

## **INVITATION TO PRODUCERS: FOR PROPOSALS TO DEVELOP AND IMPLEMENT ARTS-BASED WELLBEING PROGRAMMES AND KITS FOR SENIORS AT HEALTH AND COMMUNITY CARE SETTINGS**

### SECTION A: ABOUT THE PROJECT

1. The National Arts Council (NAC) aims to commission a series of arts-based programmes for wellbeing outcomes, that cater to the needs of seniors. These programmes will be designed for two settings: a Community Hospital, and at Active Ageing Centres. These programmes will be intentionally designed to address the social, cognitive and physical needs of seniors (in alignment with requirements from the Active Ageing Programme Framework<sup>1</sup> and checklists, where relevant).
2. This initiative is a collaboration between NAC, SingHealth Community Hospitals (SCH) and Agency for Integrated Care (AIC), to conduct a research study, “Enhancing Wellbeing in Seniors through Structured Arts-Based Programmes”, which would gather insights on the efficacy of arts-based programmes in improving wellbeing. The findings would contribute to the development of a framework to design and develop arts-based programmes for wellbeing.
3. Following the study, NAC will publish a *Programme Design Framework for Wellbeing Outcomes* (including recommended measurement tools) to guide the development of future arts-based programmes and be used to train artist-facilitators for wider implementation in the health and community care settings.

### SECTION B: PROJECT DURATION

4. The project will be conducted in **two phases** for up to a period of **24 months**:
  - a. **Phase 1 – Programme Development and Execution: 6 months** (Estimated mid-December 2024 to June 2025); and
  - b. **Phase 2 – Programme Implementation and Evaluation: 18 months** (Estimated July 2025 to December 2026).

### SECTION C: PROJECT SCOPE AND DELIVERABLES

5. Design and implement arts-based programmes in collaboration with artists, healthcare researchers and professionals across the following **four art forms**: Music, Dance, Visual Arts and Literary Arts (Storytelling).

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<sup>1</sup> AACs refer to the Active Ageing Programme Framework, a list of baseline criteria of 5 domains of Active Ageing Programmes: Physical, Cognitive, Social, Volunteerism and Learning, to provide Evidence-Informed and Criteria-Cleared programmes for their seniors.

Evidence-Informed Active Ageing Programmes are developed by/with inputs from trained professionals/experts with reference to existing literature of the proposed activity/activity modality – which includes research with evaluation (i.e. pre-post measures) such as pilots, local/international studies/journal articles/expert opinion. These programmes are carried out by trained personnel to ensure programme fidelity to achieve programme outcomes, and may be viewed more favourably by AACs.

Criteria-Cleared Active Ageing Programmes meet the Active Ageing Programme domain checklist and criteria for one of the five domains (physical, cognitive, social, learning and volunteerism).

6. Implement arts-based programmes at:
  - a. **Community Hospital:** For participants undergoing short-term rehabilitation (approximately 21 days) engaging in arts-based programmes at Outram Community Hospital and continuing home-based arts engagement via Activity kits;
  - b. **Active Ageing Centres (AACs):** For robust (Clinical Frailty Scale [CFS] 1 to 3)<sup>2</sup> and frail (CFS 4 to 5)<sup>3</sup> seniors who may go to AACs for active ageing programmes and/or other services, programmes should be compliant with the relevant physical, cognitive or social domain checklist in the Active Ageing Programme Framework.
7. Work with SCH researchers on the validation of the arts-based programmes for their efficacy in achieving wellbeing outcomes in the physical, social and cognitive domains. The research study will assess the impact of these arts-based interventions across the two settings as parallel tracks to understand their effectiveness in varied contexts.
8. Develop content for NAC's *Programme Design Framework for Wellbeing Outcomes* based on the design of the arts-based programmes and insights from research. The framework will be used to facilitate adoption of arts-based programmes in health and community care sectors.
9. The appointed producer is required to deliver the following:

Phase	Community Hospital Track	Active Ageing Centre Track	Total Deliverables
<b>1: Program Development</b>	<p><b>4 Arts-based Programmes</b> (6 sessions each) designed for community hospital settings</p> <p><b>4 Activity Kits</b> containing arts activities (1 per programme) that discharged participants can do at home and includes the required materials.</p>	<p><b>4 Arts-based Programmes</b> (6 sessions each) designed for AAC settings</p>	<ul style="list-style-type: none"> <li>○ <b>8 Arts-based Programmes</b> (to conduct up to 3 runs per programme)</li> <li>○ <b>4 Activity Kits</b> (developed and produced)</li> </ul>
<b>2: Program Implementation and Evaluation</b>	<p><b>4 Arts-based Programmes</b> designed for community hospital settings (<i>refined from Phase 1</i>)</p> <p><b>4 Activity Kits per Art-based Program</b> (Each kit should include activities where patients could also continue the art activity at</p>	<p><b>4 Arts-based Programmes</b> designed for AAC settings (<i>refined from Phase 1</i>)</p> <p><b>4 Facilitator Kits<sup>4</sup></b> for each Art-based Program at AACs. The kits aim to guide the co-facilitators or volunteer facilitators<sup>5</sup> to</p>	<ul style="list-style-type: none"> <li>○ <b>8 Arts-based Programmes</b> (to conduct up to 6 runs per programme or until number of participants have been reached)</li> </ul>

<sup>2</sup> Robust seniors with a score of CFS 1 to 3 are generally well and active with no active disease symptoms or controlled medical problems. They are able to engage in activities independently. Refer to Annex D (Page 38) of the MOH Frailty Strategy Policy Report for more details: <https://www.moh.gov.sg/docs/librariesprovider5/resources-statistics/reports/moh-frailty-strategy-policy-report.pdf>

<sup>3</sup> Frail seniors with a score of CFS 4 to 5 generally have a level of frailty. They include those that have symptoms that limit activities as well as those that need help with high order instrumental activities of daily living (finances, transportation, heavy housework). Refer to Annex D (Page 38) of the MOH Frailty Strategy Policy Report for more details: <https://www.moh.gov.sg/docs/librariesprovider5/resources-statistics/reports/moh-frailty-strategy-policy-report.pdf>

<sup>4</sup> For reference, refer to AIC Facilitation Guide developed by Occupational Therapists <https://for.sg/planning-activities-w>

<sup>5</sup> Co-Facilitators or Volunteer Facilitators may include lay extenders; Wellbeing Coordinators, who arrange initial health screenings and referral to community programmes; volunteers; or seniors who are keen to be trained to use the facilitator kits.

	<p>their home environment for 4 weeks post-discharge)</p> <p><b>Total participant number for all 4 programmes: 200 participants</b> (Number of runs to be determined by targeted total of 50 participants reached for each Arts-based programme)</p>	<p>continue engaging participants independently</p> <p><b>Total participant number for all 4 programmes: 120 participants across 8 AACs</b> (Number of runs to be determined by targeted total of 30 participants reached for each Arts-based programme; 2 AACs for each programme)</p>	<ul style="list-style-type: none"> <li>○ <b>4 Activity Kits</b> (further refined and mass-produced)</li> <li>○ <b>4 Facilitator Kits</b></li> <li>○ <b>3 sharing sessions</b></li> <li>○ <b>Content for Framework</b></li> </ul>
	<p><b>3 sharing sessions</b> to the arts community on NAC/other platforms</p> <p><b>Consolidate and develop content</b> for NAC's Programme Design Framework for Wellbeing Outcomes and <b>work with NAC's appointed Creative Agency and Editor</b> on the published Framework and infographics/video.</p>		

SECTION D: PRODUCER'S ROLE

10. Programme Development & Management

- a. Together with NAC, identify suitable artists to design and develop programmes across the four art forms;
- b. Manage development, implementation and iterative design of arts-based programmes for wellbeing outcomes, distinct from casual arts activities.<sup>6</sup> This includes appointing and signing agreements with artists, handling payments to artists and vendors, providing facilitation and administrative manpower for workshop sessions;
- c. Liaise and facilitate communications with artists and healthcare staff (e.g. hospital coordinators, nurses, occupational therapists, doctors etc.) to ensure arts-based programmes have health and community care inputs from SCH and AIC respectively;
- d. Ensure programmes at AACs are delivered as required and provide baseline training and tools (e.g. facilitator kits) for co-facilitators/volunteer facilitators to continue engaging AAC participants in arts activities more independently, and with periodic guidance and support from artists;
- e. Work with SCH and AIC to shape the design and evaluation of the arts-based programmes for research. Assist to conduct feedback surveys and evaluation to assess the impact of the project, and artists and participants' experiences;
- f. Project manage and produce sharing showcases/exhibitions (number to be confirmed, that is, if there are visual or literary arts creations that can be shared)

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<sup>6</sup> Current casual arts activities include batik art, colouring on pre-printed themed, colouring sheets, attending "getai" performances, origami and other forms of paper craft.

including coordinating logistics, applying for necessary licenses and insurance, coordinating registration (if any), providing administrative and event management manpower where required;

- g. Provide updates to the stakeholders monthly (initial stages) and then quarterly, or more regularly if required;
- h. Work with NAC, SCH and AIC to develop Activity Kits containing arts activities that patients can do at home and include the required materials (For Track 1);
- i. Work with NAC, SCH and AIC to develop Facilitators Kits to support Co-Facilitators/Volunteer Facilitators to continue engaging participants independently.

#### 11. Content for Framework for Programme Design

- a. Work with NAC, SCH and AIC to organise and study the data collected with the research team to distill the findings into a *Programme Design Framework for Wellbeing Outcomes* which should include:
  - i. 8 case studies based on the artists' interactions with the participants and the impact of the arts-based programmes on participants;
  - ii. A set of best practices to develop arts-based programmes;
  - iii. A set of evaluation and impact measurement tools provided by SCH and AIC;
  - iv. A toolkit for design of programmes for frail and active seniors both at community hospital and AAC settings.
- b. Develop content and work with NAC's appointed creative agency and editor toward the production of an infographic and publication of NAC's *Programme Design Framework for Wellbeing Outcomes*.

#### 12. Post-Study and Reporting

- a. Conduct up to 3 rounds of sharing sessions about the Project to artists, practitioners and wider community (e.g. through Arts Resource Hub or Let's Connect!); and
- b. Submit a **Progress Report after the first phase**, followed by **Full Report, Project Evaluation Report and Audited Statement of Accounts after the second phase**, within two months of each phase's completion, together with all supporting documents and receipts for verification purposes.

### SECTION E: BUDGET

#### 13. NAC will provide a budget that supports the following:

- Producer fees
- Programme and kit development and production expenses
- Programmed Artists/Arts Groups fees
- Materials and logistics (e.g. art materials, transport, etc)
- Documentation including notes, photographs, video footage, etc.
- Audit fees, etc.

## SECTION F: SUBMISSION REQUIREMENTS

14. Interested producers (or their proxy) are required to attend a briefing at **2.30pm on Friday, 1 November 2024 at Outram Community Hospital** to gain insights on working with seniors at health and community care settings and the likely senior profiles.

15. Producers are required to submit a complete proposal, which must include the following:

- Concept and Programme Proposal<sup>7</sup> for **8 arts-based programmes in 2 settings** (4 programmes in 1 Community Hospital [Phase 1 and 2] and 4 programmes in 4 AACs [Phase 1] and up to 8 AACs<sup>8</sup> [Phase 2]),
- Intended approach to managing the project e.g. size and roles of project team,
- Proposed artists (or tentative longlist) for arts-based (music, dance, visual and literary arts) programmes at a community hospital and at selected AACs including relevant track record in the specific proposed domain area,
- Portfolios/profiles of proposed artists/arts groups. The portfolio should demonstrate their capabilities and capacity to execute the programme, showcasing skillsets and relevant experience of working with seniors and/or bringing about evidence-informed wellbeing outcomes (where possible),
- Budget (According to template provided) – detailing the breakdown of all individual items required from conceptualisation to implementation of programmes, including manpower personnel fees (e.g. producer, artist fees, assistants), Logistics/Material costs, including the creation of activity kits, etc.
- Other supporting documents, where relevant (e.g. evidence anchoring arts practice or articles/journals documenting wellbeing outcomes, etc).

**To note:**

- Programme must be in alignment with the Active Ageing Programme Framework and checklists especially for the physical, cognitive and social domains (where relevant), and likely will need to be delivered in more than one language – the manpower resourcing for this will need to be delivered by the artist team.

Physical	Cognitive	Social	Learning	Volunteerism
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- Depending on the type of seniors they work with, artists will need to hire co-artists/helpers (to meet the ratio requirement for CFS 4 to 5 clients in AACs).

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<sup>7</sup> Refer to NAC's Programme Design Framework for Social Outcomes ([www.nac.gov.sg/resources/toolkits-and-guides/community-engagement/arts-for-community-building--a-programme-design-toolkit](http://www.nac.gov.sg/resources/toolkits-and-guides/community-engagement/arts-for-community-building--a-programme-design-toolkit)) as an example of the end-objective for this project to arrive at a similar Framework for Wellbeing Outcomes.

<sup>8</sup> Up to 2 AACs will be doing each arts-based programme (e.g., 2 AACs doing music, 2 AACs doing visual arts, etc).

AACs should also recommend appropriate AAPs accordingly to seniors based on the three (3) archetypes listed in Table 2.

**Table 2: Archetypes of Seniors**

<b>Robust seniors</b> (CFS 1-3 seniors)	AACs to attract seniors with a wider range of programmes, empower seniors to implement healthy behaviours (e.g. stay active/frequently participate in AAPs; be socially connected).
<b>Frail seniors</b> (CFS 4-5 seniors)	AACs to provide relevant evidence-informed programmes and interventions (e.g. frailty, cognitive programmes) and other suitable activities, including criteria-cleared programmes, for their needs
<b>Socially isolated seniors</b>	AACs to provide befriending or buddying services to encourage them to come out of their homes, participate in AAPs and be part of the community.

In addition, activities should be made inclusive with provisions for frail seniors to participate. As good practice, frail seniors (CFS 4-5) will be recommended to attend AAPs that are targeted frailty prevention programmes (refer to the next section for definitions) or those under the physical or cognitive domains. Each frail senior is required to attend a minimum of 6 in-person sessions per year.

- Artists/arts groups should have professional experience working on arts projects and producing their own artistic projects. It will be helpful if artists have prior experience working with seniors in healthcare or wellbeing spaces.
- Artists leading workshops/activities should have experience in facilitation and communicating with participants from different backgrounds.
- Appointed artists will need to be vaccinated from measles, mumps, rubella, varicella & COVID-19 to work in hospital spaces. Please note that vaccinations should be taken by artists on their own and will not be a supportable budget item.
- Should any of the proposed artists not be able to commit to the project, the producer may replace the artist with an artist of similar background/experience, with NAC’s approval.

**PROPOSAL SUBMISSION TIMELINE**

No.	Milestones	Key Dates
1	Application Opens	23 October 2024
2	Mandatory Briefing Session at Outram Community Hospital by NAC, SCH & AIC	1 November 2024, 2.30 – 4.30pm
3	Application Closes	20 November 2024, 5pm
4	Notification of Outcome	11 December 2024

All detailed submissions should reach NAC by **20 November 2024, 5pm.**

Please send all applications and/or queries to: Carolyn Chiam, Senior Manager/Access & Community Engagement, National Arts Council – Email: carolyn\_chiam@nac.gov.sg.

**ASSESSMENT CRITERIA**

16. Assessment of proposals will be guided by the following criteria:
- (i) Strength and Merit of Proposal (40%)
  - (ii) Track Record of Producer and Artists (40%)
  - (iii) Sound and Reasonable Budget (20%)

## PROJECT TIMELINE

17. The *estimated* project timeline is as follows:

Time	Phases	Activity	
December 2024 – January 2025	<b>Phase 1: Program Development &amp; Execution (of 2 Parallel Tracks)</b>	<ul style="list-style-type: none"> <li>Appointment of Producer</li> <li>Orientation on-site by SCH and AIC and onboarding of artists</li> <li>Development of Arts-based programmes and Activity Kits</li> </ul>	
February – April 2025		<ul style="list-style-type: none"> <li>4 Arts-based programmes implemented in <u>Outram Community Hospital</u></li> <li>4 Arts-based Programmes implemented in <u>8 AACs</u> (6 sessions across 8 weeks per programme)</li> <li>4 Activity Kits developed further and reproduced (before discharge dates for Community Hospital patients)</li> </ul>	
May 2025		Provide input to SCH Research Team’s deliverable: <u>Detailed Curriculum</u> for each programme tailored to both settings, including session plans, materials, and facilitator guidelines.	
June – July 2025	<b>Phase 2: Program Implementation and Evaluation</b>	<b>Joint Review-Analysis with Producer by NAC, SCH and AIC</b> <ul style="list-style-type: none"> <li>Phase 1 Report with Curriculum by SCH Research Team to summarise the findings and inform Phase 2</li> <li>Progress Report of Phase 1 by Producer due in June 2025 (2 months after programmes conclude in April)</li> <li>Confirmation of artists, programmes and recruitment-matching with participants for Phase 2</li> <li>8 arts-based programmes further co-developed <i>from Phase 1</i> for both Tracks by artists and Producer with SCH and AIC</li> <li>4 Activity Kits further refined and mass produced</li> <li>Development of <b>4 facilitator kits for each programme at AACs</b> to guide co-facilitators/volunteer facilitators to continue engaging participants independently</li> </ul>	Ongoing Documentation & Evaluation, including Surveys conducted at selected points in the programme for AAC track with small groups of seniors to gather feedback and make necessary adjustments.
August – December 2025		<ul style="list-style-type: none"> <li>4 Arts-based Programmes implemented in <u>Outram Community Hospital (6 sessions across 3 weeks per programme – number of rounds to be determined by as long as 200 participants are recruited, up to 50 participants per arts-based programme and 100 in the control group)</u></li> <li>4 Activity Kits 2.0 polished, following Phase 1 refinement</li> <li>4 Arts-based programmes implemented in <u>8 additional AACs (6 sessions across 8 weeks per programme – number of rounds to be determined by as long as 120 participants are recruited, up to 30 participants per arts-based programme)</u></li> </ul>	
January – June 2026		<ul style="list-style-type: none"> <li>SCH’s Interim Review of Arts Programmes for Research Study</li> </ul>	
February – June 2026		Refine Framework for rollout (Post-Project phase with training and adoption) <ul style="list-style-type: none"> <li>Full Report, Project Evaluation Report and Audited Statement of Accounts from Producer due in February 2026 (2 months after programmes conclude in December 2025)</li> <li>Producer to conduct up to 3 sharing sessions to the arts community on NAC/other platforms</li> <li>Producer to develop content for Framework</li> </ul>	
July – December 2026		<ul style="list-style-type: none"> <li>Producer to contribute input to SCH’s full Research Report, and assist in distillation from reports for subsequent work with NAC-appointed Creative Agency on design of infographic and publication of Programme Design for Wellbeing Framework with Toolkit.</li> </ul>	