

Evaluation of 'Spreading the Word on Writing and Health'

report by Pamela Thorne

The overall aim of the 'Spreading the Word' project was to collect and disseminate examples of good practice in the field of writing for health, which would be used to 'make the case' for further funding. Towards this aim, a key objective was to develop firmer links with statutory and voluntary agencies which would be suitable contexts for this type of work. At the outset, tenders were chosen which had the potential for developing partnerships which could receive future funding.

The remit for the external evaluation was to co-ordinate the evaluation of the eight individual projects, discussing techniques in advance with the practitioners and the Project Manager, maintaining contact with them via the project's networking site and providing support by phone or email as required. A presentation based on the experience of this project, in the context of evaluation of arts for health, was delivered at the Training Day in June.

This final report assesses the success of the individual evaluations in achieving what they set out to achieve, and the extent to which this has contributed to the overall aims of the project, as outlined above. Ways in which effective evaluation might be simplified for wider use are discussed.

The individual evaluations

Given the fairly tight time frame of the project, it was not possible to explore beforehand the feasibility of using a common measure of outcome across all eight projects. Each of the project leaders had addressed evaluation to some extent in their proposals, and some were ready to begin. Although they shared the common aim of promoting writing for health, with the objectives of producing examples of good practice for dissemination, each project had its own specific aims and objectives according to the approach chosen and the target population.

Guidelines were posted on the networking site, with a simple framework for evaluation, which could be used by any of the projects to check that they had covered the essential points in their plans (Appendix 1). This was intended to encourage the project leaders to see the evaluation as an intrinsic part of the project, rather than a later 'add on', so that partner organizations and participants could be involved in the setting of aims from the outset. This process was discussed with each of the project leaders in a phone call before the start of their projects; appropriate ways of measuring success were also discussed. A second call was made to each leader as their project progressed.

Measurement of outcomes

The process of evaluation was more straightforward for some projects than for others. Most planned to record the hopes and expectations of the individual participants at the outset, and return to them after the final session. Two projects devised their own 'before' and 'after' questionnaires for this, though one appears not to have used it, possibly because of low levels of literacy amongst potential participants. Two other projects used pre-existing questionnaires: the Goal Attainment form from CORE (Clinical Outcomes for Routine Evaluation)¹, an evaluation system available to counsellors and therapists for use with clients, was used in the reflexive writing for counsellors group, and the Measure Yourself Concerns and Well-being (MYCAW)² was used by the general practice patients attending the 'Creativity for Confidence' group. The use of these two measures facilitated the production of simple statistics to support the anecdotal evidence of success.

In addition, two projects used pre-test and post-test measurement of particular parameters which they wished to target, using standardized self-report measures. The bereavement service workers' journaling group used the Professional Quality of Life Scale (ProQOL)³ to measure burn out and compassion fatigue, and a brief measure of well-being, the Warwick-Edinburgh Mental Well-being Scale (WEMWBS)⁴, was used with the community group of disadvantaged people with mental health problems. The use of these instruments was successful in part. The bereavement workers appear to have found the questionnaire acceptable, though results are reported only as 'positive changes'. The WEMWBS was started after the beginning of the sessions, so gave no pre-post change results, but was again found acceptable by the group members, who used it creatively to measure their well-being within the group compared to well-being in their outside lives. This particular project was fortunate in that its partner organization, a healthy living centre for disadvantaged people, routinely uses impact mapping, a system devised by the new economics foundation (nef) to assess the outcomes of projects; all the targets set for this pilot, including increase in confidence, were met very satisfactorily.

Two of the projects did not lend themselves to the quasi-experimental method of pre and post testing. Forms and questionnaires were not deemed appropriate for children in hospital or self-harming prisoners yet in each case anecdotal evidence, from participants and others involved in their care, made it clear that they had benefited from the intervention. This type of report treats the project as a 'case history' and has become an accepted means of evaluating small arts projects where specific outcomes and indicators of success are less easily identified from the outset.

All of the reports included informal qualitative information, the traditional way in which creative writing has been evaluated by practitioners. The individual comments of participants and host organizations undoubtedly add colour and interest and are invaluable in illustrating how effective the intervention has been. However, since most writing practitioners are unaccustomed to summarizing qualitative data, the resulting reports are often very long.

Impact on host organizations

The new working partnerships made in *Spreading the Word* were of particular importance, partly for the dissemination of good practice, but also because it was hoped that some of these

associations might lead to future funding of writing for health. The extent to which the host organizations participated in the planning and evaluation of the projects varied considerably. The two community organizations which incorporated the writing projects into their existing programmes were particularly interested and helpful, and one contributed its own evaluation report. Both of these partners are hoping to host further work. The prison was also very supportive with key staff involved throughout. As the facilitator of this group is writer in residence there, there is potential for continuing the work. The project partnered with a General Practice surprisingly had an initial problem with recruitment, and reports that more contact with the staff, and a sample workshop for them, might have been worthwhile if the project had allowed sufficient time for this. However, two other projects who had planned sessions for their partner organisations in order to involve them more closely, found that those hosts, the hospital school and the library, were not able to fit these into their own schedules. Support was given in other ways, the hospital head teacher, for example, presenting a report of the project at the Training Day which the facilitator was unable to attend.

Outputs

Several of the projects aimed to produce books or displays from the work produced in their groups and this was successfully achieved. Some project leaders are intending to publish reports of their projects individually.

Feedback from project facilitators

All the project leaders addressed the task of evaluation enthusiastically but it was indicated by some at the Training Day that more funded time would have been appreciated both for contact with the host organization, and for the evaluation report. Writing practitioners are not necessarily accustomed to analyzing or summarizing either qualitative or quantitative data. If evaluation of writing interventions is to become a routine practice, a simple and effective means of doing this without additional cost is needed.

The way forward

These small individual pilot studies have tested the feasibility of different writing groups in a range of settings, and the acceptability of different methods of evaluating the success of these, in terms of both personal goals and change on specific parameters where appropriate. Although for some participant groups practitioners expressed concerns that too much paperwork might discourage people from taking part, particularly if literacy levels were low, no one who did use a questionnaire has reported any difficulties experienced with it.

Recent major research studies, such as Invest to Save⁵ and Art-lift⁶ have demonstrated that arts projects can be evaluated using both qualitative and quantitative methodology. However, in the daily work of creative writing practitioners who must do their own evaluation, something much simpler is required. At the Training Day for *Spreading the Word*, those attending the evaluation session discussed whether there is a common parameter for change in all writing interventions, and if so, whether a suitable instrument could be found for measuring this. There was not a consensus that quantifiable data was necessary, one or two

people feeling that case histories were sufficient for arts activity. However, the MYCAW instrument, which was originally developed for the evaluation of complementary therapies with cancer patients, and used here in the general practice project, was thought to be promising.

MYCAW is a simple, person-centred instrument which yields both qualitative and quantitative data. It has a user friendly format which allows two individual concerns to be identified before the intervention, each of which is then rated on a 7-point scale. A rating of well-being is also made on a 7-point scale with happy and sad emoticons representing the ends of the scale for clarity. After the intervention each concern is rated again, as is well-being, giving a measure of change for each. Additional factors affecting health can also be recorded. A spreadsheet template is available on the internet and produces summary statistics when the data is entered. The developers of MYCAW have also provided guidelines for analysis of the qualitative data.

Much excellent work is done in the field of writing for health, but projects are often small, and evaluation methods diverse, making any comparison of results difficult. If writing practitioners were to adopt a standard method for evaluating their work, such as MYCAW which quantifies and summarizes change, the results of small projects could be collated for possible meta-analysis.

Recommendations:

- A pro forma for proposals would help to ensure that aims, objectives, indicators of success and means of measuring impact and outcome are clearly identified at the outset.
- A template for evaluation reports, such as Arts and Health South West's case history template could be adopted.
- The use of MYCAW and possibly WEMBWS should be explored further, with a view to encouraging routine evaluation of writing for health practice.

*Pamela Thorne
July, 2007*

References

1. *Clinical Outcomes in Routine Evaluation. CORE System User Manual.*
<http://www.coreims.co.uk/index.php> (accessed 29/7/09).
2. Paterson C, Thomas K, Manasse A, Cooke H (2008). MYCaW: an individualized questionnaire for evaluating complementary therapies in cancer support care. *Focus on Alternative and Complementary Therapies*, Vol.14.
<http://www.pharmpress.com/shop/journals.asp?a=1&cid=27> (accessed 29/7/09).

3. Hudnall Stamm B (1997). *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (Pro-QOL)*. <http://www.isu.edu/~bhstamm/> (accessed 29/7/09).
4. NHS Scotland, University of Warwick and University of Edinburgh (2006). *The Warwick-Edinburgh Mental Well-being Scale (WEMWBS)*. <http://www.healthscotland.com/documents/1467.aspx> (accessed 29/7/09).
5. *Invest to Save: Arts in Health Evaluation. Exploring the Impact of Creativity, Culture and the Arts on Health and Well being*. Manchester Metropolitan University, Arts Council England, North West and the Department of Health, Public Health Team, North West, 2007. <http://www.miriad.mmu.ac.uk/investtosave/reports> (accessed 29/7/09).
6. Daykin N, Pilkington P, McLean S, Owen H, Haldar T, Opher S (2007). *Evaluation of Art-Lift: A Partnership Arts and Health Project*. University of the West of England, Gloucestershire County Council, Arts Council England. <http://www.gloucestershire.gov.uk/index.cfm?articleid=18385> (accessed 29/7/09).

Guidelines for evaluating the pilot projects

Evaluation design

- Are the aims and objectives of the project clearly stated?
- How do these translate to desired outcomes for participants? For the organization?
- What would be indicators of success? (e.g. change in an individual's behaviour, feelings or skills)
- How will these be measured? (e.g. existing instruments; specially devised structured/semi-structured questionnaires)
- How will you assess the implementation process of the project? (e.g. how well did it go; barriers to implementation; good and bad aspects of the program)
- How will impact on the host organization be assessed?

Ethical considerations:

- Has ethical committee permission been sought if relevant (e.g health service and prison settings)?
- Have all participants given (signed) informed consent?
- Is participant privacy protected?

Data collection and analysis:

- How will data be analysed?
- Where relevant, has practitioner bias been avoided?
- Has anonymity been preserved?

A simple framework .

OVERALL AIM:

Specific Aims	Indicators of success	Data collection method for evaluation
<i>Process:</i> what you intend to do		
<i>Outcomes:</i> what you hope will change for participants		
<i>Impact:</i> How the project is received by the host organization by participants		