

Creative & Credible

TIME AND RESOURCES

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It can be challenging to make time and resources available for evaluation, which can sometimes seem costly in relation to the overall project costs. However, it is increasingly important to factor in evaluation costs when planning projects, particularly if these are envisaged as having a role to play in supporting health and wellbeing or meeting local and national commissioning agendas. Resources often govern the type of evaluation undertaken. Here we discuss the benefits of working in partnerships, which can increase the knowledge and resources available, strengthening the impact of evaluation, although we also acknowledge there are also times when internal evaluation is the best and most feasible approach. We also draw attention to the importance of collaboration and coproduction in the changing landscape of health and social care.

Internal evaluation

Evaluation is sometimes undertaken within a project, often by those who have some responsibility for project delivery. The advantages of internal evaluation are that it is less costly than other forms of evaluation. It can be built into established routine monitoring procedures, and it can help to ensure that the learning from projects is embedded within the teams delivering future work. However, there are a number of disadvantages. Evaluation activities are time consuming and require additional skills to those of project delivery that might not be embedded within project teams. It can also be confusing to participants and can potentially raise ethical issues if those administering evaluation tools such as questionnaires are the same people who are delivering the arts project.

External evaluation

Evaluation is sometimes undertaken by researchers or external evaluators who are not part of the project delivery team. They are usually drawn from Universities or are independents specialists with detailed knowledge of evaluation approaches and techniques. The advantages of working with an external evaluation team include a reduced burden on those delivering the project as well as the opportunity to benefit from specialist knowledge, skill and experience. External evaluators can offer an impartial view on project impacts and the results of external evaluations are more likely to be disseminated beyond the immediate project team, increasing the profile of the project.

Aside from costs, the disadvantage of external evaluation is that it is possible for this to be seen as a separate activity from project development unless there is an attempt to ensure that the learning from it is embedded. In reality, many successful projects develop by using an iterative process that includes both internal and external evaluation.

Arts and Health: The Importance of Coproduction

Changes in the NHS, such as the introduction of Clinical Commissioning Groups in 2013 and developments such as cultural commissioning or arts on prescription have created new opportunities and requirements for arts and health practitioners and organisations to develop partnerships with health professionals and policy makers. Local hospitals, care homes, GP surgeries and community organisations who invest in arts need to see clear evidence of health and wellbeing outcomes and it is important to understand their agendas before embarking on evaluation.

This can be a daunting prospect. It is no longer sufficient for the outputs of arts projects, which might take the form of music, paintings, poems or stories, to 'speak' for the value of the work. Neither is it sufficient to present one or two impassioned testimonies from participants whose lives have been changed by a project. Powerful as this form of anecdotal evidence might be, it is not enough to convince commissioners who are making difficult choices with increasingly stretched budgets. Instead, artists are finding that they need to rapidly acquire familiarity with a new world of evidence based health and social care, and fluency with a new language, including the language of evidence, evaluation and research.

Commissioners face the challenge of making good use of public money and choosing between projects whilst ensuring that they do not fund interventions that create problems for participants or cause harm. Arts and health practitioners who wish to be commissioned or contracted by health partners must be able to use the right language to capture relevant outcomes of their work, and they must also adopt suitable evaluation methodologies to demonstrate these. This does not necessarily mean adopting 'gold standard' methodologies, such as randomised control trials, in every case. Local commissioning timescales do not always allow for complex evaluation and

pragmatic approaches are needed.

While there is pressure on arts projects to demonstrate the effectiveness and the impacts of their work, there are also opportunities to learn and to forge relationships of coproduction that can lead to improved knowledge and understanding of evaluation practice.



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