Themed Paper — Original Research

Creative cross-sectoral collaboration: a conceptual framework of factors influencing partnerships for arts, health and wellbeing

J. Puebla Fortier [a, *], A. Coulter [b]

[a] London School of Hygiene and Tropical Medicine, Keppel Street, London, WC1E 7HT, UK
[b] Arts & Health South West, PO Box 929, Oxford, OX1 9RU, UK

ARTICLE INFO

ABSTRACT

Objectives: The objective of this study was to investigate the factors impacting cross-sectoral collaboration in arts, health and wellbeing programme, policy and strategy development in South West England.
Study design: The study used a participatory action research approach and qualitative methods in the context of a broader effort to develop a regional arts, health and wellbeing strategy.
Methods: Data collection methods included participant observation, semi-structured interviews, a focus group and feedback collected through collaborative online discussion documents. Data were coded using qualitative data analysis software and analysed using thematic analysis. Data were used inductively to develop the conceptual framework of key factors influencing cross-sectoral collaboration in arts, health and wellbeing.
Results: Seven key factors that affect cross-sectoral collaboration for arts, health and wellbeing activities were derived from the data and analysis: *value and legitimacy, relationships, policy and system complexity, power, capacity, resources and alignment.* A conceptual framework shows how these factors relate to each other in multiple configurations and shape cross-sectoral collaborations.
Conclusions: There are increasing opportunities for organisations to partner on arts, health and wellbeing activities. This study highlights key factors influencing the ability to collaborate across sectors and to align with local and national policy agendas. The proposed conceptual framework offers a way to think holistically about how to design for and manage these collaborations.

Introduction

Using creative activities to support health, mental health and social care outcomes is a long-established practice in the United Kingdom (UK) as documented by the Royal Society for Public Health in 2013[1] and the UK All-Party Parliamentary Group on Arts, Health and Wellbeing in 2017.[2] Taking the broad view of health as defined by the World Health Organization and others, many countries are integrating arts into agendas to promote health, improve wellbeing, and support social development and social cohesion. Across the lifespan, emerging evidence shows that creative activities and methods can be effective in public messaging, supporting healthy behaviours in people managing disease, and preventing or forestalling complications of chronic illness, such as chronic obstructive pulmonary disease (COPD) or age-related cognitive and physical decline[3,4].

However, less is understood about the organisational and policy processes that bring together partners from different sectors to develop these programmes. The capacity to design and coordinate services between arts, health, social care, and community organisations must be in place while negotiating different mindsets, institutional aims, capacities and access to resources. Cross-sectoral collaboration involves "information, resources, activities, and capabilities by organisations in two or more sectors to achieve jointly an outcome that could not be achieved by organisations in one sector separately".[5] Understanding the dynamics of cross-sectoral collaboration can guide all sectors in building relationships that address mutual public health goals.

This qualitative methods participatory action research study, conducted in South West England in 2018—19 in collaboration with the non-profit organisation Arts & Health South West, collected data from arts, public health, and local government participants through interviews, focus groups, group discussions and document

* Corresponding author.
E-mail address: julia.fortier@lshtm.ac.uk (J. Puebla Fortier).

feedback. It identifies seven key factors influencing cross-sectoral collaboration on arts, health and wellbeing (AHW) in South West England: *value and legitimacy, relationships, power, capacity, resources, alignment and policy and system complexity.*

Factors affecting cross-sectoral collaboration in arts, health and wellbeing

Value and legitimacy

As AHW rises in national practice and policy discussions, the capacity for arts organisations and practitioners to collaborate effectively and equitably with other sectors depends on maintaining their own value and legitimacy in these interactions, to convincingly make an offer of services that is appropriately respected and compensated. One arts sector research participant said:

"It strikes me that a lot of this discussion focuses on what we are not good at /what we don't know /what we need to improve in order to better align with health… Only by knowing our strengths will be ever hope to enter into an equal partnership with health. Let's take an assets-based approach to look at what we do have to offer - creativity, innovation, sensitivity, curious, good at motivating and engaging people, empathic practice, problem solving, commitment to similar values."

However, this powerful statement of value, affirmed by nearly all participants regardless of sector, is often challenged in the *act* of collaboration with other sectoral partners. Frequently, bare-bones contracts limit the quality of the activity, safeguarding capacity, and the ability to document evidence of benefit.

Relationships

Interpersonal and cross-cultural dynamics across sectors affect how collaborators in AHW interact with each other, including what facilitates or hinders their ability to work together productively. Interpersonal facilitators include engaging in coproduction, using the skills of people who can navigate sectoral boundaries and having stakeholders experience interventions. Cross-cultural differences—inherent institutional differences in values, language, practices, and goals—can often create barriers to collaboration. This may include the perception (conveyed by both arts and health participants) that some artists are unable or unwilling to play by the rules of the statutory sector, especially when it comes to 'non-artistic' tasks such as developing support plans for users, collecting data, or conducting evaluations.

Power

In AHW activities, power manifests in the ability to define partnership opportunities, often in the context of larger agendas, and to set the rules of engagement for collaborations. These can include funding rules, preferences related to organisational robustness, and requirements for evidence and documentation of outcomes. In response to an invitation to collaborate on local public health agendas, one arts participant said:

"I think that the onus has always been on the arts side to understand the health side, to understand the language and policies of health, and then to advocate for their work within that context. And

that's quite tough considering it's the art side that are, you know, the least well-funded or with the least capacity."

Capacity

Capacity constraints hinder collaboration across sectors. For arts programmes, this includes having the organisational capacity (staffing and structures) to deliver services at scale or join the collaborative processes to develop those services. Skills and experience may be lacking to conduct evaluations, participate in commissioning negotiations, and advocate within policy environments.

As opportunities arise to participate in mental health and loneliness agendas, two AHW practitioners spoke of the risks of collaborating with partners that are not so well-resourced or where staff have a low level of skill. These may be voluntary organisations or private sector contractors providing services to individuals who have complex physical, mental or social care needs. When care support is cut back, arts practitioners must manage the complexity and risk that can arise in AHW sessions. This is potentially a concern in the referral of such individuals via social prescribing schemes to community arts programmes.

Resources

Despite calls from statutory programmes for AHW programmes to align with health and wellbeing priorities, pervasive resource constraints create a particular bind for organisations that want to collaborate in their agendas as discretionary funds are cut to the bone. Several arts organisations felt that even more than evidence, the health sector is focused on saving money: a new intervention has to demonstrate more cost-effectiveness than current practice, which is extremely challenging given the long time required to deliver health or wellbeing outcome changes and lack of funding to conduct economic evaluations.

Alignment

Aligning AHW activities with larger health and wellbeing priorities offers many opportunities in theory and practice, but may also require conforming to the structures and values of collaborating organisations. One AHW organiser recommended to a hospital-based arts programme a strategic approach that addressed new regional priorities, UK National Institute for Health and Care Excellence initiatives, and targeted clinical needs not being met by usual practices. This led to a highly tailored programme that was supported by hospital funding.

Policy and system complexity

All sectors described a health and wellbeing landscape that is complex and constantly changing in terms of structures, policies, people, and funding. New and competing priorities often seem difficult to reconcile with the long-term effects of austerity measures and inadequate funding for new initiatives. This makes it difficult for all partners to navigate cross-sectoral partnerships. One local authority arts officer said:

"I think that it does, quite often to the health professional, it will come down to the economics, how will they save the NHS or health care setting money. It's interesting… to sort of consider how that does or does not mesh with the other stated goal, which is improving mental health or reducing loneliness or addressing a chronic condition."

A conceptual framework of factors influencing cross-sectoral collaborations for arts, health and wellbeing

A novel conceptual framework was developed to illustrate the key factors influencing cross-sectoral collaboration in AHW (Fig. 1). The framework brings a public health holistic approach to developing and managing these collaborations.
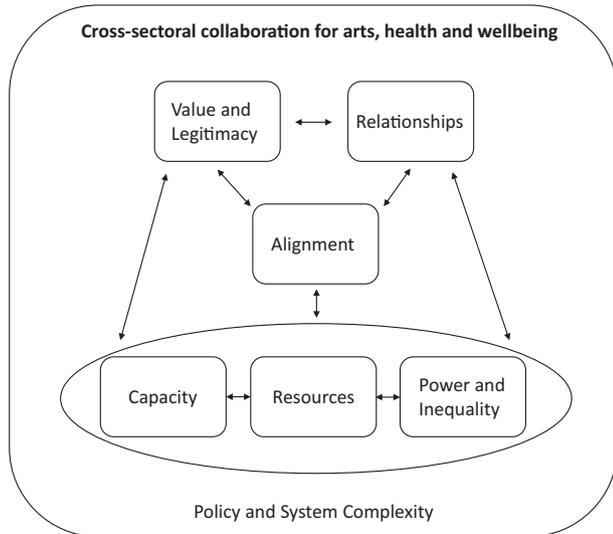

Fig. 1. Conceptual framework of factors influencing cross-sectoral collaborations for arts, health and wellbeing.

These factors are both individually distinct and dynamically interrelated to each other in multiple configurations. Having strong or weak cross-sectoral **relationships** can affect different sectors' views of the **value** of arts and health activities and therefore their **legitimacy**. Accepting or challenging the legitimacy of one sector's value is an exercise of **power**, which can be reinforced by deciding which **agendas** actors can participate in and what **rules** they have to follow to participate. Power also governs the distribution of **resources**. The availability and sustainability of resources directly impacts the **capacity** of organisations to implement activities, which is a precursor to **aligning** goals and agendas among sectors. The lack of capacity diminishes the ability to align, but the benefits of alignment include strengthening cross-sectoral relationships, leading to greater legitimacy, access to resources, and the capacity to act. Similarly, having good cross-sectoral relationships increases the potential for alignment, and having a greater degree of resources and capacity increases perceptions of value.

Discussion

Three conclusions can be drawn with respect to cross sectoral collaboration in AHW and aligning with local and national public health agendas.

1. Arts sector organisations can benefit from strengthening their capacity to collaborate, and other sectoral actors can support more flexible collaborative relationships.

The ability to collaborate effectively requires acquiring and practicing collaborative management skills. Non-profits must learn to manage asymmetrical power relationships to avoid being co-opted,[6] and public sector agencies must acknowledge and adjust their behaviour, practices and rules to give more legitimacy and power to arts organisations. Organisational capacity to deliver these activities is in short supply among all sectors, but particularly acute in the arts sector. Because the wider environment for health and wellbeing is both constrained and in flux, the arts sector must receive financial and technical support from funders to build robust structures that attract sustainable financial resources.

2. Structural constraints related to power, resources and policy and system complexity are the reality in which arts, health and wellbeing activities must operate, but all actors can work to mitigate the effects of these constraints.

Power in collaborative relationships derives from resource dependency dynamics, control over decision-making, and who has legitimacy to define issues and agendas.[6] In partnerships with statutory agencies, AHW organisations are often asked to deliver services and evidence outcomes in prescribed frameworks without the organisational capacity or core funding to do so effectively.[7] Public health agencies could offer support to achieve these requirements, and some commissioners have changed procurement processes and data requirements in response to community sector concerns about the burdens placed on them.[8]

3. Aligning with local and national public health agendas offers opportunities and challenges for the field, but meaningful collaboration cannot occur if the other factors related to cross-sectoral collaboration are not addressed.

There is a dynamic intersection of organisational and policy opportunities where arts, health and wellbeing is emerging onto the national scene due to policy interest and a growing evidence base. However, alignment can also imply constraints, especially where some partners control the resources and rules of engagement, and other partners feel they have to compromise their values to participate. An alternative approach is 'frame fusion' where each partner negotiates its frames (values) to achieve collective value without co-opting one another.[9] In mental health and loneliness agendas, for example, arts activities alone may not lead to measurable health or wellbeing improvements unless they are paired with knowledge, skills and staffing to address specific health or care needs. Successful public health interventions demonstrate that when programmes are co-produced and co-delivered, bringing together different areas of expertise, beneficial outcomes may be more likely.

Author statements

Ethical approval

The study protocol was approved by the London School of Hygiene and Tropical Medicine Observational / Interventions Research Ethics Committee (LSHTM Ethics Ref: 15315).

References

1. The RSPH Working Group on Arts, Health and Wellbeing. *Arts, Health and Wellbeing beyond the Millennium: how far have we come and where do we want to go?* [Internet] Royal Society for Public Health and the Philipp Family Foundation; 2013 Jun [cited 2019 Aug 22]. Available from: https://www.rsph.org.uk/uploads/assets/uploaded/6e174021-82a6-4083-85f5eca6b6fdd303.pdf.

2. All-Party Parliamentary Group on Arts. *Health and wellbeing. All-party parliamentary group on arts, health and wellbeing inquiry report: creative health: the arts for health and wellbeing* [Internet]. 2017 [cited 2018 Feb 6]. Available from: http://www.artshealthandwellbeing.org.uk/appg-inquiry/.

3. Fancourt D, Finn S. *What is the evidence on the role of the arts in improving health and well-being? A scoping review* [Internet]. Copenhagen: World Health Organization; 2019 [cited 2019 Nov 15]. Report No.: 67. Available from: https://apps.who.int/iris/bitstream/handle/10665/329834/9789289054553-eng.pdf.

4. Sonke J, Golden T. *Arts and culture in public health: an evidence-based framework* [Internet]. University of Florida Center for Arts in Medicine; 2020 [cited 2020 April 2], https://arts.ufl.edu/sites/creating-healthy-communities/resources/evidence-based-framework/.

5. Bryson JM, Crosby BC, Stone MM. The design and implementation of cross-sectoral collaborations: propositions from the literature. *Publ Adm Rev* 2006 Dec 1;**66**(SUPPL. 1):44–55.

6. Bouchard M, Raufflet E. Domesticating the beast: a "resource profile" framework of power relations in nonprofit–business collaboration. *Nonprofit Voluntary Sect Q* 2019 Jun 6. 0899764019853378.

7. Daykin N, Gray K, McCree M, Willis J. Creative and credible evaluation for arts, health and well-being: opportunities and challenges of co-production. *Arts Health* 2017 May 4;**9**(2):123–38.

8. Baird B, Cream J, Weaks L. *Commissioner perspectives on working with the voluntary, community and social enterprise sector* [Internet]. London: The King's Fund; 2018 Feb [cited 2019 Jan 29]. Available from: https://www.kingsfund.org.uk/sites/default/files/2018-02/Commissioner_perspectives_on_working_with_the_voluntary_community_and_social_enterprise_sector_1.pdf.

9. Le Ber MJ, Branzei O. Value frame fusion in cross sector interactions. *J Bus Ethics* 2010 Jul 1;**94**(1):163–95.