the **social biobehavioural** research group

UCL

Arts and Health Evaluation: Navigating the Landscape

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PART 1:
Introducing
Arts and Health Evaluation

1. Introduction:

Evaluating arts and health activities to demonstrate their impact in view of project aims and objectives has become routine practice over the last few decades. There are multiple reasons why this may be the case, including organisations and practitioners wishing to monitor and improve activity delivery, policymakers and funders allocating and justifying economic resources based on successful projects, and researchers using evaluations to design studies that explore results in more depth.

It has been argued that arts and health practitioners have 'no option but to evaluate' (Tsiris et al., 2014, p.19). Nonetheless, despite this necessity to evaluate arts and health delivery, the landscape of evaluation is hard to navigate, with limited guidance on which approaches and methods to employ in which circumstances and for whom. While there has been a proliferation of arts and health frameworks, toolkits, and measurement tools, there is no synthesis or mapping of what exists, nor guidance on making choices about when and where each tool is appropriate to use. Individuals and organisations seeking to optimise evaluation need a clear understanding of what exists to ensure that evaluation tools are suitable and well matched to specific projects and contexts. This is the purpose of this guide.

We aim to provide:
- **An introduction** to the landscape of arts and health evaluation, including what it entails, why evaluation is important, and different approaches to evaluation
- **A comprehensive mapping** of what arts and health evaluation frameworks and toolkits exist, supporting you to make choices regarding which resources are the most suitable for your evaluation
- **Tips and advice** on selecting or creating tools that align with the frameworks and toolkits that are appropriate for the contexts you work in
- **Signposting to further resources** and information that may support you in developing your evaluation
- **A discussion** regarding analysing evaluation data, how to action your findings, and how to engage meaningfully in dissemination and knowledge-exchange

By the end of reading this guide, we hope you will be confident in understanding arts and health evaluation, reasons for undertaking evaluation, how to choose or create the most appropriate tools, and how to reflect critically on your evaluation and the contexts in which it's being delivered.

2. Who is this document for?

Evaluations may be carried out by a range of different stakeholders and this guide is for anyone wishing to evaluate their arts and health project. It will be particularly useful for:

- People working at **arts and cultural organisations** who aim to evaluate the impact of their work on health and well-being in view of particular activities that they are running or seek to run in the future. For example, art gallery staff aiming to be dementia-friendly may want to evaluate whether those who engage in their exhibitions experience them as inclusive and accessible.
- **Artists, art therapists and practitioners** delivering arts programmes where evaluation of their own practice and delivery is part of their role. For example, a poet planning to deliver creative writing workshops to support the mental health of those who have been bereaved may want to evaluate if particular musical techniques and approaches are suitable for providing support.
- People working for **hospital charities or healthcare providers** delivering arts activities in hospital or care settings who wish to understand how successful their programmes are in improving care for patients, staff, carers, and families. For example, a hospital charity may want to understand if recorded music in waiting areas can relax and distract patients, thereby supporting the hospital's objective of delivering quality care.
- Representatives from **community organisations** who integrate the arts into their work to support the health and well-being of people they engage with. For example, a social enterprise delivering weekly drama classes at a youth centre may want to explore if the classes reduce loneliness and antisocial behaviour amongst young people.
- **Consultants and evaluators** seeking to broaden their toolkit of evaluation techniques and build skills for current or future arts and health evaluations. For example, a freelance evaluator who works with a community library to evaluate the contribution of their activities to the health and well-being of local residents.
- **Students and early career researchers** wishing to gain knowledge and skills to carry out evaluations and engage with the socio-political landscape of arts and health evaluation. For example, a PhD student may want to evaluate whether an app that teaches short dance activities can increase healthy behaviours amongst people with diabetes.

3. How to use this document

This document has been written with **a stepwise approach** in mind, working through the planning stages of an evaluation and choosing an evaluation approach, through to selecting a toolkit and your tools to conduct your evaluation, followed by advice on analysing your data, writing it up, and disseminating your findings. However, it is important to remember that evaluation is not linear, so you may find yourself moving back and forth between parts. The document can also be used in this way, with each section written in an easy-to-digest format, supporting you in reading discrete sections that are most relevant to where you are in your evaluation process.

In Part 1 of this guide, we will explore what evaluation is and think about the broader approaches and contexts that frame your evaluation. Based on this foundation, we will then **navigate evaluation frameworks (Part 2), toolkits (Part 3) and tools (Part 4)** that exist to support you, before exploring the **next steps of your evaluation (Part 5).**

The mapping of toolkits (Part 3) and information on tools (Part 4) are designed to give you a 'menu' of the different options available to you so that you can get a sense of what the choices are, rather than making recommendations on which toolkits and tools are 'better' than others for your evaluation. The choice is context-dependent and needs to be made by you as the evaluator and expert in the environment in which you are working. Finally, this guide signposts to resources beyond it, and the content is not exhaustive. We recommend working through our guide alongside these resources to make the best decisions about how to design and deliver your evaluation.

4. What is arts and health?

For this guide, we draw on the definition of arts and health as developed in the 2019 World Health Organization Health Evidence Network synthesis report on the role of the arts in improving health and well-being (Fancourt & Finn, 2019). This definition is underpinned by **a complex understanding of the arts**, considering them conceptually difficult to define, existing in different forms, and sharing cross-cultural characteristics. For example, there is collective recognition that the arts are considered intrinsically valuable and provide imaginative and emotional experiences (Fancourt & Finn, 2019). Further, the WHO definition is founded on an understanding of health as connected to social and cultural contexts, drawing and building upon the 1948 WHO definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' (Fancourt & Finn, 2019; World Health Organization, 1948). Within this frame of reference, numerous kinds of activities that are considered 'arts activities' may intersect with health and well-being, including: i) performing arts activities such as singing, dancing and acting; ii) visual arts participation including drawing, painting and crafts; iii) digital arts activities including photography, animation and film-making; iv) literary arts such as reading and creative writing; v) cultural engagement such as going to museums, galleries and concerts; and vi) heritage engagement, such as visiting monuments and stately homes (Fancourt & Finn, 2019).

Linking these two conceptually rich definitions, arts and health activities are considered 'multimodal' or 'complex' because they involve a wide range of interconnected components (also known as 'active ingredients') that may prompt multiple responses (also known as 'mechanisms') that are linked to health and well-being outcomes (Craig et al., 2019). These components span the arts activity itself, the people involved in the activity, as well as the contexts in which the activity is being delivered (Warran et al., 2022), prompting a range of psychological, biological, social and behavioural responses (Fancourt et al., 2020). This is a complex picture where there may be multiple components that intersect with one another and multiple causal pathways that contribute to improved health and well-being (Fancourt et al., 2020; Warran et al., 2022). We recognise this complexity in the use of 'arts and health activities' in this guide.

Further, we use the terminology of arts *and* health rather than arts *in* health. The latter is often associated with the delivery of arts activities in public health settings, whereas the former is broader and includes activities delivered across community, public, and cultural settings, as well as those delivered in health and social care. This guide covers activities across all settings, including bespoke interventions that are designed and delivered with health outcomes in mind, and arts activities that are available for individuals to engage in more broadly that are retrospectively examined for their health impact. We also intentionally use the word 'and' to show that the arts and healthcare sectors are mutually beneficial to one another, with methodologies from the arts informing health and vice versa. Finally, our definition includes activities that are delivered by professional and community artists, as well as those delivered by arts therapists and healthcare professionals.

5. What is evaluation? How does it differ from research?

There can be confusion regarding the difference between research and evaluation. They both use similar methods, and often people working within arts and health engage in both. Nevertheless, whilst there are similarities, they are also distinct, and it is very important to determine if you are carrying out research or evaluation because it will have implications for your project design, delivery and dissemination. The key difference is that:

"Where research seeks to develop disciplinary and cross-disciplinary knowledge and theory through a range of research methods and tools, evaluation targets services to assess if, to what extent and how services fulfil their aims and objectives within the workplace" (Tsiris et al., 2014, p. 21)

Thus, evaluation is all about the specific context in which it is delivered, whereas research tends to focus on knowledge-generation, usually positioned within a body of previous literature rather than within the aims of an organisation. This is why researchers often talk about the 'generalizability' of their findings in relation to contexts other than that which the research may have focused on (see Williamon et al., 2021, Chapter 2). This has also been unpacked in more detail by Mathison (2008) and discussed by Fancourt (2017, p. 194), who proposes six ways in which evaluation and research are different:

1. Evaluation particularizes, research generalizes
2. Evaluation is designed to improve something, while research is designed to understand or prove something
3. Evaluation provides the basis for decision-making; research provides the basis for drawing conclusions
4. Evaluation—so what? Research—what's so?
5. Evaluation—how well it works? Research—how it works?
6. Evaluation is about what is valuable; research is about what is

(Fancourt, 2017, p. 194)

These distinctions are not, however, fixed and **there may be overlap in how research and evaluation are understood**. For example, qualitative research often aims to be context-specific and unpack in detail one specific case study, rather than trying to generalize from findings. An evaluation may be carried out within the remit of organisational objectives but then discussed and used by policymakers to inform decision-making regarding how arts and health activities could be scaled up. Indeed, evaluations may be included in scoping reviews that combine multiple kinds of publications to shed light on a particular topic and inform decision-making (e.g., the 2019 WHO report; Fancourt & Finn, 2019). Finally, there may also be practical or organisational reasons for choosing between research or evaluation. Formal ethical approvals are needed to conduct research through healthcare or academic institutions, entailing an ethics application that needs to be approved by a Research Ethics Committee. These processes can extend timescales and are only accessible to those connected to these kinds of institutions.

6. Why evaluate your arts and health project?

It is essential to think about why you are evaluating your arts and health project. Understanding and articulating this will help you to navigate the evaluation process and make decisions on the approaches and tools that are suitable for you. Further, a well-thought-out reason for conducting evaluation makes it more likely to inform future arts and health project delivery, artistic practice, healthcare operations, research development and/or policymaking. This is because it will be clear from the outset which areas the evaluation could have the most impact. Ultimately, knowing why improves the quality of your evaluation and the reach it can have. Take a moment to reflect: Why do I want to carry out this evaluation?

6.1 Formulating your evaluation aims, objectives, and questions

Having reflected on the question of 'why evaluate', you'll now be able to transform your thoughts into well-constructed evaluation aims. As an evaluation 'particularizes' and is designed to improve services, your aims are likely to be designed in view of broader service or operational aims which will form the context in which your evaluation is being delivered. Your evaluation aims are what you hope to achieve, and your evaluation objectives are how your evaluation will reach your aims i.e., the action you will take.

An example:

- Imagine that you work for a hospital which has the overarching aim of improving quality of care for patients waiting for surgery (context / service aim)
- You currently have a sound system in the surgical admissions lounge with relaxing playlists for patients to listen to whilst they are waiting in the hospital (the project)
- You wish to evaluate the extent to which the music is relaxing patients before surgery (evaluation aim)
- You want to measure changes in relaxation before and after listening to the music (evaluation objective)

It may also be helpful to think about what your evaluation does not aim to do, and what the limitations of your evaluation are (Tsiris et al., 2014, p. 47). For example, in relation to the above illustration, the evaluation does not seek to know if another kind of artform would be more suitable (e.g., visual arts); it is focused on the specific service that the hospital has the resources to deliver and whether this service is appropriate.

You may also find it helpful to think about your aims in terms of 'questions'. For example, you may ask: What is the impact of recorded music on the quality of care in the hospital environment? This will help you decide whether your evaluation has been successful once it's complete: your results should be able to support you in answering the evaluation question you set out. The language of 'questions' is also prevalent within research, but it's important not to confuse evaluation questions and research questions, even though they may inform one another. Remember, research will tend to ask questions that seek to generalize in some way or shed light on broader problems within a range

of contexts. Your evaluation questions, on the other hand, will be much more specific to arts and health service delivery in the environment in which you are working.

6.2 Who to involve in developing your evaluation

Co-producing your evaluation aims with commissioners, funders, participants and other partners will strengthen the applicability and suitability of your evaluation. Working in collaboration with a range of people will support you in identifying who the end-users of your evaluation will be and what the evaluation will need to include to fulfil the needs of these stakeholders (e.g., funders, commissioners, organisational directors, participants, artists). Bringing in commissioners and funders will manage their expectations and ensure the evaluation meets their organisational priorities. Working in collaboration with service users or those with lived experience will also ensure that programmes are delivered with their experiences and preferences at the heart of them, thereby moving away from traditional top-down ways of generating information and supporting equitable approaches to evaluation. Working in this way can take a long time but can also offer invaluable insights for your evaluation. You can read more about participatory evaluation approaches and why they are important on page 44.

7. The building blocks of an evaluation

An evaluation is made up of many parts, and the language used to describe these parts can vary within different disciplinary or sector contexts. **We group the building blocks of an evaluation into four levels: 1) Approaches; 2) Frameworks; 3) Toolkits; and 4) Tools (see definitions below).** Approaches encompass philosophical thinking about the nature of knowledge and evidence. They inform frameworks and toolkits, which offer practical guidance for evaluation design. It is helpful to consider what level of thinking might advance your evaluation, although in reality, these different levels often overlap.

Designing, implementing, sustaining, and monitoring arts and health activities involves many interconnected stages of development and delivery, all of which can be evaluated. But you are unlikely to focus on everything in your evaluation. At the outset, it is therefore important to think about what approach you will be taking in your evaluation. This approach will act like an anchor for you, guiding your focus and helping to determine the remit of your evaluation.

Definitions

Approaches guide your overall strategy, providing a lens through which to conduct your project, including shaping your chosen methods. Evaluation approaches may also be matched with suitable methodological approaches that reflect epistemological traditions (theories of knowledge), such as positivism (there is an objective world that we can measure) or social constructionism (our world is made up of multiple meanings and constructions). The approach(es) you take will depend on your questions or aims.

Frameworks are overarching 'structures' offering guidance and methodologies for evaluation in different settings. Frameworks can encompass one or more evaluation approaches including formative, process, and outcomes evaluation (see p.13). However, frameworks may also originate in fields outside of arts and health (see pp. 22-23), acting as 'general' frameworks that can be applicable in multiple contexts and settings. Frameworks offer guidance, directions and suggestions for planning and implementing evaluation, although they don't necessarily specify which tools to use.

Toolkits are more discipline specific and practical. They fit within overarching frameworks, providing guidance for different evaluation types. Toolkits are baskets or containers holding multiple resources, such as templates that might be used at different stages of the evaluation cycle (see pp.19-21).

Tools are the single tools or specific measures that can be used for different evaluation tasks. They include quantitative measures and qualitative assessment tools. These can include validated and non-validated questionnaires as well as guides to qualitative data collection and analysis, including interviews, focus groups, free-text surveys, and observational methods.

A metaphor to help

Evaluation approaches are like the shop you choose to visit to purchase a garden shed. There are lots of options, and you need to choose somewhere that will provide you with the right materials to build the shed you're looking for.

Frameworks are like the shed itself – offering a structure and framework in which to house your toolkits with your tools inside. But frameworks also come in different shapes and sizes, with some offering bespoke or locally sourced options (i.e., frameworks specific to arts and health), and others offering more common, replicable structures that exist across locations and contexts (i.e., general frameworks that originate beyond the arts and health field).

And your **toolkit** inside your shed with your **tools** are like the methods used in your evaluation. We will discuss this in more detail in Part 4.
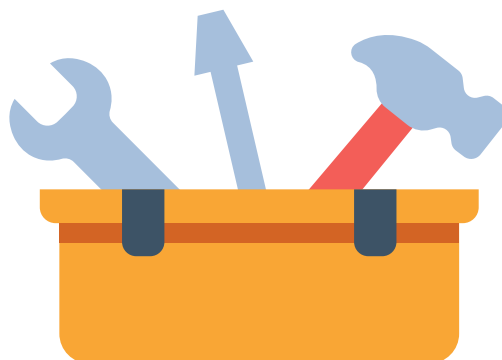
Whilst there are many different approaches to evaluation, there are **three broad approaches** that are particularly useful in the context of arts and health:

FORMATIVE EVALUATION

Usually carried out in early stages of a project (e.g., development and design)

Assesses whether an arts and health activity is suitable, has integrity, and is designed appropriately

PROCESS EVALUATION

Usually carried out when delivery of an arts and health activity is underway

Explores successes and challenges, such as if the activity is running smoothly and how well the activity fits within the context

OUTCOME EVALUATION

Usually evaluates whether an arts and health activity has had an impact on those participating

Examines whether the activity is able to achieve its aims or has desired effects

Within these overarching evaluation approaches, it is also possible to take different **methodological approaches**. Again, there are many different approaches, but there are four that are particularly popular within arts and health evaluation:

QUANTITATIVE

Focuses on explanation and objectivity
Numerical data

QUALITATIVE

Focuses on understanding and subjectivities
Textual data (including word-based and visual)

PARTICIPATORY

Focuses on coproduction
Range of data, often includes creative methods

ECONOMIC

Focuses on costs and measurable value, often in monetary terms
Seeks to demonstrate economic benefits

These methodological approaches may overlap (e.g., coproduction principles could be applied within qualitative and quantitative designs) and can be combined to carry out multi-strategy evaluations, examining an activity from multiple perspectives in view of several aims and objectives. Different approaches also align well with particular methods or 'tools' for evaluation, and we'll be saying more about this in Part Three. Importantly, **the approach you choose should 'match' well with your aims and objectives.** For example, if your aim is to explore the impact of a project, then an outcome evaluation will likely be the best approach for you. Similarly, if you would like to share numerical data that represents this impact with project partners, then a quantitative methodological approach is likely to be appropriate for you.

Still looking for further information to demystify research and evaluation?

Read Fancourt's (2017) book *Arts in Health: Designing and Researching Interventions* which includes a history of the field, practical advice about designing, and evaluating interventions, and templates (e.g., protocols, information sheets and consent forms) for different evaluation contexts.

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8. The question of quality

Quality is clearly an important aspect of evaluation, but **there are multiple understandings of what quality means** in different arts and health contexts. The notion of aesthetic quality has been long debated with regards to what makes 'good art', with some researchers and arts practitioners debating 'endlessly and with passion about aesthetic quality' and others disregarding the discussion altogether (Zolberg, 1990, pp. 21, 24–25). It's a challenging concept because it is socially situated, with aesthetic judgements based on sociocultural contexts, such as institutions that uphold certain kinds of art over others (Zolberg, 1990). In view of these complexities, 'quality' within arts and health has tended to be understood in relation to improving the quality of experience and outcomes for participants, rather than aesthetic quality (Warran et al., 2022). Similarly, although organisations in the arts and cultural sectors are interested in aesthetic quality, the dominant focus has tended to be on aspects such as project design, resources, training, participant experience, engagement, and outcomes. This is highlighted in the following resources produced in the UK:

- **Arts Council England's Quality Metrics** (2016) are a set of statements to help arts and cultural organisations understand and benchmark their work. The metrics include artistic notions of quality including vision and originality, expressed in terms such as distinctiveness, risk and excellence, but they also include experiential aspects such as relevance, audience engagement and responses.

- **The Centre for Cultural Value's Evaluation Principles** (2022) outline 12 interconnected principles grouped under four headings with examples of how they might be evaluated: beneficial, robust, people centred, and connected. It was created to improve the quality of evaluations in the cultural sector.

- **Arts Council England's Quality Principles for children and young people** (2014) emphasize notions of

authenticity, inspiration, positivity, inclusion, belonging, ownership, and personal progression in the context of arts and cultural work with young people.

- **The Youth Music Quality Framework** (2017) identifies a range of quality domains and indicators. This includes: health and safety; contracting and support for music leaders; young people's pastoral and progression needs; planning and evaluation; young people-centred delivery; music leader practice; session content; and environment.

- **Solent University's Guidelines for involving people with mental health issues in heritage projects** (2021) is a 'best practice' toolkit for heritage and mental health projects, which includes the importance of compliance with various ethical standards and codes

Given the multiple understandings of 'quality', there is a desire to move towards a shared understanding that would help individual practitioners and organisations across the arts and health sector to plan, deliver, assess and advocate for good practice. Addressing this, the Culture Health and Well-being Alliance (CHWA, 2022), funded by Arts Council England, is working with Jane Willis (Founder of an arts & health consultancy) to develop a quality framework for use across the creative health sector

9. A theory of change approach

Whilst effective evaluation is often informed by a desire to find out what outcomes are achieved, there's also a strong interest in *how* these outcomes and impacts are achieved. This requires an understanding of key processes, mapping project inputs, outputs, and outcomes. Formal research studies are often explicitly underpinned by theoretical frameworks to explore

these processes, sometimes including formal cause and effect hypotheses. Whilst evaluation is not generally required to outline such a theory, there is usually an implicit understanding of the key components, or 'active ingredients', that prompt responses or mechanisms that are linked with desired outcomes in arts and health activities (Fancourt et al., 2020; Warran et al., 2022).

A theory of change is a method used to explain how and why a desired change is expected to happen in a particular context (Scott et al., 2022), and it is an increasingly common way of understanding the interactions between inputs, outputs and outcomes. Charities and third sector organisations often adopt this approach. The UK National Council for Voluntary Organisations describes a theory of change approach as one that helps you to break down broad, long-term changes into smaller steps – creating a route map for your work. It is not necessarily about establishing a linear causal relationship between inputs and outputs but about visualising how activities you provide are connected with the change you want to make (Rinne-Kerridge, 2019). A theory of change traces a conceptual path, starting with identifying the needs that a project seeks to address and moving stage by stage, detailing specific activities and defining key outcomes and impacts. A key task when adopting such an approach is to describe the key changes that a project seeks to make.

Some quantitative research studies include a primary outcome, and this language is also used in arts and health contexts, especially in multidisciplinary environments where artists are working with specialists from public health or medicine. The notion of a primary outcome can be daunting as arts and health activities are complex and often seek to address multiple goals.

Although evaluation resources are limited and not everything can be measured, it is important that your theory of change is built around clear, measurable goals. The theory of change approach adopted in Public Health England's (2016) Arts and Health Evaluation Framework does not discount multiple goals; rather it encourages organisations to focus on a key outcome and describe the inputs, outputs and intermediate outcomes that make this possible (Daykin & Joss, 2016). It then encourages using evidence to describe a chain of possible causes and effects. This makes the evaluation task more manageable, enabling a wide range of data sources to be used.

A theory of change approach is closely related to logic modelling. A logic model is an overview of the links between inputs, outputs, outcomes and impacts. An example of a logic model is included in the PHE framework (Daykin & Joss, 2016). It includes:

- **Project inputs:** the resources needed for an activity, project or programme. These include funding and staff time as well as in-kind resources such as buildings, materials and other assets.

- **Outputs:** these are project deliverables, including online and in person sessions, activities, performances, artworks and reports.

- **Intermediate outcomes:** these are the things that need to happen in order for the key outcomes to be achieved. For example, participants who report that they enjoyed the activity and were able to access it easily are more likely to complete the programme and benefit from its potential effects.

- **Outcomes:** these are the things that the project aims to influence or change. These can include improvements in participant well-being, reduced loneliness, or changes in behaviour.

- **Impacts:** these extend further and include subjective as well as longer-term impacts such as reduced stigma or raised awareness about an issue within the wider community.

By listing the inputs and pinpointing measurable changes it is possible to build a conceptual model that incorporates a wide range of outcomes and impacts, using available evidence to illuminate the connections between them. While it is expected that primary outcomes will be measured robustly, a theory of change approach draws on a wide range of supportive evidence. Hence intermediate outcomes can be measured using simple and often routine monitoring tools, such as attendance records, informal data such as participant feedback, or more formal methods such as interviews and focus groups. Obtaining feedback from a range of people involved in your project might reveal wider benefits, such as increased understanding and improved practice among professionals, volunteers and informal carers. In addition, a theory of change allows for identification of further impacts that may be difficult to measure robustly, perhaps because they are long-term impacts that extend beyond the timescale of the evaluation. These impacts can be examined in several ways, such as by linking findings from published research studies that show connections between outcomes. For example, well-being is viewed as an end in itself, but it is also linked with other mental and physical health conditions as well as socioeconomic variables including education and employment.

In summary, a theory of change is a conceptual model that underpins the planning and design of your evaluation. It outlines what changes may occur and why (Aleyna Scott et al., 2022). Establishing cause and effect can be challenging, but the approach can accommodate a wide range of evidence to support the assumptions made at each stage. A theory of change approach is often considered synonymous with a logic model, as your theory of change tends to be expressed as a causal diagram linking inputs, outputs, outcomes and impacts of a given project. However, theory of change models vary greatly depending on your aims, and your theory of change does not need to be static. You can continue to refine it throughout your evaluation process.

Here's an example of a theory of change that draws on our earlier case of the hospital surgical admissions lounge (SAL):

Project inputs	Outputs	Intermediate outcomes	Outcomes	Impacts
Funding to purchase and install a sound system to play recorded music to patients in SAL Staff to monitor use of the system and support patients to use it	Music listening available in SAL Patients able to listen whilst waiting for surgery Curated playlists for patients to choose from	Patients enjoy choosing and listening to music and are distracted whilst waiting for surgery Patients share the experience of choosing music with friends and relatives	More relaxed patients and better experiences of being in hospital Improved hospital environment Funders satisfied	Awareness of the benefits of installing music systems in hospitals Improved understanding of the role of music in clinical settings

As you can see, the theory of change outlines how the evaluation aim of relaxing patients will be met. And you can add in as much detail as needed to frame your evaluation.

> For further examples and information about theory of change approaches, read the Public Health England's *Arts, Health and Well-being Evaluation Framework* (Daykin & Joss, 2016).

PART 2:
Evaluation Frameworks

Part Two introduces the evaluation cycle and provides an overview of key frameworks and how they can be used across a range of arts and health projects and programmes. This section will support you to make decisions about which frameworks are right for your evaluation and when to use them.

10. Introduction to arts and health evaluation frameworks

The field of arts and health evaluation began to grow around 20 years ago at a time when there were few relevant frameworks that were both rigorous and sensitive to the conditions of arts projects and programmes. Those that did exist tended to be focused on conditions in English speaking countries. As the field has expanded, so have the number of frameworks and toolkits, and there are now many available, including a recent Nordic arts and health evaluation guide available in Danish, Finnish and Swedish (Jensen, 2020). **Frameworks often emerge from diverse settings with different purposes in mind.** So it is important to note that resources that have been developed with regard to a particular art form, population and/or setting may not easily transpose into other contexts. Hence when you embark on an evaluation process, it is often important to take a step back to understand how available frameworks might fit your project.

11. Starting evaluation: The importance of the evaluation cycle

When starting an evaluation, it is important not to go straight into selecting tools. Focusing too early on data collection can lead to the collection of too much data or the wrong type of information. One way of avoiding this is to **think about evaluation as a cycle.** This notion underpins the Creative and Credible evaluation approach developed by Daykin and Willis (2013). Its key message is that evaluation is not a one-off event but an iterative process that progresses through phases including project planning, data collection and analysis, and reporting and dissemination. Each phase of the evaluation cycle leads into the next in a continuous learning process.

In fact, as Figure 1 shows (p.20), data collection and analysis activities occupy a small part of the evaluation cycle. As we saw in Part 1, it is important to secure 'buy in' of evaluation by project participants, delivery partners, funders and the wider community, otherwise the findings may not be deemed relevant or useful. There is no final endpoint to the evaluation cycle. Reporting and dissemination, if neglected, can reduce the impact of the work. Rather, these activities should feed into future project planning and delivery as well as the formation of questions for further evaluation activities.
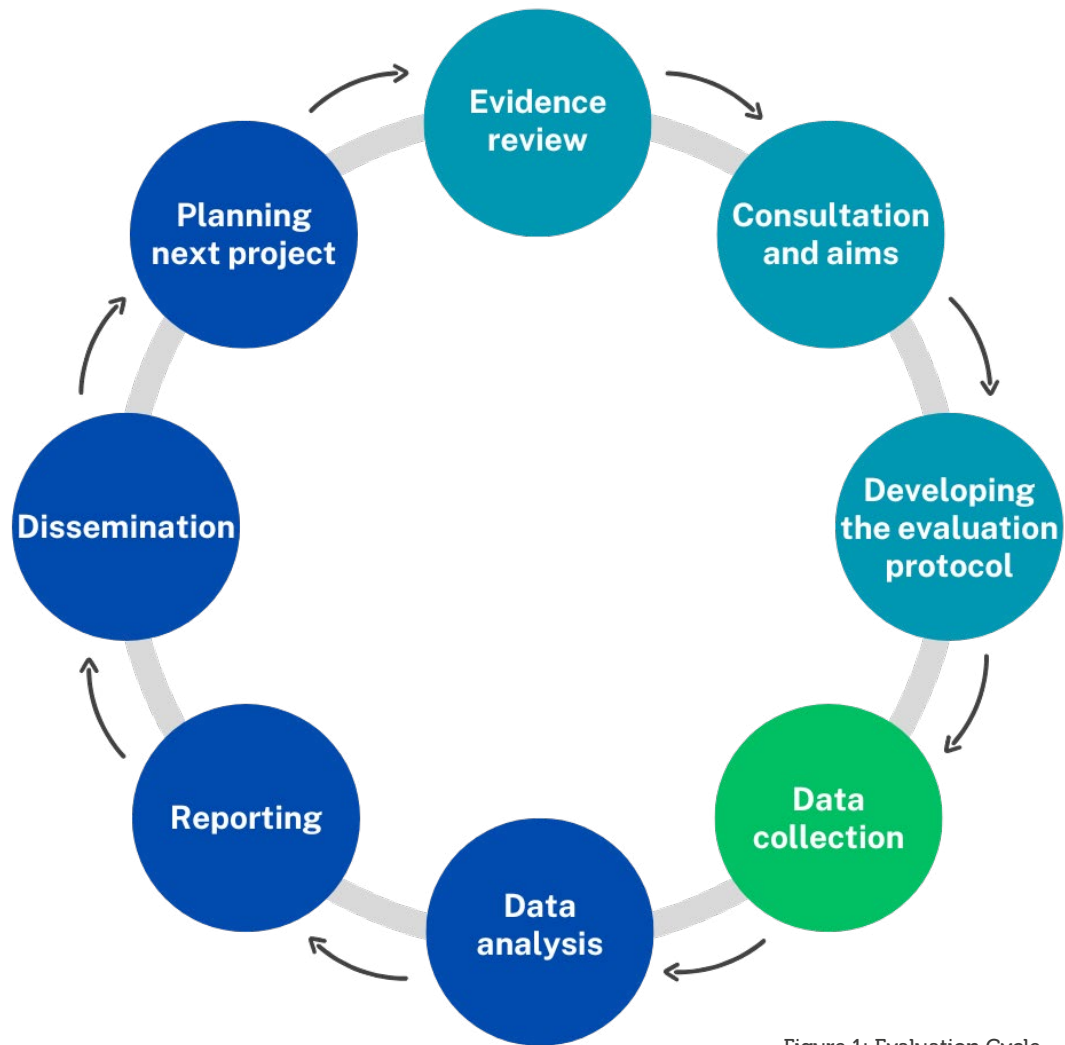
Figure 1: Evaluation Cycle
Adapted from Daykin et al. (2013)

As you work through the evaluation cycle, it's important to be reflexive on every upcoming stage of your evaluation and critique what needs to happen, how and by whom. We have pulled together key questions that you can work through, either by yourself or with other researchers or teams. The questions could also be worked through creatively if you wish, for example, as part of a collaborative workshopping exercise:

Evidence review

- What do you already know about the landscape in which you are carrying out your evaluation?

- Where can you access information about similar projects and their evaluation?

- What can you learn from the work of others?

- How will your evaluation build on previous findings?

- What do you feel is missing from existing evidence?

Consultation and aims

- What is the purpose of your evaluation? Why are you carrying it out?

- Who are you trying to engage? Who is your audience for your evaluation?

- Who are your key stakeholders? What outcomes, impacts and processes are important to them? Have you consulted with them to ensure that your aims align with broader objectives (e.g., needs assessment, organisational objectives)?

- What questions are you seeking to answer and why?

- If you are interested in outcomes, are you exploring one or multiple outcomes?

- Are your aims feasible? What challenges might there be?

Developing the evaluation protocol

- Is there a framework or toolkit that aligns with your aims? Is one toolkit suitable, or do you need to draw upon guidance from several toolkits?

- What is your budget, and what resources do you need?

- Who will be responsible for managing your evaluation?

- How will you manage the data that you collect? Are there any data protection issues to address?

- Will you need ethical approval to carry out the evaluation? Are there any safeguarding issues that need to be addressed?

- Have you engaged participants/stakeholders in co-creating your protocol to ensure your plans are appropriate/suitable?

Data collection

- What tools (e.g., methods and measures) will you use and why?

- What types of data do you need to collect in order to meet your aims?

- How will you recruit participants? Are there any inclusion or exclusion criteria for your participants?

- Will you be drawing upon any pre-existing datasets?

- What types of consent for data collection might you need to collect (e.g., written or verbal consent)?

- What kinds of data are your participants able or willing to provide?

Data analysis

- How will you analyse your data?

- Who will analyse your data?

- What expertise do you have or do you need to access to analyse your data?

- What additional resources or software might you need in order to analyse your data?

Reporting

- What will you do with your results?

- What details of your study do you need to report so that it is clear and reproducible?

- How will you ensure your data is shareable? Will you write an evaluation report or use another medium?

- Who will read your results and why?

Dissemination

- What will you do with your results?

- How do you want your data/evaluation to be used?

- How will you ensure that your evaluation informs future work (e.g., funding applications, change in practice, design of future evaluation activity, design of future projects)?

12. Examples of evaluation frameworks

As outlined on pages 11-12, **frameworks offer guidance, directions and suggestions for planning and implementing evaluation**. They provide the building 'structure' for your evaluation. Below we provide you with some example frameworks that could be used to structure and guide your evaluation. These frameworks may guide your choice of methodology and can be used in conjunction with the toolkits that follow (see Part 3). These include general frameworks developed in the medical, academic and health sciences sectors, frameworks that focus specifically on arts and health, and frameworks with a regional or country specific focus.

12.1 General evaluation frameworks

The MRC Complex Interventions Framework

The Medical Research Council's Complex Evaluation Framework was not developed with arts and health activities in mind, but it offers guidance for evaluating a wide range of interventions and has informed the development of specific arts and health evaluation frameworks listed below (Craig et al., 2008; Medical Research Council, 2000; Skivington et al., 2021). It is an overarching framework that follows the tradition of evidence-based practice within the NHS and social care. This tradition is sometimes referred to as a broadly positivist approach, and some have questioned whether it can lead us to overlook the intangible qualities of arts for health. However, the framework was developed in recognition of the fact that many procedures, programmes and policies that have consequences for health can be difficult to evaluate using experimental methods such as randomised control trials. As well as supporting different approaches to evaluating outcomes for complex interventions such as arts activities, the MRC framework acknowledges that evaluation goes beyond measuring the effects of an intervention to include a broader range of questions about impacts, how interventions work in the real world, and what resources are required to deliver them in different contexts.

Implementation science research development (ImpRes) guide

Implementation science doesn't seek to assess intervention outcomes per se but draws on organisational and behavioural studies to understand processes, identifying barriers, facilitators and strategies for the implementation of evidence-based healthcare (King's Improvement Science, 2018). It is a field of study that has been developed in healthcare to improve services by promoting the widespread uptake of research findings and evidence in routine care. It can be employed in various contexts that seek to foster scaling and routine implementation of evidence-based interventions, tools, policies and guidelines. Implementation science is often used to design evaluation research and can accommodate a wide range of methodologies. ImpRes has been created as a guide to support with research that aims to implement evidence-based interventions, outlining 10 domains that cover the core principles and methods of implementation science: implementation research characteristics; implementation theories, frameworks and models; determinants of implementation; contextual factors; implementation strategies; service and patient outcomes; implementation outcomes; unintended consequences; economic evaluation; stakeholder involvement and engagement; and patient and public involvement and engagement.

This framework proposes a model for evaluating the effectiveness and sustainability of behaviourally and culturally informed interventions in complex settings, focusing on key factors including well-being, trust and social cohesion (Aleyna Scott et al., 2022). Arts interventions could be viewed as complex, culturally-informed interventions, making this framework relevant to the field of arts and health. It presents a detailed theoretical background to provide support in decision-making when evaluating interventions. This involves drawing upon 'contribution analysis', an approach which maps the steps between an intervention and its observed results in order to uncover and assess the contribution of the intervention. This includes consideration of unintended positive and negative effects of interventions. The framework does not cover methods used to prove cause and effect; rather, it draws on a theory of change approach as a structure to describe considerations and potential relationships surrounding an intervention. A toolkit is also included, which is listed in Part 3.

NESTA Standards of Evidence

This framework seeks to establish evidence in order to inform investment decisions by NESTA, but it also offers a more general overview of standards of evidence (Puttick & Ludlow, 2012). The NESTA standards are on a 1 to 5 scale, with the lowest level 1 requiring a clear articulation of the positive impacts that a project could have. This could be through the presentation of a logic model and can draw on existing research and data (see pp.16-17 for more information on logic models). As the levels progress, the expectation of the quality of evidence rises, and at level 2 it is a requirement to show some change without necessarily being able to attribute effects to your project. Evaluation methods at this stage could include pre- and post-project surveys. At level 3 it is expected that more formal methods will be used to demonstrate impact including random sampling and use of control groups, while at level 4 there is an expectation that findings are validated externally. The highest level 5 requires demonstrable evidence that a product or service can be delivered at multiple locations with a strong, positive impact.

12.2 Evaluation frameworks with a focus on arts and cultural engagement

The Centre for Cultural Value: Evaluation Principles

In contrast to frameworks produced by the health sector and adopted in the arts, these evaluation principles were collaboratively produced by the Centre for Cultural Value in consultation with organisations and individuals from across the cultural sector. Rather than pointing to specific tools, the principles are intended to guide thinking about how evaluation should be carried out and used in the cultural sector (Centre for Cultural Value, 2022). There are 12 interconnected principles grouped under the following four headings: beneficial, robust, people-centred, and connected. Each principle is elaborated with examples of how it might be implemented in evaluation practice.

Centre for Cultural Value. How to co-create an evaluation

Traditional evaluation is sometimes criticised for being unequal and extractive. In contrast, this guide, written by Mark Robinson (2021), places co-creation at the centre of evaluation planning and delivery in culture and heritage, so that evaluation becomes more collaborative and offers a shared learning journey for participants and stakeholders. It offers a stepwise guide to co-create evaluation, from planning to data collection, analysis and reporting. It also includes a glossary of key terms and a guide to further resources.

12.3 Arts and health evaluation frameworks

The Aesop framework for developing and researching arts in health programmes

This framework builds on the MRC complex interventions framework, recognising that arts activities in healthcare settings share similarities with other complex interventions (Fancourt & Joss, 2014). The Aesop framework seeks to bring arts and health evaluation in line with best practice in evidence-based healthcare to increase the visibility, acceptance and implementation of effective arts and health projects within healthcare settings. The framework is focused on outcomes, including health, social, financial and artistic outcomes, with space for process evaluation to determine factors affecting outcome delivery. It provides guidance for the evaluation of arts-based initiatives including initial planning, study design, data collection and analysis, and dissemination.

The Public Health England (PHE) Arts for Health and Well-being Evaluation Framework

The PHE Arts for Health and Well-being Evaluation Framework reflects a growing recognition of the potential role of arts in addressing health and care needs. It offers a guide to evaluating reporting, advocating a degree of consistency across diverse interventions so that health commissioners and others can understand their contribution to meeting health and well-being outcomes (Daykin & Joss, 2016). The framework is in two parts: Part 1 explains the different evaluation approaches, providing templates on logic models and theory of change approaches. Part 2 offers a reporting template to guide evaluation from design through implementation to dissemination. The PHE framework acknowledges the use of a wide range of methodologies, signposting tools rather than proposing a 'one size fits all' approach to arts for health and well-being evaluation.

Creative and Credible

The Creative and Credible website offers a useful umbrella resource with information about approaches, frameworks, and tools and how to apply these in various arts and health settings (Daykin & Willis, 2013). The website was developed following a research and knowledge exchange project led by Norma Daykin and Jane Willis (Daykin et al., 2013, 2016). It seeks to provide a bridge between understandings of evaluation in the arts and health sectors respectively, linking theory with evaluation practice. Creative and Credible offers guidance on quantitative, qualitative, economic, participatory, arts-based and mixed methods evaluation. The website also offers guidance on best practice in evaluation, addressing ethical concerns and overcoming resource challenges.

12.4 Arts and health evaluation frameworks with a regional or country focus

Evaluation Frameworks and Principles Mapping for engage Cymru

This document, prepared by Eleanor Sellers (2015), reports on a series of discussions among representatives of arts organisations and leaders in Wales. The document provides an introduction to key evaluation concepts and a guide to further resources. One of its key messages is the need to reduce 'evaluation fatigue.' Hence evaluation frameworks and tools should be easy to implement without adding significantly to the workload of practitioners. It suggests that the adoption of a common framework could help leverage positive changes at the funding level and foster more effective evaluation. Any such framework would need to remain flexible to capture learnings from a complex and evolving sector.

Getting Started with Programme Evaluation

This guide was produced in the US by the Georgia Council for the Arts and the National Assembly of State Arts Agencies (Georgia Council for the Arts, 2007). It provides an introduction to key evaluation concepts and a guide to the different types of data that might support programme evaluation. It also discusses how to approach the evaluation of the 'intangible' impacts of arts. It offers advice about evaluation approaches, from logic models to process-based approaches such as developing a learning culture.

The Nordic Arts and Health Evaluation Guide

Many evaluation guides have been written for English speaking audiences. An exception is the Nordic arts and health evaluation guide. The guide was authored by Anita Jensen (2020) following a two-year consultation process with practitioners across the region. Available in Danish, Finnish and Swedish, it provides an overview of the evaluation process, highlighting the differences between evaluation and research, with examples of methods and free and simple tools that have been validated for use in different Nordic contexts.

Bridging the gap: Towards a framework for evaluating arts and health

This broad evaluation framework was developed as part of the Disseminate project: a three-way partnership between Disability in the Arts Disadvantage in the Arts Australia (DADAA), the Rio Tinto Western Australia Future Fund and Healthway through the Health Promotion Evaluation Unit at the University of Western Australia (Georgeff et al., 2009). The framework has been created with community arts programmes in mind, setting out a formative evaluation approach to identify intended and unintended outcomes and using examples projects from DADAA to explain the approach.

PART 3:
Evaluation Toolkits

Having reflected on the evaluation cycle to plan your evaluation and the different frameworks that you could situate your evaluation within, you can now start to think more practically about using a toolkit to conduct your evaluation. As summarised on pages 11-12, toolkits are like baskets or containers that sit within frameworks holding multiple resources ('tools'), such as specific evaluation measures and templates that might be used at different stages of the evaluation cycle.

13. List of toolkits

We have collated a list of toolkits through a scoping review process, extracting information about the population, artforms and settings the toolkits are tailored for, as well as the content included. (See Appendix for more information about our search strategy.) **The tables on the following pages are designed to support you in navigating the landscape of toolkits available, helping you to make decisions on which toolkits could be appropriate for your evaluation.** Remember, the choice of which toolkit to use also needs to consider the context, scale, development and resources of individual projects and programmes, and the various requirements of project partners, which in turn shape evaluation aims, purposes and strategies.

Authors / Date	Title	Region	Propulation or target users	Artform	Settings	Content
Channing, J., The Beaney House of Art & Knowledge / 2021	**The Beaney Health and Wellbeing in Museums Toolkit**	UK	Artists, professional, volunteers and participants in face to face and online museum activities	Various, e.g., object handling and participatory arts inspired by museum collections	Museum based health and wellbeing activities	• Guidance on planning and delivering creative wellbeing activities in museum settings. • Guidance on outcomes measurement, qualitative, creative and economic evaluation. • Examples of Likert scales and links to wellbeing measures.
Community Tool Box, University of Kansas / n.d.	**Evaluating the initiative**	US	A range of stakeholders working to build healthier communities and bring about social change	Not specific to the arts but relevant to community arts	Community programmes or initiatives	• Guidance on identifying stakeholders, creating a logic model, constructing aims and choosing methods. • Signposts to a range of quantitative and qualitative methods. • Includes case studies of community evaluations.
Creative Scotland / 2016	**Is this the best it can be? A reflective toolkit for artists, arts organisations, partners and participants**	UK	Anyone delivering arts and creative learning; where artists and arts organisations are collaborating with professionals from other sectors and participants	Various	Various, particularly relevant for community and local settings	• General advice for planning, delivering and evaluating an arts project with other sectors, including health and social care. • Evaluation content includes a template for recording what has worked and what could be improved and a template for recording actions to take forward. • Includes checklists, prompts and templates for qualitative evaluation.
Davies, S. (Ed.). Creative People and Places / 2017	**Evaluation in participatory arts programmes**	UK	Arts and cultural organisations	Broadly creativity, culture and participatory arts	Community settings	• Advice across 7 key areas: 1) measures, metrics and models; 2) evaluation tools; 3) collaborative evaluation; 4) quantitative and qualitative methodologies; 5) creative qualitative evaluation; 6) creative evaluation outputs; 7) data management. • Includes case studies showing how evaluation tools have previously been applied.

Authors / Date	Title	Region	Propulation or target users	Artform	Settings	Content
Daykin, N. & Joss, T., Public Health England / 2016	**Arts for Health and Wellbeing: An Evaluation Framework**	UK	Health commissioners, third sector organisations, trainers, funders, practitioners, managers, arts organisations, researchers and others working in arts for health	Various artforms, but specifically those focused on improving wellbeing programmes	Various, particularly relevant for health settings	• Outlines principles of evaluation, types of evaluation, and advice on creating a theory of change and reporting. • Guidance on both quantitative and qualitative research. • Includes list of popular outcome measures (e.g., the Warwick-Edinburgh mental wellbeing scale, EQ-5D, PHQ, GAD-7, arts observational scale and the CORE outcome measure).
Daykin, N. & Willis Newson / 2015	**Creative & Credible**	UK	Arts and health organisations and practitioners	Various artforms, but specifically those focused on improving wellbeing programmes	Various, particularly relevant for arts, community and healthcare settings	• Guidance on preparing to evaluate, different approaches to evaluation and using the evaluation cycle. • Provides advice on using a range of qualitative and quantitative tools, including using validates scales and arts-based methods.
De Andrade, M. & Angelova, N. / 2017	**The Asset-Based Indicator Framework (ABIF): A Practitioner's Guide To Co-Production**	UK	Not specified, but relevant to anyone working with community organisations and assets or working within creative community engagement	Creative community engagement, including theatre, music, arts, sports to digital technology, social media, knitting, cooking and more	Community assets	• Supports with considering the context and processes (Who? Why? What? How?) of a community project, as well as identifying relevant indicators (assets or attributes) and outcomes (process, change, quality of life). • Includes a worksheet for users to identify indicators they wish to measure during the evaluation process and a discussion guide to decide indicators. • Maps different data collection tools to each indicator to form part of designing and delivering an evaluation.

Authors / Date	Title	Region	Propulation or target users	Artform	Settings	Content
Dunphy, K. & Smithies, J., Cultural Development Network / 2018	**CDN's Planning Framework: Evaluate Outcomes**	Australia	Local leaders, stakeholders and participants in local government led cultural development	Various, e.g. as part of cultural development	Various local authority and community settings	• Part of a Cultural Development Planning framework across all councils in Australia. • Offers wide-ranging outcomes schema with five domains: Cultural; Social; Economic; Environmental; and Governance. • Guidance on formative and summative evaluation and ethics. • Examples of quantitative and qualitative data collection methods and links to tools, e.g. festival audience survey.
Evans, N. et al. / 2016	**Artist's Handbook: A Guide for Artists Working in the Hospital Environment.**	UK (Wales)	Arts, health and wellbeing practitioners and organisers; patients and visitors in hospitals	Various	Hospitals	• Guidance on evaluation and ethics. • Examples of quantitative and qualitative data collection methods. • Includes a sample photography consent form.
Fancourt, D. / 2017	**Arts in Health: Designing and researching interventions (book)**	UK	Researchers, practitioners, healthcare professionals, and those interested in learning more about the field of arts in health	A broad range of artforms	Various, including the healthcare environment, community contexts and everyday engagement	• Gives context to the field of arts in health and provides advice on how to design and set up an arts in health intervention. • Includes a 7-step model for how to design and deliver an arts in health intervention, including advice on piloting, evaluating and expanding an arts programme.
Fancourt, D. & Joss / 2015	**Aesop: A framework for developing and researching arts in health programmes**	UK	Those developing, researching or evaluating arts in health interventions	Not specified but could be relevant to a broad range of artforms	Could be relevant to various settings but particularly appropriate for healthcare contexts	• Synthesises existing arts research methodologies, health research methodologies, health policy documents and reporting guidelines. • Provides advice on developing an initial idea for an arts intervention, developing it and designing and delivering a research project. • Draws on the Medical Research Council's (MRC) guidelines, as well as range of different epistemological paradigms (post-positivism, social constructivism, advocacy and participatory views, and pragmatism)

Authors / Date	Title	Region	Propulation or target users	Artform	Settings	Content
Georgia Council for the Arts (GCA) and the National Assembly of State Arts Agencies (NASAA) / 2007	**Getting Started with Program Evaluation: A Guide for Arts Organizations**	US	Arts organisations	Not specified but could be relevant to a broad range of artforms	Arts and community arts settings	• Explains different kinds of data and data collection methods e.g., admissions/ enrollment records, financial records, surveys, interviews, focus groups, pre- and post- tests, journals and observations. • Provides advice on using an evaluation framework such as a rubric framework or logic model.
Nesta, Arts Council of Wales, and Cardiff University / 2022	**The HARP (Health Arts Research People) playbook for innovation in arts & health**	UK (Wales)	Health and arts organisations working in partnership to design new projects	Not specified but could be relevant to a broad range of artforms	Any health, care, arts or community settings	• A framework for developing, testing, evaluating and scaling arts and health innovations. • Introduces key evaluation concepts including logic models and theory of change, and guidance on types of evaluation including reflective practice. • Provides an overview of evaluation methods with advice on collecting demographic data and minimising discomfort for participants. • Includes resources such as 10 questions to guide evaluation planning, and reflective tools such as a feelings wheel, dot mapping, asking questions and active listening. • Discusses how to work with partners/ funders to tell the project's story.
Jackson, A., / 2004	**Evaluation Toolkit for Voluntary and Community Arts in Northern Ireland**	UK (Northern Ireland)	For organisations of different sizes and stages of development. Includes compliance guidance for arts organisations receiving funding from the Arts Council of Northern Ireland	Various art forms	Various voluntary and community organisations	• Guidance on completion of nine obligatory ACNI forms. • Logic model and a worked example. • Templates for an evaluation framework and an evaluation plan. • Guidance on quantitative and qualitative methods: design, data analysis and reporting. • Sample outcomes questionnaires, quality monitoring form, observation guide, artists' and leaders' evaluation forms.

Authors / Date	Title	Region	Propulation or target users	Artform	Settings	Content
Jensen, A. / 2020	OPAS kulttuurihy-vinvointi-toimin-nan arviointiin. (GUIDE to the evaluation of cultural well-being activities).	Nordic countries	Artists, professionals and organisers across cultural wellbeing contexts	Various art forms	Measuring tools validated in Nordic contexts	• General guidance on evaluation, ethics and reporting. • A checklist for the evaluation process. • A range of measuring tools.
Jerardi, et al., / 2009	Basic Toolkit Handbook: Building and Sustaining Arts in Healthcare Programs	US	Artists, community-based arts organisations, healthcare institutions working to integrate the arts into care	Various artforms	Various settings, particularly clinical and community contexts	• Outlines extensive background on planning and delivering an arts and health programme. • Provides prompts on decisions that need to be made for evaluation (e.g., type of evaluation, data collection options) and samples surveys that could be used as templates, as well as outlines a tool for conducting an Appreciative Inquiry.
Keating, C. / 2002	Evaluating Community Arts & Community Well Being	Australia	Community arts practitioners	Various community arts	Community settings	• Outlines and provides advice across six evaluation stages (preparing, planning, determining indicators, collecting data, analysing data, and reporting). • Includes various worksheets for practitioners to plan their evaluation. • Explains and provides examples of collecting both quantitative and qualitative data.
Kinnunen, R., Lidman, J., Kakko, S-C., Veikkolainen, A. (Effective Circus) / 2013	A guide to the study of the wellbeing effects of circus	Finland	Various target groups of all ages.	Circus arts	Schools, health settings and care homes	• Guidance on evaluation of the effects of the circus on physical, social and psychological wellbeing. • Guidance and examples on quantitative, qualitative and arts-based methods. • Includes a self completion"Mood-O-Meter" and an energy level form.

Authors / Date	Title	Region	Propulation or target users	Artform	Settings	Content
Mosley, P. (Umbrella) with Rotherham Arts in Health / 2008	**Artspulse Evaluation toolkit: A user friendly guide to evaluating arts and well-being projects**	UK	Various stakeholders working in arts in health, but not for health professionals	Various arts and social activities, including sports	Community settings	• Includes an evaluation checklist to help with choosing tools and techniques. • Outlines quantitative and qualitative measures. • Provides advice across three stages of evaluation (planning, evidence gathering, reporting), each including lists of suitable tools that could be implemented. • Includes various questionnaires and templates that can be used for evaluation (e.g., case study pro-forma, pre- and post-questionnaires, diary template).
Thomson, L.J. & Chatterjee, H. / 2013	**UCL Museum Wellbeing Measures Toolkit**	UK	Older adult and younger adult participants (including people with dementia)	Various arts activities	Museums and galleries	• User friendly tools developed in research with museum partners. • Includes two Generic Wellbeing Questionnaire (short and full versions) and four colourful Wellbeing Measures Umbrellas. • Includes how to use the tools and analyse the data.
Trotman, R. & Walls, A. / 2017	**Evaluating community based arts in Aotearoa: an introductory guide**	New Zealand/ Aoetoera	A wide range of community organisations and participants	Various arts activities	Various community settings	• General guidance on evaluation and types of evidence, including creative methods. • Sample summary sheets and reporting tables as well as photographs and video. • Signposts to additional evaluation resources including 'What Works', an online resource that is not arts specific, but includes advice, guidance and resources specific to New Zealand, plus links to international resources.
Tsiris, G., Pavlicevic, M, & Farrant, C. / 2014 (book)	**A Guide to Evaluation for Arts Therapists and Arts & Health Practitioners**	UK	Arts Therapists and Arts & Health practitioners	Art therapies and arts and health activities – all genres	Various, particularly healthcare settings	• Describes the evaluation process from start to finish, including planning, data collection, analysis and dissemination. • Includes a range of qualitative and quantitative templates to support with design and data collection. This includes a step-by-step process to creating questionnaires and interview guides.

Authors / Date	Title	Region	Propulation or target users	Artform	Settings	Content
What Works Wellbeing / n.d.	**Measure your wellbeing impact: A practical guide for charities and social enterprises**	UK	Small to medium-sized charities or social enterprises running projects that aim to improve people's wellbeing	Not specified but toolkit is broad and could be relevant for arts projects aiming to improve wellbeing	Not specified but could be used in community, arts or health contexts	• General guidance on how to plan and carry out a wellbeing evaluation. • Explores types of wellbeing measures (quantitative and qualitative). • Includes a 'wellbeing measures bank' – a searchable database of metrics and measures that can be used to assess changes in wellbeing in an evaluation.
WHO Regional Office for Europe / 2022	**Guide to evaluating behaviourally and culturally informed health interventions in complex settings**	European Region	Health authorities and other organisations involved in evaluations of behaviourally and culturally informed interventions in complex	Arts interventions that are behaviourally and culturally informed	Various settings that are considered 'complex' i.e., where the conditions are hard to control	• Sample theory of change that could be applied to arts interventions. • Guidance on socioeconomic assessment and gender equality assessment. • Series of preparatory exercises, including an evaluability assessment to help determine whether and when an evaluation should go ahead, and an exercise to explore principles of causality. • Includes a tool for selecting indicators, a list of evaluation questions, a reporting template, an overview of methods, an evidence table and evidence rating tools. • Project management tools included.
Woolf F., Arts Council England / 2004	**Partnerships for Learning: a guide to evaluating arts education projects**	UK	Professionals and participants involved in arts education	Various arts education	School community and local authority settings	• General guidance on all phases of evaluation, including quality evaluation. • Explanation of monitoring, quantitative, qualitative and arts-based evidence. • Guidance on data collection and analysis with examples, case studies, sample tools and checklists.
Youth Music (2014)	**Taking an Outcomes Approach: From Planning to Evaluation**	UK	Guidance for funding applicants to Youth Music and anyone planning a music education project for music and young people	Music	Various music education settings	• Outlines an outcomes approach (as distinct from simply listing outputs). • Guidance on evaluation including ethics and data protection. • Links to specific quantitative, qualitative and arts-based tools for recording musical, personal, social and workforce outcomes. Also considers unintended outcomes.

PART 4:
Evaluation Tools

Now that you have selected your toolkit, it's time to think about choosing appropriate tools to build your evaluation. As outlined on pages 11-12, tools are instruments that facilitate data collection or reporting, supporting you to capture and explore data or documenting processes that are relevant to achieving your evaluation aims. Some toolkits make specific recommendations of tools to use, such as the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) described in the Public Health England framework. In other cases, it will be up to you to select or create the tools you feel will complement your approach and support you in achieving your aims.

Tools themselves do not have inherent epistemological underpinnings. However, the kinds of data that the instrument can collect means that there are particularly popular tools associated with the different methodological approaches outlined in Part One (see p.13). For example, questionnaires are useful for collecting numerical data, aligning well with a quantitative methodological approach. It is also common for evaluators to combine different tools as part of multi-strategy projects, seeking to explain or explore phenomena from multiple perspectives. We recognise that arts and health activities are complex and that tools may be used in creative ways as part of a range of different evaluation designs. However, we have matched tools with methodological approaches to illustrate common pairings to support you in developing and designing your evaluation.

14. Quantitative tools

14.1 Questionnaires

Often the language of 'survey' and 'questionnaire' are used interchangeably, but their meanings are nuanced. A survey refers to the overall evaluation method which includes both conducting the questionnaire and analysing the results, whereas the questionnaire is the tool itself (Williamon et al., 2021, Chapter 7). **A survey involves collecting data from a group of people through asking a number of questions in a questionnaire** (Williamon et al., 2021, Chapter 7). Indeed, this makes this tool popular in quantitative research because you can ask very targeted questions to generate numerical data, which can be analysed using statistical approaches. However, questionnaires can also make use of open text boxes to collect qualitative data, which is useful for mixed-methods evaluation.

Surveys can be carried out in person through an interview, on paper, or electronically, and the delivery method can be self-reported (participant-led), administered (guided by the researcher) or a hybrid of the two. There are numerous online platforms to support you with collecting data online, many of which will provide you with a weblink to share directly with your participants for them to access the questions. Neither way of conducting your survey is 'better' and it's important to choose choose the most accessible format for your participants.

The notion of 'validating' items on a questionnaire (also referred to as a 'scale') is commonplace in research. Validation is a process whereby researchers create scales that seek to measure a particular outcome and then test and refine it through various stages with a particular target population. Through testing and re-testing a scale, it improves the accuracy of your data as you know that you will be measuring what you

set out to measure. Validation is therefore incredibly important in arts and health research that seeks to be generalizable because the researcher needs to know that their results will indeed shed light on the health of the population being studied.

There has been increasing interest in using validated scales as part of evaluation processes for the same reason: a service would like to know if their arts activities improve well-being, so using a validated scale for well-being gives the service confidence that their evaluation can determine this. However, whilst validated scales can be appropriate and easy-to-use for your evaluation, there may be cases where they are not. Williamon et al. (2021) set out 10 key questions to ask yourself when deciding whether or not to use a validated scale:

1. **Do you need to pay or request permission from the people who designed the questionnaire to use it?** Check to see if there are any charges or rules about using the scale.

2. **Does the questionnaire truly measure what you want to measure?** Only use scales that explicitly measure what you are seeking to measure.

3. **How rigorously was it designed?** Look into how the scale was developed and whether it was tested on appropriate samples of people to ensure that it is a good quality scale.

4. **How often and how recently has it been used?** Explore whether it is a widely used scale.

5. **Is it the latest and/or the most popular questionnaire?** Ensure that you are using the latest version of a scale, as it may have been updated since its conception.

6. **Has it been used in your population?** Check that the scale is appropriate for the group of people you intend to use it with.

7. **How long is it?** Ensure that it isn't too burdensome to complete for the population who will be completing it.

8. **Does it require specific methods of delivery?** Check to see if there are guidelines on how the scale should be conducted, such as if any software is needed.

9. **Do you have access to the original questionnaire?** Explore if the scale has been adapted for particular studies and ensure you are using the original, validated version.

10. **Do you know how to handle responses and/or data?** Read the source of the original scale to ensure that you have the expertise and resources to analyse participants' answers

14.2 Designing your own questionnaire items

If there is no validated scale available that will support you in answering your evaluation questions and/or meeting your aims, then **you may want to explore writing your own questions**. If you do decide to do this, we strongly suggest testing it with participants before use so that you can explore if the questions you ask will result in the data that you need. This will also support you in knowing if your questions are suitable for your participants, such as whether the language and length is appropriate to your population. You can also analyse the pilot data you collect to ensure that the data is relevant and will support you in meeting your evaluation aims. Designing a questionnaire is an art, but there are a number of resources out there to support you. Bringing together key tips from the literature (Ruel et al., 2018; Tsiris et al., 2014; Williamon et al., 2021), we suggest you:

- Keep questions simple and short with specific language
- Avoid double negatives and 'two-in-one' questions
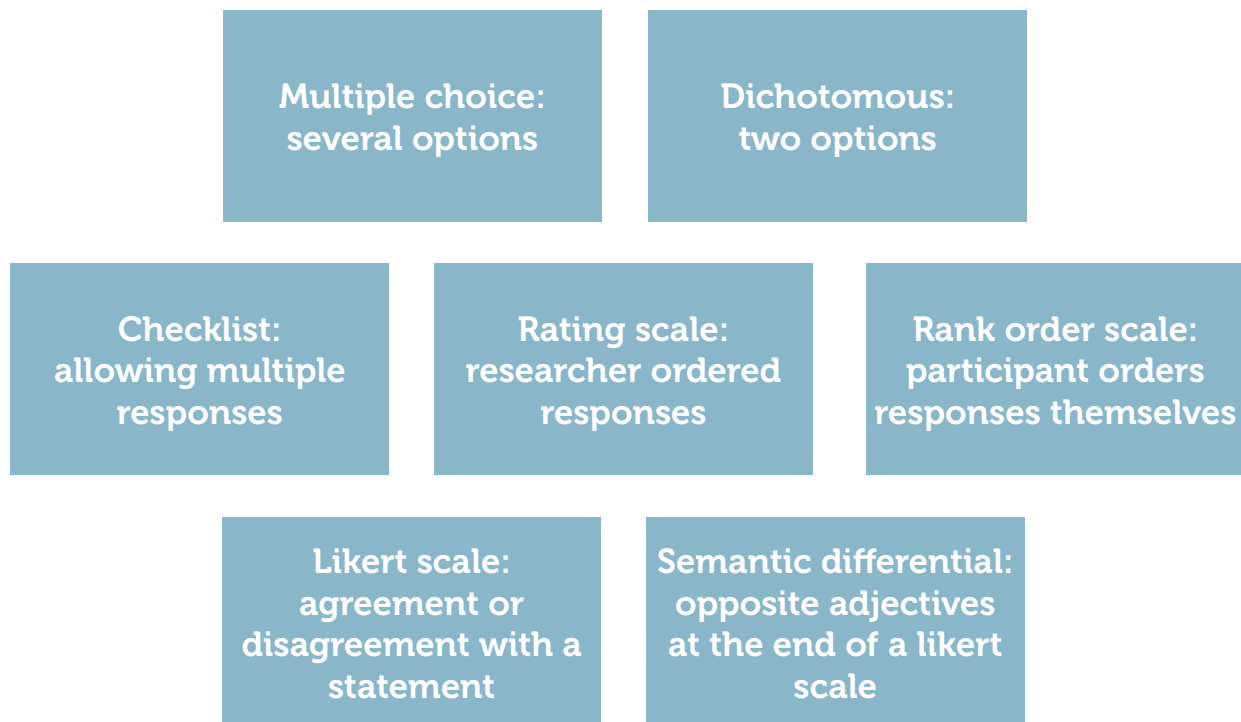- Avoid leading questions (e.g., biased language)
- Frame sensitive issues carefully
- Emphasise anonymity and confidentiality
- Only collect the data you need
- Ensure your survey logic makes sense

You'll also need to think about the types of questions you are going to ask and why, and what data the question will provide you with. For example, if you work for a museum and you'd like to know what other local museums the participant visits, you'd need to provide the participant with multiple options, as they could have visited several other institutions. But if you'd just like to know if the participant has visited your museum in the last 12-months, then a yes or no question would suffice. If you'd like even more information about this, such as how often they came or what exhibitions they saw, you'll need to provide more options. Drawing on Ruel et al. (2018, Chapter 2), here is a list of some **common types of closed-ended questions** (also known as fixed-choice questions) you might like to consider including in your questionnaire:

Multiple choice: several options	**Dichotomous: two options**

Checklist: allowing multiple responses	**Rating scale: researcher ordered responses**	**Rank order scale: participant orders responses themselves**

Likert scale: agreement or disagreement with a statement	**Semantic differential: opposite adjectives at the end of a likert scale**

> Think carefully about what kind of question you will use to ensure it will give you the data you need. Pilot it with your participants and get their feedback if you still aren't sure. Many researchers work with participants as collaborators on designing research instruments, engaging in codesign to ensure their suitability.

Another consideration when designing your own questionnaire is 'the problem of the neutral point' (Ruel et al., 2018). A neutral point is when you give your survey participant the option of answering with neither agree nor disagree. If you include a neutral point on a scale, it has been argued by some researchers that this doesn't tell you very much. Thus, it is often removed to 'force' the participant to make a choice, thereby giving you more meaningful data. However, those on the other side of the argument claim that people can have neutral feelings towards a given topic and the neutral point can tell you when participants are indifferent or unsure on a topic, which is also meaningful data. Moreover, if your quantitative data is inconclusive, this may provide you with the rationale to carry out a subsequent qualitative evaluation to explore these complex topics in greater detail.

15. Qualitative tools

15.1 Interviews and focus groups

There are two main types of qualitative interviews:

1. **A one-on-one interview between a researcher and a participant**
2. **A group interview with several people (also known as a focus group)**

How do I know whether to carry out a one-on-one or group interview?

The answer to this lies in your evaluation aims. One-on-one interviews will allow you to delve into subjective experiences, perceptions or attitudes, and are appropriate for discussing sensitive topics. For example, if you are a music therapist delivering one-on-one sessions for young people with anxiety and you would like to get a sense of how the sessions are being experienced by participants, asking them in an interview is a good option. Group interviews (or focus groups), on the other hand, allow you to observe group interactions in real-time and explore how a selection of participants interact with one another. This might be relevant if, for example, your aim is to explore how membership of a choir you are running is supporting the well-being of your local community. By carrying out a group interview, you can observe the role each participant takes in a group setting, exploring reactions to the questions you ask (e.g., joking, reminiscing together, laughing). Exploring these group dynamics may help you to understand how the choir group is related to individual well-being, and the role of the individual within the group. Alternatively, you may choose focus groups for practical reasons. If you have limited time and resources and would like to gain feedback from a selection of people who use your service (e.g., you'd like to

gather feedback from a range of young people who engage in a music therapy service), you may run a group interview to get feedback from several people at once. This may even mean that novel data emerges as the participants' answers may stimulate different ideas (e.g., you may find that participants have had similar experiences which validates their own experiences, meaning they go into more depth). However, despite these benefits of focus groups, they can also bring extra challenges. Here is a summary of some key challenges taken from Liamputtong (2015) and Williamon et al. (2021):

- It can be hard to ensure that all members of the group have a voice, as there are often some participants who are happier to speak than others.
- Some participants may not want to share information on a particular topic in front of others if it is sensitive.
- It is much easier to go off track because participants can speak between themselves (so you'll need to try and bring them back on topic).
- It can sometimes be hard to achieve the right size of the group. It is often recommended that the 'ideal size' of a group is between four and ten people. However, responding to the availability of participants and logistical limitations, groups can end up being smaller or larger and these bring different challenges.

Once you have decided whether an interview or focus group is right for you. You'll next need to think about how to structure your conversation. Your approach to this will sit on the following spectrum:

Fully structured survey ← → **Unstructured conversation**

Semi-structured interview

At one end of the spectrum, we have a **fully structured survey**. This is like the quantitative questions we have been discussing in our previous section: the questions are pre-determined ahead of carrying out the interview, and there is a fixed order and fixed wording.

- ✔ **Useful when you'd like a standardised process for carrying out interviews, such as if you have a large team and you'd like consistency across interviews.**
- ✔ **Suitable if you are taking more of a quantitative approach to your evaluation, such as having pre-determined topics or if you're intending to quantify your data in some way (e.g., demographic data).**

In the middle, we have the **semi-structured interview**. This is where the evaluator or researcher uses a topic guide (also known as an interview schedule) to guide a discussion. The guide is created in advance to ensure that the conversation will stay focused on the aims of the evaluation, but the guide leaves room for wider discussions when new or interesting avenues emerge through the interview. This is probably the most popular approach to carrying out interviews in evaluation and research because it aligns with a common qualitative philosophy that suggests we co-construct knowledge with others through processes of interaction. That is, the participant has a role to play in co-constructing how the evaluator interprets the data collected.

- ✔ **Appropriate when you have ideas regarding the topics you'd like to explore, but you'd like to leave room for the participant to also steer the conversation.**
- ✔ **Suitable if you'd like to follow up on answers collected via other means (e.g., questionnaires), whereby the guide is structured around these answers but leaves room for discussion and exploration (see Williamon et al., 2021, pt. 2).**

Finally, on the right, we have **unstructured conversations**. These tend to be informal with no structure and can be spontaneous. They are also often used by anthropologists or sociologists who work 'in the field' to collect their data, where spontaneous, natural conversations support with analysing cultural practices in real-time.

- ✔ **Good if you have a general interest in a topic, but you haven't yet fine-tuned your focus, so you want to explore phenomena from a very broad perspective.**
- ✔ **May be helpful in the early stages of your project to support you in narrowing your focus and creating more specific aims.**

Interviews can also combine different features across this spectrum, leaning more towards informal conversation or including structured elements, as aligned with the aims of the interview and your overall evaluation.
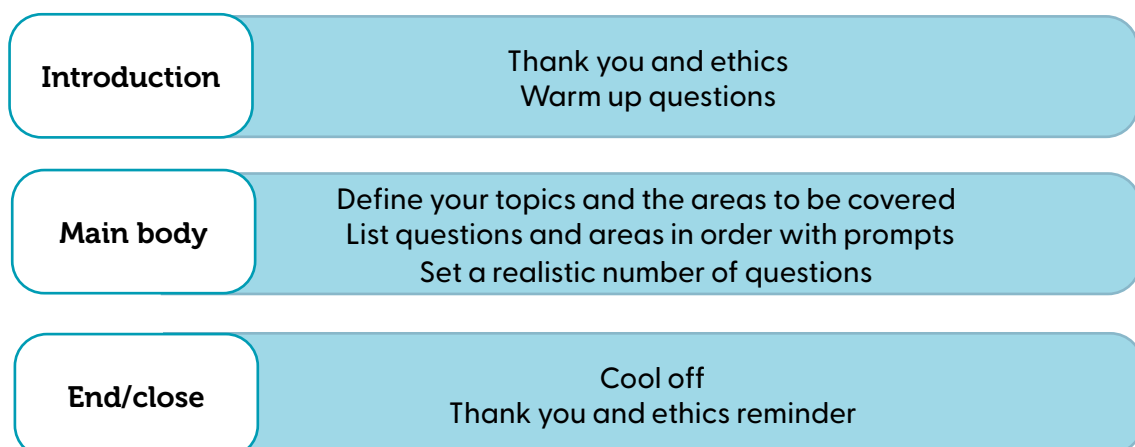
You'll also need to decide whether you will be recording your interview or not. In research, it is common for the interviewer to record the conversation (e.g., using a Dictaphone) and then transcribe (type out) the interview discussed. But this level of detail may not be necessary for your evaluation and, again, you should think about what you need in view of your evaluation aims. Sometimes it may be possible just to take notes whilst carrying out the interview to get a sense of what's discussed, or to listen back to audio, rather than transcribing the whole conversation. Or if you conduct your interview online you may wish to use an automatic transcription software. Your decision on what is best for you will also be guided by what you'd like to do with your data. If it is just for internal organisational review purposes, you may feel that it isn't necessary to formally analyse everything discussed, with key points from the conversation being enough. However, if you intend to write a report to share with stakeholders, you want to keep specific quotations from participants, or you want to use the interview as the foundation for research in the future, you may feel that you'd like to understand what's discussed in as much depth as you can, thereby choosing to transcribe everything that is discussed.

15.2 Topic guides

If you decide to structure your interview in some way, such as in a semi-structured interview, then it will be helpful for you to put together a topic guide. This is simply a list of the questions that you would like to ask with some prompts for yourself to keep the conversation on track.

Structuring your topic guide

For a semi-structured interview, there are normally three sections to the interview that you'll need to think about:

Introduction	Thank you and ethics Warm up questions
Main body	Define your topics and the areas to be covered List questions and areas in order with prompts Set a realistic number of questions
End/close	Cool off Thank you and ethics reminder

Further advice and guidance on creating your interview guide can be found in several resources such as Kvale & Brinkmann (2009, Chapter 7), Williamon et al. (2021, Chapter 6), Tsiris et al. (2014, pp. 98-99) and Creswell (2012, pp. 168-169).

The first section is your **introduction**. Here, you can thank your participant, tell them about any ethical considerations, such as what you will be doing with the data from your conversation, and ask some warm-up questions to put your participant at ease. If your interview is going to be on a sensitive topic, it's best to ensure that these questions are easy to answer so that your participant has time to relax into the conversation. For example, if your interview is about the role of an art group you run in supporting bereavement, you could first ask the participant about how they found out about the classes or what journey they took to get there. Sometimes these 'opener' questions can bring about really interesting contextual details to guide the interview too.

The **main body** is where you can get into the key topic areas that you would like to cover, all of which should be aligned clearly with your evaluation aims. Here you can also make notes for yourself regarding prompts you may wish to ask to support with guiding the conversation and any explanatory text that you feel may help the participant to understand your questions. You should also think carefully about the number of questions you plan to ask to ensure that you can cover them all in the time you allocate for the interview. There is no hard and fast rule on how long your interview should be or how many questions you should ask, and the best way to know what is right for you is to pilot your interview and see how long it takes. In research, interviews tend to be around 45-90 minutes, but if you are just trying to get a very broad overview of feedback for your evaluation, you may wish for your interviews to be shorter (e.g., 20-30 minutes).

Finally, at the **end of the interview**, it's best to ease your participant out of the conversation. This is particularly important

if you've been discussing sensitive topics. Similar to the opening of the interview, ask some lighter questions to ensure the participant feels comfortable with the conversation ending, ask them whether they have anything additional they would like to add to the interview that hasn't been covered, thank them, and again remind them about what you will do with their data and how it will remain confidential.

Carrying out semi-structured interviews in this way can take some time to get the hang of knowing when to stick to your guide and when to allow the participant to go off track if they bring something interesting into the conversation, but – don't worry – practicing your interview technique will support you in ensuring that you know how to do this. Cormier et al. (2012) outline some listening techniques which can support you:

- **Clarification** – listening for accuracy or elaboration e.g., 'do you mean that…'
- **Paraphrasing** – listening for understanding e.g., re-formulating with your own words
- **Reflection** – listening for conveying empathy e.g., rephrasing participant's feelings
- **Summarization** – listening for themes to tie together multiple elements of the participant's message

Listening is an important element of carrying out interviews and using these techniques will support you in optimising your discussion to ensure that the conversation is as rich and interesting as it can be. If you're interested to learn more about this, you may also wish to engage in some literature from Counselling and Psychotherapy. Many of these techniques stem from approaches in these disciplines and learning more about them can support you in fine-tuning your technique.

As part of your evaluation, you may also decide to observe and record elements of what you see, if this method fits with your evaluation aims. It is possible to make observations quantitatively, qualitatively or to take a mixed-methods approach, but it is particularly popular in qualitative research because observations allow you to explore complex nonverbal, cultural, or contextual features of the arts activity you are evaluating. Nonetheless, quantitative observations may be useful to you if, for example, you'd like to record the number of times that you see certain phenomena (e.g., recording the number of people who attend your exhibition) or monitor reactions to an arts activity (e.g., using the ArtsObS scale to monitor the moods of patients based on a rating scale). Furthermore, even if you decide to carry out qualitative observations, you may wish to explore structuring your observation in some way so that you can "filter out those elements of the perceptual world that are not central to concern in a given moment, and... 'filter in' those elements that are relevant" (Schwartz-Shea & Yanow, 2012, p. 79). To do this, you can create a semi-structured observation schedule (also known as an observation guide or protocol). Observation schedules can vary in their structure and need to be tailored to your evaluation needs and methodology, but they tend to include space for: 1) information on when and where the observation was made; 2) prompts or questions to support you in knowing what to observe based on your aims; 3) open text boxes next to the prompts to make notes; 4) space for additional comments, in case anything unexpected or interesting happens.

16. Participatory tools

Participatory approaches seek to involve participants at every stage of the evaluation process and tend to have a rights-based ideology embedded within them (Kara, 2022; Vaughn & Jacquez, 2020). The aim is to select tools for your evaluation that can be employed in a democratic manner. As noted by Abma et al. (2019), the methods chosen must offer "the ability to speak up, to participate, to experience oneself and be experienced as a person with the right to express yourself and to have the expression valued by others" (p. 127). In line with this understanding, the language of 'coproduction' or even 'participant-led' is often associated with participatory approaches, because it places the participant voice as central within an understanding of knowledge as cocreated. Further, it is important that this valuing of participation is genuine and meaningful (Vaughn & Jacquez, 2020). Due to resource and time constraints, combined with the increased need to include coproduced approaches within evaluations and research due to requirements set out by funders, participatory approaches can often fall short of this aspiration, and it's important to ensure that specific strategies are in place to enable meaningful participation to be achieved and evaluated (Oliver et al., 2019).

For further support with coproduction, see the Centre for Cultural Value's Framework on How to co-create an evaluation, mentioned in section 12.2 (p,23) and the Practitioner's Guide To Co-Production by De Andrade & Angelova (2017), mentioned in Part 3, p.29. You can also read more about the importance of 'transformative' approaches such as participatory research in Chapter three of Kara's (2022) book entitled Creative Research Methods: A Practical Guide (second edition).

Whilst any tool can be employed in a participatory manner (e.g., codesigning quantitative surveys or cocreating qualitative interview guides with participants), **arts-based tools (also known as creative methods) have become increasingly popular as accessible tools to include traditionally unheard voices in research and evaluation**. The range of arts-based tools available is vast and they can be used within different stages of the evaluation process. For example, you may work with your participants using arts-based methods at the start of the project to collaborate on codesign, or you may use them to elicit responses to questions in an interview setting, or you might use them to analyse or present your data in a creative way. You could use visual approaches such as drawing out ideas or taking photographs, performing arts techniques to encourage creative expression, or narrative techniques to analyse text-based transcripts. The list of possibilities really is endless, and the choice of which method to use will depend on who you are working with (i.e., what is most appropriate for that group) and the questions you seek to answer (i.e., what tools will provide the outcomes you need).

One of the benefits and challenges of employing arts-based tools is that they are so flexible. This flexibility is hugely helpful to engage in iterative evaluation processes and respond to participant needs. But it can also mean that you have a huge range of types of data that may be hard to pull together into a coherent evaluation output, such as a report. In relation to the latter, there are many debates and discussions in wider research on arts-based methods regarding whether you really can 'analyse' art objects as part of an evaluation or if you can only ever use them as an elicitation tool to prompt word-based or numerical data that can be analysed in more traditional ways. For your evaluation, you just need to have clarity at the outset of your project regarding when it is appropriate to use arts-based tools and how you will meaningfully represent them in your evaluation at the end of it.

17. Economic tools

At the very least, you will want to put together a budget for your evaluation and cost your project so that you can ensure you have the financial resources you need to execute it from the outset. This is critical for good project management (Daykin & Joss, 2016). There are some useful questions and templates to support you with doing this in the Public Health England evaluation framework (Daykin & Joss, 2016), including how to 'cost per participant' (which involves dividing the total cost of the project by the number of people who have received the intervention), factoring in 'invisible' costs, and documenting other costs such as equipment, clothing or transport. Once you have a budget for your project and evaluation, you will also be able to reflect on whether what you are planning is as cost-effective and sustainable as it can be.

> **Want to know more about conducting an economic evaluation?** Have a look at Phillips (2008) book Health Economics: An Introduction for Health Professionals. You can also visit socialvalue.org.uk to explore a 'social values library' to support you in articulating and measuring the social value of your activity.

However, you may wish to take this further and carry out an economic evaluation as well. This might be needed to demonstrate that the overall benefit of your project outweighs what you will need to spend on it, thereby presenting a strong business case for future investment. One way to do this is to work out if your project has a social return on investment (SROI). This is a useful analytic tool to conduct in the context of arts and health because it provides the tools to articulate social values in monetary terms to demonstrate the broader economic impact of your project. Essentially, SROI enables you to allocate financial value to social values and compare these to the investment needed to run your activity, thereby providing you with the data to determine if your arts and health activity is cost-effective.

Another popular approach is to conduct a cost-effectiveness analysis or cost-benefit analysis. In the former, one compares the relative costs and outcomes of the arts intervention with an alternative option, such as having no intervention or engaging with a different kind of activity (Fancourt, 2017, p. 226). In the latter, monetary value is assigned to the measure of effect and then it's possible to balance the benefits versus the drawbacks of investment in the intervention (Fancourt, 2017, p. 226). There are certain validated questionnaires that can support this process. One regularly used option in the UK is the EQ-5D questionnaire (a standardised, generic instrument for describing and valuing health) to generate quality-adjusted life years (QALYs) (Phillips, 2008). These QALYs are viewed alongside cost data and can then be used to explore cost-effectiveness.

18. Checklists and reporting guidelines

Most of the tools described so far have primarily been useful for implementing your evaluation, but **there are also tools to support you with reporting**. Within health research specifically, a number of reporting checklists have been created to support you with ensuring that your evaluation includes all of the necessary information, based on the particular methodology that you've employed. This is largely to support others with replicating your research and enabling it to be included in a systematic review, and if you decide to publish your evaluation later down the line in an academic journal, you should check whether a checklist is mandatory or not. But checklists are also helpful with creating rich descriptions of your arts and health activity and describing systematically how you conducted your evaluation, thereby ensuring that your evaluation report can be easily understood by the stakeholders reading it. There are a range of checklists available, but we provide details on some key tools relevant to arts and health on the next page (p.47).

Key checklists available

18.1 INNATE Framework

INNATE stands for INgredients iN ArTs in hEalth (INNATE) and is a framework designed to support those working in arts in health to identify the 'active ingredients' of their activities (Warran et al., 2022). The terminology of 'active ingredients' has its origins in pharmacological research but has become increasingly popular in implementation science in recent years to describe the 'what' of a non-clinical intervention. This is the content or 'components' of an intervention. The idea of this framework is to support with the design and evaluation of arts in health interventions with a specific target health outcome, and it can be used in multiple ways. For example, identifying active ingredients ahead of delivering an arts in health project may support with provoking discussions on what the intended context of an intervention is, or it could be used afterwards to explore how an intervention was modified throughout its delivery.

Recognising that this framework has many uses, it can also be used to support with reporting in a more advanced and bespoke way than other checklists, such as in comparison to TIDieR (see below; 18.2). The worksheet created alongside the framework provides 139 prompts to support with creating rich descriptions of arts in health activities across the overarching categories of 'project', 'people', and 'contexts'. Project components relate directly to the content of the arts activity itself. The people category denotes how people interact through engagement with the activity and who is involved in this interaction, including activity facilitation. Contexts relates to the activity setting, comprising the aggregate of place(s), things, and surroundings (Warran et al., 2022).

18.2 TIDieR checklist

TIDieR stands for Template for Intervention Description and Replication and is a checklist and guide designed to improve the completeness of reporting and the replicability of interventions (Hoffmann et al., 2014). It is a guide that can be used to document any kind of health intervention and is suitable for use by those delivering and evaluating arts and health activities wishing to communicate evaluation results to clinical professionals and/or scale up their evaluation to a research project for publication in a health or medical journal. The checklist will support you in documenting answers within the following categories: brief name of programme, why, what (materials), what (procedure), who provided, how, where, when and how much, tailoring, modifications, how well (planned), and how well (actual).

18.3 CONSORT checklist

CONSORT stands for Consolidated Standards Of Reporting Trials and is used to standardise the reporting of clinical trials (particularly Randomized Controlled Trials). It consists of a 25-item checklist and a flow diagram, and is similar to the TIDieR checklist in that it is primarily used within healthcare research contexts. Indeed, the creators of the checklists recommend that TIDieR be used in conjunction with the CONSORT checklist. The checklist includes reporting prompts in the following categories: title and abstract, introduction, methods, results, discussion, and other information.

18.4 COREQ checklist

COREQ stands for COnsolidated criteria for REporting Qualitative research (COREQ). It's a 32-item checklist for explicit and comprehensive reporting of qualitative studies, notably, in-depth interviews and focus groups. It is split into three domains as follows: 1) Research team and reflexivity; 2) Study design; and 3) Analysis and findings.

> **Additional relevant checklists** include STROBE (observational studies), CARE (case reports), SPIRIT (study protocols), CHEERS (economic evaluations) and SQUIRE (for quality improvement studies. To learn about these checklists and more, visit the Equator Network website.

PART 5:
Next Steps and Reflections

19. Analysing your data

Planning data analysis needs to happen at the start of your project and not after data collection. This is to ensure that you have the appropriate resources and skills needed to carry out the analyses that are needed. The range of ways to analyse data is vast, from simple descriptions of what your data shows to more complex theoretical interpretations or multi-step statistical tests. But the important thing is not to be afraid of the analysis process. This is one of the most exciting parts of conducting your evaluation because you will start to piece together your findings into a story that will help you to share your results with different stakeholders.

So how do you know what analysis to conduct? The answer to this will be embedded within the questions you are asking (or your evaluation aims), which are deeply intertwined with the methodology you have chosen to carry out your evaluation (see section 6). You may start to get creative with your analysis once you have carried out a lot of evaluations, but, as a starting point, a common pairing for quantitative data are statistical tests (e.g., to describe, determine causation, explore relationships) and a common pairing for qualitative data are textual analyses (e.g., looking for themes, patterns, summarising experiences). You can also use textual analyses to analyse creative data, such as analysing participant descriptions of art objects they have created or bringing text-based data together in a creative way (e.g., presenting it as a poem).

Once you have decided what kind of data analysis is appropriate for your project, you'll need to decide whether you will carry out the analysis procedure yourself or work in partnership with a researcher, freelance evaluator, or statistician. If you are new to analysis, it is perfectly feasible for you to learn simple analysis techniques to analyse your data, but it's important to leave enough time to engage in this learning. Either way, we have pulled together some resources that explain popular analysis techniques for you to explore:

- Tsiris et al. (2014), pages 116-138. Includes mixed-methods support, processing qualitative data in narrative forms (coding, categorising, identifying themes; writing case studies) and quantitative data in numeric forms (descriptive statistics; mean, median and mode; standard deviation; likert scales; semantic differential; inferential statistics).
- Williamon et al. (2021), Part 3. Includes a chapter on analysing qualitative data, walking through three popular approaches (thematic analysis; interpretative phenomenological analysis (IPA); qualitative synthesis), followed by chapters on descriptive statistics and inferential statistics. Also includes advice on using software to analyse your data.
- Kara (2015), pages 99-119. Describes differences in quantitative and qualitative data analyses, and then focuses specifically on techniques relevant to creative approaches. This includes support with analysing documentary data, analysis of talk, visual analytic techniques, analysing video data, arts-based data analysis, and mixed-methods approaches.

20. Writing the report

Once you have completed your evaluation, it is important to communicate the findings in a clear and accessible way. **A good report will tell the story about your project and give a clear account of the evaluation, its findings, and the learning from it**. It should also be easy to locate. Many funders require submission of a final report, and they sometimes provide a template for this; however, such templates address funders' priorities and don't necessarily help you to produce a user-friendly report that is accessible to a wider audience. Project reports are available as PDFs online, but a surprising number omit key details, such as the names of the author/s and the date of publication. Omitting these details makes it difficult for your work to be included in the wider body of knowledge. For example, researchers who conduct evidence reviews increasingly wish to include 'grey literature,' such as project reports that are not published in academic and professional journals. These key publication details make it more likely that your report will be included and will enable the wider community to access your evaluation and learn from it.

As well as a final report, you might produce multiple outputs from your evaluation such as case studies, smaller PDF documents, photographs, videos and other outputs. You should view the main report as the 'parent' document and try to make it as comprehensive as possible, extracting other outputs from it when needed. **As a guide, we suggest that this main document should include the headings outlined on the next page (p.51).**

21. Implementing and disseminating

It is important to remember that evaluation is an iterative process and does not end with the production of a report. Rather, the findings of an evaluation cycle can be used to inform practice development both within the organisation and externally. Internal changes following evaluation might include improvements in routine monitoring through to changes in project planning and delivery. Evaluation might also throw up further questions that need to be addressed in the future, perhaps using different methodologies. It is important that the learning from the evaluation benefits the organisation, especially if the work has been contracted to an external evaluator. The project planning should allow for a learning and implementation phase so that when the evaluator completes their work, they don't disappear and take the learning with them, but are able to effectively share it with the team.

Moreover, **to ensure the greatest impact from your evaluation, you will need to think carefully about who you share it with and how**. This may include reaching out to colleagues, participants, funders, charitable trustees, and other stakeholders who you already engage with regularly. Or you may wish to share your evaluation with new stakeholders to raise awareness of the value of your work, such as commissioners and policymakers, or with researchers and other organisations to serve as the foundation for developing your evaluation into a larger research project.

Suggested headings for your report

Report details:
Title, Author/s, date of publication, publisher/sponsor, URL.

Introduction/Background
This should describe the project, including its aims and objectives, location and setting, participants, activities and art forms, how it is funded and who delivers it. The PHE Arts and Health Evaluation Framework provides a reporting framework with key headings and details that you can include when describing your project.

Evaluation methods
This section should describe the evaluation design and procedure, aims and objectives, timescale, participants, setting, methods of data collection and data analysis. It should include details of ethical issues, including any permissions that were needed and an explanation of how ethical principles were upheld, e.g. through informed consent and anonymity.

Findings
This section should present the key findings of the evaluation, including unexpected findings. You should aim for a balanced discussion, not just an account of positive outcomes. The findings can be relatively simple, e.g. how many people took part in the project and to what extent it was successful in engaging its targeted participants. You can also report project outputs, such as the number of sessions, performances or artworks produced over the timeline of the evaluation. The findings may also include more complex data, such as a report of outcomes, as well as a discussion of impacts reported by participants and stakeholders. It may include other data, including process evaluation and information about costs.

Discussion/Conclusion
This section should review the findings and discuss the learning from the project. It should acknowledge the limitations of the evaluation, such as the impact of missing data. Missing data can result from people leaving the project before feedback was collected at the end. Even if you do not know the reasons why people dropped out, it is important to comment on this and consider what questions are unanswered and how you can address these in future. This section should also discuss broader implications. For example, what key project elements or ingredients have been identified, including funding, resources, professional skills and interprofessional collaborations that would be needed for any positive findings to be replicated in other settings or contexts?

Lay Summary
Not everyone will be in a position to read your report in full, so it is also a good idea to include a simple summary of its key points that can be read as a stand-alone document.

It's a good idea to think about what you already know about your audience and what you may need to know. The latter is particularly important in relation to trying to reach out to new stakeholders. If you discover that you don't know very much about your audience, your next step is to explore how you will be able to find out more information about them. For example, you may decide to share the evaluation of your community choir with young people to try and encourage a more diverse age range to attend. You may already know that this demographic will be part of institutions such as colleges or universities. But you may not know how to reach this group within your local community beyond educational institutions. You might speak to young people who already participate in your choir or reach out to other community organisations in your community to ask for their advice. Another good strategy is to picture your audience: imagine where they might go and why, what they are interested in, and why they would be interested in your evaluation.

Once you've identified who your audience are, you'll need to think further about what communication methods you will use to reach them. Some examples of different methods include:

- **E-mail** communications
- **Social media and blogging**
- **Hand-to-hand** (sharing printed materials)
- **Radio or television media** (this could include local channels and hospital radio stations)

Importantly, you'll need to consider what the right platform is to communicate with your audience, based on what you know about them. You'll also need to consider whether you share the full report of your evaluation or whether it may be more appropriate to share shorter summaries, visual versions or use creative methods

such as video or audio to create more accessible versions of your findings. Some of the toolkits included in our review provide support with disseminating your findings. In particular, we recommend downloading the Reporting and Dissemination guidelines from Creative and Credible (Daykin & Willis, 2015) and reading chapter six of Tsiris and colleagues' (2014) guide to evaluation. There are also some helpful questions and tips included in the 2016 Public Health England Framework, for example: How will you report your evaluation findings? Who are the target audiences for dissemination?

If you wish to engage with researchers and explore the relevance of your work to wider audiences, we also recommend reading Part 4 ('Communicating Research') of Williamon et al. (2021). Here you will find information on:

- Conference abstracts and proceedings: preparing your results to share at a seminar or academic conference
- Spoken presentations: translating your findings into a spoken form
- Poster presentations: creating a visual version of your work to share at a conference or event

Engaging with researchers is a good exercise in knowledge-exchange if you're interested in exploring how your evaluation may fit in with the broader literature in the arts and health field, or scoping out whether your evaluation may have elicited new findings that could be relevant to future research.

It is also important to share information and learning with the wider community. This can be done by sharing your report in a repository, such as the Repository for Arts and Health Resources supported by Canterbury Christ Church University and the OAK Foundation. This is a database of research and evidence on arts, health and

well-being for researchers, policy-makers, health and care managers and creative arts professionals. There are also opportunities to contribute to an increasing number of conferences and networking events, including those within specific art forms and sector wide events led by national and international organisations. Examples of groupings that focus on practice development include the UK's [Culture Health and Well-being Alliance](), the [Wales Arts Health and Well-being Network](), [Arts Culture Health and Well-being Scotland](), [Arts + Health]() in Ireland, Finland's [Arts and Health Coordination Centre]() (Taikusydän), [Medical and Health Humanities Africa](), the [US National Organisation for Arts and Health]() (NOAH), [Te Ora Auaha]() (Creative Well-being Alliance New Zealand), and the [Australian Centre for Arts and Health](). There are also research networks including the [Arts Health Early Career Research Network](), [Arts and Health Research Network]() based at Limerick University in Ireland, the [Nordic Arts and Health Research Network](), the [Health Arts Research Centre]() in Canada and the international [Arts and Health Special Interest Group]()organised by the Royal Society for Public Health.

23. Engaging critically

One of the criticisms of evaluation processes in arts and health is that there is a dominant focus on the positive impacts of the arts on health outcomes. This topic is interconnected to a range of discussions and critiques in cultural policy in relation to evidence-based policymaking at large, which has tended to prioritise evidence that can 'prove' the value of the arts to society (Belfiore & Bennett, 2010). For example, evaluation processes have been described as focused on 'box-ticking', 'professional protectionism' and 'narratives of success', with fears of losing funding prevalent amongst arts and cultural organisations (Jancovich & Stevenson, 2021).

Nevertheless, understanding how your arts programme impacts the health and well-being of the populations you work with may be an important question that you would like to explore in your evaluation, as this is likely to be of interest to funders and other stakeholders who are connected to the delivery and sustainability of your work. It therefore may very well make sense for you to focus on 'impact', but **the important thing is to engage critically with your findings and see what you might be able to learn from what hasn't worked** or from findings that you may perceive to be 'negative' as a form of critical reflection. At the end of your evaluation, sit down with anyone else who may have worked on the evaluation with you and ask yourselves questions in relation to why you may have found these results, what narrative this data tells and why, what worked and what didn't, and what you've learned throughout your evaluation process. You could even do this in a creative way by using creative methods to critically explore your findings.

24. Conclusion

Evaluation comes in many shapes and sizes, and there is no one-size-fits-all model. It's all about matching the frameworks and tools to your evaluation aims and context. So, if you know what project you want to evaluate and why, and have a good understanding of the environment in which you are working, you have everything you need to make your way around the evaluation cycle. As you come to the end of exploring the landscape of arts and health evaluation with us, we hope you now feel confident in navigating the resources available to you and making choices on which frameworks, toolkits and tools are appropriate for your project. Enjoy!

Acknowledgements

References

Abma, T., Banks, S., Cook, T., Dias, S., Madsen, W., Springett, J., & Wright, M. T. (2019). Participatory research for health and social well-being. Springer.

Aleyna Scott, N., Bach Habersaat, K., Aase Dræbe, T., & Fietje, N. (2022). Guide to evaluating behaviourally and culturally informed health interventions in complex settings. https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6045-45810-65956

Arts Council England. (2014). Quality principles. https://www.artscouncil.org.uk/quality-principles

Arts Council England. (2016). Quality Metrics pilot. https://www.artscouncil.org.uk/quality-metrics-pilot

Belfiore, E., & Bennett, O. (2010). Beyond the "Toolkit Approach": Arts Impact Evaluation Research and the Realities of Cultural Policy-Making. Http://Dx.Doi.Org/10.1080/14797580903481280, 14(2), 121–142. https://doi.org/10.1080/14797580903481280

Centre for Cultural Value. (2022). Evaluation Principles. https://www.culturalvalue.org.uk/our-work/evaluation/evaluation-principles/

Cormier, L. S., Nurius, P., & Osborn, C. J. (2012). Interviewing and Change Strategies for Helpers: Fundamental Skills and Cognitive Behavioral Interventions. Brooks/Cole, Cengage Learning.

Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2019). Developing and evaluating complex interventions: new guidance. www.mrc.ac.uk/complexinterventionsguidance

Craig, P., Dieppe, P., Macintyre, S., Mitchie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: The new Medical Research Council guidance. In BMJ (Vol. 337, Issue 7676, pp. 979–983). British Medical Journal Publishing Group. https://doi.org/10.1136/bmj.a1655

Creswell J.W., Qualitative Inquiry and Research Design: Choosing Among Five Approaches. SAGE Publications; 2012.

Culture, H. and W. A. (2022). Creative Health Quality Framework . https://www.culturehealthandwell-being.org.uk/news/general-news/creative-health-quality-framework

Daykin, N. ., & Willis, J. (2013). Creative & Credible: How to evaluate arts and health projects. http://creativeandcredible.co.uk/

Daykin, N., Attwood, M., & Willis, J. (2013). Supporting arts and health evaluation: Report of a UK knowledge transfer partnership. Journal of Applied Arts & Health, 4(2), 179–190. https://doi.org/10.1386/JAAH.4.2.179_1

Daykin, N., Gray, K., McCree, M., & Willis, J. (2016). Creative and credible evaluation for arts, health and well-being: opportunities and challenges of co-production. Https://Doi.Org/10.1080/17533015.2016.1206948, 9(2), 123–138. https://doi.org/10.1080/17533015.2016.1206948

Daykin, N., & Joss, T. (2016). Arts for health and well-being An evaluation framework. http://www.ae-sop.org/wp-content/uploads/2015/12/PHE-Aesop-Arts-in-health-evaluation-framework.pdf

De Andrade, M., & Angelova, N. (2017). The Asset-Based Indicator Framework (ABIF): A Practitioner's Guide To Co-Production.

Fancourt, D., Aughterson, H., Finn, S., Walker, E., & Steptoe, A. (2020). How leisure activities affect health: A review and multi-level theoretical framework of mechanisms of action using the lens of complex adaptive systems science. Lancet Psychiatry.

Fancourt, D. (2017). Arts in health: designing and researching interventions. OUP.

Fancourt, D., & Finn, S. (2019). What is the evidence on the role of the arts in improving health and well-being? A scoping review. WHO Regional Office for Europe (Health Evidence Network synthesis report no. 67). http://www.euro.who.int/en/publications/abstracts/what-is-the-evidence-on-the-role-of-the-arts-in-improving-health-and-well-being-a-scoping-review-2019

Fancourt, D., & Joss, T. (2014). Aesop: A framework for developing and researching arts in health programmes. Http://Dx.Doi.Org/10.1080/17533015.2014.924974, 7(1), 1–13. https://doi.org/10.1080/17533015.2014.924974

Georgeff, N., Lewis, A., & Rosenberg, M. (2009). Bridging the gap: Towards a framework for evaluating arts and health. Australasian Journal of ArtsHealth, 1, 31–39. http://www.newcastle.edu.au/research-centre/artshealth/journal/%5Cnhttp://www.nova.newcastle.edu.au%5Cnhttp://www.dadaawa.org.au/

Georgia Council for the Arts. (2007). Getting Started with Program Evaluation A Guide for Arts Organizations.

Hoffmann, T. C., Glasziou, P. P., Boutron, I., Milne, R., Perera, R., Moher, D., Altman, D. G., Barbour, V., Macdonald, H., Johnston, M., Kadoorie, S. E. L., Dixon-Woods, M., McCulloch, P., Wyatt, J. C., Phelan, A. W. C., & Michie, S. (2014). Better reporting of interventions: Template for intervention description and replication (TIDieR) checklist and guide. BMJ (Online), 348. https://doi.org/10.1136/bmj.g1687

Jancovich, L., & Stevenson, D. (2021). Failure seems to be the hardest word to say. International Journal of Cultural Policy. https://doi.org/10.1080/10286632.2021.1879798

Jensen, A. (2020). Developing an Evaluation Guide for Arts & Health Projects. Nordic Journal of Arts, Culture and Health, 2(2), 154–157. https://doi.org/10.18261/ISSN.2535-7913-2020-02-07

Kara, H. (2015). Creative research methods in the social sciences : a practical guide.

Kara, H. (2022). Transformative research frameworks and Indigenous research. In Creative Research Methods (Second edi). Policy Press.

King's Improvement Science. (2018). Implementation science research development (ImpRes) tool. www.ncbi.nlm.nih.gov/pubmed/25888928.

Kvale, S., & Brinkmann, S. (2009). Conducting an Interview. In InterViews : learning the craft of qualitative research interviewing (pp. 123–143). Sage Publications.

Liamputtong, P. (2015). Focus Group Methodology: Principles and Practice (online). In Focus Group Methodology: Principles and Practice. SAGE Publications Ltd. https://doi.org/10.4135/9781473957657

Mathison, S. (2008). What is the difference between evaluation and research, and why do we care? In N. L. . Smith & P. R. . Brandon (Eds.), Fundamental Issues in Evaluation (pp. 183–196). The Guildford Press. http://www.ncdsv.org/images/Mathison_WhatIsDiffBetweenEvalAndResearch.pdf

Medical Research Council. (2000). A Framework for development and evaluation of RCTs for Complex Interventions to Improve Health. London Medical Research Council, April, 1–19. http://www.mrc.ac.uk/Utilities/Documentrecord/index.htm?d=MRC003372

Phillips, C. (2008). Health economics: an introduction for health professionals. Blackwell Publishing, BMJ Books.

Puttick, R., & Ludlow, J. (2012). Standards of Evidence for impact investing. Nesta, October, 1–16.

Rinne-Kerridge, S. (2019, June 18). Getting started with a theory of change. NCVO. https://blogs.ncvo.org.uk/2019/06/18/getting-started-with-a-theory-of-change/

Robinson, M. (2021). How to… co-create an evaluation . CultureHive. https://www.culturehive.co.uk/CVIresources/how-to-co-create-an-evaluation/

Ruel, E., Wagner, W. E., & Gillespie, B. J. (2018). The Practice of Survey Research: Theory and Applications. The Practice of Survey Research: Theory and Applications. https://doi.org/10.4135/9781483391700

Schwartz-Shea, P., & Yanow, D. (2012). Interpretive research design: concepts and processes. Routledge.

Sellers, E. (2015). Evaluation Frameworks and Principles Mapping for engage Cymru Eleanor Sellers Evaluation Frameworks and Principles Mapping for engage Cymru.

Skivington, K., Matthews, L., Simpson, S. A., Craig, P., Baird, J., Blazeby, J. M., Boyd, K. A., Craig, N., French, D. P., McIntosh, E., Petticrew, M., Rycroft-Malone, J., White, M., & Moore, L. (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. BMJ, 374. https://doi.org/10.1136/BMJ.N2061

Tsiris, G., Pavlicevic, M., & Farrant, C. (2014). A Guide to Evaluation for Arts Therapists and Arts & Health Practitioners. Jessica Kingsley Publishers.

Vaughn, L. M., & Jacquez, F. (2020). Participatory Research Methods – Choice Points in the Research Process. Journal of Participatory Research Methods, 1(1), 1–13. https://doi.org/10.35844/001c.13244

Warran, K., Burton, A., & Fancourt, D. (2022). What are the active ingredients of 'arts in health' activities? Development of the INgredients iN ArTs in hEalth (INNATE) Framework. Wellcome Open Research 2022 7:10, 7, 10. https://doi.org/10.12688/wellcomeopenres.17414.1

Williamon, A., Ginsborg, J., Perkins, R., & Waddell, G. (2021). Performing Music Research: Methods in Music Education, Psychology, and Performance Science. Oxford University Press.

World Health Organization. (1948). Constitution of the World Health Organization.

Toolkit references

Channing, J. (2021). **The Beaney Health and Well-being in Museums Toolkit.** The Beaney House of Art & Knowledge. Canterbury Museums and Galleries https://canterburymuseums.co.uk/participate/health-and-well-being/health-well-being-in-museums-toolkit/

Community Tool Box (n.d.). **Evaluating the initiative.** University of Kansas https://ctb.ku.edu/en/evaluating-initiative

Creative Scotland (2016). **Is this the best it can be? A reflective toolkit for artists, arts organisations, partners and participants** https://www.creativescotland.com/resources/professional-resources/guidance-and-toolkits/is-this-the-best-it-can-be

Davies, S. (Ed.). Creative People and Places (2017). **Evaluation in participatory arts programmes** https://www.culturehive.co.uk/wp-content/uploads/2017/08/Evaluation_in_participatory_arts_programmes.pdf

Daykin, N. & Joss, T. (2016). **Arts for health and well-being: an evaluation framework**. Public Health England https://www.gov.uk/government/publications/arts-for-health-and-well-being-an-evaluation-framework

Daykin, N. & Willis Newson (2015). **Creative & Credible: How to evaluate arts and health projects** (website) http://creativeandcredible.co.uk/

De Andrade, M. & Angelova, N. (2017). **The Asset-Based Indicator Framework (ABIF): A Practitioner's Guide To Co-Production.** Glasgow Health and Social Care Partnership https://measuringhumanity.org/wp-content/uploads/2017/09/ABIF-training-pack-November-2017-de-Andrade-Angelova.pdf

Dunphy, K. & Smithies, J (2018). **Framework for Cultural Development Planning: Evaluate Outcomes.** Melbourne: Cultural Development Network. https://culturaldevelopment.net.au/measurable-outcomes/evaluate-outcomes/

Evans, N. Goodey, S., Parnell, H., Rogers, A., Thimbleby, P., Withers-Jones, K. Wright, S. (2016). **Artist's Handbook: A Guide for Artists Working in the Hospital Environment.** ArtWorks Cymru. https://www.artshealthresources.org.uk/docs/artists-handbook-a-guide-for-artists-working-in-the-hospital-environment/

Fancourt D., (2017). **Arts in health: designing and researching interventions**. Oxford: OUP https://academic.oup.com/book/9415

Fancourt D, Joss T. (2015). **Aesop: A framework for developing and researching arts in health programmes.** Arts & Health https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4270406/

Georgia Council for the Arts (GCA) and the National Assembly of State Arts Agencies (NASAA) (2007). **Getting Started with Program Evaluation: A Guide for Arts Organizations** https://nasaa-arts.org/wp-content/uploads/2017/04/Getting-Started-with-Program-Evaluation.pdf

HARP (Health Arts Research People), Arts Council of Wales, Nesta and Cardiff University's 'Y Lab'. **A playbook for innovation in arts & health** https://healthartsresearch.wales/sites/default/files/2022-05/HARP%20Playbook%20_%20All%20stages%20%282.pdf

Jackson, A., (2004). **Evaluation Toolkit for Voluntary and Community Arts in Northern Ireland.** Arts Council of Northern Ireland https://www.nefconsulting.com/wp-content/uploads/2017/05/VoluntaryCommunityArtsEvalToolkit_000.pdf

Jensen, A. (2020). **OPAS kulttuurihyvinvointi-toiminnan arviointiin (GUIDE to the evaluation of cultural well-being activities).** Taikusydän https://taikusydan.turkuamk.fi/uploads/2020/09/100485fb-opas_-kulttuurihyvinvointitoiminnan_arviointiin_taikusydan_saavutettava.pdf

Jerardi, J., Wikoff, N., Kable, L., Lassiter, T., Most, P. (2009). B**asic Toolkit Handbook: Building and Sustaining Arts in Healthcare Programs.** Society for the Arts in Healthcare https://ww2.americansforthearts.org/publications/basic-toolkit-handbook-building-and-sustaining-arts-healthcare-programs

Keating, C. (2002). **Evaluating Community Arts and Community Well-being: An evaluation guide for community arts practitioners.** Effective Change. Arts Victoria https://www.artshealthresources.org.uk/wp-content/uploads/2020/11/2002-Evaluating_Community_Arts_and_Well-being-2.pdf

Kinnunen, R., Lidman, J. (Social Development Co Ltd); Kakko, S-C. (Effective Circus Project); Veikkolainen, A. (The Third Source) (2013). **A guide to the study of the well-being effects of circus** http://kulttuuriakaikille.fi/doc/guides/A-Guide-to-the-Study-of-the-Well-being-Effects-of-Circus.pdf

Mosley, P. (Umbrella) with Rotherham Arts in Health (2008). **Artspulse Evaluation toolkit: A user friendly guide to evaluating arts and well-being projects.** Arts Council England https://www.artsandhealth.ie/wp-content/uploads/2011/08/Artspulse-Evaluation-Toolkit.pdf

Thomson, L.J. & Chatterjee, H. (2013). **UCL Museum Well-being Measures Toolkit** https://www.ucl.ac.uk/culture/sites/culture/files/ucl_museum_well-being_measures_toolkit_sept2013.pdf

Trotman, R. & Walls, A. **Evaluating community based arts in Aotearoa: an introductory guide.** Creative and INCredible Aotearoa https://cdn-flightdec.userfirst.co.nz/uploads/sites/artsaccess/files/images/1_2018/files_2018/Creative__INCredible_Aotearoa_resource.pdf

Tsiris G, Pavlicevic M, Farrant C (2014). **A Guide to Evaluation for Arts Therapists and Arts & Health Practitioners.** Jessica Kingsley Publishers https://uk.jkp.com/products/a-guide-to-evaluation-for-arts-therapists-and-arts-health-practitioners

What Works Well-being (n.d.). **Measure your well-being impact: A practical guide for charities and social enterprises** https://measure.whatworkswell-being.org/

WHO Regional Office for Europe (2022). **Guide to evaluating behaviourally and culturally informed health interventions in complex settings** https://www.who.int/europe/publications/i/item/WHO-EURO-2022-6045-45810-65956

Woolf, Felicity (2004). **Partnerships for Learning: a guide to evaluating arts education projects.** Arts Council England http://www.ascevaluation.ca/Documents/Toolkits/phpLYO0Ma.pdf

Youth Music (2014). **Taking an Outcomes Approach: From Planning to Evaluation** https://network.youthmusic.org.uk/file/38406/download?token=F_uJYXdr

Appendix

Appendix 1: Methodology for mapping toolkits

We carried out a scoping review of arts and health toolkits, seeking to bring together the key resources that have been published to support arts and health evaluation globally.

Search strategy
The toolkits included in this report were identified in a multi-stage process, beginning with reaching out to professionals in arts and health for resources and searching of relevant websites and databases, followed by applying an inclusion criteria until a final sample was identified for data extraction. This involved:

1. Searching various websites, databases and repositories, including:
Repository for Arts and Health Resources, Google and Google Scholar, Centre for Arts in Medicine Research Database, Creative Well-being Alliance Aotearoa, The Creative Aging Resource, Culture Health & Well-being Alliance, NOAH National Organization for Arts in Health, eTHOS, and OPENGREY. In many cases we were unable to conduct formal searches as the website platforms did not allow for this. However, where this was possible, we used general search terms to conduct a broad scoping of literature. The search terms are detailed in the table below:

Columns combined using Boolean AND		
Arts OR Music OR Singing OR Dance OR Theatre OR Visual Arts OR Film OR Painting OR Photography OR Crafts OR Circus OR Acting OR Performing Arts OR Culture OR Creativity OR Museums OR Gallerie	Health OR Well-being OR Mental Health OR Physical Health	Toolkit OR Framework OR Evaluation OR Research OR Guide(lines)

2. Creating and disseminating an online survey, which provided a mechanism to upload toolkits for consideration in this resource. The survey was shared via the Twitter account of the WHO Collaborating Centre for Arts & Health at UCL (@artshealthcc) which was further shared by Arts in Medicine Fellowship (Nigeria, Africa), the Arts in Health International Foundation (Barcelona, Catalonia), and Arts & Health Journal. The survey was also shared in the quarterly newsletter for the WHO Collaborating Centre for Arts & Health (sent to 1,350 people).

3. Contacting professionals working in arts and health globally via email to enquire about toolkits that they had developed or used in the context of arts and health evaluation, including but not limited to: Te Ora Auaha (Creative Well-being Alliance Aotearoa), Culture Health & Well-being Alliance, and Centre for Arts in Medicine, University of Florida. Drawing upon our own knowledge and expertise of the field through staff in the Social Biobehavioural Research Group at UCL was also key to our strategy, with a number of the toolkits already known and used by our team.

From the toolkits sourced, we also employed a strategy akin to 'snowballing', whereby we discovered new toolkits through the reference lists included in our initial searches.

Inclusion criteria
We searched for toolkits that provided advice and guidance on carrying out evaluations relevant to the field of arts and health (as defined in section 4). We focused specifically on toolkits that had already made a connection between arts and health and did not include evaluation toolkits that could theoretically be applied to arts and health but had not yet been applied (i.e., toolkits from the broader field of health research or general arts and cultural evaluation guidance not specific to health). Our definition of a toolkit is outlined on page 11.

Whilst we set no language barriers in our searches, we included only toolkits that we were able to read in English. This is a limitation of our search and consequently this resource. We also set no publication timeline, including any toolkits that were relevant regardless on when they were published.

Screening
The initial search identified 43 resources. After initial screening by two co-authors, this left 31 toolkits. The full texts of which were reviewed by two co-authors (KW & ND). On full text screening it was apparent that some reports did not meet the inclusion criteria. Where such reports were not by definition 'toolkits' but still contained relevant frameworks, these have been included in Section 12 (pp.22-25). After exclusions, there remained 25 toolkits.

Data extraction
The included toolkits were assessed by two authors (KW & ND) employing co-researcher validation using a data extraction sheet. The overview of toolkits created through using this sheet is presented in Part 3.

Appendix 2: Resources excluded from toolkit mapping

The resources below were excluded from our mapping exercise as they did not meet our inclusion criteria. However, they may still be of interest to those working in arts and health.

Authors / Date	Title	Region	Reason for exclusion
Centre for Arts in Medicine / 2008	Arts in Healthcare for Rural Communities Toolkit	US	Primary focus is not evaluation
Fancourt, D. & Poon, M. / 2015	Validation of the Arts Observational Scale (ArtsObS)	UK	Primary focus is on developing one tool rather than a toolkit
Huhtinen-Hildén L, Isola, A-M / 2021	From systematic observation to verifying impacts: observation model for creative group activities	Finland	Primary focus is on developing one tool rather than a toolkit
Outcomes Star / n.d.	Outcomes Star	UK	Primary focus is on one tool rather than a toolkit, and is not arts and health specific
Sonke, J. / 2018	Music in Emergency and Trauma Care Toolkit	US	Primary focus is not evaluation
Youth Music / 2017	Youth Music Quality Framework	UK	Primary focus is not evaluation

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