

## FINAL REPORT

# Consultancy Work to Support the Development of a National Forum for Arts and Health

On behalf of the London Arts in  
Health Forum and the Regional  
Partners Group

12 May 2011

<b>Project Title:</b>	Consultancy Work to Support the Development of a National Forum for Arts and Health		
<b>Client:</b>	London Arts in Health Forum		
<b>Date:</b>	12 May 2011	<b>Release:</b>	Final
<b>Project ref:</b>	1694 – London Arts in Health Forum – National Forum for Arts and Health		
<b>Prepared by:</b>	AW/RW		
<b>Quality assured:</b>	ES		



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# 1. Introduction

During 2009 and 2010 a group of representatives of regional arts in health organisations, (referred to as the 'Regional Partners' throughout this report, and listed in Appendix 1), has undertaken a number of initiatives to develop the arts and health sector nationally. This work has been funded by Arts Council England through a grant to London Arts in Health Forum.

The Regional Partners state:

*'While there is a growing understanding of how the arts can contribute to health, the current economic situation and cuts to the public sector are a direct and significant threat to the viability of this area of work. At present there is no national voice for arts in health to represent the large number of practitioners working in this field. There is an urgent need for a unified voice for this sector to advocate for support for the field at a national level. The Regional Partners are committed to finding a sustainable solution to developing a National Forum for Arts and Health to fulfil this role.'*

The Regional Partners agreed to investigate the establishment of a National Forum for Arts and Health through a two phase process. This report is the outcome of Phase One of the process, which has involved facilitating a period of consultation among Regional Partners and other key stakeholders, researching the sector, exploring possible funding models and potential organisational structures.

Phase Two will take forward the implementation of the recommendations from Phase One, intended to support the Regional Partners' ambition in achieving the successful establishment of a National Forum for Arts and Health. (NB. The implementation of Phase Two will only be initiated subject to the agreement of the Regional Partners after the completion of Phase One).

# 2. Terms of Reference for Brief

In Phase One, the appointed Consultant is expected to work with the Regional Partners to produce the following:

- Researching possible models for a National Forum
- Supporting the Regional Partners in establishing the key aims for a National Forum
- Facilitating the Regional Partners' discussions around this issue
- Exploring funding opportunities and liaising with funding partners
- Identifying income streams for such an organisation
- Reporting progress to Regional Partners
- Establishing a timeline with key objectives for the Regional Partners to create a National Forum for Arts and Health.

### 3. Methodology

Globe was commissioned by London Arts in Health Forum (LAHF), on behalf of the Regional Partners group, to undertake Phase One of a two phase process to investigate the establishment of a National Forum for Arts and Health

The work has been undertaken in three stages in keeping with Globe's project proposal.

Stage 1 was concerned with research and scoping. It included a review of background literature, minutes of Regional Partners' meetings and relevant material made available from the commissioning group. This research was further developed working with the Regional Partners, through group meetings, email correspondence and one to one telephone discussions.

This stage also researched and reviewed business and governance models for the potential Forum.

Stage 2 focused on depth interviews with Regional Partners, key stakeholders, funding organisations, and relevant specialist organisations working in the arts and health sector. Two focus groups were convened in the NW and SW regions to sample a range of voices and views from practitioners and organisations working in the sector. Details of all the people involved in the research and consultation process are included in Appendix 1.

Outside of Globe's brief, however in support of this process, an online survey was developed by LAHF in association with Globe Consultants to enable a wider range of views to be expressed from across the sector. The responses to the survey are ancillary to the process undertaken through the key lines of enquiry. A summary of the responses is included as an Appendix.

Stage 3 involved the preparation of draft and final reports. This process was structured to allow robust consideration of the emerging concepts by the Regional Partners, a detailed presentation of the interim proposals and final consultation period before moving to a final report and recommendations.

## 4. Key Aims & Purpose

Through a facilitated process with the Regional Partners the aims and purpose for a National Forum for Arts and Health were explored and refined at the outset of the research and consultation stage. This process involved scoping the high-level key aims for a potential national body and consideration of its core purpose. Key underpinning principles were also identified, as well as the range of individuals and organisations a Forum could involve and engage.

### 4.1. Key Aspirations

Aspirations identified for a National Forum for Arts and Health:

**An authoritative voice** for the Arts and Health sector which is recognised and valued nationally, locally and at sub-national levels, and going forward – internationally. A Forum should coalesce the disparate sub-sectors from across the field into a dynamic critical mass which communicates well in understandable ways, and maintains a coherent voice for the sector.

**An inspirational force** which challenges and develops critical thinking within the field of arts and health, which is relevant to contemporary practice. A Forum would seek to improve the respectability and stature of Arts in Health work, to enable a confident and resilient sector.

**Highly visible** both within the specialist field, and externally, with the leadership capabilities and recognition necessary to influence, inform and challenge with integrity.

### 4.2. Key Principles

The Regional Partners agreed the key principles which should underpin the establishment of a National Forum for Arts and Health. These are:

- Regional representation is significant both to the underpinning ethos and to the structural form of a Forum, enabling a national body to be fuelled by the abilities, direction and strengths drawn from across the country.
- Clear and distinct differentiation between the role of a National Forum and local/regional organisations and bodies
- A national body should have a strategic fit with local/sub-national organisations and infrastructure, which achieves a positive and symbiotic relationship
- A Forum should not duplicate the work of other organisations, nor undertake activity that can be done locally or regionally
- A Forum should not be a subscription-based organisation in the first instance

### 4.3. Purpose

Explorations into the purpose and role of a National Forum gave rise to a clear agreement that there are four key strands where a Forum could focus:

- As an independent **think-tank**, encouraging and supporting the development of concepts and ideas, and progress which is particular to the specialist field. It would be able to offer challenge, critique and peer review to enable R&D, practice and research to flourish within

the Arts and Health sector. A think-tank would develop a national and international reputation for thinking practice through original and innovative contribution.

- To be an effective **advocacy body**, which can be a unified and informed voice for the sector. This would include lobbying and influencing national and local policy development; being a key consultee body recognised for its authoritative role; and as a vehicle for forging strong public relations.
- To support the **development of the Arts and Health evidence base** by: being a reliable portal which enables access to the breadth of evidence developed, published and stored by a range of organisations; maintaining an overview of research needs and enabling connectivity between research bodies; and by supporting increased rigour and scrutiny within the evidence base, taking a leadership role on best and next practice.
- To act as an **observatory** for the sector, by gathering intelligence, particularly at a national level, which is relevant to the sector's growth and resilience, and which can identify new opportunities, future alliances and trends. This would support practitioners, researchers and commissioners working in many contexts at national, regional and local levels.

## 4.4. Who is a Forum for?

There was a general agreement amongst the Regional Partners group that a Forum should have the ability to engage, in some form, with several 'communities of interest'. These would include specialist networks, either formal or informal ones which cover discrete subsectors from across the arts and health field. These could have a national or regional/sub-regional remit, such as the emerging Dementia network (now defined as the National Institute for Creative Ageing), regional and sub-regional practitioner networks, arts managers in hospitals, academic researchers network. A Forum could also include distinct targeted areas of engagement, including press and media organisations, health commissioners, and public sector departments, at both policy and strategic delivery levels.

In the initial stage, the discussions focused on the core of a Forum being Regional Partners allied together in a federated approach.

As indicative aspirations, the Regional Partners identified a number of headline achievements over the next 18 months. These were to:

- Achieve 'notoriety' by challenging, provoking and exciting the sector and wider public
- Become a strong, bonded group of Regional Partners working with a shared purpose to achieve 'common good'
- Demonstrate a confident, cohesive voice which enables divergent thinking and actions as well as convergence
- Become a recognised group of national champions, valued for their professional knowledge
- Be visible through national media -for example, on the Radio 4 Today programme

During the initial scoping and exploration process a number of areas of debate, issues and themes were raised, and agreed that where relevant these would be explored further during this stage of investigation, or at a later time. These aspects are summarised below, in no specific order of importance or with respect to a developmental timeline.

- Strong leadership is necessary for a Forum to have a visible presence nationally – how can this be achieved? There could be roles for dispersed leadership across the regions given the



range of distinct strengths and areas of expertise. Other key roles could include a figurehead as Chair/Patron which could be someone with a national standing, reputation and range of influence.

- Consideration of the ways in which a Forum can enable dialogue within and between related Communities of Practice to develop and scrutinise evidence, research and contemporary practice, and how this can inform advocacy. Considerations of how participants/members could benefit from 'closed access' to dialogue mechanisms, and content champions to drive peer discussion.
- Whether and/or how a Forum should or could engage with patients and service users
- Consideration of the ways a Forum should/could relate to and engage with relevant national organisations, such as Breakthrough, Paintings in Hospitals, VAN, Music in Hospitals, British Association of Art Therapists.
- How can diverse and divergent views and attitudes be encouraged and represented as part of a unified voice?
- Whether a Forum can truly represent plurality of practice, and how it might do so
- Clarification of the membership and rationale for a Forum, and identification of the risks and advantages of a preferred approach
- Consideration of the Intellectual Property of a Forum, particularly with regard to being a portal to or accessing information held by other organisations, and with regard to the 'think-tank' strand.
- This stage of investigation may be an opportune time to consider if a Forum's role should be in relation to a wider drawing of an arts and well-being parameter, and its connectivity to improving Public Health in broader contexts. Should a new Forum be focussed on arts for social change? Would this be in competition with other existing bodies/organisations? What are the benefits and disadvantages of taking a wider approach? How much is a choice driven by where a Forum can anticipate gaining most traction and success?
- Consideration of the potential for new opportunities and relationships with local authorities in the light of their new responsibilities for public health, and recently stated aims for Arts and Health by NALGAO.
- Consideration into how a national overview and practical applications could be developed by a Forum to support cohesive or complementary approaches to: benchmarking best practice, accreditation and robustness of training, kite marking quality standards, CPD needs analysis.
- Consideration of what role/s a Forum could take with regard to the disparities of provision and support for Arts and Health in different regions.
- Consideration of the role a Forum could have in maximising local best practice to develop funding resources for national programmes.

## 5. Findings

The elements identified in the previous section formed the framework for the key lines of enquiry research and consultation phase of this brief. In order to explore the feasibility, desire and demand of a National Forum further telephone interviews took place with Regional Partners, along with Stakeholder organisations, and other relevant key individuals or organisations working in the sector. In addition two focus groups took place with a range of representatives of organisations working across the arts, health and wellbeing contexts in the North West and South West regions.

The overview of the findings is that the majority of contributors through Phase One, which included related national bodies or organisations, Regional Partners, and professionals actively engaged in the field of arts, health and wellbeing, consider the principle of establishing a national body to be either useful or important to them, their organisation and their work. However, not everyone who participated is convinced that a national body could:

- Cover the breadth of the arts and health field effectively
- Is a necessary 'extra' layer to the infrastructure that exists currently
- May only be of tangential relevance and usefulness to their work and needs.

### 5.1. Top Notes

The following threads recurred throughout the focus groups and telephone interviews giving rise to a strong sense that these are important elements to consider in the recommendations from this work.

- **Maintaining a regional focus** – networking, face to face peer support and knowledge exchange are extremely important. Practitioners particularly felt that regional networking, and face to face interactions, dialogue, collaborations, learning, and informal mentoring are necessary within regions and sub-regions, in order to continue to develop and nurture practice. Some regions have more well-developed networking models than others, for example in the NW and SW, and it was felt that these could be useful models for other regions.
- **Peer review** – this is important to the development of individuals and the workforce, as well as seen as an emerging need, especially for arts organisations who receive funding from the Arts Council. Peer review offers opportunities to be '*part of a movement*', and is relevant to the notion and relevance of networks within networks which can enable focused areas of activity, policy and practice to be developed and recognised. Views expressed included; '*We need to be more self-critical and less self-congratulatory*', peer review processes would substantially assist this to happen. The identification of who is involved in critiquing practice, how they are selected and by who are all aspects that would need further consideration.
- **Networks within networks** – there is recognition of the importance/usefulness of discrete networks and connectivity within specialist areas of work, geographical location or themes and issues. These networks can and, where they currently exist, are manageable in scale and context, and can offer ways for representation to link networks together, and enable exchange and flows of meaningful dialogue to take place.
- **Developing criticality** – there is a strong need to encourage, support and develop critical robustness in evaluation and research. Whilst there are effective models and guidelines across the sector in academia, research institutes and those being used in practice-based work, these are either not widely known about or are not being used as influential models.

- **Federated approach** – During the process there was an emerging consensus that if the establishment of a National Forum is desirable then a federation model or allied approach would be a suitable way forward. A National Forum should be not for profit, therefore able to gain funds and resources from a range of sources, with a governing set of principles and policies. It should enable criticality of debate by the sector and for the sector, and contribute to countering fragmentation within the sector. It should ensure a multi-directional flow of dialogue and intelligence. An effective web-portal emerged strongly as a significant component of a National Forum supporting three key areas of need: access to information (particularly robust evidence and research), training and resources, with interactive capabilities for critical discussion and to enable an autonomous voice for the sector.
- **Media and PR focus** - Potentially a key patron, figurehead or arts and health 'tsar', could be beneficial for media coverage, PR and opening the sector to increased public awareness. Views were expressed that a media-focused role could help to alleviate 'stress' at local and individual organisation level, who have a continuing need to ensure positive media coverage and profiling. In considering 'who' might be suitable, peers rather than politicians were preferred and individuals who were respected in their fields (e.g. Joan Bakewell, or Philip Pullman) or people from other fields like neuroscience. A key figurehead, akin to the 'poet laureate' role could be considered as a time limited position, offering a rolling series of public ambassadors to the sector (for example the role Terry Pratchett undertook for Alzheimer's Society). This could allow different areas of specialism to have a profile (such as artforms, or specialist groups, like dementia care. Developing a significant media focus would be reliant on being well-informed, with credible messages and rooted in effective evidence, evaluation, and research.

## 5.2. Potential Strands of Focus for a Proposed National Forum for Arts and Health

The investigation and consultation process posed questions and considerations which probed the potential roles, desirability and demand for the four potential strands which were identified by the Regional Partners at an initial stage. The following sections detail the key points which resulted during the process.

### 5.2.1. Think-Tank

As there is already a number of existing 'think-tank' type bodies, for example, the New Economics Foundation, there could be a role for a National Forum to link with current think-tanks, to develop synergies with them and to be part of a relevant critical mass which enables the arts and health sector to benefit from a form of collective movement whilst remaining discrete.

Local and regional voices should be able to contribute and draw on the debate, dialogue and challenge promoted with and through a think-tank organism. Enquiry, debate and critique could be enabled through a moderated blog.

A think tank structure should be robust and strong enough to be able to embrace divergent as well as convergent ideas, obscure thinking and constructive tension, both within an arts and health / creativity and well-being sector, as well as with other sectors.

A think tank should look beyond professional models taking a broad spectrum view which considers synergies in allied fields, and is able to unite a multiplicity of practices.

### 5.2.2. Advocacy Role

Local voices and localised advocacy are strengthened significantly by, and through the support of regional and national advocacy work. Any form of advocacy, from promotion and profiling to lobbying and campaigning will only be effective if it is rooted in a strong evidence base of narrative and testimony, of statistics, data and authentic voices. Advocacy relies on a knowledgeable and reliable evidence base to be able to stand scrutiny, and to be current, timely and relevant.

A range of approaches are necessary, depending on who the market or 'audience' happens to be, with advocacy being 'on the front foot' and proactive, as well as being able to respond effectively, particularly at times of dissent.

*'We need a national voice, but none of us have the time/capacity to do it.... we're just getting on with our work.'*

A National Forum could take on a significant role as a consultee body, which could respond to relevant national consultations, fed and informed by local voices and views which are themselves autonomous.

It would be important to consider specialist and timely advocacy needs and campaigns, for example, the onset of GP commissioning, will impact on many people and organisations working in the arts and health sector, is a clear example where there is a leadership vacuum in the sector. This is also an example of national change, affecting a wide range of practitioners.

### 5.2.3. Evidence Enquiry

Key to a role for a National Forum will be ensuring that information, evidence, and research is not only accessible, but can also be navigated well. Approaches should be developed to allow different points of entry to knowledge and intelligence in support of the inter and multi-disciplinary ways people, and organisations are involved in arts, health and well-being work. The distillation of evidence relevant to different user needs is an important consideration.

Organisations can be exemplars of practice – through their own infrastructure modelling, in the ways they effect change with partners, or their inherent ethos and characteristics. Models and methods have already been developed across the sector which demonstrates how exemplars can be captured or 'packaged' to show effective outcomes.

A National Forum should not have a centralised repository role, rather it could offer connections to, and between, the 'libraries' of information and intelligence that currently exist, those that are in the process of being created, and for those that will be realised into the future. It should be a 'proactive hub', not simply a static portal – which links directly to an advocacy role, and the synergistic relationship between these two roles could be developed in more sophisticated ways. A general agreement that 'libraries' of knowledge are necessary for use at local, city, regional levels and national levels, and that currently there is no reliable way to know, where knowledge is housed, or what the qualified basis for evaluation, evidence or research is. A need appears to exist for exploring a range of agreed national standards and benchmarks, or forms of kitemarking which can be reliable guidance to those people who use the evidence and intelligence to support or develop their work in some way.

There appears to be a need to grow the range of 'alternative' data/evidence that can be accessed, as it is recognised that often the strength of evidence in this field is transmitted and understood

through personal stories and testimony. The use of virtual and social media solutions throws up a range of issues relating to confidentiality, intellectual property, training needs and so forth.

The Following diagram illustrates the hypothetical profiling of a case study resource submitted by a Forum member for inclusion as a Resource within the hub. The standardised summary profile of the case study could be circulated to a pre-profiled Expert Panel from within the sector based on the best match of Project and Expert profiles. All Panel members should be guaranteed that they would not be approached more than twice a year to review a resource – although this would not preclude them offering to review a resource of particular interest.

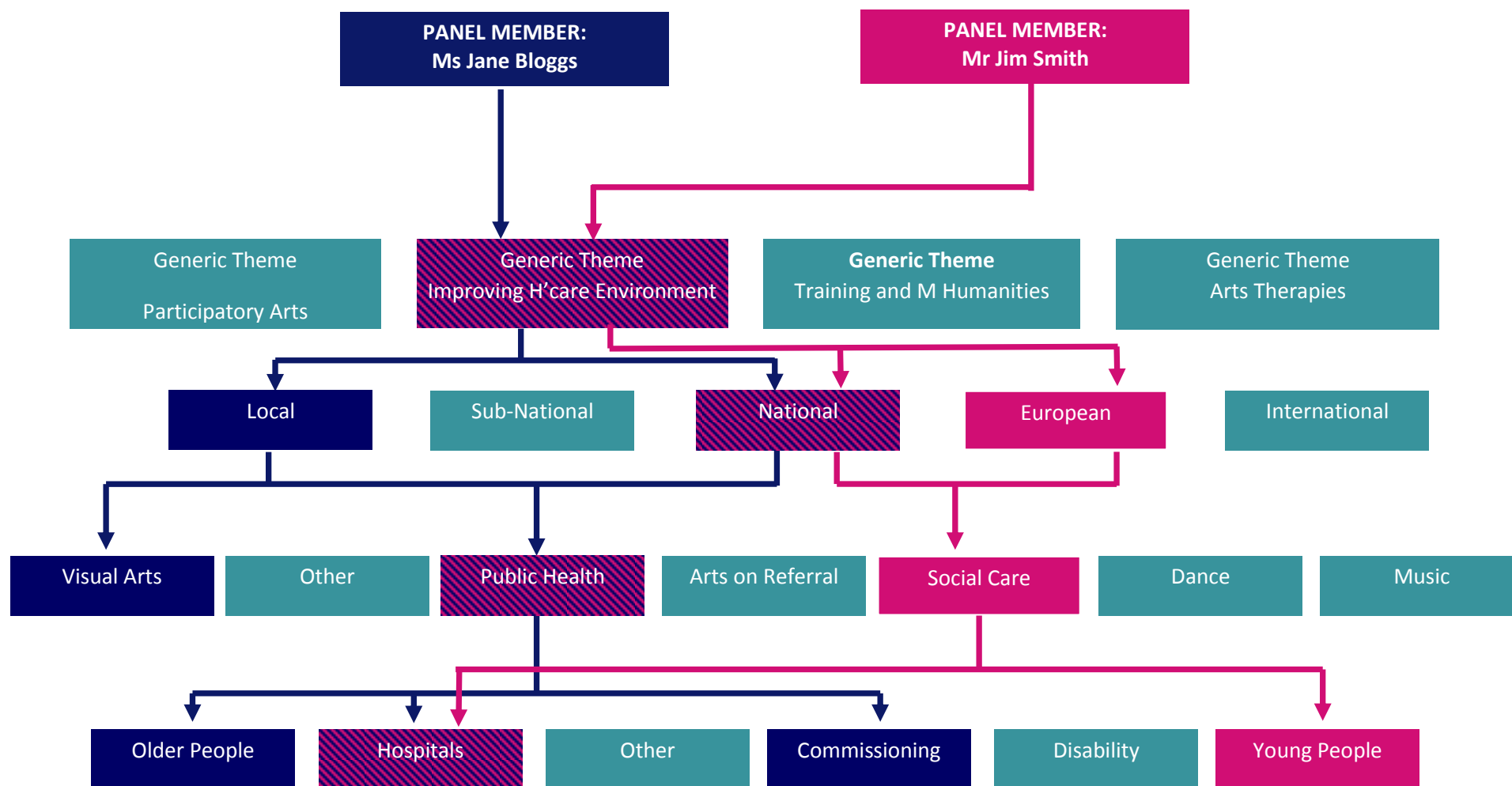
RESOURCE: Case Study 1			
Resource Profile: Case Study 1			
Principal Theme:	Coverage:	Area:	Key Word Search:
Improving Healthcare Environment	National	Public Health	Hospitals Young People

Profile: Ms Jane Bloggs - Areas of specialism			
Principal Theme:	Coverage:	Area:	Key Word Search:
Improving Healthcare Environment	Local National	Public Health Visual Arts	Commissioning Hospitals Older People

Profile: Mr Jim Smith - Areas of specialism			
Principal Theme:	Coverage:	Area:	Key Word Search:
Improving Healthcare Environment	National European	Public Health Social Care	Hospitals Young People

The following diagram, using generic examples, seeks to illustrate how the profiling of Panel members (or resources) could be achieved relatively simply allowing the development of Hub Resources to evolve with modest input. A panel of 15 – 20 volunteer Expert Panel members would be required to assess approximately 20 resources over 12 months.

## Generic Profile Illustration



### 5.2.4. Observatory Function

There has been a breadth of views expressed about how useful an 'observatory' function could be as part of the possible repertoire of a National Forum, ranging from some scepticism about the level of depth, sophistication and reliability of horizon scanning and trend / indicator predictions, to a sense of opaqueness about its effective role, to considerable support. Views expressed indicated that this function could relieve the ongoing responsibility for this from organisations that often don't have time, resources or specialist capabilities to remain abreast of current and forward thinking in policy, practice, research or broader contextual aspects beyond their field. The use of the term 'observatory' received varied responses, as there was some feeling that the term was associated with terminologies used by the previous government (akin to 'quangos') and therefore may not be well-received by the current coalition government.

## 5.3. Forms, Structures & Shape of a National Forum – a Range of Viewpoints

- Agreement that there should be an identifiable structure to a National Forum, one that can be independent and autonomous, and can be a mechanism to gain funds and resources.
- Some feeling for a need for new language and terminologies - for example, a Forum about 'national wellness', a National Express Yourself Service, or a Forum for 'creative well-being'. Concerns expressed that there is no identifiable 'arts and health sector', therefore who does a national Forum represent, and respond to? There appears to be strong views that there should be more of a focus on wellbeing, and that there is a need for a discrete Forum/network for arts and health, which is separate from broader social inclusion work. However, there is recognition of the need to ensure close synergies and that specific alliances and joint lobbying could benefit all sectors. Debate at the focus groups did focus on whether the time has passed for a stand-alone Forum, instead should there be consideration of how being a dedicated part of another body could be more beneficial, for example, the National Campaign for the Arts, or the Voluntary Arts Network.
- Majority view that any structure should have representation from all parts of the 'arts and health sector'.
- Representation on a national structure should be drawn from representatives from regional and specialist networks, which in turn draw on local or thematic networks, or communities of practice for membership.

## 5.4. Issues

During the investigation and consultation process there were a range of issues, concerns and areas of need identified which were relevant to the participants and should also be taken into consideration during any further development stages.

Two key and significant areas were identified during the process that were not felt to be either appropriate to, or covered by, the four emergent strands of focus.

### 5.4.1. Workforce Development

This relates to the ways in which the sector can be 'professionalised' and supported to continuously improve, develop and to flourish. Concerns were raised about the vital aspects of need relating to legacy and the continuation of high quality work, about how a rolling succession and development of practitioners and leaders in the field can be ensured without a training and development continuum. There is a gap identified in the 4 'emerging strands', which is in relation to quality assurance, CPD and workforce development for arts and health professionals, artists, health professionals, mentoring and succession within sector. It was felt that consideration should be given to ways to develop supportive, not restrictive principles and possible means of validation. Potentially there could be a role to work nationally on workforce development strategies with relevant organisations and bodies.

### 5.4.2. Developing a Mandate, & Relationships to Other Organisations

Firm views were expressed that any form of structure should enable 'local' views, needs or commentary to be taken up by regional organisations or specialist networks and fed into a national body for consideration and mechanisms developed by which a national body would develop and agree a mandate.

In addition to virtual dialogue, engagement and participation a National Forum could have an annual national Forum/congress with relevant strategic and sector development-focused bodies – for example, Audiences UK, NALGAO, Public Engagement Foundation, NCA, Breakthrough, Arts Council, National Institute for Creative Ageing, National Researchers Network and core health sector key bodies or relevant associations, for example, BAAT, RCN and reps from Public Health sector. This would be an opportunity to develop and /or endorse the mandate for the Alliance's future work/remit.

With regard to the above suggestion, it was felt that there should be a recognition between organisations who deliver activity across the country, (i.e. 'national' organisations), but did not have a developmental or strategic remit.

A range of further issues, needs and considerations are summarised below.

- 'Arts and health' is not an identifiable single sector, therefore an ongoing dilemma exists in how to categorise without a 'network' mechanism, or a shared and understandable vehicle of some sort. The 'arts and health sector' terminology is understood predominantly from an arts perspective, as well as by some health professionals, however there are concerns about how far this understanding penetrates into health organisations. So, *how important is it to maintain a terminology that those who broker, straddle, interpret, or translate between sectors can recognise as an existing sector?*
- Artistic dilemma – concerns were raised about ways to balance the application of the arts and creativity in a business focused way with outcomes and impact measures, etc with artistic freedoms, risks and spontaneity. However, *are these aspects mutually exclusive, or are they necessary parts of a whole where public resources, and individuals' needs, need to be balanced?*
- Is there a need or a strong enough rationale for another structure to be developed, i.e. an independent National Forum? Could alternative ways to link with existing strong



organisations be more effective? For example, representatives of a National Forum could have more influence as embedded members within other national bodies or organisations.

- Concerns were raised by focus groups and others interviewed that the Arts Council appear to place little value on community arts practice, and therefore there is little, if any advocacy, development or interest in arts and health as a transformative area of work.
- Networks of networks should not only be about formal networks, they could also enable informal linkages, which would allow, encourage and nurture organic growth and change, with communities of practice emerging forming and changing over time.
- Communities of practice/interest could be 'led' by specialist organisations and /or individuals who are recognised in their field, and emerge on merit, rather than those who are the best publicists.
- National Forum should be relevant, in some ways, to everyone engaged with arts and health – this could be through a tiered approach, or different points of access.
- Need for a 'fit for purpose body' - a web-base is necessary, but direct interaction is still very important. Structure needs to be able to allow interaction for those who don't have time or financial resources to meet directly, and other forms to engage in critical dialogue, as well as maintaining practical connectivity to specialist interest groups/communities of practice.

## 5.5. National Stakeholder & Funding Bodies

The research sought to establish the views of two key stakeholder organisations, the Department of Health and Arts Council England, in relation to the desirability, demand and emergent aims and areas of focus for a potential National Forum for Arts and Health, and to determine how a potential Forum could be supported. It is well established that there are severe constraints on expenditure in the public sector in both the immediate and the foreseeable future, with genuine concerns on the impact on front-line delivery services. This research and investigation was undertaken during early 2011, with the economic pressures and national policy developments as a backdrop to the conversations with both these organisations.

### 5.5.1. Department of Health

The Department of Health, along with the NHS, are both in the process of major transition and transformation with regard to their remits, structures and operational delivery. The 'new' Department of Health will be smaller department, with a much more 'hands off' role than it has had previously, and a clear view that it would have no remit to support arts and health policy or delivery of interventions, either indirectly or through financial resources. It was clearly stated that there is no current work with the Arts Council, nor are there any plans for future dialogue.

While the DoH supports the principle of the contribution of arts and health work, and the recent Mental Health Strategy acknowledges the value of arts within healthcare, it will be removed from any direct relationship with services, as these will all be determined locally by the NHS. There was a view expressed that the potential advocacy role for a new body could play an influential role in the emerging deliberations on local commissioning of services with the GP / local commissioning boards, and with local authorities in contributing to strategic development and service planning for their enhanced roles for public health improvements.

### 5.5.2. Arts Council England

Although the Arts Council had developed a key strategy for developing arts and health work nationally during the mid 2000's, the organisation has not identified this area of work as a priority, nor included it specifically in the ten-year national framework '*Achieving great art for everyone*' announced in 2010. However, the organisation is clear that whilst there is no specific focus identified, arts and health work does link closely with ACE's priorities to increase engagement and participation in the arts, and with areas of 'socially engaged' practice.

As Arts and Health has not been identified either as a strategic priority or key area for development, there is a very low likelihood of any strategic resources from the Arts Council. However, a view was expressed that as there are no clearly identified priorities, outside of the five broad goals, a case and rationale could be made for specific or targeted interventions, even at a national level, which could be supported through arts lottery grants. It is important to note that this period of research coincided with the outcomes of the Arts Council's new approach to funding client organisations across the country. The reshaping of the range of regularly funded clients, now known as National Portfolio Organisations, has resulted in a significant number of organisations being withdrawn from the portfolio, losing valuable subsidy and seeking to replace and increase their income through alternative means, thereby increasing demand on available resources generally and income generating opportunities.

The Arts Council indicated that a Forum could be highly beneficial as it would represent independent voices from a fragmented sector, offering cohesion and a greater critical mass. It was also felt that there is a need to develop various forms of standards and benchmarks which improve and 'professionalise' the sector further. A Forum could have the potential to develop capacity, nurture emerging practitioners and ultimately strengthen the sector, particularly if it supported a democratic voice. - is it about supporting sector or a democratic voice.

## 5.6. Survey

Outside of Globe's brief, however in support of this process, an online survey was developed by LAHF in association with Globe Consultants to enable a wider range of views to be expressed from across the sector. The responses to the survey are ancillary to the process undertaken through the key lines of enquiry. A summary of the responses is included as an Appendix.

## 6. Business Model

### 6.1. Overview of Potential Business/Legal Structures

Based on the views and comments expressed through the consultation undertaken in relation to the project to date the following are proposed as key requirements for any organisational structure.

Any structure adopted should be:

- Credible
- Sustainable
- Capable of securing and receiving public and/or private sector funding.
- Accountable and transparent
- Discrete but not isolated
- Focused and cost efficient
- Engaged and accessible

This suggests a structure that is very tightly drawn at its centre for efficiency but outward facing, possibly with a layered engagement/membership structure ranging from non-executive ‘managers’ to less active contributors and passive recipients of services.

To be independently functional a Forum must be able to receive and manage funds, own assets, and conduct trade. The ability to directly employ staff, borrow money and raise funds against any future assets may also help to facilitate future development. As these are fairly standard requirements for most third sector organisations, practice rather than structure will be the key determinant of a Forum’s success. However, a structure or vehicle will be required if a Forum proceeds. The following sections of the report therefore consider potential structures.

### 6.2. Potential Legal Structure for a Forum

There are a number of possible structures which would be potentially suitable for this type project, the common forms are:

- Charitable Incorporated Organisations
- Charities
- Community Benefit Societies (Industrial and Provident societies)
- Community Interest Companies
- Limited Liability Companies
- Trusts
- Unincorporated Associations

The main characteristics of these are as follows<sup>1</sup>:

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<sup>1</sup> **Sources** *Business Link ; Social Enterprise East Midlands; CIC Regulator; HMRC Ref. Notice 701/47; Globe reports: Green Tourism Initiatives – Wash Estuary Strategy Group; Community asset transfer risk assessment, Stanhope Hall – East Lindsey*

### 6.2.1. Charitable Incorporated Organisation (CIO)

A new structure format originally intended for approval in time for spring 2008 it is now expected that this format will **not** be available until late spring 2011 if at all.

This form will be available to new organisations that meet all the criteria for being a charity but do not want to use the charity form. CIOs will differ from traditional charities in the following ways:

- CIOs will be closer to companies than charities are but will not use company terminology - directors will be called charity trustees.
- As CIOs are always incorporated, they will be separate legal entities and their members can have limited liability.
- CIOs have their assets locked in for the benefit of the community. They are not able to distribute profits or assets to their members.
- CIOs will report only to the Charity Commission.

Formats and administration will be available to suit organisations of different sizes, with or without a membership structure.

Given the delays and uncertainty around this structure we have not recommended it.

### 6.2.2. Charitable Social Enterprise (CSE)

Many social enterprises have charitable status. It is only possible to gain this status if the purposes of the organisation are exclusively charitable and are for the public benefit. It is worth noting that economic development projects that aim to generate employment and wealth in a local community as part of an approach to well-being can sometimes find themselves unable to register as charities as trading and wealth creation are not generally considered as charitable aims. This may have some relevance in the debate about the scope and breadth of Arts and Health but is not viewed as a significant constraint as careful definition of organisations objectives should address this.

There are tax and rate relief benefits tied in with charitable status. However, there are also a number of organisational restrictions and charity regulations to take into account. Operating a Forum as a social enterprise through a charity may not be appropriate for a Forum and may cause confusion about the respective roles of a Forum and existing Arts and Health social enterprises.

#### Restrictions

A charitable social enterprise must have exclusively charitable purposes.

- The directors or trustees are responsible for administration and management and generally must not be paid for this work.
- Any profits or surpluses made by the charity must be invested back into the charity and used to support its charitable purposes. They must not be paid out to members of the charity.
- Assets must always be used for the purposes of the charity.

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*District Council; Ditto, Riverside Centre Whitworth – Rossendale Borough Council; Arts Transformation Project- Darlington Borough Council.*

## Benefits

- Profits of trade carried out by the charity are not subject to tax as long as the profits are used for the purposes of the charity and the trade is carried out for the main aim of the charity.
- Chargeable gains are tax-free, e.g. disposal of a property.
- Tax does not apply on bank interest.
- Stamp duty land tax does not apply to charities.
- Donations to the charity are subject to tax relief, e.g. donations made by UK taxpayers are subject to Gift Aid. This means you can reclaim the equivalent of the basic rate of tax on the total amount of the gift.

Charities benefit from an 80 per cent discount on business rates. Local authorities have the power to offer a further 20 per cent relief.

Most charities in England and Wales are regulated by the Charity Commission. You must register with the Charity Commission if your organisation is set up under English and Welsh Law and is established for exclusively charitable purposes. It must also have an annual income of more than £5,000 a year.

### 6.2.3. Community Benefit Societies (BenComs)

Community Benefit Societies are incorporated Industrial and Provident Societies (IPS) that conduct business for the benefit of their community.

The characteristics of Community Benefit Societies are as follows:

- They are set up to conduct a business or trade.
- They are run and managed by their members.
- They must submit annual accounts.
- They can raise funds by issuing shares to the public.

They can apply for charitable status, allowing them to raise capital through public grants and charitable trusts. If approved, they are known as exempt charities - reporting to the Financial Services Authority (FSA), not the Charity Commission.

FSA registration of a Community Benefit Society is subject to an annual registration fee linked to the capital assets of the Society, maximum fee £950. As exempt charities, Community Benefit Societies are not able to apply to be Charitable Incorporated Organisations. As a Forum body will be formed as a new organisation there is no apparent benefit in forming a Community Benefit Society unless it intends to raise share capital from within the Arts and Health community. As this approach would normally be associated with local community services e.g. the development of a community building it is not considered best suited to a Forum.

## 6.2.4. Community Interest Companies (CIC)

Community Interest Companies (CICs) are limited companies that exist to provide benefits to a community, or a specific section of a community. The CIC has the flexibility of the familiar company form and access to a range of financing options.

Its key features include an asset lock and a community interest statement.

Together with annual accounts, an annual community interest company report for public record must also be presented. The report must show what the CIC has done during the year to pursue its pre-specified community interest and involve the individuals or groups with a particular interest in the CIC.

CICs are primarily intended as a regeneration tool within disadvantaged communities, therefore whilst many aspects of their structure would suit a Forum the application statement to the CIC regulator would be a complex one and may not be approved.

## 6.2.5. Limited Liability Companies (social purpose) - (LLC)

Limited Liability Companies set out the company's aims or purposes in an "objects" clause. Although these objects can be commercial, they may relate to the well being of particular groups. The Objects can be more widely drawn than those of a charity which must have an object that the law defines as charitable.

There are two forms of limited company suitable for an organisation such as a Forum.

*Private company limited by shares (CLS)* - shareholders each hold shares in the company. Their liability is limited to the amount unpaid on shares they hold.

*Company Limited by Guarantee (CLG)* - each of the members gives a guarantee for a certain sum that will be put towards the company's finances if the company is wound up. A CLG cannot raise finance by issuing shares, nor pay dividends to its members. This format has been the mainstay of social enterprise and development trust activity for many years, its inability to pay dividends ensures that any benefit from public funds or grants cannot be redistributed to the members/directors and the disposal of assets can be controlled through the company's memorandum and articles of association.

The basic structure of limited liability underpins a number of other models such as Community Interest Companies (CICs), some forms of Co-operative and some forms of Trust - in some cases the organisations will have to meet additional requirements.

Limited Liability Companies must register and file annual returns at Companies House and submit a set of memoranda and articles of association.

Guarantee Limited Liability Companies (excluding CICs), can also apply for charitable status if the organisation has exclusively charitable objects (share limited companies are not excluded from applying for charitable status but their structure makes it very unlikely that they would be accepted).

## 6.2.6. Trusts

A wide range of organisations can be classed as trusts – e.g. health trusts, educational trusts, preservation trusts, wildlife trusts, development trusts.

Trusts are unincorporated and do not distribute their profits. They are managed by trustees who do not benefit from the trust. The trustees act on behalf of the community for whose benefit the trust is set up.

Trusts have no legal identity of their own and make their own governing rules. The objectives of a trust are set out in a trust deed which covers the terms under which an individual or organisation is given assets. It also lists the intended beneficiaries and the conditions under which the trust's assets may be used.

Trusts can hold ownership of property and other assets for the community.

Trusts can write an asset lock into their rules to secure assets for their intended community.

As they have no separate legal identity, the trustees are personally liable for the trust's liabilities.

### 6.2.6.1. Charitable Trusts

In addition to a non-profit distribution clause, a trust with charitable objects can apply to the Charity Commission. If approved, it will be regulated by the Charity Commission.

### 6.2.6.2. Development Trusts

Development trusts are community-based, owned and managed, and do not distribute any profits.

There is no standard organisational form for a Development Trust. Most register as a company limited by guarantee. Many also register as charities.

## 6.2.7. Unincorporated Associations

An Unincorporated Association is normally chosen when a number of individuals agree to come together for a common purpose - which may be of a social nature.

Unincorporated associations are run informally. They are relatively straightforward and cost nothing to set up.

They make their own rules for running the organisation and set these down in a democratic constitution. A management committee is elected to run the organisation on behalf of the members.

Unincorporated associations are not registered with or regulated by Companies House or the Financial Services Authority.

They enjoy greater freedom of operation than a company and they do not have to submit annual returns.

An unincorporated association can apply to the Charity Commission for charitable status. If approved, it will have to comply with the Commission's regulations.

Unincorporated associations can have trading or business objectives or carry on commercial

activities but cannot enter into contracts or employ staff. In practice these functions and liabilities are taken on by named individuals within the association.

### 6.3. Observations

Given the uncertainty of funding within the third sector for the foreseeable future adding limited liability to the list of key requirement for an organisational structure seems appropriate

Based on the legal structures summarised above we suggest this would be achieved by adopting the most common option of a Limited Liability Company at the appropriate stage. A Company Limited by Guarantee is recommended because this has potential to achieve charitable status and is the most common form for the receipt of public funds.

Unfortunately having ruled out a Charitable Incorporated Organisation status due to absent legislation the option of a Company Limited by Guarantee registered as a charity with the Charity Commissioners is not able to provide simplified administration and reporting as it involves both Companies House and the Charities Commission. However current guidance suggests that this structure could be converted to a Charitable Incorporated Organisation in the future which should provide benefits of simplification. Discussion with Charities Commission prior to registration of the company is recommended to ensure that opportunities for charitable status and subsequent revision to Charitable Incorporated Organisation status is maximised (CIO guidance is not yet fully developed).

Within the proposed structure the founding company directors could be agreed by the Regional Partners and then have nomination rights to appoint the remainder of the board from the wider Arts and Health community.

In pursuing the implementation of this structure and its registration with Companies House the Steering Group should seek appropriate and specialist legal advice.

### 6.4. Proposed Operational Structure of a Forum

The breadth of the Arts and Health and/or Arts in Health community is a significant factor in determining the operational structure of a Forum. Notably this is expressed in the range of activity between pre-tender engagement in multi-million pound capital build schemes to one-one art form based activity. Linked to this range is a similar pattern of scale and resources from individual practitioners to staff of NHS Trusts which has a direct bearing on the way in which any two-way interaction takes place between a Forum and its community of interest.

Stands of interest that emerged through consultation centred on the functions of advocacy (both in terms of lobbying and PR to take the pressure of individual organisations), the validation of information (both in terms of best practice and research/evaluation), filtration of information (sorting out the important and useful from the mass) and connectivity between organisations (ideas and practice exchange).

The operational default for most consultees was a primarily virtual Forum with some face-face conference element. One specific point supported in the Bristol discussion was the gestation period for Arts and Health projects suggesting that bi-annual face to face events are more likely to be supported than annual ones.



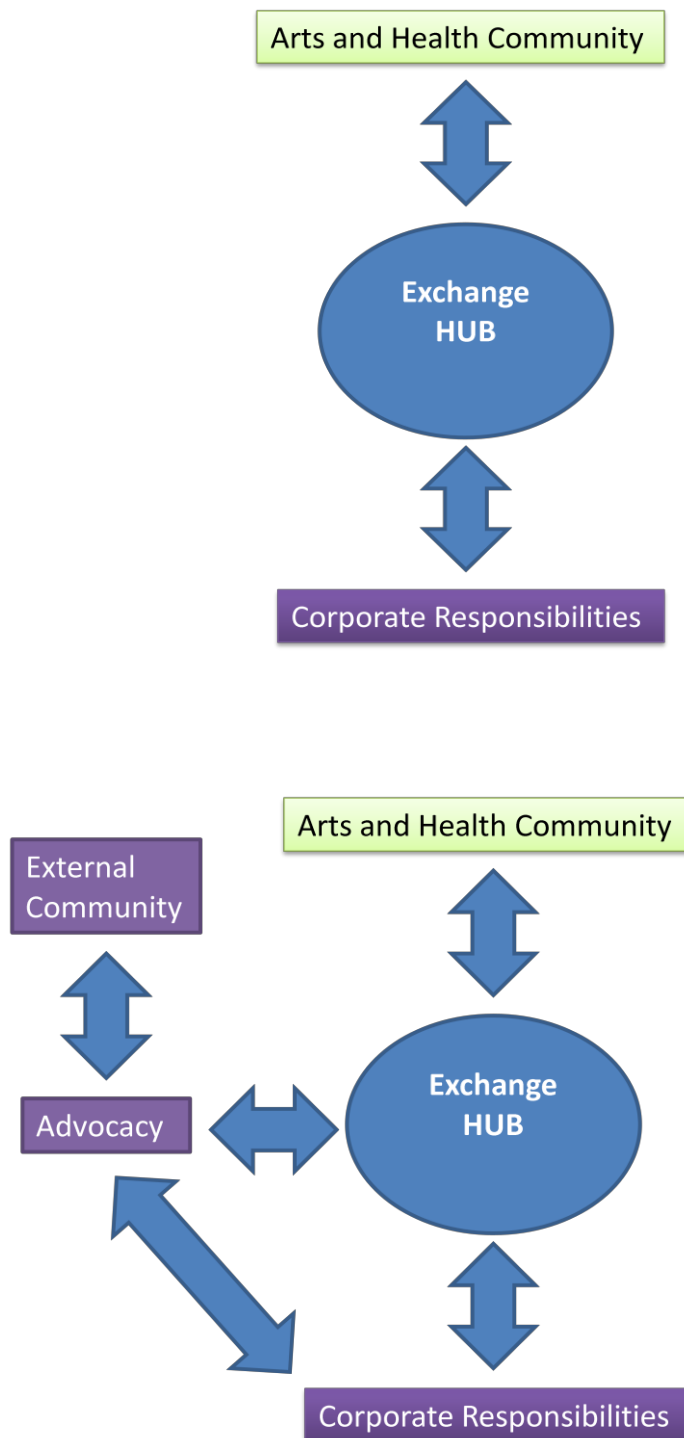
This type of approach would be consistent with the previously suggested structural model that is very tightly drawn at its centre for efficiency but outward facing, possibly with a layered engagement/membership.

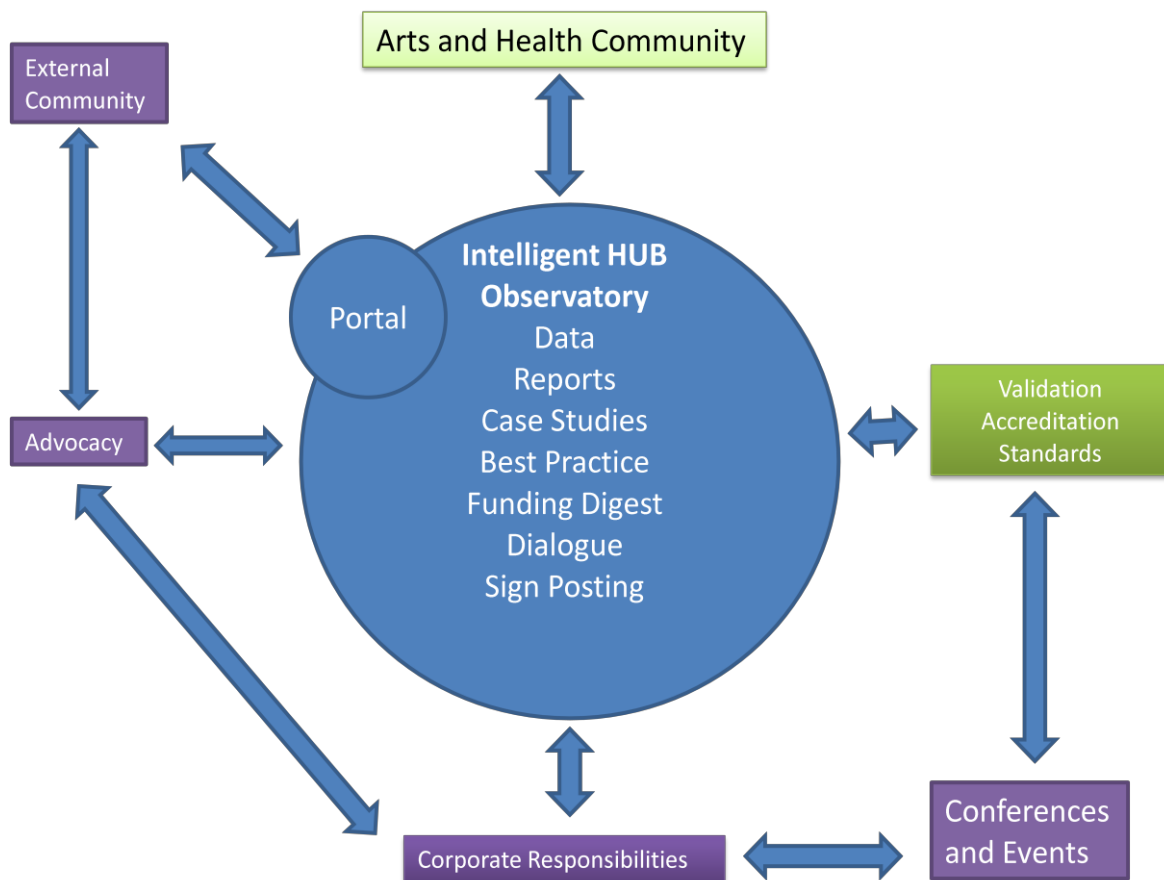
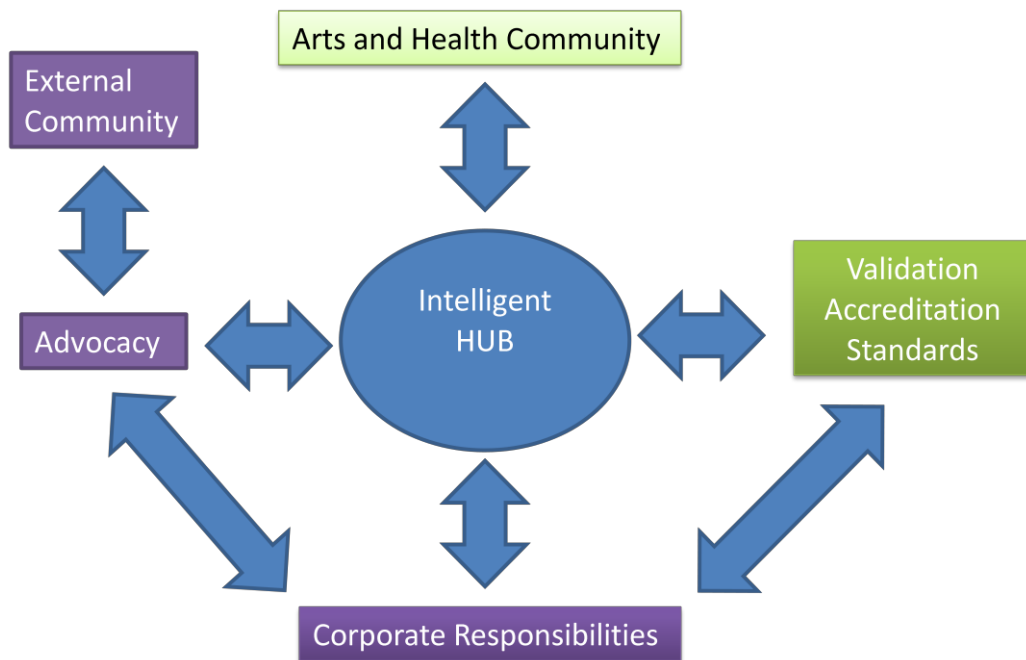
To be effective however this type of approach is likely to require a central executive manager with good quality administrative/IT support to ensure that the quality and currency of a Forum's offer is able to meet the needs and expectations of the Arts and Health Community. Such a model however is unlikely to succeed without the active participation of a core group of regular supporters and the wider support and participation of community members. In the current funding and policy climate there may be benefit in adopting an incremental approach which uses the existing regional network to strengthen a Forum's offer before appointing permanent staff.

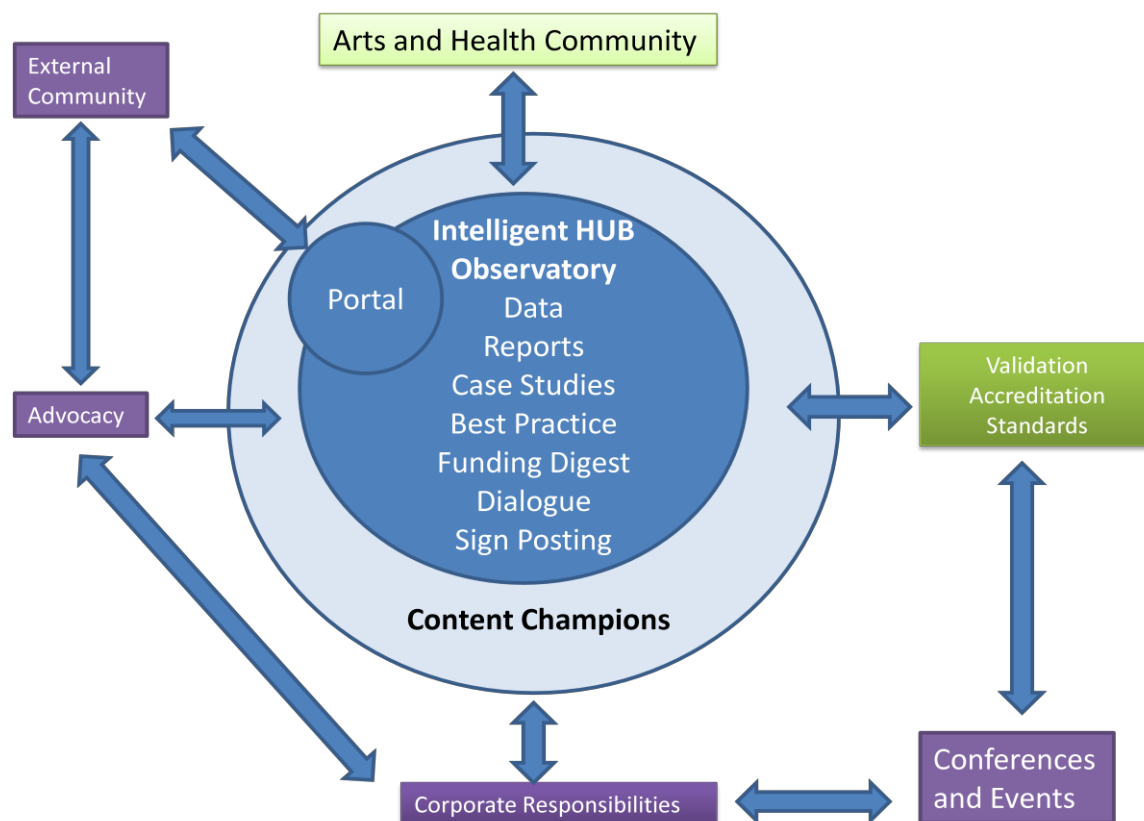
An example of a lean model of this type known to Globe through the participation of our consultants as 'members' and volunteers is the Academy of Urbanism. The Academy provides a Forum and voice for a wide range of practitioners in the field of urban design and the built environment. Of significance to a Forum it transcends both professional disciplines and professional institute membership whilst encompassing 'members' from Universities and very large corporate bodies alongside small businesses like Globe and individual specialists. At all levels participation is individual rather than corporate which within the bounds of normal convention has a democratising effect. We have therefore drawn on the Academy and other similar structures known to or proposed/developed by Globe to inform options for an operational structure.

The following sequence of diagrams was presented to the Regional Partners in March 2011. They illustrate a possible business development progression with a strong focus on the formation of a strong information exchange hub at the centre of a Forum.

## 6.5. Development Progression Options







Through discussion with the regional partners these concepts have been refined to a suggested model, capable of delivering the key requirements of the sector whilst recognising the partners' aspiration to achieve an inclusive structure with minimal national and regional competition for scarce income and funding resources.

Discussion with the Steering Group and with consultees has explored a number of structural models ranging from the de-centralised and all encompassing network through to a centralised and brand driven structure seeking to link membership criteria to the commissioning process thereby maximising earnings potential. Both of these 'extremes' were dismissed in favour of exploring structured but flexible models that could still address the basic requirements previously considered by the Regional Partners Group. See Section xxx above.

A potential structure supported in concept by the Steering Group during initial discussions, was that of a federation, that is to say a tightly drawn agreement that is adopted by a range of self determining organisations who wish to achieve common objectives.

Common examples include Primary Care Federations (toolkit produced by Kings Fund, Nuffield Trust and Hempsons Solicitors), Federation of Small Businesses, and Federation of Music Services.

The characteristic of these and other federations is that they tend to represent organisations with common structures, purpose and identity. Therefore whilst the concept of autonomous organisations working to a common objective/s is a desirable one the extreme diversity within the Arts and Health 'sector' may make a strong federation difficult to deliver.

An alternative may be to use the term 'Alliance' which could provide a greater flexibility with less of a 'one size fits all' feel to it.

## 6.6. An Alliance Model & Possible Structure

The approach outlined in this report for the development of a national body is an incremental one that seeks to develop core requirements on a complementary but self contained basis.

An Alliance approach has been proposed in order to focus on those core areas of activity identified as priorities through the consultation process especially in consideration of; the current and immediate context of emerging and anticipated deep-rooted change to the health and care environment; the rapid pace of change to national government policies.

Paradoxically, it can be argued that at such a time of change there is an even greater need for improved connections to help counter fragmentation, and to develop better interdependence and co-reliance across the culture and wellbeing continuum.

This is relevant to the Arts and Health 'sector' as it comprises a relatively small proportion of organisations, businesses and individuals both in terms of local economic activity and when considered nationally as a proportion of investment within health and social care expenditure.

*(NB. In addition to expenditure related to capital developments and within acute trusts, and through research institutions, anecdotal feedback suggests that approximately £4m was spent on arts and health work by PCTS during 2009/10).*

A central characteristic of the business model (in our view) is that it should be scalable and capable of operating effectively with a minimal overhead without overly compromising its credibility. In the early stages the focus should be on doing a few things very well rather than trying to respond to the broad expectations of a very diverse sector. The priorities indicated in the consultation process are:

National Advocacy

Ease of Access to available information

A 'Knowledge Hub' to develop and refine sector resources

With potential for additional work in relation to:

Face to face engagement – This could create an overlap with core regional activity in some parts of the country.

Training and Continuing Professional development – Offers potential for sustainable income generation but complex in delivery and likely to need institutional and/or University partners.

The arts and health sector in England is not an 'integrated system'. There is little evidence of organisations effectively integrating their knowledge and/or services geographically or thematically, although there is strong evidence of regional co-operation in some parts of the country. This lack of integration/cohesion often makes it difficult, even for those who work within arts and health contexts, to recognise an 'industry sector', however the consultation undertaken identified, as already stated, a strong wish for a collective and louder voice alongside an interest in shared learning and development resources

As many sectors and business face uncertain and changing environments, strategic alliances are rapidly emerging as a vehicle for inter-organisational cooperation. This has been a particular

characteristic of Non-Governmental Organisations. Alliances represent a mechanism for organisations to gain from exchange of expertise and knowledge, to seek collaborative solutions to issues and to develop resilience through co-operation. An alliance model can offer challenges in managing fragmented relationships which may exist with an emerging organisational form – for example, issues of commonality and commitment, (rather than control) as an underlying approach. However, they also allow for a tactical and pragmatic approach which is likely to be important in establishing the medium to long term relationship between national, sub-national and local activity.

As this form appears most relevant to achieving the aims of the Regional Partners, we suggest adopting an ‘Alliance Partner model’ at the core to support the development of an organisational identity brand. The Alliance would be characterised by:

- independent organisations and specialist expertise
- maintaining individual autonomy, however focused on mutual values and aims
- not co-dependent or mutually accountable
- supported by a charter or code of practice

An Alliance model can promote strategic coherence, facilitate the maintenance of common standards and ensure a degree of shared learning. It can contribute to addressing a conundrum across the ‘culture and wellbeing’ sector - that convergence and fragmentation seem to go hand in hand. The sector is characterised by a broad array of different types of organisations, structures and systems. Alongside public sector health and social care systems of varying degrees of complexity and states of flux, research and academic institutions and third sector delivery organisations co-exist.

An ambition would be that, over time, the Alliance can undertake joint programmes, share learning and analysis, work together collaboratively in advocacy campaigns, and through co-branding share a common identity.

During the research and consultation it was evident that many organisations and practitioners consider their work and practice to encompass a broader scope than one which has been traditionally categorised as ‘arts and health’ or arts in health’. This has resulted from changing political contexts and societal needs, as well as the development of creative practices more specifically. The strategic direction of policies and services to counter poor health and inequalities also consider issues of wellbeing to be an important part of the recent health ecology. This broadening of scope is reflected for example, in the New Economics Foundation, Centre for Wellbeing, and the recently formed National Institute for Creative Ageing.

Also, during the consultation references were made to strong practice, organisations and networks working in Scotland and Northern Ireland. Anecdotally, however it appears that practitioners can feel isolated from other organisations and research institutions, as well as unconnected with knowledge and expertise being developed in England.

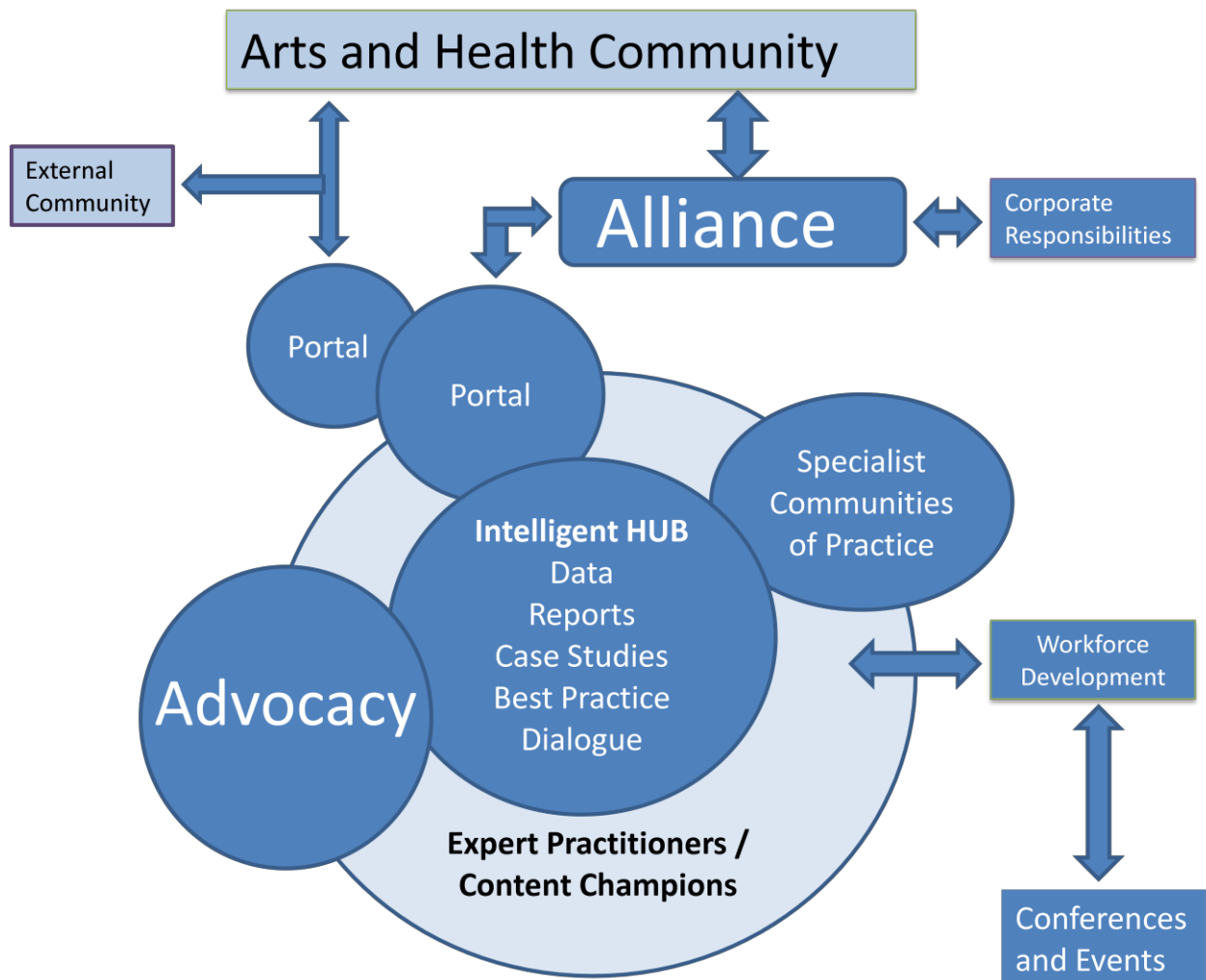
In creating an organisational form and identity we suggest the consideration of a UK Alliance for Culture and Wellbeing, which would create an identifiable vehicle for:

- promotion and advocacy (for example, working with Kings Fund on advocacy campaign)
- connectivity (individuals, organisations, networks, partnerships, associations)
- challenging and inspiring effective practice

In order to address the priority delivery areas of:

- National Advocacy
- Ease of Access to available information
- A 'Knowledge Hub' to develop and refine sector resources.

### 6.6.1. Potential Structure – lean, flexible, versatile



## 6.6.2. Outline Development Process - Timeline and Key Objectives

Proposed Approach – maximise collaboration in the initial stages and defer staff and operational cost pending a stronger Alliance offer which is ramped up over 36 months.

### **Pre-phase (month 0- 6)**

Based on collaborative/partnership regional management

Promotion of the Alliance concept.

Drafting and refinement of a charter or code of practice.

Development of existing IT based resources in line with priority delivery areas – ongoing.

Identification of content champions, future board members, advocates - ongoing.

Voluntary Chair or co-chair with arts and health sector rep from outset

Formation of a (dormant?) special purpose vehicle as a funding applicant / accountable body / employer.

### **First phase (months 6-12)**

Finalise charter or code of practice – Periodic review

Open affiliation to individuals and organisations - Ongoing

Invite submissions to the Hub and begin the early stages of resource development with the Content Champions - Ongoing

Activate Special Purpose Vehicle and a appoint board, pending future elections. ‘Founding’ members become first Board/steering group for an identified period. Commit to open elections by affiliates, rotating directors.

Begin courting an Advocate / national Spokesperson

### **Second phase (months 13 -24)**

‘Market test’ the improvements being made to IT based resources.

Review potential for membership and charging policies

Review staffing requirements with regional partners (including secondment options)

Establish virtual communities of practice.

Ensure both quality and quantity of resources is achieved within the Hub.

Negotiate joint branding of national conference with South West partners.

Delineate web site and resource access between Alliance and non-Alliance members.

Sustain efforts to secure an Advocate / national Spokesperson

Begin courting a Patron (this may require a fund raising specialist)



**Third Phase (months 25-36)**

*A more structured phase, having gathered visibility and momentum. Stronger focus on the trading entity. Operational delivery could be with p/t paid manager and administration working with Board and national spokesperson or outsourced service contract or via partners.*

**Refresh Board / elections.**

Develop Alliance toolkit/s from the Hub content.

Establish fee earning training and or accreditation with academic partners

Develop a joint national and regional strategy for conferences and large scale events

Consult on a minimum Continuing Professional Development requirement for the sector.

Support Advocate.

Sustain efforts to attract a Patron.

### 6.6.3. Provisional Input Requirements

The following section outlines the areas of provisional input required for the phases above with reference to the potential role of core partner organisations and identifies those areas of activity which it is anticipated may fall outside of their scope and/or capacity.

**Period months 0-6**

## Potential for Alliance/ Regional Partner Inputs

Promotion of the concept

Over seeing the preparation of a Charter or Code

Identifying and agreeing Content Champions – *estimated that generating 20 'approved resources/case studies will require a panel of 15 volunteer Champions to ensure that no-one has to be involved in more than 2 resources in 12 months.*

Identify potential board members.

Identify Chairperson/s

## Other Inputs requiring further finance and or human resources

IT /website development / functionality

Website content/existing gap review

Drafting and consulting on Charter/Code

Company /SPV registration

**Period months 7-12**

## Potential for Alliance/ Regional Partner Inputs

Adopt Charter/Code

Begin courting an Advocate

Founder steering group/board

## Other Inputs requiring further finance and or human resources

Pan-sector invitations and general marketing issued  
Resource development and 'matching' process – on-going

**Period months 13-24**

Potential for Alliance/ Regional Partner Inputs

- Review membership charging
- Review staffing requirements
- Review quality of resources
- Work on securing Advocate and Patron

Other Inputs requiring further finance and or human resources

- Market testing IT based resources
- Staff /Contractors /Secondments subject to review
- Establish and support communities of practice
- Negotiate joint conference branding.

**Period months 25-36**

Potential for Alliance/ Regional Partner Inputs

- Board /elections
- Support CPD consultations
- Support Advocate
- Attract Patron

Other Inputs requiring further finance and or human resources

- Develop Tool-Kit/s
- Develop CPD/training /event activity
- Support Board
- Support Advocate

## 7. Resourcing

### 7.1. Resourcing a National Forum

Currently, there is a proportion of the initial funding for national activity remaining, hosted by LAHF. In addition, both LAHF and A&HSW made successful applications to the Arts Council for status as National Portfolio Organisations, including modest amounts within their budgets to undertake some national work on behalf of the Regional Partners group. NPO funding has been granted for the period from 2012/13 – 2015, and whilst this funding has been granted in responses to specific proposals, it does represent an element of ongoing/seed funding for a national body.

The more traditional model of third sector organisations relying predominantly on gaining resources through grants from trusts and foundations and the public sector has become much less common in recent years. Non-profit distributing companies have developed ways to diversify their funding base and attract a higher percentage of resources by offering some form of services or products, still often to the public sector; however this follows a more market-based approach.

Organisations, similar to the potential national body for arts and health, in that they would define themselves as being more 'industry' or sector focused usually draw resources through a combination of sources, ranging from subscriptions for member services, philanthropic donations, and external contracts for delivering services, to sponsorship and generating income through knowledge exchange events, and sector development such as training, CPD, and mentoring schemes. Although this is far from a radical suggestion, it is recommended that a mixed resourcing base is most appropriate for a National Forum, combining elements outlined in this section, particularly in the short to medium term as the health economy and political uncertainties remain prevalent. In addition, the voluntary contribution of knowledge and expertise as outlined elsewhere in this report should not be underestimated in the development and the reputational credibility which would be afforded to a National Forum.

### 7.2. Generating Income

#### 7.2.1. Arts Sector Examples

##### 7.2.1.1. The Arts Marketing Association (AMA)

The AMA focuses on developing and supporting arts marketing professionals, and has grown considerably in reputation, and in scale and scope of operation during the last decade. With approximately 1900 members, their subscription model which averages £100 per person, contributes a significant level of resource for the organisation. The AMA has developed on-line web resources, and virtual opportunities for dialogue, and a sought after range of training and workforce development packages which support their members at different stages in their careers. An example of this is a retreat for senior marketing and audience development professionals seeking to develop and enhance leadership skills in the sector. In addition the AMA runs self-financing thematic and briefing seminars and a highly respected national conference, as well as co-ordinating free local networking events hosted by their members. The AMA is not an RFO/NPO of the Arts Council. *(source; AMA website)*

#### 7.2.1.2. The Independent Street Arts Network (ISAN)

ISAN was established to support individuals and organisations who are involved in developing and/or delivering outdoor arts in all its forms, and advocating its benefits and practice to a wider audience. The ISAN commissions and publishes guidance, toolkits and briefings; undertakes advocacy across the UK and supports professional development of members. The ISAN also promotes a Code of Practice which members are expected to abide by. The national network is resourced through a combination of earned income, grant aid, membership subscription and self-financing activities, such as fora, conferences and training programmes. The organisation has approximately 100 members averaging £100 each per year for membership costs. The ISAN is regularly funded by the Arts Council receiving approximately £90k per year until 2015. (*source: ISAN website, ACE website*)

#### 7.2.1.3. The National Campaign for the Arts

**The National Campaign for the Arts** which proactively publicises that it does not receive public sector subsidy, thereby maintaining an independent role, also has a trading arm. National Campaign for the Arts Research and Education enables resources to cross flow into the work of the campaign. The NCARE has a mixed funding base of public sector contracts and grant aid. (*source: NCA website, Charities Commission*)

### 7.2.2. Beyond the Arts Sector

#### 7.2.2.1. The Academy of Urbanism (AoU)

The AoU is an active not for profit membership organisation founded to expand a collective understanding of place making, and to both develop and share best practice. The Academy's membership draws on a breadth of disciplines ranging from community activism, economics, and architecture to cultural planning, development and urban design. The Academy has developed a number of core programmes which support research, action-based learning and influencing policy through demonstration, and these rely on voluntary involvement by members in development, delivery and assessment roles. Leadership for different aspects of the Academy is dispersed across the membership body.

The Academy is supported through a combination of voluntary specialist expertise, self-financing events, sponsorship and membership fees of approximately £200/year, from between 400-500 members.

[*source: AoU documents*]

### 7.3. Trusts & Foundations

A sample of 35 relevant trusts and foundations were investigated during this process in order to identify any relevant trends, or current specific or general funding opportunities. Approximately 20% of these T&Fs potentially offered general opportunities for grants, mainly under £15k. Other funding schemes are being re-assessed due to the current climate and demand, and new themes are being announced by some T&Fs later in summer/autumn 2011.

Even in relatively 'good times' T&Fs are oversubscribed, and the current success rate generally appears to be a ratio of 1:10. Other risk factors identified are that many T&Fs have specific target groups they wish to support which, whilst relevant to the arts and health sector, may be too specific

for a national body to develop a convincing rationale. Examples of this include; improving mental health, or lives of elderly people, or specifically focused at individual art forms, such as music.

[source: individual T&F websites, j4bcommunity, Funding Central]

## 7.4. Stakeholder Funding

As previously outlined in the 'Findings' section of this report, neither the Arts Council or the Department of Health have any strategic remit or prioritisation for work in the arts and health field. Therefore there is no likelihood of any core revenue funding from either of these organisations. However, a view was expressed by the Arts Council that as there are no identified priorities, outside of the five broad goals, a case and rationale could be made for specific or targeted interventions, even at a national level, which could be supported through arts lottery grants.

Similarly it could be possible for work which is of a national scale and reach, potentially developed through a collaboration of some or all of the Regional Partners, to gain resources through local area / consortium commissioning if it delivered on relevant criteria.

## 7.5. Further funding sources

There is a further range of funding sources that could be beneficial to the establishment of and/or development of a National Forum. Sources that support network development, knowledge exchange programmes, action research, and leadership and training development would all be relevant to the ambitions of the Regional Partners. These sources could include, for example, AHRC (Arts and Humanities Research Council), NESTA (National Endowment for Science, Technology and the Arts), European Cultural programmes, RSA (Royal Society of Arts), and the Local Government Improvement and Development organisation.

## 7.6. Philanthropy

There may be possibilities to gain support from philanthropic donors or patrons into the future, maximising on the current media interest generated by Secretary of State for Culture, Media and Sport's announcement in December 2010 of new partnership funding scheme to leverage greater resources from donors. Although the full details of the scheme and emerging tax breaks, awards and other incentives to business and private individuals are still being determined it is worth noting that there are three main motivating factors found for 'giving' to the arts:

- Artistic/cultural – factors such preservation, quality and development of the artform.
- Institutional – a special connection with the organisation and a desire for its sustainability.
- Philanthropic – a feeling of social and civic responsibility.

However, some caution has been expressed in the media about the timing of the SoS's announcement and the private sector's ability to respond during a time of recession and economic constraint. Arts and Business also made the following comment which is relevant to pursuing potential private investment for the arts and health field.

*"There is evidently huge potential for growth in individual giving in the arts and cultural sector and a better understanding and insight into current trends are necessary for tapping into and maximising the potential of audiences. But we must also consider future behavioural trends and demands from across the charity sector. Although arts and culture form a distinct sub-sector with the nature and*

*motivations of giving different to other charities, further work is needed to see how these emerging trends are or will affect arts and cultural donors". Arts and Business.*

Other emerging trends, outlined by *Arts Quarter in March* 2011 indicate that corporate giving to the arts is perceived as being of greater importance than individual giving in light of the emerging incentives. Other indications show that only the Opera and Music sub-sector favour seeking support through 'High Net Worth individual Giving', over general individual donations.

The survey indicated that organisations feel they need support to develop necessary skills to increase both individual and corporate support/financial acquisition.

It is also worth noting that while individual giving reached a record of £382 million in 2007/08 in the UK, an increase of £236 million over just eight years, this was at a point before the recent economic recession.

Whilst all philanthropic giving takes place with a highly competitive context, a new body will also be seeking resources within a sector which has traditionally received donations and patronage for high profile arts companies or research institutions who often succeed due to their reputation and credibility, or as a result of work within a specialised field, for example music and health.

Further comment reported in the *Charity Times* – Peter Davy (Jan 11) underlines a general nervousness across the business community;

*'a growing list of public figures [are] warning against relying on philanthropy and corporate sponsorship to plug the gap left by public funding. Arts and Business' recent report on the scope for increasing private sector support for the arts and the scale of the challenge becomes clear. Public money currently accounts for 53 per cent of the arts income; private investment an average of just 15 per cent. And less than a quarter of that is from businesses.*

*At the ESRC Research Centre for Charitable Giving and Philanthropy.... [reports] that while the figures suggest a steady rise over recent years (at least until the recession hit), much of that is probably down to an increase in in-kind gifts.*

*Business in the Community (BITC).....found considerable nervousness among businesses about the burden spending cuts might put on them. ...."There is serious concern in businesses of being asked to fill a financial vacuum." However, at the same time, BITC figures show 78 per cent of its members want to scale up their support in terms of local community engagement, and a similar proportion say they want to help encourage other businesses to do more as well.*

## 8. Conclusions and Recommendations

The Regional Partners meeting of the 13 April 2011 considered Globe's provisional conclusions and draft report. Over the following 10 days the Partners were able to review the report in more detail and provided Globe with any additional comments as a conclusion to the Phase One research and consultation process. The following bullet points seek to represent the amalgamated views expressed through email correspondence after the meeting.

- The comments received welcomed the draft report and endorsed the consultancy process.
- There was a general wish to continue to use the terms Arts and Health in any organisation title and not to adopt the suggested terms of Culture and Wellbeing.
- Comments were received in relation to the wider process of inclusivity and transparency of activity over the preceding two years. Similarly comments reflected a wish for greater clarity as to how these issues would be positively addressed through the Phase Two development and the period of months 1-36 as outlined in the report.
- Greater clarification is sought in relation to membership of a Forum both in terms of structure, participation and constituents. This should form a starting point for Phase Two.
- Similar clarification is sought in relation to the governance and ownership both of functions and finance within the emerging structure. *[In practice this is likely to need to be addressed through service level agreements or sub-contracting arrangements as short to medium term financial resources have been vested in two Regional Partners by the Arts Council in return for agreed outcomes - Globe].*
- The concept of a Think Tank as a core Forum activity is seen to be better suited to the existing and emergent academic networks that are able to draw on a greater range of specialist inputs. Accessing and engaging with these networks is considered to be more productive than trying to create a new (more limited) one.
- Workforce development should be given greater priority in the emerging business plan and initiated at an earlier stage.
- The report should be careful not to endorse by implication the funding stance of Arts Council England and Department of Health in relation to Arts and/in Health.

In drafting final conclusions and recommendations we have sought to take account of the views expressed at the Partners' meeting and through written comments in the final ten days of consultation in Phase One.

Several comments related to issues that we consider to fall within Phase Two of development, particularly in relation to the crucial relationships between the regional organisations, and the regional organisations and the emerging Alliance. Where possible we have sought to address these comments through our recommendations which address decisions to be taken and further work required.

## Conclusions

That:

- There is a consensus view that the formation of a National Forum will benefit the Arts and/in Health sector and amongst Regional Partners a preference for an 'Alliance' structure and the use of the term Alliance in any national organisation title [*from this point on the word Forum is replaced by Alliance in the remainder of the report*].
- Whilst there is acceptance and support for the breadth of activity encompassed by potential Alliance members, specifically in relation to wider cultural activity and community and individual wellbeing, the terms Arts and Health are central to the role and identity of the sector. As such they should be retained both for branding and funding purposes as they are a clear expression of the core activity of the sector.
- The main activities of the Alliance should focus on:
  - National Advocacy
  - Ease of Access to available information
  - An 'Intelligent Hub' to develop and refine sector resources
  - Face to face engagement
  - Training & continuing professional development

Part of this focus should be ensuring that the Alliance avoids 'mission creep' in the early stages. Within a sector that is so diverse it will be important to do a few things well and avoid trying to become 'all things to all people'.

- The National Alliance proposal has come forward in a period of unprecedented reduction in public sector expenditure and consequently grant aid. Linked to this change in the funding landscape has been an assumption that some of the burden of public support will be taken up by trusts, foundations and philanthropy. However, the general economic climate appears to run contrary to this assumption as outlined in the body of the report. Against this funding and policy climate a number of income generating models were discussed with the Regional Partners and dismissed as they did not meet the overall objectives of the Regional Partners Group – particularly in relation to inclusivity. Achieving sustainability is therefore likely to be the result of continued regional effort in the short to medium term as reflected in the Outline Development Process. Funding to support some Alliance development has however been secured by LAHF and AHSW through their regional applications to Arts Council England and it is on this basis that progression to a second phase of development work is considered realistic.
- Development of a National Alliance should be incremental and seek to establish core activity on a complementary but self contained basis. An important part of this process will be defining the relationship between the emerging new organisation and the existing Regional Partners. In the early stages this will need to take particular account of the roles and responsibilities of those organisations like LAHF and AHSW that have grant allocations from ACE to support national work. A key measure of success in Phase Two will be the delivery of 'financially accountable body' and secretariat functions without compromising the decision making and autonomy of the emerging National Alliance. Development of suitable partnership governance, memorandum of understanding, service level agreement, sub-contracting arrangement or similar would be a logical commencement point for Phase Two.



This process should aim to ‘gel’ the existing partners and establish a platform from which a more general Alliance Charter can subsequently be developed.

- The existing investment in IT/Website offers a platform for further development in relation to the areas of focus. Developing quality resources within this site will be an important ‘quick win’ in demonstrating the value of the Alliance to the wider community (this was clearly articulated through the two regional consultation workshops). The identification of ‘Content Champions’ and a supporting infrastructure of the type suggested in the body of the report are therefore likely to have merit.
- An Alliance should cultivate, alongside arts and health professionals, the involvement of health professionals as affiliates, content champions and advocates from an early stage. This should also include links to existing ‘think-tank’ bodies to draw in the expertise of the sector and make their voice available to the wider community of practice. As part of this process the role of relevant national organisations also needs to be considered positively in relation to an Alliance.
- There will need to be an active and ongoing process of lobbying the Department of Health and Arts Council England to ensure that the need for core funding for Alliance activity/support is not overlooked.

## Recommendations

We would like to thank all of the Regional Partners and other contributors for the advice and input they have provided to assist us in drafting recommendations for the Phase Two of development for a National Alliance.

- 1 That development of a National Alliance (Forum for Arts and Health) proceeds to Phase Two.
- 2 That the words; *Alliance, Arts, Health* appear in the title of the new organisation, and a decision is reached on the extent of the organisation beyond England.
- 3 That the following are agreed as priority activities for the Alliance subject to review after 36 months and then annually within a business planning context
  - National Advocacy
  - Ease of Access to available information
  - An ‘Intelligent Hub’ to develop and refine sector resources
  - Face to face engagement
  - Training & continuing professional development
- 4 That a suitable organisational structure is formed at an early stage to progress the role of the Alliance. We would further recommend that this should be a non-profit distributing company capable of achieving charitable status at a suitable point in the future.
- 5 That a priority for Phase Two activity should be the consideration of the relationship between this new body and the Regional Partners/fund holders, including formalised agreements where appropriate.

- 6 That LAHF are asked to continue to provide secretariat and accountable body functions to support the development of the Alliance utilising the funds granted to them by Arts Council England.
- 7 That AHSW are asked to support the development of the Alliance through the joint branding of the proposed national conference supported by funds granted to them by Arts Council England.
- 8 That the Outline Development Process is re-visited once the relationships (5 above) are confirmed in order to consider sequential progress and if possible place greater emphasis on the training and development needs of the sector.
- 9 An early review of the Culture and Wellbeing web site is undertaken allied to the development of on-line resources, in a manner similar to that outlined in the body of the report. Linked to this the site should be re-branded, at a suitable point, to reflect the identity of the Alliance.

## Appendices

## Appendix 1 – Stakeholders and Consultees

### Regional Partners

E	Hannah Cridford
	Project Manager, Open Arts, (RWN) SE Partnership
EM	Geoff Rowe
	CEO, Big Difference Company
L	Damian Hebron
	Director, London Arts in Health Forum
L	Guy Noble (Chair, LAHF until Dec 2010)
	Arts Curator, University College London Hospitals, NHS Foundation Trust
L	Vickie Hume (Chair, LAHF from Jan 2011)
	Arts Manager, Royal Brompton & Harefield NHS Trust
NE	Mike White
	Senior R&D Fellow in Arts and Health, Centre for Medical Humanities, Durham University
NW	Clive Parkinson
	Director, Arts for Health, Manchester Metropolitan University
SE	Stuart Brown (rep until Dec 2010)
	Chair, Chances for Change Ltd
SE	Guy Eades (rep from Jan 2011)
	Director, Healing Arts, Isle of Wight NHS PCT
SW	Alex Coulter
	Director, Arts & Health South West
SW	Jane Willis (Chair, A&HSW)
	Director, Willis Newson
WM	Kate Gant
	Director, Creative Health
Y	Deborah Munt
	Director, Open Art

## Consultees

Val Huet	CEO, British Association of Art Therapists
Diana Greenman	CEO, Music in Hospitals
Tim Joss	Chair, The Public Engagement Foundation
Mary Robson	Associate for Arts in Health Education, Centre for Medical Humanities, Durham University
Dr. Marian Naidoo	Co-Chair, National Institute for Creative Ageing
Sue Taylor	Department of Health, (Estates and Facilities)
Phil Cave	Director, Engagement and Participation, Arts Council England
Milica Robson	Relationship Manager, Arts Council England, London
Jane Beardsworth	Senior Manager, Arts Council England, North West
Participants	North West Focus Group (see below)
Participants	South West Focus Group (see below)

## Consultation Focus Group – North West

Nick Birkinshaw – Mersey Arts Health

Brian Chapman – Director, Lime

Alison Clough – Creative Director, Pioneer Projects

Bernadette Conlon – Chief Executive, Start in Salford

Anne Crabtree – Coordinator, Greater Manchester Arts Health Network

Holly Marland – Knowledge Transfer Manager, Royal Northern College of Music

Clive Parkinson – Director, Manchester Metropolitan University

Jan Robinson – Project Director, Prescap

Cherrie Trelogan – Arts Participation Officer, Cumbria County Council

Myna Trustram – Research Manager, Manchester Museums

Stuart Webster – Director, BlueSCI

## Consultation Focus Group – South West

Hannah Curren – Neighbourhood Arts Officer, Bristol City Council

Stuart Davie – Director, Paintings in Hospitals

Hetty Dupays – Arts Programme Manager, Art at the Heart, Royal United Hospital NHS Trust, Bath

Phillipa Forsey – Arts and Health Project Manager, Creativity Works

Fiona Hamilton – Chair, Lapidus

Kim Hill – Manager & Artist, Art Shine & Art Lift Projects

Ruth Jacobs – Arts Coordinator, Bristol Royal Hospital for Children

Louisa Newman – Arts on Referral Manager, NHS Bristol

Professor Mercedes Pavlicevic – Director of Research, Nordoff Robbins

Ruth Sidgwick – Arts Programme Manager, North Bristol NHS Trust

Faye Stewart – Regional Manager, Engagement, Arts Council South West

Sarah Winch – Arts Programme Manager, Wellspring Healthy Living Centre

## Acknowledgements

Thanks are expressed to everyone who contributed their time and creative energies during the research and consultation process. Additional thanks are expressed to Ruth Sidgwick and Clive Parkinson for their help and support in arranging the two regional focus groups.

## Appendix 2 – Lines of Enquiry

### Key Lines of Enquiry

#### Independent Think-Tank

Encouraging and supporting the development of ideas and new thinking which is particular to the arts and health field. Offering challenge, critique and peer review to enable R&D, practice and research to flourish. Developing a national and international reputation for thinking practice through original and innovative contribution.

#### Advocacy Body

Demonstrating a unified and informed voice for the sector, lobbying and influencing national and local policy development. It would be a key consultee body recognised for its authoritative role, and as a vehicle for forging strong public relations.

#### Supporting a Robust Evidence Base

Being a reliable portal to the breadth of evidence developed, published and stored by a range of organisations. It could enable connectivity between research bodies, support scrutiny and rigour in research, and take a leadership role on best and next practice.

#### Observatory

Gathering intelligence, particularly at a national level, which is relevant to the sector's growth and resilience, and which can identify new opportunities, trends, and future alliances.

### Detailed Areas Of Investigation - in the context of feasibility

How do you think each of these strands could have relevance to the work that you're engaged in?

Which of the strands, if any, do you think are more important and why?

Can you suggest other key strands of focus, and why they would be important or useful in the work that you or others are involved with now, or into the future?

#### Who should a National Forum engage with and why?

As a national body, how could a National Forum for Arts and Health most effectively engage with the broad range of people and organisations that make up the arts and health sector?

How could a National Forum represent plurality of practice? Should it seek to do this?

Should a National Forum focus on key 'communities of practice' across the arts and health sector? If so, which ones do you think these should be and why?

What types of engagement with a National Forum would be most valuable or useful to you or your organisation?

In the current economic climate how would you expect/anticipate a National Forum to be resourced? Would you/your organisation be prepared to pay to receive services from a National Forum?

What roles could a National Forum have and who should lead these?

**Roles:** What could a National Forum offer to the arts and health sector that complements other organisations and their existing roles and activities? How could a National Forum most effectively relate to practitioners and organisations working in national, regional and local roles?

**Context:** Is this the time to reconsider and broaden the context of work, and focus a National Forum on arts for social change, rather than arts and health? What is the convincing rationale that supports your views?

**Leadership:** How important would it be for a National Forum to have a key 'figurehead' who is recognised and respected nationally? Why?

Leadership of, and within a National Forum could take a number of forms – for example: a) *lean centralised leadership working with umbrella bodies, organisations, agencies, etc*, b) *leadership for specialist areas dispersed across country*, c) *geographic-based leadership*, d) *combination of approaches reflecting particular strengths or circumstances*. What form/s of leadership do you think would be most beneficial to the arts and health sector locally and regionally, and why?

## Additional areas of investigation with Regional Partners to gain a regional overview, with regard to strengths, ambitions and cold spots

- The strategic fit of arts and health work with agencies and local / sub-national priorities and plans
- Development work (if any) which is being progressed in relation to changes in local public sector contexts, e.g. with GP commissioning, with LAs and their new public health role
- The range of local and regional arts and health structures, HEIs, delivery organisations, and types of provision
- Leadership in arts and health / specialist fields
- Workforce development ( delivery and/or needs)
- Interdependencies, collaborations within region and with other regions

**[Respondents: NW** - Clive Parkinson, **NE** – Mike White, **Y** – Deborah Munt, **SW** – Alex Coulter, **SE** – Guy Eades, **L** – Victoria Hume, **WM** – Kate Gant, **EM** – Geoff Rowe, **E** – Hannah Cridford]



## Appendix 3 – Survey

### Development of a National Forum

#### Methodology

An online survey was devised by members of the LAHF and Globe Consultants teams to complement the other research being conducted by Globe and to allow a wider constituency to contribute their opinions than could attend focus groups or participate in one-to-one interviews. Invitations to complete the survey were circulated by LAHF and the other Regional Partners during March 2011, and reminders issued at appropriate intervals. 247 people accessed the survey in the period from 2-27 March.

#### Summary of findings

234 people provided their name and organisation details, 228 entered their email addresses in order to be kept in touch with the development process.

#### **Q3. Which organisations, networks or publications do you currently use to support and inform your work?**

	Percent	Frequency
Arts Council England	64.7%	130
A regional arts and health network	48.3%	97
Your local authority	44.8%	90
ArtsProfessional	43.8%	88
<a href="http://www.cultureandwellbeing.org.uk">www.cultureandwellbeing.org.uk</a>	28.4%	57
VAN	24.4%	49
King's Fund	21.4%	43
NCA	7.5%	15
	n=	201

**Q4. Are there any particular gaps, or areas, in which you feel the National Forum could offer activities or services to complement your existing networks and support organisations?**

**n=127**

*[random sample of comments]*

***Advocacy, lobbying and profile raising***

The National Forum needs to develop links and 'Champions' to represent Arts and Health to the Health Professionals in particular those representing GPs, Doctors and Nurses and The Federation of NHS Trusts. Each profession often has its own professional Association/Society (e.g. Royal College of Physicians) and Journal. The National Forum needs to develop its links and form a 'relationship' with each of these possibly by identifying from its membership persons who will take on this task and feedback to the regular meetings of its fellow members.

Highlighting art and health projects that are running on a variety of scales nationwide.

***Events***

Themed networking events

***Information***

Knowledge of health care partnerships and their agendas

***Making connections***

Consultation resourcing and partnership working

.... in touch with some colleagues working in the same area but would like to know who else is working with dance to help older people keep active.

Networking, building partnerships, identifying areas for further work and research

***National role***

A national context and sharing of best practice would be very beneficial.

***A "one stop shop"***

perhaps there is a co-ordination role for the many repositories of information springing up??

A comprehensive picture of ongoing activity is the key thing I think, plus information on forthcoming events, possible sources of funding for projects and research, opportunities for networking and advocacy

***Research and evaluation***

...agree measures of outcomes/ evaluations or agree best practice in delivery model contracts/ policy/ procedures

Opportunities for sharing case studies nationally. Developing, recognised robust methodologies for evidencing the impact of arts interventions on health and well-being.

***Regional needs***

Local support networks

***Specific needs***

Health education

Assistance into getting into GP consortia

***Practical help***

Professional development for artist practitioners

Funding opportunities for this work. National Arts and health conferences

Set up specialisms within the general arts and health banner ie arts and mental health arts and older people voluntarily services helping to combine art for health into the daily living such services, those who use the arts in almost every aspect of their lives need to be considered

**Q5. Do you think the National Forum should focus particularly on any of the following areas of work?**

	Percent	Frequency
Improving research and evidence	76.3%	145
Training arts and creative professionals	69.5%	132
Improving mental health	65.3%	124
Improving public health	52.6%	100
Training health care professionals	52.1%	99
Improving the patient environment	43.2%	82
Building social cohesion	42.6%	81
Improving end of life care	38.4%	73
	n=	190

**Q6. Which of the following groups of people do you think it is most important for the National Forum to work to inform and influence?**

	Percent	Frequency
commissioners (PCT's, GP consortia)	84.1%	164
policy makers / politicians	77.9%	152
NHS management	71.3%	139
funding bodies	63.6%	124
health practitioners	61.0%	119
local authorities	57.9%	113
the general public	49.2%	96
arts practitioners	47.7%	93
third sector organisations	41.0%	80
researchers	28.2%	55
	n=	195

**Q7. To what extent do you agree that the National Forum should...?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
prioritise influencing policy-makers <i>n=196</i>	55.1%	33.2%	11.7%	0.0%	0.0%
focus on improving the perception of arts and health among patients and the public <i>n=194</i>	47.9%	39.7%	8.8%	3.1%	0.5%
include all elements of arts practice which impact on social change <i>n=192</i>	42.2%	39.6%	13.0%	4.7%	0.5%
concentrate on building and refining the evidence base <i>n=192</i>	41.1%	39.6%	16.1%	2.6%	0.5%
have a high profile spokesperson or patron <i>n=195</i>	35.9%	34.9%	26.2%	2.1%	1.0%
offer something for everyone working across arts, creativity and wellbeing <i>n=196</i>	32.7%	38.3%	22.4%	4.6%	2.0%
have leaders for specialist areas of practice <i>n=193</i>	31.1%	43.5%	20.2%	4.7%	0.5%
have a lean, centralised leadership <i>n=190</i>	22.6%	35.2%	28.6%	7.0%	2.0%

**Q8. What do you think the core objective of the National Forum should be?****n=136***[random sample of comments]*

(i) influencing decision makers in public health (ii) brokering partnerships between arts orgs and health bodies

An inter-professional forum that includes Arts in Health Agencies across UK, Healthcare professionals and specialist arts in health practitioners with the core objective of the developing excellence in Arts in Health practice/ research development

bring research, information, opportunities together - ALL IN ONE PLACE

Building the evidence base

Core objective-to develop a UK wide excellence in the delivery of best practice and research development in Arts in Healthcare

Enabling Arts and Health to be seen as more than an 'add on' service.

Getting the arts into the national debate on health.

I'm not necessarily in favour of a National Forum - I think the sector has moved on since NNAH etc and should now simply be a coordinating hub for information, knowledge etc The sector is so diverse and has such a range of interests and expertise levels, it seems an impossible task to try and represent all of this - and probably not the best way forward to develop new and more nimble responses to the swiftly changing world of health care delivery.

Influence policy makers as this would help commissioning

Knowledge base; Place for debate; Networking re matching commissioners and artists; Publicise and promote good Arts & Health practice; Agitprop

Networking and advocacy

profile raising arts health and arts therapy practice

Publicise the benefits of arts PARTICIPATION to health and wellbeing

Raising the profile

To be the first point of call for anyone needing information on a national level (not regional or local level, which can be done better by others). To work to position arts and health as a core part of a healthy society and not some kind of weird frivolous add-on.

to develop a clear, consistent language that can be used to develop, describe and evaluate a range of arts in health practices.

To help improve the quality of life for patients within healthcare and influencing policy-makers to do what is right by those who are in healthcare.

to inform, advise, advocate for creativity as a means of improving health and well-being

To promote public awareness on the benefits of arts and health. To educate & influence funding decision makers of the value and huge significance of creativity and health.

To provide a means by which practitioners can agree a structure for gathering and presenting evidence (or all kinds) so that our work adds up to more than the sum of its parts. To inspire rather than persuade (because it will be more effective).

To share and promote good practice

Working primarily with policy makers and supporting existing regional networks to deliver all of the important areas of activity listed on this questionnaire rather than trying to centralise all the work and deliver it all (with a gravitational pull towards London)

**Q9. Which of the following activities of the National Forum would you find helpful?**

	Very helpful	Of some help	Not helpful
building links between organisations, individuals and types of practice (to create opportunities or facilitate activity) <i>n=190</i>	78.9%	19.5%	1.6%
lobbying policy makers, key organisations and funders <i>n=194</i>	73.2%	26.8%	0.0%
disseminating resources and research <i>n=189</i>	72.0%	26.5%	1.6%
promoting examples of good practice <i>n=193</i>	69.9%	29.5%	0.5%
highlighting the implications of new policy and research <i>n=191</i>	64.9%	34.0%	1.0%
building links between practitioners and academic researchers <i>n=194</i>	56.2%	41.8%	2.1%
drawing attention to relevant events and activities <i>n=190</i>	55.8%	41.6%	2.6%
developing media presence and PR around key issues/campaigns <i>n=189</i>	55.0%	42.9%	2.1%
organising symposia or events around key issues to stimulate critical debate <i>n=191</i>	52.4%	42.9%	4.7%
regional meetings and showcases <i>n=188</i>	52.7%	44.1%	3.2%
identifying potential opportunities from mapping key trends and developments <i>n=189</i>	50.8%	45.5%	3.7%
a national conference <i>n=190</i>	42.1%	48.4%	9.5%

**Q10. In which of the following ways would you prefer to engage with the National Forum?**

	Percent	Frequency
Through a regular e-newsletter	82.1%	160
As an online information source	72.3%	141
By attending regional events, showcases or activities	68.2%	133
Through training and CPD opportunities	60.5%	118
Through informal networking opportunities	57.9%	113
By interacting online with other practitioners or organisations	45.6%	89
By attending major national events	44.1%	86
	n=	195

**Q11. Providing the format and subject were of interest to you, would you or your organisation be prepared to pay to receive any of the following services from the National Forum?**

	Yes	No
Training or CPD opportunities <i>n=171</i>	79.5%	20.5%
Attending regional events or showcases <i>n=173</i>	65.3%	34.7%
A national conference <i>n=173</i>	64.7%	35.3%
<i>n=191</i>		

**Q12. In which region are you / your organisation based?**

	Percent	Frequency
East	2.6%	5
South East	14.9%	29
South West	4.1%	8
London	27.7%	54
West Midlands	9.2%	18
East Midlands	7.2%	14

North East	12.8%	25
North West	6.7%	13
Yorkshire and Humber	8.7%	17
Wales	2.1%	4
Scotland	1.5%	3
Northern Ireland	1.5%	3
Rest of Europe	0.5%	1
Rest of World	0.5%	1
	n=	195

**Q13. Do you work outside this region?**

	Percent	Frequency
Yes	48.9%	92
No	51.1%	96
	n=	188

**Q14. Which of the following best describes you / your organisation?**

	Percent	Frequency
Arts organisation (professional)	19.4%	38
Arts organisation (voluntary)	6.6%	13
Hospital arts project	6.1%	12
Local authority	6.1%	12
Health care provider	12.8%	25
Social care provider	2.6%	5
Individual artist	14.3%	28
Consultancy (including freelance/sole trader)	14.8%	29
Community group	3.6%	7
Academic institution	8.7%	17
Research agency / specialist	1.0%	2



Development agency / funding body	4.1%	8
	n=	196

**Q15. Is your work particularly directed at, or focused on, any of the following groups of people?  
(please tick as many as apply)**

	Percent	Frequency
My work is aimed at everyone	56.0%	108
Vulnerable adults and people who use mental health services	51.3%	99
Elderly people	33.7%	65
Disabled people	30.1%	58
Children and young people	26.4%	51
People on low incomes	22.3%	43
Black and minority ethnic groups	16.6%	32
Unemployed people	14.5%	28
Offenders and those at risk of offending	9.8%	19
Refugees and asylum seekers	8.8%	17
Homeless people	8.3%	16
Gay, lesbian and bisexual people	5.7%	11
	n=	193

**Help shape the development of a new national organisation to support arts and health!**

London Arts in Health Forum is working with partners from across the country to develop national co-ordination in the field of arts and health. This work is being funded by Arts Council England. As part of this work, LAHF is investigating the possibility of creating a new National Forum. This Forum would work to help and support those working in arts and health and encourage the health service and other providers to support work in this area.

In order to consider the feasibility of establishing the National Forum and the role such an organisation might fulfil, LAHF has drawn up a short online survey for people working in the area of arts and health to express their views and make suggestions.

If you have any queries about this research please contact [research@lahf.org.uk](mailto:research@lahf.org.uk)

**Please tell us who you are:**

Name	<input type="text"/>
Job title / role	<input type="text"/>
Organisation	<input type="text"/>

*please note, this is entirely optional, and if given, these details will be separated from the rest of your answers when findings are reported in aggregated, and anonymous, form.*

**If you would like to be kept informed about the development of the National Forum please enter your email address here:**

*this information will be held by LAHF, on behalf of the National Forum, and used solely to contact you about the work of the National Forum. We will not be share these details with any third party.*

**Which organisations, networks or publications do you currently use to support and inform your work?**

- |   |   |
|---|---|
| <input type="checkbox"/> VAN                  | <input type="checkbox"/> ArtsProfessional   |
| <input type="checkbox"/> King's Fund          | <input type="checkbox"/> A regional arts and health network   |
| <input type="checkbox"/> Arts Council England | <input type="checkbox"/> <a href="http://www.cultureandwellbeing.org.uk">www.cultureandwellbeing.org.uk</a> |
| <input type="checkbox"/> NCA                  | <input type="checkbox"/> Your local authority   |

Other (please tell us which)

**Are there any particular gaps, or areas, in which you feel the National Forum could offer activities or services to complement your existing networks and support organisations?**

**Do you think the National Forum should focus particularly on any of the following areas of work?**

- |  |   |
|--|---|
| <input type="checkbox"/> Improving the patient environment | <input type="checkbox"/> Training health care professionals       |
| <input type="checkbox"/> Building social cohesion          | <input type="checkbox"/> Training arts and creative professionals |
| <input type="checkbox"/> Improving public health           | <input type="checkbox"/> Improving research and evidence          |
| <input type="checkbox"/> Improving mental health           | <input type="checkbox"/> Improving end of life care               |

If you think some areas are more important than others please tell us which here

**Which of the following groups of people do you think it is most important for the National Forum to work to inform and influence?**

- |  |  |
|--|--|
| <input type="checkbox"/> policy makers / politicians | <input type="checkbox"/> local authorities                   |
| <input type="checkbox"/> arts practitioners          | <input type="checkbox"/> third sector organisations          |
| <input type="checkbox"/> funding bodies              | <input type="checkbox"/> the general public                  |
| <input type="checkbox"/> health practitioners        | <input type="checkbox"/> researchers                         |
| <input type="checkbox"/> NHS management              | <input type="checkbox"/> commissioners (PCT's, GP consortia) |

Other (please tell us more)

**To what extent do you agree that the National Forum should...?**

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
include all elements of arts practice which impact on social change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
concentrate on building and refining the evidence base	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
offer something for everyone working across arts, creativity and wellbeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have leaders for specialist areas of practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have a high profile spokesperson or patron	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
prioritise influencing policy-makers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
focus on improving the perception of arts and health among patients and the public	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
have a lean, centralised leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**What do you think the core objective of the National Forum should be?**

**Which of the following activities of the National Forum would you find helpful?**

	Very helpful	Of some help	Not helpful
building links between organisations, individuals and types of practice (to create opportunities or facilitate activity)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
identifying potential opportunities from mapping key trends and developments	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
lobbying policy makers, key organisations and funders	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
organising symposia or events around key issues to stimulate critical debate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
a national conference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
regional meetings and showcases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
developing media presence and PR around key issues/campaigns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
building links between practitioners and academic researchers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
promoting examples of good practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
highlighting the implications of new policy and research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
disseminating resources and research	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
drawing attention to relevant events and activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**In which of the following ways would you prefer to engage with the National Forum?**

- ☐ As an online information source
- ☐ Through a regular e-newsletter
- ☐ Through training and CPD opportunities
- ☐ Through informal networking opportunities
- ☐ By attending major national events
- ☐ By attending regional events, showcases or activities
- ☐ By interacting online with other practitioners or organisations

Other (please tell us more)

**Providing the format and subject were of interest to you, would you or your organisation be prepared to pay to receive any of the following services from the National Forum?**

	Yes	No
Attending regional events or showcases	<input type="radio"/>	<input type="radio"/>
Training or CPD opportunities	<input type="radio"/>	<input type="radio"/>
A national conference	<input type="radio"/>	<input type="radio"/>

Please tell us more! What would you consider to be an affordable amount?

**In which region are you / your organisation based?**

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="radio"/> East          | <input type="radio"/> East Midlands        | <input type="radio"/> Scotland         |
| <input type="radio"/> South East    | <input type="radio"/> North East           | <input type="radio"/> Northern Ireland |
| <input type="radio"/> South West    | <input type="radio"/> North West           | <input type="radio"/> Rest of Europe   |
| <input type="radio"/> London        | <input type="radio"/> Yorkshire and Humber | <input type="radio"/> Rest of World    |
| <input type="radio"/> West Midlands | <input type="radio"/> Wales                |  |

**Do you work outside this region?**

- ☐ Yes
- ☐ No

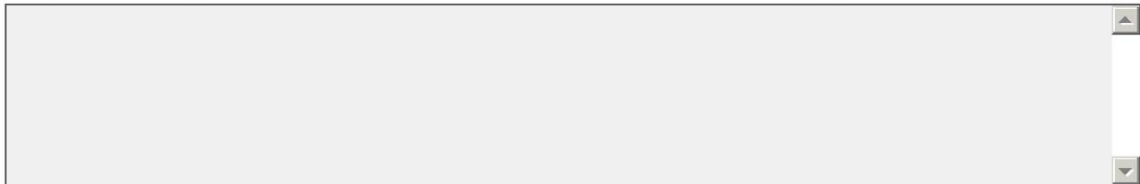
**Which of the following best describes you / your organisation?**

- |  |   |
|--|---|
| <input type="radio"/> Arts organisation (professional) | <input type="radio"/> Individual artist                             |
| <input type="radio"/> Arts organisation (voluntary)    | <input type="radio"/> Consultancy (including freelance/sole trader) |
| <input type="radio"/> Hospital arts project            | <input type="radio"/> Community group                               |
| <input type="radio"/> Local authority                  | <input type="radio"/> Academic institution                          |
| <input type="radio"/> Health care provider             | <input type="radio"/> Research agency / specialist                  |
| <input type="radio"/> Social care provider             | <input type="radio"/> Development agency / funding body             |

**Is your work particularly directed at, or focused on, any of the following groups of people? (please tick as many as apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Black and minority ethnic groups         | <input type="checkbox"/> People on low incomes                                       |
| <input type="checkbox"/> Disabled people                          | <input type="checkbox"/> Unemployed people   |
| <input type="checkbox"/> Elderly people                           | <input type="checkbox"/> Vulnerable adults and people who use mental health services |
| <input type="checkbox"/> Gay, lesbian and bisexual people         | <input type="checkbox"/> Refugees and asylum seekers                                 |
| <input type="checkbox"/> Homeless people                          | <input type="checkbox"/> Children and young people                                   |
| <input type="checkbox"/> Offenders and those at risk of offending | <input type="checkbox"/> My work is aimed at everyone                                |

**Do you have any other comments you would like to make about the proposed National Forum?**



Thank you for taking the time to fill in this survey, your answers will play an important part in guiding the future development of the Forum.