

Written by Norma Daykin with the Creative and Credible Project Team.

Creative & Credible

There is increasing emphasis on delivering value for money in arts and health. This has led to considerable interest in techniques for assessing value, including economic evaluation and methodologies to capture benefits and savings that could result from arts based approaches within health and social care. A number of national level initiatives have explored the theme of value more broadly, including the Arts and Humanities Research Council's Cultural Value Project. This project seeks establish a framework to enhance understanding of cultural engagement and develop approaches and methodologies suitable to assessing the different ways in which the value of cultural engagement is manifested. Other initiatives, such as the Cultural Commissioning Programme are changing traditional business models for arts and health. As well as demonstrating outcomes, project providers are increasingly required to demonstrate that they can work with commissioners to address locally identified needs both effectively and efficiently.

This paper gives a brief introduction to the issues and techniques used for assessing value, including economic evaluation and social return on investment. It is not intended as a detailed guide to using these techniques, which usually require input from someone with specialist expertise. However, some of the basic principles can be applied to even small scale evaluation, such as transparency and accurate costing of projects and interventions.

Economic Evaluation.

Formal approaches such as cost benefit analysis involve capturing economic data on project inputs and outputs. These approaches value all project outcomes of interventions in monetary terms. However, many aspects of arts and health interventions cannot be easily captured by conventional cost-benefit analysis. Economic evaluation is a complex methodology that uses language and frameworks that may not be familiar to many within the arts. A useful source of information is the glossary produced by the Health Technology Assessment International group (2009). This document explains words that are often used in complex evaluation, including economic terms, in accessible language.

Quality-adjusted life year (QALYS)

Economic evaluation approaches often assess the benefits of interventions using QALYs, or quality-adjusted life years. A QALY is a measure of the state of health of a person or group of people in which the benefits, in terms of length of life, are adjusted to reflect the quality of life (National Institute of Clinical Excellence, 2009). Quality of life is captured by measuring aspects such as the ability to perform activities of daily living, freedom from pain and from mental disturbance.

The National Institute of Clinical Excellence (2009) provides further explanation of QALYs. One QALY is equal to 1 year of life in perfect health. Hence a year of active normal life gained as the result of treatment is rated higher than a year of living with reduced quality of life, such as being in extreme pain or being in hospital. One way of valuing interventions is to estimate the years of life remaining for a patient following a particular treatment or intervention and weighting each year with a quality of life score (on a zero to 1 scale).

Several standardised tools exist to measure quality of life. An example is the EQ-5D, a simple two page questionnaire that measures health-related quality of life on five dimensions (mobility, selfcare, usual activities, pain/discomfort, and anxiety/depression) (EuroQol Group (1990). The EQ-5D was developed by a non-profit organisation that brings together a network of international researchers established to support scientific research and develop tools that describe and value health. A basic version of the scale, the EQ-5D-3L, is available (Oemar & Oppe 2013). In this each dimension has three levels: no problems, some problems and extreme problems. The tool is designed to be completed quickly by respondents in surveys and interviews and is suitable for participants with a wide range of health conditions. It produces an overall score, representing health status in a single index value between 0 (worst imaginable health state) and 100 (best imaginable health state).

Social Return on Investment

The New Economics Foundation has developed a range of tools to measure social and environmental impacts of interventions (http://www.neweconomics.org/pages/what-we-





University of the West of England Creative and Credible is a knowledge exchange project between the University of West of England and Willis Newson, funded by the Economic and Social Research Council. www.creativeandcredible.co.uk do). These include Social Return on Investment (SROI), an analytic tool for measuring and accounting for a much broader concept of value, taking into account social, economic and environmental factors. SROI usually involves projecting forward the social return by considering what costs and impacts would occur if an intervention did not take place. In the case of a prison based arts project which succeeds in improving mental wellbeing of offenders, the social return might include the cost savings of future healthcare treatment, not to mention the costs of further incarceration and a wide range of consequences of crime. The results are often expressed in the form of social return for every £1 spent.

The Social Return on Investment Network (SROI) and the Cabinet Office of the Third Sector in 2009 produced a guide to Social Return on Investment that explains the benefits of this kind of approach to organisations. SROI could help arts and health projects to understand and demonstrate the value their activity creates. It can also help to identify both positive and negative unexpected outcomes. The guide outlines the following six stages of undertaking a SROI.

- Establishing scope and identifying key stakeholders. It is important to have clear boundaries about what your SROI analysis will cover, who will be involved in the process and how.
- 2. Mapping outcomes. Through engaging with your stakeholders you will develop an impact map, or theory of change, which shows the relationship between inputs, outputs and outcomes.
- 3. Evidencing outcomes and giving them a value. This stage involves finding data to show whether outcomes have happened and then valuing them.
- 4. Establishing impact. Having collected evidence on outcomes and monetised them, those aspects of change that would have happened anyway or are a result of other factors are eliminated from consideration.
- Calculating the SROI. This stage involves adding up all the benefits, subtracting any negatives and comparing the result to the investment. This is also where the sensitivity of the results can be tested.
- 6. Reporting, using and embedding. Easily forgotten, this vital last step involves sharing findings with stakeholders and responding to them, embedding good outcomes processes and verification of the report.

Should I measure economic value?

There is sometimes a concern expressed within the arts and health sector that economic evaluation and SROI approaches might take arts and health projects away from their core principles and artistic values. In order to prevent 'mission drift' it is important that the methodologies and measures used to capture the value of arts and health projects are strongly aligned with project goals, including artistic goals. This means that projects need to be guided by a clear vision of what they intend to achieve and how they hope to achieve it. It means that they need to have an underlying 'theory of change', or an understanding of the processes by which improvements in health and wellbeing are thought to occur as a result of arts engagement. Once this is in place, it is possible to identify appropriate outcome measures that can lend themselves to economic evaluation.

At the most basic level, those delivering projects should have a full understanding of all the project costs and how these compare with those of similar interventions that might be commissioned for the same purpose. They should also consider ways in which they can project their understanding of benefit into the future, beyond the end of the project, in order to inform longitudinal research and evaluation that will allow the fullest impact of arts and health projects to be appreciated.

References and links

Arts and Humanities Research Council, Cultural Value Project. (http://www.ahrc.ac.uk/Funded-Research/Funded-themes-and-programmes/Cultural-Value-Project/Pages/default.aspx).

The Cultural Commissioning Programme (http://www.artscouncil.org.uk/funding/apply-funding/fundingprogrammes/cultural-commissioning-grant/) Health Technology Assessment International. HTAi consumer and patient glossary. A beginner's guide to words used in health technology assessment. Compiled by Ann Single and Biotext Pty Ltd with contributions from Eleanor Ahern, Tony Culyer, Helena Dahlgren, Karen Facey, Karen MacPherson, Margaret Reid, Karen Ritchie, Tania Stafinski, and Durhane Wong Reiger. Version: 1, October 2009. Available from: http://www.htai.org/fileadmin/HTAi_Files/ ISG/PatientInvolvement/Glossary/ HTAiPatientAndConsumerGlossaryOctober2009_01.pdf. Accessed 24/6/15.

National Institute of Clinical Excellence (2009) Glossary of Clinical and Medical Terms. Available from: https://www.nice. org.uk/glossary. Accessed 1.4.15.

Oemar, M., & Oppe, M. (2013) EQ-5D-3L User Guide. Basic information on how to use the EQ-5D-3L instrument. Rotterdam, EuroQol Group. Available from: http://www.euroqol. org.

The Social Return on Investment Network (SROI) and the Cabinet Office of the Third Sector (2009): A guide to Social Return on Investment ISBN: 978-0-9562274-1-6. Available from: http://b.3cdn.net/nefoundation/aff3779953c5b88d53_cpm6v3v71.pdf.





University of the West of England Creative and Credible is a knowledge exchange project between the University of West of England and Willis Newson, funded by the Economic and Social Research Council. www.creativeandcredible.co.uk