



Public Health
England

Protecting and improving the nation's health

Arts for health and wellbeing

An evaluation framework



About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

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Executive summary

The arts, including music, dance, theatre, visual arts and writing, are increasingly recognised as having the potential to support health and wellbeing. However, in order for arts to be included in commissioning of health and social care services, there needs to be robust evidence of their effectiveness, impacts and costs. This document provides guidance on appropriate ways of documenting the impacts of arts for health and wellbeing, whether through small scale project evaluations or large scale research studies. It suggests a standard framework for reporting of project activities that will strengthen understanding of what works in specific contexts and enable realistic assessment and appropriate comparisons to be made between programmes.

The document is modelled on standard public health evaluation frameworks and is in three parts. Part one provides background discussion to help make sense of the framework. There is a discussion of evaluation principles and practice, encompassing project planning, the role of advocacy and the importance of consultation and stakeholder involvement.

In part two the different types of evaluation are outlined, with suggested tools for arts for health and wellbeing evaluation, including outcomes measurement. There is also an introduction to key concepts such as theories of change, and approaches such as logic modelling that can be used to support evaluation.

Part three of the document presents the reporting tool in two sections. Section one captures the key components of project delivery, including the nature of the intervention, the populations engaged, the settings where the project takes place, the resources needed to support it, procedures for quality assurance, and the outcomes that the project is designed to achieve. Section two captures evaluation details and is intended to encourage clear identification of important aspects such as rationale, evaluation questions, evaluation design, sampling, data collection and analysis, process evaluation, ethics and consent, reporting and dissemination, evaluation management and the resources needed to undertake evaluation.

The document is intended for health commissioners, third sector organisations, trainers, funders, practitioners, managers, arts organisations, researchers and others with an interest in the development and evaluation of arts for health and wellbeing programmes. Some arts for health and wellbeing activities, such as clinical evaluation of one-to-one arts therapies, or population-level assessment of the social effects of the arts are outside the scope of this document. The document does not include evaluation theory or detailed guidance about how to use the methodologies suggested. Rather, it seeks to provide a framework whereby the use of arts interventions to support health and wellbeing is built on increasingly robust evaluation.

Part 1. About this document

Introduction

The arts have great potential to contribute to integrated, person-centred, health and social care. Music, dance, visual arts and writing are used to support health and wellbeing in a wide variety of settings. Arts are used for prevention, to support independent living and to meet the physical, mental and social needs of increasing numbers of people requiring long-term care.

The role of the arts as a public health resource is beginning to be more widely understood (Clift, 2012). While there is a growing evidence base, it is not readily accessible to those whose responsibility it is to commission or develop services. Arts activities are complex interventions. To date, there are no clearly established evaluation frameworks for arts in health and wellbeing. Evaluation draws on methodologies from arts practice, humanities and social sciences as well as healthcare. Artists, health professionals, policy makers, economists and researchers bring different perspectives and approaches to the task of evidencing impact and value. Artists can find it challenging to navigate the terrain of evaluation and to access the language and frameworks that are required in order to develop robust evidence that will ensure that their programmes are understood and are eligible for funding.

This document seeks to bridge the gap, bringing greater awareness to all parties of the potential role and contribution of the arts. It provides guidance on effective ways of documenting and evaluating arts projects and programmes that seek to improve health and wellbeing. It offers a greater understanding of the range of arts activities that can be used and the resources needed to develop and sustain best practice. It introduces assessment of impact and effectiveness and enables comparisons to be more easily made between different projects.

This framework has been commissioned by Public Health England (PHE) from Aesop (arts enterprise with the social purpose) and Professor Norma Daykin (University of Winchester and UWE, Bristol). It has been written by Professor Daykin with Tim Joss, chief executive of Aesop. It builds on Aesop's framework for developing and researching arts in health programmes as well as research and knowledge exchange. The framework was launched at the 'First national arts in health conference and showcase – an event for health decision-makers', at the Royal Festival Hall, Southbank Centre, on 5 February 2016.

The document draws on extensive research and consultation over a number of years with a large number of stakeholders including health commissioners, policy makers, researchers, health professionals, arts professionals and arts for health and wellbeing

organisations. It is modelled on standard public health evaluation frameworks (Roberts et al, 2012; Cavill et al, 2012), adapted here for the arts, health and wellbeing sector.

This framework does not assume that 'one size fits all' in arts for health and wellbeing evaluation. Instead, it acknowledges that a range of approaches and methodologies will be needed to assess complex arts in health interventions. However, by proposing minimum standards of reporting, we hope that the document will make it easier for health commissioners to understand the contribution of different arts initiatives and for providers and evaluators of arts for health and wellbeing to contribute to the development of a robust evidence base.

What does this document aim to do?

This document includes guidance on documenting and evaluating group-based arts for health and wellbeing activity using quantitative and qualitative methods. It does not include clinical evaluation of one-to-one arts therapies, nor does it encompass population-level assessment of the social effects of the arts. It discusses reporting requirements for each component of evaluation, discussing best practice and identifying the minimum data and information required to perform a basic evaluation.

It includes guidance on how to:

- identify suitable evaluation approaches for arts activity that seeks to address health and wellbeing aims
- identify suitable outcome measures, encompassing personal, physiological, health, wellbeing, artistic, economic and social outcomes.
- approach key challenges of evaluation in arts, health and wellbeing, including developing best practice
- make best use of quantitative and qualitative techniques in impact and process evaluations

What does this document not provide?

- guidance for evaluating medical or clinical interventions, including arts therapies employed to support individual care in clinical settings
- guidance on the evaluation of broader community-level programmes, such as public art or arts interventions used to promote changes to the environment
- an introduction to the theory and principles of evaluation; this is available elsewhere, for instance in website resources listed at the end
- detailed information about how to undertake evaluation or how to apply the example methodologies identified in the framework

Target audiences

The document is for:

- health commissioners in local authorities for public health, adult social care and children's services, including members of health and wellbeing boards
- commissioners in clinical commissioning groups
- third sector organisations working in health and social care that develop, deliver or commission health services
- trainers commissioned to deliver training events based on the document
- foundations and other funders of health and social care
- arts practitioners, managers and others involved in the delivery of arts interventions seeking to support health and wellbeing
- specialists in arts for health and wellbeing including researchers, evaluators and journalists
- researchers and others with a professional interest in the development and evaluation of arts for health and wellbeing programmes

Why do we need evaluation frameworks for arts, health and wellbeing?

The use of arts to support health and wellbeing is increasingly advocated and there are a growing number of such interventions in use. As interventions that seek to improve health, arts need to be rigorously evaluated using appropriate design as well as suitable measures and procedures. However, evaluation methodologies can be confusing (Daykin et al, 2013; Fancourt and Joss, 2015) and the lack of standardised frameworks makes it difficult to compare interventions, capture their outcomes or develop best practice (Daykin et al, 2016). This document seeks to help to address these issues by providing a framework and guidance for evaluating arts for health and wellbeing interventions. It includes a reporting tool that captures the key components of project delivery and evaluation. It offers a pathway to greater transparency, more effective comparisons of diverse interventions, and more robust evaluations.

Principles of evaluation

In arts and in health, an evaluation determines the extent to which a project or programme has achieved its objectives. Arts projects are diverse, but their evaluation involves common challenges, such as describing the activity, defining health and wellbeing, reviewing existing evidence and deciding how to assess outcomes and report the experiences of participants (Skingley et al, 2011). As well as assessing outcomes it is important to undertake process evaluation to assess what went well and what challenges were encountered. Evaluation planning, including budgeting for evaluation costs, is a critical aspect of good project management and should be in place at the start of projects.

Evaluation is not advocacy, but it can support sustainability by showing robust evidence of benefit. Evaluation often draws on research methodologies, but not every evaluation is a research project. Most routine service evaluations and audits do not require formal research ethics approval, however, it is still important to consider ethical implications of evaluation activities, including procedures to protect the wellbeing and privacy of participants. The National Research Ethics Service (2009) provides useful guidance on how to distinguish between research, evaluation and other forms of assessment.

The views of stakeholders should inform evaluation design. Consultation with commissioners, funders, health partners, arts organisations, staff, project managers, artists, and service users will identify resources and support shared understanding and agreement about evaluation aims, priorities and methods. It can help to ensure that all stakeholders have realistic expectations of what kind of data will be needed and what the evaluation can achieve. It is good practice to involve service users, including patients and the public, as this will increase the likelihood of producing relevant findings and practicable recommendations. A well-managed consultation process will result in outcomes and impacts that are relevant to practitioners, participants, stakeholders and commissioners and that are measurable, or possible to assess using available tools.

Project partners

About Aesop

The UK's arts sector is world-class and wide-reaching. It transforms people's lives and has the potential to solve social problems and improve people's health and wellbeing. Aesop's mission is to unlock and realise this potential. Aesop takes society's needs and problems as the starting point, and incubates evidence-based, cost-effective, sustainable solutions which use high quality arts. Aesop also contributes to the development and sharing of knowledge about the arts and society. As well as hosting conferences and showcase events, it convenes the arts enterprises in health and social care group, an action learning set for arts organisations already being commissioned, and it delivers programmes to link arts activity with health economics.

About Professor Daykin

Norma Daykin is Professor of Arts as Wellbeing at the University of Winchester and Professor Emerita, Arts in Health at UWE, Bristol. She has over 20 years' experience of researching and evaluating health and wellbeing interventions. She has led the development of evaluation resources for the arts and health/wellbeing sector, including the recent Creative and Credible knowledge exchange collaboration with Willis Newson arts consultants, funded by the Economic and Social Research Council (ESRC) (www.creativeandcredible.co.uk).

Part 2. Types of evaluation

Evaluation of arts for health and wellbeing encompasses:

- *monitoring and audit* to assess how projects are doing in relation to established targets
- *formative and process evaluations*, which take place during projects with the aim of improving practice, and
- *outcomes evaluation*, which takes place at the end of a project to establish whether it has met its aims and objectives and to assess its effects or impacts on participants

The relationship between evaluation questions and evaluation design

The evaluation questions should determine the approach and design of all data collection activity. Evaluation questions can range from simple ones, such as ‘how many people took part?’ and ‘were the intended beneficiaries reached?’ through to more complex ones, such as, ‘what were the intended and unintended outcomes of the project?’

Types of evaluation design

A number of different evaluation designs are used in arts for health and wellbeing.

Quantitative evaluation can be used both for monitoring project delivery and capturing measurable outcomes. Outcomes assessment requires quantitative evidence and is increasingly undertaken in arts for health, although randomised controlled trials are rare. More commonly, evaluation may involve quasi-experimental designs using pre-and post-testing of participants, individually or in groups.

Qualitative evaluation using interviews, focus groups and observation can help to capture participants’ experience of arts for health and wellbeing projects. It can explore broader project impacts, such as those on organisations and staff. Qualitative designs range from simple process evaluation through to detailed ethnographic research.

Participatory action research (PAR) covers a range of methods. It places participants at the centre of the process as they work closely with evaluators to design, implement and report evaluation. This allows understanding of impacts of arts for health and wellbeing projects to develop through dialogue and not in response to themes and outcomes that are pre-determined by evaluators, funders or commissioners.

Case studies are often presented to highlight participants' stories of the impact of arts for health and wellbeing projects. A case can be a project, organisation, setting or an individual person. Case studies can use a range of methods but most often they draw on qualitative data. Case studies are not to be confused with anecdotal reporting and advocacy, but can contribute to high quality evaluation when used rigorously. They can provide carefully selected, powerful testimony as well as rich descriptions of arts for health and wellbeing activities, processes and experiences. They can be strengthened by drawing on good research practice including sampling and case selection, data analysis and ethics.

Creative and arts-based methods using techniques such as photography, film, visual arts, poetry, creative writing, music, drama and dance can be used to support evaluation. Arts for health and wellbeing projects often produce outputs – artworks and artefacts that may inform understanding of project impacts. These can be effective for uncovering hidden perspectives, adding empathic power and strengthening participants' voices. They are also used in dissemination to make evaluation and research findings accessible to audiences beyond traditional academia or policy making circles.

Economic evaluation can be used to capture benefits and savings from using arts-based approaches within health and social care. Formal approaches such as cost benefit analysis or evaluation of quality-adjusted life years (QALYs) have not been widely used to date. More commonly, social return on investment (SROI) is used to project forward the costs and impacts that would occur if an intervention did or did not take place (SROI Network, 2009). The results are often expressed in the form of social return for every £1 spent.

What is already known?

When planning to undertake evaluation, it is important to identify what is already known about the activity including its potential benefits and the needs that it can address. It is also important to identify gaps in knowledge and one or more key questions that the evaluation will address. Evidence may come from needs assessment and expert opinion or from a review of similar projects. Systematic reviews involve formal literature searching with analysis of the results and can provide comprehensive information about the impacts of activities. Such reviews may not be widely available in arts for health and wellbeing and those that do exist are unlikely to include evidence synthesis because of the complex nature of arts for health and wellbeing projects. Nevertheless, evidence reviews that use some systematic review techniques, such as literature searching, combined with narrative reporting of evaluation findings, can inform project development and evaluation.

Theories of change

While arts for health and wellbeing projects may not always draw explicitly on theory, or may rely on multidisciplinary frameworks, there is usually some kind of implicit understanding of the biological, psychological or social mechanisms of change underlying the intervention. Evaluations that are built on an explicit theoretical underpinning are more likely to produce meaningful results and can serve as a springboard for the exploration and development of new theory and practice.

Theory of change approaches are becoming more widely used by charities and third sector organisations to help define the path from needs to activities to outcomes to impact (Kail & Lumley, 2012). A theory of change should describe the desired change that a project seeks to make and identify the steps involved in making that change happen. Creating a theory of change involves identifying a clear goal or primary outcome, tracing intermediate outcomes that might contribute towards the primary outcome, and using evidence to understand the link between outcomes by working out causes and effects. Consider the example of a singing project for older people. Here, the primary goal (based on a local needs assessment) may be to reduce loneliness and social isolation in this group, which may in turn be linked with other benefits such as reduced risk of mental health problems, improved mobility and improved management of physical and mental health conditions. The intermediate outcomes, or the things that need to happen in order for the primary outcome to be achieved, might include the provision of an enjoyable and accessible activity where people can increase their confidence and connect with others. Establishing cause and effect can be challenging, but it is important to draw on available evidence to support the assumptions made at each stage.

Logic models

Logic modelling can support the development of an outcomes framework to enhance programme planning, implementation, and dissemination activities (Kellogg Foundation, 2004). A logic model helps map the resources and the sequence of events that connect the need for a programme with its results. In the example below (Figure 1), the model distinguishes between outputs, outcomes and impacts of a proposed singing project for older people.

Figure 1. A logic model for a weekly singing group with older people

Resources	Planning and intervention	Outputs	Outcomes	Impacts
Staff and artists' time including training, supervision, project delivery and evaluation. Instruments, music scores, song sheets and other materials. Cost of venue hire. Transport. Refreshments.	Needs assessment. Identify suitable venue and facilities. Agree aims and objectives with stakeholders. Recruit facilitators. Recruit participants. Plan programme. Plan evaluation. Ethics and governance.	Sessions delivered. Numbers of participants attending from target groups. Performances and events. Media reports.	Primary: reduced loneliness and social isolation. Intermediate: enjoyment, improved confidence and connection, expression; knowledge and skill.	Longer term: sustained engagement by participants in music and singing; greater awareness among commissioners and the public about the value of singing for health and wellbeing.

Selecting and measuring outcomes for arts, health and wellbeing

The Charities Evaluation Service defines outcomes as changes, benefits or learning that take place as a result of an intervention or activity (Wadia & Parkinson 2011). Outcome indicators are well defined measures that closely reflect the aims and objectives of the intervention. Arts projects can seek to generate a wide range of health and wellbeing outcomes. Some projects may seek to deliver clinical outcomes in line with existing health priorities. Examples include addressing the needs of people experiencing specific conditions such as Parkinson's disease, COPD, dementia and long-term mental health conditions. More generally, arts for health and wellbeing projects seek to contribute to mental and social wellbeing. Outcomes can be personal, such as enhanced expression and the ability to communicate, physiological, such as a reduction in stress hormones, or artistic, such as learning a skill. Broader outcomes and impacts include organisational change, such as developing new practice, and social impacts, such as influencing policy (National Foundation for Youth Music, 2014. See also Carnwath & Brown, 2014; Mowlah et al, 2014; Aked, et al, 2008).

Outcome measures need to be sensitive to the characteristics and needs of participants and not detrimental to project delivery. It is not necessary or feasible to capture every project outcome. The scope of outcomes evaluation depends on the level of data required, the time frame and the implications in terms of resources and expertise required. It is important to consult with stakeholders to select the key outcomes. Measuring outcomes can be challenging. It is important to choose the right outcome measure. Below are details of some currently used to assess mental wellbeing in arts for health and wellbeing projects.

The Warwick-Edinburgh mental wellbeing scale

The Warwick-Edinburgh mental wellbeing scale (Tennant et al, 2007) is frequently used for the monitoring of mental wellbeing in the general population and the evaluation of projects to improve mental wellbeing in adults. It is not a clinical tool and is not designed to detect mental illness.

Website: www2.warwick.ac.uk/fac/med/research/platform/wemwbs

The EQ-5D

The EQ-5D is a simple two-page questionnaire that measures health-related quality of life on five dimensions of mobility, self-care, usual activities, pain/discomfort, and anxiety/depression. A basic version of the scale, the EQ-5D-3L, is available (Oemar & Oppe 2013). The tool can be completed quickly by respondents in surveys and interviews and is suitable for participants with a wide range of health conditions. It produces an overall score, representing health status in a single index value between 0 (worst imaginable health state) and 100 (best imaginable health state).

Website: www.euroqol.org

The patient health questionnaire (PHQ) and GAD-7

PHQ is a diagnostic tool for mental health disorders used by health care professionals. It is designed for use in primary care settings. The PHQ-9 is recommended by the NHS IAPT (improving access to psychological therapies) programme as a tool for measuring depressive symptoms.

The GAD-7 scale is a self reported anxiety questionnaire that is often used in mental health assessment. The GAD-7 has seven items that assess the severity of participants' anxiety over the past two weeks. These measures are sometimes used together. The PHQ-SADS screens for anxiety and depression using questions from PHQ-9 and other versions of the questionnaire along with GAD-7.

Website: www.phqscreeners.com

The arts observational scale (ArtsObs)

The ArtsObs tool has been developed specifically for the evaluation of performing arts interventions in healthcare settings (Fancourt & Poon, 2015). It is a non-intrusive tool that is capable of capturing quantitative and qualitative data from participants who are not able to complete questionnaires without interfering with or diminishing the effects of the creative arts process taking place.

Website: www.cwplus.org.uk/assets/pdf/Manual.pdf

The CORE outcome measure (CORE-OM)

CORE-OM is used for routine outcomes measurement in psychological therapies. It is a 34-item generic measure of psychological distress, which comprises four domains of wellbeing, symptoms, functioning and risk. It is one of a number of outcome measures that make up the CORE system and is free to download, copy and use.

Website: www.coreims.co.uk/About_Measurement_Tools.html

Part 3. The reporting and evaluation tool

Section 1. Programme details

Essential information

Project title or name of activity
Record of the name or title of the intervention, for example: 'Singing for wellbeing in older people.'
Aims and objectives (including outcomes)
What does the intervention aim to do? What are the intended outcomes and impacts? What is the rationale for the evaluation, ie, why are you doing it? Identify the key health and wellbeing outcomes as well as the personal, artistic, organisational, financial and social outcomes that the project seeks to achieve. Identify any broader impacts that the project seeks to influence.
Contact details
Who will be involved in the project delivery? List the key people involved in the intervention planning, delivery and evaluation. This should include full contact information and details of staff positions for all project delivery partners.
Commissioner(s) and funding sources
How is the intervention funded and who has commissioned it? For example: 'Funding is provided by the Department of Health and the intervention was commissioned by the local authority.'
Intervention timescale (exposure, quantity and duration)
For how long does the intervention run? How many sessions, episodes or events are delivered? For example: 'The intervention is delivered in ten two-hour sessions, once a week for ten weeks.'
Intervention delivery dates
This includes dates for the initial recruitment of organisations (for example, GPs) and participants, first point of contact and any follow-ups.
Location and setting
Where is the intervention taking place? It could be in a community centre, school or other setting. It may be useful to add a description of any transport that is provided for participants to attend.
Type of arts intervention
Provide details of the art form, for example, music, singing, visual arts, theatre, literary, digital or electronic. Also provide details of the nature of the activity: for example, static, live performance or participatory.
Description of the activity
Can the evaluation be reproduced based on your description? Identify the elements of the intervention so that others can deliver it outside your project. Give details of the

<p>content, delivery method, session format. For example, 'each session will be two hours long and will include a warm up followed by coaching and rehearsing appropriate repertoire, selected in consultation with participants. At the end of ten weeks participants will have the option of taking part in an informal performance for an invited audience.' Give details of any planned variations in the programme.</p>
<p>Context and setting for the activity</p>
<p>Will the project work equally well in different settings? It is helpful to appreciate the context of the activity. Give details of the setting and identify any particular features of the environment or setting. Note whether there are conditions that are essential for the activity to be delivered safely and effectively as well as other features that can affect the programme, for example, existing arts programmes.</p>
<p>Quality assurance</p>
<p>Who will manage the intervention? Who will deliver it? What quality assurance procedures will be followed? For example: 'the group will be led by a professional singer who is trained to deliver community music interventions. All staff involved in delivery of the programme will have undergone Criminal Records Bureau checks. The facilitator will keep a reflective diary to record progress. All adverse events will be recorded and reported to the project manager. The project manager will attend sessions in order to monitor progress and gain feedback from participants.'</p>
<p>Target population</p>
<p>Who is the target population? Are there specific admission criteria? Provide details of the individuals and groups as well as the settings where the project is targeted. Include age and demographic details as well as health conditions. For example: 'individuals aged over 55 from postcodes XYZ who are socially isolated' Give details of any inclusion criteria which participants are required to meet – for example, 'aged over 55 from postcodes XYZ'.</p>
<p>Method of recruitment and referral</p>
<p>How are participants recruited to the intervention? Is there a referral process or is it self-selecting? For example, are participants referred by a GP or are leaflets and posters used to advertise in GP surgeries? Give brief details here of recruitment procedures including referral processes or use of leaflets and posters to advertise the activity. Give details of the methods used to target particular groups, such as advertising and promotion in specific areas. Provide details of the percentage of those in the target population who have actually been recruited.</p>
<p>Equipment and resources required</p>
<p>What equipment is needed to run the intervention? How much space is needed? Can the facility accommodate population groups with specific requirements (such as people with physical limitations or specific dietary needs)?</p>
<p>Core staff competencies (and training required)</p>
<p>How are those delivering the intervention recruited? What are the core skills needed by everyone involved in delivering the intervention? Does the intervention require the involvement of a professional artist or musician? What personal skills such as communication or facilitation are needed? Do those staff delivering the intervention</p>

<p>need to be trained in certain aspects of the intervention such as group work, community music or working with older people?</p>
<p>Quality assurance mechanisms; assessment of risk and potential unintended consequences.</p>
<p>Describe the quality assurance mechanisms including supervision of staff, responding to feedback and complaints, identifying risk, referral arrangements, reporting of adverse incidents and documenting of unintended consequences.</p>
<p>Project costs per participant</p>
<p>It is important to document the full costs of an intervention in order to assess its sustainability and whether it offers value for money. The project costs per participant can be calculated by dividing the total cost of the project by the number of people who have received the full experience from recruitment to completion of the programme. A full analysis of the cost of the project per head will take into account costs incurred during the planning and set-up stages, such as staff time and publicity, as well as delivery and evaluation costs. It is important to factor in 'invisible' costs such as a room in a hospital, museum or library that may be available free of charge as part of a partnership agreement. Future planning needs to take into account the need for such resources. For example, if a singing programme costing a total of £6,000 recruited 40 people, with 20 completing the course, then the cost per participant would be $\text{£}6,000/20 = \text{£}300$. However, this method of costing may overlook the value obtained by someone who has attended most but not all of a programme. An alternative way of costing might be to set a lower threshold of attendance. For example, if 40 people were recruited and 30 people managed to attend 75% of sessions then the costs would be per participant would be $\text{£}6,000/30 = \text{£}200$. It is important to make it clear how project costs per participant are calculated.</p>
<p>Cost to the participant</p>
<p>Is there a cost to the participant? Provide details of any charges made for any part of the intervention and other costs such as equipment, clothing or transport.</p>
<p>Ethics and consent</p>
<p>It is important to consider any ethical issues that arise in the delivery of the project. Will individuals' artworks or performances be reproduced, broadcast or disseminated? Will participants be identified in advocacy or marketing materials? What procedures will be used to obtain consent and protect the privacy of participants?</p>
<p>Declaration of interest</p>
<p>It is important to declare any potential conflicts of interest, even if these do not seem to be important. This is particularly important if the evaluation is funded by an agency that could be perceived to have a commercial interest in the results. Perceived conflicts of interest do not necessarily mean the intervention should not go ahead as planned; it may be acceptable to state how potential conflicts are going to be avoided. For further information see the NICE policy and code of practice (NICE, 1999).</p>

Desirable information

Detailed rationale and theory of change
Give details of the rationale in terms of the mechanisms of change underlying the intervention. This includes identifying a clear goal or primary outcome, tracing intermediate outcomes that might contribute towards this and using evidence to demonstrate the link between outcomes.
Evidence review
Give details of the evidence review process including reviews of comparable interventions that have informed the development of the project.
Consultation
Consultation is important to establish that an arts intervention is being developed in response to an identified need. Describe the consultation processes with stakeholders, including service users, which have informed the development of the activity.
Duration of funding
Document the duration of funding, including start dates and finish dates of any grants that have been used to fund the evaluation.
Special conditions of attendance and incentives
It is important to record any special conditions that may affect participants' experiences of the project. For example, are any incentives provided to either recruit or retain participants, and if so, what are they? If incentives are used, it is important to record any evidence of their impact. Are there special features of this programme, such as the use of a prestigious venue, which may have impacted on participants' experiences. This is important as incentives and special features may influence the effectiveness of an intervention and the sustainability of any outcomes.
Details of health needs assessments
It may be useful to show whether an intervention is part of a specific local strategy, or whether it addresses needs identified as national priorities or indicators.
Details of equality impact assessments
Public bodies have a duty to undertake equality impact assessments (EIAs) under race, sex and disability equality legislation. It can be useful to include an EIA in evaluation in order to examine the projects impact on different groups.

Section 2. Evaluation details

Evaluation aims
What is the rationale for the evaluation – why are you doing it? Identify the key outcomes and impacts that have been prioritised for evaluation.
Evaluation questions
What questions does the evaluation seek to address?
Type of evaluation and evaluation design
What kind of evaluation design will be used? For example, will it draw on quantitative or qualitative approaches? Outcomes are usually captured using quantitative data. Economic evaluation methods are needed if it is intended to demonstrate cost savings and benefits. Qualitative evidence can help to understand participants' experience of a project and can contribute to process evaluation. Describe the evaluation approach, the data collection methods and the procedures that will be used for analysing the data. Check the evaluation methods will answer the questions you seek to address and demonstrate whether or not the intended outcomes or impacts have been achieved.
Evaluation budget
What resources have been set aside for evaluation? Give details of the evaluation costs and a budget to include evaluation planning, staff, transport, materials and other evaluation costs.
Monitoring
<p>It is essential to capture basic information such as the numbers of people recruited to a project and have completed all its stages. Recording demographic information about participants including age, sex, ethnicity, disability and socio-economic status can help to assess whether the project has successfully reached its target population and it can also help to establish whether the outcomes are more or less likely to be delivered for different groups. It is standard practice in public health evaluations to monitor such details. In public services there is a legal requirement to carry out ethnic monitoring. Ethnic category codes for England are defined by the Office for National Statistics (2011).</p> <p>In arts for health and wellbeing, the level of recording will vary depending on the specific characteristics of the project. The Data Protection Act 1998 must be adhered to when collecting personal data from individuals, and a data protection statement should be given to participants before any personally identifiable data is collected. It should explain exactly which personal data is being held, why, where, and who will have access to it. This is particularly important when collecting sensitive data such as ethnicity and socio-economic status.</p>
Data collection procedures
In addition to monitoring, what data collection activities will be undertaken? What tools will be used? Who is going to collect the data? What skills do they need? Provide details of quantitative and qualitative data collection procedures.
Sampling, selection and recruitment of participants

Will the data collection include all participants? How will participants be selected for qualitative interviews, focus groups and case studies? How will they be recruited? The generalisability of evaluation findings can depend on the nature of sampling. Ideally, a representative sample of the target population will be included in the evaluation. It is important to collect follow-up data from as many members of the original sample as possible and to account for any missing data. Sampling is important in both quantitative and qualitative evaluation. While it is not necessary to obtain a representative sample in qualitative evaluation, it can be useful to include a range of different experiences and cases. In both types of evaluation, it is important that evaluators know how the characteristics of those contributing to evaluation compare with those of the target population.

Evaluation timeline

When are the data going to be collected? Baseline data for the outcomes should be collected before the intervention begins and assessment should be repeated at the end. Ideally, longer term follow-up will include data collection between six and 12 months after the intervention has been completed. Provide a timeline for the evaluation, allowing for planning and preparation as well as data analysis and reporting.

Process evaluation

How will broader project impacts, including strengths and challenges of delivery, be assessed? How will learning be captured in order to inform future projects and the wider arts for health and wellbeing field? Outline the information used for process evaluation, including diaries and activity logs. Record what actually happens during the project, including any challenges to the delivery of the evaluation. Note that unexpected outcomes and impacts can be positive as well as negative.

Participants' views about the intervention

How will participants' views about aspects of the project and its delivery be captured? Give details of any methods used to capture participants' experiences including satisfaction questionnaires, focus groups or interviews. It is important to bear in mind that participants may not wish to be seen as criticising the project or the team delivering it. Consider methods that enable participants to give anonymous feedback, including talking to people who are not directly connected with the project delivery.

Ethics and consent

What are the ethical considerations for the evaluation? Will the anonymity of participants be protected? Could the evaluation include discussions about upsetting topics? Are the participants particularly vulnerable? Are adverse effects a possibility? What are the referral and reporting arrangements should the need arise? The National Research Ethics Service (nres.nhs.uk) gives useful advice, including how to distinguish evaluation from research. This is important as the latter requires ethics approval while the former may not (NRES, 2009). Describe the procedures for obtaining consent, minimising risk, safeguarding participants' privacy and confidentiality, and ensuring that they have a choice about whether to take part in the evaluation.

Conducting the evaluation

Who will conduct the evaluation? How will you ensure that they have the requisite skills?

Will the evaluation team include expertise from different disciplines including arts, health and research and evaluation? Internal evaluation often means that the project is being evaluated by the artists and staff who are running it: if this is the case then possible causes of bias may need to be acknowledged. External evaluation by independent specialists is more likely to produce an objective view of the outcomes of the intervention.

Managing evaluation

Who will manage the evaluation? It is important that there is a process in place to record progress against the original plan as well as any changes that are made to the evaluation design and delivery. It is helpful if there is a steering group with representation from different stakeholder organisations to oversee the evaluation and help with challenges and problem solving. It is also important to show how the evaluation will comply with the relevant ethical and research governance frameworks. Give details of who will manage the evaluation and what quality assurance procedures will guide it, including assessing and managing risks.

Evaluation findings: data analysis and interpretation

How will the data be analysed? How will you avoid bias in data analysis and reporting? How will you use the findings? In outcomes evaluation, the purpose of analysis is to show whether the key outcomes have changed over the course of the intervention. Qualitative analysis can be used to explore impacts, process issues and participants' experiences of the project. Give details of results compared to baseline for each outcome measure included in the evaluation. Give details of the methods of analysis used for each component of the evaluation. Comment on limitations of the analysis and the extent to which it can be generalised – how likely is it that the results would be reproduced if the project was undertaken with another group? It is also important to consider what would be done differently with hindsight. Show how the learning from evaluation will be embedded in programme delivery and provide recommendations for changes in future projects and evaluation approaches.

Reporting and dissemination

How will you report your evaluation findings? Who are the target audiences for dissemination? It is important that evaluation evidence is made available so as to inform broader awareness and understanding of the role and impact of the arts. Give details of how the evaluation will be reported and disseminated including publications, conference presentations, multimedia links, public performances, and engagement with policy makers, professionals and the public.

Part 4. Useful websites, resources and references

Useful websites and resources

Aesop

AESOP stands for 'arts enterprise with the social purpose'. Aesop is an arts charity and social enterprise that seeks to strengthen the role of UK arts organisations and programmes through evidence, sustainability and growth.

Aesop 1 is a published framework for developing and researching arts in health programmes. It is free to download from: www.ae-sop.org/wp-content/uploads/2015/02/AESOP-1-The-Framework.pdf

Aesop 2 is a planning tool for arts organisations and their social partners, currently in the process of being developed into training and consultancy programmes and a free, online, interactive version. Aesop has led the first systematic project to introduce health economics to arts in health, in collaboration with the London School of Economics. A final report will be published later in 2014.

Website: www.ae-sop.org

All Party Parliamentary Group for Arts, Health and Wellbeing

The APPG was launched in January 2014 to allow peers and MPs with a shared interest in the field of arts and health to come together for regular events to hear about and discuss the latest developments relevant to current policy priorities. To date, the group have discussed arts in the context of the Care Act, the role of arts in local authority and public health commissioning, music and health, arts and dementia. The secretariat for the APPG is provided by the National Alliance for Arts, Health and Wellbeing, supported by the London Arts in Health Forum.

Website: www.artshealthandwellbeing.org.uk/APPG

Big Lottery

The Big Lottery Fund have a range of resources and guides on their evaluation and research pages.

Website: www.biglotteryfund.org.uk/research/making-the-most-of-funding/impact-and-outcomes/monitoring-and-evaluation

Charities Evaluation Service

The foundation has a strong emphasis on the arts. It has produced an evaluation resources pack which provides guidance and support for third sector organisations to develop capacity for evaluation.

Website: www.phf.org.uk/publications/evaluation-resources-pack

Creative and Credible

Creative and Credible is a knowledge exchange project between The University of the West of England and arts and health consultancy Willis Newson, funded by ESRC. The project provides resources to strengthen practice-led evaluation arts for health and wellbeing, enabling practitioners to broaden their evaluation knowledge and skills and to engage effectively with commissioning agendas. It is guided by a stakeholder reference group comprising leading arts and health researchers and evaluators, artists and arts practitioners, commissioners and key players in the field. The project has produced a website to from which arts and health evaluation knowledge and resources can be freely downloaded.

Website: www.creativeandcredible.co.uk

Cultural Commissioning Programme

The Cultural Commissioning Programme is a three-year Arts Council England-funded programme which runs to June 2016. The project supports arts and cultural organisations to engage in public sector commissioning. Its various workstreams help the arts and cultural sector develop skills and capacity to engage in commissioning, enable commissioners to develop awareness and know-how of commissioning arts and cultural organisations to deliver public service outcomes, encourage relationships between cultural providers and commissioners, and influence policy makers and raise the profile of this area of work.

Website: www.ncvo.org.uk/practical-support/public-services/cultural-commissioning-programme

National Alliance for Arts, Health and Wellbeing

Launched in 2012, The National Alliance for Arts, Health and Wellbeing aims to provide a clear, focused voice to articulate the role creativity can play in health and wellbeing. It provides resources for the arts sector, including research and evidence.

Website: www.artshealthandwellbeing.org.uk

NIHR Research Design Service

The National Institute for Health Research (NIHR) funds the Research Design Service (RDS) to help researchers across England to develop grant applications to the NIHR and other national peer-reviewed funding programmes. RDS advisers in bases across England offer expert advice on research design and methodology. They have a unique breadth of experience and a proven track record in improving research applications.

Advice is confidential and free of charge.

Website: www.rds.nihr.ac.uk

New Economics Foundation

New Economics Foundation (NEF) is the UK's leading think tank promoting social, economic and environmental justice. NEF has developed the five ways to wellbeing: a set of simple evidence-based actions which promote people's wellbeing. They are: connect, be active, take notice, keep learning and give. These activities are simple things individuals can do in their everyday lives.

Website: www.neweconomics.org/projects/entry/five-ways-to-well-being

Public Health Practice Evaluation Scheme

The Public Health Practice Evaluation Scheme (PHPES) has been established by the NIHR School for Public Health Research (SPHR), and works in collaboration with Public Health England to support rigorous evaluations of the cost-effectiveness of innovative initiatives aimed at improving health. The scheme enables public health practitioners working in any sector the opportunity to collaborate with leading population health scientists to provide evidence to support sustainability and benefit others through replication of good practice.

Website: sphr.nihr.ac.uk/phpes

Royal Society of Public Health (RSPH)

RSPH is an independent, multi-disciplinary charity dedicated to the improvement of the public's health and wellbeing. RSPH has made important contributions over a number of years in supporting the development of the arts and health field in the UK. It has established a special interest group (SIG) for arts, health and wellbeing, chaired by Professor Stephen Cliff (Canterbury ChristChurch University). The aims of this group are to share current research and best practice, organise conferences, seminars and workshops, and influence government policy as a professional body. Membership of the SIG is open to all RSPH members with an interest in the contribution the creative arts can make to wellbeing and health.

Website: www.rsph.org.uk/en/membership/special-interest-groups/arts-and-health

Social Care Institute of Excellence (SCIE)

SCIE is a leading improvement support agency and independent charity, working with the care and support sector in the UK. It has produced a guide to co-production in services and care, aimed at managers and commissioners, frontline practitioners and people who use services and carers.

Website: www.scie.org.uk/publications/guides/guide51

What Works Centre for Wellbeing

The What Works research centre is a government initiative which, with ESRC and PHE, seeks to develop understanding of what policy makers, third sector and business partners can do to increase wellbeing. The centre is commissioning a research synthesis of what works, and secondary data analysis, initially in three areas: employment and learning, community wellbeing, culture and sport. This is alongside work on measurement, analysis of data, definitions and identifying area for further research in relation to wellbeing.

Website: whatworkswellbeing.org

Willis Newson

Willis Newson is a leading arts and health consultancy, with experience across all areas of arts management policy and practice, including evaluation of arts and health projects and processes. Willis Newson host the Creative and Credible website, an outcome of a knowledge exchange collaboration with the University of the West of England, funded by ESRC.

Website: www.willisnewson.co.uk/

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