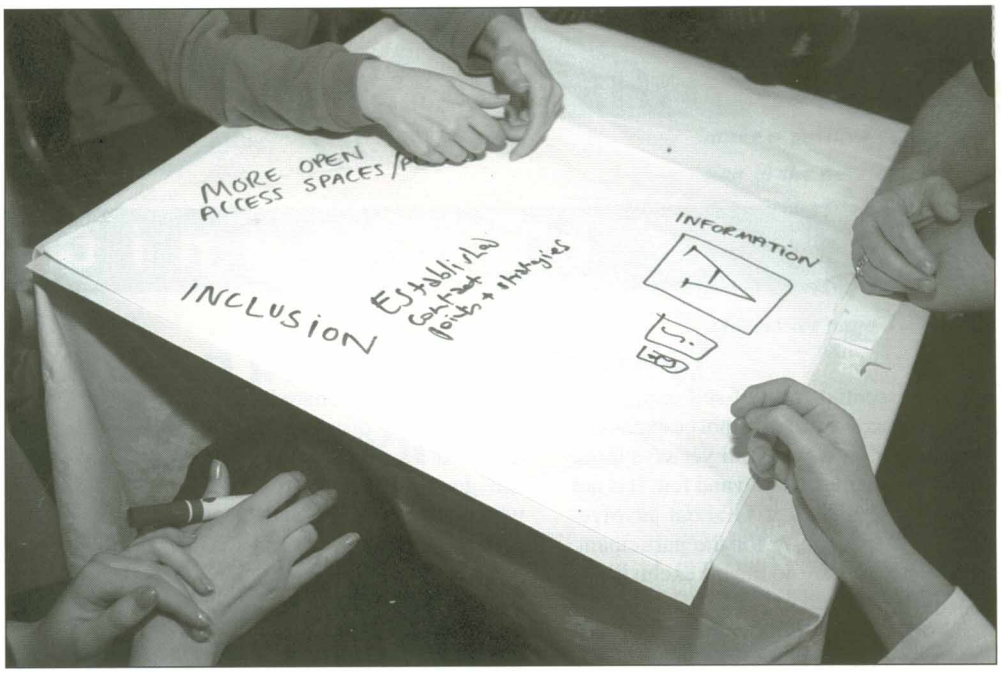

Turning the tables on evaluation in health

A programme in north east England is helping people in health, arts, education and the voluntary sector find ways of working and learning together. Anita Holford **reports that the first stage evaluation report could prove an invaluable tool for community artists**

Working collaboratively with people from a range of different backgrounds should be as easy as falling off the proverbial log for community artists, yet joined-up working with professionals in other sectors has been fraught with difficulties. It's often a culture clash: the health profession, for example, can have an obsession with evaluating outcomes in clinical terms – devaluing the anecdotal evidence that community artists believe is the more powerful.

Changes are afoot however, as more research is undertaken on social impacts, and professionals within and outside the health sector are finding that traditional evaluation methods can't capture all that is needed A three-year programme funded by the Tyne and Wear Health Action Zone has been addressing these issues head on. It has brought together workers from a range of different sectors to learn and explore arts and health work together, and jointly to develop evaluation methods and a research agenda for the future.

Mike White is the project manager and also director of projects at the new Centre for Arts and Humanities in Health and Medicine at Durham University. (CAHHM, set up in 2000 by Sir Kenneth Calman, former chief medical officer, and the vice chancellor of Durham University, researches and evaluates practical applications and benefits of arts and humanities in healthcare, and supports the professional development of health and arts professionals.) The title of the programme is *Common knowledge*. In itself, that's important: those involved wanted to avoid the idea

that any one sector has a body of knowledge that it wants to impose on another.

White stresses that this collaborative learning process is a crucial first step to developing rigorous research and evaluation in the field: "Unless we learn first and foremost how we work together to develop this work, we're not going to identify the right kind of research agenda, or methodologies for carrying out evaluations. Health Action Zones were ripe for presenting these sorts of proposals – they were wanting innovative ideas, wanting to recognise the social determinants of health, and wanting to build partnerships."

The project began with two induction gatherings in Gateshead and South Shields, each lasting two days, and bringing together 160 people working in health, education, the arts and the voluntary sector to look at how arts based techniques can be used to improve health promotion and health needs analysis. Delegates at the events took part in arts activities and peer-based discussion groups, as Grahame Ellis, Head of Corporate Planning and Development for Newcastle, North Tyneside and Northumberland Mental Health Trust, and a member of the *Common knowledge* steering group, remembers: "There were breakout sessions which aimed to get a common understanding of what health was about in the holistic sense. You were involved in working with people from very different perspectives. But it was more than discussion, it was actually about participating very fully in activities, and so it was very motivating."

There were two important outcomes from these early events. Firstly, they brought together people who had no, or little, previous experience of arts work in health, many of whom have now become advocates for arts-based approaches to health. But perhaps most importantly, the induction gatherings kick-started an arts and health network in the region, and set the foundations from which new working partnerships could develop.

White believes the fact the project has created a self-sustaining network (now totalling 250 people) which will continue after funding runs out is crucial: "We didn't want to become another grant-giving body passing on Health Action Zone money to existing projects. We wanted to explore how we might bring together people from different professional sectors with community representatives, and develop genuine partnerships in devising and delivering projects. I felt it was our best hope of getting community-based arts and health onto a mainstream agenda."

Following the events, locally-based groups were established to come up with ideas for pilot projects which would be seed-funded up to a maximum of £3,000. The projects began in October 2000 in a range of health and community contexts across the five boroughs, and ranged from workshops to help people with voice and speech difficulties, to arts work with ethnic communities looking into new ways to recognise early symptoms of diabetes. The projects acted as a form of action research for the learning programme and an iterative process of learning, enabling *Common knowledge* participants to test out their ideas and knowledge and to feed back at regular intervals. In addition to this, a series of 'action seminars', including a 'Six hour coffee break' for people involved in arts and health across the UK,

***Left**: brainstorming at the Six Hour Coffee Break arts and health seminar*

The *Common knowledge* programme

Led by Gateshead Council Libraries and Arts department, and South Tyneside Art Studio (an arts in mental health facility) at the invitation of the chief executives of Newcastle City Health Trust and Gateshead/South Tyneside Health Authority, a steering group of arts officers from the five local authorities in the zone (Gateshead, Newcastle, North Tyneside, South Tyneside, Sunderland) and representatives from health promotion, mental health, the arts, and local universities helped to develop the *Common knowledge* programme and gain a grant of £225,000 over three years. The programme is now:

- developing an infrastructure led by a community of people from a range of backgrounds using arts-based approaches to improve health and tackle inequalities
- helping people to think and set goals in co-operation
- exploring the processes and outcomes of different approaches to arts in health
- providing documentation and information (a website, directory, and evaluation report) to inform future work .

After a development phase, pilot projects took place between October 2000 and May 2001 in a variety of settings from GPs' surgeries to youth centres and ranging from a collaboration between a video artist, a medical practice, and day care centres for older people in Gateshead (using video equipment to challenge their sense of isolation and increase self esteem and confidence); through writing and painting projects with patients undergoing chemotherapy at the Northern Centre for Cancer Treatment in Newcastle; to vocal music, creative writing, movement and drawing with patients with voice and speech difficulties at the Freeman Hospital, Newcastle. A series of local and regional meetings included the 'Six hour coffee break' day for arts and health practitioners from across the UK.

The final phase included more 'action day' meetings, a website and directory of arts in health in Tyne and Wear, and the development of an arts in health campaign to form the *Common knowledge* finale in April 2002.

LINKS

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Further details can be found on the Common Knowledge website, launched in January along with a directory of arts in health in Tyne and Wear. The website address was not available at the time of going to print, but can be obtained from CAHHM

Common knowledge *interim evaluation report, by Tom Smith £10 (including post and packing: make cheques payable to University of Durham) from CAHHM*

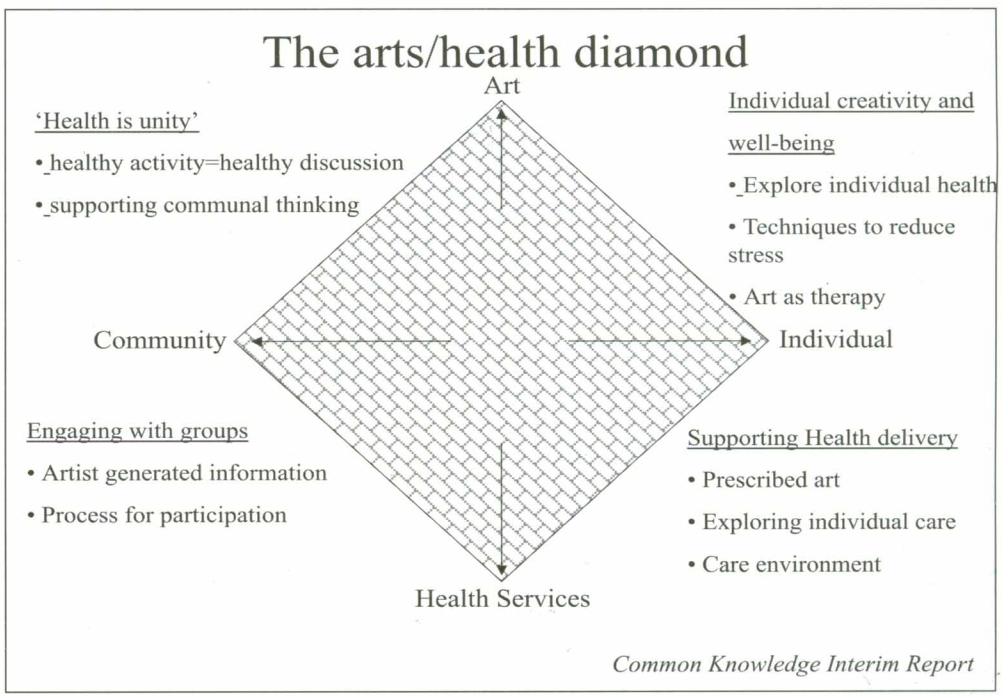
brought participants together to share knowledge and discuss specific topics.

Germaine Stanger, an arts consultant and manager working for the Newcastle upon Tyne Hospitals NHS Trust, was involved in a visual arts project in the Northern Centre for Cancer Treatment at Newcastle General Hospital. She says that the programme provided people with the freedom to explore: "One of the benefits of the programme was that it gave us the ability to try something out, and not to have preconceived ideas of what should and shouldn't happen. We learned a lot."

Positioning itself as a learning programme has meant that *Common knowledge* wasn't required to demonstrate clinical outcomes. But that doesn't mean that it has avoided the difficult question of measuring its own outcomes – indeed one of the most important legacies of the programme is the evaluation of the projects themselves. Six of the pilot projects were chosen to be evaluated using a method which allowed for anecdotal as well as more traditional evidence. Project organisers and participants were asked to fill in an evaluation book, capturing as much detail as possible about how the project developed, and what was learned, by any means they felt appropriate including observations, personal thoughts, poetry and photographs. An evaluation and planning sheet was also included, and this guided people to document decisions in a more formalised way, enabling evaluation of the project in terms of processes, impacts and outcomes. Glynis Johnston, a health promotion specialist for Northumberland Health Authority found this particularly useful: "It's fine having set criteria for measuring outcomes, but it means you overlook what else happens, and some of that stuff is amazing. The methods we used really enriched the evaluation, and gave it a lot more meaning."

Tom Smith, researcher and author of the report wanted to challenge the projects to find their own ways of conveying their story to the reader. "The arts practitioners were saying research in this area is useless, so I turned the tables on them and said, show me," he explained. "The problem is often that those who are planning and delivering the projects aren't involved in the development of the evaluation, and evaluation instruments aren't sensitive enough to capture the impact of their approaches. We negotiated a method which would allow for the more anecdotal evidence, but also give me, as a researcher, something more concrete."

Smith is clear that arts practitioners need to find a way of telling their stories on their own terms, and not to be driven by a purely scientific agenda, but he believes that the key challenge now is for artists to more clearly define their work so that health practitioners can match aims to approaches. For this reason, the evaluation report is more than just a documentation



***Right**: the evaluation report suggest four types of approach for arts/health work*
***Far right**: induction gatherings used a variety of methods to encourage debate*

Evaluation . . .

. . . issues

One meeting in Newcastle's West End provoked a lot of thought on how to evaluate the second phase of *Common knowledge*. Chris Bostock, a local story teller, explained the issues in the programme's interim report:

"It has been difficult to demonstrate the outcomes of this kind of work. When people are asked what they think of the project, for evaluation purposes, they have said "very nice" or "Chris is a nice man". Not convincing testimony. Many of the benefits from these kinds of projects are very soft, things not easy to record. The stories can trigger individual memories and often stimulate discussion; people interact with one another. An example of a benefit that is difficult to record came from one elderly woman who suffers from Parkinson's disease. She finds it difficult to use her hands. Yet the story telling sessions mean so much to her that she makes a big effort to make herself presentable for the group; she puts rollers in her hair, which ordinarily she would not have the motivation to do. In an unexpected and indirect way, the storytelling sessions have had an impact on her health".

"At the same meeting, a community worker at the Riverside Centre said that she had found it difficult to gain funding for Chris' work. She is frustrated at not being able to demonstrate the value of it. She says, 'The impact of his work can be seen from anyone who observes, but can't necessarily be communicated to others.'

"Conversations like these led to a decision to devolve the evaluation of local projects to the people who understand the benefits. The challenge for them was how to record their experience."

. . . in practice

Two artists worked in the waiting room of the chemotherapy day ward of the Northern Centre for Cancer Treatment, Newcastle General Hospital every week for 14 weeks, using collage and for a short time, writing. Patients visiting for treatment were invited to watch or take part and some would simply join in with conversations which were happening around the activities. Evaluation forms given to staff and patients suggest that the activities helped to ease some of the tension the patients suffer while waiting for treatment. Staff found that patients would talk more freely to them, and to other patients, and there was a more relaxed atmosphere.

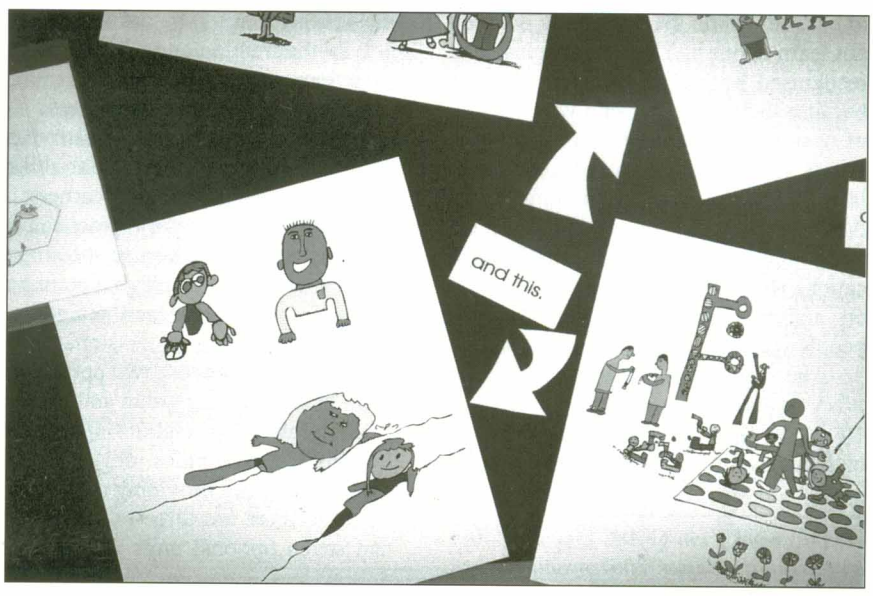
Project manager Germaine Stanger carried out the evaluation: "One of the benefits of *Common knowledge* is that it gave us the ability to try something out and not to have pre-conceived ideas of what should and shouldn't happen. But a great deal of what's happened here will help us to set aims for future projects." Recommendations which have fed into the wider programme include:

- activities in waiting rooms for patients receiving treatment for serious illnesses should absorb attention but preferably not require any intensity of feeling, skill or ongoing commitment
- visual arts work better than writing, which is very personal and almost too revealing in this situation
- two artists working together are less intimidating for patients than an artist working alone
- the activity needs to be placed so that patients 'bump into it' and do not have to go out of their way.

of processes and outcomes. It maps the philosophy of the field, suggests four classifications (see diagram *left*) for the different types of approach used in the 'arts/health' field (the author uses this term rather than 'arts in health', 'arts and health' or 'arts for health' to avoid pre-judgements) and provides project examples for each approach.

"The arts/health field is very broad," explains Smith. "Arts interventions can range from activities which help people to explore health issues, to ones which have a therapeutic outcome. There's a tendency for arts projects to claim they can do everything, and they can't. We should be clear about the potential impacts of individual approaches – you need to select techniques and approaches appropriate to what you aim to achieve. If there's one thing that I hope the report will do, it's to help people to describe their work with greater clarity, and find a way of telling their stories on their own terms."

The *Common knowledge* network is now developing an arts in health campaign which will involve billboards on the local Metro system, projections onto healthcare buildings, and teams of storytellers, musicians and drama workers on buses and the Metro system. The campaign will be launched across Tyne and Wear in April – following the end of the project's funding in March, when it will continue with a self-sustaining network, already totalling 250 people.



MARK PINDER