

**A NARRATIVE AND ARTS-BASED INQUIRY EXPLORING THE IMPACT THAT RECOGNISING INDIVIDUAL IDENTITY HAS ON THE SENSE OF COMMUNITY IN A RESIDENTIAL AGED CARE FACILITY**

**CASE STUDY: IMPLEMENTED IN PARTNERSHIP WITH MACEDON RANGES HEALTH SERVICES AT THE ELMS (GISBORNE AUSTRALIA)**

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*Residential Aged Care, Community; Belonging, Identity, Creativity, Wellbeing, Artist-In-Residence*

**ABSTRACT**

*Very little research can be found relating to the notions of belonging and community in Residential Aged Care (RAC) facilities in Australia. Given that current research points to significant social dilemmas for residents in RAC facilities and with Australia's population ageing, it will be increasingly important to nurture a sense of belonging in RAC facilities. This paper suggests that true community exists when there is shared meaning, experiences and/or stories amongst a group of people. It recognises the role that artists-in-residence in RAC facilities can play in facilitating a greater sense of community and belonging within the facility.*

*Firstly an overview of the current state of RAC in Australia is given, followed by a theoretical overview of Ageing and Narrative Inquiry. An illustrated, personal account of implementing a multi-modal arts project (namely a narrative and arts-based inquiry) follows. By bringing the residents of a RAC community together in a creative, collaborative project mapping individual narratives, people again found a role within a larger collective, and meaning in belonging. The project was intended as a pilot – the findings of which point to the potential of developing an alternative aged care model – one which places more emphasis on recognising individual identity and creativity in developing a community sense of belonging and increased cultural vitality.*

## INTRODUCTION

This paper articulates the role visual arts and narrative can play in encouraging cultural expression amongst the residents in residential aged care (RAC) facilities, as well as in creating a greater sense of community and belonging within such facilities. An overview of the current state of RAC in Australia is given, followed by a theoretical overview of Ageing and of Narrative Inquiry. Finally a personal account of the development and findings of a narrative and arts-based inquiry implemented at a regional, private, not-for-profit RAC, The Elms (Macedon Ranges Health Services) is discussed. Developed as a pilot project for a larger concept, the findings could be used to develop an alternative RAC model which encourages the expression of individual and collective identity and celebrates community. As such the findings of the project are tentative and presented as suggestive outcomes articulating the potential of such projects, rather than providing fully developed concepts with guaranteed outcomes.

## THE CURRENT STATE OF RESIDENTIAL AGED CARE IN AUSTRALIA

In this section the state of residential aged care as concluded from reviewing literature, as well as from personal experience of working in such a facility as Diversional Therapist, will be discussed briefly. Having searched extensively for research into the notion of belonging and community in RAC facilities (both locally and internationally), it is clear that very little research into this area exists, or has been documented in an accessible way. The existing research is often based on American or British models of aged care, which differs in terminology, regulations and practices from the Australian model. Although Australia has an ageing population (Community Services Minister's Advisory Council), limited funding is being afforded to researching this sector, and thereby finding ways of improving the current model of Aged Care. Some of the main research funding areas in this field is for Clinical IT in Aged Care (Australian Department of Health and Ageing) and for better education of Aged Care staff (Paterson, 2007), since staff retention is a major dilemma. However, these funding directions are not adequately addressing some of the core social dilemmas found in these facilities.

One of the most prevalent social dilemmas found in RAC is widespread depression, which in turn leads to poorer functioning, which according to Cole *et al.* (1999: 1182) is comparable or even worse than people with chronic mental conditions. Furthermore, a large portion of depressed residents go undetected, and therefore untreated.

Institutionalisation is another major problem of the RAC sector. Lencoe-Long (quoted by Stack 2000:74) comments about RAC facilities that 'while they are primarily communities for their residents, they are nevertheless structured as bureaucratic, medical care-giving organisations.' Stack (2003:153) also describes the care of people as happening on a "production-line basis; wake, clothe, feed, toilet...without any time spent interacting with residents". Willcocks *et al.* (1987:32 - 34) investigate the peculiarities of such artificial communal living under sets of institutional arrangements and procedures. They list some of the major negative outcomes of relocation to such facilities as being increased morbidity, decline in psychological wellbeing and a decline in activity levels. Cole *et al.* (2000: 290–292, 303-304) also question this inexplicable decline of creative output that occurs with old age. My observation is that people in

these facilities often become so depressed and institutionalised that they lose the capacity to even realise that they are becoming inactive and disengaged from the community they exist in.

A further symptom of Institutionalisation is labelling according to illness (Diamond, 1992: 75). It is widely encountered that people under medical care are referred to in terms of their illness or behaviour, instead of seeing the person as a whole being with emotions, experiences and opinions. This paper proposes a more holistic approach to a community of residents comprising of individuals with different emotional and social needs.

A personal observation, reiterated by Diamond (1992: 80-84), regarding institutional living is the prevalence of silence and passivity. Residents often live alongside each other, barely interacting or sharing experiences, let alone having meaningful friendships. This is a sad fact when one realises that these facilities are many elderly people's final home and community, and that interacting more freely would most likely alleviate at least some of their loneliness. Professor J Cheek *et al.* from the University of South Australia is currently doing a 3-stage project on ageing and loneliness in which the social and health issues related to loneliness are examined (2007 - 2009).



*The importance of relating and sharing: Conversations around the communal timeline*

It appears that even though activity programs exist within these facilities, they are often written and designed from an entertainment, or boredom-alleviation angle. Very seldom are they resident-driven or initiated. They are also not usually long-term projects which are aimed at involving the majority of the residents in different ways and at different levels. Instead, the success of programs is dependent on immediate participation. As Diamond (1992: 97) remarks “Directed by those in authority, who did not live there, activities were presented to recipients, those acted upon, who tried to make sense of the social order that had been created elsewhere”. Activity programs in RAC facilities are often mainly female-oriented, since the majority of residents and staff are female. Unfortunately this means that the activity programs rarely cater for the needs of the male residents.

It becomes clear that pressing issues relating to human rights and cultural vitality exist within the current RAC model. People living in this structure are faced with massive life changes and are often struggling to make sense of these changes. In this paper an overview of some of the dominant theories of ageing is given, followed by creative ways of addressing some of the un-addressed, yet crucial issues of community life in RAC – thus illustrating how these communities can be enlivened in a way that is far from the norm.

## THEORIES REGARDING AGEING

McInnes-Dittrich (2005: 73-77) explains the most dominant theories regarding the ways people adapt to ageing:

The **Role Theory** sees the elder’s identity as being defined by their role in society. If they are unable to take up a new role once they are removed from their original role in society, problems occur.

According to the **Activity Theory**, elders who remain socially active in their community will age successfully. However this theory does not take into account health restrictions in socialising.

The **Disengagement Theory** focuses on the role that power and politics play in ageing. As a new generation takes over power in a community, the elders need to adapt to being disengaged from the community, or alternatively actively battle to stay engaged in the community.

According to the **Continuity Theory** old age is seen as a continuation of normal life-long activities. People’s level of activity during their life is reflected in the way they age. Once again this theory does not take into account physical decline.

The final and most recent theory is the **Social Constructionism Theory**. This theory recognises the unique ways people define experiences for themselves. It is within this last theory that artists using narrative-based practices in RAC facilities can position themselves. However, an awareness of the other theories is helpful in contextualising one’s work and bridging the divide between theory and practice. The theory states that through narrative accounts people can define their world by expressing themselves and telling their stories – thus making sense of their ageing.

## NARRATIVE INQUIRY IN RESIDENTIAL AGED CARE

The methodology of Narrative Inquiry serves as the structural framework around which a community art project can be built. It can be seen as the structure into which a tapestry of many stories can be woven. The value, role and

purpose of stories are well-documented. This is specifically the case in the fields of Narrative Therapy (Morgan: 2000), Oral History (Swain, 2006: 18) and Drama Therapy. In Clandinin & Connelly (2000: 7), Geertz notes the importance of narrative to fill in the gaps in anthropological findings, and Bateson notes that: “all of us lead storied lives on storied landscapes”. Neil quotes Wolkstein (2000: 136) stating that “To tell stories is to be human”. Institutionalisation, in my opinion, is a form of dehumanisation where basic rights and roles are removed. By allowing residents in RAC facilities to share their stories and thereby own their experiences, a certain basic right of being human is given back to them.



*The importance of sharing stories: Nina adds her life to the communal timeline*

In Psychiatry the value of stories is noted by Robert Coles (1989: 23-25). He tells of his residency with Dr Ludwig who urged him to “Be a good listener in the special way stories require: note the manner of presentation; the development of plot; character; the addition of new dramatic sequences; the emphasis accorded to one figure or another in the recital; and the degree of enthusiasm, of coherence, the narrator gives to his or her account.” All the components of

narrative are thus recognised and valued in effective listening. He also urged Coles to be aware of the stories we as practitioners bring into a place, and how that influences the way we hear another's stories. Clandinin and Connelly (2000: 49-62) also emphasise the importance of being aware of one's own stories in embarking on this type of research. One's own past experiences will influence the way one perceives another's experiences. Practitioners using narrative should thus be aware of their role and duties in being told stories. They need to make sure that when people tell them stories the narrator is made to feel validated and respected for their opinions.

From the perspective of using narrative as therapy, Gardner (1997:217) emphasises certain things practitioners should be aware of when using narrative in later life: For some people revisiting some of their life experiences may be more traumatic than beneficial. Another caution is that people who are depressed would lean towards relating mostly negative memories, which might not be beneficial to the resident involved. As facilitator of a story-telling process, many ethical considerations therefore need to be taken into account.

Stories bind members of a community together, as observed by Smith (1999:145): "Sometimes the visions which bind people were set a long time ago and have been passed down the generations as poems, songs, stories, proverbs or sayings". There is power in story-telling, but maybe even more so in the sharing – that space between the teller, the listener and the story. Community exists when there is shared meaning, experiences and/or stories amongst a group of people.

It is necessary that a common ground be provided in which residents within a superficial community setting such as a RAC facility can relate, can build relationship and can share their experiences, thoughts and stories. Through providing a platform for the stories which would otherwise be forgotten, a greater sense of community can be fostered amongst residents.

Diamond (1992) successfully used the Narrative Inquiry model in his investigations of the American Aged Care model, where he saw his role as weaving together his stories of working in the field with the stories of the residents and that of the staff. In my study I adapted his approach by intertwining the stories of the elderly with theoretical frameworks and my own field-based observation as artist-in-residence. McNiff (1998: 63 - 70) writes on the significance of this "interplay between intellectual inquiry and skilful practice" thereby linking the two as practice-lead research, where the creative process is seen as constituting the research. As such, the final artwork and recordings created as integral part of the research discussed in the case study, constitute a major part of the findings of this research.

## **ARTISTS-IN-RESIDENCE IN RESIDENTIAL AGED CARE**

The Australian RAC sector is entrenched in a medical model with complex dynamics, rules and regulations by which staff and residents are governed. In working in the RAC sector, I was made very aware of the enforced distance between residents and staff in not becoming too attached or closely befriended; the expectations of staff in terms of labeling behaviour; expectations that information shared by residents be documented for all medical staff to see; the importance of adhering to strict timeframes and rosters such as lunchtimes, shower times, etc. of residents; the focus

on position descriptions and knowing where your role starts and ends, and thus not stepping into the area of another staff member; the wearing of uniforms and nametags with titles and role description; and the importance of keeping facilities spotless – in line with infection-control policies.

Whilst being aware of the need for regulatory measures, yet also mindful of the limitations of the medical model, an artist entering this field is situated in a middle-ground of being neither an integrationist (who subscribes completely to the emotionally disengaged, clinical approach) nor an interventionist (who does not recognise the value of the medical model, and aims only to change the system) and yet aims to be an agent in establishing a greater sense of community within this sector. Through introducing collaborative community arts projects by employing the services of artists-in-residence, some of the community and identity issues in RAC settings can be addressed.

The value and role of the arts in health and wellbeing has been widely documented in the creative arts therapies over the past two decades (Warren: 2000: 3), especially where art therapy has been used in paediatric settings (Malchiodi: 1999), more recently in aged care settings (Perry Magniant (*ed.*): 2004) and music therapy in rehabilitation programs. Neil (2000:133) speaks of the use and value of supplementing health care and therapy with story-making and story-telling. It is, however not necessary for artists working in RAC settings to be art therapists (although a therapy background would be helpful in sensitively coordinating the creative process by carefully observing the dynamics involved).

The role of the artist-in-residence can be described as being that of an 'animateur'. Anna Ledgard (2003) describes the role of the 'animateur' as being, "the creation of an environment where people can enter into a creative dialogue or framework of arts-making. It requires research, practical application and some sort of outcome. The aim is to create as many entry points as possible which let in as many participants as possible, each bringing their own skills, life experience, curiosity, passion – and also a readiness to put themselves at risk by saying something unexpected, or simply being, in their own way, different."

## CASE STUDY

The following pilot project, called ***Stories of Belonging***, was implemented at The Elms (Macedon Ranges Health Services), as part of a Master of Community Cultural Development qualification, through the Victorian College of the Arts, University of Melbourne.

Interviews and questionnaires were used to gain feedback from residents, community clients, staff and family members concerning the level of community within RAC facilities. Since working on such a personal inquiry level, narrative inquiry relies heavily on the intimacy of relationships. In order to have a basis from which to build relationships, a questionnaire was filled out by the participants at the start of the project. It was printed on A3 paper in large font (to accommodate for declining eye-sight), written in a non-confronting tone, guaranteed privacy (staff of the facility would not have access to any answers) and thus invited more honest responses. Questions were aimed at extracting information particularly pertaining to the participants' understanding of the notion of home and their feelings of belonging within the facility or the community client group. It also asked specific questions about people's creative

activity preferences – so as to involve participants accordingly. The issue of belonging and community was also discussed in individual interviews with participants.

Through the formal and informal feedback of the participants, it appeared that though a sense of community existed for them, there were still some shortfalls. Although the factors that affect community and belonging were not measured scientifically, the narrative inquiry and practice-lead research extracted the following findings:

### ***Independence***

It is important for residents to be able to do what they want, when they like, and to go out more often. This is seldom encouraged in RAC facilities. Although independence is encouraged at The Elms, the financial and staffing resources to support each individual to pursue their passions and interests are limited, as is the case in the majority of such facilities.

### ***Pre-existing relationships***

Residents miss their partners or spouses. After having lived with a partner for sometimes fifty-odd years, couples are forced into separation as one goes into residential care. Facilities generally have one or two rooms available for couples (and usually only accept couples where both have declined substantially enough to be admitted into residential care). Should there not be a more readily-accessible alternative to this?

### ***Feeling at home***

Respondents placed a major emphasis on the importance of having (the option of) their own room, familiar surroundings, feeling relaxed in the place they live in and having their rooms set up like home – instead of rooms and community areas being laid out in a clinical and institutional fashion.

At The Elms the residents and their families appreciated the freedom they had in making their rooms homely, and that the corridors and living areas were decorated in a homely and cosy way. Community clients visit the facility on a weekly basis and are thus gradually introduced to the facility and its people, so that when they do come in later for respite and eventually residential care, it is much less of an adjustment, as the place is already familiar to them.

The model of Ageing in Place in Australian RAC facilities allows for residents to move through the facility from independent supported accommodation (or even residential units) to low care rooms, and eventually, where needed, into high care or dementia specific care, thus allowing for familiarity of surroundings and continuity of care.

### ***Staffing***

The accessibility of help (i.e. staff numbers), as well as the staff's demeanour in interacting with the clients, plays a big role in the homeliness of an RAC facility. At The Elms everyone interviewed seemed to agree that staff were friendly, dedicated and sincere in their interactions with residents and each other. In asking staff about this, they ascribed it to the relaxed pace of life in regional Australia, and the support of management, which in turn lead to very low staff turn-over rates in the facility. However this is not a common occurrence in RAC facilities in general where staff turnover is high due to the emotional intensity of working in such an environment, and the pay is low compared to other care-giving institutions. For these reasons, amongst others, RAC facilities often lack in community-building initiatives. This is where the artist-in-residence can play a pivotal role.



As artist-in-residence, I worked towards giving residents and community clients the opportunity to participate in a communal art and story-telling project, celebrating the beauty and richness of their stories, experiences and wisdom.

A community arts project was implemented in two phases. Firstly I worked as artist-in-residence at The Elms on a weekly basis for five months, intermittently assisted by community artist, Tilla Buden. On a weekly basis over the course of five months, time was spent on a one-on-one basis with low care residents, occasionally high care residents or residents with dementia, and also community clients who visit the facility weekly, as part of the existing Lifestyle Enhancement Program.

The meaning and origin of participants' names was examined; achievements were shared and recognised; childhood memories and photos were shared and re-lived; and participants drew one another's portraits and created a communal time-line. Every week portraits of participants were also sketched by the artist/s, which often resulted in story telling. Some of these conversations were recorded. The rationale behind these activities was to provide prompts for participants to remember and share their stories. It was anticipated that this would encourage them to become more confident to interact spontaneously with each other, not only in the sessions, but also in daily life.

The second phase of the project was to publicly display the work created. A large 4-panel collage artwork was exhibited in the facility, and later in the Macedon Ranges Health Services. Alongside this, audio recordings were broadcast of participants' stories and their answers to the question: *Looking back over your life, if you could tell the world one thing, what would it be?* Participants were given a choice about the inclusion of their work, recordings and names in the final artwork exhibited. Consequently two different consent forms were used: A full consent form that could be signed at the start of the project; and a second phase consent form pertaining only to the public display of work, signed prior to exhibiting the work.

## **AIMS OF THE PROJECT**

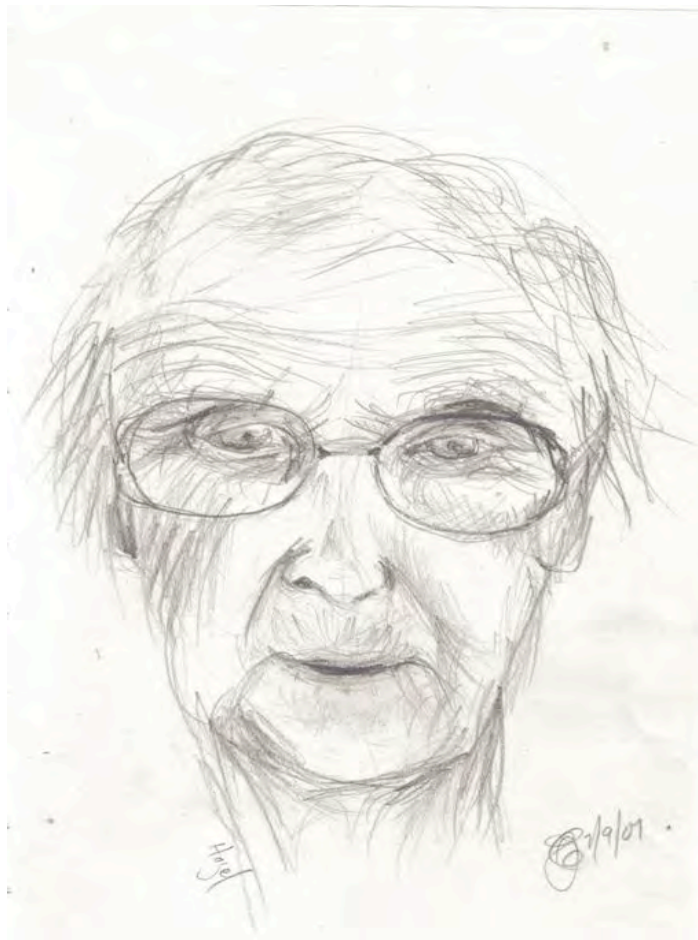
The first aim of the project was to investigate the effect a community arts project would have on the sense of belonging in a RAC facility. According to Dave Andrews (2007), *community* refers to a "sense of belonging – a space where one feels at home". Since RAC facilities become the new, and often final, home of many people, this sense of community is crucial. I wanted to foster a greater sense of community and belonging by bringing the residents of a RAC community together in a creative, collaborative project – allowing people to again have a role within a larger collective, and find meaning in belonging. Cheek *et al* (2002-2003: 5) confirms that in moving into RAC this sense of belonging is crucial: "A sense of place is important, as it connects older people to a wider set of social relations and is central in perceptions of belonging and of self. Changing place thus involves more than physical dislocation. It also involves loss of some of the social dimensions that make up the world of the older person."

A second aim was to honour the elderly and their stories. In many African, European and Indigenous cultures around the world, the elderly people in the community are respected for their wisdom and experience. Their stories are valued and their opinions actively sought out. Unfortunately in a Westernised, modernised and commercialised Australian society, it seems that many of our old people in RAC facilities are not recognised in that way.

The third aim was to have a larger community impact: bridging the gap between aged care facilities and the general community through an exhibition of the art piece created during the project, thus giving an informative, realistic picture of RAC facilities, and the wealth of wisdom and experience held by its residents and clients. [Although I believed having an exhibition would aid in achieving this aim, the concept was put to the participants merely as one of many options. I allowed myself to be lead by the participants as to whether we had an exhibition or not. They embraced the concept, and continue to proudly show their work to visitors.]

### ACCOUNTS FROM THE FIELD

Working as an artist-in-residence allowed me to see the beauty in the ordinary and the everyday... In wrinkles, in the shaky old hand writing her name, and in old fading photograph memories...



*The importance of being noticed: Hazel's Portrait as sketched by artist-in-residence, Catherine Dinkelmann*

Many of the elderly residents and community clients wished to have their portrait sketched. As I became more known in the community, and built relationships with the residents and clients, they would indirectly approach me to draw them too: "Nobody has ever taken a good photo of me... or drawn my portrait. You probably wouldn't want to draw someone like me..." Others started critiquing me on what areas of the portraits needed work, and which portraits were successful!

Developing these dynamics took time however. Clandinin & Connelly (2000: 77) say that "In order to join the narrative, to become part of the landscape, the researcher needs to be there long enough and to be a sensitive reader of and questioner of situations in a effort to grasp the huge number of events and stories, the many twisting and turning narrative threads that pulse through every moment and show up in what appears to the new and inexperienced eyes of the researcher as mysterious code."

I made a point of respecting the extent to which people wanted to get involved, whilst trying to provide options of how to get involved. This empowered the elderly by giving them a say in how they wanted to be involved. I freed myself from the pressure of wanting as the outcome a specific, almost measurable, enhanced sense of community as outcome, and instead started focussing on the quality of my relationships and engagement with the residents and clients. If all I did was to boost residents' self-esteem, by giving them a voice, then that was already worth-while. This excerpt from my field texts gives a more colourful picture of my encounters:

*"Feet tapping, softly, slightly out of tune she sings along. 'I have a good voice – but the passage out is rough' – and then he hops up and starts dancing with a nurse. I draw Kath. I take my time. It is her. She is satisfied. Florence tells me it is one of my better drawings. Today is different – I am not running a session – I am just here with the residents. Experiencing their experiences. Lillian is 97 and Elsie, her sister, 92. Elsie says they are the two oldest original residents still left in this town... They were born in the same house she has just moved from to come here... She is still adjusting..."*

The final art work consisted of four large panels made from small pieces of old photographs, squigly hand-writing and sketches on paper, all stitched together by hand and supplemented by audio of participants' voice recordings.

Although the participants were not involved in stitching the final piece together, they were still very much the focus of the piece. Where they were physically capable of participating in the final art work, they did. One lady remarked, "We did all the work – you just stitched it together – thank goodness!" The created paper tapestries became a metaphor for the community that was stitched more closely together. Russel Bishop says, "The ... community becomes a story that is a collection of individual stories, ever unfolding through the life of the community" (Smith, 1999: 145). Having this artwork on display in The Elms stimulated discussion between residents, clients and the wider community.

The project had given the participants something to work on together – yet in different capacities and at different times. Whilst different people's photos, portraits, certificates, etc. were stitched together, each participant still had his/her own significant role and was given a voice through their engagement in the work.

## EVALUATION FINDINGS

Conversations with staff, residents and community clients confirmed that Community Cultural Development work in aged care facilities can play a valuable role in giving people significance through offering them a role in community projects, and having a communal goal (which could take on, amongst other things, the form of an exhibition, festival, event or publication).

Staff noticed the biggest impact on the sense of community was the fact that residents and community clients had more spontaneous conversations and that they were listening to each other's thoughts and stories, and were even staying behind to talk to each other long after the creative sessions were finished. Also the community clients continued sharing their thoughts and experiences on the bus on their way home. Some of the more reserved clients even became involved to a greater extent than the staff had ever seen before.

Participants admitted to the project helping them get to know each other's abilities and pasts better. One participant expressed that she felt honoured to be asked to be involved and that having her portrait sketched and displayed in The Elms made her feel like she was part of that community. Many participants testified to how much they enjoyed reminiscing and being encouraged to remember some of the fun incidents and interesting stories from their pasts. The artwork continues to be displayed in The Elms as a tribute to the lives of its residents and community clients.



*The importance of a communal outcome: Final artwork exhibited in The Elms*

## CONCLUSION & FUTURE DIRECTIONS

This paper has provided insight into the current state of RAC communities in Australia, outlining some of the main issues in these facilities as being depression, institutionalisation, the fact that often residents don't relate and communicate spontaneously with one another, and that the activity programs in these facilities often have a female-centered approach.

An overview of some of the main theories about ageing was given, highlighting the Social Constructionism Theory as providing a sound theoretical base for this inquiry, since it emphasises the role stories play in helping the elderly define their world and make sense of their experiences.

The research model used was Narrative Inquiry and Practice-lead Research, in the form of a communal artwork created over time, bringing together the residents, community clients, staff and families of the RAC facility. The main findings of the research pertained to issues of staffing, independence, how homely the facility is and the problems caused by separating residents from their spouses or life partners and families.

This paper set out to ascertain the impact that the recognition of individual identity would have on the sense of community-belonging for the people at a RAC facility. Individual identity was recognised and celebrated through the *Stories of Belonging* community arts project, facilitated by an artist-in-residence, as described in the case study. Accounts were given of an artist and researcher immersed in a RAC context.

The *Stories of Belonging* project proved that the concept of implementing creative, innovative projects in RAC facilities have a noteworthy impact on the sense of community-belonging within these facilities, and should be explored and expanded. In recognising people's significance, by offering them a role in a community arts project with a communal goal, a facility can move towards improved cultural vitality. It worked on the premise that community exists when there are shared meaning, experiences and/or stories amongst a group of people. Being afforded the human right of having a voice in their community, participants embraced the project and made it their own.

*Stories of Belonging* was implemented as a pilot project for a much larger concept in which findings may be used to inform and develop an alternative to the existing aged care model. In this model a larger emphasis would be placed on recognising individual identity to aid in developing the community's sense of belonging, cultural vitality and overall wellbeing. This model would collaboratively and creatively address the factors that make a place home, such as the lay-out and interior design of the facility, the house rules, the gardens, staff happiness and job-satisfaction, food, pets and leisure pursuits as community projects. This could be done by employing, amongst others, the services of artists-in-residence and/or Community Cultural Development practitioners to work towards making RAC facilities more homely and community orientated.

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