

# AN INTRODUCTION TO EVALUATION

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## **WHY EVALUATE?**

**To record, report, validate, reflect, improve, advocate, communicate, motivate, promote....TO LEARN**

What happened?

What did it mean to the people involved/to us?

How did our project do?

What did others think about it?

What could we or other stakeholders in the process do better/differently?

What aspects of our work or group experience should be shared?

## Tools and Methods of Evaluation

### PHASE 1 CREATION PHASE: SEPTEMBER 2010

- Documentation of the process with hospital staff (staff feedback questionnaires, postcard tasks)
- Monitoring information (participant numbers, attendance, meeting notes, planning)
- Minutes of planning meetings

### PHASE 2 DEVISING PHASE: OCTOBER – NOVEMBER 2010

- Collection of documentation and material from CPD sessions
- Planning meetings
- Semi-structured interviews of key stakeholders (recorded)

### PHASE 3 PERFORMANCE: NOVEMBER 2010

- Artistic product itself: reviews, post show discussions, critical feedback books
- Participant response through detailed semi structured interviews
- audience response through questionnaires, semi structured interviews and feedback books.
- Follow-up focus group discussions

### PHASE 4 SYMPOSIUM: 19 NOVEMBER

- Recording of the discussions
- Evaluator reflection of presentations
- Audience/ participant feedback on postcards
- All monitoring information

### PHASE 5: WRITING UP AND ANALYSIS OF ALL QUANTITATIVE AND QUALITATIVE DATA

- Evaluation meeting with all stakeholders, Dec.
- Reflexive analysis by external evaluator
- Interviews with key stakeholders and partners
- Monitoring information consolidated

# Evaluation Matrix Example

Appendix 1 GRID PLAN MILK.docx

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| Outcomes and Impact   | Evidence   | Analysis  |
|---|--|---|
| <b>For participants:</b>  |  |   |
| 25 parents and family members involved in making MILK.  | Session registers; attendance records.   | Figures drawn up/% analysis. Cost per head analysis.  |
| Enhanced sense of community amongst 25 parents through involvement in a collective creative endeavour.  | Questionnaires; interviews; case stories; regular review of artistic outcomes through the artistic process itself.   | Anonymised questionnaire and interview findings shared with participants and staff in group evaluation and reflected on. Some analysis with staff to compare arts process with other parental engagement activities. Evaluation lead seeks recurring themes and patterns in evidence. |
| Enhanced confidence amongst parents to communicate about their circumstances.   | Questionnaires; interviews; case stories; regular review of artistic outcomes through the artistic process itself.   | ditto   |
| Improved comfort, increased privacy and improved well-being amongst parents on ward and in lactating room.  | Questionnaires; interviews; case stories; regular review of artistic outcomes through the artistic process itself; evidence from NNU BLISS and UN family Friendly standards. | ditto   |
| <b>For Staff:</b>   |  |   |
| Matron and consultant involved in project evolution and some monitoring, and 1 senior nursing sister fully involved in project management and delivery. | Grant application drafting; meeting minutes; interviews; availability of staff to plan/deliver project.  | Analysis of staff time contributed to project. Reflection on evidence by core team in final evaluation day.   |
| Enhanced valuing of parents as partners in care by involving parents in a creative expression of the family experience of attendance at the NNU.        | Interviews with staff; personal stories; regular review of artistic outcomes through the artistic process itself; evidence of meeting BLISS & UN Family Friendly Standards   | Reflection on evidence by core team in final evaluation day.  |
| Professional development for 100 nurses in the arts as a means of engaging parents.   | Session registers; questionnaire; interviews with key staff.   | % and figures analysis and comparison with other professional development initiatives.  |
| <b>For NNU:</b>   |  |   |
| Enhanced communication between parents and medical staff both for those involved in the project itself, and through effective use of the                | Interviews; Questionnaires; session observations; Take up MILK activity figures; user evaluation.  | Evaluation lead seeks recurring themes and patterns in evidence. Analysis with core team in final evaluation day.   |

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## Examples of Past Evaluation Reports

[http://annaedgard.com/wp-content/uploads/forthebest\\_evaluation.pdf](http://annaedgard.com/wp-content/uploads/forthebest_evaluation.pdf)

[http://annaedgard.com/wp-content/uploads/report\\_final\\_online SP.pdf](http://annaedgard.com/wp-content/uploads/report_final_online_SP.pdf)

# BEYOND MEASURE AND STORY: EVALUATION, ENGAGEMENT & ART

Prof Lynn Froggett: Psychosocial research unit (PRU), University of Central Lancashire (UCLAN)

Anna Ledgard: Producer The Barometer of My Heart in association with Artsadmin

In collaboration with St George's Hospital, Tooting, Sir Ludwig Guttmann Health & Wellbeing Centre, FACT, Everton in the community, E20 cultural and community organisation.

**welcome**trust



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Mark Storer: The Barometer of My Heart

www.artsadmin.co.uk/projects/mark-storer-the-barometer-of-my-heart

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## Mark Storer: The Barometer of My Heart


*The Barometer of My Heart* is a participatory arts project offering a view of male identity that challenges dominant representations of potency and manhood.

40% of men over 40 will experience erectile dysfunction during their lives. Erectile dysfunction is an indicator of cardiovascular disease, coronary artery disease and stroke. It is also the unspoken root of anxiety, stress and depression.

Following creative workshops with men in religious, military, sports and corporate settings, and research with men attending erectile dysfunction clinics at a London hospital, Mark Storer has carved out a distinctive space for men to talk freely.

Inspired by these conversations and real experiences, intimate public performances (made in collaboration with an international company of artists and participants and in a unique location) will give powerful insights into the relationship between sexual and psychological potency, men's health and masculinity.

*The Barometer of My Heart* has been funded by Wellcome Trust and supported using public funding by the National Lottery through Arts Council England. It is produced by Anna Ledgard in association with Artsadmin.



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#### CASE STUDY

#### A new approach to evaluating art and engagement in an NHS setting

##### The Barometer of My Heart

Prof Lynn Froggett Psychosocial Research Unit (PRU),  
University of Central Lancashire (UCLAN),

Anna Ledgard Producer

Mark Storer Lead artist of The Barometer of My Heart in association with  
Artsadmin in collaboration with

Dr Leighton Seal consultant in endocrinology at St George's Hospital,  
Tooting; Sir Ludwig Guttmann Health & Wellbeing Centre;  
and FACT, Liverpool.

The Barometer of My Heart is a four-year project led by artist Mark Storer which has involved creative workshops with men in military, sports and corporate settings, and research with men attending erectile dysfunction clinics. Inspired by conversations with these men, the project will culminate in public performances of The Barometer of My Heart in Autumn 2015. Made in collaboration with an international company of artists and participants, The Barometer of My Heart will explore the rich diversity of male experience. Carnavalesque, primitive and tender still and moving image, music and animation, live performance and sound combine to create an intimate reimagining of masculinity today.

##### Evaluation methods

The project is using an evaluation method called the 'Visual Matrix' that is led by imagery and visualisation and can yield depth understanding of highly-sensitive material where experience is often unspoken or unspeakable. It will be used primarily with members of the public to achieve a subtle understanding of how they engage with the finished work; it will also be used with the artistic team in order to better articulate their artistic process as they transform the primary material collected by Storer from the consultations and other encounters related to this subject.

##### Key features of the process include the following:

- Participants engage aesthetically, emotionally, and imaginatively with the art in a group-based setting, using associative thinking rather than discussion.
- A facilitator ensures that the process is led by imagery, visualisation and affect and produces an emergent 'collage' of further images and ideas.
- Subjective responses to the material are voiced in a group setting, are culturally embedded and contribute to a shared outcome.
- Personal and social aspects of engagement are intertwined.





#### CASE STUDY

A new approach to evaluating art and engagement in an NHS setting (cont)

The Visual Matrix is a four-stage process:

- 1 / Stimulus material or direct experience of the artwork itself
- 2 / Visual Matrix; a facilitated associative group process led by imagery/affect
- 3 / Post-matrix participant-led discussion and image mapping
- 4 / Research panel interpretation.

The evaluation questions were:

- What has the artwork presented about men's health and wellbeing in general and erectile dysfunction specifically as a bio-medical and psychosocial condition?
- How did the artwork affect participants? From the visual matrix with the actors, how did the artistic process lead to this outcome?
- Why do the participants respond as they do? What does this tell us of the relationship between the artwork and the social context in which it is produced?

“

Evaluation for me is absolutely central to our process in everything we do. We have to be able to account for ourselves in ways which are understood within the context of the NHS. The collaboration with Lynn Froggett offers an opportunity to pioneer a theoretically grounded method of evaluation which is sensitive to emergent arts processes.”

*Anne Ledger, Producer*

Final performance:

<http://www.artadmin.co.uk/projects/mark-storor-the-barometer-of-my-heart>



# Key features of visual matrix process

- Group-based setting – participants engaged aesthetically, emotionally, imaginatively
- Artistic engagement *precedes* conceptual/discursive
- Led by association and visualisation to produce ‘collage’ of imagery and ideas
- Subjective experiences are culturally embedded and contribute to a shared outcome
- Psychosocial because personal and the social aspects of engagement are intertwined