One of the first tasks of every arts and health project is to identify the outcomes and impacts it seeks to achieve. Without some kind of evaluation, we cannot know whether arts and health projects achieve their aims and it is difficult to learn about what went well and what needs to be improved in future practice. However, it is important that arts and health projects do not lose sight of their artistic aims during this process. The process of developing evaluation frameworks and strategies should be led by the core values of each organisation or project. Evaluation also needs to be informed by a theory of change, or the understanding of the physiological, psychological, emotional and social processes by which arts activities and interventions are thought to be linked with outputs and outcomes. Evaluation can seem like a minefield for practitioners and arts organisations, especially those at an early stage of development. This document outlines the different purposes of evaluation and explains the differences between different evaluation models and approaches.

**The Purposes of Evaluation**

**Evaluation versus Advocacy**

Findings from evaluation and research can help to advocate for arts by showing positive benefits for health and wellbeing. However, this is not the main purpose of evaluation. Rather, evaluation seeks to answer questions and reveal impacts that can be both positive and negative. When seeking to evaluate a project, it is best to put advocacy goals to one side. Likewise, when seeking to advocate for a project, it is helpful to consider a broad range of evidence rather than relying on a single evaluation study.

**Evaluation versus Research**

Evaluators must begin by assessing whether the project is in fact research. This is important because research and evaluation have different trajectories in terms of preliminary approvals, implementation and longer term dissemination (Daykin & Stickley 2015). In general, research seeks to generate new knowledge, whereas evaluation is designed to judge existing services. Research requires formal ethics approval from a committee, whether this is in the NHS, social care or in a University, whereas evaluation may not. However, if the intention is to publish the results, bear in mind that most academic journals will only publish studies that have been approved by an ethics committee. The Health Research Authority provides detailed guidance and tools to help to assess whether a project is research or evaluation: http://www.hra.nhs.uk/documents/2013/09/defining-research.pdf

**Types of Evaluation**

**Audit as a form of Evaluation**

Audit is used to find out whether services and projects are being delivered in line with existing standards. The NHS Clinical Governance Support Team define clinical audit as:

‘a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change. Put more simply: clinical audit is all about measuring the quality of care and services against agreed standards and making improvements where necessary.’

http://www.hqip.org.uk/what-is-clinical-audit-3

The National Research Ethics Service makes a clear distinction between clinical audit and research. The latter seeks to obtain new knowledge, for example comparing different treatments to find out which are the most effective. Unlike research, clinical audit does not need approval from a research ethics committee.

In arts and health, a similar model of audit can be used to assess where projects are doing well, and where there could be improvements. This approach uses relatively simple data collection procedures, such as monitoring attendance, gaining informal feedback from participants and stakeholders, and review. It is important to bear in mind that it is difficult to claim evidence of outcomes from this kind of evaluation. Rather, the purpose is to identify where quality improvement would be of most benefit to project participants.

**Formative/Summative Evaluation**

Most evaluation takes place at the end of projects in order to establish whether the project has met its aims and objectives and to assess its effects or impacts on participants. This kind...
of summative evaluation can use a range of methods but is usually associated with outcomes measurement. In contrast, formative evaluation generally takes place before or during a project’s implementation with the aim of improving practice and project delivery. Formative evaluation is focused on exploring the need for a project as well as identifying processes that help or hinder project implementation. Formative evaluation can include process evaluation to gain an understanding of what works, what doesn’t work, and for whom. It can include all kinds of data but it lends itself to qualitative methods using open ended questions to explore experiences as they arise.

**Reflective Practice**
For lone practitioners, formal project evaluation may be out of reach but it is still important to evaluate practice in order to learn, develop and improve service delivery. Reflective practice is a form of continuous professional development that uses cycles of reflection on experience in order to understand the context and impact of one’s own work. Reflective practice is widely used in education and healthcare. It can also be used to inform arts practice, drawing on arts such as music, poetry and visual images to promote reflection on the challenges of delivering projects in health and social care contexts. However, it can be time consuming and, since it is undertaken by individuals, may not generate information that can have an impact on stakeholder perspectives or on broader project delivery.

**Evaluation Questions**
Depending on the context, evaluation can help us to answer a variety of questions such as:
- How many people took part, and were those taking part the intended beneficiaries?
- What artistic outputs did project participants produce and how were these presented and received?
- Did participants enjoy the experience or report positive experiences?
- What were the practical challenges of delivering the project?
- What went well, and what improvements need to be made in future?
- Were there any unintended outcomes from the project, and what were the effects of these?
- How much did the project cost and was it a worthwhile investment?
- Did the project deliver benefits for participants in terms of health, wellbeing or quality of life?

Each of these questions requires a specific evaluation process involving design, data capture, assessment or evaluation and reporting. Before starting, it is important to decide what kind of evaluation is being undertaken. A relatively straightforward way of understanding where your project evaluation fits is to think in terms of a continuum from monitoring and evaluation (questions a, b and c, above), through to critical reflection (question d), project review and development (questions e and f), cost effectiveness assessment (question g) and outcomes measurement (question h).

A broad range of evaluation evidence can be useful to show the value of arts to health and social care agendas. The production of clinical evidence for specific health and wellbeing outcomes is usually the result of several cycles of evaluation activity and is best undertaken in well established projects where the nature of the arts activity itself is clearly understood by practitioners and commissioners. These types of projects tend to have developed over a relatively long period, and commissioners will have been engaged in project development through a process of coproduction. They often use independent evaluators or researchers.

Most evaluations focus on the impacts of the project on participants. However, it is also important to consider the experiences of a wider range of people including staff, artists and managers. As well as helping to understand the project impacts more broadly, information from staff and artists is crucial in informing future project delivery since most projects depend on their active collaboration. Further, if a project has a positive effect on care staff this is likely to spill over and benefit patients or participants.

**Evaluation Approaches**
Once the evaluation question has been decided, there is a need to select methods of data capture. The most commonly used methods include:
- **Quantitative evaluation** used for monitoring purposes or to capture outcomes that can be measured. Quantitative evaluation involves the presentation of data in the form of graphs, tables and statistics
- **Qualitative evaluation** drawing on participant feedback, interviews, focus groups and reflective observations. Qualitative approaches are not designed to measure the effects of a project but can provide useful information about participants’ experiences. They can also shed light on important process issues and help to identify intended and unintended project impacts.
- **Creative and arts based methods**, especially visual arts, photography and film are increasingly used to document and explore the impacts of arts and health.
- **Economic evaluation** and other techniques for assessing value, such as Social Return on Investment, are used to document project costs, benefits and savings, often projecting these into the future beyond the life of the project to assess long term gains and sustainability.
- **Participatory action** research is an approach that can encompass a range of methods. It is distinct from other approaches in that it places participants at the centre of the process, hence project participants work closely with evaluators to design and implement evaluation.
- **Case studies** are often used in arts and health. They are often used to show the impact of participation on individuals who have taken part. However, a case can be a project, an organisation or a setting as well as an individual person. Case studies can incorporate a range of methods but most often they utilise qualitative data.

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More information about these methods can be found on the Creative and Credible website. Whatever methods are used, there needs to be a project plan that identifies procedures for each stage of the evaluation cycle including project planning, data capture and review (Daykin et al. 2013). It is important to bear in mind that the choice of method should be governed by the evaluation question and not by the preferences of evaluators or stakeholders or by perceptions that particular methods are inherently superior or more credible.

Conclusion
This brief introduction has demonstrated the breadth and scope of evaluation methods and approaches. While it might be comforting to think that there is a standard approach that is more likely to produce the kinds of evidence that commissioners and funders require, in reality, there is no ‘one size fits all’. However, the design of evaluation needs to reflect the specific requirements of each project including the project aims, the needs of participants and stakeholders, and the skills and the resources available for evaluation.

References