier model of SEN, their skills cannot be compared to the training specified for professional therapists. The mismanagement of emotional or behavioural outbursts in SEN pupils could lead to adverse and devastating effects.

The Government is strongly urged to demonstrate its support of students with SEN and their teachers caught in this predicament by means of significantly providing more professional support in addition to the existing structure for EPs. A team of professionals should review the status of development of students with SEN on a regular basis and provide therapeutic interventions whenever necessary. They can be a tremendous asset in their assessment of early detection and treatment. We, therefore, submit that arts therapists can complement the existing efforts of OTs, PTs, STs and EPs to a great extent and, more importantly, that they constitute a larger role in supporting school children in need of therapeutic intervention.

<i>%</i>	<i>Secondary School</i>	<i>%</i>
42.2 %	11,020	56.1 %
3.3 %	930	4.7 %
22.3 %	2,380	12.1 %
19.4 %	4,350	22.1 %
0.6 %	190	1.0 %
0.2 %	80	0.4 %
1.4 %	390	2.0 %
10.6 %	300	1.5 %
<b>100 %</b>	<b>19,640</b>	<b>100 %</b>



Chapter 3:

Insights from  
**Key Stakeholders**  
on the Benefits of Arts  
for Inclusion

### 3.1 Participants and Sampling

We conducted focus groups as well as interviews for this study. It must be emphasised that our engagement with focus groups was not aimed at proving the efficacy of ‘arts’ for ‘inclusion’ in Hong Kong per se, but to demarcate whether the claimed impact of ‘arts’ for ‘inclusion’ observed in foreign countries can be applied and mapped in the local context of Hong Kong, at the same time anticipating potential differences and challenges that may occur.

Aggregating the numbers from focus groups and interviews, the research team engaged a total of 132 stakeholders with diverse backgrounds – from grass-root level to that on policy-making.

A total of 19 local NGOs/institutions of diverse service parameters were approached for interviews, all of which had

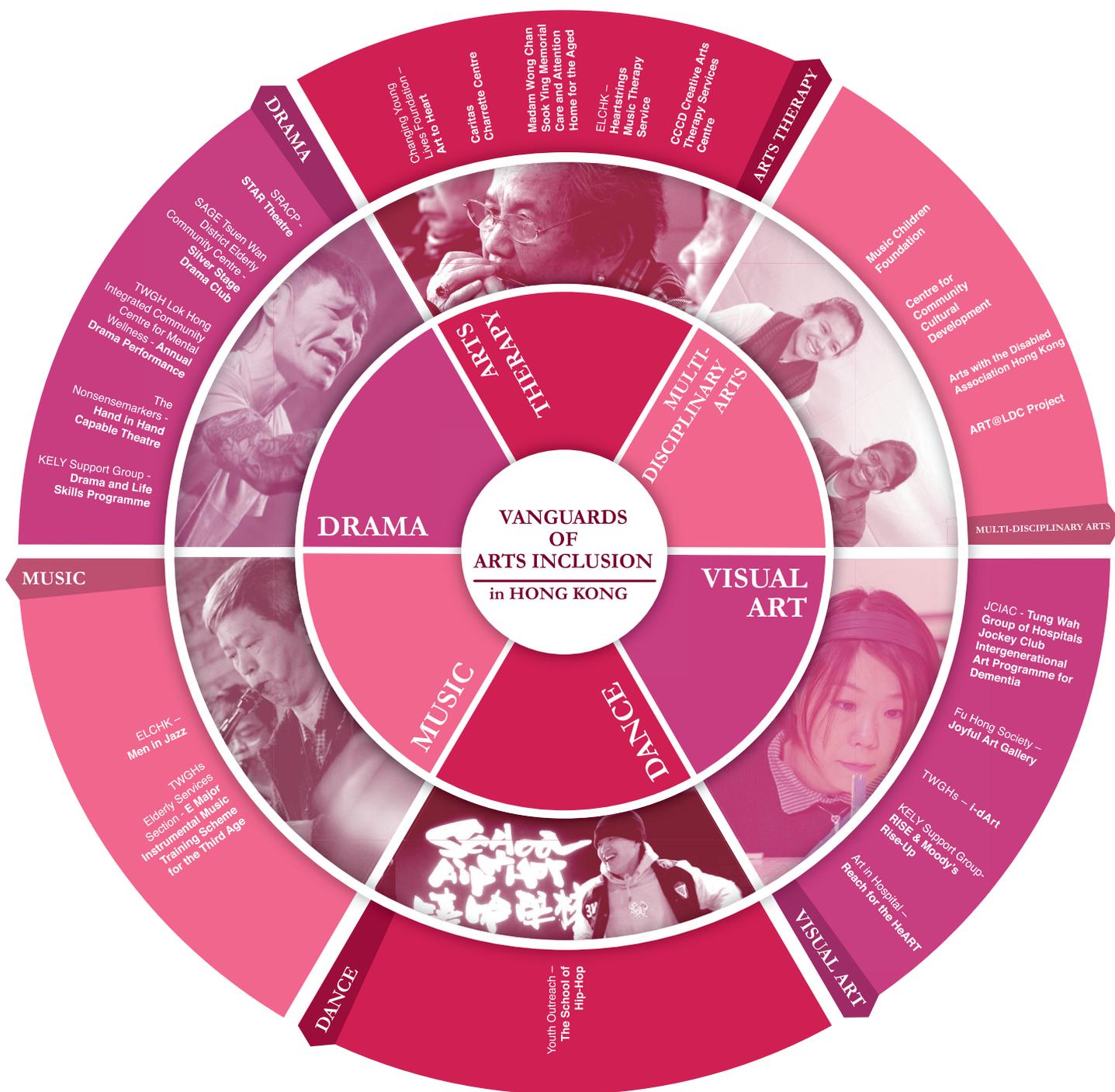
offered, or are offering, arts-related programmes or services with ‘inclusive’ aims. These interviews revolved around the benefits of arts, the landscape of arts inclusion in Hong Kong, and the challenges encountered. The following chart, supplemented with Table 1, shows the 19 NGOs and organisations interviewed by the research team, and they are categorised by the mode of arts engagement. They were chosen under the following criteria:

- i.* their programmes and services must be emphatically ‘arts’-driven or ‘arts’-focused – meaning they observably use ‘arts’ as the main means of intervention;
- ii.* their programmes must either be currently on-going, or completed *within the year of 2017*; and
- iii.* the scope of ‘inclusive’ work manifested in each programme fit under the provisions of our framework.



We consider these 19 organisations a selection of the key major players within the arts inclusion scene in Hong Kong, and the profiled here are by no means exhaustive but should offer broadly representable insights on behalf

of their fellow practitioners of the scene. The research team also spoke with government representatives from the SWD, the HA, and the Correctional Services Department (CSD) for their views.



**Table 1**  
**Organisations Engaged in this Research**

Please refer to APPENDIX III for detailed descriptions of each organisation

Year of Project Establishment	Organisation in-charge	Name of Arts-Driven Project/Intervention	Mode of Arts	Beneficiary Group	No. of Participants in Focus Group	No. of Relevant Staff Interviewed	On-going Status
<b>DRAMA – driven</b>							
2007	The Hong Kong Society for the Aged (SAGE)	Silver Stage Drama Club @ SAGE Tsuen Wan District Elderly Community Centre *	Theatrical Drama	Elderly	8	1	YES
2010	TWGH Lok Hong Integrated Community Centre for Mental Wellness	Annual Drama Performance (Mass Programme Initiative)*	Theatrical Drama	Persons in Mental Rehabilitation, and the Mentally Ill	6	1	YES
2013	The Nonsensemakers	HKJC Hand in Hand Capable Theatre IncluDrama Project	Theatrical Drama	Physically & Mentally Challenged + Able-bodied		!	YES
2016	KELY Support Group	Drama and Life Skills Programme*	Theatrical Drama	Ethnic Minorities	2		YES
2016	The Society of Rehabilitation and Crime Prevention (SRACP)	STAR Theatre *	Theatrical Drama	Ex-Offenders and Ex-Substance Users + Volunteers	6	1	YES
<b>MUSIC – driven</b>							
2011	Evangelical Lutheran Church Social Service-Hong Kong (ELCHK)	Men in Jazz	Music	Elder Males in the Third Age (50+)		1	YES
2016	TWGHs Elderly Services Section	E Major Instrumental Music Training Scheme for the Third Age *	Music	Elderly & the Third Aged	5	1	YES
<b>DANCE – driven</b>							
2004	Youth Outreach	The School of Hip-Hop *	Dance	'At-Risk' Youth	6	2	YES
<b>VISUAL ARTS – driven</b>							
2009	Art in Hospital (AIH)	Reach for the HeART	Visual Art	Hospitalised Elders		2	YES
2011	KELY Support Group	RISE (2011-2015); Moody's Rise-Up (2015-2017)*	Photography	Ethnic Minorities	3	3	YES
2013	Tung Wah Group of Hospitals (TWGH)	i-dArt *	Visual Art	Physically & Mentally Challenged	10	6	YES
2015	Fu Hong Society	Joyful Art Gallery - Let's Art Together Inclusion Project	Visual Art	Physically & Mentally Challenged + Volunteers		1	Completed June 2017; Seeking Funding
2016	Jockey Club Intergenerational Art Centre (JCIAC)	Tung Wah Group of Hospitals Jockey Club Intergenerational Art Programme for Dementia	Visual Art	Elderly & Young Volunteers		2	YES
<b>MULTI-DISCIPLINARY ARTS – driven</b>							
2016	ART@LDC, Society of Boys' Centre	ART@LDC Project*	Multi-Disciplinary Arts	Students with SEN/ Learning Difficulties	6	2	YES

## SORT BY ORGANISATION

1986	Arts with the Disabled Association Hong Kong (ADAHK); ADAM Art Creation	Jockey Club Inclusive Arts Project (2010-19)*	Multi-Disciplinary Arts	Physically & Mentally Challenged	5	7	YES
2006	Centre for Community Cultural Development (CCCD)	1.Stroke Choir; 2.Hong Kong International Deaf Film Festival; 3.Hong Kong Touch Art Festival	Multi-Disciplinary Arts	Disabled, Migrant workers and ethnic minorities		4	YES
2013	Music Children Foundation Limited	Music Children Foundation	Music	Underprivileged Children Below 12		1	YES

## ARTS THERAPY - based

2005	Centre for Community Cultural Development (CCCD)	CCCD Creative Arts Therapy Services Centre	Creative Arts Therapy	Patients with mental health issues, women with family issues, children with SpLD, including those with ASD and ADHD		4	YES
2006	Evangelical Lutheran Church Social Service-Hong Kong (ELCHK)	Heartstrings Music Therapy Service	Music Therapy	Elderly with Dementia and Chronic Patients		1	YES
2012	Madam Wong Chan Sook Ying Memorial Care and Attention Home for the Aged	Full Time Music Therapist Employment	Music Therapy	Elderly with Dementia		2	YES
2013	Caritas	Caritas Charrette Centre	Creative Arts Therapy	'At-Risk' Youths from 10-24 years (Sub-clinical cases)		2	YES
2015	Changing Young Lives Foundation	Art to Heart	Expressive Arts Therapy	'At-Risk' Youth – Emotionally Vulnerable Secondary Students		2	YES

## OTHER RELEVANT STAKEHOLDERS (25)

Academia (4)

Clinicians (6)

Arts Therapists (3)

Policy-Makers (UK) (1)

Policy-Makers (HK) (10)

Research Institutions (Taiwan) (1)

## 3.2 Insights from Beneficiaries via Focus Groups

To determine how and in what way the claimed benefits of arts may translate into the local context and onto our local beneficiaries, we conducted focus group interviews. (The NGOs which arranged focus group interviews are marked with asterisks in the table above).

Between August and November 2017, the research team engaged a total of 57 beneficiaries aged 16 to 87, across thirteen focus group interviews, between 2-8 beneficiaries per group. The participants covered the main ‘groups’ of target beneficiaries, namely the elderly including those with dementia, ex-offenders, at-risk youths, ethnic minorities (EM), and the disabled with physical or mental impairment including those with AD/HD, ASD and SpLD. They were surveyed for their participation and engagement across the modes of both visual and performing arts. The purpose of these focus groups was to seek reification and affirmation

that the claimed benefits of the arts in literature discussed in the previous chapters do in fact align and apply in the local context. It was also to determine which of these impacts are more pertinent to the beneficiaries in Hong Kong, so as to incite due recognition, maximise their impact, and suggest how arts for inclusion can be driven on a policy level.

The face-to-face interviews with beneficiaries lasted about 60-90 minutes each, and were conducted in Cantonese with the exception of those with EM students in English. None of these beneficiaries has ever received professional training in the arts. They were asked about the impacts of arts and arts participation on their lives, and invited to share personal testimonies.

In collating the data, we have sorted our findings under the six main themes noted in Chapter 1. These findings are categorised according to themes, and summarised in Table 2 below. Some themes are further divided into sub-themes and are accompanied by elaborative analyses.

**Table 2**

### **Thematic Benefits of Arts from Beneficiaries via Focus Groups**

#### **Theme 1 Personal Development**

- Sub Theme 1.1 Increase people’s self-confidence and sense of self-worth
- Sub Theme 1.2 Help people extend control over their lives
- Sub Theme 1.3 Acquire new skills by virtue of motivating self-advancement

#### **Theme 2 Social Cohesion**

- Sub Theme 2.1 Using arts as a means for communication: between community and performer
- Sub Theme 2.2 Using arts as a means for communication: fostering intergenerational dialogue
- Sub Theme 2.3 Arts as a means for communication: fostering intercultural exchange
- Sub Theme 2.4 Using arts as a means for communication: between participants themselves

#### **Theme 3 Community Empowerment and Self Determination**

- Sub Theme 3.1 Enhance community networks and social connection
- Sub Theme 3.2 Community empowerment through self-expression
- Sub Theme 3.3 Community empowerment through accessibility to arts

#### **Theme 4 Local Image and Identity**

#### **Theme 5 Imagination and Vision**

- Sub Theme 5.1 Increased artistic knowledge and skills
- Sub Theme 5.2 Cultivate a positive mindset by allowing people to explore their values, meanings and dreams
- Sub Theme 5.3 Contribute to people’s employability

#### **Theme 6 Health and Wellbeing**

- Sub Theme 6.1 Reduce stress
- Sub Theme 6.2 Alleviate pain, feelings of loneliness, isolation and negativity
- Sub Theme 6.3 Prolong healthy ageing by enhancing self-management skills
- Sub Theme 6.4 Pleasure and enjoyment

Many of these themes and sub-themes are inter-linked and inter-dependent, and are self-reinforcing with one another, supporting Sandell's proposition of 'inclusion' as a notion that is multi-dimensional and dynamic, cutting across the social, economic, political and cultural aspects of society. We look at these themes and sub-themes in detail below.<sup>1 2</sup>



## Theme 1 Personal Development

### Personal growth in the sense of a transformation of identity

#### Sub Theme 1.1

#### *Increase people's self-confidence and sense of self-worth*

Increased self-confidence is frequently identified as one of the stronger outcomes of arts participation. In our study, we tried to understand if participants had changed the way they thought about themselves and what they could achieve. In most cases, the answer was yes, with many participants describing how projects can boost their confidence and self-esteem.

This theme is most notably detected in groups of the elderly – including those with and without disabilities, as well as 'at-risk' youths. Regarding the former, participants in an intensive 3-year course focusing on visual arts training had been emphatic about the increased sense of self-confidence when they accomplished a piece of artwork with which they felt satisfied, or when they received recognition from teachers and peers on a piece of work they had produced.

*It's reassuring to know the time I spent was not wasted, and that I was able to make this happen. This boosts my self-confidence.*

*Wheelchair-bound Elderly Artist, I-dArt*

Documented in another interview, an emblematic case which demonstrates the transformative power of arts in boosting self-confidence and self-worth is when a young adolescent comes to terms with the fact that (hip-hop) dance might actually be something where he could excel because he believes he will not be judged solely based on his height.

*I had always been conscious about being shorter than others in school, but I finally found something that accepted me as me, which made me realise what my strengths are; hip-hop dancing really allows me to appreciate my strengths and to play on them.*

*Dancer A, Youth Outreach*

The indiscriminate and inclusive nature of dance allows the young adolescent to realise and understand that being tall was not a prerequisite to being a good dancer, and has given the young adolescent influence over how he is seen by others. In other words, confidence was endowed upon this young man through his engagement with hip-hop; once assumed into this self-confidence, the young dancer has become less insecure about who he is, and now finds himself willing to challenge himself further, and to accept risks positively.

- 1 It is important to note that it was not easy to conduct the interview verbally with some pre-identified 'marginalised' groups – some were harder to communicate with, than others. For persons with restricted access to verbal communication, or those with difficulty in understanding, such as the mentally impaired or the elderly with ID, focus group interviews had been challenging and time-consuming. We appreciate this must be a challenge that is shared by many who seek to evaluate the impact of Arts with these members of society.
- 2 It is important to note that mentally impaired groups are represented with thinner content here because of their innate difficulties in self-expression and elaboration. But it may be most interesting to point out that all 11 out of the 11 mentally impaired/ ex-mentally impaired participants we interviewed were able to clearly and surely assert they feel 'happy' when engaging in their respective arts endeavours.

### ***Sub Theme 1.2.***

#### ***Help people extend control over their own lives***

A recurring theme through many conversations is the sense of control and ownership that the arts can bring into the lives of those partaking in it. According to our interviews, this sentiment is most notably iterated among the disabled, those in rehabilitation, and ex-offenders. It can be taken that many in these groups had been stripped the privileges of autonomy and control for prolonged periods in their lives, which may explain the particular pertinence to these groups.

A participant with visual impairment, who partakes in sand-painting, explains that preparing for a sand-painting performance requires a lot of autonomous decision-making and risk-taking. A sand-painting performance not only involves the curating of different slides, but the artist also has to consider an attractive storyboard narrative that strings the different slides together. The soundtrack to accompany and complement the presentation must also be considered and curated by the artist. The extent of autonomy in such activity has given the participant a sense of ownership over the artwork: they feel the control they have over their performance, and it is recorded that they find it 'satisfying' to feel that something is entirely 'their own piece of work'.

Acting also has its way of contributing to the extent of control ex-offenders may have over their own lives. Six participants had unanimously expressed that acting was a way of self-help – that every line uttered on stage had been a reminder-to-self. This is to say acting has become in effect a conversation with the self; people find solace in the very act of drama to self-reflect and contemplate. One participant went so far to claim that:

***You can take that since joining the drama troupe, it has meant that there is one less bad guy on the street in the community.***

***Actor A, STAR Theatre***

Though implicit, this captures how ex-offenders have seized control of their own lives, made possible through regular prompting and reflecting through the mode of acting and drama.

For the third aged, many noted the initial hardship in accustoming to retirement life. Many expressed that entering this new phase called for a change in mindset, and was a time where many could temporarily lose their bearings in the

process of transitioning. It was recorded that acknowledging commitment to music practices, orchestra rehearsals, and constant cognitive and functional stimulation has helped the participants regain a sense of control in their lives.

### ***Sub Theme 1.3***

#### ***Acquire new skills by virtue of motivating self-advancement***

New attitudes and new habits are also cultivated as a result of arts engagement and participation.

Several hip-hop dancers admitted they stopped drinking and started submerging in a healthy sleeping pattern in order to be able to maximise acquisition of new techniques and moves for the next day's dance lessons. Quite strikingly, one of them also claimed to have generated a greater motivation to learn English, in order to equip himself to communicate with foreign dancers during international dance exchanges.

***I had never understood the point of studying in school. But hip-hop has made me return to English books and study English. Hip-hop is more than a dance, it is also a culture. And in order to give my choreography and dance moves more depth, I needed to learn about other cultures which meant I needed to learn English. And I actually mustered the motivation to learn English in order to improve my dancing.***

***Dancer B, Youth Outreach***

This desire to self-upgrade is best epitomised by the pursuit of further education by many youths. Apparently it is not uncommon for the young adolescents from the School of Hip Hop to enroll voluntarily back into school, either to complete studies or to receive further education. Many of these participants had also explicitly expressed that one of the greatest changes being part of a dance troupe has made on them, was that it had changed their perspectives of the world: from dance, they even came to learn the importance and virtues of punctuality and discipline. One participant expressed he has become a much more 'decent' person since he started dancing at the school:

***There is now something that is worth persevering for. Hip hop has helped me become a more decent person all round, someone who is punctual, more reliable, and someone who can see things through to the end.***

***Dancer C, Youth Outreach***

Similarly, an elderly with disability shared that since he came to terms with his passion for drawing, he would often be inspired by an artist he likes, and go the extra mile to try and

emulate their style in the creation process. Another participant mentioned that he has even attempted to write art critiques on certain artworks, which he was never courageous enough to do before.

*I now write art critiques on why I prefer one piece more than the other. It is a nice way of expressing my thoughts and opinions on other people's works, and it can also enhance my own interpretations in creative production.*

*Wheelchair-bound Elderly Artist, i-dArt*

## Theme 2 Social Cohesion

### Integration of people of different backgrounds through facilitating communication, understanding, and empathy

Social cohesion may be interpreted as the integration of people with different backgrounds, and is only possible where there is an understanding between different parties, supplemented by an engenderment of empathy. Communication facilitates this understanding and is an important by-product in the engagement of arts in this study.

#### ***Sub Theme 2.1***

##### ***Using arts as a means for communication: between community and performer***

Drama is, for many, an indirect way of communicating, and in reference to our notes, it may be derived that it is precisely due to this 'spectacle' element that describes the art form of 'theatrical drama', which makes it an effective means of communication that appeals to the masses. Ex-offender participants made an interesting point about the power in drama to more easily communicate ideas across; they provided that it may be because audiences were more likely to accept, and be open-minded to ideas that are delivered implicitly, rather than overtly. It was interesting to hear their thoughts on why they thought the distance imposed between the actors and the audience in the form of a 'play' actually worked to their advantage. They explained that the 'spectacle' element of drama made it easy for the audience to feel quite far removed from the happening on the stage, which had made them more curious and be inclined to engage with what is going on.

Other than these observations, the actors also admitted that they themselves in fact felt 'less bare' and 'less exposed' when what they wish to bring out is delivered in a more implicit manner under the disguise of the narrative plot. Attaining full-houses for both the premier and second-year re-run performances, the actors found it encouraging that the public's apparent interest in learning more about the production and about them seemed to be burgeoning. This

phenomenon that underscores the effectiveness of drama in pulling in community volunteers and ex-offenders in the same place can rightly embody social cohesion in its midst.

The expressive and communicative element in visual art production cannot be denied as well. One artist with visual impairment spoke of the catharsis nature of creative production: she could express her thoughts through her art, which 'comes from the heart'. She exclaimed the 'funny' disposition in art, because it had no one 'standard' of beauty, and this ambiguity and lack of clear clarification was apparently precisely where people with otherwise different backgrounds could come to agree on something. This intricate connection within Visual Art is best exemplified in exhibitions, where members of the public are invited to partake in this 'communication' with the artist through art, fostering a social connection. In this regard, visual art can also embody a socially cohesive agenda.

#### ***Sub Theme 2.2***

##### ***Using arts as a means for communication: fostering intergenerational dialogue***

Six members in their third age – all participating in music classes, or part of a music ensembles, were unanimous about music's efficacy in promoting connection cross-generationally. This is another facet of social cohesion. Half of them shared that since starting music lessons, it had made communicating with their grandchildren much easier. Some were able to point to the universal language that music epitomised – it being the 'common language between baby boomers and younger people', and expressed gratefulness that music had become a subject of commonality between generations. Of those, one beamed at the mention of regular 'jamming' sessions with his grandchild since learning a new instrument.

*My grandson is so much better than me. I often ask him to teach*

*me when I am stuck. We have weekly jamming sessions at home; I'll be on the saxophone and he will be on the flute. It has drawn us closer as grandfather and grandson.*

*Participant A, E Major Ensemble*

As this example evidences, music has the power to enhance intergenerational communication.

### **Sub Theme 2.3**

***Using arts as a means for communication: fostering intercultural exchange***

Social cohesion also manifests in the promotion of intercultural contact. A relevant example would be the focus group we conducted with EM students, who had undertaken drama. Most relevantly, they shared that drama had made them more sensitive to the feelings of others, and had taught them how to communicate. Most importantly, drama trained them up to venture outside of their (English-speaking) comfort zones, and facilitated their mingling with local classmates.

*It's easier to start talking to (local) boys first because they care less about the details. Once we get acquainted with local boys, it makes it easier to approach local girls, and everyone else.*

*Participant A, KELY Support Group*

Drama has also been the effective methods of communication when the language discrepancy gets in the way. An EM participant identified that the language barrier was the main wall between locals and non-locals getting to know each other. Where such occasions arise, drama is a very good way to go around it.

### **Sub Theme 2.4**

***Using arts as a means for communication: between participants themselves***

So far we have only touched on the social cohesion between groups of markedly different backgrounds – we first looked at ex-offenders with community audiences;

our second example looked at the cohesion between the old and the young; and our third looked at the integration between students of various ethnic backgrounds and their local classmates. We have yet to explore the cohesion between members of the same demographic. We see the need to bring this point forward as we have found there are cases where members from the same demographic group stigmatised fellow members from their own batch; this may have resulted from a lack of understanding, and we find that the opportunity to better understand each other may be facilitated through arts engagements.

This occurrence is particularly notable with the ex-mentally ill, or those categorised as undergoing mental rehabilitation. Within the focus group involving six ex-mentally ill patients, one mentioned that there had been cases where others enrolled in the same drama lesson might exhibit initial reservations and refrain from collaboration – usually stemmed from one's (often over-dramatised) perception of the other's medical history. Our interviewee expressed that over the course of drama rehearsals, though, it was not uncommon to observe an improved relationship between the two parties. He noted that engagement in acting, and being part of a script that resonated with him, could improve social skills, broaden social networks and strengthen friendship.

Similarly, two actors from an inclusive arts theatre expressed that being part of a troupe comprising persons with different abilities had allowed them to become more open and embrace towards people with different disabilities:

*Before I joined, I did not have any friends of other disabilities. Where do I find them? I had no opportunity to reach out to them. I would not know the extent of difficulties a deaf person would have, for example. Through acting together, I could see for myself the ways deaf people dealt with their surroundings. I have definitely become more understanding and tolerant towards others as a result.*

*Wheelchair-bound Actor, Hand in Hand Capable Theatre*

## **Theme 3 Community Empowerment and Self Determination**

**Empowerment through community participation, strengthened community networks and mutual support**

### **Sub Theme 3.1**

***To enhance community network and social connection***

The arts can develop and enhance the community network and participants' sociability. The best example would be a community centre, which we visited, that held a

drama troupe for the elderly. All of these participants lived in the same area and allegedly knew most people in the community as a result of participation. This benefit in the form of social connection is especially appreciated by the third aged, who themselves acknowledge of their susceptibility to self-isolation and falling to societal periphery if it weren't for friends. A few were tearful at the mention of losing their spouse and found it difficult to re-engage in the community afterwards. Others expressed how 'friendly' they were with each other and that they always 'hung out in a large group together'.

### ***Sub Theme 3.2***

#### ***Community empowerment through self-expression***

The empowerment of a community is not confined within the parameters of geography, but can stretch across physical and conceptual boundaries. Two students of ethnic minority backgrounds who participated in a photography programme indicated that they found empowerment in photography as it gave them the opportunity to express their own thoughts and deliberations, which would otherwise be scarce for non-Chinese locals such as themselves.

*Instead of using words, our thoughts and our opinions on how we see the world and society can be shown through our artwork.*

#### ***Participant B, KELY Support Group***

With photography, they are given the access to voice their own opinions which come as a form of empowerment for the EM community. One EM student went further to note that there was usually a difference between the artwork of non-Chinese and Chinese students. She observed that the photographic artworks by local Chinese usually captured still objects or elements that were very emblematic of the 'Hong Kong' culture – such as yum cha musings or the Hong Kong skyline – whereas the photographs by non-Chinese students were usually cathartic expressions that often conveyed implicit meanings and tones.

*You'd know which work was created by non-Chinese students... as non-Chinese people, our pictures express something deep... because for us, we don't have a lot of opportunities to express ourselves, and we really take advantage of it and express all of our feelings through photography.*

#### ***Participant C, KELY Support Group***

As evidenced, therefore, the self-expressive mechanism in photography is a catalyst conducive to the empowerment of the community of EM students, which could potentially increase their level of self-confidence, enlarge their social circles, and prompt them to be more courageous when meeting new people.

### ***Sub Theme 3.3***

#### ***Community empowerment through access to arts***

Members of the third aged also provided some interesting insights on empowerment in their community through increased accessibility to their own cultural rights, such as learning to play a musical instrument. Several members coming from the same ensemble asserted it should not be the case that only young people were given the cultural right to access the arts. Many baby boomers, in fact, feel their needs are currently neglected as a demographic group that falls outside the three main brackets of government-led focal points, namely the 'Children & Youth Services' (aged 6-24), the 'Family Services' (aged 24-60), and the 'Elderly Services' (aged 60+).<sup>3</sup>

With a music programme that caters to this unique demographic by granting access to arts, participants walking similar stages in life can come together and generate 'bonding capital' as a form of community empowerment. When asked about their most memorable occasion, almost all referred to the empowerment they felt in concerts, where they were able to coalesce different communities of the aged together. The power of music to bring different groups together was clearly demonstrated here.

Ex-offenders and ex-substance users also highlighted their experience in being a part of a drama troupe – which incorporated volunteers from society – and their subsequent realisation that drama could create a space without presupposed 'weak links', allowing those with an unflattering past to kick-start their re-integration into the community. They explicated that assembling people from different backgrounds in the same place underpinned the very crux of 'inclusion', where no outstanding group was seen as a 'weak link' in comparison to others. In their case, the drama troupe achieved the collaboration with volunteers in a production and brought the community together.

3 Community Support Services for elderly persons, eg. District Elderly Community Centres and Neighbourhood Elderly Centres serve elderly persons aged 60 or above

## Theme 4 Local Image and Identity

### Defining local identity and fostering a communal sense of belonging

‘Group identity’ and ‘sense of belonging’ are phrases that recur amongst the hip-hop youths and ex-offenders. All six dancers interviewed expressed to find solace and refuge from their teammates and a sense of self-satisfaction when they realised they assumed an indispensable place in their crew.

*Through practising day and night together, we developed a kind of ‘chemistry’ that needs no words: just by looking at each other we know what everyone’s thinking.*

*Dancer D, Youth Outreach*

This sense of belonging is especially relevant to these groups of beneficiaries who may have lost their sense of security in the past and have hence developed issues of mistrust. As part of a dance crew, trust is rebuilt, and rapport between members is rekindled. Those interviewed unanimously indicated that their crew was like a ‘family’ to them: the sense of belonging and the group identity – which could prevent any outburst of depressive or negative thoughts, help them maintain mental health and galvanize motivation, sociability, mutual support and reliance between participants.

## Theme 5 Imagination and Vision

### Building assets and skillsets and developing creative expertise as a form of future capital

#### *Sub Theme 5.1*

##### *Increased artistic knowledge and skill*

Participants in a project that offered proper arts tutelage over a 3-year programme were recorded to have found these arts classes and tutorials very ‘worthwhile’.

The participants themselves acknowledged that these classes were more than just ‘interest classes’ and that they were given the opportunity to learn and practise different visual art forms under the tutelage of professional artists from renowned academic institutions. Moreover, the programme provided basic courses in Art History and Anthropology for participants to gain a better perspective of the context surrounding the art forms. And so many expressed that they had been able to increase their artistic knowledge and expand their skillsets in these arts programmes.

#### *Sub Theme 5.2*

##### *To cultivate a positive mindset: allow people to explore their values, meanings and dreams*

Engaging in the arts also has an effect on the way people view the world — a sentiment most notable with the groups of ex-mentally ill, ex-offender, and at-risk youths. Participants coming from these groups shared that partaking in drama and dance had helped them broaden their minds.

They learned to walk away from a closed mindset and develop new attitudes and perspectives of looking at the world, thus widening their views and windows of opportunity.

#### *Sub Theme 5.3*

##### *To contribute to people’s employability*

Engagement in the arts can contribute to people’s employability, especially among those with different abilities, or those whose strengths lie outside the mainstream. Some participants have become teachers or coaches in their related fields of arts, and in the case of the hip-hop school, some dancers have stayed in the school to become coaches for the next generation of youths. Two dance coaches interviewed were former students at the school, and both have decided to pursue hip-hop dance as their career.

## Theme 6 Health and Wellbeing

### Improved quality of life by promoting both physical and mental health and reducing health-related inequalities

#### **Sub Theme 6.1**

##### ***To reduce stress***

The relief of stress is a very common benefit shared by almost all arts participants. A mother undergoing mental rehabilitation called her participation in drama rehearsal and acting a ‘breather’ from the stress of everyday routine. However temporarily, she learnt to refresh her mind in these sessions and stayed on top of her rehabilitation programme. As a result, she is able to sustain her positivity without falling into the pits of depression for an extended period of time – an achievement attributable to arts interventions in the forms of drama and ukulele-learning.

It is reasonable for the younger generation to share a similar sentiment. A few young dancers who are currently learning hip-hop pointed to the intense and very unhealthy, high-pressure environment where they live, including the imperfection of the local education system as well as unrealistic expectations of parents with a narrow definition of ‘success’. Many young people as a result have become mentally suppressed and constantly stressed, living under a perpetual feeling of defeat and a consistently low sense of self-worth. Dance, as it would appear, creates a ‘safe haven’ where vulnerable youngsters can find temporary refuge, catharsis or any emotional release which would relieve a substantial amount of social pressure.

#### **Sub Theme 6.2**

##### ***To alleviate pain, feelings of loneliness, isolation and negativity***

Elderly groups are most susceptible to feelings of isolation, and loneliness is increasingly being regarded as detrimental to an elder’s wellbeing and health in general.

An elderly participant with physical disability noted that the ‘process’ of artistic creation could help dissolve feelings of negativity and agony, and highlighted the therapeutic effects of arts participation in times when he found himself doodling and drawing in a soothing engagement whenever feeling down.

Similarly, another elderly participant expressed

that threading and weaving helped alleviate physical pain:

*When I am doing something I like such as threading, and doing a good job out of it, I can forget the many pains all over my body. It just doesn’t hurt as much anymore.*

*Elderly Participant with Physical Impairment, I-dArt*

#### **Sub Theme 6.3**

##### ***To prolong healthy ageing by enhancing self-management skills***

One percussion player of the ‘baby boomer’ generation described her time of ‘retirement’ as a new ‘window’ of opportunity for self-upgrade; she posited that continued learning and self-development could delay the process of ageing, and exemplified with her active involvement in music-playing and other community commitments. Another self-proclaimed baby boomer, a novice clarinetist believed that one’s cognitive ability could improve through regular music intervention by ways of allowing oneself to continue learning and be self-stimulated; he observed that an improvement was most apparent among the elderly.



**Sub Theme 6.4**

**To increase pleasure and enjoyment**

All participants interviewed were recorded to have been self-aware of the 'joy' and 'happiness' rendered through their engagement in arts. Those engaged in drama production were proud of the risks they had been willing to take, and were pleasantly surprised by their own abilities previously unrealised. And most also derived encouragement and joy from the applause they received.

A septuagenarian violinist claimed his wife could attest to his consistent state of 'happiness' since joining an orchestra for the third aged. In his words:

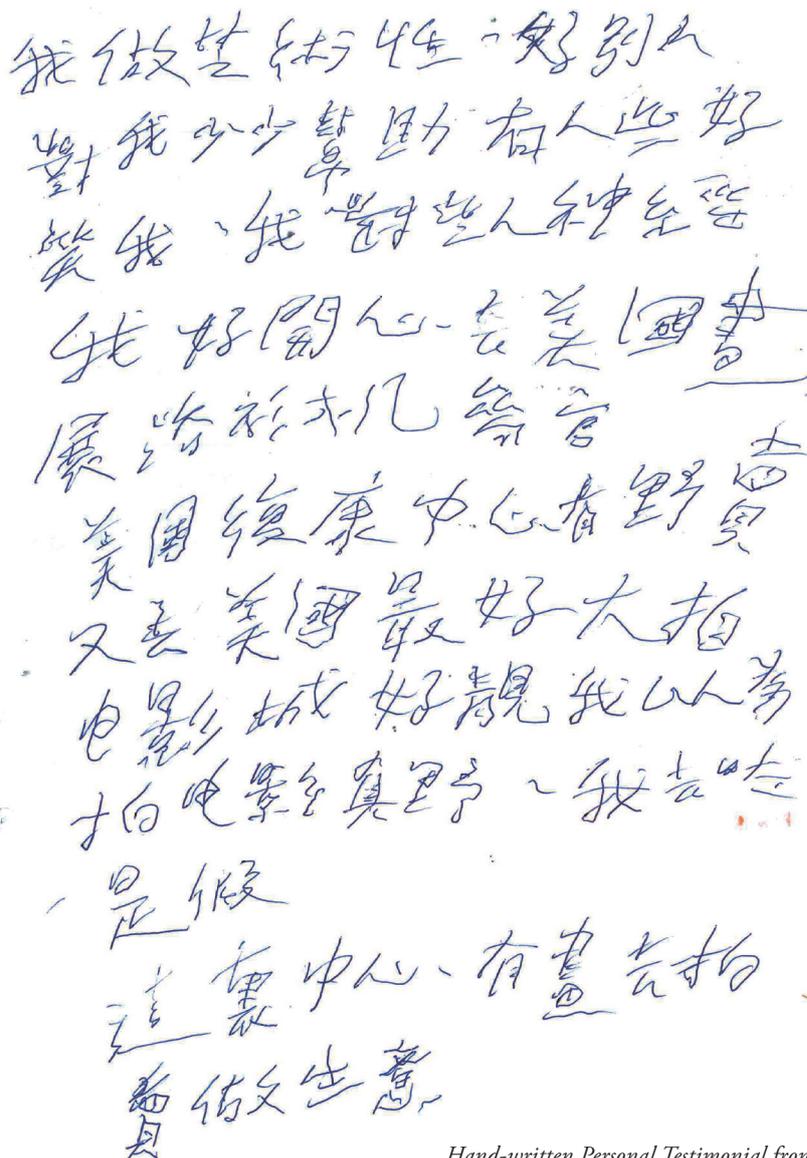
*Music-making and violin-playing have definitely improved my mental health. My wife can attest to my enhanced positivity*

*towards life since practising the violin and being a part of the orchestra. My wife says I am happy all the time; it must be given by the endorphins from musicking and continuous learning.*

*Participant B, E Major Ensemble*

This benefit was also reinforced amongst the focus group of the mentally impaired. When asked about the impact of arts, the most recurrent adjectives used to describe their mental states had been: 'happy' and 'very happy'. An artist with ID and speech difficulty expressed his thoughts and feelings in a hand-written statement, and it legibly read:

*I am so happy that my artwork can be shown in an exhibition in Los Angeles, US.*



我做藝術性，好別人  
對我少少幫助有人些好  
笑我，我對些人神氣  
我好開心去美國書  
展給於次几聲音  
美國復康中心有野真  
又去美國最好大拍  
電影城好靚我以為  
拍電影真野，我喜  
是假  
這裏中心，有畫去拍  
寫作文生意

*Hand-written Personal Testimonial from a Participant with Intellectual Disability and Speech Difficulty, I-dArt*

### 3.3 Insights from Frontline Staff & Other Relevant Stakeholders via Interviews

In addition to the personal testimonials of direct beneficiaries themselves, we also conducted a series of interviews with frontline staff as well as other relevant stakeholders in order to gauge opinions on the benefits rendered through the arts. Experienced in the coordination and execution of arts programmes, they come from a range of organisations and include – but

not limited to – Registered Social Workers (RSWs), Arts Development Officers, AHPs such as occupational therapists (OTs), physiotherapists (PTs), and arts therapists. Other relevant stakeholders include academics and research institutions, clinicians, as well as government officials of various departments in Hong Kong.

In these interviews, observations were not so much focused on the personal level, but tended to be more macroscopic in scale. We ascribe these benefits into the same six categories above:

#### Benefit 1 Benefit in Personal Development

Sub Benefit 1.1 Arts are strengths-based

#### Benefit 2 Benefit in Social Cohesion

Sub Benefit 2.1 Arts are more efficient and perhaps most effective in engaging young people

#### Benefit 3 Benefit in Community Empowerment and Self-determination

Sub Benefit 3.1 Arts to access cultural rights

#### Benefit 4 Benefit in Local Image and Identity

Sub Benefit 4.1 Arts can uplift local neighbourhood

#### Benefit 5 Benefit in Imagination and Vision

Sub Benefit 5.1 Arts to inspire upward mobility

#### Benefit 6 Benefit in Health & Wellbeing

Sub Benefit 6.1 Utilise arts for prevention

- Using arts as correctional treatment
- Using arts interventions to reduce youths from falling into high-risk behaviour
- Using arts to promote healthy ageing

Sub Benefit 6.2 Affirm the efficacy of arts therapies

- Music therapy is best for persons with verbal or cognitive difficulties
- Music therapy has the ability to move the user emotionally, which is helpful when compared to other types of therapies
- Art therapy used to improve conditions in SEN Students

Sub Benefit 6.3 Alleviate the side effects of medication

Sub Benefit 6.4 Arts can manage mood, thereby enhancing facility governance

We delve into each benefit and corresponding sub-benefit(s) below.

## Benefit 1 Benefit in Personal Development

### **Sub Benefit 1.1**

**Arts are strengths-based, derived from conversations with CSD, Fu Hong Society – Joyful Art Gallery, ART @ LDC, and Youth Outreach**

**Insight from CSD :** The mobilisation of arts interventions is endorsed by the CSD as a positive transformative process where the once ‘burdens of society’ could be re-packaged and re-branded into ‘assets’ in the community. Concordant to CSD’s own missions, they indicated that arts could allow the strength of the participants to surface and emerge; as the imprisoned had each been through very unique and different circumstances of life, they might provide a source of profound inspiration in terms of creative production. Arts were used as the transformative tools to turn their experiences into an ‘asset’ for creative output, reinforcing how arts accentuate strengths of individuals instead of their weaknesses, shortcomings and their pasts.

**Insight from Fu Hong Society – Joyful Art Gallery:** The volunteers in the project showed a much greater sense of appreciation and a more positive perception towards the creative capabilities of artists. The fact that volunteers had been ‘taken aback’ by the artists’ talent suggests that visual art is an art form that is strengths-based – one that accentuates what the artist can do rather than what they cannot.

**Insight from ART @ LDC :** People with learning disabilities are prone to behavioural problems and non-engagement for many reasons. Director (Hon-

orary) of the ART@LDC Project under the Society of Boys’ Centres noted that these groups were prone to frustration because of a lack of ‘recognition’ for their achievement and the likelihood of being categorised an ‘under-achiever’ in the conventional sense. The medium of visual art construes no ‘mainstream standard’ for what is right and what is wrong, hence visual art has been identified as a means in which SEN students may come to re-establish their confidence and be recognised for their art.

**Insight from Youth Outreach :** The Acting Assistant Executive Director for Outreaching Services for Youth Outreach identified two major factors driving the growing trend of alienation/isolation among ‘at-risk’ youths: a structural change in the traditional family setting and the addiction to the Internet. It has been an experience that dance as an art form could cultivate empathy and rekindle family relations.

Through the medium of breakdancing, social workers invited the families of young dancers to watch their performances. When their family was given the opportunity to understand more about the dancers’ abilities and where their passion lied, it would result in increased communication within the family where the teenager could continue to grow in a healthy environment. The strengths-based disposition of dance reshapes the perception of an outsider towards the performer; it brings a family closer together with a better understanding and appreciation of the talent of their children.

## Benefit 2 Benefit in Social Cohesion

### **Sub Benefit 2.1**

**Arts are more efficient and perhaps most effective in engaging young people, derived from conversations with Caritas Charrette Centre**

A senior Social Work Supervisor and a full-time expressive arts therapist of the Caritas Youth and Community Service Branch, referring to evaluations of the Johnson &

Johnson’s Funding in 2013, expressed that their services led to a significant improvement in the stress and anxiety levels of their service-users. Two full-time staff of the Charrette Service informed that because mood disorders are abstract, intangible, and hard to describe, young people might have a difficult time trying to verbalise/express their emotions. It is noted that young people found it easier to share their feelings through the mode of arts, thus frontline staff at

the Centre rely on the medium of creative arts to facilitate communication which might otherwise be impossible.

Moreover, the arts therapist admitted she took up the EAT programme coming from a background in social work herself, indicating a realisation that engaging and

approaching young people with emotional instability with arts interventions proved to be time-saving as communication through arts presupposed the building of trust and rapport. Using the arts was deemed a softer way of going about it and the easiest way of communicating with young people.

### Benefit 3 Benefit in Community Empowerment and Self-determination

#### ***Sub Benefit 3.1***

***Arts to access cultural rights, derived from conversations with ADAHK and 'Men in Jazz'***

**Insight from ADAHK :** The Board and front-line members at ADAHK stay strong and firm in their vision that 'arts' is 'for all': in that all people should have equal rights and opportunities to access art, and that members of the disabled communities must also be given the freedom of option and freedom of choice as to different forms of arts without pre-conditions. The work at ADAHK ensures that 'everybody' is entitled equally to opportunities of cultural rights as a fundamental way of empowering – and bringing independence to – artists with disabilities (AWDs).

**Insight from 'Men in Jazz' :** The benefit identified by staff members for this ensemble lies in the inclusive power of music on a learning front. Music is where age is no barrier. In fact, music is observed as a common mode of 'intervention' often used for the elderly. Music is thought to be 'engage-able' and 'manage-able' for those without any prior experience, even the frailer members of the public. Apparently it is not too difficult for the elderly to start enjoying music any time in life as music is easily accessible. This also reifies that accessibility to arts, and music is not an entitlement that is only for the young, but for more senior members also.

### Benefit 4 Benefit in Local Image and Identity

#### ***Sub Benefit 4.1***

***Arts can uplift local neighbourhood, derived from conversations with ART@LDC***

ART@LDC project embodies an initiative that employs the theme of arts to engender community regen-

eration. The walls of the school have been repainted and redecorated by SEN students, and the annual exhibition showcasing the year's work during Christmas season rightly rejuvenates the To Kwa Wan district, bringing family and friends of the same district as one.

### Benefit 5 Benefit in Imagination and Vision

#### ***Sub Benefit 5.1***

***Arts to inspire upward mobility, derived from conversations with SRACP***

Allowing ex-offenders to share the same stage and engage in co-creation with theatrical directors of pro-

fessional level has given ex-offenders a much more direct route to re-integration. Half of STAR Theatre is made up of ex-offenders and ex-substance users, with the other half made up of staff and volunteers from the community (Some staff are themselves ex-offenders, too).

Departing from the more traditional use of drama for this demographic – whereby actors are employed to tell a story about ex-offenders with no involvement provided by ex-offenders themselves – SRACP adopts the genre of forum theatre to incorporate ex-offenders with a real history to partake and participate in plays and sketches. This has meant that ex-offenders are involved in script-writing as co-playwrights, as well as in creative production alongside professional directors in the local theatrical drama scene. This collaboration and co-creation demonstrates how everyone from the troupe is equally given their entitled rights to access the arts.

STAR Theatre also makes an effort to enable the genre of ‘theatre’ to be made more intellectually accessible to even the layman; it endeavours to make the pros-

pect of ‘acting on a stage’ not something exclusive to the privileged, but an option that is available and manageable by more people. This phenomenon bespeaks a democratisation of the accessibility of arts, and reifies the notion that the creation and participation in/of the arts is an entitlement that everyone should be given, irrespective of history or background. This noble notion is the backbone of STAR Theatre, making it a true embodiment of ‘arts inclusion’ in Hong Kong.

The troupe also serves as a good example for creative employment, offering work opportunities in the arts and other creative fields that allow those who are easily marginalised because of their different abilities to feel empowered and self-fulfilling through billable work.

## Benefit 6 Benefit in Health & Wellbeing

### *Sub Benefit 6.1*

#### *To utilise arts for prevention*

#### Using Arts as Correctional Treatment, derived from conversations with SRACP and CSD

**Insight from SRACP :** The Manager of SRACP, a RSW herself, posited that STAR Theatre was distinct to other theatre troupes because it recognised and took advantage of the psychologically ‘therapeutic process’ in drama as part of the correctional treatment. The emotional outlet that was common through drama often triggered intense episodes of self-reflection and served as a reminder that they had already walked away from their old way of life and away from recidivism. This realisation in itself sufficed to generate self-usefulness, self-worth, and a sense of self-motivation to continue to stay out of crime.

Catharsis is also rendered by the power of drama to conjure up past memories and past events. Whilst some may find these as self-reminders, it is not uncommon for many to feel easily agitated and distraught, leading to a sudden behavioural and emotional outburst. In these situations, the resident RSWs at SRACP would offer appropriate assistance when necessary. We are told these systems of support usually facilitate troupe members to face their past, and transform their negative past experiences into positive valuable assets. Meanwhile, they also necessitate the development of

self-management skills which help ex-offenders and persons in rehabilitation who are prone to agitation to better control their temperament and become more capable at taking care of themselves.

**Insight from the CSD :** Speaking with managerial representatives from the CSD, we gather that similar sentiments are shared – of the power of arts in correctional treatment. The CSD indicated that arts interventions could help people reflect on their own past from a more remote/distant position. The nature of arts required self-contemplation and self-reflection, which usually resulted in improving one’s world view and inherent values – and this could constitute a major part of correctional treatment.

#### Using arts interventions to prevent youths from falling into high-risk behaviour, derived from conversations with KELY Support Group & Caritas Charrette Centre.

**Insight from KELY Support Group :** The Executive Director of KELY Support Group indicated that arts might be employed to detect any early-stage frustration of ‘at-risk’ youths. Consequently, they could introduce measures of controlled stability to protect their mental health early on and prevent them from developing high-risk behaviours. It is suggested that these frustration can be

unlocked or dissolved through the process of catharsis. The rewarding experience of EM students to express themselves through the medium of photography via the RISE and Moody's RiseUp programmes are good examples.

**Insight from Caritas Charrette Centre :** A registered counsellor from a secondary school receiving services from Caritas Charrette Centre similarly emphasised the significance of addressing and alleviating the vulnerable mental condition of adolescents before they were sent to clinical severity. In the long term, this could prevent students from developing high-risk behaviour further down the line. Moreover, arts interventions and arts therapies also have a less 'labelling' effect, drawing less potentiality to stigmatisation in comparison to visiting a psychiatrist – something with which young people may feel uncomfortable.

**Using arts to promote healthy ageing, derived from conversations with 'Men in Jazz' and Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged**

**Insight from 'Men in Jazz':** Service Director for Elderly Services at the Shatin Multi-Service Centre for the Elderly identified that 'continual development' was the new 'need' for the generation of baby boomers entering retirement. Retreating from society is no longer what they desire; educated 50+ year-olds are eager to give back to society through volunteering and continued learning. In support of healthy ageing with an active lifestyle, performing arts can be an effective way of preparing for a new phase of life. Interestingly, we have also observed on many occasions a tendency among the elderly to have an unaccomplished dream of learning music. Through music lessons, they are allowed to pursue their dreams, satisfy their desire for continual learning, and regain the rhythm of life by re-developing a routine through regular practice.

**Insight from Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged:** This is reinforced by the Elderly Services Director of Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged, who expressed her firm belief in a 'preventative' model of gerontological care, that music or expressive arts therapies should be a part of this model. Facing a perpetual shortage of manpower in social care, combined with an increasing influx of frail and demented elders, arts and music inter-

ventions and therapies should be incorporated to prolong positive and health ageing from early stages. It is the reason that MT and EAT sessions are incorporated into the everyday curriculum for resident elders at the Home.

***Sub Benefit 6.2***  
***The efficacy of arts therapies***

**Music therapy is best for persons with verbal or cognitive difficulties, derived from conversations with Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged**

The Elderly Services Director of the only Elderly Home in Hong Kong with a full-time music therapist indicated that MT is mainly adopted for sensory stimulation – to activate the different senses. It is found to be the most useful approach especially for elders and the demented because as their verbal abilities decline and deteriorate, through music they are still enabled to achieve catharsis by other modes of sensory stimulation. While CBT is currently the go-to therapy model for treating persons with BPSD – a disorder that affects up to 90% of all dementia patients – there is a handicap in its mode of engagement because they are usually conducted either verbally or through questionnaires and surveys, demanding its users to demonstrate a minimum level of verbal control (Carejeira, Lagarto, Mukaetova-Ladinska, 2012). In this regard, MT can act as an antidote to overcome the existing gap – and as a non-verbal means to communicate with patients who suffer from verbal and cognitive difficulties.

**Music therapy has the ability to move the user emotionally, which is helpful when compared to other types of therapies, derived from conversations with Heartstrings@ Shatin Multi-Service Centre for the Elderly**

The Centre in Charge and Service Director of Elderly Services at the Shatin Multi-Service Centre for the Elderly, which is run by ELCHK, also resonated with the universal and 'non-verbal' disposition of music, indicating it was particularly relevant and useful for elderly with dementia as an avenue for expression via the stimulation of different cognitive activities. In addition, they informed that MT could help in recalling past memories that were usually strongly intertwined with old fragments of daily life.

### Art Therapy Used to Improve Conditions in SEN Students, derived from conversations with ART@LDC

Art therapies can improve detrimental conditions in SEN students. ART@LDC claimed that MT could lengthen the attention span of ADHD students, and group performances could also promote social interaction of autistic students as they are encouraged to interact openly instead of solely seeking personal refuge.

#### **Sub Benefit 6.3**

***Alleviates the side effects of medication, derived from conversations with TWGH Lok Hong Integrated Community Centre for Mental Wellness, Castle Peak Hospital, and Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged***

The mentally or chronically ill are often prescribed over a long term with dosages of medication in order to stabilize and control their conditions. In our conversation with staff of Intellectual Disability Activity Centre of Excellence, General Adult Psychiatry Ward at Castle Peak Hospital, we found that the use of arts was also employed to alleviate the side effects that came as a result of extended medication. In particular, the Team Leader for Drama Group at Lok Hong Integrated Community Centre for Mental Wellness (ICCMW) recognised and used the ‘therapeutic’ effect of drama to facilitate self-discovery amongst persons who were mentally ill. Apparently, performing drama can deepen self-understanding, release suppressed emotions, reduce unnecessary defences, and help oneself be aware of their own limitations.

However, they also indicated a shortage of staff at the community level to sustain their work in helping people

in rehabilitation to ‘reintegrate’ into the wider community. The staff at Lok Hong ICCMW expressed that it was difficult to follow up with patients who were discharged, and that their social workers could only handle their out-patient cases once every month.

#### **Sub Benefit 6.4**

***Arts can manage mood, thereby enhancing facility governance, derived from conversations with CSD & Founder of Castle Peak Hospital Archives Museum and Art Gallery***

**Insight from CSD:** The CSD indicated that introducing arts interventions into their work had helped them in their mission to reduce crime. The arts had apparently granted the CSD an easier and better environment of managing their beneficiaries. This was because the process of arts-making often generated a sense of self-fulfilling in prisoners’ mind, which helped stabilise moods and control behaviours of inmates.

**Insight from Specialist in Psychiatry:** The founder of Castle Peak Hospital Archives Museum and Art Gallery, who was also a psychiatrist in the Psychiatric Service for Intellectual Disability in the hospital at the time, noted that arts might outperform conventional psychiatric treatment, especially with patients who were intellectually impaired, or mentally ill, or those who are generally non-verbal. This once again echoes the aforementioned findings regarding the communicative ability of arts as a non-verbal means. The specialist came to realise that irrational minds can also play a part in artistic endeavours and that arts had the power to emotionally calm these patients for better and easier management.





Chapter 4:

**Overview of  
Policies on  
Arts Inclusion**

Some governments around the world boast of a landscape of Arts Inclusion that is much richer and more mature than that of Hong Kong. This is because policies are put in place by these governments to facilitate the cultivation of the arts inclusion sentiment. Moreover, in Europe, the impact of arts engagement are heavily considered as an important part of their health and social care policies. We submit that this greatly propels the recognition of arts inclusion, and therefore propose that the Hong Kong Government may consider to adopt such approach.



## 4.1 Cultural Policies that Facilitate Arts Inclusion: Some Overseas Examples

### 4.1.1 United Kingdom

Arts Council England (ACE) is a government-funded public body in charge of supporting and promoting the arts in the UK. It has shown significant leadership in advocating for the causes on arts inclusion, especially via its *Creative Case* initiative, which emphasises diversity as part of the artistic process and as a catalyst and driver for culture and change.

*We are conscious of the growing call to bring art back into the centre of the discussion and thinking on diversity. We have already acted on this impetus, so, for the first time our ambitions for diversity and equality are knitted into those of excellence, reach, engagement, and innovation. This is articulated in our 10-year vision for the arts, 'Achieving great art for everyone: a strategic framework for the arts'. Here we set out an artistic-led approach to diversity in the arts as the driver for change (Arts Council England, 2011).*

The UK, in particular, has also led the way in providing national 'showcasing' opportunities for works produced by artists with disabilities – an essential protocol for raising the public profile of AWDs and for developing an audience for the creative work produced by artists with a disability. We profile two most prominent nation-wide festivals with international reception – DaDaFest and Unlimited.

#### 4.1.1.1 DaDaFest

DaDaFest is an innovative disability-focused arts organisation that receives recurrent annual funding from ACE as a National Partner Organisation. They deliver the internationally renowned DaDaFest disability arts festival and other arts events to promote high-quality ‘disability & deaf’ arts from unique cultural perspectives. It also creates ways for the disabled and the deaf to access the arts. A bi-annual event, DaDaFest International 2016 was the thirteenth of its kind since its inception in 2001, funded by ACE and Liverpool City Council amongst other trusts, charitable foundations and academic institutions in the UK (DaDaFest, n.d.).

#### 4.1.1.2 Unlimited

Hailed as the largest ever celebration of arts and disability culture in the UK, Unlimited is currently funded by ACE, Arts Council of Wales, as well as British Council and Spirit of 2012. It was originally created as part of the Cultural Olympiad in connection with the London Olympic and Paralympic Games in 2012, with the involvement of the arts councils of England, Scotland, Wales and Northern Ireland, as well as the British Council.

The fourth Unlimited Festival is to take place in September 2018; over six full days Unlimited plans to host a two-day international symposium to foster a dialogue on disability-led arts at a global level, before showcasing commissioned works by disabled artists to audiences from around the world (Unlimited, n.d.).

The success of Unlimited has left behind a legacy: the UK Government started to view the works of the programme as creative cases accountable to artistic merit, rather than works that purely ascribed to a ‘social inclusion’ agenda. In a clear statement issued by ACE in 2013, it specified that the commissioning programme for the second iteration of Unlimited funding was intended for ‘established artists...with a demonstrable track record’ and was ‘not aimed at emerging artists or artists and organisations whose remit is *primarily social*’ (Arts Council England, 2013). The examples above only show one aspect of how disability-led

arts has been made a priority within the UK’s agenda for Cultural Policy – a strong indicator of policy measures to promote ‘arts inclusion’.

#### 4.1.2 United States

Compared to the UK, disability arts in the US do not receive the same level of government support, despite a well-established national sector and several development initiatives in recognition of arts and inclusion.

At the federal level, the National Endowment for the Arts (NEA) is the major body that supports and funds arts programmes in the US. The Office for Accessibility (OA) is the ‘advocacy-technical assistance arm’ of NEA as it aims to promote accessible arts for the disabled, the elderly, veterans and people living in institutions (National Endowment for the Arts, 2017).

##### 4.1.2.1 Creative Ageing

Of pertinence to this paper, the NEA promotes accessible arts through the OA with a myriad of initiatives, including the partnership with the National Center for Creative Ageing for instance. This promotes the development of a *Directory of Creative Ageing Programmes* in America and the provision of online training courses for artists interested in working with older people. It also carries out research on arts and ageing, offers direct funding for artist residencies in federal correctional facilities, and initiates national forums on career developments in disability arts.

##### 4.1.2.2 Creative Employment

NEA also plays an active role in ushering creative employment, especially amongst the disabled population. Most notably, the National Summit on Careers in the Arts for People with Disabilities hosted in 2009 prompted the development of a series of forums across different states which aimed at improving career prospects in the arts for people with disabilities in US. Following the Summit, a total of 27 US states had hosted such forums (Austin & Brophy, 2015).

### 4.1.2.3

#### Arts Inclusion Awareness at the State Level

Arts agencies at the state level are aware of their responsibility to address the issues of arts and inclusion, reflected in their decisions of grants funding arts programmes. Some states are required to highlight the role of diversity in grant allocation, for instance, in accordance to Section 444.024 of the Texas Government Code. The Texas Commission on the Arts has to adopt 'equitable procedures for the distribution of grants to recipients who reflect the geographical, cultural, and ethnic diversity of the state's population'. Other states have grant programmes with explicit diversity goals, such as the Diversity & Inclusion Awards programme of the Florida Division of Cultural Affairs which covers demographic diversity, socio-economic diversity, cultural heritage, sexual orientation, age and accessibility (Division of Cultural Affairs Florida, 2018).

### 4.1.3

#### Australia

The Australia Council for the Arts (Australia Council) is the national arts funding and advisory body in Australia, and a Cultural Engagement Framework (CEF) was developed in 2007 to guide its policies on diversity. Under the CEF, disadvantaged groups and those experiencing social issues have been identified as priority areas, including First Nations people, children and the young, the elderly and the disabled, etc. Most notably, a 3-year *Arts and Disability Action Plan (DAP)* was devised within the CEF highly supported and endorsed by the Federal Government (Australia Council, n.d.).

#### 4.1.3.1

##### Disability Action Plan 2017-2019

The *DAP 2017-19* highlights the triple goals of accessibility, leadership and arts practice. In terms of accessibility, the Australia Council strives to improve access to arts by providing grants, facilities, guidelines, research and a register on accessibility information of all programmes and services. The goal of leadership is achieved through various measures such as advocacy, training and leadership development, procurement policies and promotion of accountability and transparency. The Australia Council also aims to promote good arts practice in diverse representation, invest-

ment, co-investments and market development (Australia Council for the Arts, n.d.).

#### 4.1.3.2

##### National Arts and Disabilities Strategy

The Cultural Ministers Council (now known as the Meeting of Cultural Ministers), bringing arts and culture ministers across Australia together to discuss cultural policy, published the *National Arts and Disability Strategy* in 2009. Four focus areas have been identified in the document: Access and Participation, Arts and Cultural Practice, Audience Development, and Strategic Development (Department of Communications and the Arts, 2018). Policy priorities include national network, *DAPs*, National Disability Portal, national research, national touring circuit, education, private sector support and raising awareness (Cultural Ministers Council, 2009; Department of Communications and the Arts, 2018).

#### 4.1.3.3

##### Local Government Initiatives

Furthermore, local governments have devised plans and initiatives to address the issues of arts inclusion. The Australian Capital Territories Government, for example, published the *Social Inclusion in the Arts: 2017 Plan* to accentuate the importance of disabled audience, subsidies, active participation of the disabled, and collaboration across organisations (Australian Capital Territories Government, 2017).

### 4.1.4

#### Singapore

The relationship between arts and inclusion has long been recognised by the Singaporean Government. In the *Renaissance City Plan III* published by the Ministry of Information, Communications and the Arts in 2008, it is stated:

*Arts and culture is likely to become the most socially inclusive platform for community bonding as it allows for broad-based participation by all, regardless of age, race or financial background (Ministry of Information, Communications and the Arts, 2008).*

*The Report of the Arts and Cultural Strategic Review*, completed in 2012, has recognised arts and culture as an ‘inclusive and interactive means for reaching out to and bringing together different segments of the population’ (National Arts Council, 2012). In particular, two target segments have been identified, namely ‘seniors’ and ‘new Singaporeans and residents’.

The National Arts Council (NAC) is the major funding body of arts and culture in Singapore, with the Ministry of Culture, Community and Youth as its parent agency. The NAC’s *Arts for All* initiative is of high relevance to this paper where two major programmes under the initiative, ‘Silver Arts’ and ‘ArtReach’, are highlighted to show how they serve disadvantaged groups in Singapore (NAC, 2014b).

#### 4.1.4.1 Silver Arts Festival

Silver Arts is an annual festival which promotes the arts for the elderly (Arts for All, n.d.). Through collaboration with artists, arts organisations and community partners, Silver Arts enables elderly people to perform and showcase their talent or to learn a new skill (NAC, 2014d). The NAC also commissions three to four ‘Community Arts Projects’ each year, supporting the proposed ideas of artists, arts groups and intermediaries (NAC, 2014c). These projects offer participatory arts experiences to the elderly in small groups.

‘Men in Jazz’ (a stakeholder engaged in this paper) was invited and fully sponsored by the NAC to perform at the Silver Arts Festival in 2017.

#### 4.1.4.2 ArtReach

ArtReach is another programme under the *Arts for All* initiative in Singapore (Arts for All, n.d.-a). It aims to provide arts experience to underserved communities by facilitating the collaboration of artists and various voluntary welfare organisations in social arts projects (NAC, 2014a). The WeCare Arts Fund, a part of the ArtReach initiative, has been established under a partnership between the NAC and the People’s Association (NAC, 2014e), supporting social service organisations by broadening arts access to a wide

er scope of beneficiaries (NAC, 2017). Projects supported by the fund could take the form of workshops or co-creation of performances and exhibitions (NAC, n.d.).

#### 4.1.4.3 Arts and Disability International Conference

In four consecutive years (and the third in collaboration with NAC), the Arts and Disability Conference has expanded substantially, from a half-day forum aiming to raise awareness of the gaps between the arts and disability sectors, to a 2-day conference packed with local and overseas speakers discussing the progressive issues of ‘inclusiveness’, ‘empowerment’ and ‘collaboration’. Myra Tam, Executive Director of ADAHK (a stakeholder engaged in this paper) was invited to share regional trends and insights as an industry expert speaker for the event in 2017.

#### 4.1.5 Japan

With Tokyo hosting the 2020 Summer Olympics and Summer Paralympics, Japan’s national government has been very proactive in promoting local culture and diversity. Organisers of events on inclusive arts can apply for recognition under the Tokyo 2020 Nationwide Participation Programme and the *beyond2020* Programme. Notably, *beyond2020* has specific requirements on the removal of barriers for the disabled (Cabinet Secretariat, n.d.).

The Japanese Government, in general, is seen to place a stronger emphasis on the area of disability arts among the arts designated for the wide spectrum of different disadvantaged groups.

#### 4.1.5.1 Policy on the Development of Elderly and Disability Arts

In the *Basic Programme for Persons with Disabilities* published by the Cabinet Office in 2013, the development of disability arts has been listed as a major policy direction. Proposed initiatives include infrastructure upgrades, exhibitions, cultural festivals and promotion of barrier-free museum and movie experiences. The Ministry of Education, Culture, Sports, Science and Technology (MEXT) and the Ministry of Health, Labour and

Welfare (MHLW) have also been identified as the two major ministries under the national government responsible for such policy initiatives.

The MEXT has started a Special Project 2020 – which promotes cultural festivals at ‘special schools’ – catering specifically to the visually impaired, the hearing impaired, the intellectually disabled, the physically disabled, the sick and the hospitalised. Of particular ‘inclusive’ spirit, this Special Project sets to position these ‘special schools’ as focal points bringing together the community and business sectors (MEXT, 2017). The Agency for Cultural Affairs, a special body under the MEXT, has also pinpointed the significance of disability arts on various occasions.

The *4th Directions for Developing Arts and Culture* in 2015 has identified the development of elderly and disability arts policy direction. Proposed initiatives include the promotion of disability arts, development of barrier-free infrastructure and establishment of support organisations (Agency for Cultural Affairs, n.d.).

At the 44th Meeting on Evaluating Industry Competitiveness of the Headquarters for Japan’s Economic Revitalization in 2016, the Agency of Cultural Affairs has listed audience-making as a major goal – with the elderly and the disabled as target groups and a target of establishing inclusive initiatives across all prefectures by 2030 (Prime Minister of Japan and His Cabinet, 2016).

Moreover, the MHLW has started to promote the establishment of prefectural, regional and national disability arts networks in 2017. Non-government organisations recommended by prefectural governments could apply to become fully-subsidised, designated organisations responsible for initiatives such as local support services, study and exhibition of artworks, training programmes, and know-how exchanges (MHLW, 2017).

#### **4.1.6 Taiwan**

The Ministry of Culture (MOC) has identified ‘cultural rights’ as a major strategic direction (MOC, n.d.). The MOC aims to promote equal cultural rights for different minority groups and encourage equal participation in cultural activities. Current initiatives of the MOC include:

(1) Establishment of a platform that consolidates resources and brings together cultural institutions; (2) Promotion of cultural diversity programmes; (3) Grants for cultural diversity programmes; and (4) Promotion of accessible facilities (Ministry of Culture, n.d.).

Back in 2013, the MOC launched an innovative ‘Golden Crowd’ mobilisation programme. The programme utilised the cultural expertise of the elderly in an attempt to promote and preserve the unique local culture of remote villages with the provision of counseling and financial support (MOC, n.d.). A total of 44 communities, including 13 aboriginal villages, had benefited from the financial support amounting to NT\$3.4 million (US\$114,672). Local entities could also partake in the programme as it would match different groups of the community with local projects (Ministry of Culture, n.d.).

In December 2017, a Memorandum of Understanding (MoU) on fostering cultural exchange and collaboration in Taiwan was signed, covering the scope on professional exchanges, promotion, research and other initiatives. Specifically, arts and social inclusion – which includes the artistic development and participation of the elderly and the under-represented communities – is one of the major areas highlighted in the MoU.

## **4.2 ‘Arts’ in Health Policies and Social Care Systems : Some Overseas Examples**

It is noteworthy that a number of countries have started to incorporate the arts into public policy and promote their overall impact in the areas of healthcare and social welfare. The coherent drive for arts inclusion in different policy areas is key to fostering inter-departmental synergy, enabling a widespread recognition of the impact of arts, and maximising the mobilisation of ‘arts for inclusion’. It is unsurprising that these countries are usually considered the ‘pioneers’ or ‘front-runners’ in the field of arts inclusion.

### **4.2.1 United Kingdom**

Health is a ‘determinant’ largely relevant to the discussion of social ‘inclusivity’ or ‘inclusiveness’, the

administrations in the UK are observed to be using arts-based strategies to address the social determinants of health. Recognition of the role that arts can play in improving health and wellbeing is increasingly consistent across UK health policy documents – an assertion best supported by the existence of their policy for Arts, Health and Wellbeing. *Creative Health: The Arts for Health and Wellbeing*, published in 2017 by the All-Party Parliamentary Group on Arts, Health and Wellbeing, signifies the progress of trying to engage the NHS and other national bodies fully in the development of a consistent approach to ‘Arts on Prescription’ – a model under social prescribing, which will be outlined in depth below.

By early 2007, the DH had published a review of the role of government in promoting the arts and health in a holistic approach. Completed by the Review of Arts and Health Working Group, which was commissioned by NHS’s Chief Executive and DH Permanent Secretary and led by the National Director for Patients and the Public, findings include the following (Clayton, 2007):

- Arts and health are – and should be – firmly recognised as being integral to health, the healthcare provision and healthcare environment;
- Arts and health-related initiatives deliver real and measurable benefits across a wide range of priority areas, and enable NHS and the DH to play a substantial part in government policy-making;
- There is a wealth of good practices and substantial evidence base that reflect the beneficial effects of arts on health;
- The DH has a critical leadership role to play in creating an environment in which arts and health can simultaneously prosper by promoting, developing and supporting relevant initiatives.

Continuous efforts remain in place across the UK in promoting arts and health concurrently, including the framework instigated by DH in 2010 which explicitly declared that ‘participation in the arts and creativity can enhance engagement in both individuals and communities, increase positive emotions and a sense of purpose’ (Department of Health, 2010). Additionally, a cross-government framework called *No Health Without Mental Health* in 2011

heralded a fundamental shift towards accountable, locally-led health provisions, expressing a desire to engage independent and third-party providers for a larger impact upon mental health (Department of Health, 2011).

### **Cultural Commissioning Programme (CCP)**

A number of national initiatives on bridging arts and health have since come to the surface of the UK’s public health narrative, possibly because the 2016 Culture White Paper has explicitly acknowledged the cultural sectors’ invaluable role in health and wellbeing and specifically called for collaboration between the DCMS, ACE and Public Health England. Of particular pertinence to this paper is the Cultural Commissioning Programme (CCP), a three-year initiative funded by ACE from 2013 - 2017.

The significance of CCP lies in its remit to align ‘arts and culture’ with local priorities, under the premise that the arts undertake ‘an essential part of a new model of public services, one that is built on preventing harm and reducing people’s need for acute services’ (Slay, 2016). The programme attempts to: 1) gauge the current status of mental health and wellbeing of the population; 2) address health and social inequalities; 3) raise awareness of the benefits of arts and culture among the general public and policy-makers; and 4) advance the convergence of the arts and public services through cross-sectorial collaboration between arts and cultural organisations and public service commissioners. As government officials in the UK are noted to acknowledge the efficacy of the arts and culture in public service, we urge our local government to adopt practices of the UK Government.

### **Social Prescribing – ‘Arts on Prescription’**

Social Prescribing was highlighted in the 2006 White Paper *Our Health Our Care Our Say* as a mechanism for promoting health, independence and access to local services. Essentially, it underlines a model where general practitioners (GPs), nurses and other primary care professionals collaborate with other health and social care professionals in the community to create a more complete network of support extending to non-clinical services outside of hospitals and clinics. The role of arts in Social Prescribing is signified through the ‘Arts on Prescription’ scheme, one of the more well-known models of social prescribing, in which

a GP may refer a patient to an activity involving the arts or an arts-based therapy service typically provided by NGOs within the community.

Social Prescribing is a part of the *NHS Five Year Forward View* in the UK as of October 2014, and the use of arts for health outcomes is included in the Health Policy as a result (National Health Service, 2014). Moreover, in the *General Practice Forward View* published by the NHS in 2016, voluntary organisations – via social prescribing specifically – are emphatically noted for relieving pressure on primary care services. More recently, a new Social Prescribing Network has been established to provide support at local and national levels. A national clinical champion of social prescribing was also appointed by NHS England in June 2016 to promote related schemes and successful projects. (The King's Fund, n.d.). Hence, the practice of social prescribing has been entwined into public health policy, raising the role of arts in the health and healthcare discourse as a result.

#### **4.2.2 Australia**

The Australian Government has consistently recognised the role of the arts in their health policy documents. In 2013, Australia's health and cultural ministers pushed for a national framework to raise the profile of arts and health in the country and to promote greater integration of arts and health practice and approaches into health promotion, services, settings and facilities. To implement this framework, the Australian Centre for Arts and Health has been assigned as the national arts and health link that connects government and non-governmental organisations in the field.

#### **4.2.3 Sweden**

Nordic countries are generally known for a high level of social protection and have indeed made considerable practical advances in the field of arts and health. In 2007, the Swedish Parliament established a cross-party Society for Culture and Health, bringing Members of Parliament and civil servants together with experts from the scientific, arts and healthcare communities. More significantly, the Centre for Culture and Health at the University of Gothenburg has

initiated ground-breaking seminars from a humanities perspective instead of the traditional biomedical approaches to examining health. Other innovation seeking to bring arts, health and social affairs together include the Swedish 'arts on prescription' scheme, a joint effort between the Ministry of Culture and the Ministry of Health and Social Affairs (All-Party Parliamentary Group & on Arts, Health and Wellbeing, 2017).

#### **4.2.4 Finland**

The merger of arts and culture with the health and social care systems has become one of Finnish Government's key priorities for 2014-2018. Arts Promotions Centre Finland has been granted a budget of €2million to fund arts projects relating to the health and social care sector for the purpose of increasing the use of arts as a preventative measure or in the healing process (Tamm, 2008). Further, the University of Arts Helsinki has kickstarted new research initiative that frames the arts as a public service and explores how they can meet the social challenges of the 2020s (Liikanen, 2010).

#### **4.2.5 Norway**

The Norwegian Resource Centre for Arts and Health, established in July 2014, is a collaboration between Nord University, Nord-Trøndelag County Council, Levanger municipality, The Nord-Trøndelag Health Study and Helse Nord-Trøndelag. The centre's primary mandate is to synergize the efforts made in research, education and practice in the fields of arts and health. Publicly funded by the Norwegian Directorate of Health, the centre ensures good use of arts resources in the health-related sectors, and encourages arts-based strategies in the training of care providers. Its target groups include children, people with mental health problems, elders, and people with dementia. The Government has also assigned a research centre under the Norwegian University of Science and Technology to undertake analyses on the relationship between arts engagement and various aspects of health, while serving as the region's repository of biomedical and cultural data (Norwegian Resource Centre for Arts and Health, n.d.).

## 4.3 Policies of Pertinence to Arts Inclusion in Hong Kong

As we turn to Hong Kong, we are made aware of the discrepancies between the formulation of our policies and those of our international counterparts, and we realise that our policies lack a concerted emphasis in laying out the specifics that strive for arts inclusion. Our health policies do not specifically mention or acknowledge the effects of the arts, and our cultural policies are relatively passive in their promotion of arts inclusion. In the section below we overview the current government policies of pertinence to arts inclusion in Hong Kong. We draw your attention to one new policy initiative that is particularly relevant, provided in the point immediately below.

### 4.3.1 A New Fund for Arts Development for Persons with Disabilities

Hong Kong had consistently appeared bare in respect to the policies it holds on arts inclusion, especially in disability arts. However, the Chief Executive in her Policy Agenda for 2017 has announced the establishment of a new fund which explicitly aims to foster arts development for persons with disabilities (HKSAR Government, 2017) – an arrangement reaffirmed later in the 2018-2019 Budget (Chan, 2018). We are cognizant of initial discussions in the Legislative Council regarding the details of this fund and of SWD's plan for it to be open to application in the fourth quarter of 2018 (Legislative Council, 2018). This is a significant progress in the development of the arts for people with disabilities, and we applaud the Government for taking this initiative and laud the relevant service providers in the field for their relentless effort in pushing the agenda forward. We look forward to seeing this initiative implemented and realised, and have recommendations towards it in Chapter 5.

### 4.3.2 Home Affairs Bureau (HAB) and Arts Development Council (ADC)

Currently, Hong Kong has no dedicated cultural bureau comparable to those abroad, and all affairs on culture and arts fall under the purview of the HAB responsible for youth development, sport and district administration. In

the 2017 Policy Initiatives of the HAB, there is no mention or implication towards the 'inclusive' agency of the arts, or a blueprint to push for any strategic implementation of that purport.

#### 4.3.2.1 Leisure and Cultural Services Department (LCSD)

The LCSD, under the HAB, has an Entertainment Office that undertakes a myriad of arts initiatives of an 'inclusive' agenda, such as the Community Thematic Carnival Series, Thematic Arts Festival Outdoor Programmes, Concert in the Park (in collaboration with the Philippines Consulate General), and the Asian Ethnic Cultural Performances etc. The LCSD Music Programme runs courses for people of all ages, despite its emphasis on targeting young people (Leisure and Cultural Services Department, n.d.).

Most relevantly, the Community Cultural Ambassador Scheme under the Audience Building Office of the LCSD invites local performing arts practitioners and groups to become 'Cultural Ambassadors' and conduct fun outreach and other educational activities in public spaces as a way to develop public interest in the performing arts, enrich artistic experience and promote community arts (Leisure and Cultural Services Department HKSAR, n.d.). The additional funding of \$20 million set aside to expand this scheme per the 2018-2019 Budget is an encouraging and welcome development (Chan, 2018).

The arts-based activities across the community of Hong Kong are crucial to promoting local participation and fostering a sense of community spirit – both of which are important attributes to inclusion. However, we have not identified any major recurrent initiatives within the LCSD that drill into promoting arts for the marginalised and the needy.

#### 4.3.2.2 Arts Development Council (ADC)

The ADC funded annually by the HAB is the statutory body in Hong Kong tasked with broad development of the arts in the territory. Its prime responsibilities include advising the Government on cultural policy, allocating

grants, undertaking advocacy, assuming the tasks of promotion and development, as well as planning programmes in support of the arts.

Even though the development goals of the ADC laid down for the current focus more on the aspects of artistic milieu without much of an emphasis on cultivating inclusiveness, we are pleased to see in the most recent round of project grants criteria that ‘social inclusion’ has been named as a key component of the assessment guidelines. The first criteria under the Key Assessment Criteria of the 2018 Project Grant Assessment Guidelines for the ADC reads as follows:

*The attractiveness of the project to the public is whether the project could enhance the appreciation of and participation in the arts amongst the public and promote social inclusion (Hong Kong Arts Development Council, 2018).*

Moreover, our research shows that three service providers of arts inclusion services had been successful in securing ADC’s recurrent funding since at least 2011, either as a ‘Grant Recipient’ or via the Multi-Project Schemes. These organisations include AIH, ADAHK, and the CCCD – all of which were interviewed for this research report (Hong Kong Arts Development Council, n.d.).

The Nonsensemakers was named in the Hong Kong Arts Development Awards for Arts Education (Non-School Division) in 2016, specifically for their efforts in inclusive arts education via the Hand in Hand Capable Theatre. Of those interviewed in this paper, Music Children Foundation and ADAHK were also awarded ADC’s Arts Education and the Arts Promotion Awards.

The ADC also supports initiatives such as the Hong Kong International Deaf Film Festival, which will celebrate its eighth anniversary in 2018. The film festival, prized as the first of its kind in Asia, is co-organised across the arts, welfare and cultural institutions. It showcases films and videos produced by the deaf or hearing impaired of both local and international backgrounds.

### **4.3.3 Sources of Funding from Other Departments**

The existing parameters under which projects of ‘arts inclusion’ may be eligible for governmental funding in Hong Kong are somewhat ambiguous. Currently, they could fall under the SWD of the LWB, or the ADC of the HAB; however, a Legislative Council document in 2008 provided by the Panel on Home Affairs cited that all work pertaining to ‘arts’ and ‘inclusion’ should be under the purview of the HAB (Arts with the Disabled Association Hong Kong, 2012).

#### **4.3.3.1 Partnership Fund for the Disadvantaged**

The HK\$1.2 billion fund established in 2005 seeks to help the disadvantaged by encouraging cross sectoral collaboration among the welfare sector/schools, the business community and the Government. The SWD provides participating organisations with matching grants based on the amount of donation made in the private/business sector. The Fund acts as an incentive encouraging those in the welfare sector/schools to expand their network of corporate support and participation, as well as those in the business sector to shoulder greater corporate social responsibility in creating a cohesive, inclusive and caring society.

We note this ‘Partnership Fund’ has no specific remit in funding arts-related programmes, yet there have been successful recipients with arts-related programmes.

#### **4.3.3.2 Social Innovation & Entrepreneurship Development Fund (SIE Fund)**

Launched in 2012 with HK\$500 million, the SIE Fund aims to develop social entrepreneurship and innovation in Hong Kong. The Fund consists of four intermediary programmes:

- **Impact Incubator from The Hong Kong Council of Social Service**
- **Good Seed from PolyU Technology and Consultancy Company Limited**
- **Fast Forward from SOW (Asia) Foundation Limited**
- **Nurturing Social Minds from The Yeh Family Philanthropy Limited**

It should be noted that while arts-related pro-

grammes are not specific targets of the SIE Fund, it has granted a three-year funding support to ADAM Arts Creation Limited – a social enterprise under ADAHK promoting the employability of AWDs which started October 2017.

### 4.3.3.3 Community Investment and Inclusion Fund (CIIF)

The CIIF represents another funding source for projects related to arts inclusion.

CIIF was set up in 2002 to (i) implement diversified social capital development projects in the community; (ii) promote reciprocity between the public and different sectors; and (iii) build a cross-sectoral collaborative platform and social support network.

To accomplish these goals, CIIF supports community projects which could be broadly grouped into the following major categories:

- **Family and Child Welfare**
- **Youth Development**
- **Elderly Support and Empowerment**
- **Health Care**
- **Cross Generation Integration**
- **Social Integration**
- **Community Capacity Building**

CIIF is not tailored for ‘arts-focused’ programmes, but there are examples of using arts as an intervention strategy in building social capital, such as the two-year project Hand in Hand Capable Theatre, initiated by the Nonsensemakers. Funding from CIIF ended in 2015, and Hand in Hand Capable Theatre has since turned to third-sector funding sources.

### Landscape of Arts Inclusion Summarised

From the landscape study above, we observe that the UK, Norway, Sweden, Finland, as well as Australia, have already embedded arts in their health care policies. While the arts, in comparison, have yet to become a substantial feature in the health policies in Asia, we can see that Taiwan, Singapore and Japan have stretched ahead their peers

by incorporating the arts into public policy for persons with disabilities, and in their policies against social exclusion.

Meanwhile, we acknowledge that the HKSAR Government has continued to address social exclusion while simultaneously cultivating social inclusion. Funding such as that of CIIF, for instance, encourages the development of social capital in the community. The SIE Fund, likewise, aims to nurture social innovation, while the Partnership Fund for the Disadvantaged targets to provide support to disadvantaged groups. We are delighted that a new fund for arts development for persons with disabilities is initiated in the 2017 Policy Agenda. It is definitely a good start, but we still note the following discrepancies of our system when compared to international counterparts:

*i.*  
no acknowledgement of the impact of arts or arts engagement in our policies pertaining to health, mental health or social welfare, thereby limiting the scope of proliferation for arts inclusion;

*ii.*  
no functional policy on arts therapy and arts therapists;

*iii.*  
no blueprint strategy for inclusion through arts by the ADC or HAB;

*iv.*  
no coherent sources of funding for successful ‘arts inclusion’ projects.

In the next chapter, we elaborate on these discrepancies, and unveil a set of policy recommendations we have devised to address these challenges.



Chapter 5:

**Challenges,  
Data Analyses &  
Policy  
Recommendations**

Based on all the interviews conducted for this paper, and taking into account existing policies in force that bear relevance to the arts inclusion discourse, we have identified and compiled some major challenges facing practitioners of arts inclusion locally. Following these, we will also delineate the corresponding recommendations that serve to potentially address those issues. The challenges may be grouped under four main themes:

- i. Lack of Professional and Public Recognition** on the impacts of arts and arts therapy in general
- ii. Gaps in Funding Systems** that hinder the dissemination and development of arts inclusion services
- iii. Gaps in Manpower Planning** that hinder the growth and recognition of arts inclusion practitioners, such as arts therapists
- iv. Adopting a ‘Preventative’ Mindset**

We submit that in comprehensive policy-making, an approach should be adopted to extend from the current focus on remedial functions, to one emphasising preventative measures as well. Akin to concepts of prevention such as exercising and eating healthy to reduce the risk of heart disease, a similar approach could and should also be applied to the incorporation and implementation of arts as a preventative intervention for mental, emotional and social health. Arts intervention as a preventative course of action has often been overlooked in the past, and our recent findings suggest that it is worth consideration as a matter of public policy in the near future.

This is timely for Hong Kong, especially as we anticipate the continuation of baby-boomers bound for retirement in large numbers and the troubling trend of adolescents becoming ‘at-risk’ at a younger age. A viable strategy, in our view, will require the synergetic, cross-disciplinary efforts in the arts, health, and social welfare sectors to tackle the issue of social isolation through inclusive measures in a coherent process.

Although we have defined the challenges into the four points above, it is important to note that the dynamics from each of these challenges are not necessarily independent from one another, as the ramifications from one area may also influence the others.

In a more microscopic level, we posit that the first three themes are the main forces that hinder the development of ‘arts inclusion’ practices from widespread promulgation. As for the final theme, we would like to draw attention to the preventative function of arts as a policy tool, which holds as strong importance as its existing ‘remedial’ function.



We elaborate with analyses on each theme below:

## **5.1 Challenge One: Lack of Professional and Public Recognition**

### **5.1.1 Preclusion of Arts Therapists in the HA Establishment of AHPs**

As discussed in Chapter 2, arts therapy is a well-evidenced intervention for treating dementia, AD/HD, ASD, ID and SpLD. It can also enhance the mental health status of patients, and increase the therapeutic effects of other interventions. The unique practicality of arts therapy as a non-verbal means of engagement is also brought to the light – as a way to effectively communicate with those who do not demonstrate adequate cognitive and communication abilities.

Yet, ‘arts therapy’ is currently not considered a profession under the AHPs of the HA. The existing list consists of these 15 other AHPs:

- 1. Audiologists**
- 2. Clinical psychologists (CPs)**
- 3. Dietitians**
- 4. Occupational therapists (OTs)**
- 5. Optometrists**
- 6. Orthoptists**
- 7. Physiotherapists (PTs)**
- 8. Podiatrists**
- 9. Prosthetists and orthotists**
- 10. Speech therapists (STs)**
- 11. Pharmacists**
- 12. Dispensers**
- 13. Radiographers**
- 14. Medical laboratory technologists**
- 15. Medical social workers**

Drawing from our interviews with such a wide spectrum of beneficiaries, it is clear that no single set of therapy can suit all patients, and therefore a professional healthcare team should consist of a combination of therapists, psychologists, social workers, medical doctors, among others, who can then devise different methods and means to

treat patients of different needs and levels. In other regions, arts therapists are well recognised as members of the professional healthcare sector. In both the UK and US, they have included the profession under the umbrella term of AHPs.

In Hong Kong, given a rapidly ageing population, the number of patients with dementia are on the rise as statistics have shown. These patients often display some level of deficiency in their cognitive and language abilities – a challenge that is not specifically addressed by the current list of AHPs. In this case, incorporating an additional specialist such as the arts therapist who specialises in non-verbal means of engagement with clients, seems timely and logical. It would also complement the capacity of the existing professionals on the list.

When deemed suitable, the HA does incorporate arts therapy services and related activities into patient treatment plans through various models of care, delivered by multidisciplinary professionals and in collaboration with NGOs as well as other patient groups. Whilst this is encouraging, it cannot be denied that arts therapists are still precluded from the HA’s list of AHPs. This continues to undermine the professional credibility of qualified arts therapists and professionals alike, thereby leading to a bias in the community and even at the management level of service providers.

### **5.1.2 Misconceptions of the term ‘Arts Therapy’ at the Community and Management Levels**

In our research, we note of discrepancies and misconceptions, as well as a multitude of ideas towards ‘arts therapy’ across the management level of organisations dedicated to services of arts inclusion.

The public must be educated of the distinction between non-clinical intervention of arts that can render therapeutic outcomes, and the clinical intervention of arts as a form of therapy. The mechanisms describing each are markedly different, and they each aim to produce different outcomes. Whilst an arts activity may render positive outcomes that happen to be therapeutic, this is different to therapeutic arts done by registered arts therapists who are professionally trained to provide client-specific therapy

using arts means. By and large, non-clinical intervention and clinical intervention are not interchangeable, and we believe this is where a lot of confusion takes root.

Whilst many NGOs support the use of arts by encouraging social workers and psychiatric nurses to conduct arts workshops or sessions, it cannot be said that they can ‘replace’ the work of arts therapists, because the scope of their work is widely different. Although it is encouraging to witness the adoption of the medium of creative arts in the programmes of NGOs and among healthcare professionals, it must be emphasised that ‘arts therapy’ is different from arts activity, and it warrants proper training.

The prevalence of arts therapy consumption in the community through private means is not high, partly because the effectiveness of arts therapy remains far from being well recognised in the community of Hong Kong. It is especially hard to engage elders and their families to ‘pay’ for MT sessions. Significant efforts must be made to educate the public of the nuance in these concepts, and proper recognition by the HA is both timely and vital.

## 5.2 Challenge Two: Gaps in Funding Systems

### 5.2.1 The Output-based Evaluation in LSG Precludes Arts Therapists

Currently, we are cognizant of the Dementia Supplement (DS) provided by SWD as additional allocation on an annual basis, which specifically provides additional resources for demented elders in subvented elderly and rehabilitation units. However, the staffing requirements for this supplement only includes qualified nurses, registered social workers, personal care workers, and health workers or professional therapists such as OTs or PTs; **arts therapists are not included.**

Service providers may, subject to SWD’s approval on individual case basis, engage arts therapists for their services through different avenues. However, many find it unnecessary because some are of the view that other health professionals such as nurses or social workers can ‘do the same job’.

The output-based evaluation of the LSG has further demotivated service providers in engaging arts therapists. Referring to the previous research by Our Hong Kong Foundation, ‘Financial Innovation for Social Impact’, 733 out of 876 indicators are output-based (Wong et al., 2017). Under the current evaluation system, service providers are led to place more focus on the amount of services provided. Although arts therapy can improve the quality of life of service recipients, it is not perceived to play a major role in the assessment criteria for success among most service providers. As such, it is reasonable to believe that service providers are more likely to allocate their resources on services that can increase their capacity, rather than investing in arts therapy.

### 5.2.2 Grey Area between the Funding Jurisdictions of HAB and LWB

Whether a project is under the funding purview of the HAB or LWB largely depends on the nature of service recipients and the targeted outcomes; and as a result some organisations fall into a funding gap between the two governmental departments. For example, a service which targets primarily on the health problems of elders will probably fall under the jurisdiction of the LWB; similarly, a service that promotes local artists will be a concern for the HAB. The Government ought to address the needs of those aspired to providing arts services out of a ‘rehabilitation’ light.

This grey area in funding not only portends financial burdens, but also hinders the development of initiatives in the long run. With the programme and direction of these initiatives heavily influenced by their respective funding requirements, it is unlikely that service providers and beneficiaries as recipients of funding from social welfare sources will be particularly incentivised to aim higher, or consider striving for artistic merits in their creative endeavours.

### 5.2.3 Lack of Resources to Build up Local Research & Development

A great number of projects have unanimously reported that the feasibility of routine evaluation of their work in the field is highly compromised due to prevalent

issues of inadequate funding and staffing, often resulting in a lack of local evidence-based studies in relations to arts engagement. Current approaches to evaluation, not unexpectedly, appears to be limited, but even so we have observed a great majority of projects putting considerable effort and ingenuity into evaluating their work in some way, clearly keen to demonstrate their benefits.

Many have indicated they are keen to develop research and databases when given the necessary resources to do so. It is encouraging to note that Professor Rainbow Ho and her team at the HKU Centre on Behavioural Health are considered to be at the forefront of EAT research, advancing Hong Kong in academic research more than Korea and Japan. The academic research, however, must be put to utilisation under the implementation of the Government before measurable results can be realised on the operational level. As such, we submit that evaluations of arts inclusion projects must be encouraged, first by the Government and then followed by NGOs.

## **5.3 Challenge Three: Gaps in Manpower Planning**

### **5.3.1 Lack of Manpower/Resources in Rehabilitation Services at the Commu- nity Level**

While SWB has been continuously increasing the annual provisions for ICCMW for additional staffing in recent years (including creating a CP post in each ICCMW from 2018 – 2019), we learn from our interview with an ICCMW revealed in Chapter 3 that it remains understaffed with growing demand far exceeding their capacity.

As such, many have suggested that other health-care professionals be enlisted to shoulder some of the burden and ease the pressure facing social workers who are perpetually overworked, for instance, by expanding the current structure of professional staff through onboarding a team of arts therapists who may complement the work of other healthcare professionals. It has also been proposed that training be made available to social workers and counsellors so as to equip them with adequate skills in using arts in their interventions.

### **5.3.2 Lack of Critical Mass in the Arts Therapy Profession**

The level of recognition – professionally or otherwise – of arts therapists is relatively low in comparison with the public health systems and the overall social service systems of other countries such as those mentioned in earlier chapters. Therefore, it is not a general local practice that service providers would offer full-time positions for the sole purpose of arts therapy, thus greatly dwarfing the growth of the profession and hindering job security among professionals. The precarious prospects of a ‘non-critical’ industry naturally deter the proper development of talent and dishearten those who wish to enter the profession.

A reason for the local immobility of arts therapists is largely a result of – or the lack thereof – statutory regulations in Hong Kong. This means their presence and practice are not bound under any Hong Kong legislation, and it suggests that they as a professional group are not recognised in any kind of ‘benchmarks’ for their practice of arts therapy in Hong Kong. Meanwhile, this is far from an ideal situation because consumers are provided with neither choice nor protection in a place where the industry is prone to exploitation, abuse and misuse of arts therapy due to the lack of official recognition or regulation.

Arts therapists currently in practice locally are generally registered in Canada, Australia, the UK or the US – after having graduated from an accredited programme in one of those countries. For instance, a practicing music therapist in Hong Kong today who graduated in the UK would typically be a member of the British Association of Music Therapists and registered under the HCPC – a statutory requirement in the UK for all arts therapists wishing to practise legally and professionally. This, in effect, signifies that each of these ‘titled’ professions in the Register are protected by law, and that anyone associated with these professions must also be in the Register by law.

In Hong Kong, there is no such legally-binding registration in place.

Without a structure for legal registration, the profession is caught in a predicament by which local talent is

difficult to attract, and foreign talent hard to retain. The Masters in Expressive Arts Therapy (EAT) Programme under the directorship of Professor Rainbow Ho at HKU is an attempt to rectify the dilemma: since 2013, it has been the first of its kind in Hong Kong and across Asia. Upon completion of 750 supervised practicum hours, graduates are eligible for professional registration as an EAT with the Australian and New Zealand Arts Therapy Association; they are also eligible to seek qualification as a Registered Expressive Arts Therapist (REAT) with the International Expressive Arts Therapy Association after fulfilling 1,000 supervised practice hours (The Department of Social Work and Social Administration HKU, n.d.).

Current and future graduates of this master's programme at HKU are likely to bring about a positive shift on the outlook of arts and expressive arts therapy in the local scene, as the growing number of accredited experts will propel the integration of arts therapy and healthcare to achieve acknowledgement and professional recognition for their fellow arts therapists.

## **5.4**

### **Challenge Four: Adopting a 'Preventative' Mindset**

In reference to the waves of demographic change facing Hong Kong, we are alerted of a population rapidly ageing, as well as an expanding adolescent population becoming 'at-risk' at a younger age. By the natural state of progression, Hong Kong is poised to have an increasing portion of its people 'marginalised' and 'isolated' from the 'mainstream' population: a social divide that cannot be resolved at the current state of a reactive and remedial stance. As Hong Kong is infamously known for a high-pressure environment, a 'preventative' mindset is strongly urged before cases of worsening symptoms become rampant. In line with the concept of 'active ageing' or 'successful ageing', it calls for a larger emphasis on the 'preventative' aspect that maximises and celebrates a different phase among the retired and the aged. We emphasise here that the arts have a preventative agency and highlight how the arts may be mobilised in the early stages as a way to prevent deficits or symptoms from developing or worsening.

## **5.4.1**

### **We Must Address the Needs of Tomorrow before Tomorrow Comes**

Looking at current governmental approaches to address the ageing population of Hong Kong, there is a lack of incentive to provide skills training, self-advancement, and volunteering opportunities to the increasingly active elderly population.

While remedial functions remain necessary, including increased resources in the number of wheelchairs available, for instance, it is also important to provide sufficient access to community services for the growing demographic of the aged by taking into account the many different needs of those entering the 'elderly' demographic. The Government should, therefore, make it a priority to develop respective policies that specifically target the retired so that they may continue to devote themselves in a constructive manner and maximise their experience and years of quality life.

Similarly, it is a consensus among mental health workers on young people: despite the implementation of 'positive thinking' and 'life planning' in the spheres of youth services by the Education Bureau in recent years, a fundamental obstacle facing adolescents today is the lack of opportunity to express their inner thoughts and emotions – for which the arts can be an avenue of refuge by enabling communication, verbally and non-verbally.

## **5.4.2**

### **Arts Interventions for Early Detection and Treatment**

In the scope of psychiatry, doctors generally support the idea of early detection and treatment. Psychiatrists, like their counterparts of other medical disciplines, generally try to be a step ahead and advocate for preventative measures, and practitioners have reportedly referred sub-clinical cases (at their own expense) to NGOs as an alternative for arts facilitation. Arts therapy as a form of intervention is distinguished to have a less 'labelling' effect, and is a way of monitoring mental health with much less stigma in comparison to visiting a psychiatrist.

To a large extent, it acts as a safety net in that it addresses the medical issues arising from various types of

mood disorder and alleviates their associated symptoms among vulnerable adolescents before they become clinically severe. In the long term, arts intervention could prevent students of different ages from developing high-risk behaviour and allow for detection and treatment during the early stages.

### 5.4.3 **Being Trapped in Vertical Silos, with no Momentum to Cultivate Cross-sector and Multi-disciplinary Synergy**

The benefits rendered from arts engagement straddle the sectors of public health and social welfare. We propose that services of these sectors may find convergence utilising the elements of arts in their practice as a way to expand the possibility of positive outcomes with a wider pool of options and tools.

Under the current system, matters pertaining to the arts fall under the jurisdiction of the HAB; matters pertaining to community services and citizen welfare fall under the jurisdiction of the LWB; and matters pertaining to health and wellbeing fall under the Food and Health Bureau. This system of jurisdictions would naturally confine the arts to stay within the arts 'bubble' whereby community welfare is to stay within the social and welfare sphere, and health to stay within health, without much room for crossover or mutual discussion – as these sectors have always been mutually exclusive.

We are of the view that this does not maximise the full potential of each industry's services and manpower, because services under one sector may well render benefits attributable to another. In the best example, the arts can render social value and improve a person's holistic wellbeing, but currently these impacts are confined to the sphere of arts and do not benefit sectors outside of the arts. The convergence between the arts, social welfare and health sectors is a long-term challenge forbidding the full utilisation of existing services.

The E Major Ensemble for the Third Aged under the TWGH is first to transcend these historical boundaries. Despite a background in providing respite and 'community services' to the elderly, TWGH is trying to introduce 'arts' into the same discourse. The Ensemble has moved increas-

ingly into the delivery of programmes where talented artists of the Third Age can pursue high-quality arts practice in a supported environment. To further promote benefits of arts services, it would require cross-bureau collaboration.

### Challenges Summarised

Summarising the aforementioned, we have identified some of the more prominent barriers for the proliferation of arts inclusion practices locally. Preclusion of arts therapists in the HA organisational structure is identified as a major blockade to the system. The lack of a statutorily-regulated registrations system for arts therapists has also hindered the growth and development of the profession. This is why public awareness is still low, albeit improving, and why funding is scarce. Last but not least, there is of course the challenge in moving society towards adopting a mindset that not only considers 'remedially', but also takes preventative measures.

In light of these challenges prescribed, we devise four policy recommendations which hope to address the themes of the challenges mentioned above.

## 5.5 **Recommendation One – Recognising and Mobilising the Use of Arts Therapists in Health and Social Welfare Sectors to Reinforce Medical-Social Collaboration**

Currently, arts therapists exist and function in their own narrow spheres, and are kept apart from other AHPs. We propose that the functions of arts therapists can be properly realised and maximised if they can be incorporated into systems such as health and social welfare – benefitting even more people from a wider range of backgrounds. What is unique about arts therapies is that it can reach a catchment of beneficiaries that the three mainstream therapies (OT, PT and ST) are less effective in reaching. This is why a wider variety of therapies is recommended, so that each client may have a wider scope of services to benefit from and can have more tailored combination of therapies.

As first steps, and taking into account the Government's greater vision, we propose several areas in which arts therapists may be deployed.

### **5.5.1 Mobilisation of Arts Therapists in the HA Establishment of AHPs**

Many of the challenges faced by arts inclusion practitioners mentioned above had rooted from the non-existent position of arts therapists from the HA's organisational structure. We are also cognizant of five healthcare professions, namely STs, CPs, EPs, audiologists, and dietitians, that will undergo accreditation under the Accredited Registers (AR) Scheme for Healthcare Professionals introduced last year. Given such strong empirical evidence for these services – MT for persons with dementia and children with special needs in particular – we encourage the Government to include the profession of arts therapists under its canon of AHPs and consider arts therapists in the next round of the AR scheme so as to reinforce more concerted medical-social collaborations.

### **5.5.2 Mobilisation of Arts Therapists in Dementia Supplement**

Many current arts inclusion programmes in Hong Kong are an initiative within a bigger NGO or non-profit organisation with a social mission to offer improved welfare or community rehabilitation services for their respective target groups. While most of the FSAs have not specified the staff requirement, FSAs for DS have particularly required OTs and PTs. As mentioned in Chapter 2, people with dementia may have cognitive or communicative difficulties, hindering the effects of OT and PT. Therefore, we encourage the Government to include arts therapists under the DS's staffing requirements, and provide additional resources to sustain their services. This addition can drive NGOs to explore a variety of more intervention options which can complement the current therapeutic services and enhance the patients' quality of life.

### **5.5.3 Mobilisation of Arts Therapists in Pre-school Rehabilitation Services for Children of SEN**

The Government, as provided in the Chief Executive's 2017 Policy Address, has acknowledged the dire

need of children with SEN in pre-primary education, such as those suffering from ASD, AD/HD, language disorder or dyslexia, for pre-school rehabilitation services as early as possible. The Government in response has launched the Pilot Scheme on On-site Pre-school Rehabilitation Services, under which multi-disciplinary teams of healthcare workers and AHPs (including OTs, PTs, STs, psychologists, social workers and special child care workers) are to provide children with therapy. However, arts therapists are not included in the scheme despite their proven efficacy through a different dimension of remedy at the setting of EETCs and SCCCs, particularly for those with verbal expressiveness difficulties.

### **5.5.4 Introduction of Arts Therapy services in 'District Health Centres' in light of the Pilot District Health Centre in Kwai Tsing**

The effectiveness of medical-social collaboration is appreciated and supported by the Government as evidenced in the pilot initiative concerning a district health centre in the district of Kwai Tsing, mentioned in the Chief Executive's 2017 Policy Address (The HKSAR Government, 2017). These health centres address the needs of each particular district, but generally serve to provide support for the chronically ill within the community and to raise public awareness of disease prevention. It emphasises the use of the local network to procure services from organisations and healthcare personnel serving the district so that the public can receive due care. District health centres are where arts therapy and other related services can play a role in serving the community, relieving the pressure on specialist and hospital services, and epitomising medical-social collaboration by way of arts.

### **5.5.5 Mobilisation of Arts Therapists into the 'District-based Professional Teams' Pilot Scheme**

The Chief Executive also announced in her 2017 Policy Address the launch of a four-year pilot scheme by setting up a district-based professional team of social workers, PTs, OTs to provide outreach services for residents of private RCHes and residential care homes for persons with

disabilities (RCHDs). The Government will also introduce 'visiting medical practitioner services' for residents of the RCHEs and RCHDs across Hong Kong to proactively respond to episodic illnesses, thus looking after their health and reducing their dependability on the public healthcare system (The HKSAR Government, 2017). Arts therapists could be included as eligible candidates of the team of professionals designated to care for the elderly and to provide services deemed beneficial to their health mentally or physically. We envision a healthier community once arts therapists are accepted statutorily by the HA.

### **5.5.6 Consideration by the HKSAR Government in its Future Plan for Rehabilitation and SEN**

The HKSAR Government in 2007 published the Hong Kong RPP calling for services ranging from prevention to public education to cover ten categories of disability. It is an encouraging sign showing a significant change in the local landscape of rehabilitation in terms of the number of patients, types of disabilities and services required. While persons suffering from AD/HD, ASD, ID and SpLD are included in the RPP, the current public services may not be adequate or sufficient to support them due to the communicative and cognitive difficulties they are likely to experience. Non-verbal therapies, such as MT and EAT, can offset the current service handicap. This kind of therapy is crucial for service areas such as pre-school training for students with SEN, day care and community support centres. We urge the HKSAR Government to consider the above recommendations for its future plans in rehabilitation and SEN.

## **5.6 Recommendation Two: Piloting an 'Arts on Prescription' Practice**

Taking into account the wide-ranging merits of the arts, including its proven efficacies towards target groups across demographics, as well as the 'preventative' agency embedded within creative activities, we propose that an 'Arts on Prescription' be considered to bring the sectors of arts, health and social welfare together to engender social impact in a coherent manner.

Our recommendation for piloting 'Arts on Pre-

scription' takes root from the UK's Social Prescribing practice currently in force, which may also be known as 'community referral' and defined as 'a mechanism for linking patients with non-medical sources of support within the community' (Barry & Jenkins, 2007). Social Prescribing is viewed as a means of addressing mental, psycho-social, or socio-economic issues, and enhancing community wellbeing and social inclusion (NHS England, n.d.). As such, it is an emerging strategy for tackling health inequities through a partnership between primary care and third-sector organisations. Models of social prescribing include a variety of non-clinical community interventions, such as 'Exercise on Prescription', 'Books on Prescription' or 'Green Gyms'.

### ***Exercise on Prescription***

Exercise on prescription involves referring clients to supported exercise programmes that can include: i) gym-based activity; ii) guided/health walks; iii) green activity; iv) cycling; v) swimming and aquatherapy; vi) team sports; and vii) exercise and dance classes (Friedli, 2008).

### ***Books on Prescription***

Books on prescription usually takes the form of recommendation by a GP or mental health worker of a particular book, or a list of books to be borrowed from a public library. Other opportunities for Books on Prescription within a social prescribing model may also include 'referral' into certain reading groups in the local community etc. It is recorded that over half of the library authorities in the UK currently are operating some form of 'bibliotherapy' (Hicks, 2006; Friedli, 2008).

### ***Green Gyms***

Green Gym is an outdoor exercise programme associated with an increase in self-esteem, positive mood and self-efficacy (Pretty et al., 2003). Evaluative studies for green gyms have shown the potential therapeutic value of the natural environment, demonstrating how 'being out in the countryside' can be a significant motivating factor that renders a range of physical and mental health benefits, including lowered levels of anxiety and depression (Bragg & Leck, 2017).

These are some of the models of social prescribing currently in force, but we shall focus on the more well-known model of 'Arts on Prescription' for the purpose of this paper.

### ***Arts on Prescription***

‘Arts on Prescription’ is a type of social prescribing where clinical or social care practitioners refer patients to a participatory arts service or source of support aiming to help people in their recovery through creativity and increased social engagement. These services may be facilitated by professional artist facilitators as well as arts therapists with the support of personal counsellors, and they usually take place in a community setting, charity premises or within cultural venues such as museums, libraries or galleries. A growing number of Arts on Prescription schemes who network amongst one another have been observed.

We recommend that this type of social prescribing can be applied in Hong Kong.

The number of arts therapists in Hong Kong are finite, and there may be some cases where clinical interventions such as professional arts therapy sessions might not be the preferred option, especially where the emotional problems or mental health difficulties are sub-clinical. In such cases where non-clinical interventions might work best, NGOs can step in with their arts programmes. (Programmes under ‘Arts on Prescription’ in the UK largely refer to ‘non-clinical interventions’, although clinical interventions such as arts therapy may be occasionally applied, subject to the varying needs and wills of the patient).

From interviews, we have observed that the NGO staff who run the arts activities tended not to be arts therapists. We emphasise that while there is no fault for health workers such as OTs, PTs or social workers to run arts programmes, it is best to launch a ‘Train the Trainer’ programme in order to ensure that a certain standard of quality is met and that the integrity of ‘arts therapy’ is maintained. In the proposed programme, arts therapists (and Arts on Prescription practitioners as they become established) will run training sessions with any healthcare worker or artist who wish to conduct arts-based interventions. Graduates from art schools and performing arts academies, in possession of artistic knowledge and skills, may be among the likely candidates to undergo such training.

This provides a platform on which graduates may fulfil their artistry to the advantage of the community where qualified personnel are in place to ensure an appropriate level of support for participants. For certification purposes,

we propose that diplomas can be issued upon completion of the course, but they are not to substitute the qualifications for arts therapists.

The prospect of ‘Arts on Prescription’ in Hong Kong could address many social issues discussed in the paper. The issue of reintegration would be improved, with a significant portion of patients, mainly those in rehabilitation and in need of long-term follow-ups, being directly referred from a clinical to a community level, thus relieving the growing pressure on the public healthcare system. The notion of ‘Arts on Prescription’ is also emblematic of the development of community assets, because it would ideally build on the local network to procure services from a range of charities, cultural organisations and healthcare providers serving the district.

The employment of the arts as a means of promoting mental health and tackling social exclusion or fighting sickness is both welcoming and anti-stigmatising. ‘Arts on Prescription’ has proven to benefit persons from all walks of life, including those marginalised or potentially at-risk. It epitomises the use of arts in a medical-social connection to provide early detection and treatment, prevent worsening of symptoms, promote self-management in the fight against recurrences, and help maintain overall mental health.

Fundamentally, ‘Arts on Prescription’ encourages patients to be ‘active’ rather than ‘passive’ in their receipt of care.

## **5.7 Recommendation Three – Funding for ‘Arts Impact Projects’**

Derived from our findings through interviews with stakeholders, we have come to realise the funding gaps between LWB and HAB for arts projects deemed to have a social impact. We have also found some obstacles forbidding programme sustainability and expansion, as well as a general lack of local research and relevant data; in light of this, we propose the idea of funding ‘Arts Impact Projects’.

Further to point 4.3.1, we are cognizant of the Government’s plan to set up a new fund to foster ‘arts development for persons with disabilities’ and of the discussion in the Legislative Council regarding details of the

funding mechanism (Financial Services and the Treasury Bureau HKSAR, 2018; Legislative Council, 2018).

The fund, according to the Legislative Council, aims to empower persons with disabilities through means of arts participation, not only cultivating an interest in them but also exploring their potential and possibly helping to develop a career in the arts. The fund also sets to help organisations looking to establish a sustainable mechanism for providing structured and ongoing training for persons with disabilities in order to develop their artistic talent (Legislative Council, 2018).

With a similar vision, we suggest a funding for 'Arts Impact Projects' be set up to encourage sustenance and empowerment through arts, with a second mission to build up a local evidence-based database on the efficacies of arts. The funding should not be restricted within the scope of disabled arts, but should also be open to organisations dedicated to different marginalised groups of our society. The idea may be considered by the SWD in the interim, or adopted onto the existing mechanisms for other relevant funds.

Under our recommendation are two major stages suggested of this funding scheme. Details are outlined below:

### **5.7.1 First Stage: Funding Pilot Interventions with Research Support**

The fund will provide funding for pilot arts interventions and support local evidence-based research for beneficiaries in our community. While most of the arts interventions are well researched internationally, relevant empirical research on the impact of arts locally is still relatively thin. The purpose of these pilot programmes is to prove that the claimed benefits of arts may also be evidenced in the local context. A pilot programme should be delivered by local NGOs with evaluation conducted by an independent research unit, such as those of universities or academic institutions. The evidence gathered is preferred to be freely accessible by the public.

### **5.7.2 Second Stage: Sustaining and Scaling-up Proven Arts Interventions**

The funding rationale follows that the arts projects which are 'proven' effective after their initial years of piloting and are then entitled to enjoy a longer-term funding

of say more than 5 years, for instance. This allows service providers to follow through a long-term strategic plan in delivering interventions.

### **5.7.3 Funding Scope**

The scope of this funding will not be limited to therapeutic services, or disabled arts. It will include any type of artistic intervention with their underlying mission to generate social impact via arts, given that the interventions are well researched, at least, in other cities/countries. Professionals should not be specifically required unless the interventions have to be carried out by professionals strictly qualified in their said discipline.

### **5.7.4 Eligibility to Apply**

Any organisation that offers services, interventions, or programmes that can prove effectiveness in generating social impact via arts are eligible to apply, including professional arts organisations, NGOs, and any cross-disciplinary organisations that are arts-based but also serve rehabilitants and marginalised groups of all sorts in community.

## **5.8 Recommendation Four: Formulating a Concerted Government Effort to Promote Arts Inclusion**

In a diplomatic visit to the White House in 2006, Mrs. Ho Ching, wife of Singapore's Prime Minister, was seen carrying with her a blue pouch designed and made by a student of ASD in her home country. The seemingly insignificant gesture has drawn much attention in the public eye and has had a significant effect in raising public awareness and bringing a nation together towards arts inclusion.

The HKSAR Government is encouraged to take a more proactive role in promoting arts inclusion by means of using its services and products to promote employment among artists of different abilities. We propose here a few ways in which creativity may be leveraged to benefit the community.

We recommend that the Government play a more proactive role in cultivating awareness of arts and accessibility to arts-related services, and consider incorporating those into a greater number of the existing, or new, cultural venues. We also recommend the use of a more horizontal

structure in the Government to allow collaboration across departments through shared targets and cross-cutting policies. Policies should work towards making creative activity a part of daily lives.

### 5.8.1 Arts Accessibility Service

Accessibility is generally understood as the extent to which users are able to connect with a given item or idea – be it a physical environment, a service and a product. It concerns a broad range of issues stretching from the pricing system to the targeting strategy of audience and, most fundamentally, the physical design of the cultural institutions.

In cognizance of the view that arts should be accessible – both physically and intellectually – to all, ADAHK has set up an all-round arts accessibility (AA) service centre in 2011 which aims to provide arts accessibility services and consultation. As the single AA service provider in Hong Kong, they are a consultant for the Xiqu Centre, M+ Museum, and the West Kowloon Cultural District and an advisor of inclusive design strategy and AA-related services.

We recommend that the Government be firm on the issue of accessibility by first cultivating awareness of AA services, and consider incorporating those in more of its leisure and entertainment venues. Moreover, to cultivate awareness of AA services amongst mainstream arts and cultural groups, the Government could also consider tightening the requirements for the canon of major performing arts groups, and require that more AA services must be made available in the productions and operations of these groups.

We reckon that the HKSAR Government could improve the situation by learning from the benchmarks of Japan, Korea and Taiwan, or regions where resources are allocated regularly to their respective cultural bureaus for the purpose of developing AA services. The Government of Japan, for example, established the BiG-i (International Communication Center for Persons with Disabilities) National institute in 2001 as an accessibility yardstick (BiG-i International Communication Centre for Persons with Disabilities, n.d.).

### 5.8.2 Promote Creative Employment

Creative employment here refers to paid work in the arts and other creative fields accessible to those who are

at risk of being marginalised, or those with different abilities, who may benefit from a sense of empowerment and self-meaningfulness through billable work. We propose that the Government develop ways to promote employment opportunities for the elderly and the disabled, given the historical trend of low employment coupled with high poverty. As an example, ADAM Arts Creation (under ADAHK) and First Sense Design are two key contributors to the employment of AWDs in Hong Kong. We applaud their efforts in expanding the job market for AWDs, as well as fighting for a higher level of income. Their impressive portfolio of clientele marks the greater society's recognition of the ability and talent of disabled artists, thereby fostering a much more socially inclusive and socially cohesive society for all.

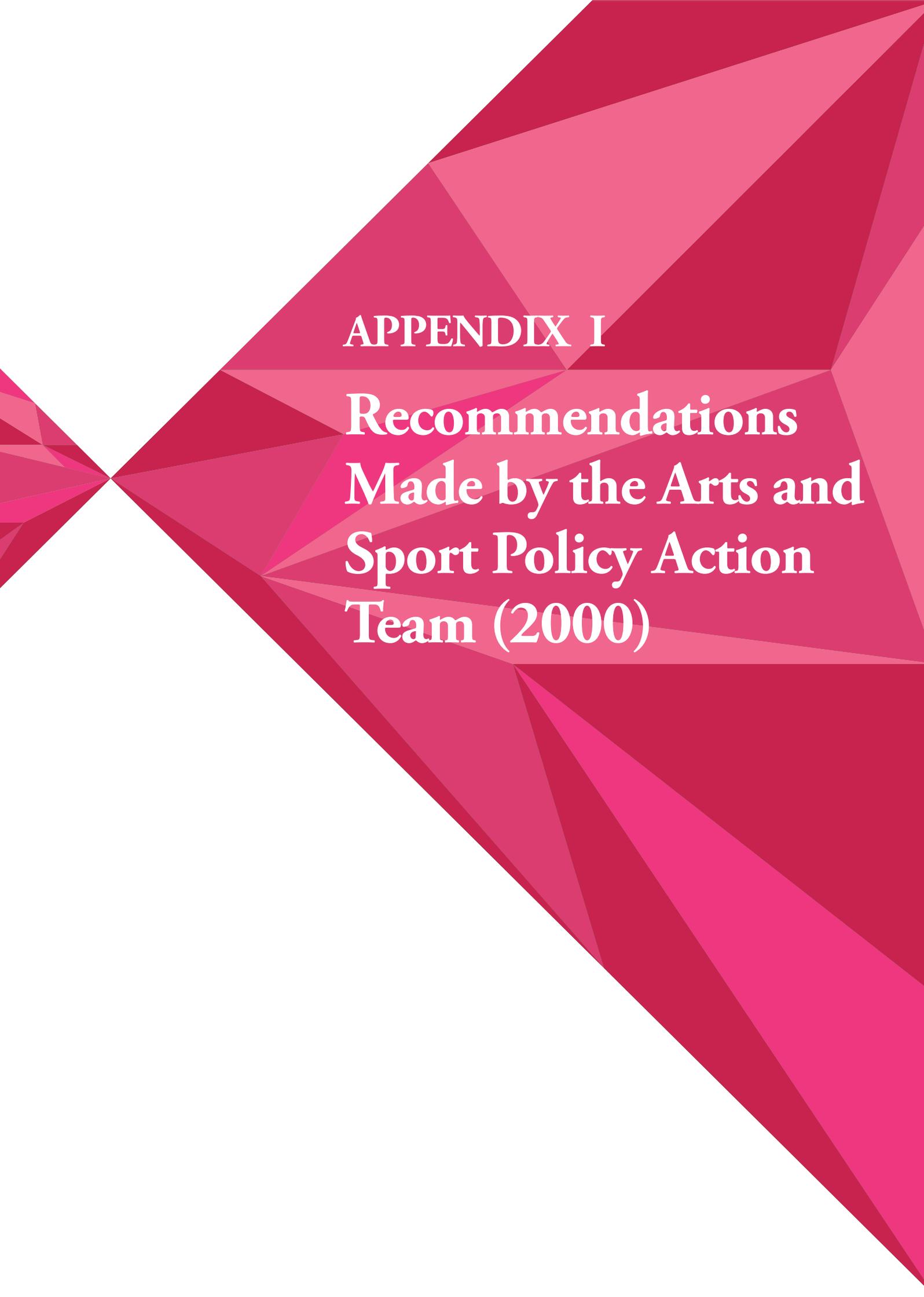
The Hong Kong Government has yet to take the lead in hiring those with disabilities, who account for only 2 percent of civil servants (Chan, 2017). Of those, employment opportunities are mainly for junior roles. It is very hard for those who have a higher level of educational background to find employment. The Government should take a more active role in encouraging creative employment for AWDs and ensuring fair remuneration for their services. By doing so, it will generate a knock-on effect with public and private organisations alike, and will likely make an impact on the public.

### 5.8.3 Foster a 'joined-up' Government

Lastly, 'arts inclusion' should be understood and realised by all relevant departments within the government if the arts is to have any social impact, the recognition of a 'joined-up Government' – in the words of former UK Prime Minister Tony Blair – is fundamental to the development of cross-cutting policy, shared targets and programmes between departments and bureaus without the risk of being trapped in a vertical silos.

### 5.8.4 Ensure Public Exposure in Arts Inclusion Programmes

The Government, all in all, is to continue bringing well-represented and diverse programmes of arts in front of the public eye – as a way to educate the community of Hong Kong about the legacy of arts inclusion, the social benefits of arts participation and their endless possibilities, and above all the power of arts inclusion for generations to come.



**APPENDIX I**

**Recommendations  
Made by the Arts and  
Sport Policy Action  
Team (2000)**

1. All entities involved in regeneration and arts or sport, including Government departments, should establish external evaluation and its means as an integral part of the funded project or programme, as well as ensuring that clear success criteria are developed from the needs of the beneficiaries, wherever possible.
2. All entities involved in regeneration and arts or sport, including Government departments, should enable advance or prompt payment for voluntary bodies while factoring in financial accounting and financial propriety considerations. Delayed payment) of funds (which often happens with European Funds) can deter projects from smaller organisations.
3. All entities involved in regeneration and arts or sport, including Government departments, should exchange information about their work and collaborate where possible.
4. New Deal for Communities pathfinders should assess the contribution of arts and sport to the regeneration of their areas. Such assessment should cover the engagement of youth and other groups at risk of exclusion, as well as their creativity in the regeneration.
5. The Government department responsible for Area-Based Initiatives should include the best practice principles of the PAT 10 report in their guides instead of forcing solutions on the served communities. Applicants should be required to articulate what consideration they have given to the contribution of arts or sport to regeneration and to reaching health, education, crime, employment and community development targets.
6. The Government department responsible for Area-Based Initiatives should ensure the maximum use of the flexibility of approaches employed so as to incorporate artistic and sporting elements, especially in small-scale community initiatives. Area-based schemes provide opportunities for trying out innovative approaches, including the ones which have a higher risk of failure than those supported by traditional public funds.
7. The Department for Education and Employment (now the Department for Education and Skills) should encourage schools to use creative and sporting activity in improving literacy and numeracy standards and building students' confidence and self-esteem as part of Personal, Social and Health Education.
8. The Department for Education and Employment (now the Department for Education and Skills) should cultivate the creative talents of people from neighbourhoods of low employment by developing the University for Industry.
9. The Department for Education and Employment (now the Department for Education and Skills) and the Department of Social Security (now the Department for Work and Pensions) should collaborate to ensure that the benefits system does not punish volunteers in community-building initiatives or those who wish to take up training or work opportunities at small community organisations. The development of artistic and sporting talent requires flexibility in the system.
10. The Department of Health (now the Department of Health and Social Care) should encourage National Health Service trusts, health authorities, Health Action Zones and primary care group or trusts to employ artistic and sporting approaches in preventing illness and promoting physical and mental wellbeing, potentially through the Healthy Living Centres funded by the New Opportunities Fund. The outcome of the approaches should be monitored by the Department of Health.
11. The Department of Trade and Industry (now the Department for Business, Energy and Industrial Strategy) should foster the business links network in order to promote partnerships between business and the arts or sport community which support the development of arts and sport.

12. The Home Office should encourage best practice in and further inclusion of arts and sports initiatives in programmes for rehabilitating offenders and preventing crime, e.g. the development of local crime and community safety strategies. The outcome of the approaches should be monitored.
13. The Department of the Environment, Transport and the Regions (now the Ministry of Housing, Communities and Local Government) should ensure that the Best Value reviews of local authorities consider the contribution of arts, sport, tourism and leisure to meeting education, crime, health, employment and social inclusion targets. The best practice principles of the PAT 10 report could form the basis of the inspections of the Best Value Inspectorate.
14. The Department of the Environment, Transport and the Regions (now the Ministry of Housing, Communities and Local Government) should acknowledge the potential of 'brownfield' sites in urban areas in regeneration through arts and sport when revising the planning policy guidance note. The same theme applies to the New Opportunities Fund's new Lottery funding programme for green spaces. Moreover, the Department of the Environment, Transport and the Regions should further consider conservation-led regeneration through adapting old buildings as it fosters household growth on brownfield sites.
15. The principles of the community development approach should build on and form the basis of the ways in which local authorities develop strategies and provide services.
16. The role of the cultural, leisure and tourism capacity should be explicitly considered in wider regeneration and strategies targeted at promoting an area's performance in health, crime, education and employment.
17. Local authorities should assess expenditure and provision on culture and leisure on a geographical basis. Indicators of social deprivation, that are being developed, should also be used in assessments based on the social, ethnic and professional profile of users and potential users. The monitoring of progress requires better information and analysis of expenditure and outputs.
18. Modernised management methods in local authorities (e.g. neighbourhood based 'cross-disciplinary' team working), inter-disciplinary approaches to specific issues and systematic community consultation approaches would benefit community development in culture or leisure services. Plans for culture or leisure community based work should be formed in a wider context.
19. The youth services of local authorities should encourage and develop programmes targeted at fostering the creative and sporting talents of youth in disadvantaged areas. The services should also encourage working with skilled arts or sports workers and monitor the outcomes.
20. Local authorities should promote value for money from their assets or facilities by ensuring their broadest feasible use, such as arts or sports facilities outside school hours.
21. Lottery distributors should consider ways to finance community-run multi-purpose venues in areas with little access to facilities. The venues can meet local needs more flexibly than a narrowly conceived venue which provides arts or sports facilities alone.
22. Lottery distributors should enhance their co-ordination of strategies to tackle social exclusion in disadvantaged areas. Community development through arts or sports usually depends on maintaining community-based groups. This can be best achieved by the co-operation being developed under Awards for All. Also, they should consider how the Lottery could be 'marketed' to the groups (where libraries might play a key role). Distributors should understand the reason behind the poor take-up of Lottery funds by certain groups and in certain areas. They may co-operate in researching this area jointly.

- 23.** Lottery distributors should ensure that they make best use of the flexibility offered by the 1998 National Lottery Act, especially in matching funding, while assessing applications from neighbourhoods with regeneration initiatives. Voluntary effort should be considered under requirements for matching funding. Bids for ancillary running cost (such as transport or childcare) that can free people to contribute to schemes should be considered as well.
- 24.** An area-based bursary initiative can benefit talented people in neighbourhoods with few opportunities by enabling them to develop employability. The National Endowment for Science, Technology and the Arts, ACE and Sport England should involve business partners from the relevant industry in such schemes with an appropriate scope for the earmarked arrangements.
- 25.** The Department for Digital, Culture, Media & Sport should ensure that neighbourhood renewal issues are included in the initial agenda and strategies of the new Regional Cultural Consortia, which involve entities across the cultural, leisure and tourism fields including community development cultural and leisure bodies, and that the consortia include the commercial cultural or leisure industry.
- 26.** The Department for Digital, Culture, Media & Sport should ensure that the Government Offices (currently being wound down) and Regional Development Agencies include culture, leisure and tourism entities in regeneration plans.
- 27.** The Department for Digital, Culture, Media & Sport should ensure that the (EC) Agenda 2000 (regeneration) funds are used more systematically to support arts or sport initiatives fostering neighbourhood renewal and to improve the access of local and regional entities to them.
- 28.** The Department for Digital, Culture, Media & Sport should ensure that the benefits of sport participation are shared by all groups in society while building its Sports Strategy.
- 29.** The Department for Digital, Culture, Media & Sport should allocate resources to advocacy, monitoring and follow-up of the policies by local distributors, sponsored entities and Lottery distributors, as well as through broader Government regeneration initiatives. It should also encourage partnership with the entities and involvement with representative groups of neighbourhoods at risk of exclusion.
- 30.** The Department for Digital, Culture, Media & Sport, together with its sponsored entities, should assess approaches to implement social inclusion targets under funding agreements and should build an area-based approach in culture-led community regeneration.
- 31.** The Department for Digital, Culture, Media & Sport should co-ordinate the provision of more comprehensive guidance on available sources of funding.
- 32.** The Department for Digital, Culture, Media & Sport should tighten the social inclusion objectives and targets in funding agreements with sponsored entities. Also, the Department for Digital, Culture, Media & Sport should ask the Quality, Efficiency and Standards Team, an independent body which encourages efficiency and best practice in sponsored entities, to assess the impact of the social inclusion policies of the entities.
- 33.** The Department for Digital, Culture, Media & Sport should choose a number of current or coming projects and collaborate with them to monitor and evaluate the project impact on the community against criteria set by the projects. The projects should include different arts or sport activities, geographical areas, types of community and types of targeted impact.

- 34.** The Department for Digital, Culture, Media & Sport should commission long-term longitudinal research which assesses the impact of participation in arts or sport related activities, such as community development programmes, on individuals over a minimum period of five to seven years. The research should be framed after existing national longitudinal surveys have been reviewed so as to understand what could be revealed through secondary analysis of current data and how the surveys could be used as a cost effective approach of conducting the recommended research.
- 35.** The Department for Digital, Culture, Media & Sport should seek the policy target of expanding and centring on investment in audiences and talent in society under its sponsorship of cultural and leisure sectors.
- 36.** The Department for Digital, Culture, Media & Sport should make known to other Policy Action Teams the recommendations, particularly the Teams that study Jobs; Anti-Social Behaviour; Community Self-Help: Schools Plus; Young People; Learning Lessons; Joining it up Locally; and Better Information.
- 37.** The Department for Digital, Culture, Media & Sport should invite responses to the Policy Action Team 10 report and hold a national conference which invites practitioners and interested parties to come up with an action plan to implement its proposals.
- 38.** The Arts Council of England should recognise explicitly sustaining cultural diversity and using the arts to tackle social exclusion and promote community development under its basic policy targets.
- 39.** Sports England should recognise explicitly sustaining cultural diversity and using the arts to tackle social exclusion and promote community development under its basic policy targets.
- 40.** New Deal for Communities pathfinders, the Department for Education and Employment (now the Department for Education and Skills), the Department of the Environment, Transport and the Regions (now the Ministry of Housing, Communities and Local Government), the Department for Digital, Culture, Media & Sport, Lottery distributors, the Arts Council of England, Sport England and local authorities should take specific action to include a separate equal opportunities element in their response to the following recommendations: project evaluation; longitudinal research; New Deal for Communities pathfinders; local authority cultural strategies; local authority assessments of provision and expenditure; local authority youth services; the Department for Education and Employment and the University for Industry; the Department of the Environment, Transport and the Regions and Best Value reviews; the Sports Strategy of the Department for Digital, Culture, Media & Sport Sports; the monitoring and follow through of the Department for Digital, Culture, Media & Sport; Lottery distributors' social inclusion strategies; the Department for Education and Employment and the Quality, Efficiency and Standards Team; bursary schemes; the Arts Council of England and community groups; the Arts Council of England and the Pairing Scheme; the Arts Council of England and social inclusion objectives; Sport England and community development; Sport England and community groups; Sport England and Sportsmatch; and Sport England and social inclusion objectives.
- 41.** The New Deal for Communities pathfinders, the Department for Education and Employment (now the Department for Education and Skills), the Department of the Environment, Transport and the Regions (now the Ministry of Housing, Communities and Local Government), the Department for Digital, Culture, Media & Sport, Lottery distributors, the Arts Council of England and local authorities should build and publish an action plan to foster access to opportunities for, use of facilities by and measured outcomes relevant to the needs of minority ethnic and disabled people.

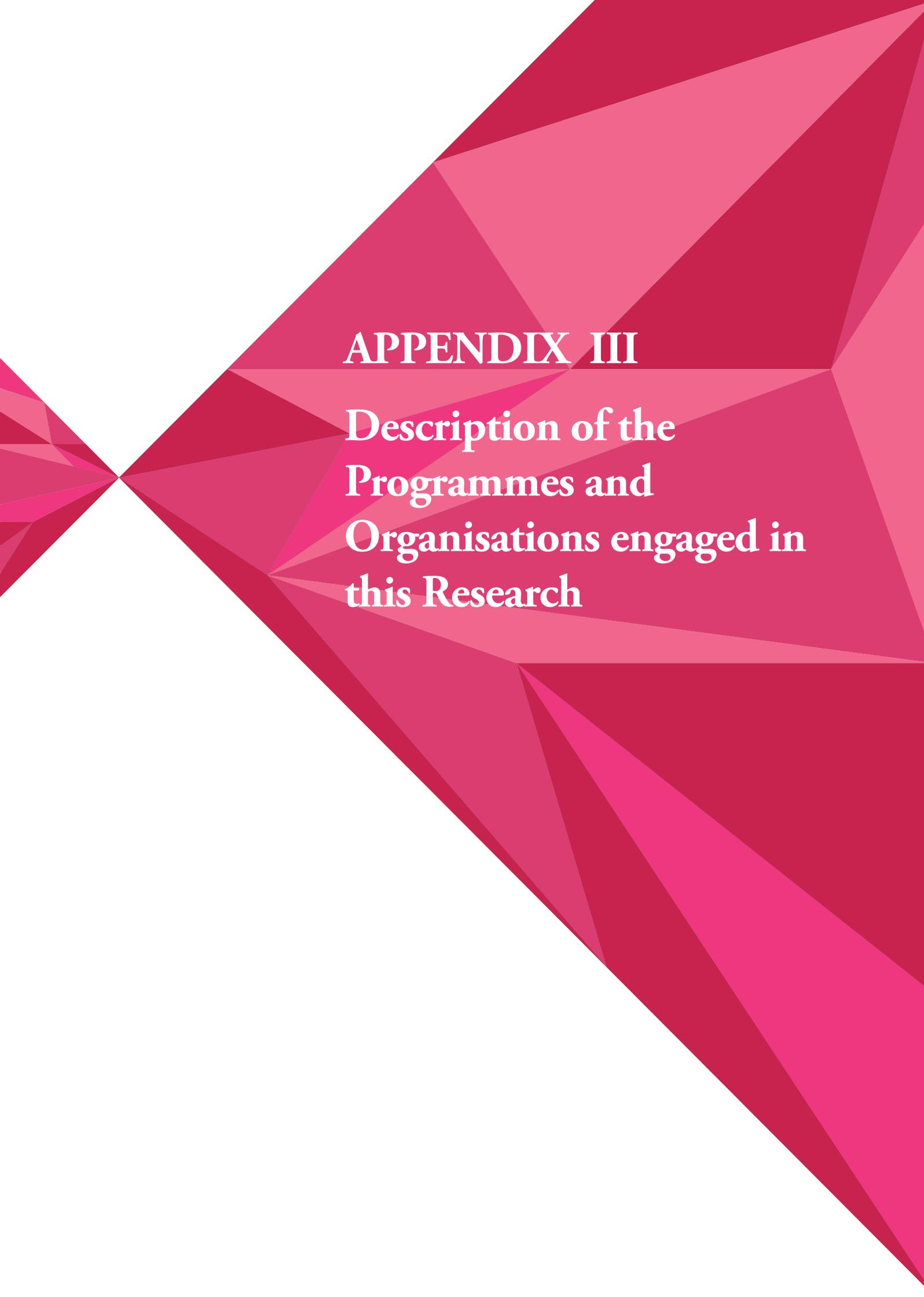
42. The business and independent sector, charitable trusts, arts providers and sports providers should target their support towards community groups in areas of need and incorporate skills training in support programmes to assist the running of projects by the community.
43. The business and independent sector, charitable trusts, arts providers and sports providers should collaborate with the Lottery distributors while attempting to improve the targeting of support eligible as matching funding for National Lottery money.
44. The business and independent sector, charitable trusts, arts providers and sports providers should understand that small grants make a huge difference to community groups when public money cannot be properly spent.
45. Businesses maintaining facilities on behalf of local authorities should regard these recommendations as applying to them.
46. The business and independent sector, charitable trusts, arts providers and sports providers should implement the best practice principles of the Social Exclusion Unit report in their work.
47. All sports facilities and fitness training providers and arts organisations from either private or public sector should consider going beyond the legal requirements under the Disability Discrimination Act and improving access for the disabled.



## APPENDIX II

**The 50 Social Impacts of  
Participation in the Arts,  
shown in ‘Use or Ornament?’  
The Social Impact of  
Participation in the Arts’**

1. Increase people's confidence and sense of self-worth
2. Extend involvement in social activity
3. Give people influence over how they are seen by others
4. Stimulate interest and confidence in the arts
5. Provide a forum to explore personal rights and responsibilities
6. Contribute to the educational development of children
7. Encourage adults to take up education and training opportunities
8. Help build new skills and work experience
9. Contribute to people's employability
10. Help people take up or develop careers in the arts
11. Reduce isolation by helping people to make friends
12. Develop community networks and sociability
13. Promote tolerance and contribute to conflict resolution
14. Provide a forum for intercultural understanding and friendship
15. Help validate the contribution of a whole community
16. Promote intercultural contact and co-operation
17. Develop contact between the generations
18. Help offenders and victims address issues of crime
19. Provide a route to rehabilitation and integration for offenders
20. Build community organisational capacity
21. Encourage local self-reliance and project management
22. Help people extend control over their own lives
23. Be a means of gaining insight into political and social ideas
24. Facilitate effective public consultation and participation
25. Help involve local people in the regeneration process
26. Facilitate the development of partnership
27. Build support for community projects
28. Strengthen community co-operation and networking
29. Develop pride in local traditions and cultures
30. Help people feel a sense of belonging and involvement
31. Create community traditions in new towns or neighbourhoods
32. Involve residents in environmental improvements
33. Provide reasons for people to develop community activities
34. Improve perceptions of marginalised groups
35. Help transform the image of public bodies
36. Make people feel better about where they live
37. Help people develop their creativity
38. Erode the distinction between consumer and creator
39. Allow people to explore their values, meanings and dreams
40. Enrich the practice of professionals in the public and voluntary sectors
41. Transform the responsiveness of public service organisations
42. Encourage people to accept risk positively
43. Help community groups raise their vision beyond the immediate
44. Challenge conventional service delivery
45. Raise expectations about what is possible and desirable
46. Have a positive impact on how people feel
47. Be an effective means of health education
48. Contribute to a more relaxed atmosphere in health centres
49. Help improve the quality of life of people with poor health
50. Provide a unique and deep source of enjoyment



## APPENDIX III

# Description of the Programmes and Organisations engaged in this Research

## DRAMA – driven

### Silver Stage Drama Club

The Hong Kong Society for the Aged (SAGE) set up **Silver Stage Drama Club** in 2007 to offer professional artistic development for the elderly, so as to increase their self-confidence and to create a more positive image in community. Hence, Chung Ying Theatre Company was appointed to provide drama coaching and advisory. Targeting elders above the age of 60, SAGE uses the art form of drama to unleash the interests and potentials of the elderly population, with an aim to raise public awareness on social issues facing the elderly. The troupe, currently with 26 participants, produces one production per year – with different adaptations for on-stage purposes as well as in community settings such as in schools or other elderly centres. Their productions specifically focus on dementia, and have performed *Blissful Retirement*, *The House of 72 Tenants*, *The Story of Hong Kong*, *The Way We Grew Up* (First run & strengthen version), *The Shih Family*, *The Shih Family II* and a school touring performance of *Secret Diary of the Granny*. Their most recent production is called 黃金7300日.

### Lok Hong Integrated Community Centre for Mental Wellness (ICCMW)

TWGH operates the **Lok Hong Integrated Community Centre for Mental Wellness (ICCMW)** as a centre of rehabilitation services for people who are recovering from mentally illness or suspected to be mentally ill, covering the Central, Western, and Southern districts of Hong Kong. In its 7th year, Lok Hong's major programmes include an annual mass drama performance, directed and co-written by local theatre professionals in collaboration with Lok Hong members, as well as the participation of youth volunteers from the community, with the story plot inspired mostly by real-life stories. Through drama collaboration & performance, the programme seeks to transform public perception towards ex-mentally ill persons by fostering understanding and empathy, and by way of raising awareness on anti-stigmatisation. Other therapeutic outcomes on health and wellbeing may also be unleashed via the intervention of drama. Other scopes of service at Lok Hong include therapeutic services, interest classes, support groups and occupational training.

### Hand in Hand Capable Theatre

Established in 2013 by the Nonsensemakers, **Hand in Hand Capable Theatre** is an 'inclusive arts' practice in Hong Kong. It aims to foster mutual understanding among people with different disabilities (including the physically challenged, people with visual impairment, hearing difficulty and mental illness) and among the able bodied through theatre training and performance. To this day, they are the only disability arts drama troupe that is fully operated and run by a professional group of artists. They believe that the disabled can integrate into the society and show their talents through theatre performance, while the able-bodied can also gain inspirations from their disabled peers. The troupe also plays a vital role in advocating for inclusive arts education in schools and other community settings, and their efforts have been realised by their 'Arts Education' Accolade awarded by the ADC in 2016.

### KELY's Drama & Life Skills Programme

Since 2017, KELY's **Drama & Life Skills Programme** is designed for young people, especially ethnic minorities, to develop skills and confidence in using resistance strategies, enabling them to effectively resist peer influence around substance misuse. Drama offers a fun and interactive way to engage young people, enabling the development of life skills around self-confidence, communication skills, emotional management and self-expression. Participants use skills from drama to devise short perfor-

mances addressing key issues around substance misuse and its risk factors that are relevant to their peers.

### **STAR Theatre**

**STAR Theatre**, under the Society of Rehabilitation and Crime Prevention (SRACP) was established in 2016 and is a theatre troupe entity that comprises of ex-offenders, ex-substance users, as well as volunteer members of the community. With a theatrical professional acting as STAR Theatre's Artistic Director, the troupe's mission is to help ex-offenders re-integrate into society: using the medium of theatre to enable members of society to foster sentiments of empathy, understanding and acceptance towards ex-offenders, so they may walk in solidarity together. The troupe also aims to advocate crime prevention through drama, bringing productions and forum theatrical pieces into schools and the community regularly. STAR Theatre's inaugural musical production of '英雄本色' was awarded a '2017 Best Practice Award in Social Welfare' by the Hong Kong Council of Social Service, which has already received another sold-out re-run. STAR Theatre had also produced an other production '破繭天使', and they aim to release a new production annually.

## **MUSIC – driven**

### **Men in Jazz**

Established in 2011, **Men in Jazz** is an initiative that positions itself as a transition platform for the retired, especially the newly retired. It takes form in a band that consists of men (only) at their golden age (over the age of 50). Their focus is on males because local studies have found that men are more susceptible to social problems once they enter their retirement phase where music can bring solace to them and support them mentally. The purpose is to connect them with the community and build a new social network after retirement. Most band members do not possess any music background and learn from scratch. The project has aggregated more than 300 and has recently been sponsored by the NAC of Singapore to perform at their Silver Arts Festival in 2017, in addition to their performance at the Chiayi City International Band Festival in Taiwan, Beishan Music Festival in Zhuhai, and Hong Kong International Jazz Festival. They have also performed in Malaysia and Brunei (with the Golden Jubilee celebration of His Majesty Sultan and Yang Di-Pertuan of Brunei Darussalam's Accession to the Throne). They are now in preparation for the Indonesia Orchestra & Ensemble Festival, and a concert for the University of Surabaya, Indonesia to promote music overseas as a form of social responsibility.

### **E Major Instrumental Music Training Scheme for the Third Age**

With the sponsorship of Wu Kwan Lai Chun Charity Fund, TWGHs Elderly Services Section pioneered a music program named **E Major Instrumental Music Training Scheme for the Third Age** to enhance the psychological, mental and social wellbeing of those in the Third Age through musical participation. Aimed at those in the Third Age (aged 50 or above), the recently retired or those approaching retirement, the scheme is composed of five main elements: an orchestra, a music lessons sponsorship programme, the 'E-Ringers' Handbell Ensemble, an 'E Major Music Club', and a Concert Series. This scheme is emphatic about their use of arts for preventative purposes, with a mission to utilise the power of music to prolong healthy and positive ageing. This scheme is a groundbreaking incentive, because it strives to converge 'social welfare' and 'artistic excellence' as parts of the same discourse.

## DANCE – driven

### **The School of Hip Hop**

**The School of Hip Hop** under Youth Outreach is the first and only school in Hong Kong that offers Hip Hop intervention in youth development. The service targets school drop-outs of Secondary 3 (Third Form) or younger – a group commonly associated as ‘at-risk’, ‘hidden’ or ‘marginalised’. Through break dance, the School aims to advocate the concept ‘Dance to a Healthy Life’, with a mission to shape the personalities of these youngsters through boosting their self-confidence by integrating the Hip Hop culture into adolescence development. The cohesion between peers will be strengthened throughout the learning progress, while reducing the tendency to subscribe to high-risk behaviours. Today, the School of Hip Hop is a professional break dance school with a reputation in the industry. The tutors are all experienced and have earned accolades from a variety of international street dance competitions. Creative employment is also encouraged as some beneficiaries of the program have become dance teachers.

## VISUAL ARTS – driven

### **Art in Hospital**

**Art in Hospital** is a community arts-based charitable institution which serves the needy through therapeutic art creation and promotes the development of hospital art in Hong Kong. In its 8th year, Reach for the HeART is an arts project under AIH, specifically designed to serve elderly patients of chronic illness in public hospitals. With the help of local artists as facilitators, geriatric patients who suffer from depression, schizophrenia, dementia, also patients from rehabilitation, PT or Palliative wards with various terminal illnesses, can enjoy a moment of peace and self-expression through cathartic creation of art. Since 2009, multi-media workshops have been conducted in various geriatric wards across 12 hospitals in Hong Kong. Hospital Art Exhibitions in 2017 include the Luminance – therapeutic art workshop for the elderly at Queen Elizabeth Hospital, and Paper and Cut Art Workshop Exhibition at the Pamela Youde Nethersole Eastern Hospital. AIH’s signature mural painting project still persists.

### **RISE and Moody’s RiseUp**

**RISE and Moody’s RiseUp** have a 6-year history as youth development programmes developed and delivered by KELY Support Group, targeting young people of ethnic minority (EM) backgrounds in Hong Kong. It uses photography as a medium to empower the EM youths, giving them the opportunity for self-expression – which may otherwise be scarce. By equipping participating students with the technical knowledge and skills to capture their experiences, an alternate outlet is created to share their viewpoints of the world in which they are given a voice. Other goals from the programme include developing life skills and resilience as well.

### **Joyful Art Gallery**

Fu Hong Society has started incorporating arts activities as a component of its training programmes for service users since 1997. With the support from Goodman Foundation, **Joyful Art Gallery** was set up in 2015, aiming to further cultivate the artistic potentials of Persons with Disabilities (PWDs). The Gallery holds a series of arts activities and workshops for PWDs and volunteers to promote social inclusion, mutual respect, and to enhance the self-esteem and confidence of those who participate.

## **Jockey Club Intergenerational Art Centre (JCIAC)**

With the donation from The Hong Kong Jockey Club Charities Trust, Tung Wah Group of Hospitals **Jockey Club Intergenerational Art Centre (JCIAC)** was set up to launch the 3-year 'Jockey Club Intergenerational Art Programme for Dementia', running from October 2016 to September 2019. Founded upon the themes of 'intergenerational cohesion' and 'arts therapy', JCIAC provides training and support to demented elders and their care-givers through non-labelling visual art programmes. In addition, youth volunteers, care-givers and demented elders are encouraged to immerse in creative art activities, so as to promote intergenerational communication and understanding, with the ultimate goals of improving the quality of life of elders and their care-givers in a harmonious community. As of today, JCIAC is the only independent establishment which emphatically focuses on visual arts to bridge the intergenerational gap in Hong Kong. The beneficiaries for JCIAC include: i) Elders of aged 60 or above with mild to moderate Dementia; ii) Care-givers; and iii) Youth.

## **i-dArt**

**i-dArt** stands for 'I do different art', and believes that everyone should be given an equal opportunity to cultural entitlement. The mantra is: art appreciation is about the power that creators give to their creations, instead of their intelligence or physical ability. Participants of its 3-year visual arts training course are mostly elders with physical and/or mental disabilities. The first batch of participants 'graduated' in January 2017, culminating in a public exhibition. i-dArt is currently on its second batch. A key mission is explicitly for 'more people with different abilities to participate in art so as to promote social inclusion'.

## **MULTI-DISCIPLINARY ARTS**

### **ART@LDC**

**ART@LDC** is a project supported by Society of Boys' Centre allowing students with special educational needs or learning difficulties 'a different way out' through arts programmes dedicated to developing human potential. Established in 2016, the project has accumulated a network of artists and education professionals, including Sand Painters, Illustrators, Ink Artists, Musicians, Visual Artists, Brain Development Training Instructors, Performance Artists, Theatre Professionals, as well as Arts therapists etc. They are mobilised to create arts development programmes in support of students with different educational or learning needs. Most often than not, these services are brought into schools.

## **BY ORGANISATION**

### **Arts with the Disabled Association Hong Kong (ADAHK)**

**Arts with the Disabled Association Hong Kong (ADAHK)** was established as a non-profit and charitable organisation in 1986. The Association is an affiliate of VSA (Very Special Arts) and a member of The Hong Kong Council of Social Service. With the vision that 'Arts are for Everyone', ADAHK believes that everyone has the potential and talent for creativity, as well as the right to enjoy to the fullest, beauty and vitality of the arts. ADAHK is dedicated to providing holistic services in support of artistic development among people with disabilities. It promotes equal opportunities for people with disabilities, enhanced accessibility to the arts where PWDs may excel, and an inclusive community through the means of arts.

**ADAHK believes that :**

- People are born different, and should respect our differences.
- It is a basic human right to participate in the arts and cultural activities.
- The arts has no boundaries. Everyone can be an artist.
- The arts are for everyone. They help us develop our potential.

**Their projects include :**

- AWD Development Scheme
- Cross All Borders
- Inclusive Arts Project
- Creativity to Independence Project
- Arts Accessibility Scheme
- Arts and Cultural Venues Accessibility Consultancy Service
- ADAM (Social Enterprise)

**Centre for Community Cultural Development (CCCD)**

Founded in 2004, CCCD looks to empower the underprivileged specifically person with disabilities, migrant workers and ethnic minorities through cultural activities. They run workshops, performance and exhibitions. We only profile 3 relevant programmes:

***Stroke Choir***

From 2015-2018, CCCD has aligned 3 music therapists with the Hong Kong Society for Rehabilitation Research Dept to formulate the Stroke Choir. This project of 3 years is funded by Operation Santa Claus. The choir consists of 17 stroke survivors and 7 carers. There are around 45 2hrs- sessions each year and at the end of each year, a CD is professionally produced with songs written by participants. By the end of the 3 year programme, a research paper will be done to evaluate the effectiveness of the programme including analysis on the therapeutic effects of neurologic MT on the improvement of language abilities in non- fluent aphasic patients.

***Hong Kong International Deaf Film Festival***

A film festival that screens local and international deaf film productions and videos, introducing the unique language, culture and history of the hearing-impaired community. Together with Hong Kong Arts Centre and other organisations, CCCD hosted the 7th HK international deaf film festival in 2017. Through this, they hope to illustrate that deaf people are undoubtedly part of the society; yet they have their own unique culture, language and history which deserve special recognition and understanding from others.

***Hong Kong Touch Art Festival***

A line up of events to showcase the creativity of visually impaired and visually able artists. Besides the festival, the programme also includes workshop for public to collaborate with artists, art exhibition by artists, and a talk on the aesthetic of touch art.

The fourth annual Hong Kong Touch Art Festival took place in 2017 and the theme was ‘Mind’s eye’. There were around 4000 visitors in total. Amongst the participating artists, there were 4 pairs of artists and individuals who are visually impaired who did 10 pieces of the art works. Visitors are encouraged not just to look at art pieces, but to touch, feel, smell and hear them to create a non-visual sensory experience, raising the public awareness that appreciating art can be an experience inclusive for all individuals.

In terms of arts therapy services, CCCD has been practising and promoting inclusive community arts and creative arts therapy in Hong Kong for 13 years. They are pioneers to these two notions in the context of Hong Kong, and established their CCCD Creative Arts Therapy Services Centre that offers different arts therapy services (Arts, Music, Drama, Dance and Movement, Expressive Arts Therapy) to beneficiaries. Their services have generated positive impact for the society on various levels, including personal growth, family relationship and community solidarity. CCCD’s arts therapy services are also procured by many schools and institutions in Hong Kong currently. Some of their creative arts therapy projects include:

- Dance Movement Therapy for Autistic and ADHD Children/Parents/Teacher
- Arts Therapy service for out-patients of Kwai Chung Hospital
- Women Empowerment Program with an input of community music and MT

### **Music Children Foundation (MCF)**

**Music Children Foundation** is a charity that provides local underprivileged children of grass-root backgrounds aged 12 or below with free training on music and musical instruments. A primary mission is to enable equal accessibility to music education at an early age and allow the potential of children may be identified and further developed through early music training, ensemble groups, choirs, and the opportunity to rehearse and perform publicly. The concerts, workshops and parent-child integration music camps also aim to foster better inter-generational understanding between parents, grandparents and children, MCF also provides professional home-based music classes.

## **ARTS THERAPY – based**

### **Heartstrings Music Therapy Service**

Since 2006, ELCHK has run the **Heartstrings Music Therapy Service**, offering professional MT treatment especially to persons with Dementia and Chronic Illness. With a team of professionally registered music therapists and social workers, the intervention is a therapy with not only remedial, but also preventative functions – improving one’s physical, mental, social and psychological needs, thereby enhancing the well-being and quality of life of those in need. Heartstrings has introduced a ‘Music Angel’ system recently, which welcomes volunteers to join the professional team in *music*ing with those in need, advocating MT to more in the community. Music Therapy sessions can take form through individual or group settings.

### **The Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged**

**The Madam Wong Chan Sook Ying Memorial Care & Attention Home for the Aged** is currently the only elderly home in Hong Kong with a full time music therapist and an expressive arts therapist. Music Therapy sessions are incorporated into the daily curriculum of resident elders as part of a preventative and forward-looking model in Gerontological Care, for both remedial and preventive applications. MT is introduced from an early stage to prolong positive and healthy ageing for which

music therapists are usually assigned to the frailest of the frail, namely Demented Elders with mood problems and those with BPSD. Since 2017, the intervention of a more specific MT technique – Neurological Music Therapy – has been used to target the speech abilities of post-stroke patients.

### **Caritas Charrette Centre**

**Caritas Charrette Centre** employs the medium of creative arts as a form of emotional health services for sub-clinical cases of troubled adolescents or youths with mood disorders or emotional disturbances. It is an early intervention initiative taking place in a centre or school to detect emerging symptoms and prevent the onset of mental disorders from an early stage. It is not uncommon for psychiatrists to refer sub-clinical cases to Charrette, in order to minimise the effect of labelling. Charrette also offers EAT for those who may need professional help on an individual basis or in a group setting; a creative arts studio is available to host community art workshops where adolescents can gather to create and express themselves through arts.

### **Changing Young Lives Foundation**

**'Art to Heart'** is a school-based expressive arts program led by REATs and social workers, providing secondary school students with a brand new experience of developing their creativity with various art modalities. It aims to remediate the deteriorating emotional competence, thereby improving the resilience, –of young people in Hong Kong through artistic and cathartic endeavours. These include through painting, body movement, writing, clay making, music and drama – using 'art' as a tool for expression and communication. These expressive arts workshops allow participants to convey their worries and thoughts in a relaxed and safe environment, learn to lay down their excessive defenses with others, and strengthen their own inner-self while achieving self-healing.

## List of Abbreviations

ACE	Arts Council England
AA	Arts Accessibility
ABA	Applied Behaviour Analysis
AD/HD	Attention Deficit/Hyperactivity Disorder
ADAHK	Art with the Disabled Association Hong Kong
ADC	Arts Development Council
AHPs	Allied Health Professionals
AIH	Art in Hospital
AR	Accredited Registers
ASD	Autism Spectrum Disorder
AT	Art Therapy
AWDs	Artists with Disabilities
BPSD	Behavioural and Psychological Symptoms of Dementia
CBT	Cognitive Behavioural Therapy
CCCD	Centre for Community Cultural Development
CCP	Cultural Commissioning Programme
CEF	Cultural Engagement Framework
CIIF	Community Investment and Inclusion Fund
CPs	Clinical Psychologists
CSD	Correctional Services Department
DAP	Disability Action Plan
DCMS	Department for Culture, Media and Sport (UK)
DH	Department of Health
DS	Dementia Supplement
EAT	Expressive Arts Therapy
EATs	Expressive Arts Therapists
EETC	Early Education and Training Centre
ELCHK	Evangelical Lutheran Church Social Service Hong Kong
EM	Ethnic Minorities
EPs	Educational Psychologists
FSA	Funding and Service Agreement
GP	General Practitioner
HA	Hospital Authority
HAB	Home Affairs Bureau
HCPC	Health and Care Professions Council
HDA	Health Development Agency, UK
ICCMW	Integrated Community Centre for Mental Wellness
ID	Intellectual Disability
IP	Integrated Programme
JCIAC	Jockey Club Intergenerational Art Centre

LCSD	Leisure and Cultural Services Department
LSG	Lump Sum Grant
LWB	Labour and Welfare Bureau
MCF	Music Children Foundation
MEXT	Ministry of Education, Culture, Sports, Science and Technology, Japan
MHLW	Ministry of Health, Labour and Welfare, Japan
MOC	Ministry of Culture, Taiwan
MOU	Memorandum of Understanding
MT	Music Therapy
NAC	National Arts Council, Singapore
NEA	National Endowment for the Arts, US
NHS	National Health Service, UK
OA	Office for Accessibility, US
OT	Occupational Therapy
OTs	Occupational Therapists
PAT	Policy Action Team
PECT	Picture Exchange Communication System
PT	Physiotherapy
PTs	Physiotherapists
RCHD	Residential Care Homes for Persons with Disability
RCHE	Residential Care Homes for the Elderly
RCT	Randomised Control Trial
REAT	Registered Expressive Arts Therapist
RPP	Rehabilitation Programme Plan
RSW	Registered Social Worker
SAGE	The Hong Kong Society for the Aged
SCCC	Special Child Care Centre
SEN	Special Educational Needs
SEU	Social Exclusion Unit
SIE Fund	Social Innovation and Entrepreneurship Development Fund
SpLD	Specific Learning Difficulties
SRACP	Society of Rehabilitation and Crime Prevention
ST	Speech Therapy
STs	Speech Therapists
STT	Student Support Team
SWD	Social Welfare Department
TWGH	Tung Wah Group of Hospitals
UK	United Kingdom
UN	United Nations
US	United States

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