**Creative Hertfordshire**

**Evaluating arts and wellbeing – developing a Hertfordshire approach**

**Plenary session**

Nick Denham commented at the start of the session that the evaluation advice, from a number of the speakers (including how to approach such work) could be usefully applied to other work, quite separate from arts and health.

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| **Responder** | **Question** |
|  | **If an organisation hasn’t collected information at the beginning of a project to provide a baseline but wants to evaluate the work is there a way to do that?** Gillian Reid, ActOne ArtsBase |
| Norma Daykin | * It is still worth collecting partial data because although you can’t show change, you can collect perceptions of how participants think things have changed.
* The evaluation event presentations were not an encouragement not to collect data, even if you hadn’t built that in from the beginning. Something useful will always come out of data collecting.
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| David Conrad | * It is worth thinking about that if there are several different cohorts coming through a programme or project then there is always a point to start collecting baseline data with a new cohort.
* If not the case data collected part way through will provide insights into what might need to be done or altered and this might inform future evaluation as well.
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|  | **Is there a social return on investment model that you think we should be using?** Rosie Newbigging, The Higgins, Bedford |
| Norma Daykin | * The [www.gov.uk/government/publications/arts-for-health-and-wellbeing-an-evaluation-framework](http://www.gov.uk/government/publications/arts-for-health-and-wellbeing-an-evaluation-framework) has information on social return and social evaluation return as well. This is more about suggesting an approach rather than defining a right or wrong way.
* If it is used on a project it can be an expensive approach, but it doesn’t always give you what you are looking for.
* I worked with the London School of Economics and the basic advice emerging from that was to cost everything that you do.
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| Tom Johnson | * Information about outcomes is helpful. So with someone who took part in a project that stopped falls, the commissioner can find the social return in different ways. So that the model used aspect is less important for the commissioner.
* Methodology is only as good as the outcomes. It can show benefits, but it isn’t always for those people who are doing the commissioning.
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| David Conrad | * In Public Health the drive is ‘can you tell us that if we do X what will it save financially?’ The more you look into this the harder it is to get answers to those sorts of questions.
* You can see the cost-effectiveness calculations involved in stopping a heart attack happening and can save lots of money. In the long term though there can be cost implications like social care or dementia costs to then consider.
* Don’t beat yourself up too much. Clear costs and participant numbers are what funders will get for their money and that is the important bit.
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|  | **I’m pleased that Public Health is coming out of the shadows and can help. Is there a problem with commissioners wanting survey returns which are being taken from diminishing numbers over time as one’s funding depends on that information?** Philip Linnegar, Hertfordshire Hearing Advisory Service |
| David Conrad | * There needs to be a more subtle approach to data collection. Data can end up being collected and then sit in a box untouched.
* There is a need for balance and to tie the evaluation down to specific questions by deciding what is being evaluated and why.
* What timescale do we put on it to say what is being analysed and to agree that it is effective? Or can the work be supported by robust evaluation work done elsewhere which may provide high quality evidence to support provision more widely.
* One might do a really good investigation but if there is no evidence then the approach or work will not be rolled out.
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| Tom Johnson | * Make sure you involve the users in the evaluation planning.
* It is a good idea to talk about the outcomes from the research so they can see the effect it has had on future provision.
* It might help clients by saying these people who came to us last year had these outcomes.
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| Nick Denham | * There was a question around dementia grants (*the funding Tom Johnson announced*) and an umbrella organisation which someone had asked for an example of. CVS have done it in the past so perhaps St Albans could apply for a lump sum and then distribute the money to partner organisations.
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|  | **Jo Askham talked about the areas that are involved but what are the other districts doing and who is encouraging/prompting them to do something?** Michael Taylor, Hertfordshire Music Hub |
| Jo Askham  | * All the projects have arisen from the Public Health offer, but every district can use the money the way they like e.g. a single large scale smoking cessation project if that is needed.
* In trying to engage the other districts HACO has been given Jo’s contact details and it has also been announced at the Lifestyle and Legacy Partnership that she is available to get in touch with.
* Individual districts may be happy with what they are doing and don’t feel the need to be part of a support group. Group members find it very helpful as some challenges are common to all, so it is very supportive.
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| Teresa Heritage | * Each district has its own challenges but I hope that those who’ve done social prescribing work will be sharing their good practise.
* Some areas are doing it, while others are thinking about it but they are not currently linked to Jo’s group but the aim is that things will join up going forward.
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|  | **It is a relief to have a national framework, but I wanted to know if it is possible that as document is being used if it is possible to analyse how that is being done and so shift and change it in response to that?**Emma Payne, Trestle Theatre Company |
| Norma Daykin | * It is interesting to see how it is used and it was designed to be flexible to provide a shared language rather than telling people how to evaluate.
* Is it possible to know who is using it; I’d need to look into it. AESOP is showcasing work that has used it. The work is all about dissemination and AESOP are publicising the framework.
* By June 2017 there should be a whole range of practical examples as well as evidence.
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