Annual Review
2015–2016
THE STORY OF AESOP’S YEAR

First national arts in health conference and showcase for health decision-makers

The Aesop PHE Framework

Aesop Marketplace

Dance to Health

Arts Enterprises in Health and Social Care group

WHAT WE NOW KNOW

The ‘Aesop Slice’

Aesop artistic outcomes framework

‘Arts push’ and ‘society pull’

Nine types of arts and health activity

Arts in health – from periphery to core contributor

The artistic dimension of arts in health

The business dimension of arts in health

FUTURE PLANS

Knowledge Development – Aesop Institute

Market Development – supporting roll-out through venture philanthropy

THANK YOU

Aesop trustees, team and professional services

Aesop partners

Funders, supporters and Pioneer Group

AESOP OPERATIONS

Governance, finance and communications
PARTNERS & FUNDERS

Arts Council England
City Bridge Trust
College of Medicine
Commissioning Journal
Cultural Commissioning Programme
Esmée Fairbairn Foundation
Garfield Weston Foundation
Guy’s and St Thomas’ Charity
Independent Age
Local Government Association
Oxfordshire Community Foundation
People Dancing
Peter Sowerby Foundation
Public Health England
RSPH Arts, Health and Wellbeing Special Interest Group

Final plenary at the national conference and showcase. Photo: Helen Murray
The story of Aesop’s year

Welcome to this review of Aesop’s first full year. It began with wide-ranging explorations of how the arts could enhance international development (including a conference presented with the British Council and Cumberland Lodge) and how the arts could deliver better pre-school education (a partnership with the Big Lottery-funded ‘Big Local’ programme). It ended with Aesop’s decision to focus on health improvements and the first national arts in health conference and showcase for health decision-makers.

Aesop’s vision is now clear: thriving markets for arts programmes in other sectors, starting with health. This annual review tells the story of Aesop’s early steps towards realising this vision – the events and programmes, the people and funding that made them happen, and the positive changes achieved. This review also includes a snapshot of what Aesop has learned about the arts and personal and social change. It concludes with an outline of future plans, acknowledging with gratitude and great appreciation the many contributors to Aesop’s year, and gives background information on Aesop’s governance, finance and communications.
Recognising the need to showcase arts in health programmes to those in health, rather than to other practitioners, Aesop’s first public event was targeted specifically at health decision-makers and attracted over 200 including the Secretary of State for Health and the Chair of NHS England plus numerous representatives from Trusts, CCGs and local authority public health. It was the first national arts in health event to specifically address this audience.

Following a national call, 65 arts in health programmes expressed interest in participating and 24 were selected by the NHS Alliance, Southbank Centre and Aesop. They presented to an enthusiastic sold out audience of 450. The atmosphere was electric. Audience surveys underlined the success of the programme. One measure of the strength of the positive response was that the event was trending on Twitter for seven hours (something almost unheard of for such an event). It was covered by the PM Programme for Radio 4.

New and stronger connections were made with the health sector, including an invitation from the Eastern Academic Health Science Network to mount a version in its region.

Aesop launched the first arts in health evaluation and development framework (see p.7), the Aesop Marketplace (a website for connecting health decision-makers with arts in health programmes – see p.8) and Aesop’s Pioneer Group of leading experts and philanthropists (see p.28).

The Southbank Centre generously donated the Royal Festival Hall and kindly offered to do this again for a second event.

The Aesop PHE Framework is for health commissioners, third sector organisations, trainers, funders, practitioners, managers, arts organisations and others with an interest in the development and evaluation of arts for health and wellbeing programmes.

It was originally developed for researchers and published in the international peer-reviewed journal, Arts and Health. A version for practitioners was commissioned from Aesop by Public Health England. It was written by Professor Norma Daykin (University of Winchester) with Aesop.

The arts are increasingly recognised as having the potential to support health and wellbeing. However, in order for arts to be included in commissioning of health and social care services, there needs to be robust evidence of their effectiveness, outcomes and costs.

The framework gives guidance on how to document arts for health and wellbeing, whether through small scale project evaluations or large scale research studies. It offers a standard framework for reporting on project activities. It is designed to strengthen understanding of what works in specific contexts and enable realistic assessment and appropriate comparisons to be made between programmes.

Part One discusses evaluation principles and practice. In Part Two the different types of evaluation are outlined, with suggested tools for evaluation, including outcomes measurement. Part Three presents the reporting tool.

The framework can be downloaded from www.gov.uk. Endorsement of its value came from Arts Council England. They recommend it saying: “In many contexts, this document can support effective ways to document and evaluate arts projects and programmes that seek to improve health and wellbeing.”
Like an online dating site, Aesop Marketplace matches health commissioners and other decision-makers with relevant arts in health programmes in an attractive and time-efficient way. For the first year, the site is exclusively for the 24 arts in health programmes featured in the Aesop Conference & Showcase held at the Royal Festival Hall on 5 February 2016.

A health decision-maker can search arts programme profiles by geography and four areas of interest (Mental Health, Mothers/Children/Young People, Older People, Health Workforce & Environments). They can post blogs and responses, add alerts of opportunities and find useful resources. Member arts organisations can contact one another to find partners and share best practice and post special offers.

Each profile offers a quick and easy way to get to know the programme. There is essential information – a programme description (what, who, how, where available in England, when available, evidence of impact and cost-effectiveness) and how to get in contact. Photos and videos bring the activity to life. Downloadable reports provide supporting evidence and information.

Our first ‘aesop’ (arts enterprise with a social purpose) is Dance to Health www.dancetohealth.org. This aims to address the major health challenge of older people’s falls, and problems with existing services. There are two major programmes for restoring strength and balance in those with a history of falls, PSI/FaME and Otago. They have more than 50 randomised controlled trials backing their effectiveness but unfortunately, their repetitive nature makes them unpopular with older people. Those who complete courses do not seek to continue their exercises beyond the prescribed period and gains in strength and balance fall away to pre-course levels within 12 months.

Dance to Health embeds evidence-based falls prevention exercise classes in high quality, creative, sociable, engaging dance. It targets health, artistic and social benefits plus health savings.

A pilot programme running from July 2014 to July 2016 had seven elements:

1. Assembling the required organisational, human and financial resources.
2. Bridge-building activity between the worlds of dance and older people’s physiotherapy and exercise.
3. Creation and delivery of a training programme for professional dance artists to learn the two evidence-based falls prevention exercise programmes.
5. Local and national celebration events.
6. Research and evaluation covering process, outcomes, cost-effectiveness, a business model for roll-out and the first survey of UK older people’s dance activities.
7. Preparing for the first phase of roll out.

A business model was devised in late 2015 and business development activity began in January 2016.

An evaluation of Dance to Health’s pilot programme will be published in late 2016.
Aesop founded this action learning set for arts organisations already being commissioned by health or social care. The group selects topics for discussion and, during the year, focused on the arts and older people and working with the commercial sector. The discussions were enriched by the participation of Lord Filkin, Chair of the Centre for Ageing Better (the new what works centre for older people); Michael Kelly, KPMG Head of Living Wage and formerly Head of Corporate Social Responsibility (speaking on corporate social responsibility); Alison White, Community Development Director at the East London Business Alliance (on corporate sponsorship); and Professor Martin Green, Chief Executive of Care England (on selling services to commercial care providers).

Current members are:

- Animation on Prescription
- Breathe Arts Health Research
- Cheshire Dance
- Core Arts
- Creative Health CIC
- Dance Action Zone Leeds
- Dance to Health
- English National Ballet
- Equal Arts
- ForMed Films
- Green Candle Dance
- Helix Arts
- Jack Drum Arts
- Ladder to the Moon
- Mental Fight Club
- National Museums Liverpool
- Prism Arts
- Rosetta Art Centre
- Royal Liverpool Philharmonic Society
- Small Things Dance
- Start in Salford
- The Reader Organisation
- Tin Arts
- Wigmore Hall
- Willis Newson
What we now know

Aesop is a practical organisation. It runs programmes and networks to help create and grow thriving markets for arts programmes in other sectors, starting with health.

However, breaking new ground needs new ideas and new practice. We have witnessed a wealth of innovative work and begun our own practical programmes. Reflecting on this, we have devised and refined our own approach and, as with the Aesop PHE evaluation framework, begun to publish the results.

This section presents current thinking which we consider sufficiently advanced to be worth sharing.
THE ‘AESOP SLICE’

There has been much confusion about arts programmes which contribute to personal or social change. Many outside the arts are naturally focused on delivering the change. Many inside the arts fear an ‘instrumental’ approach – treating the arts as just an instrument for social change and neglecting inherent artistic qualities.

We needed a way to hold all aspects in the mind at the same time without conflating artistic and non-artistic aspects.

The ‘Aesop Slice’ encourages you to think of any arts programme as a three dimensional object. Slice it through in different ways and you can see it from different perspectives. The patient will ask whether it will restore them to good health. The artist will seek scope for their creativity and development of their artistic practice. For the health economist, it’s the programme’s cost-effectiveness which will be important. For the health manager, there will be a worry that, while the programme may work in London, will it work in Hartlepool or Truro?

Aesop believes the first Aesop Slice should always look at the programme’s artistic quality. Without artistic quality, the artistic rewards will be low and the wider benefits are likely to be poor. High artistic quality promises rich, far-reaching rewards.

The Aesop Slice helped guide the evaluation of Dance to Health. We first identified artistic slices such as:

+ How Dance to Health helped its dance leaders to develop their artistic practice and their skills in working with older people.
+ Lessons from the first UK survey of older people’s dance activities on running sustainable Dance to Health groups.
+ Whether Dance to Health increases participants’ interest in dance.

We then looked at wider issues including:

+ What makes a good local partner who hosts Dance to Health sessions.
+ Whether Dance to Health reduces social isolation.
+ Dance to Health’s cost-effectiveness relative to standard falls prevention exercise programmes and relative to doing nothing (that is, health savings are greater than the cost of delivering Dance to Health).

AESOP ARTISTIC OUTCOMES FRAMEWORK

Artistic activities’ outcomes are commonly talked about in non-artistic terms (for example, music lowering blood pressure and arts consumption building social networks). Very little work has been done on artistic outcomes – the artistic effects on people who engage with the arts.

In contrast, the public and charity sectors regularly use outcomes to describe and measure programmes’ effects on beneficiaries. Recognised outcomes frameworks include Triangle’s Outcomes Stars and New Philanthropy Capital’s 13 Outcomes Maps for social investment.

Aesop devised and now uses a framework of five artistic outcomes.

1 Immediate artistic changes, rewards or challenges due to artistic activity/engagement. For example, the appreciation of the artistic achievement of others.
2 Changes to one’s relationship with the arts (one’s own and others’ artistic practices and art works). For example, increased/decreased confidence in one’s artistic abilities and broader cultural horizons.
3 Longer-term rewards or challenges due to artistic activity/engagement such as acquiring a craft and developing one’s artistic identity (whether new, refined or reawakened).
4 Skills including artistic perception, technique, and ensemble and group feeling.
5 Expression. For example, artistic communication, interpretation of artworks and marginalised people finding their voice.

Aesop’s current thinking is that each of these effects/outcomes on people experiencing the arts can be measured from four points of view:

1 Negative/positive effects.
2 Artistic strength: from little effect to transformational (and this can be positive or negative).
3 Artistic durability: from quick dissipation to sustained influence.
4 Applicability/transferability: some are readily applicable to life outside the arts while others are important artistically but will have little wider application.
The publicly funded arts sector has a long tradition of engaging with sectors outside the arts, particularly education, health and criminal justice. Arts organisations run their programmes in these other sectors, using arts subsidy to offer them at subsidised rates or for free. Aesop calls this arts push.

Aesop adopts a radically different approach. It starts with a specific challenge or unmet need in a particular social sector outside the arts. It then scans all artistic options to create something which the particular social sector wants and is willing to pay for. Aesop calls this approach society pull. It draws on the full range of the UK arts sector and their power to transform lives, help solve social problems and improve people’s health and well-being. UK arts are a world leader with a strong publicly funded sector which supports innovation, widens access and raises quality, a successful and expanding creative industries sector, and over 49,000 local arts groups involving 9.4 million people.

Work is under way to distinguish between different arts in health activities. Aesop uses nine types – listed here with examples largely taken from the Aesop Marketplace and Arts Enterprises in Health and Social Care group.

1. **PARTICIPATORY ARTS PROGRAMMES TO DELIVER SPECIFIED HEALTH OUTCOMES**
   - Singing for Better Breathing choirs to help people with chronic obstructive pulmonary disease to manage breathing difficulties.
   - South London Gallery’s early intervention visual arts programme to improve mental well-being for parents and their children.

2. **TECHNOLOGY-BASED ARTS ACTIVITIES TO DELIVER HEALTH OUTCOMES**
   - Music and Memory which trains care home staff to set up personalised music playlists on iPods for people with dementia to reawaken residents, enabling them to socialise and stay present.

3. **ARTS FOR PUBLIC HEALTH ENGAGEMENT AND EDUCATION**
   - Creative Health’s use of film and theatre to support children to ask people to keep smoke away from them.
   - Maslaha’s film-based resources for mental health in Somali, Pakistani and Bangladeshi communities. These have no word for depression. There are barriers to recovery such as entrenched stigma and concerns that support won’t be appropriate.

4. **ARTS FOR IMPROVING THE HEALTH ENVIRONMENT**
   - Willis Newson’s programmes of artworks integrated into the architecture, landscape and interiors of new health buildings to create a welcoming and reassuring patient environment.

5. **ARTS TO IMPROVE STAFF WELFARE AND CONTRIBUTE TO STAFF DEVELOPMENT**
   - Performing Medicine – building a resilient, caring workforce through practical and reflective exercises taken from drama, photography and other art forms.
   - Porters’ Poems – hospital porters creating and performing their own poetry to raise their profile and communication skills.

6. **ARTS TO SUPPORT SYSTEM CHANGE**
   - Health professionals have written: ‘If we are to create widespread change, we will need new art, stories, myths, symbols, and much else to help us make the inner and outer transformations that will be needed.’

7. **ARTS IN PSYCHOTHERAPY**
   - Dramatherapy to reduce anti-social behaviour.
   - Music therapy to communicate without words.

8. **ARTS FOR EXPRESSING THE EXPERIENCE OF HEALTH AND SOCIAL CARE SERVICES**
   - Dame Barbara Hepworth’s Hospital Drawings.
   - Bobby Baker’s ‘Diary Drawings – Mental illness and me’.

9. **EVERYDAY ARTS ACTIVITIES WITH GENERAL HEALTH BENEFITS**
   - Learning a musical instrument to support cognition.
   - Joining a pottery class to improve self-esteem.
What ingredients must an arts programme have for it to be taken up by the health system and made available to every patient who could benefit? Aesop has developed a 7-item checklist of ingredients for a successful ‘aesop’ (arts enterprise with a social purpose). It is presented here using Dance to Health as a case study.

We appreciate that this checklist is necessary but not sufficient for an arts intervention to be taken up by the health system. It sets out supply requirements.

There are demand-side challenges too. For example, an article in the December 2011 Journal of the Royal Society of Medicine showed it takes 17 years on average for a research breakthrough to be translated into patient benefit. A May 2011 New England Journal of Medicine paper asked ‘Why does cost-effective care diffuse so slowly?’ and identified cases of resistance amongst the media, legislators, hospital administrators, physicians, health academics and medical supply companies.

The first arose when selecting contributors to the Aesop national showcase. Conversations with artistic referees revealed artistic success working hand-in-hand with concerns of patients and health partners. Examples included the patient and health partner engaging in artistic decision-making; choosing the right space for artistic activities; and opportunities to present artistic achievements to family, health professionals and others.

The second occurred early in the Dance to Health pilot programme. Dance to Health is based on evidence-based falls prevention exercise programmes called PSI/FaME and Otago. Dance artists asked what a dance programme true to PSI/FaME or Otago would look like. They feared it would be a trade-off between dance and falls prevention exercise. Our falls prevention exercise expert partner, Professor Dawn Skelton, said it must look like dance.

Aesop is also interested in the relationship between artistic quality and health outcomes. One might think that a trade-off is inevitable. Two experiences from the year challenged this.

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Aesop Marketplace – Raw Material music sessions for mental health

During the year, Aesop and its partner BOP Consulting collaborated to answer a new question ‘What are the active ingredients in an arts experience which achieve personal or social change?’. This could help improve understanding of the arts’ unique contributions to people’s lives and to society.

We decided to crowdsource ideas, offering initial answers including social interaction, being absorbed in creative activity, arousal of curiosity, distraction and relief from unpleasant realities, sense of accomplishment, making objects and behaviours that are special, actions that symbolise the breaking of taboos, and performance pressure.

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Aesop found that, while much programme development has happened, little had been done on business development. To help address this, Aesop began to explore three questions.

The first was ‘How would an arts in health programme go to scale in the NHS?’ This builds on the acknowledgement on p.18 that excellent supply is not enough.

The second was ‘How much of the NHS budget is spent on arts in health – excluding the established area of arts therapies?’ During the year the Arts Enterprises in Health and Social Care group agreed to share financial data, including health commission income. The plan is to conduct this sharing every year and monitor trends. Total health commission income came to £2,502,360. This is small relative to the NHS budget – about 0.002%. It is nevertheless a significant figure in arts terms. It will be interesting to see how this changes. The downward pressure to make health savings continues. Increases may flow from the Arts Council England’s Cultural Commissioning Programme (to increase public commissioning of the arts), Aesop’s initiatives and other activity.

The third was ‘How do arts in health programmes price their work?’ Many are offered free to the NHS. If this is part of a loss-leading strategy with a clear path to getting the NHS to cover the costs, it is a sensible approach. Without a strategy, an attractive programme will face growing demand it cannot meet. Patients who could benefit will miss out. This echoes arts in education research which found ‘Free programming and outreach do not turn people into ticket buyers. They simply turn them into consumers of free programming.’

Future plans

Aesop plans to continue developing Dance to Health, the Aesop Marketplace and the action learning set for arts programmes already commissioned by health or social care.

We will promote use of the Aesop PHE framework, backed by the endorsements of Arts Council England and Public Health England. There will also be the first phase of rolling out Dance to Health.

To achieve Aesop’s vision of thriving markets for arts programmes in other sectors starting with health, we have plans for two new initiatives – one for knowledge development and one for market development.
Arts in health faces barriers to progress. For the arts, the key challenge is to move from the periphery into the health mainstream. For health, the barriers are limited knowledge of the arts, understanding of their potential, and expertise in running arts-based programmes.

Aesop and Canterbury Christ Church University Faculty of Health and Wellbeing have jointly identified that continuing professional development (CPD) could be a key contributor for addressing these challenges. We are working together to create the ‘Aesop Institute’ training initiative.

Initial market research has revealed that many see the Institute as important and timely. Potential benefits cited include: greater appreciation of the roles the arts can play in health and wellbeing; clearer understanding of the difference between artistic and health roles; more trusting and effective partnerships between the health and arts sectors; and opportunities to deliver savings to health and develop new earned income streams for arts organisations.

CPD is markedly different in the two sectors. Arts CPD is underdeveloped with low levels of qualified employees, employer engagement activity, and supply and demand for courses. Health CPD is highly developed and indeed is a mandatory requirement for many health professionals.

Three initial steps will be taken in 2016/17. The first is a survey of existing arts and health training undertaken by the Sidney De Haan Research Centre for Arts and Health (a centre within the Canterbury Christ Church University Faculty of Health and Wellbeing). The second is a consultation workshop to publicise the Aesop Institute concept and consult on the Institute’s development strategy. The third is to prepare a module of short courses for 2017.

If an arts in health programme is workable and more effective and cost-effective than an existing intervention, it surely deserves to be adopted and rolled out. As noted earlier, there are demand-side challenges including resistance to innovation, vested interests and time pressures.

Arts in health programmes face particular roll-out challenges. Many health professionals still think of the arts as ‘fluff’ and are sceptical. Hardly any arts in health organisations have the conceptual and practical resources to achieve effective roll-out.

Adoption and diffusion of an idea can take many forms. Growth of individual ‘aesops’ seems likely to be one option. For this, venture philanthropy may have an important role. Venture philanthropy uses venture capital and private equity principles to build stronger social purpose organisations and increase their social impact. The key characteristics are: a high level of engagement; tailored financing (including grants and social investment); multi-year support, typically 3 to 5 years followed by exit; non-financial support to help build strategic and operational capacity; a focus on organisational capacity-building not individual projects; and an emphasis on performance measurement.

Aesop has in-house expertise in developing arts in health and also in venture philanthropy. It has an overview of leading arts in health programmes through www.aesopmarketplace.org and the action learning set for arts organisations already commissioned by health and social care.

The proposal seems timely because arts in health’s potential is becoming better appreciated. It is promising because earned income streams (health commissions) could be available.
Thank you

AESOP TRUSTEES, TEAM AND PROFESSIONAL SERVICES

TRUSTEES
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(resigned 23 November 2015)
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Peter Daniel
(appointed 23 November 2015)
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(appointed 23 November 2015)
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PROFESSIONAL SERVICES
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AESOP PARTNERS

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College of Medicine
NHS Alliance
Public Health England
Southbank Centre

DANCE TO HEALTH
DANCE PARTNERS
Cheshire Dance
East London Dance
South East Dance

FALLS PREVENTION EXERCISE PARTNER
Later Life Training

HOST PARTNERS
Age UK Cheshire – Castle Community Centre, Northwich
AmicusHorizon Housing Association – Lansdowne Green Estate, London
Jewish Care – Redbridge Jewish Community Centre
Oxfordshire County Council – Abingdon and Banbury Health and Wellbeing Centres
Wulvern Housing Association – Deva Point, Blacon near Chester

RESEARCH AND EVALUATION PARTNERS
Centre for Enterprise and Economic Development Research, Middlesex University Business School
People Dancing (Foundation for Community Dance)
Personal Social Research Unit, London School of Economics
Sidney De Haan Research Centre for Arts and Health, Canterbury Christ Church University

‘ACTIVE INGREDIENTS’ PROJECT
BOP Consulting
FUNDERS, SUPPORTERS & PIONEER GROUP

FIRST NATIONAL ARTS IN HEALTH CONFERENCE AND SHOWCASE
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AESOP PHE ARTS IN HEALTH EVALUATION FRAMEWORK
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Peter Sowerby Foundation

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Dr Michael Dixon
Rebecca Eastmond
Sir Vernon Ellis
Professor Kevin Fenton
Professor Sir Malcolm Grant
Janet Morrison
Nat Sloane CBE
Aesop Marketplace – South London Gallery, visual arts for early intervention to improve mental wellbeing for parents and their children.
GOVERNANCE
Aesop Arts and Society Limited is a company limited by guarantee (No: 6998306) and a registered charity (No: 1134572). Aesop Arts and Society Limited is governed by its Memorandum and Articles of Association dated 21st August 2009.

FINANCE
In its 2014/15 annual report, Aesop set itself a target to grow annual income from £78,390 (2014/15) to at least £250,000 in 2015/16. It achieved £372,349.

2015/16 income and expenditure break down as follows:

INCOME
£372,349
- Dance to Health 78%
- National conference and showcase 17%
- Aesop Marketplace 3%
- Aesop PHE Framework 1%
- Other 1%

EXPENDITURE
£343,607
- Professional services and consulting 82%
- Salaries 12%
- Other 6%

COMMUNICATIONS
AESOP’S WEBSITES
www.ae-sop.org
www.dancetohealth.org
www.aesopmarketplace.org

TWITTER ACCOUNTS
@AesopArts
@AesopHealth