Dementia Connect:

Co-Designing a Creative Economy Healthcare Hub
Creative Vouchers Scheme Evaluation Report

A report for the Dementia Connect project

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July 2018
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List of acronyms and abbreviations:

AAH – Arts and Healthcare
AHRC – Arts and Humanities Research Council
CC – Co-creation
CCE – Creative and Cultural Economy
CP – Creative Producer
CVS – Creative Voucher Scheme
CWL – Creativeworks London
DC – Dementia Connect
DL – Development Lab
HEI – Higher Education Institutions
KE – Knowledge Exchange
MSMEs – Micro, Small and Medium-sized Enterprises
NHS – National Health Service
PWD – Persons with Dementia
Executive Summary:

This report is an evaluation of the creative voucher scheme used in the Dementia Connect (DC) project. DC was an Arts and Humanities Research Council (AHRC) Follow-on Funding project which drew on core learning and collective expertise from the AHRC’s ‘Knowledge Exchange Hubs’ for the Creative Economy (2012 – 2016). The project was designed to spur health innovation – broadly defined - in the Dementia care sector through collaboration and engagement with the creative and cultural economy (CCE) – specifically the growing field of ‘Arts and Healthcare’ (AAH). The DC project mainly drew on its creative voucher scheme (CVS) as the primary tool of engagement. While the CVS is a funding scheme, there are a number of components and complementarities within the voucher scheme delivery system which allows it to be an effective and adaptable instrument of engagement in this type of cross-disciplinary setting. The type of method used to evaluate the DC CVS is open-ended interviews with collaborators - using thematic analysis to connect learning from four out of the six voucher collaborations. Cross sectional themes were drawn upon to evaluate the effectiveness of the CVS in the context of the DC project. The parameters that make up the evaluation of the CVS include two areas. First, interviews examined the extent to which the process of ‘co-creation’ and ‘knowledge exchange’ happened within the collaborations; secondly, particularities of external brokerage provided by the DC team were examined. These two themes were the most prevalent emerging from the interviews. The findings show that internally (i.e. within the collaborations): (1) cross-sectoral and organisational familiarity, where previous experience in these areas, were beneficial with dealing with challenges associated to time constraints but might do so at the expense of cross-sectoral learning; (2) partnerships that were new were more easily disrupted by logistical challenges as well as managing partner expectations; (3) funding amount unlocked more in-kind support but needed to be managed by project leads to ensure self-exploitation does not occur; (4) funding amount allowed for more exploration due to a lack of interim reporting; (5) funding amount acted as a stimulus to projects which may have never been funded due to constraints of large amounts of funding. Externally: (1) Managing and testing of new partnerships translated into a need for more brokerage in order to facilitate new partnerships; (2) new levels of brokerage bordering on a new role of bricoleur / bricolage which takes place at the pre-application stage is necessary when in new cross-sectoral contexts; (3) the importance of previous experience of venues delivering cross-disciplinary events which are vital to the delivery of the CVS is critical. In this particular case the voucher scheme seemed to do four important things: unlocked in-kind support, supported exploratory research, catalysed new areas of research, and led to strong partnerships.
1.0 Introduction:

The Dementia Connect (DC) project was designed to spur health innovation – broadly defined - in the Dementia care sector through collaboration and engagement with the creative and cultural economy (CCE)\(^1\) – specifically the nascent field of ‘Arts and Healthcare’\(^2\) (AAH). While the connection and interaction between Dementia care and the arts is not new, it is not a consolidated space of activity\(^3\). Dementia care in the UK is a spectrum that undulates between person-centred care (often pharmaceutical – led) and community-centred/relationship-centred approaches; the latter being the least invested in by the National Health Service (NHS)\(^4\). The positive contribution of the latter to persons with Dementia (PWD) through a community-care setting has been well documented\(^5\). However it remains a fragmented and under-valued space. It is in this setting that the DC project has been particularly effective, but it has also been affective in working with person-centred care in terms of the relationship to patient-centred care (i.e. less about individual and bespoke treatments, where the patient is still a patient, and more about focusing on individual people who are more than their conditions).

DC was an Arts and Humanities Research Council (AHRC) Follow-on Funding project which drew on core learning and collective expertise from the AHRC’s ‘Knowledge Exchange Hubs’ for the Creative Economy\(^6\) (2012 – 2016). The KE hubs demonstrated, in various ways, how the CCE and higher education institutions (HEI) can co-lead collaborative projects that are both industry-led as well as research oriented highlighting the potential for arts-and-humanities-led collaborative work in the creative economy\(^7\). Research on the four KE hubs demonstrate how their specific methodologies, used to foster partnerships and collaborations between the HEI sector and the CCE, varied quite significantly; they essentially developed bespoke ways to engage with the CCE in their own regional contexts and at varying scales of organisational formulation and development. DC has built on these methodologies in the specific context of Dementia care and AAH. DC’s main deliverables are: (1) to design an innovation framework for a new ‘creative healthcare hub’; (2) to create a network of key stakeholders committed to delivering such a hub; and (3) to build a body of innovative cross-sector project work that demonstrate the potential for arts and creative ‘technology’ (in the widest sense) in this sector\(^8\). This evaluation will be primarily concerned with this last point; specifically, how the use of a creative voucher scheme (CVS) as an engagement-cum-policy instrument contributes to cross-sectoral projects in the context of a Dementia care and AAH.

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\(^1\) https://dementiaconnect.dcrc.org.uk/
\(^3\) ibid
\(^6\) Four Knowledge Exchange Hubs were funded by the AHRC: *Creativeworks London*, *REACT*, *The Creative Exchange*, and *Design in Action*.
\(^8\) For more on the core contributions of the DC project please see that project final report.
The DC project mainly drew on its creative voucher scheme (CVS) (first implemented by the Creativeworks London KE hub) as the primary tool of engagement\(^9\). While this is essentially a funding scheme, there are a number of components and complementarities within the voucher scheme delivery system which allows it to be an effective and adaptable instrument of engagement in this type of setting. This report is an evaluation of the CVS used in the DC project\(^{10}\).

### 2.0 Creative vouchers rationale:

What are creative vouchers? They are a variant on ‘innovation vouchers’ and are meant to prompt innovation specifically in the creative and cultural economy\(^{11}\). According to the OECD ‘innovation vouchers target MSMEs (micro, small and medium-sized enterprises) in light of the contribution (normally below EUR 10 000) they provide for the introduction of small-scale innovations at the firm level\(^{12}\). Innovation voucher schemes, and their many variants, have become popular ‘innovation policy instruments’ in Europe in the last 20 or so years. Generally, these vouchers represent small lines of credit provided by governments to MSMEs to purchase services from public knowledge providers such as HEIs (higher education institutions) or R&D (research and development) organisations in order to promote collaboration and stimulate the creation of small-scale innovations at firm-level\(^{13}\). They are predicated on the insight that MSMEs usually have limited exposure to public knowledge providers and research organisations (like HEIs) and may also see these institutions as either irrelevant to their business activities or simply out of reach\(^{14}\). Moreover, knowledge providers (a term that covers a range of innovation and research-based organisations, including universities) are more familiar with, and also more used to working with, public agencies and larger companies as opposed to MSMEs; thus the general aim of many innovation voucher programmes is to build new relationships between MSMEs and knowledge providers to stimulate knowledge transfer/exchange and to act as a ‘catalyst’ for the formation of collaborative relationships based on innovation and competitiveness\(^{15}\). The principle behind innovation vouchers is that they represent a ‘light touch’ and low cost intervention where scrutiny and accountability need not necessarily be as robust as may be necessary with other types of funding and / or policy tools. Thus, innovation vouchers exist to move innovation along by providing a light nudge towards accessing knowledge providers (usually through higher education institutions) that may be able to assist MSMEs in one capacity or another, thereby furthering policy that aims at growing and maintaining the MSME sector. Creative vouchers, as a variant on this, are tailored for the CCE. There are four things that differentiate CVS from other innovation voucher schemes: First, creative vouchers are not viewed as simply transactional funding tools, instead they should be viewed as

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\(^{10}\) For a full account of the DC project go to: [https://dementiaconnect.dcrc.org.uk/](https://dementiaconnect.dcrc.org.uk/).


\(^{12}\) OECD Innovation Policy Platform (2010 p. 1)

\(^{13}\) Ibid

\(^{14}\) Ibid

\(^{15}\) Ibid
collaborative awards, primarily concerned with process, where successful co-creation and knowledge exchange are the intended outcomes; second, they are also aimed at facilitating long term partnerships between the collaborators; third, they are highly dependent on brokers who play a number of roles enabling and facilitating the activities between collaborators; and lastly, they are primarily aimed at the CCE. These four factors represent a symbiotic relationship between the policy instrument (the voucher) and the project aims – which has significant ramifications for its evaluation as will be discussed later.

3.0 Tailoring the voucher scheme for Dementia Connect:

So far CVS have been used in two AHRC funded projects: Creativeworks London, 2012-16 (CWL); Creative Hubs and Urban Development Goals (UK/Brazil), 2016-17. Importantly, while the voucher as a tool remained unchanged in both projects, the ways in which they were implemented were different in order to tailor the scheme to different regional contexts – conducting a voucher scheme in London was different to conducting one in Sao Pâulo and had to be adjusted accordingly. Specifically, where the London-focussed project had facilitated 51 collaborative partnerships through vouchers, the Sao Pâulo-focussed project only funded 5; where many of the London vouchers collaborators were brought together through ‘meet and greet’ and ‘speed dating’ events, the Sao Pâulo project saw knowledge intermediaries carefully choose and curate who would partner with who. Thus a real strength of the CVS is its design malleability/adaptability with respect to meeting different projects, aims and objectives, and indeed different sectors such as (now) AAH. Importantly, this malleability is not a direct result of the vouchers per se, but how the vouchers are used and facilitated by knowledge intermediaries (KI), creative producers (CP) and other brokers within, externally, and in between the interstices of these collaborative projects. The DC project required similar types of modification due to specific limitations around funding and sector specificities as well as project parameters and indeed funding culture within the contexts of health. Thus a CVS aimed at facilitating knowledge exchange activities between the health sector (focussed solely on Dementia care and aging), and creative sector organisations who work in this area, as well as a scheme that will have a total pot of £20,000 for the vouchers, had to be thought through differently. In comparison the total amount spent on CWL vouchers was £765,000 whereas in the Sao Pâulo project it was £17,000. Thus in light of this a more tailored and bespoke approach, similar to the one used in the Sao Pâulo project, to the voucher scheme seemed appropriate. As stated, the total amount available for the DC project was £20,000 where amounts from £100 to £5000 went to collaborations.

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4.0 Purpose of the evaluation and methodology:

When it comes to the evaluation of innovation vouchers schemes in general, a standardized approach has proven elusive. This is because of two things: first, significant variations in the schemes themselves thereby repudiating standardization (including funding amounts and varying levels of brokershipe); and second, concerns regarding how to approach what we understand as an ‘evaluation’ in the context of both highly interdisciplinary work, as well as publicly funded arts and humanities projects. The first point has been discussed in the literature\(^\text{18}\); however, regarding the latter, inherent tensions between the need to ‘measure impact’ versus the need to ‘capture practice’ result in a questioning of the role of standard evaluation practice in this context – something that has plagued public funding of the arts sector in the UK for a long time. In this vein, it can be argued, what is important about innovation vouchers – and their variants such as the CVS - is not what the instruments themselves do but what they ‘afford’ the partners in collaboration\(^\text{19}\). In other words if innovation policy is based on the expansion of networks through which multiple ways of collaboration can take place and collaboration is at the heart of innovation, then it is the parameters and conditions within which collaboration takes place that become essential to the practice of innovation. This is especially relevant now as innovation, as something that might be funded publicly, is understood more and more as a process as opposed to a linear construct dependent on inputs and outputs\(^\text{20}\); there is a nascent body of work questioning standard evaluation practice in this arena\(^\text{21}\). This process is driven by socially interactive learning in which a great number of actors and organizations take part and where continuous ‘feedback loops’ are produced\(^\text{22}\). As Autio\(^\text{23}\) states:

\[
\text{[T]he knowledge creation, diffusion and accumulation processes taking place in innovation systems are often highly complex, diffuse and unpredictable, and it is often a practical impossibility to measure them accurately and objectively (p. 132).}
\]

As a consequence it is not possible to identify a linear cause–effect model between inputs / interventions like vouchers, on the one hand, and nudging or spurring innovation on the other hand, as demanded by traditional evaluation models, whether they be experimental designs like Randomised Control Trials (RCTs) or econometric models\(^\text{24}\). This does not mean that metrics-based


evaluations should be dispensed with; on the contrary, it means that evaluation ought to provide information which leads to better knowledge of the scale(s) of activity. As has been argued before a naturalist holistic approach might be more appropriate for evaluating sectoral innovation policies like innovation vouchers\textsuperscript{25}; this could also be said to be true of CVS. This is because CVS tailored to the CCE, and designed to bring sectors together, encompass three things: First, they are not simply transactional funding mechanisms, instead they should be viewed as collaborative awards, primarily concerned with process, where successful co-creation and knowledge exchange are the intended outcomes; second, they are aimed at facilitating long term partnerships between collaborators; and third, they are dependent on brokers who play a number of roles enabling and facilitating the activities between collaborators. These three factors represent a ‘symbiotic’ relationship between the policy instrument (the voucher) and the project aims and stakeholders. In light of this, these three areas make up the bulk of the evaluation ‘parameters’ – with space given to unexpected and serendipitous findings as well.

The type of method used to evaluate the DC CVS are thus open-ended interviews with collaborators - using thematic analysis to connect learning from four out of the six voucher collaborations. Cross sectional themes are drawn upon to evaluate the effectiveness of the CVS in the context of the DC project. Since this evaluation is part of a larger report it was decided to not provide case studies of each voucher collaboration as this will already be provided in the larger report. That said Table 2 gives a summary and description of the projects involved in this evaluation.

To assist in targeting and formulating the questions, information was drawn from a review of the literature on creative voucher schemes\textsuperscript{26}. This establishes parameters of already existing research into specifically CVS. This being said, this particular research was also exploratory, which meant that the research questions had to be open-ended enough to capture more than what might have been anticipated through the literature review. This is especially important when doing work that is venturing into new and unknown territory – such as the application of vouchers in the context of Dementia care and AAH. Open-ended interviews were the primary research tool used to gather data about four voucher collaborations funded as part of the DC project – importantly a total of 7 projects were funded however due to a number of limitations including, interviewee availability and time constraints, interviews with only four were feasible. In total 8 interviews were conducted across four collaborations (6 interviews) as well as DC project researchers (2 interviews). Each interview lasted from 30 minutes to one hour and 20 minutes. The interviews were conducted with consent and were recorded and then transcribed later for analysis. The interviewees have been anonymised for the purposes of this work.


Table 1: Interviewee list:

<table>
<thead>
<tr>
<th>Interviewee</th>
<th>Organisation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>London Arts in Health Forum</td>
<td>Collaborator in ‘Drawing on Strengths’ voucher</td>
</tr>
<tr>
<td>2.</td>
<td>Artist</td>
<td>Collaborator in ‘Drawing on Strengths’ voucher</td>
</tr>
<tr>
<td>3.</td>
<td>Widnes Vikings</td>
<td>Collaborator in ‘Activity Academy’ voucher</td>
</tr>
<tr>
<td>4.</td>
<td>Chinese Wellbeing</td>
<td>Collaborator in ‘DEEP participation’ voucher</td>
</tr>
<tr>
<td>5.</td>
<td>Uses of Arts Lab (Liverpool John Moores University)</td>
<td>Collaborator in ‘What’s on Dementia’ voucher</td>
</tr>
<tr>
<td>6.</td>
<td>Welcome2Liverpool</td>
<td>Collaborator in ‘What’s on Dementia’ voucher</td>
</tr>
<tr>
<td>7.</td>
<td>Dementia Connect</td>
<td>Researcher / producer</td>
</tr>
<tr>
<td>8.</td>
<td>Dementia Connect</td>
<td>Researcher / producer</td>
</tr>
</tbody>
</table>

4.1: Evaluation parameters:

The parameters that make up the evaluation of the CVS include two areas. First, since CVS are not meant to be transactional funding mechanisms and should be viewed as collaborative awards, primarily concerned with process, where successful co-creation and knowledge exchange are the intended outcomes, interviews examined the extent to which the process of co-creation and KE happened within the collaborations. Secondly, the CVS are dependent on brokers who play a number of roles enabling and facilitating the activities between collaborators.
5.0 Findings:

5.1 Description of the projects:

Table 1 (above) is the interviewee list and Table 2 (below) summarises the voucher projects involved in this evaluation. Although not all of the voucher collaborations were interviewed in time for the completion of this report it is felt that the core strengths and challenges have been elaborated upon in enough detail providing a solid understanding of how the use of the CVS worked in this instance. As stated above four out of a possible seven collaborations were interviewed for this report. Importantly two of the seven were essentially ‘follow-on funded’ projects from the initial voucher scheme – this meant that enough resource existed toward the end of the project, after the initial amounts were spent on five voucher collaborations, to give an extra lot of funds to two voucher collaborations. They were essentially slightly extended. In actuality five vouchers were funded, where two were funded twice.

Table 2: Voucher scheme descriptions:

<table>
<thead>
<tr>
<th>Name of collaboration</th>
<th>Partners</th>
<th>Description</th>
<th>Voucher amount / In-kind amount</th>
<th>Interviewee number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drawing on Strengths: A Creativity Audit for Post-Diagnosis Dementia Care</td>
<td>London Arts in Health Forum Trust Manchester Metropolitan University Artist Mersey Care NHS Foundation</td>
<td>The aim of the project was assessing the impact of the arts on repositioning the process of responding to a dementia diagnosis. The artist drew from a consultation the notion of developing the ‘Drawing on Strengths’ tool, taking the form of a three dimensional tree on which symbolic objects – related to different activities and interests – can be placed. To be used as part of NHS Mersey Care’s existing offer of post-diagnostic support, this tool can help someone with a dementia diagnosis to build a snapshot of the creative, social and community assets in their lives.</td>
<td>£4850 - £5490</td>
<td>1 and 2</td>
</tr>
<tr>
<td>Activity Academy</td>
<td>Widnes Vikings Rugby Club NHS Halton CCG Community Integrated Care</td>
<td>In December 2017, Widnes Vikings – a local Rugby club - worked in partnership with NHS Halton CCG, Halton Borough Council and Community Integrated Care to deliver a unique event that brought together a host of learning practitioners of person-centred dementia care, cultural organisations and leaders of every care home within Halton – The Activity Academy. The event proved to be a success in that it achieved its ambition of</td>
<td>£5000 - £2500</td>
<td>3</td>
</tr>
<tr>
<td>DEEP Participation</td>
<td>DEEP network + Innovations in Dementia Liverpool SURF Chinese Wellbeing</td>
<td>For those living in care or receiving care at home, a lack of cultural sensitivity or awareness in care provision can have a significant, negative impact. People are most marginalised when they are “done to” – receiving care rather than being cared for. A pivotal aspect for Service Users from different cultural backgrounds centres on food culture. The project addresses this issue by turning to the experience and culture-specific culinary knowledge of those living with dementia and their family carers. This project resulted in: An insight into the cultural needs of people living with dementia from Liverpool’s BAME communities specifically around food preparation. A framework for cultural diversity awareness training in dementia care. A favourite and diverse collection of nutritious recipes to satisfy cultural needs, stimulate the senses, are strong enablers for reminiscence therapy and simple to prepare and cook.</td>
<td>£2860 - £600</td>
<td>4</td>
</tr>
<tr>
<td>What’s on Dementia</td>
<td>Uses of Arts Lab (Liverpool John Moores University) Welcome2Liverpool BBC Radio Merseyside NHS Liverpool Clinical Commissioning Group</td>
<td>This project developed a collective understanding of arts and health activities available for people living with dementia. It also discussed the online health directories that were currently available in the region with stakeholders such as arts organisations, researchers and health professionals to access requirements for social prescribing. It mapped community resources offering dementia friendly wellbeing activities and shared the data with Live Well and Welcome 2 Liverpool. Both have agreed to work together to share and disseminate social prescribing information including information for the W2L app. The mapping exercise highlighted a range of activities including: art classes, singing for the brain, fitness classes, dance, coffee mornings, knitting clubs, walking groups, bingo and bowling.</td>
<td>£4953 - £1969</td>
<td>5 and 6</td>
</tr>
</tbody>
</table>
5.2 Enabling co-creation and knowledge exchange within voucher projects (Internal processes):

Co-creation (CC) and KE are difficult things to measure well. In the context of the DC project and this evaluation's main concern with process, successful KE and CC depended on two things: (1) finishing in time to meet the larger project deadline; and (2) the amount of funding available through the CVS and how this was managed. These two reasons were porous, meaning that they were somewhat tied to each other but not completely contingent on each other. Moreover, this part of the evaluation examined the voucher collaborations themselves thereby focussing the lens of enquiry internally, towards the participants and how they fared regarding the delivery of successful CC and KE.

Regarding the time frame for the completion of voucher projects, it was found that projects where collaborators had previously worked together were in a better position to meet the tight deadlines associated with this voucher scheme27. To place this into perspective – the timing of the voucher projects had to be squeezed into a timeline that matched the funding requirements for the entire DC project which was funded by the AHRC for a total of six months. This placed pressure on voucher projects to finish on time and essentially gave each project a completion time of approximately three months. While the purpose of the CVS in the literature promotes the importance of the scheme being flexible, this becomes very difficult to uphold when the scheme is beholden to larger funding bodies and associated deadlines, which is often the case. According to Interviewee 4:

This project would not have happened if I had not known who I was working with. We have a strong relationship and we’ve worked together before. There is a strength in knowing who you’re working with, it would never have happened in three months if that didn’t exist.

Moreover it was incumbent on the DC project team to ensure that the voucher delivery process remained flexible as well as on time. This aspect is elaborated upon in more detail in section 5.3.

On the other hand, regarding projects where partners were working together for the first time, there was recognition of the challenges associated with cross-sectoral working and the associated time constraints that perhaps emerged in hindsight or while the projects were being undertaken:

The different elements were a good blend. It meant that that sort of range of people, and characters and skills meant that something interesting happened… I would have allocated funds to a project manager if I had known we were going to encounter some of the difficulties that we did (Interviewee 1).

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In the above statement there was recognition of the range of interdisciplinarity within the project, this had implications for how the voucher projects unfolded. It seemed that in order to press on with making the deadline there was an element of internal management happening as a de facto project coordinator allocated different sets of tasks to others within the collaboration in order to speed up the process. This was especially true with the artist who was essentially brought on after this particular voucher application was won, through a tendering process:

I wasn’t told about how the project came about or who the partners were until it was almost over. I do understand why that was the case. I’m sure time had a large part to play and it would have taken multiple workshops for me to wrap my head around the project parameters which would have probably led to delays (Interviewee 2).

Managing when and how other collaborators come onto the project, and indeed deciding who needs to know what, is one way of expediting the work; however it can sometimes have negative ramifications regarding team cohesion. The tight time frame also meant that a number of logistical factors could easily disrupt the timetable set by the voucher project.

In this collaboration partners were quite geographically dispersed. This was essentially a collaboration between Liverpool, London and Manchester. This made the project a bit of a mixed bag. We had challenges based on coordinating the project and while they both enjoyed the project and feel happy with it I think they were quite frustrated that [some of us] weren’t as available as we could have been. More resource could have helped with that (Interviewee 1).

It seemed as though geography had an effect on the above project which was compounded by time (as well as funding) pressures – this is not new as it has been seen in other projects as well. While this project did manage to make the deadline the statement above speaks to what might seem like a small component of a project during the application stage but might indeed end up being quite a challenge during the later stages of collaboration. The time limitations not only affected the Drawing on Strengths voucher but had an impact on the other projects as well – it just turned out that some were better at dealing with it then others. Future voucher projects would need to look at how deadlines affect their delivery. However, collaborative familiarity (i.e. having an established working relationship before the voucher) can have an ameliorating effect where these types of problems arise, which is an element that future voucher schemes may need to consider and place more centrally. In other words if specific voucher projects need to be turned around quickly then in these instances it might be more advantageous to fund collaborations where partners have worked together before. While this has implications for cross-sectoral collaboration it takes on board the

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28 There is something that needs to be said about the current wave of grant funding seemingly being made available to bid for with completely unrealistic time frames and project completion expectations. This not only applies to research council funding but the wider public funding landscape and an unhealthy appetite for speeding up project delivery which has all sorts of negative implications. Nevertheless if this is the future of funding then vouchers are well placed to deliver on tight deadlines if certain aspects are taken into consideration and perhaps ‘curated in’.
feasibility of the time challenge. Important to note however, that in the case of the two voucher schemes where a working relationship existed already (Activity Academy and DEEP Participation) actual cross sectoral learning may have been slightly compromised. This being said, the cross collaborative component of the CVS can sometimes come from the external apparatus designed to support the voucher scheme. This is where the DC project team were able to steer the projects in certain directions with further funding and bring them into wider networks where necessary.

The voucher amounts varied in the DC project but were essentially quite small; most were under £5000.00 (see Table 2). This is actually championed as one of the strengths of the voucher scheme model however it can impact negatively on projects that may have already been disadvantaged by logistical challenges and meeting deadlines as well as other challenges.

I think to make an amount like five thousand work in this case maybe it would have been prudent to work with less senior or experienced clinicians and with smaller groups of service users (Interviewee 1).

The above statement suggests that this might have helped mitigate the problems around time frame and logistics as maybe funds could have been allocated to travel for less senior staff. Moreover, less senior staff are not as busy as senior staff – at least this is the logic here. This said no budget was allocated to the care team which was something that in hindsight could have helped alleviate pressure:

None of the budget went [the care team]. They get the benefit – the service users – but there was no capacity to free up time...I think project management should have been funded more to take care of these roles (Interview 1).

In the case of the Activity Academy project:

In terms of the funding it was obviously gratefully received but what rugby clubs aren’t are massive organisations. What we’ve got is a situation where we’re fighting to survive each month. In that sense 4000 pound was grateful received, but at the point when we were running it we had to manage our lifeblood, which is the sale of tickets, with other commitments such as this project and all of the things we had to deliver. We found that there were things we had to deliver for the project that we may not have budgeted properly for so it did end up being a bit stressful in the end (Interviewee 3).

It was also noted that the small amount of funding allowed for a degree of freedom that is scarce in these types of projects.

I had a lot of freedom and it is so often not like that. Whatever I did had to be a bigger part of the whole and I was able to help them with that and the freedom allowed me to do that (Interviewee 2).
There is an element of freedom that comes with small funding that allows for levels of exploration. This is manifest in small amounts not being too big as to intimidate fundees and not too small as to make it insignificant. This allows partnerships to grow naturally or not at all:

If partnerships enter into an arrangement and do not work well together, better to know this when smaller amounts of funding are at stake (Interviewee 7).

This said, the small amounts also allow for individuals to take their projects in directions that may not have been possible within the contractual constraints of larger amounts.

I think without the stimulus of someone saying to you what can you do to embed activities in a care service and look there’s a small amount of funding for you to do it I don’t think this would have happened. I’ve had this idea before but without a stimulus there was no framework for it to happen (Interviewee 3).

And again:

This project was also exploratory and allowed us to scratch the surface of a very large iceberg. It has opened up all types of research ideas and potential routes to funding. For instance we are now looking at Arts Council funding for support (Interviewee 5).

Finally the voucher can sometimes have a disrupting effect in collaboration settings:

[the artist] came in and started to provoke the idea that lots needed to change but that is not true. Artists rearrange the furniture – lots of things get thrown up in the air, that’s their job. But we had to deliver a thing and I had to manage the disrupting effect of what artists do on the sector (Interviewee 1).

The above statement goes to the heart of cross-sectoral collaboration. In voucher schemes with sectors that do not work with each other often enough, managing expectations is key - especially when one’s role might be to challenge the status quo. Thus vouchers are catalysts, triggers as well as test beds for future areas of work, collaborations and partnerships. When this is successful and managed properly, things happen:

What we’ve seen is that the voucher scheme has been incredibly successful at unlocking all types of in-kind support which is incredibly heartening in many ways (Interviewee 7).

Of course it is then vitally important for project coordinators and brokers and producers to ensure that what might be understood as in-kind support does not slip into self-exploitation which can easily happen when there is an incredible amount of good will surrounding a project.
I think the voucher projects have touched on an incredible amount of goodwill in the sector and in this interdisciplinary space. I think it is important to encourage this but also make sure that it’s not overly relied on (Interviewee 8).

5.3 Brokerage and support (external):

According to the DC project:

The first testing of a new partnership is the function of it. Can we work together can this partnership work? Does this project have legs or not, and if it does what direction should it go? (Interviewee 7).

The literature states that brokering these types of collaborations means supporting specific aspects that facilitate the process and praxis of KE and CC. According to Virani 29 these include: enacting multi-level brokering30, facilitating a collaborative language, drawing on previous experience in cross sectoral collaborations, managing different expectations, and dealing with institutional and sectoral bureaucracy. Thus brokering happens within the collaborative process itself by those actively involved in the project as well as outside of it in a supporting role. Brokerage in the context of the DC project CVS is manifest in a number of ways, but crucially it supports the findings from previous work. Projects that had worked together in the past proved to be much easier to manage:

The Activity Academy and the Chinese Wellbeing vouchers ... These partnerships were heavily embedded well established existing partnerships and as a result they were effortless to manage because the relationship already works, they brought much more in-kind support to their work (Interviewee 7).

This is not to say that the other voucher collaborations did not work – on the contrary in many respects much was learned through the voucher schemes where partners were working with each other for the first time. An important part of brokering and brokering well involves seeing a success where it might not normally be recognised:

The partners still believe that the idea behind it has immense value even though the project was hampered by logistical issues and other challenges. The audit principle is still something that is needed and so what we have done is given them extra funds to see where we can take this. Work out if you were to do this again what would you do. For me the learning is the testing of a partnership (Interviewee 7).

Moving from a phase of partnership testing to one that asks what might be the next step is another important component. This speaks to a level of strategizing that the project lead-cum-broker-cum-


30 In these types of collaborations one might expect a number of levels of brokerage that shift from networking to intermediary to actual collaboration – all aimed at ensuring that the project is on track.
curator will eventually evolve into as he/she becomes more and more embedded in the voucher collaborations:

This is a way of building partnerships, testing projects and testing ideas because it is a relatively small amount of money. But what I think is important is that it is at this stage that one can see whether or not a project might be able to become elevated to a point where it might be able to receive £50K, REACT style, incubation or accelerator- type funding to take it to the next level (Interviewee 7).

Thus vision and imagination are important here and the role of brokerage encompasses a willingness to evolve and invest time into the project – it is very much a human/social and some might say ‘vocational’ endeavour. This was seen when the project lead offered his networks to two voucher collaborations in order to support the projects moving into a second phase. As a result of this the external component discussed here, i.e. the voucher apparatus, becomes very much part of the internal workings of the voucher collaboration in a leadership capacity where the project is steered towards a second phase tailored toward sustainability, such as applying for more funding and from different sources.

An important new insight is the role of brokerage/curation before the project collaborators are established; i.e. in the pre-application stage. This is something that was seen in previous voucher collaborations31 but was highly developed in the DC project. Essentially the brokering process here meant that there needed to be a scoping exercise taking into account who and what the parameters of those, that should be approached to potentially engage, looks like – it can be understood as ‘curation’ but in a much more sophisticated and subtle way. A better term might be ‘bricolage’ – where the project lead constructs or creates from a diverse range of available things and brings together in a unifying gesture.

The amount of work I had to put in to find people to start with was enormous. Over years you will get to know more organisations and then that burden will massively reduce. Once the applications are in I think we could have done more to say here’s a great team and we should intervene and we can say ok look more people need to be involved here (Interviewee 7).

Thus from a project design standpoint there is an element of informed pre-work looking at which organisations might strike up a relationship in order to apply for the CVS and put them together in a room to develop a relationship. This is where the running of the development lab (DL) comes into focus. It is at these events that the process of bricolage potentially bears fruit resulting in partnerships. The development lab is where potential collaborators as well as brokers and other stakeholders begin the process of network building in order to see what partnerships are available that may be open to innovation. These events are critical to the voucher process as has been

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documented in the literature as referenced earlier. In the context of the DC project four DLs took place at FACT Liverpool. FACT is one of UK’s leading media arts centres based in Liverpool where they offer a unique programme of exhibitions, film and participant-led art projects. They are uniquely placed to offer up the type of time and space and support needed in the context of interdisciplinary knowledge exchange and co-creation – unfortunately this is not within the scope of this evaluation as it would take another full report to examine the ways of delivering these types of events.

The development lab was really helpful and the DC team made a real effort to present the overall knowledge why this is all important. They also made sure that people knew who each other were which was very important (Interviewee 5).

The DC team were great brokers, the level of detail of thought arranging the events was impressive you can tell they wanted to get it right (Interviewee 4).

6.0 Analysis and conclusion:

Evaluations of policy instruments like innovation voucher schemes, and in this case the DC CVS, are difficult to standardize due to the linear exercise that is current evaluation and its need to ‘measure impact’ versus the need to ‘capture practice’. In terms of the CVS and the DC project it is evident that the practice of collaboration is intrinsic to the scheme and thus difficult to look at in singular – it is in translation, plurality and in engagement that the voucher needs to be understood, as a trigger, catalyser and in many instances a disruptor. This being said, the vagueness of policy aims intended at ‘innovation’ as well as the variations in voucher schemes that exist in Europe and elsewhere means that standardized evaluation of these (and other interdisciplinary, co-design focussed and knowledge exchange) schemes is a difficult proposition. Thus a need to reaffirm ‘practice’ and reclaim ‘innovation’ is paramount. Thus what is important about innovation vouchers is not what the instruments themselves do but what they afford the partners in collaboration. In other words innovation policy itself is based on the expansion of networks through which multiple ways of collaboration can take place; collaboration is at the heart of innovation after all. Regarding the findings of the DC CVS a number of aspects need to be taken into consideration. It is important to realise the setting in which this voucher scheme was delivered. One where there was time constraints, limits to the amount of funding available, difficulty in envisaging what the brokerage might look like at first, thinking through how to deliver value for money, challenges of cross-sectoral compatibility, splintered sectoral activity, and issues on how to deliver an evaluation. In the context of this backdrop the voucher collaborations showed interesting findings. For the purposes of this evaluation they are broken down into internal and external findings – speaking to how the voucher operates on both of these levels. The internal process was identified under the rubric of delivering CC and KE and particularly with the joint challenges of time constraints and funding amounts. It was found that a number of factors affected how collaborators fared: (1) sectoral and organisational familiarity was beneficial with dealing with time constraints but might do so at the expense of cross-sectoral learning; (2) partnerships that were new were more easily disrupted by logistical challenges
as well as managing partner expectations; (3) funding amount unlocked more in-kind support but needs to be managed by project leads to ensure no self-exploitation; (4) funding amount allowed for more exploration due to a lack of interim reporting; (5) funding amount acted as a stimulus to projects which may have never been funded due to constraints of large amounts of funding.

Regarding the process of brokering the projects the external factors were: (1) testing of new partnerships – but again older partnerships fared better from the external managerial point of view; (2) new levels of brokerage bordering on a new role of bricoleur / bricolage which takes place at the pre-application stage due to new cross-sectoral field; (3) the importance of venues like FACT at delivering the DLs which are vital to the delivery of the CVS. Figure 1 below shows how important areas engage with each other in order to give us a picture of a ‘successful’ voucher process in this context.

**Figure 1:**

**Dementia Connect successful voucher process:**

As a consequence it is not possible to identify a linear cause–effect model between inputs / interventions like innovation vouchers, on the one hand, and nudging or spurring innovation on the other hand, as demanded by traditional evaluation models. This means that evaluation ought to provide information which leads to better knowledge of the process-oriented solutions that are being sought. In this particular case the voucher scheme seemed to do four important things:
unlocked in-kind support, supported exploratory research, catalysed new areas of research, and led to strong partnerships.