A new age

An examination of the changing state of health funding for arts activity with, by and for older people in England

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Executive Summary

Arts work with older people is not a homogeneous area of work. It is diverse and includes many dedicated and experienced artists working in a range of artforms. Some of this work is targeted at specific health outcomes; working with the symptoms associated with dementia or Parkinson's disease, other work has broader aims; building social inclusion, challenging stigma, tackling loneliness – what might be generalised as work to improve wellbeing. All are linked by the underlying belief that the arts can positively impact on people's lives, particularly in older age.

This work has traditionally been supported by a mosaic of funding from Trusts, Foundations, Arts Council England, the National Lottery and NHS sources. Too often this funding has been project based and short-term, rather than long-term or strategically applied. Organisations working in this field struggle constantly for security, to raise their profile, prove the value of their work and to build relationships.

Funding from the health and social care sector is patchy and not all organisations demonstrate a clear understanding of the health sector's need to fund work that delivers against health outcomes. Even where the need is understood, the knowledge of how to reach potential commissioners and to "speak their language" may be lacking. There is a tendency to conflate health and wellbeing outcomes and many organisations feel isolated in their work.

The health service is currently undergoing a radical overhaul which may offer fresh opportunities for this work to secure health service funding. Personal budgets and new Clinical Commissioning Groups are potential sources of future income as would be a wider take up of arts on prescription schemes. Perhaps more promising still are the opportunities presented by collaborations with private partners, such as care home providers, although some unease is tangible as to the compromises involved in such partnerships.

The scale of the changes the NHS is currently undergoing have created a climate of uncertainty and shaken up personnel – in some cases these changes have jeopardised the personal relationships between arts providers and commissioners which, still, so often form the basis of much health funding for this work. However, relying still on a mosaic of funding, many arts organisations are continuing to deliver a range of creative opportunities for older people, countering isolation, combating ill health and improving lives.

> *"We feel very privileged to work creatively with so many people, from those dipping a cautious toe into the arts (or just sitting on the edge looking in), to those courageously exploring how the arts and therapies can enhance, enrich and change their lives and the lives of others around them. The arts and psychological therapies have many things in common (when they are not one and the same thing), including a liking for some degree of personal and societal de-sedimentation (ways to shake up calcified habitual ways of seeing or being). One is probably never too old to be personally creative."*

Arts and older people: a sector?

Over the last 30 years, health provision has slowly evolved from simply treating illness to include health promotion, improving wellbeing and tackling health inequalities. Loneliness, for example, although not a recognised medical condition, has been rated as a higher health risk than lifelong smoking or obesity. In recent years, there have also been a relatively large number of community health programmes (often focused in areas with high levels of deprivation) which have sought to work with community, voluntary and arts organisations to change lifestyles and behaviours.

Michael Marmot's 2010 review, *Fair Society, Healthy Lives*, set out in dramatic fashion the links between social and economic status and health. This review also made clear the economic benefits to society of reducing health inequalities.

In the last five years, there has been a concerted effort to provide proof of the positive impact of the arts in this area. There is now a growing body of evidence demonstrating that both participation in the arts and access to a range of arts opportunities can dramatically improve health outcomes and increase wellbeing at both individual and community levels. Some links to useful resources in this respect can be found at the end of this document. In this context, health and social care providers increasingly view assisting older people to live longer, healthier, lives as an important priority. However, as made clear in the *Agenda for Later Life 2012* (Age UK, 2012) there is a lack of coherency generally in age related policy-making, and an overarching strategic framework promoting active ageing is desperately needed to tie together a disparate range of policies.

Around the country there are many organisations which have been delivering work for older people for over 10 years. From our research, 40% of the organisations who responded to our survey said that they had been involved in this area of work for 11 years or more, with a further 38% who have been working in the area for between 5-10 years. Our findings suggest that the range of work undertaken by organisations within the area of arts and older people is broad, in many cases using innovative, cross-artform approaches. The most common formats are artist-led participatory work (used by 95%), workshops (91%), residencies (46%) and reminiscence work (39%). The particular outcomes these organisations aim to achieve are diverse and in many cases seek to combine several potential benefits. 82% particularly emphasise building social cohesion, 80% improving mental health, 54% improving public health, and 38% improving the patient environment. 91% specifically hope to address issues of social isolation, 72% inter-generational issues, 63% dementia, 60% healthy lifestyles, 57% depression as well as 22% looking specifically at end-of-life care and 15% bereavement.

It is clear that a mixture of methodologies and outcomes are a key part of the work in this sector, both within individual organisations and specific projects. However, key themes are the reduction of loneliness; increasing older peoples' social capital and levels of community cohesion and dementia, all of which are clearly identified age-related concerns. While many of the concerns and issues facing those working to deliver arts with older people are similar to the wider arts and health sector, it is this focus on participatory work and the targeting of issues around social capital, as well as the NHS's focus on the challenge of a growing older population which distinguishes this work from the broader arts and health sector.

Current funding sources

There are a number of non-health funding sources for this work:

- Arts Council England
- Big Lottery
- Awards for All
- Heritage Lottery Fund
- Trusts and Foundations
- Local authorities

> *"Our local authority says it wants to support creative work with older people but has allocated a zero budget. We already involve many volunteers and run a very cost-efficient programme, so we cannot run more cost-effectively while retaining open access (which we regard as very important). The opportunity is that involving older people in creative work can substantially improve their quality of life, health and wellbeing. It's also much cheaper, in the long run, for the NHS and social services. But getting Councils to recognise this is very hard - their budgets are silo'd with little joined up thinking between Health, Social Services and Education and even less recognition of the long-term costs implicit in the continuing failure to take a holistic approach."*

Funding from health sources for arts activities has never been more complex, reflecting the diversity of institutions and bodies which deliver and commission health care in England. It is also symptomatic of a lack of clarity on policy for investment in arts and health; the Department of Health (DOH) provides strategic leadership for public health and social care in England yet its last public policy statement in support of arts and health was published in 2007.

However, it is clear that arts organisations have successfully levered funding (albeit inconsistently) from a range of key NHS bodies. This includes Primary Care Trusts (which will be abolished in 2013 and replaced with GP-led Commissioning Consortia); NHS Trusts or Acute Trusts which are commissioned by PCTs to deliver a range of secondary health services, most often within hospitals; Mental Health Trusts as well as NHS charitable funding bodies. In recent years, particularly with the advancement of the 'arts and social inclusion' agenda both in Government and beyond, there appears to have been a corresponding increase in health funding for arts work with older people, notable examples being:

- Equal Arts GP referral project, funded by Gateshead PCT for older people showing early signs of dementia or depression and are considered to be at risk of social exclusion, started in December 2010[1]

- The Maudsley Charity supports mental health and wellbeing by investing in innovative projects in health services; training and education; and research and infrastructure. It awarded a large three-year grant to Age Exchange for Hearts and Minds, a 3-year creative arts and reminiscence programme for people who use mental health services in South

[1] Evaluation report available here: www.equalarts.org.uk/pages/our-work/current-projects/creative-ageing.php

London. It is being evaluated by Royal Holloway, University of London and a report will be published at the end of the project in 2013.[2]

- The Art-Lift project created 15 artist residencies in GP surgeries, mental health and hospital settings, with artists drawn from a range of forms including visual arts, ceramics and creative writing in Dursley, Gloucestershire demonstrating considerable success in improving levels of mental wellbeing.[3]

- The Invest to Save Budget (ISB) was introduced by the Government in 1999 to encourage partnership and cross-boundary working by Government departments; it was subsequently extended to local authorities and the NHS. As part of this, Newham PCT funded East London Dance to deliver a three-year dance and wellbeing project, Smiling More Often, for older people with 'low level mental health needs.[4]

Among the organisations who responded to our survey, the most common source of funding during the past two years has been Trusts and Foundations. Lottery funding, whether through Arts Council England (46%), Heritage Lottery Fund (8%), Awards for All (28%) or the Big Lottery Fund (15%) is the next most substantial contributor, followed closely by Local Authority Leisure / Arts funds (48%). Sponsorship (13%) and donations (27%) are also significant.

Funding or commissions from health sources seem comparatively rare for these organisations, with PCT's having funded 24%, Mental Health Trusts 13%, and other NHS Trusts 8%. Local authority Social Services funds have been accessed by 25%, NHS Charitable Funds by 7% and private healthcare providers by 8%.

Ageing Artfully (Baring Foundation 2009) outlined more broadly the UK-wide history of arts subsidy for this sector and noted the lack of age-specific arts policy and funding streams. This has led to imbalances and also hindered the strategic development of the sector with little to support it in terms of networks, research, advocacy and infrastructure.

In the last 5 years, only three age-specific arts funds have been run (or were identified):

- The Baring Foundation opened a three year funding programme in 2010 which has, at time of writing, funded 44 organisations; distributing £813,790.

- Arts Council of Northern Ireland has a history of funding and supporting work with older people. Funding secured from Atlantic Philanthropies has enabled them to extend their work further and in 2010 they launched a three year Arts and Older People Programme, to provide older people with the opportunity to use arts as a creative vehicle to explore and highlight social justice issues through a series of artist-led interventions.

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2 For more information see the Age Exchange website: For more information see www.age-exchange.org.uk/projects/current/hearts_minds/index.html

[3]The full evaluation report can be found here http://hsc.uwe.ac.uk/net/research/Data/Sites/1/GalleryImages/Research/Artlift%20Final%20Report.pdf

[4] An online presentation provides more detail on the project here www.powershow.com/view/2120e4-NmI1N/SMILING_MORE_OFTEN_OLDER_PEOPLE_IN_NEWHAM_WITH_LOWLEVEL_MENTAL_HEALTH_NEEDS_flash_ppt_presentation

- Arts Council England, London's Older People Development Fund was a one-off fund which awarded 7 grants, worth a total of £34,092, in 2009 to create new models of delivering artistic projects to older people as part of its broader engagement programme. This programme also included work for families and local authorities. The Older People Development Fund also aimed to highlight the significant role that arts can play in the lives of older people, whether in tackling isolation, increasing physical activity or improving self-expression.

However certainly among those organisations who contributed to our research it appears that this work is more commonly supported by a complex mosaic of funders, most commonly on a project-by-project basis which results in short-term flurries of activity and a notable lack of continuity, which is frustrating for the organisations concerned. Only 37% of organisations who responded to the survey had benefitted from grants or commissions lasting more than one year.

> *"Funding is always short term and never allows for development"*

> *"This has been a growing programme of work and one in which we have developed our expertise and understanding and have been providing far more than just delivering creative activities. However there is a danger that current funding constraints mean that the benefits of this work are not going to be as widely felt and disseminated as we planned. We are working hard to find ways of ensuring that our learning and development in this area is not lost but can be developed further."*

When longer term funding is in place, the benefits are evident:

> *"Although most of our funding is for this duration, we received Arts Council funding for 3 years to initiate our programme of work with older people which led to further investment by the Local Authority and the PCT."*

In particular, funding for the arts from health sources often lacks strategic support, and, therefore, remains sporadic. In many cases it is heavily reliant upon identifying the right person at the right time. It can be short term and time limited.

New opportunities

The health and social care sectors are experiencing growing demand and sizeable budget cuts. The NHS is currently implementing cost-savings of £20bn over three years and, despite the promise of additional central government funding for adult social care in the 2010 Spending Review, there are concerns from Local Authorities that funding will be scarce. Last year, London Councils released an estimate "*that funding will in fact fall by £1.8 billion over the Spending Review period, making it extremely difficult for councils to protect front line services*". In March 2011, the King's Fund produced the report *Social Care Funding and the NHS: An Impending Crisis* which investigated the ways in which demand on social care would impact on costs and services for the NHS. It noted "*there is a growing awareness of the importance of preventive services but such investments often become a low priority when resources are squeezed*." There is the chance that arts activity may end up as collateral damage in a conflict between the needs of local authorities and health providers. This conflict is something that practitioners in the field feel acutely.

> *"In the present funding climate, we have to work even more closely with health authorities and local councils to deliver work and this will be need based work and on the health assessment needs as well."*

The notion of a wellbeing agenda is one that some local authorities embrace wholeheartedly while others prefer the language of outcomes. The targeting of so much of this work around dementia may be a consequence of this quandary. Many organisations are aware of NHS objectives around dementia and are keen to link their work to dementia and the wider remit of improving mental health.

> *"Health authorities are not too keen on arts in health as they are also bothered about funding and arts will be the last priority but what arts can achieve is subtle but powerful and this is the main challenge we need to address. If this can be inbuilt into every health area, then there is a great opportunity for the arts to play a major role in the betterment of physical and mental health of the community."*

Work aimed at reducing loneliness can also be understood in terms of building and developing social capital which is difficult and troublesome to evaluate. It can also be understood (along with intergenerational work) as being part of a larger drive to increase community cohesion; where communities feel segmented due to age, race, class etc. Again, some local authorities are enthusiastic about this sort of work while others (through dogma, complacency or financial uncertainty) are unwilling to investigate.

Personalisation

First introduced in the 2006 Government White Paper *Our Health, Our Care, Our Say*, Personalisation is the adoption of individual personal budgets, whereby patients or recipients of social care, can determine how the funds allocated to their care are spent. Rather than simply receiving the care that local authority providers deem appropriate, individuals can spend their budgets on care (or social activities) which are the best for them. In theory, personal budgets can be spent on anything from tickets to the football to a cable TV subscription. And in theory, there are opportunities for arts organisations to offer a range of services for individuals to utilise via their personal budgets.

Personal budgets are being applied in different ways across the country and with several pilot projects currently underway across England, there is, to date, little evidence of much inclusion of arts in the offer available to individuals. As this process continues however it is hoped that opportunities will emerge for the arts. Many organisations express a willingness to engage with this area and to learn more about the Personalisation agenda. However, taking advantage of such opportunities is not likely to be straightforward. Potentially, the majority of arts organisations may struggle with issues of scale and capacity when it comes to making a credible offer to Local Authorities to provide personalised services. There is also the possibility that individual recipients of a personal care or health budget may be able to pool resources and jointly commission group services. However, this has yet to be implemented widely or with a professional arts organisation. An initiative in Cambridgeshire and Suffolk is currently being established in which individual organisations will be able to join a consortium designed to bid collectively for services.

> *"We are looking to health sector in particular. We recognise that we will have to tender for commissions at local authority level - but because of scale we are more likely to be able to pitch to be the delivery partner for an element of a commission gained by bigger players in the social care sector. We have some success with a 'package' for very young children funded by PCT and are looking to create a similar model we could 'sell' for older people which is a significant change for us from traditional 'grant' approach."*

Another challenge for those project-driven organisations will be how to create and bankroll new services for the personal budgets system without putting themselves at considerable financial risk. Although some arts projects are specifically targeted towards delivering specific health outcomes, much activity appears to focus on reduction of loneliness. While loneliness is deemed a health risk, it is not something that the NHS/health sectors understand as something they necessarily offer "treatment" for. There are inherent challenges in creating and delivering this work (if people are lonely, how do you reach them) and there is sometimes a quandary faced by organisations struggling to define the terms of their work.

Clinical Commissioning Groups

From April 2013, Primary Care Trusts (historically a source of funding for this area of work) will cease to exist. Their role will largely be taken up by consortia of doctors working locally and overseen by Health and Wellbeing Boards. All GPs will ultimately be required to join a Clinical Commissioning Group (CCG) and they will manage budgets and determine health and spending priorities. While there are concerns about how these will function in practice, it is clear that these changes will effect support for arts activity with older people.

> *"We are interested in exploring different ways of supporting frail and isolated elders (who indeed may be very robust) to engage with arts and creative activities in their local arts centres -transforming and gently subverting the traditional day services model. We want to work with funders who are interested in supporting innovative participatory arts practice alongside those particularly focused on health and social wellbeing. We plan to widen the ways that we resource practice examining how we can be supported by personalised budgets and health/ social care commissioning."*

CCGs will be obliged to link with local authorities – particularly around provision of health related social care, particularly nursing care. This may create opportunities for arts activity with older people although the most likely and viable route to getting this work commissioned is via local authorities – see below.

Social prescribing

Social prescribing is a broad term which encompasses the involvement of Third Sector organisations in the provision of services designed to improve health. It includes exercise on prescription and the provision of financial advice/debt counselling. In recent years, a number of arts on prescription projects have been established across the country. Social prescribing generally involves patients for whom traditional medical interventions are deemed to not be effective being referred to local organisations which provide specific resources – such as creative workshops or activities. In return the organisation is paid a fee by the commissioner.

This model has been employed successfully in many areas – with some leading commercial fitness providers, for example, securing contracts for exercise on prescription. However, many arts on prescription schemes have relied on grant funding (from various non-health sources) to top up the funds paid by health providers. As a result, some of these schemes have been time limited or project based, sometimes providing generic arts opportunities. It is also worth noting that many of the arts on prescription schemes in England have had as their primary focus mental health (specifically tackling mild to moderate depression). As such few have been dedicated to provide a service for older people per se. A limited number of arts on prescription schemes have secured the long term

support of health commissioners and these may provide a template for others to emulate; providing as they do a demonstrable impact on the mental health of participants and increased social engagement with a consequent reduction in isolation and loneliness. For a detailed analysis of recent arts on prescription schemes please see Stephen Clift and Hilary Bungay's article on this subject (details in the Resources section below).

Public health

Along with the establishment of Clinical Commissioning Groups, April 2013 will see the establishment of a new system of public health provision in England. Local authorities will be provided with ring-fenced funds to support the promotion of population health for their communities. Currently, much local authority funding for cultural and leisure activities with and for older people comes from public health budgets and this proportion is likely to increase. However, it is difficult to tell at this stage if the total sums available locally are likely to increase as a result of these changes.

What is certain is that achieving public health outcomes will become an increasingly important criteria of local authority funding for arts activity with older people. This is likely to require more consideration of public health targets with the older population.

The private sector

The portfolio approach employed by many arts organisations increasingly includes some element of corporate or private sector funding. However there are challenges with this, not least in terms of accessing such sources. While some organisations are investigating sponsorship models, many are actively developing services to sell to the commercial sector. There is nevertheless a sense of uncertainty around this move; uncertainty of how to achieve success but also of the potential risks involved with such partnerships; whether in terms of compromising quality, terms of individual expression or the essential "arts-ness" of the project.

> *"We are increasingly looking to the independent care home providers to fund services directly but feel we need to review how we package and market our services - this has not yet started."*

> *"We hope to lever funding from the commercial care sector by presenting benefits of our work through SROI evaluation. We have made a social project for older people modular so we can approach small funders for the direct costs of delivering one block as well as larger funders for a series of activities."*

Waiting for the dust to settle

The changes and challenges outlined above do make for a complicated picture but the outlook of many working in the sector is not bleak. Arts organisations which genuinely deliver work with older people (rather than "at" them) stand to survive and potentially prosper in this era which, in Whitehall terminology, is being called "the new normal".

By building strong relationships with funders, commissioners and participants, realism in targeting achievable health and/or wellbeing outcomes and retaining the essential creativity of projects, organisations can continue to deliver work that inspires, connects and supports older people. The refrain reminding actors to keep performances fresh is "recreate not reproduce" and this mantra serves for the work of those delivering arts with older people too.

> *"Look at your processes - will they work in this kind of work? If not, how can they be adjusted to work? Don't focus on the outcome/product - work on ways of being in the artform. By focussing on the process there will inevitably be an outcome/product, be prepared to work on truly being in the moment and letting go of methodologies that push for creation and product."*

> *"Be clear about why you are doing it and what the potential participants are likely to want and to get out of it. Be specific rather than too generalist. 'Older people' are such a diverse group that activity has to fit the particular location and likely participants. "*

> *"Having recently been involved in commissioning art work with older people, I was surprised at how many arts organisations were placing an emphasis upon reminiscence work, and proposals lacking innovation. In my opinion insufficient emphasis is placed on the value of actively involving older people in creative process purely for the benefit of being creative."*

Sharing information and skills

In recent years, there have been some moves to improve networking and sharing of good practice within this area. London Arts in Health Forum (LAHF) hosted a summit of organisations working with older people in 2010 and also ran a series of networking events for artists working with older people. Organisations including Arts 4 Dementia, Artz UK and the nascent National Institute for Creative Ageing aim to provide focus and support to practitioners working in this field. Equal Arts set up the Arts & Dementia Network and Capital Age Festival in partnership with Audiences London has also organised networking events. A new Baring Foundation supported website for arts and older people will also be a significant resource for people working in this field.

> *"It is fabulous to work with elderly people. Their hunger and enthusiasm to learn new skills surprised us. The groups we worked with last year all asked for more regular crafts activities and we would love to offer more. There is no doubt in my mind that engagement with the arts at an elderly age is just as, if not more, important and valued by the participants and equally no doubt that it has real benefits for people's health and wellbeing."*

Conclusions

Arts activities by and with older people are, on the surface, flourishing and, through this short piece of research, it has been easy to find many exemplar organisations, artists and projects. There is little available recent research or mapping on levels of funding or provision, beyond the anecdotal. However, the sector appears to be "static" with little evidence of development since the launch of *Ageing Artfully*. Many of that report's recommendations remain outstanding and still valid.

Although there is undoubtedly a growing need for arts activities for older people (statistically at least), the message of how creativity transforms people's lives has not been embraced widely outside a few key supporters or funders, and this area of work remains stubbornly underfunded in comparison to investment available for other segments of society.

There is a lack of leadership with very little strategic support available to underpin further development in this sector. This in turn has meant that there are few opportunities for networking, campaigning, training, evaluation, audience development and sharing. Much happens in isolation. England is the only country within the UK not to have a country-wide development agency focused specifically on arts and older people. Given the demand noted from the research findings for support and help, it is clear that there is a desperate need for an organisation/body to assume a greater developmental role on behalf of the whole sector.

The development of this sector is additionally hampered by the current lack of coherent policies on ageing. Whether it's care, education, health, pensions or equality, older people need the equivalent of an age-specific "*Every Child Matters*". This policy dramatically transformed how young people are cared for and protected. It also greatly improved and increased access to the cultural offer for young people. It would be likely to have a similar effect for older people. Age Concern UK is leading a national call for a "joined up" policy approach to promote active ageing, recognising the importance of "leisure". Unfortunately, the arts are not specifically included. Although this in itself is not problematic, it is emblematic of how creativity, both the right to it and its benefits, is very often overlooked.

It is clear that although many organisations are working in strong partnerships and developing new relationships, they appear to be ad-hoc and on a project by project basis. From the research there is a clear desire for further "joined up" approaches between the arts, health and community/voluntary sectors. Specific funding streams supporting older people are scarce, increasing the reliance on "mosaic" approaches to funding. This has a detrimental effect on both organisations and their participants, giving rise to a "stop/start" mentality that hampers the development of longer term relationships and thus, outcomes. Increased funding can only increase both the quality and quantity of opportunities available to older people.

Although many arts and older people activities are focused on improving health and wellbeing outcomes, the NHS is not a major funder of this work. The Department of Health is currently silent on support for the role of the arts in health and care. Like arts and health more generally, NHS support for arts and older people projects is sporadic, de-centralised and incoherent. Changing this requires, in part, transforming how the public both sees and understands the role of creativity in quality of life and wellbeing.

More development work is needed to support arts organisations and artists; firstly to understand the changes to the delivery of health and social care in England, and secondly how funding can be accessed. There is a role for existing networks such as London Arts in Health Forum, other regional bodies and the new National Alliance for Arts Health and Wellbeing, to ensure that this area of practice is better supported and prioritised.

Resources

New National Alliance for Arts Health and Wellbeing which supports work across arts and health
www.artshealthandwellbeing.org.uk

An Evidence Review of the Impact of Participatory Arts on Older People
(Mental Health Foundation 2011).
www.mentalhealth.org.uk/publications/evidence-review-participatory-arts-older-people/

Ageing Artfully
(Baring Foundation 2009)
www.baringfoundation.org.uk/AgeingArtfully.pdf

Arts on Prescription: A review of practice in the UK, Hilary Bungay and Stephen Clift
(Perspectives in Public Health 2010)
http://rsh.sagepub.com/content/130/6/277.full.pdf+html

Analysis of social prescribing
www.dundeepartnership.co.uk/sites/default/files/Social%20Prescribing.doc

Various papers relating to NHS changes:
www.londonfunders.org.uk/what-we-do/funding-landscape-2012/changes-public-health-whats-store

A summary of the main changes in the provision of public health from April 2013
www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131897.pdf

About LAHF

London Arts in Health Forum (LAHF) is a membership organisation which develops the role of culture in wellbeing and supports arts in health activity across London and nationally. The organisation is free to join and offers events, a regular newsletter, advice and support for artists and service users. LAHF currently has over 2,000 members. In April 2012, LAHF joined Arts Council England's National Portfolio with a new focus on creating exemplar projects and building partnerships to encompass sections of society at risk of exclusion from arts provision, but for whom access to arts activities could enhance wellbeing, social inclusion and strengthen communities. LAHF also works to develop understanding and support for the utilisation of the arts as a tool for improving mental and physical health. It is co-ordinating the establishment of a National Alliance for Arts, Health and Wellbeing to increase capacity and raise the profile of the arts and health sector.
w: www.lahf.org.uk

About this report

The Baring Foundation, as part of its on-going strategic interventions supporting arts and older people related activities, asked London Arts in Health Forum (LAHF) to provide an analytical "think-piece" exploring the recent funding history of arts for older people, with a particular focus on monies obtained from health sources for creative participatory projects.

The research and writing of this paper was conducted in early 2012 against a backdrop of changing political and economic discourse around cuts to the provision of public sector services as well as dramatic changes to the funding and delivery of both health and social care. A focus group of people working in this area was brought together in April 2012 and further analysis and commentary was subsequently added by LAHF.

The report is designed to build on Ageing Artfully (Baring Foundation 2009) but focuses particularly on health funded work. It is not intended to comprehensively document all funding sources and opportunities for arts and older people, offering instead, a snapshot of organisations, their practices and funding sources along with an outline of potential future threats and opportunities. It recognises that there are significant differences in how funding (particularly for health) is invested locally, regionally and nationally and a detailed examination of this is outside the scope of this paper. Talking about money, whether it is personal income, taxation or funding remains a somewhat sensitive subject. We are, therefore, grateful for the insight into funding concerns and issues provided by the research participants. The conclusions the report offers are shaped and moulded by the authors' own experiences and their reflections on this sphere of work underpinned by their passionate belief in the value and importance of this work and its role in improving lives.

Methodology

This report used a combination of desk research and telephone interviews with arts organisations working with older people, who are in receipt of funding from health sources. It also involved an online questionnaire which was circulated to key organisations working in this field. A roundtable discussion also took place on 25 April with a group of invited individuals all with an interest in the field. The italicised quotations within the report come from responses to this online survey. This report, due to the size and scale of the commission, focused only on professional arts organisations based in, and receiving funding from, English sources.

Appendix I
Case studies

Case Study 1: Resonate

Resonate is an innovative arts programme which offers bespoke arts interventions for older people with mental health issues in central London. It was established two years ago by Westminster Arts with the aim of providing quality arts opportunities to an increasingly older population in the borough. The programme delivers projects in various settings: care homes, day centres, in the community and one to one in people's homes. All the projects are tailored to meet the needs of the individuals or groups and are developed in consultation with partners to agree joint outcomes. All projects have the underlying aim of encouraging participants to get involved in the arts, and when possible, to give them the confidence to access the arts independently. This approach is particularly relevant for people who are in the early stages of dementia or memory loss and are becoming isolated.

Resonate has been funded by Westminster PCT with funding guaranteed until March 2013. The grant covers core activities, and the programme is complemented with additional funds from a range of sources. These include Awards for All, Arts Council England, Westminster Amalgamated Charities, and Westminster Council. The grants are small and are specifically directed towards projects. This complex portfolio places particular pressures on the manager, Kathryn Gilfoy, because of the competing demands and requirements from the funders.

Sustaining the project requires lobbying and advocacy; and this takes time. Kathryn, who is employed part time notes, "*It requires enthusiasm, it is clearly not a 2.5 job, it is definitively a full time endeavor. One answer is for the artists within the Resonate programme to take more of a lead on projects, which means I have to choose artists that are self-sufficient and have experience. I try to balance this by offering opportunities through placements and volunteering to younger and upcoming artists, but the time is limited*." She would like to see the larger Third Sector bodies such as Age UK play an active role in advocating for this type of intervention, potentially unlocking funding from individual and corporate giving.

Kathryn sees the biggest challenge to Resonate being the planned changes to the NHS. The Dementia Development post at the PCT (which originally commissioned the programme) has been abolished and the programme is currently overseen by the Commissioner for older people's services who sets targets based on quantitative figures. Kathryn also works closely with the Dementia Advisor and the occupational therapists who make referrals to the programme.

In order to meet the targets, Kathryn limits the number of one to one projects and tends to work more with groups and residential homes in order to demonstrate value for money. She explains, "*The NHS targets are interestingly broad and they tend to focus on the number of people I work with. At the start, a list of areas of work that I needed to cover was provided, rather than who I should work with, which gave me lots of scope for interesting partnerships. I produce quarterly reports and have occasional meetings with the commissioner, but their time is very limited because they are working with a very broad remit*."

She also highlights the difficulty of proving that a Resonate project has been the reason that someone has been enabled to stay living at home for longer. She foresees specific challenges in the introduction of GP commissioning, "*it is not clear how GPs will view this type of intervention. GPs might be able to understand the value of arts on prescription, as in the case of sports, but they might not be able to differentiate between a regular art class and a more sophisticated art engagement activity*".

Case Study 2: Entelechy

Entelechy is a participatory arts company that works with people of all ages and abilities to produce high quality art projects and performances. It was established 22 years ago, initially to work with people who have profound and complex learning disabilities; a remit which extended to developing an inclusive cross-generational practice particularly supporting those who are isolated and frail in older age.

The company has adopted a flexible planning approach that has enabled them to grow gradually while maintaining their core artistic principles. This involves deploying multiple strategies for devising, planning and fundraising for projects. They generate a number of initiatives on their own as well as working with partners to develop ideas before seeking financial support. This collaborative approach has led them to work with a wide range of older people's groups and organisations in South East London, from residential care homes and church clubs to hospitals. Through these projects they have built a long-standing relationship with local people who have gradually become peer mentors and active contributors in the company. They have also initiated and funded projects with larger arts organisations in London including Siobhan Davies Studio and the Battersea Arts Centre. Some of these collaborations, which have continued over several years, are starting to become more reciprocal as partner arts organisations start to raise funds for the projects themselves.

Entelechy's projects and activities have been funded through grants from charitable foundations, such as the Baring Foundation, Lloyds TSB Foundation, Capital Community Foundation and the London Borough of Lewisham. They have also been supported by the Arts Council's Grants for the Arts programme and more recently the Heritage Lottery Fund. Most of these grants have been awarded for individual projects with funding usually granted for one or two years, which makes Entelechy's commitment to establishing long-term associations difficult to maintain.

The company was recently approached by Lewisham Council's Social Care team to develop an initiative in partnership with the Albany Theatre, where Entelechy is based. The project, which is in its early planning stages, will focus on developing an alternative model to day-care services and seek a more effective way to provide creative and cultural responses for older people in the borough. The Council wants to find more cost-effective models to provide activities for its older population and improve their mental health, sense of wellbeing and break their isolation. Lewisham Council has also commissioned Entelechy to deliver a project at the local hospital to help people who are at key moments of transition in their lives.

In April 2012, Entelechy will become part of Arts Council England's National Portfolio. The funding will cover part of their core expenses and will provide the necessary stability to enable the

company's growth. The affiliation with Arts Council England has also helped raise their profile and disseminate the practice more widely within the arts sector. Based on their experience, the team at Entelechy believes that there is a growing and a more receptive attitude within the Health and Social Services sectors to their work. The challenge in the next years, as David Slater, Director of Entelechy, describes, is how to influence and shape the ecology of organisations that are part of the Arts Council England Portfolio: "*We are renegotiating ways in which different parts of our community in South London support and engage with very frail and older people. These are questions we want to explore very transparently not only with the health service but also with the broader family of arts organisations that we will be working with…*"

Case Study 3: Ladder to the Moon

Ladder to the Moon, is social enterprise which offers training, coaching and interactive theatre experiences to care providers to improve the quality of their services. The organisation has developed a unique approach, which they have called Relationship Theatre®, to change the way staff, relatives and clients interrelate in care settings. The work focuses on the emotional experience of both clients and staff, to improve relationships, teamwork and engagement. Chris Gage, CEO Creative Director explains: "*We use interactive theatre techniques to help staff develop a different relationship with the residents, improve their communication and shift the culture within the care setting. Our aim is to make the experience of living in a care home more enjoyable and more relevant to people's experiences*."

In 2006 Ladder to the Moon received a grant from the Big Lottery Fund to work with elderly mental health clients in South West London and this work took the company to a wide range of settings within the care system. In 2009 they received an additional investment from the Department of Health that helped refine the methodology and establish a close relationship with the care sector. The award was brokered by The Social Investment Business, an initiative from the Department of Health, which supported the development of social enterprises providing health and social care services in England. This fund is no longer available.

Ladder to the Moon was established as a social enterprise because of the potential this model offers for work at a larger scale. The organisation has maintained its legal status as a charity, but operates under a social enterprise model, using business strategies for development. They use arts based funding to support the research and development and innovation of new products, which are then rolled out to the health and social care sector on a paid-for basis. Their clients are mostly large care home providers as well as not-for profit care groups. Chris acknowledges that the process of building these relationships can be very lengthy, sometimes taking up to 2 years to reach an agreement.

Chris is conscious of the need to raise the profile of Ladder to the Moon's work and the wider role the arts can play in improving the experiences of older people. To promote the work, he has made presentations at many conferences, seminars and forums and has also developed networks with his clients. The organisation has also established a strong relationship with the National Care Forum and the English Community Care Association, the representative bodies for the care sector. They believe that these networks and associations will play a key role in the future in supporting this type of work. Chris also tweets. However, he believes that there is an imperative need to market this work

more widely to increase the understanding of the potential value of this work and the difference it can make.

Case Study 4: Equal Arts

Equal Arts is a well established charity working in the North East of England, which has been delivering arts activity with and for older people for over 25 years. It cites its mission as being "*to improve the quality of people's lives by helping older people participate in high quality arts activity*." The approach which the organisation has developed over this time has been based on partnerships with individuals and organisations and a rooted localised approach to its activity. This has seen the organisation develop a strong local/regional profile and develop good relationships with key commissioners and providers. Crucially, this strong regional profile has helped with fundraising. As the organisation's Director, Alice Thwaite says, "*Without Northern Rock we wouldn't have been able to survive."* Other regional support in recent years has come from the Kellet Fund as well as a wide range of other Trusts and Foundations.

Alice continues: "*The holy grail [for organisations working in this field] is health money – the fact is that building the idea of commissioning arts activities is what we spend a lot of time doing… We've had PCT funding – but they're not going to be there in the future. We just keep making the case*." She echoes the concerns of other organisations that Arts Council England's support for this area is patchy and hard to quantify, "*I really feel that the Arts Council's "great art for everyone" mantra doesn't extend to the over 75s and would make a real difference in this area*." In order to continue to lobby for support for this area of work, Equal Arts has developed the Arts & Dementia Network to champion the role of the arts in dementia care and support artists and health and social care professionals working in the field. This has tapped into a huge demand for networking and support for this area of work. This, though, sits alongside the organisation's core activity which is delivering an arts on prescription scheme, projects in care settings and day centres, training for staff and work in hospitals.

Alice believes there is much that people working in this area can learn from arts organisations working in mental health and notes that the only examples of individual budgets supporting arts activities of which she is aware are in the field of mental health and particularly learning disabilities. She emphasises the value of building individual relationships with potential commissioners. With this in mind, she sees potential in the transfer of public health responsibilities to local authorities – with identifiable local budget holders looking for innovative ways of supporting an ageing population. However, in the meantime, she acknowledges that local authority cuts have made life very hard for organisations like Equal Arts to maintain their infrastructure. Like many organisations in this field, Equal Arts has received some essential ongoing support from the Baring Foundation's five year Arts & Older People programme.

Alice's final thought is around the role of advocacy and securing longer term support for this area of work. She notes that "*The Lottery is a massive funder of this work.*" But she adds that much of this support comes through BIG Lottery, rather than through dedicated support for activity with older people. "*To put some sort of pressure on the Lottery to fund arts and older people work would make a real difference."*

Appendix II
Account of the roundtable event which took place at the Baring Foundation on 25 April 2012 to discuss a draft of this paper

Prepared by Joe Randall, The Baring Foundation

Topic

The quantity and quality of funding is the key constraint for organisations working in 'participative arts' with older people. As part of the Baring Foundation's desire to improve the operating environment for these organisations we have commissioned LAHF to analyse the recent pattern of such funding from health sources, and to consider its future. A draft version of this LAHF paper was circulated to participants in this roundtable discussion, which was held in order to deepen our common understanding of these issues and consider future activity. The LAHF draft paper is to be refined in the light of this discussion, before publication.

Format

Presentations were made by three participants, followed by a wide-ranging discussion of the issues for the future of this area of work.

Questions suggested for discussion included:

- What should arts organisations and others be doing to maximise opportunities for such funding?
- What are the current obstacles and how can they be tackled?
- How can arts organisations position themselves to enter into positive relationships with health commissioners?
- Are there common characteristics for these relationships?
- Is there a brokerage role for organisations like the Arts Council or the Baring Foundation in fostering relationships with the NHS?

Presentations

1. **Damian Hebron, London Arts in Health Forum.**

   Damian introduced the report authored by LAHF on arts and health funding by discussing their methodology, and observing that much that is true in the Arts and Older People field, is similarly true across the rest of the Arts and Health sector.

   Two key conclusions reached in the report are that a lot of the work which is currently underway focuses more on a broader 'wellbeing' agenda, rather than aiming to meet more specific health outcome targets; and that reducing loneliness or isolation through participatory arts is the most important aim, underpinning the majority of work in this area.

   There are questions as to whether the field of participatory arts with older people can really be termed a 'sector', and the degree to which such a label is valuable. What is clear is that this area

of work is considerably under-resourced compared to a number of similar and related fields, but that it is a growing field both in the level of offer, and due to rapidly expanding needs.

2. **Alice Thwaite, Equal Arts.**

   Arts and Older People must be defined as a sector, for without proper recognition of this area of enormous need, it will not be properly funded. A great deal of the creativity involved in this sector's work is in getting the funding to carry it out. The sector must lead, not follow the argument for funding in this area. It is frustrating to have to follow the language of health rather than the language of arts (activity as "stimulation" rather than "art", for example).

   Equal Arts are lucky to work in the north-east, which has a strong community and tradition of small-scale participatory arts work. One of the key ways to further the work of this sector was to bring these organisations into conversations with commissioners through forums or networks. Hopefully once these relationships are made with interested parties such as GPs they will be carried over into new institutional frameworks.

   There are reasons to hope that new interventions and funding mechanisms such as social prescribing will make an impact in this area. Equal Arts has an interest in the provision of arts-based day services for older people. This illustrates the type of potential innovation in this area which could involve a wider constituency of venues, organisations and sectors.

   This discussion cannot only be about funding from *health sources*, but also about other sources of funding for work in this area. Arts funders cannot be 'let off the hook' for their lack of interest in participatory arts with older people.

3. **Jayne Howard, Arts for Health Cornwall and Isles of Scilly**

   The biggest challenge for the Arts and Health sector is not the amount of potential funding available to the NHS, but its restructuring. Key individuals with whom organisations have relationships are already disappearing from their posts. Clinical Commissioning Groups will be tied down in procedural work for the next eighteen months. The relocation of many public health responsibilities to local authorities will be a huge opportunity, but at the moment the energy appears to be on the reorganisation itself rather than its intended health outcomes.

   Funding relationships with Arts for Health Cornwall have primarily been formed with (soon-to-be abolished) PCTs. Personal relationships tend to be crucial in accessing this funding, as is total clarity around what the arts organisation can offer. It is important to 'under promise and over deliver' in these relationships, to choose the outcomes to be measured very carefully, and agree the criteria for funding at the outset of the relationship. Being completely honest about what is and what is not possible builds trust, and leads to more sustainable funding relationships.

   Bringing together health and creative practitioners has been very useful in building understanding of where each other 'are coming from'. In addition, engaging with the public engagement/involvement parts of the NHS has been a useful approach as participatory arts work can make for excellent health 'stories'. As long as the officers are not undermined, getting elected members or non-executive directors on board can prove a fruitful approach.

   The problems caused by the reorganisation of commissioning mean that arts organisations need to speak with a louder and clearer voice in order to be heard. This may well involve aligning themselves with other service providers, for example from the wider voluntary sector. There is a need for the sector to engage better with independent providers of health and social care

services, however those care homes who most wanted to work with arts organisations are often also those with clients who are least in need.

Themes emerging from the discussion

Arts and older people as a sector

There was considerable discussion around the question of whether there is a definable 'arts and older people sector' which can access health funding. Can a unifying theme be identified which underpins the work done in this area. Key points raised were:

- *The range of issues the sector works with*.
  Organisations in the overall 'arts and older people sector' identify participants by a range of different criteria. They target their work at older people, at ill health, at disability and/or at mental health needs, however the latter three of these categories are not, in fact, specifically age-related. There is a need to be precise about which of these areas an intervention is best suited to, and what the likely outcomes of it are in order to ensure appropriate services are offered.
- *What outcomes the sector can offer.*
  It is important to identify clearly what outcomes can be expected from arts interventions. This allows arts organisations to align their offers with funding silos within the healthcare system. It would also help to clarify the tension between services which can and will be funded by the (publicly funded and provided) healthcare world, and those more appropriate for the (largely privately funded and provided) social care world.
- *The type of interventions that define the sector.*
  Most older people's interaction with the arts (e.g. going to museums and galleries) is not prescriptive or remedial. This leads to the question of whether this broader engagement can be part of this 'sector' or not?

  One response to this was that although some organisations do target work at specific needs, a mosaic of funding should reflect the variety of different organisations and offers - which span work with specific groups and work targeted at specific health needs.

  Another response was that a defining characteristic of health-funded arts and older people projects is that they have to be an *intervention point*.
- *The 'audience' for the sector.*
  There is a group of people who fail to engage with the arts who fall somewhere between the group of younger, more active people who access the arts on their own, and older people who have access to participatory arts projects.

  One view was that perhaps we can see older people in two lights: a) as members of the general public, accessing the arts in the same way as everyone else, and b) as the participants in arts interventions which often have an explicitly preventative or even acute health agenda. Is the key to defining this latter audience 'disadvantage'?

  Another concern related to the sector's audience was that we must be careful not to create an 'asylum' for older people, by allowing the view to develop that participatory arts are only any good for working with old, frail people. In addition, the value of these projects must be seen and

the concept of a distinct 'arts and older people sector' must not enhance the tendency to see arts as a 'Friday afternoon' activity. Crucial to the value of the sector's work being recognised is convincing not only the funders and participants, but also workers in the health and social care settings.

Reasons for organisations' success in accessing health funding

There were many reasons given for why organisations felt they had been successful in accessing health funding. Many were repeated which have been included in the notes on the presentations and the discussion on the 'sector' above. Significant other reasons included:

- *Primarily focusing on doing great arts.*
  This unlocks funding as funders can see that it is truly transformative.
- Ensuring clarity in what is on offer, what an organisation can and can't provide.
- *Offering specific 'products' (or not)*
  One view expressed was that going down an approach which sells the organisation's work as a *product* often means that insufficient emphasis is placed on the value of the *arts.* It therefore misses that the quality of the offer is contained within the artistic *process*, rather than the outcomes or outputs.

  Another, similar point was that rather than offering a product and 'selling' your organisation's services on what you can promise to deliver, ask what the problems are that the health partner encounters, and outline what tools your organisation can bring to create solutions to some of these problems. Having a positive attitude and engaging in a collaborative process to resolve particular problems creates buy-in, and helps build good relationships with the health funder.

  However it was also argued that creating and articulating clear products is a good way to begin to build relationships with funders. Having demonstrated success in providing these, relationships with funders develop, allowing greater creativity, flexibility and artistic space for broader offers to be made in the future.
- *Good local relationships with creative commissioners.*
  For example Equal Arts' involvement in public health-funded work around keeping older people warm in their homes.
- *Not trying to be or act **too much** like health care professionals.*
  It was argued that by arts organisations doing this, it led to the danger of having to compete with health bodies on their terms. Health funders can be inspired by organisations emphasising what is different about arts work.

  However, another view was that arts organisations needed to achieve a careful balance so that these creative commissioners can get what they want from the intervention both personally and professionally. One issue here is that many in the healthcare field are uncomfortable with the word and connotations of *art.* Ladder to the Moon, for example use the term 'creativity' instead, as it has greater resonance with the language of business and administration.
- *Being able to make effective use of existing evidence.*
  There is very strong evidence in some areas, and being able to quote it authoritatively is important. In addition, many participants in the discussion agreed that evidence of impact was not the be-all and end-all of attracting health funding: commissioners are *people* and they respond well to personal stories and case studies. It was noted that a lot of things are done in the NHS based upon no evidence whatsoever.

- Local visibility, for example through a local track record of providing similar services, or even local media/advertising coverage, is important in attracting funding partners of all types. Other ways of doing this include working alongside bigger organisations, who can particularly help with capturing evidence of impact; and producing and displaying tangible artistic work, thereby increasing public visibility.

Implications of the health reorganisations, policy innovations and funding cuts

The government's reorganisation of the NHS, and the efficiency savings required by this, were a recurring theme in the discussion. Points were raised about both opportunities and challenges that this presented, as well as other areas of change in health policy. Key points that were made included:

- The relocation of public health responsibilities to higher tier local authorities could be very important if it is used to redress the engagement gap in the arts, and maintain people's access to great art as they grow older.
- Participants in the discussion have found that conversations with CCGs, Health and Wellbeing Boards (HWBs) and other new structures, are difficult or impossible at the moment. Arts organisations need to understand better how these are going to operate and where the points of contact will be.
- There 'couldn't be a worse time to try to engage people working in the health sector'. There is a lot of worry among these people about retaining their jobs, and people do not want to take risks by advocating for unconventional services.
- Health and Wellbeing boards will be far more open and accountable in ways that PCTs and SHAs have not been. This will make it easier to find those with their 'hands on the levers', and there will be opportunities to influence the non-health members such as local authority representatives.
- At present the new structures (still in 'shadow' form) are very much bogged down in procedure. However there are still two 'ways in':
  - Demonstrating cost-savings of arts and health work;
  - Following priorities which have already been established and tailoring new offers to these.
- Personalisation has proved an innovative policy area in certain areas, primarily in work with disability and mental health. However, this has not yet been done well with older people.

Other funders in this sector

- *Arts Funders.*

  It was often stated in the discussion that arts funders such as ACE were insufficiently engaged in this field. However it was noted that this may be down to the way in which applicants from this sector approach these funders. Grant applicants need to speak to these funders' goals, primarily by articulating the value of the *art outcomes* rather than the wider social or health outcomes of the project.

  This sector can make a convincing case to funders such as ACE, particularly by analysing the *reach* and *engagement* of this work, for example through emphasising that participants would not otherwise be able to find or access great art.

  It was also noted that ACE has done a fair amount of work in recent years around the theme of arts and public services. The most relevant aspect of this has been in pulling resources together around the issue of how to better integrate the arts into local commissioning. Although ACE has

insufficient resources to act as a local broker between arts organisations and commissioners, it knows that it could give a clearer national line in these areas and is developing high level relationships in some of these areas.

- *Social Care.* In the divide between healthcare and social care, the majority of opportunities for intervention are within the social care system. However, social care is also undergoing radical changes, with only approximately 6% of social care provided by the public sector today and 70% provided by for-profit providers. Especially in these for-profit care homes, arts virtually doesn't touch older people.

Work that could help the sector better access health funding in the future

It was observed, for example, that as long as funding in this field is allocated in 'pots', this sector's work will always be provided through time-limited projects, and will not become integrated into the practice and the culture of everyday service provision for older people. It was suggested by a number of participants in the discussion that a more fundamental approach was required to create a more sustained solution to this problem. Suggested means of achieving this were:

- Using a select few examples of great services/projects to create a test-bed and business case for the overall approach. If data from these services were collected rigorously, analysed and disseminated widely, this could create a tool to help ensure a broader change.
  It was suggested that the next 12-18 months, whilst health services were being reorganised, was the opportunity to do this, however others argued that because of funding cuts and reorganisations, this was the worst time to be attempting to engage people in health.
- One of the main problems with the sector's ability to demonstrate its impact and attract funding based on this record is that it has too often tried to do things that it is not good at, in a field in which there is a very high standard of evidence. The sector could learn from the tools of epidemiology rather than lab-based trials, and conduct research which commissioners would listen to.
  Another argument, however was that in some areas there is already very strong evidence of impact, and what was needed was wider sharing of this evidence, and arts organisations who are able to quote it authoritatively.
- Forming local networks and consortia of small specialist organisations has proved fruitful elsewhere in getting in front of those who couldn't be accessed by small organisations acting alone. This approach could be more widely replicated and could help with forming relationships with the new NHS structures.
  Networks and partnerships could also help to increase the visibility of the sector, and establish it more firmly as part of the broader arts ecology.
- LAHF is already undertaking some work with commissioners to understand why they commission work in arts and health, and why so few of them do it.

Other points made

- Despite a considerable degree of rhetoric and widespread agreement about the necessity for preventative policy and early intervention, this has translated into little action. When valuable work is done in this area, it continues to be all about local productive relationships, enlightened commissioners or elected politicians with a specific interest.