

Key Presenter: John Brookes

- Manager, Canberry Communications
- Affiliate, ACT Inclusion Council
- Affiliate, Volunteering ACT
- Member, ACT Diversity Register
- Exhibiting artist, Belconnen Arts Centre

Project Support: John Hyatt

- Professor of Contemporary Art, Liverpool John Moores University
- Research Leader for the School and Director of ART LABS
- Exhibiting artist



Traditional art therapy:

- Provided by *professional* (often with no artistic experience) as part of healthcare system model
- Short term, often abstract, inward-looking and non-collaborative
- Lack of consistency of outputs and outcomes
- Individual focus / specific issues can be lost in group settings
- Focus on issue through healthcare setting rather than positive expression of activity within consumer's wider lived environment





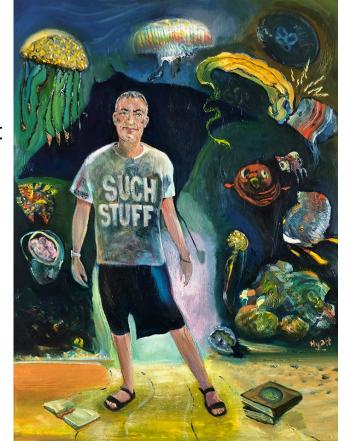
Proposed alternative model:

Match consumer with *trained and empathetic artist* - via online site & direct consumer contact / referral by care giver

Establish 1-2-1 rapport to allow *consumer/artist collaboration* to interpret self. Use model to produce a 'true' consumer-focused portrait that:

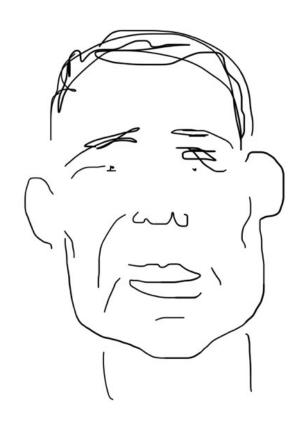
- a) Gives true holistic expression of consumer *not just issue*
- b) Portrait provides *shorthand representation* of consumer– rather than attempting long verbal explanation of Self to others
- c) Provides consumer with empathetic representation of Self; turning "issue" into a *positive to be shared* (finished portrait) not hidden

Minimal outlay: matching via web; ongoing process via F2F or online media (Zoom etc); promotion to primary care givers & consumers, and artist costs (grant bid potential identified)









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