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## Social circus and health equity: Exploring the national social circus program in Ecuador

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Social circus programs are expanding worldwide; however, little scholarship exists on their impact. Ecuador offers one of the world's largest government-sponsored programs, reaching almost 25,000 people annually. Aimed at promoting social solidarity and inclusion, programs are currently offered to street-involved youth, as well as children from marginalized communities and adults with disabilities. Identified tensions include the balancing of artistic versus social goals; integration of traditional social work approaches with social circus techniques and methodological challenges in evaluation. This program shows great promise and merits comprehensive interdisciplinary research, particularly regarding its impact on healthy equity.

**Keywords:** social circus; health equity; social inclusion; interdisciplinary; Ecuador

### Introduction

In 2011, Ecuador's Vice President (VP), with his particular interest in humor and the arts, attended a circus show in Montreal, Canada, by the world-renowned *Cirque du Soleil*. Learning of the *Cirque du Monde* program – the social circus projects offered by *Cirque du Soleil* in partnership with social agencies or civil society groups in over 80 communities in 25 countries worldwide (*Cirque du Soleil* home page) – he decided to implement a nation-wide social circus program, organized and funded through his vice-presidency office. This flagship program in what he dubbed “*Sonrie Ecuador*” (Smile, Ecuador) is the subject of this article.

We begin by briefly discussing the historical emergence and goals of social circus programs globally. We then describe the Ecuadorean program, and discuss challenges of evaluation research in this area, highlighting tensions that have to be addressed. We conclude by outlining the elements necessary for analyzing the impact of social circus on health equity – i.e., the systematic disparities in health attributable to unfair social processes.

### Evolution of social circus

Circus in the eighteenth and nineteenth centuries celebrated the ingenuity and capacities of the human body, exalting the exceptional nature of the performer (Stoddart, 2000). At the height of traditional circus, where there were various “strands” (some act-based; others

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mixing pantomime and equestrian acts; some acrobatics-based), an ethos of individual talent, rather than community prowess, prevailed, and circus was often seen as exploitative (da Silva Rodrigues Avrillon, 2011). However, with the birth of *nouveau cirque* and *cirque contemporain* in the twentieth century, circus has gone through much transformation, often emphasizing storytelling and reflecting aspects of the human experience to which spectators can relate (Albrecht, 1995; Jacob, 1996; Wallon, 2002). Since the 1990s, circus has become increasingly accessible as a community practice, as well as a form of community outreach, offered worldwide to street involved youth and other marginalized populations, promoting an ethic of equity and solidarity (da Silva Rodrigues Avrillon, 2011; Rivard, 2007; Spiegel, 2014).

Social circus projects have claimed to reduce teen smoking, drug addiction and antisocial behavior (McCutcheon, 2003) as well as improving motor skills in children (Sahli et al., 2012). Proponents of social circus call this a transformative intervention, particularly with respect to empowering its participants with strategies to deal with the burdens of displacement and loss, building self-esteem and creating skills that result in healthier communities (McCutcheon, 2003). Social circus typically offers a wide gamut of activities – from aerial skills and acrobatics, to juggling, clowning and magic – allowing for involvement by people with a wide range of aptitudes (Kekäläinen, 2014). With its combination of physicality, humor, artistic expression and teamwork, proponents claim that circus arts help people express their creativity while demanding perseverance and discipline that can have beneficial effects on their mental and physical health, and on health of their communities (Bolton, 2004; Maglio & McKinstry, 2008; Rivard, Bourgeault, & Mercier, 2010; Sugarman, 2003). While such claims constitute the rationale for social circus programs, there is very little scholarship on the impact of social circus on health – and health equity. The question of exactly *how* arts can contribute to health promotion (Georgeff, Lewis, & Rosenberg, 2009; Hamilton, Hinks, & Petticrew, 2003; Putland, 2008), and, indeed, to global health equity (Clift, Camic, & Daykin, 2010) has increasingly been posed, however, not yet explicitly with respect to circus.

### Ecuador's social circus program

The mission and objectives of Ecuador's social circus program emphasize values of solidarity and collective development, in keeping with the principles of health equity. Since the program began, the Ecuadorean government has committed to building fully equipped big tents in the Andes (Quito, Cuenca, Loja), along the coast (Guayaquil and Manta) and in the Amazon (Tena), and has already launched programs that have reached tens of thousands of people. The sheer numbers involved – 24,699 participants in a one-year period – 9700 at day-long “Open Circus” events and over 1000 participants who completed full-scale social circus programs – make this certainly one of the world's largest social circus programs. Table 1 provides data on the participants in the various programs within the first four cities where programs were launched.

The program employs a train-the-trainer model. *Cirque du Soleil*-certified social circus trainers come to Ecuador usually annually to offer a two-phased program of 5 days each, in which they train approximately six instructors from each of the participating municipalities, who are then contracted by the municipalities to serve as “social circus instructors.” National funding is provided for training and infrastructural support contingent on municipal commitment to hiring program staff for a minimum 2-year period (coordinator and instructors from both “social workers” and “circus artist” backgrounds). These paid staff then train approximately 20 volunteer instructors and up to 60 volunteer

Table 1. Number of participants in the various social circus activities by city, March 2012–2013.

City	“Replicas” (integrated sessions)	Open circus	Integration “performances”	Integrated “artistic exhibitions”	Staff training <sup>a</sup>	Training with community	Total
Tena	310	1100	10	622	82	320	2444
Guayaquil	0	0	0	300	15	300	615
Cuenca	240	3000	1300	1800	75	320	6735
Quito	637	5600	6000	1772	76	820	14,905
Totals	1187	9700	7310	4494	248	1760	24,699

Source of data: *Circo Social*, Ecuador.

<sup>a</sup>Includes volunteer instructors and monitors, as well as contracted social workers and circus artists.

monitors to assist the instructors. These volunteers, mostly street-involved youth, generally have 2-hour sessions three mornings weekly to develop their own skills and sense of identity in performing in social settings as well as in teaching, and then assist in one or other of the various programs for children, adults or adolescents at risk.

The characteristics of participants in each of the sites varies: in Cuenca, more programs focus on vulnerable children identified by social workers and school counsellors; in Quito, more emphasis is on street-involved youth and adolescents who had committed crimes as well as homeless children living in shelters; in Tena, programs vary from one for a remote indigenous community two hours into the jungle, to programs for people with disabilities and the elderly. Table 2 provides data on participants in the month of April 2013 by community or target population within each of the four main municipalities where programs were running.

### Preliminary program evaluation, challenges and tensions observed

The program is internally evaluated in terms of quantitative outputs (numbers of participants, sessions, programs, etc.) and through observational records kept by program staff about the progress of each participant. As no formal external evaluations had yet been conducted of this relatively new program, in May 2013 we conducted interviews and focus groups with organizers and participants to ascertain the themes that could orient more formal research. Specifically, we conducted five focus groups – one in Quito with the international (*Cirque du Soleil*) and national (*Circo Social* Ecuador) program leaders; one with organizers, social circus instructors and youth participants in each of Quito and Tena, and two small focus group in Cuenca – one with social workers and social circus program organizers, and one with social circus instructors, assistants and youth participants. We also conducted an extensive interview with a social circus instructor in Cuenca. Additionally, we participated in several social circus training sessions (in Quito, Tena and Cuenca) including the 5-day *Cirque du Soleil* training session for instructors. While some of the programs discussed and observed were offered to children, no children were included in focus groups. This preliminary investigation revealed aspects of the program and its evaluation that could benefit from more rigorous interdisciplinary research:

#### *Focus on “social” skills and conditions, acknowledging tensions between developing art skills and social objectives*

Program organizers and participants were unanimous that, while the artistic and physical practices of circus provide unique medium, the development of social skills is the primary

Table 2. Number of participants attending the various sessions and activities offered by *circo social* ecuador in the month of April 2013, by city.

Cuenca	Loja	Tena	Quito
Monitor training (19)	Monitor training (12)	Monitor training (10)	Monitor training (20)
"Mini company" (24)	Game workshop (28, temporary)	Bonnuchelos <sup>a</sup> (17)	Introduction to social circus "semillero" 1–3 (50)
Barrial Blanco <sup>a</sup> 1 (23)	Initiating social circus (22, temporary)	Eloy Alfaro <sup>a</sup> 1 (16)	Youth detention centre, Virgilio Guerrero (80)
Barrial Blanco <sup>a</sup> 2 (22)	Youth group (28)	Eloy Alfaro <sup>a</sup> 2 (15)	Unidad Educativa San Patricio (a public school) (37)
Jaime Roldós <sup>a</sup> (28)	Children's group (36)	Youth group home (12)	Morning and evening specialty (18)
	1st school program <sup>b</sup> (20)	Children's group home (21)	Fun sessions (réplicas) (age > 60) (100)
	2nd school program <sup>b</sup> (20)	Maximiliano spiller, "special needs" centre (18)	Morning artistic group (10)
	Youth detention centre <sup>b</sup> (20)	Campo Cocha <sup>a</sup> , circus in communities (19)	Evening creative group (10)
	Second youth detention centre <sup>b</sup> (20)		Circus practice club (70)
Open circus (500)	Open circus (300)	Open circus (100–300)	Remar <sup>a</sup> (35) and Conocoto 1 (110)
116 (+500)	126 (+300 + 80)	128 (+300)	Open circus (community, schools and other) (520–2500)
			525 (+1750 + 15)

Source of data: *Circo Social*, Ecuador.<sup>a</sup>These are communities designated as "at risk" based on socio-economic and environmental factors.<sup>b</sup>95 participants were enrolled April 2013 to begin a program June 2013, in addition to the others who will be continuing.

focus of social circus. While some social circus participants do become interested in pursuing a career in circus arts, the pedagogical model adopted aims at building self-esteem, as well as fostering solidarity through modes of social interaction and collective problem-solving. Other valuable social aspects of the program include inter-sectoral cooperation to build healthier communities. There was a strong consensus that evaluation should focus on asking: What are the health impacts of social circus at the individual and community level? What are the barriers to operationalizing social circus programs in a manner that promotes health equity? And, what are the factors that influence outcome? All agreed that the evaluation methodology needs to be highly participatory and inclusive, with attention to how programs address the social determination of health in marginalized communities such as social isolation, social and cultural prejudice, access to education, as well as other social supports for improving health equity.

Social circus has often been promoted as providing employment skills “coherent with the world of the street”, due to the transient lifestyle and creativity traditionally associated with circus (Hurtubise, Roy, & Bellot, 2003). Many participants and instructors noted a desire for performance opportunities as well as interest in pursuing further professional circus training, with a view to developing a career in the milieu. Commitment to public artistic expression is currently being facilitated by some of the municipal programs with “mini-companies” and sponsoring performances twice annually of their more accomplished circus performers. The relationship and occasional tensions between engagement in circus as a creative social practice and the cultivation of publically recognized artists speak about the broader tensions being faced by arts-for-social-change communities more broadly (Goldbard, 2006, 2013) and merit further exploration.

#### *Traditional social work versus promoting social and mental health and well-being through social circus*

Social workers have long worked with the diverse populations served by the social circus programs (children living in inner city homeless shelters, incarcerated youth, children of sex trade workers, youth in environmentally devastated areas, children in remote indigenous communities, people with disabilities and others). For some of the more traditionally trained professional social workers, the program helped identify issues that they could follow up in home visits using methods they learned in their professional training. In contrast, the artist-practitioners who had been trained in *Cirque du Soleil*'s rigorous programs of instruction in social circus preferred a more integrated approach, with the processes within the social circus sessions (*replicas*) themselves addressing the social concerns of the individuals and communities. Challenges in integrating social circus techniques and traditional social work methodologies, and *actualizing* such combined and/or integrated approaches need to be explored in greater depth, involving social work educators, amongst others.

#### *Sustainability issues: external funding versus strictly public financing*

The government of Ecuador has invested millions of dollars in creating the physical infrastructure as well as the program itself. Nonetheless, there was concern about the future of the program as the Ecuadorean VP who began the program has now just left office. There is widespread agreement that the municipalities must also make a financial commitment if the program is to be sustainable. In some municipalities, private sector sponsorship of some shows is being accepted; however, there is concern about allowing

this to replace public sector commitment. As we completed our synthesis, the decision had been made that the program would move from the VP office to the Ministry of Culture; however, the implications of this move for the quality and sustainability of the program will require more in-depth analysis, in dialogue with all parties.

***How do we quantify the value of a smile? “Social circus is an outcome not just an intervention”***

One program organizer interviewed noted that “social circus is not just ‘an intervention for other purposes’; the ability to *do* social circus is an objective in itself.” This point means that circus should neither be reduced to an instrumental practice for developing other social skills or addressing risk factors, nor to a means of employment, but rather recognizing the ways in which social circus may be promoting what has been called “cultural democracy” (Goldbard, 2006, 2013; Graves, 2005). There was widespread agreement that evaluation of social circus should build from existing research in other arts-for-social change programs (Harlap, 2006; Marcuse & Berggold, 2010; Marcuse & Marcuse, 2011) that have grappled with such tensions.

Focus group participants embraced the use of validated questionnaires used in other programs to evaluate self-esteem (Coopersmith, 1967; Rosenberg, 1965) and various dimensions of mental health as well as new instruments proposed by research team members (Campaña, 2007), while noting that some adaptation would be desirable. There was strong consensus that a pertinent evaluation may include health indicators such as rates of youth crime, drug abuse, alcoholism and school dropout, but ought to also include measures such as self-esteem and perceptions of social inclusion. Moreover, a nuanced in-depth approach is needed. In the words of another participant: “Those involved in the group already know that it works, we need to better understand *why* it works.” A comprehensive approach to studying the promotion of health equity through social circus thus needs to incorporate theoretical insight on if, how and under what conditions social circus promotes social inclusion and cultural democracy, and the possible hiatuses between initial objectives and actual deliverables (Spiegel, 2013), as well as longitudinal studies of outcome, in conjunction with effective intercultural participant knowledge (Walsh, 2010). An iterative approach, in which the various interdisciplinary methods can inform each other, as described in Figure 1, was endorsed. Thus, a literature review would inform both qualitative and quantitative methods that would, in turn, be synthesized and critically analyzed within a theoretical framework.

***Reform and/versus transformation***

Health determinants have been categorized into macro, mezzo and micro levels (Baum, 2001) whereby the macro factors consist of the social structural factors that determine the unequal power relations; mezzo factors refer to be social and economic opportunities and networks providing people with access to health enhancing goods and services including education, housing, food and employment (generally what is meant by the “social determinants of health” (Commission on Social Determinants of Health, 2008); and the micro level addresses the psycho-social and behavioral factors that impact an individuals’ ability to cope with the inequities and minimize their consequences. As noted by Putland (2008), community arts activities operate principally across the micro and mezzo domains, seeking to influence social supports, trust and community engagement as pathways to improving mental and physical health (Berkman & Kawachi, 2000; Wilkinson & Marmot,

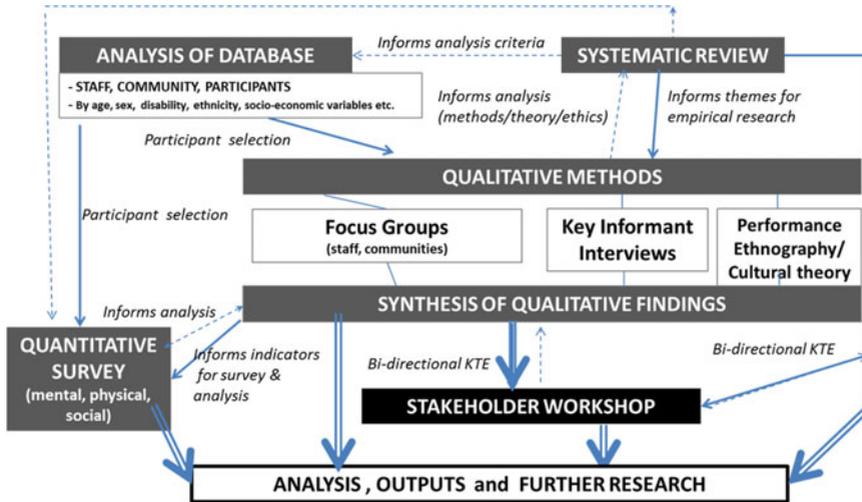


Figure 1. From systematic review to knowledge translation and exchange (KTE): summary of methods and their interrelations.

2003), and there is little agreement on how to address the macro factors. Indeed, how to link individual health to improved health equity is controversial (Baum, 2002; Matarasso, 1997; VicHealth, 2003; White, 2006).

Interviews and focus groups with instructors, social workers and youth participants of the social circus programs in Ecuador note achievements at the micro and mezzo levels, with a strong sense of solidarity and collective support for combating social isolation in the face of trauma, prejudice and social exclusion. One instructor told of success with a participant who had been sexually abused by a male relative, and, at first, avoided physical contact with others in the program and displayed distrust; by the third month in social circus, she had overcome her fears and was fully participating in the physicality and creativity of the social circus program. Another story related to the blossoming of a boy who had been regularly beaten by his father. Social inclusion and, in particular, the notion of finding a “family” in social circus came up frequently, particularly when instructors and monitors spoke of their own trajectories, generally from the inner city streets, speaking of their increased capacity to pursue professional goals while serving their communities. For many individuals, social circus offered a way of (re)integrating into society in a way that suited their skills and aptitudes, such as the case of a deaf participant who was unable to read or write, had been begging on the streets until the social circus program allowed him to excel in his physical skills as a circus performer, building his confidence to the point that he was given a contract to serve as an instructor himself.

The implications of such successes and of the social circus program more broadly, at the macro-level, however, are less clear. Nevertheless, many social circus programs around the world, and particularly across the Americas (Barndt, 2011), have “social justice” and/or “health equity” as explicit objectives. Breilh, refers to the “social determination” of health (Breilh, 2003), to explain the pathways between the macro, mezzo and micro, in the social determination of individual fitness (Breilh, Matiello, & Capela, 2010). Adapting such a framework to the context of arts-based interventions to facilitate such analysis in Ecuador and elsewhere would thus be well worthwhile.

## Conclusion and future plans

Social circus shows great promise not only for promoting healthy individuals but also for promoting health equity and the social change needed to sustain it. Our preliminary evaluation highlighted themes that could orient studies of the impacts of social circus on these domains. A rigorous mixed-methods interdisciplinary, international collaborative project could investigate improvements in self-esteem and social inclusion, the barriers to operationalizing social circus programs in a manner that improves health and the role of factors such as gender, sex, disability, age, ethnicity or geographical settings, hence contributing to world knowledge on theory, ethics and methods regarding social circus for addressing health equity. Since completing this planning visit, our team obtained funds from the Canadian Institutes for Health Research to launch such a study. The tensions identified in this article will be carefully considered as we move forward in our research to help inform both local decision-makers and social circus practitioners elsewhere, as well as contribute to the many under-researched questions concerning how community-based arts programs function to promote health and health equity.

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