Q&A WITH PROFESSOR NORMA DAYKIN, UNIVERSITY OF WINCHESTER

Norma is a social scientist and works for the University of Winchester in the Centre for Arts and Wellbeing. Her research focus is arts, health and wellbeing, with a particular interest in music. She also works with practitioners to help them better evaluate their arts for health work, and has been involved with projects such as the What Works Centre for Wellbeing and the knowledge-exchange project, Creative & Credible. Norma previously worked for University of West England where she established an arts and health research programme, encompassing performing arts and visual arts with people of all ages in primary care, hospital, communities and justice settings.

What is the role of academia in enabling the value of the arts and cultural sector to be recognised by public service commissioners?

The role of academia is a broad one that can help the arts and cultural sector to engage with public service commissioners at a number of levels to strengthen the connections between research, evaluation and commissioning. Sometimes – although not always – academics will be involved through working directly with arts and cultural organisations or with commissioners. Academia can particularly play a role in the following areas:

- Academics can help arts and cultural organisations develop and implement methodologies for evaluation, in order to generate good quality evidence. Not every evaluation will be a research project, but academics can bring awareness and understanding of evaluation methods appropriate for particular projects and contexts.

- In order to evaluate, there needs to be some kind of theory of change and an understanding of why and how things work, and for whom. Academics can support by drawing on theory to help develop this thinking.

- Not every evaluation process needs to have an academic or external evaluation. However, academics can provide an external viewpoint, acting as ‘critical friends’ and introducing a level of objectivity into the process that can be really important.

- Academia is good at synthesizing evidence and in enabling organisations build their awareness of what is available. This can really help those working in the field, even if it isn’t possible for them to conduct an extensive project evaluation themselves.
Arts and cultural organisations can find it difficult to provide commissioners with the type of evidence that commissioners are looking for. What do they need to do differently?

I have recently been involved in the Creative & Credible knowledge-exchange project. This involved a range of stakeholders – arts organisations, commissioners, evaluation practitioners and academics – and looked at evaluation methodologies and resources for the arts and health sector. My learning from that project includes the following:

- It’s important to work with a range of stakeholders early in the process to understand the context and purposes of the project, and the kinds of outcomes, outputs and impacts that are relevant. This enables co-production of the evaluation framework, and helps ensure that everyone involved understands the rationale behind the evaluation.

- The evaluation cycle can take longer than people expect and needs more forward planning than is sometimes allowed. Academics are often approached to help with evaluation after a project has started. To ensure effective planning, evaluation needs to start much earlier in the process. Additionally, evaluation isn’t a one off process but an iterative cycle, with each phase building on previous learning.

- Each phase of evaluation needs to address specific questions. Projects sometimes express extensive aims and objectives, some of which are challenging to assess, and it is not always possible or necessary to include every aspect in a single evaluation. For good evaluation practice, it’s important to work with stakeholders to understand priorities, using co-production to ensure that the most relevant aspects of a project are evaluated.

- It’s important to understand the local context if your evaluation is going to produce relevant evidence for commissioners. For example, research designs such as randomised trials that rank highly in hierarchies of evidence take a long time to complete and are therefore unsuitable when commissioning cycles are short. Evaluation needs to be ‘good enough’ to capture outcomes and impacts that are meaningful in particular contexts.

- Some artists report that they don’t have an equal voice in evaluation, which is seen as being dominated by health and medical agendas, frameworks and language. The Creative & Credible project has tried to address this by examining ways in which artistic processes can be incorporated into robust evaluation methodologies. Artistic approaches such as music, photography or film can add empathic power to reporting, helping to understand participants’ experiences of a project. Participatory arts can be empowering for those taking part. Arts can also offer flexibility, being able to adapt to processes as they unfold. Integrating the artist’s voice can help ensure that evaluation tools are sensitive, appropriate and responsive to unexpected outcomes.

What advice could you give to arts & cultural organisations on how to approach evaluation of their impact on health and wellbeing?

This builds on the topic of co-production explored in the previous question. In addition, I would suggest that:

- Often, practice can be improved by greater understanding of research techniques. For example, when collecting feedback through sampling, it can strengthen your evaluation to think about
how you select participants, how you achieve a range of different experiences and present a range of views. Make sure that you report clearly the procedures that you have gone through to collect and interpret data.

- Although high level mathematical analysis may not be needed, some analysis of the data helps to identify themes. This is a useful part of evaluation, enabling you and others to understand the findings.

- Quite often evaluation and advocacy - for understandable reasons - get mixed up. Evaluation will be more credible if you take a step back from the advocacy agenda and take care to stay impartial. Focus on learning through practice to do things better, as well as showing the benefits and impacts of the arts.

- An evidence review, even if not extensive, can contribute to an evaluation process. It will also help you to establish whether there is good enough evidence already available that you can draw upon, so that you don’t have to reinvent the wheel.

- The strongest projects that I have worked on in arts and health have used an iterative approach to evaluation, going round the cycle more than once. They also make good use of external evaluation. They don’t necessarily use an external evaluator every single time, but they do make sure that the learning from external evaluation is incorporated into ongoing internal evaluation processes.

How can arts & cultural organisations engage with academics? How accessible is quality academic research? Where can people find it?

In the past, academic research hasn’t always been widely accessible: it can be difficult to know where the most useful journals and databases are. Other barriers are costs of accessing some resources and the fact that journal papers might be written in a technical, scientific language. However, there have been improvements in all of these areas. Some useful resources are:

- Specialist journals such as Journal of Arts and Health and Journal of Applied Arts and Health specifically bring together evidence and research on arts and health.

- Databases such as the Cochrane Library which includes accessible summaries of research.

- Specialist arts and health databases such as London Arts in Health Forum and Arts & Health South West.

- National Alliance Arts, Health, Wellbeing evidence library.

What advice would you give on networking and building partnerships with others?

It’s really important to work in partnership where possible. There hasn’t always been a strong tradition of arts and health organisations or third sector organisations working in partnership with each other. Competitive funding can present barriers to working together and scaling up, leading to pockets of fragmented good practice which isn’t very visible.

Network organisations can really help with this, such as the National Alliance for Arts & Health and Arts & Health South West. Additionally, there are also special interest groups growing – for
example, the Royal Society for Public Health has recently launched a special interest group for arts and health. Its membership is open to anyone working in the arts and health field and is not restricted to medical professionals. Networks are useful for bringing people together to share knowledge and practice in relation to a common programme and it is helpful for commissioners to have a sector that is working together to develop the best strategies for delivering outcomes.

**Are there any final comments you would like to make?**

This is a really exciting time to be working in arts, health and wellbeing. There are lots of innovative, exciting projects as well as excellent practice, and the research base is steadily increasing. The area is now receiving attention from policy makers and service providers, hence we have initiatives to support cultural commissioning. Medical approaches aren’t, on their own, going to provide solutions to the range of issues that western societies currently face, such as the consequences of more people living longer and the growing number of people living with long term health conditions. Arts have a role to play in supporting physical and mental health as well as improving quality of life for people of all ages. It is really good to see that this is being recognised. Hopefully with a good programme of evidence we can continue to raise awareness of the significance and value of arts for health and wellbeing.