



ACTIVE INGREDIENTS

The Aesop planning and evaluation
model for Arts with a Social Purpose

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a Social Purpose

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SUMMARY

The Active Ingredients project has been developed jointly by Aesop and BOP Consulting. It aims to deepen our understanding of the ways in which arts interventions in health and social contexts actually work - and to improve the ways these are designed and their impacts measured.

This short paper:

- outlines the background and need for the project
- documents the process of how it has been developed
- presents and describes the initial Active Ingredients planning and evaluation model, and
- suggests how it can be used in practice.

Background and context

The arts have always engaged with social issues in terms of representation and 'content'. However, the last four decades has seen the development of arts practice – much of it participatory – which has sought to more directly trigger various positive social, educational and health benefits among participants and audiences. At Aesop, we call this approach to arts work, 'arts with a social purpose'.

There is already a growing research literature covering this broad area. A lot of the existing research seeks to demonstrate the extent to which the arts have been successful at achieving various social, educational and health outcomes. Much of the most robust literature in this field typically assesses arts interventions using the same metrics and measures designed and used by relevant social partners (e.g. functional health measures, offending behaviour, pupil attainment and behaviour). This ongoing work is extremely important in establishing the validity of using arts-based interventions as complementary and alternative approaches to those used in hospitals, community and social care, criminal justice, schools and other non-arts settings.

While this is necessary it is not sufficient on its own. The focus on robustly demonstrating the effectiveness of arts interventions on the measures used by health professionals, care and support workers and offender management teams, has left a nagging and important gap. Although research work does exist, there has been less consistent and systematic focus given to how arts interventions produce effective social and health outcomes. The reason for this gap is that it requires a much better understanding of the artistic and cultural experience that is embedded in arts interventions; this is not an area of expertise for most working or researching in health, social care, criminal justice and so on. The gap represents a significant limitation at present. For instance, contrast this with standard health procedures: a new drug would not be licensed and prescribed without an evidence-based understanding of the Mechanism of Action (MOA) that works to produce a pharmacological effect.

At present, practitioners working to deliver arts interventions have only limited knowledge of which factors and dimensions of the arts experience, in which combinations and settings, by which means of delivery, contribute to positive social outcomes for participants. Further, of the knowledge that does exist, much of it is tacit and/or is held by specific artists working within specific arts projects or organisations.

Of course, we recognise the factors that have produced the current unsatisfactory situation – short-lived, project-based funding, a lack of professional development routes, often very scarce resources and expertise available for proper evaluation, and a need to speak the language of social funders and commissioners among others. We also acknowledge there are

different views held across relevant arts practitioners regarding the degree to which arts work can, or should be, more rigorously investigated and codified within a 'social scientific' framework.

However, we believe that, on balance, the current status quo has too many downsides to continue. It impedes the dissemination of learning and good practice across the arts, and crucially, also impedes the ability of arts interventions to scale up. From a social commissioner's perspective, it often manifests as a lack of awareness of the options for, and effectiveness of, arts-based interventions; a lack of confidence in the efficacy of complementary approaches; and a lack of understanding about the circumstances in which arts-based interventions would be more, or less, appropriate.

The Active Ingredients project has therefore been designed to begin to address these issues, though we recognise that this is only the start of a long journey. This short paper summarises the 'end of the beginning' of this journey.

The 'Active Ingredients' hypothesis

At its heart, we use the medical/pharmaceutical metaphor of the 'active ingredient' to emphasise that there is something particular - some property, some dynamic - in the arts experience itself which enables certain outcomes to occur and which are inseparable from the experience. The core proposition we are testing is that broader social, non-arts outcomes cannot be achieved without the active ingredients and without arts outcomes also being achieved.

Starting with this proposition we have explored two interrelated key challenges:

- how to describe the changes that arts experiences achieve - which does justice to their power and richness; and
- how to understand what is going on in an arts experience.

Research and consultation process for arriving at a model

The investigation encompassed several phases. We started by identifying a longlist of potential 'active ingredients' in an arts experience. These were drawn from existing studies and Aesop and BOP's knowledge of the field. These included factors that have subsequently been validated and remained in the model, such as the arousal of curiosity and social interaction, as well as those that were whittled away through the process, such as 'distraction/relief from unpleasant realities'.

We tested this out through an adapted Delphi method. The longlist of active ingredients was first tested out through an online consultation with a panel of 100 practitioners with strong knowledge and expertise of arts with a social purpose. This included practitioners already engaged in arts with a social purpose, as well as a range of other arts sector bodies and organisations. The online consultation helped us to refine and modify the original list of active ingredients.

The shorter, modified list was then taken into two in-depth, round table discussions with 25 individuals representing a range of fields and interests. These included major trusts and foundations active in this area, mainstream arts funders (including Arts Council England), academics and consultants skilled in research and evaluation, representatives from the health and social sectors, as well as participatory arts practitioners. A list of all those involved in the consultation process is included as an Appendix.

The round tables helped us to further refine the active ingredients, as well as identify different stages of an arts experience and the active ingredients associated with each stage. The round tables also raised a range of interesting questions about how best to present the thinking to researchers and practitioners.

In answering these questions, we distilled our thinking as regards communication and presentation into a generic Active Ingredients 'logic model'.

A logic model is a commonly used visual tool within evaluation and programme planning. It is intended to make explicit the "if-then" (causal) relationships between, on the one hand, a set of resources and programme activities, and on the other, a number of distinct and intended outputs and outcomes of these activities. A logic model is then used as the framework for devising empirical evaluation and research to test whether the hypothetical if-then relationships mapped out in the model actually hold true in reality. In addition to producing a generic Active Ingredients logic model, we also tested this generic approach by applying it to a specific, existing programme (Dance to Health), and devising a Dance to Health Active Ingredients logic model.

The final stage of the development work was to test out the logic modelling approach for Dance to Health. This was undertaken through interviews with eight senior managers, directors and chief executives from across the health and social care profession. These took in people with responsibility for commissioning, social prescribing, active ageing, and those working on NHS transformation, including the NHS Vanguard which are responsible for developing new care models. As a result of these conversations, a further set of revisions were made to the Dance to Health and generic Active Ingredients logic models.

The Active Ingredients logic model

As with all logic models, the Active Ingredients model starts with project or programme Inputs. Specifically:

- *Context-specific arts pedagogy/practice/method* – what is often not commonly understood is how evolved socially-engaged (typically participatory) arts practice has become, and relatedly, how much this differs from many people's conception and experience of what 'the arts' is. Within health, within criminal justice, within social inclusion, citizenship and community cohesion work, socially-engaged arts practice has developed distinct methods and pedagogies for working creatively and sensitively with a wide range of groups.
- In turn, these methods are rooted in, and delivered by, *skilled artists & artistic companies/organisations*. Some of these artists and organisations also produce broader work for general consumption, but others are specialists that focus exclusively on arts with a social purpose.
- *Suitable venues/settings* can be very important to the nature and success of arts with a social purpose. For instance, in arts and health work, often the non-clinical, non-medicalised setting is key to the nature of the arts intervention. In some cases of course (such as prisons), it is not possible to ensure that the arts intervention takes place outside of an institutional setting. However, in these instances, socially-engaged arts practitioners will nevertheless strive to re-configure existing institutional settings to try and ensure that participants perceive them to be 'safe spaces' suitable for expression.
- *Context-specific social or health partner expertise/practise/method*.
For arts interventions to work most effectively, particularly over the longer term, they need to be informed by a deep understanding of:
 - the particular social, health or educational issues that they are seeking to address; as well as
 - the institutional context and processes in which arts work is trying to intervene.

This requires close collaboration and co-design of socially-purposeful arts interventions with and by social, health and education partners.

The **Outputs** in the model are the most obvious element and consist of two main categories:

- the volume of things that the arts interventions' deliver (sessions, workshops, performances and training, for instanced); as well as
- an enumeration of the beneficiaries of the arts intervention - the number and type of participants (such as patients, offenders and refugees) engaged through the work.



Image: Photo by
Helen Murray

Moving to the next step, the way in which the Active Ingredients logic model differs from typical logic models is that it does not simply seek to identify which activities are the ones that produce a set of intended outcomes. Rather, we are interested in also identifying how these activities contribute to the generation of particular outcomes. Specifically, the Aesop development work to date has enabled us to identify and distil a set of **'Active Ingredients'** in participatory arts work, which work in anticipation of engagement, as well as during the arts experience itself. We summarise these under the headings of 'Engaging & Imagining' in the model. To provide a flavour of what we are referring to here, these include:

- Engaging, through 'social interaction' (for instance, joining a group arts activity such as a reading group¹), or by participating in a venue that has the 'feeling of a safe space for expression'²; and
- Imagining, through 'encountering the other'; for instance, the work of the West-East Divan Orchestra consciously brings together Israeli, Palestinian and other Arab musicians³.

These Active Ingredients are not simply about detailing the quality of the participatory arts process provided by the artist/organisation (though they are key). They are about what happens when context-specific arts successfully engages with a particular target group and that engagement is working well. The existence of these Active Ingredients is important as so often these ingredients are missing from the lives of the people for whom the arts intervention has been designed. Their social interaction is restricted in some sense, as is their sense of possibilities for the direction of their lives, or they have trouble feeling safe in many public settings, and so on.

These active ingredients (the moment when activities, setting and participants combine together) give rise to a set of immediate artistic/cultural outcomes (summarised as 'Expression & Achievement'), as well as any immediate and short to medium term context-specific broader wellbeing and health or social outcomes.

¹ See, for instance, the Reader Organisation's 'Shared Reading' groups, www.thereader.org.uk/getinvolved/joinagroup.

² See, for instance, how an Art Room is set-up, www.theartroom.org.uk/interactive/how-an-art-room-works

³ www.west-eastern-divan.org

Figure 1 Generic Active Ingredients logic model

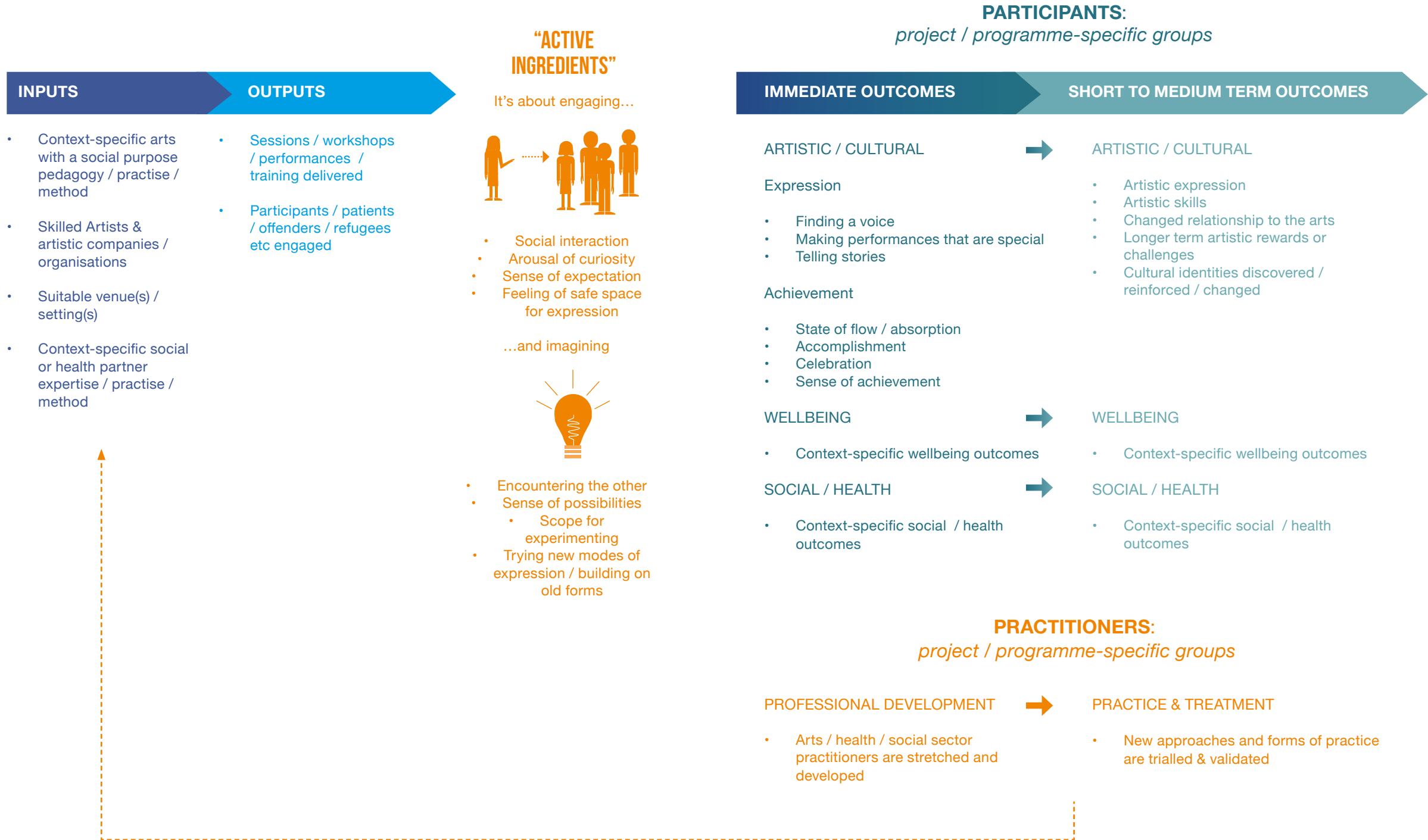




Image: photo by
Tas Kyprianou

Dance to Health: a worked example

The first version of the logic model above provides a generic version of the 'Active Ingredients' model, laying out the general hypothesis that we have developed about what is going on in a participatory arts experience that is likely to have social or health outcomes. This model may seem very schematic, and indeed it is as it is intended to cover a very wide range of contexts in which it can be used.

The second version of the logic model provides the specific example of the Dance to Health. Dance to Health (www.dancetohealth.org #DancetoHealth) is a nationwide pioneering falls prevention dance programme for older people, run by Aesop. Falls are traumatic for older people and a major challenge for the health system - they are the most frequent type of serious accident. Falls destroy confidence, increase isolation and reduce independence, and they cost the NHS £2.3 billion per year. Dance to Health is an intervention that combines evidence-based exercise with the creativity, energy and sociability of dance.

We use Dance to Health to illustrate what the Active Ingredients model looks like when applied to a specific arts-based intervention – in this case, one in which the input from health practitioners has been so strong that the intervention is actually a hybrid arts and health intervention.

Dance to Health originates from evidence that health system interventions for falls prevention has some major limitations in terms of its efficacy for older people. Firstly, there is often a high dropout rate in terms of older patients who have had falls and are referred to exercise programmes. Secondly, the intervention is time-limited and it is rare to find follow-on activity to help sustain gains in functional health that have been achieved.

Dance to Health therefore addresses these two issues. Replacing exercise sessions with group dance sessions aims to make the 'treatment' more fun and engaging, and the formation of self-organising follow-up Dance to Health groups across the country means that the 'treatment' can in theory continue indefinitely. Finally, Dance to Health as an artistic and social experience in itself, generates artistic and well-being outcomes beyond what could be achieved through exercise alone.

The Dance to Health programme is therefore monitoring artistic, well-being and social outcomes, as well as health outcomes.

Figure 2 Dance to Health Active Ingredients logic model

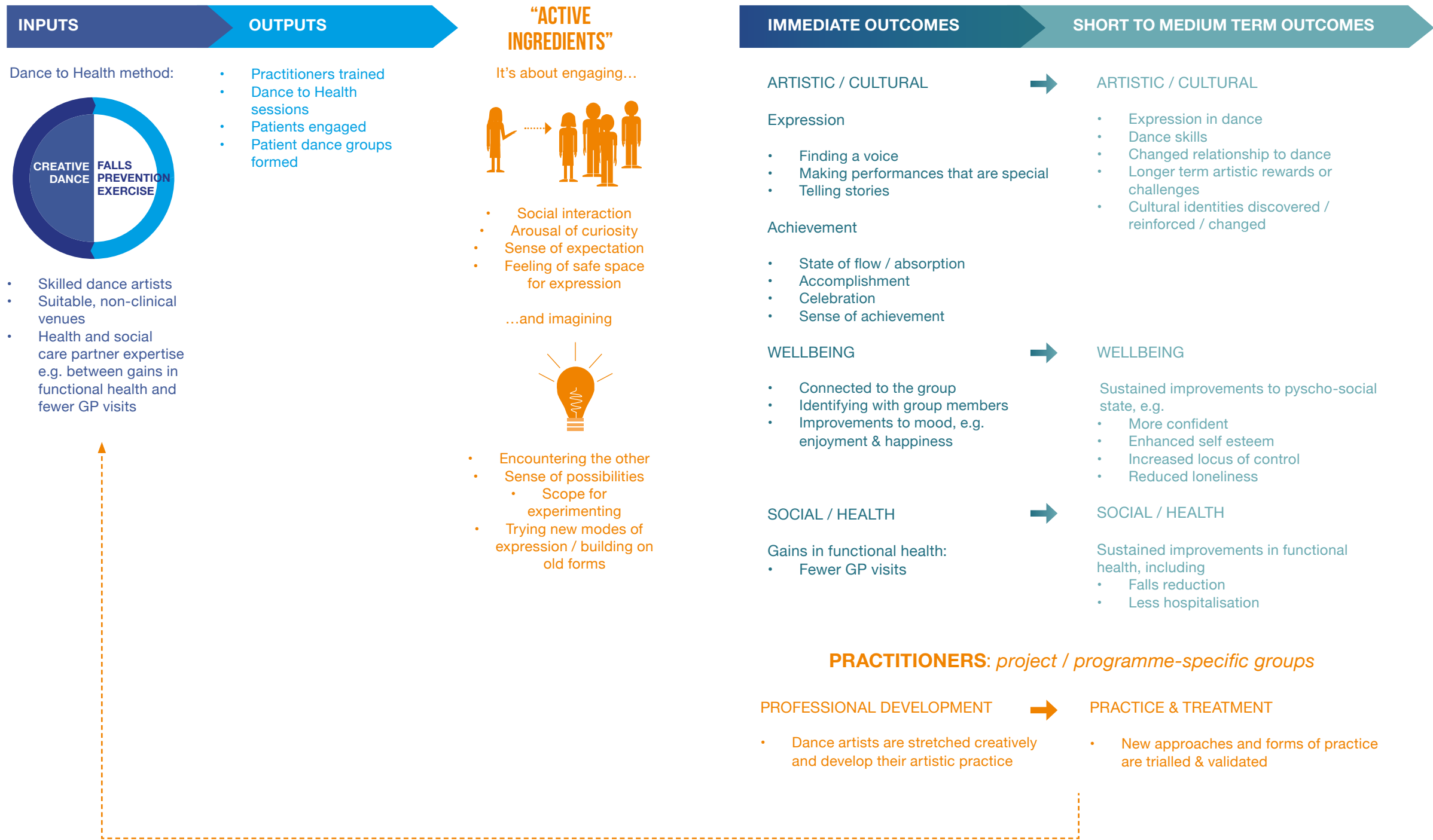




Image: photo by
Tas Kyprianou

How can the logic model and wider approach be used?

Evaluation

The Active Ingredients approach and model have been developed to aid practitioners and commissioners, working across both the arts and a range of social sectors, to understand more about how arts interventions work. We also hope that the logic model in particular can provide a grounding for evaluations in this space to explore artistic and cultural outcomes – and their relationship to other outcomes – as well as assessing the social and health outcomes required by social and health partners.

In so doing, we hope that the use of some common concepts and models will support valuable cross sector learning. For instance, it could significantly improve upon our existing knowledge of what exactly the relationship is between artistic/cultural outcomes and social and health outcomes, which ones have more of an affinity with certain types of social and health outcomes than others, in what combination they are most effective, and in what circumstances. Similarly, the role of the Active Ingredients as the mechanism by which arts interventions achieve their impact also needs empirically testing more systematically, and the model and approach would benefit from being reviewed in light of the findings of studies that have used it as part of their evaluation or research work.

Planning

As is always the case with frameworks and approaches designed for evaluation purposes, the flipside is that we hope the model also proves useful in project and programme planning. Firstly, by providing an evidence-informed account of how arts interventions in health and social contexts actually work. Secondly, we hope that it aids planning by providing visual tools that make it easy to communicate with partners and staff members regarding a chosen programme or project. Finally, we hope that the set of Active Ingredients and outcomes documented within the model can also be a trigger for reflection for those planning to develop or programme arts with a social purpose. For example:

- How is the project going to arouse participants' curiosity? How has social interaction between participants and with practitioners been built into the programme? Can it be configured such that it can become self-sustaining post-intervention? How can participants be made to feel they are in a safe space?

- How can the programme expand the range of possibilities that participants imagine for themselves? How does the programme support participants to experiment with new and old modes of expression?
- What moments of celebration can be built into the programme? How can projects be flexible enough to accommodate different starting points, enabling interventions that stretch participants - and lead to a state of flow/absorption - but do not overwhelm them?

Policy

Lastly, we hope that the Active Ingredients approach can be useful to policymakers interested in the broad area of arts interventions. Our model asserts that any wider utility of the arts is rooted in a core artistic and cultural experience. Thus those interested in the outcomes of arts with a social purpose need to invest in that core artistic and cultural experience; it is not something that can be 'value engineered' out of the picture.

APPENDICES

Appendix 1 List of consultees

Interviewees

Mike Birtwistle Founding Partner, Incisive Health

Professor Stephen Clift Director, Sidney De Haan Research Centre for Arts and Health

Nikki Crane Head of Arts Strategy, Guys' and St Thomas' Charity

Professor Martin Green Chief Executive, Care England

Alison Massey Senior Programme Manager, Modality Vanguard, NHS Sandwell and West Birmingham CCG

Fran Sanderson Head of Arts and Culture Innovation Lab, Nesta

Workshop Participants

Workshop 1: 24th November, 2017

Matt Griffiths Chief Executive Officer, National Foundation for Youth Music

Jeremy Newton CEO, Children & the Arts

Pauline Tambling CEO, National Skills Academy for Creative & Cultural

Fergus Early Artistic Director, Green Candle Dance Company

Katherine Bond Director, Cultural Institute at King's College London

Martin Wilson Director, TIN Arts

Elisa Aloé Manager, Alchemy Project

Jeanfer Jean-Charles Choreographer, Movement Director, Consultant, Freelance

Workshop 2: 30th November, 2017

Peter Renshaw Researcher, Barbican & Guildhall School of Music & Drama

Helen Shearn Head of Arts Strategy, South London & Maudsley NHS Foundation Trust

Vivien Niblett Senior Officer Policy & Research, Arts Council England

Emma Drew Director, The Old Reading Room

Rosanna Lewis Culture and Development Manager, British Council

Anamaria Wills Director, Evans Wills Partnership
Alison Bowry Creative Programme Manager, Arts and Wellbeing, High Peak Community Arts
Jeanfer Jean-Charles Choreographer, Movement Director, Freelance

Online Survey Responses

Carly Annable-Coop Project Director, The Alchemy Project
Jennifer Irons Choreographer
Susan O'Sullivan Grants Manager, The Rayne Foundation
Lorna Hosler Executive Director, Clod Ensemble
Naomi Elliott Engagement Manager, English National Ballet
Fergus Early Green Candle Dance Company
Becky Swain Head of Learning and Participation, Arvon
Laura Venning Evaluation and Impact Research Manager, The Reading Agency
Hannah Kemp-Welch Raw Sounds Programme Manager, Raw Material
Evelyn Welch Professor, King's College London
Sanaz Amid CEO, Rosetta Art Centre
Emma Drew Director, The Old Reading Room, Hera Project, Brighton Health & Wellbeing Centre
Lisa Rodio Community & Education Coordinator, Royal Philharmonic Orchestra
Tom Andrews Director of Advocacy and Support, People United
Karen Hamilton Dance to Health Project Manager, Aesop
Nikki Crane Head of Arts Strategy, Guys & St Thomas' Charity
Ben Pearce Director, Paintings in Hospitals
Pauline Tambling CEO, Creative & Cultural Skills
Paul Bristow Director, Strategic Partnerships
Hannah Robertshaw Programmes Director, Yorkshire Dance
Alison Bowry Creative Programme Manager, Arts and Wellbeing, High Peak Community Arts
Margaret Bolton Head of Dissemination and Learning, Calouste Gulbenkian Foundation (UK Branch)
Dr Patrycja Kaszynska Ball AHRC
Jess Thorpe Lecturer in Arts in Social Justice, Royal Conservatoire of Scotland
Douglas Hunter Director, Equal Arts
Sarah Cobley Head of Development and Partnerships, Magpie Dance
Dr Sara Houston Principal Lecturer, University of Roehampton
Deborah Bull Assistant Principal (London), King's College London
Matt Griffiths CEO, National Foundation for Youth Music
David Jubb Artistic Director & CEO, Battersea Arts Centre

Professor Norma Daykin University of Winchester
Vivien Niblett Senior Officer, Policy & Research, Arts Council England
Helen Ward Managing Director, Jack Drum Arts
Thomas Lawson Chief Executive, Leap Confronting Conflict
Ian Rodley Director, Dance Action Zone Leeds (DAZL)
Liz Postlethwaite Director, Small Things Creative Projects CIC
Jane Willis Director, Willis Newson
Peter Renshaw Researcher, Barbican and Guildhall School of Music & Drama
Nick Wilsdon Learning & Evaluation Manager, Youth Music
Helen Shearn Head of Arts Strategy, South London & Maudsley NHS Foundation Trust
Alice Thwaite Co-Director, Equal Arts
Gwen Van Spijk Executive Producer, CUE / The Alchemy Project
Tim Brown CEO, Raw Material Music and Media
Fleur Derbyshire-Fox Engagement Director, English National Ballet
Professor Stephen Clift Director, Sidney De Haan Research Centre for Arts and Health
Charlotte Cunningham Artistic Director, Turtle Key Arts
Jeremy Newton Chief Executive, Children & the Arts
Johanna Ejbye Senior Programme Manager, Nesta

Appendix 2 Introductions

Aesop

Aesop is a bridge-builder, connecting the worlds of health and the arts. A charity and social enterprise, Aesop's mission is to help health harness the powers of the arts, and help the arts gear up to deliver health improvement.

Current funders are the Big Lottery Fund, HM Treasury, Nesta with the Department for Digital, Culture, Media and Sport and foundations (Esmée Fairbairn, Peter Sowerby, Rank and John Ellerman). A 'Pioneer Group' of experts and philanthropists supports us. Members include the Chairs of Big Lottery England, ITV (and formerly Arts Council England) and NHS England, the former International Chairman of Accenture and the Wellcome Trust's Director of Culture and Society.

Aesop's strategic aims

- Generate health demand for the arts.
- Develop arts programmes which health wants.
- Develop the knowledge base to support growth of arts enterprises in health.

Achievements

Health demand:

- Biennial national Arts in Health Conference & Showcase for health decision-makers – most recently a sell-out at the Guildhall School of Music & Drama on 19 April 2018.
- The Aesop Marketplace (www.aesopmarketplace.org): like an online dating site, it matches health decision-makers with 24 leading, relevant arts in health programmes in an attractive and time-efficient way.

Arts programmes which health wants:

- Our first 'aesop' is Dance to Health (www.dancetohealth.org). This addresses older people's falls and problems with existing services. It targets health, artistic and social benefits plus health savings. Following a £350,000 evaluated pilot, the £2.3 million Phase 1 Roll-out runs from April 2017 to September 2019.

Knowledge development:

- The Aesop PHE evaluation framework for arts in health commissioned by Public Health England – see <http://www.ae-sop.org/toolbox/phe-framework>. Published in 2016, it has been downloaded over 3,600 times.
- The 'Aesop Institute' – accredited arts in health training in running

successful arts in health programmes - helping health and arts professionals to collaborate effectively to benefit patients and improve the public's health. This launches in April 2019.

For more information see www.ae-sop.org or follow us on Twitter @AesopHealth

BOP Consulting

BOP Consulting is an international consultancy with a 20-year track record of working in the cultural and creative economy.

We are trusted by our clients – among them government bodies, leading arts and cultural organisations, and international agencies. Our rigorous and effective research translates into guidance and recommendations that help clients deliver better projects or programmes.

We work with clients from culture and health, bringing together the latest thinking from fast-developing sectors and developing innovative and practical methodologies. Our recent and current clients in this area include GOSH Arts at Great Ormond Street Hospital, Breathe Arts Health Research, Plymouth Music Zone, The Reading Agency and Guy's and St Thomas Charity. We also work extensively with funders of programmes seeking to achieve broader social and health impacts from arts programmes including Arts Council England, Heritage Lottery Fund, British Council and Creative Scotland.

Our work on the broader social impact of cultural events and activities has included large scale evaluations of Edinburgh Festivals, Liverpool Biennial, WOMAD, and Glasgow 2014. Since our formation we have worked on over one thousand assignments and have played a central role in the UK in promoting culture and creative industries within broader economic, social and educational agendas.

Our experience is now in demand across the world. As culture and creativity continue to move up the international political agenda our vision is to build BOP into the leading global practice in the field.



Inside back image:
photo by Tas Kyprianou



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