

METHODOLOGICAL APPROACHES TO EVALUATING THE IMPACT OF COMMUNITY ARTS ON HEALTH

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ABSTRACT

There is increasing interest in examining the effects of arts programmes on health. However, despite evidence of best practice in arts programme delivery there has been little emphasis on evaluation, and the evaluations which have been conducted have often been methodologically limited. In this paper we outline a process for developing evaluation methodologies in arts and health which aims to reconcile the focus on evidence-based practice in health and the more emergent and experience-based nature of arts practice. In order to achieve this, the methodology went through several stages of development including; clarifying both the health funding agency's (VicHealth) and the arts organisations' outcomes and indicators of programme success, mapping the intersection between the programme's activities and desired outcomes, and developing a methodology in collaboration with the arts organisations and VicHealth.

We discuss the general philosophy underlying this approach and its applicability to the evaluation of Victorian Health Promotion Foundation (VicHealth) Community Arts Development Scheme (CADS).

INTRODUCTION

A recent focus on interventions addressing disparities in health by improving community well-being has led to increased interest in the relationship between community arts and health. Arts activities can be used to explore health issues and identify health needs within communities. Arts can also impact on some of the major determinants of health, including; the physical environment, education and skills, employment, community cohesion, social exclusion, and access to services (Arts Council England, 2006; Jermyn, 2001; South, 2004; Staricoff, 2006). Despite this there is a dearth of research and evaluation demonstrating the health impacts of community arts programmes.

Funding authorities for arts in health are increasingly demanding results indicating a measurable health gain from projects. This demand for evidence has been reflected in a number of recent reviews of the relationship between arts and health. There is some evidence that participation in arts projects has a positive impact on the mental health of participants through raising self-esteem, improving emotional literacy and reducing social isolation (South, 2004). In a review of the impact of the arts in reducing social exclusion evidence was found of positive impacts of the arts on individual well-being, education (particularly with at risk populations), health and well-being, creating social capital, and community development and urban regeneration (Jermyn, 2001).

The Centre for Arts and Humanities in Health and Medicine, Durham, England (2003) undertook a literature review of the arts and adult mental health. It considered a number of examples of best practice but concluded that the evidence-base for arts in mental health based on methodical project scrutiny is slim. Similarly they found few overviews of the field's contribution to the social exclusion debate. The review did, however, highlight that literature suggesting participation in leisure and social connections produces social inclusion and mental/ physical health benefits.

A review of the impact of community arts programmes on mental health and well-being was followed up by a review of the literature on community festivals and celebrations as a strategy to promote mental health and well-being through community and cultural development (McQueen-Thomson et al, 2004). The conclusion was that there is an emerging consensus among researchers that community arts programmes, celebrations and/or festivals can promote community cooperation, reduce the isolation of individuals and groups within community and promote economic and social development. The research in this field has a number of limitations, as it is overly anecdotal and based too heavily on the opinions of participants or organisers of the

community activities (McQueen-Thomson & Ziguras, 2002; McQueen Thomson et al, 2004). There is a need for this body of research to be supplemented by more rigorous and specifically targeted studies.

The literature on community-based arts on health provides limited support for the contribution of the arts to health. Although most studies are lacking in strong design, the few with strong designs support the benefits of arts in health. This absence of evaluation and weaker study design in the evaluations of arts programmes was a consistent theme in a number of reviews. Matarasso (1997) and the UK National Health Service (NHS) Health Development Agency (2000) both found that while there were many examples of good practice, actual evaluation was rare.

The NHS Health Development Agency (2000) conducted a review of good practice in community-based arts projects and initiatives which impact on health and well-being. It included arts projects with health, health promotion or community participation, capacity-building and regeneration objectives. Most of the projects surveyed in the United Kingdom carried out some form of evaluation, whether formal (46 per cent) or informal (54 per cent). Best practice case studies indicated that evaluation was rarely carried out formally as projects seldom had the money, time or inclination to do so. Evaluation according to health criteria was infrequent. Furthermore, there was a fear of evaluation, in that respondents felt it might be reductionist, and might set uncomfortable precedents in justifying art in terms of social usefulness. Inevitably, respondents also suspected that evaluation would be linked to funding.

A number of authors have also highlighted the clash of the focus on evidence based practice in health and the more emergent and experience based nature of arts practice (White 2006). A case study was used to describe the kind of arts in health project which seeks to enhance the social capital of its community and to show how difficult it is to measure the effects of this work using conventional measures of health improvement (Macnaughton et al, 2005).

The quality of evaluation in community-based arts projects could be improved through a systematic approach to evaluation, better measurement of outcomes and the use of appropriate research methods in keeping with the ethos of projects (Hamilton et al, 2003; South, 2004). A study on the value of evaluation for arts in health including both quantitative and qualitative methods concluded that the value of evaluating the effect of the arts in health care resides in providing, in designing, implementation and funding, the knowledge of *what*, *when* and *how* to introduce different artforms to achieve the most effective results, benefiting patients, for enhancing the quality of health care services and for improving working conditions and job satisfaction (Staricoff, 2006)

Limitations to existing evaluations have been found to include; a reliance on anecdote, small sample size, little attention to mechanisms and focus on organisers, limited hypothesis testing and a lack of attention to longitudinal dimensions (McQueen-Thomson and Ziguras, 2002). Arts organisations themselves have criticised evaluations as being ‘done to them’ and have considered evaluators not having health promotion as their core business. In order to address these criticisms and add to the literature, the evaluation should be theoretically based, multilevel using a combination of qualitative and quantitative methods, have longitudinal components, and crucially, allow participants a voice.

It has been argued that in designing and implementing an evaluation, researchers need to understand the processes through which community-based arts in health projects evolve, how they work holistically in their attempt to produce therapeutic and social benefits for both individuals and communities, as well as to connect with a cultural base in health services (White (2006). In this paper we describe how these principles were incorporated in the development of a methodology to evaluate the Victorian Health Promotion Foundation (VicHealth) Community Arts Development Scheme (CADS). The arts organisations involved were: Somebody’s Daughter which conducts arts and theatre programmes with women in prisons and socially excluded youth, The Torch Project (Torch) which conducts theatre projects with local communities with a particular focus on work with Indigenous people, and the Women’s Circus which aims to help women, particularly those who have experienced sexual or physical abuse, to reconnect with their body through circus. The evaluation team consists of researchers from The University of Melbourne, the Victorian College of the Arts and the Brotherhood of St Laurence.

OVERVIEW OF THE EVALUATION

All evaluations are different and the most appropriate methods in an arts and health evaluation will vary depending on the arts organisations involved and the nature of their work. In this section we discuss a generic approach for the development of evaluation methodologies in arts and health taking into account the goals and expectations of the stakeholders involved. In subsequent sections we outline the specific application of this approach in the CADS evaluation.

Unlike many programme evaluations, this project is not conceived of as an accountability mechanism, but as a way to coordinate communication and enhance understanding between participating organisations, to ensure constructive lessons are learned from the shared experience of CADS, and to improve the evidence available to explain how these schemes work. While the evaluation team secures the validity of the research component by maintaining an

appropriate critical distance, stakeholders contribute to the outcomes through a responsive methodology which respects the experiential nature of the important evidence.

The purpose of the evaluation is to assist the three arts organisations in the planning of projects in ways in which their mental health promotion objectives are made explicit and opportunities to promote mental health and well-being at the individual, organisational and community levels are maximised. Furthermore, this research aims to evaluate the mental health impacts of the projects at the individual and community levels, providing an improved evidence base for the impact of participation in community arts activity and mental health and well-being at these levels.

The scope of the evaluation is limited to the aims of the CADS programme although it recognises arts programmes may have benefits, which are not reflected in these aims, and may have benefits well beyond those specified by the CADS program. The evaluation considers whether the CADS aims were achieved and how the aims and achievements varied between organisations, as well as how the organisations might continue to improve their capacity to deliver the best possible mental health and well-being outcomes. To know how to improve a project it is necessary to know about its implementation as well as whether its overall aims were achieved or not. Accordingly it is necessary to consider a third domain concerning what insights can be gained as to why these aims were or were not realised. This will involve not only determining whether the intermediate steps along the pathway to the achievement of the aims were realised; but also to identify the barriers and success factors relevant to the achievement of these intermediate steps.

There is strong support in both the theoretical and applied evaluation literature for the clarification of a project's 'theory of action' (Funnell 2000). The underlying thinking here is that there are a number of steps or stages in the implementation of all complex human services programs if final aims are to be achieved. Pinpointing which intermediate step or stage did, or did not, occur and the reasons (barriers and success factors) for this, provide helpful insight into where improvements to the programme need to occur or where programme modifications are required to meet the needs of particular communities.

It is frequently useful to map the intermediate steps of a programme towards the development of indicators accenting the more important of these intermediate steps. This allows for relevant data to be collected and conclusions drawn as the achievement or not of particular intermediate steps. This also encourages further questions concerning the barriers and facilitating factors relating to these intermediate steps, generating qualitative data (programme information) and insight as to why the intermediate steps were or were not achieved.

Developing a shared theory of action is a major challenge in relation to the CADS programme. VicHealth has a well-defined theory of how the CADS project serves to improve short term, intermediate and long term factors contributing to well-being. However, VicHealth funding through CADS is not intended to impose a mental health focus or arts as therapy orientation on the funded organisations. Consequently, each arts organisation has its own theory of action which may or may not correspond to that defined by VicHealth. Describing what the arts organisations do and why, is a crucial first step to understanding how the different theories of action converge with particular emphasis on understanding the relationship between the measurable effects of participation in arts projects and the goals specified by VicHealth and the arts organisations. Capturing this convergence is at the heart of our approach, which in turn allows us to observe the extent to which actual convergence takes place, ways it may be better achieved, and the positive and possible negative effects of seeking these outcomes. This final result depends in part on describing the wider domain of purposes and values expressed by all stakeholders, so that the explicit goals of CADS funding can be located within the context of practice.

In order to achieve this, the methodology went through several stages of development including;

1. Clarification of VicHealth's outcomes and indicators of programme success
2. Clarification of arts organisations' outcomes and indicators of programme success
3. Mapping the intersection between programmes activities and desired outcomes
4. Development of methodology in collaboration with arts organisations and VicHealth
5. Implementation .

In this paper we will focus on stages 1-4.

1 CLARIFICATION OF VICHEALTH'S OUTCOMES AND INDICATORS OF PROGRAMME SUCCESS

The aim of CADS is to improve the capacity of the funded organisations to plan and implement their activities in ways that improve mental health and well-being through:

- Maximising and consolidating the opportunity for arts participation in group activity for people experiencing disadvantage due to geographic or socio-economic circumstances
- Increasing the capacity and effectiveness of successful arts organisations to develop models that are transferable to other communities and organisations

- Developing high quality work that engages the community in civic dialogue
- Facilitating partnerships across sectors to promote health
- Increasing awareness of issues pertinent to mental health and well-being
- Increasing the evidence base for mental health promotion through the arts

Preliminary discussions suggested that the evaluation focus primarily on intermediate outcomes, particularly those which could reasonably be achieved within the time frame of the evaluation (three years) and were within the control of the arts programme. For example, while it might be expected that the impact of arts programmes on self-esteem might be relatively rapid, other outcomes like better access to employment and education might take longer to materialise and would depend on factors such as the labour market outside the control of the arts organisations. It was therefore decided that the evaluative effort directed at each outcome should match the level of programme activity directed at that outcome. In order to do this it was important to define what the arts organisations actually did and how this related to particular health and well-being outcomes.

2 CLARIFICATION OF ARTS ORGANISATIONS OUTCOMES AND INDICATORS OF PROGRAMME SUCCESS

The next step in developing the evaluation methodology was to develop programme logics for each project. The programme logics were developed from ‘the ground up’ without imposing any expectations about how the arts programmes should be working. Programme logic was mapped through discussion with arts groups and document review. This was crucial to developing programme logic, which matched the reality of programme activity, rather than simply reflecting funder expectations. The programme logics were then fed back to the arts organisations for further clarification and, to ensure the evaluators and organisations had developed a shared understanding of programme activities. Table 1 offers an example of the programme logic for HighWater theatre developed by Somebody’s Daughter. The programme is creatively led and integrates a drama programme with education and welfare components. The drama component is conducted by Somebody’s Daughter while a teacher and welfare worker attend to the educational and welfare components respectively. The full time weekly programme consists of one-to-one educational tutoring for all participants and workshops in drama, art and music. The programme develops a new performance work every two years and embarks on a statewide tour of this work every alternate year.

TABLE 1. PROGRAM LOGIC – HIGHWATER THEATRE

Project phases	Outcomes	Success criteria
Young people referred to the programme	Young people selected	
Participants begin drama classes	Participants attend Participants build new networks Participants have new range of experiences Participants develop performance skills Participants develop skills for working with others	Participants engaged with the project Progress towards basic psychological needs for self-determination: -Competence -Relatedness -Autonomy
How theme identified	Young peoples' voices represented	Supportive relationships developed Acceptance of products as representative of the young peoples' voice
Writing phase/art production	Young peoples' views incorporated in performance development	Acceptance of products as representative of young peoples' voice Acceptability to performers
Performance	Attend performance	<i>Performers</i> Levels of attendance Positive community recognition Develop self-esteem, self-efficacy and self-determination Develop skills to use time in a positive way Development of an awareness of social issues and perspectives of others in their communities Build new relationships/increased access to supportive relationships
	Attend performance	<i>Audience</i>

		<p>Levels of attendance Audience composition Acknowledgement of community achievements Development of an awareness of social issues and perspectives of others in their communities Build new relationships/increased access to supportive relationships</p>
Tour with performances	<p>Participants attend Participants build new networks Participants have new range of experiences Participants develop skills for working with others</p>	<p>Progress towards basic psychological needs for self-determination: -Competence -Relatedness -Autonomy</p>
Participants attend education programme	<p>Improved educational performance Improved school attendance</p>	<p>Educational outcomes improved Enhanced ability to engage with opportunities</p>
Participants work with welfare workers	Improved access to services	<p>Improved health outcomes Improved educational outcomes</p>
	Attend performance	<p><i>Audience</i> Levels of attendance Audience composition Acknowledgement of community achievements Development of an awareness of social issues and perspectives of others in their communities Build new relationships/increased access to supportive relationships</p>

Tour with performances	Participants attend Participants build new networks Participants have new range of experiences Participants develop skills for working with others	Progress towards basic psychological needs for self determination: - Competence -Relatedness -Autonomy
Participants attend education program	Improved educational performance Improved school attendance	Educational outcomes improved Enhanced ability to engage with opportunities
Participants work with welfare workers	Improved access to services	Improved health outcomes Improved educational outcomes

3 MAPPING THE INTERSECTION BETWEEN PROGRAMME ACTIVITIES AND DESIRED OUTCOMES

In order to determine whether the CADS aims were achieved and how the aims and achievements varied between organisations it is necessary to develop a link between CADS aims, and the aims of each of the projects. There are two approaches which could be taken to this problem; one would be to evaluate each organisation in terms of its own aims and then try to draw general conclusions about the CADS program; the second would be to take the CADS aims as the basis for developing a central framework of evaluation questions which could then be modified for each organisation.

The advantages and disadvantages of each approach depend on the extent to which the overall aims of CADS and of the organisations are compatible. If the aims of the organisations are not directly compatible with CADS, an individualised approach is most appropriate. If a high level of compatibility exists between the aims of CADS and the organisations, then a more centralised approach would be preferable.

In general, there was a reasonably high level of agreement between the aims of the different components. In particular all three arts organisations strive for social action and change through their work. They also have a commitment to community and the belief that the arts are a powerful tool for political expression. The one CADS aim not reflected in the aims of any of the projects is: 'increasing the evidence base for mental health promotion through the arts'. The collaborative

nature of the evaluation project means that we need not cast this as a problem to be solved, but an opportunity for development.

Although the aims of the overall CADS programme and the arts organisations are compatible, there are slight differences in their focus. The arts organisations' aims focus on delivering particular outcomes while the CADS aims focus on improving the capacity of the arts organisations to deliver particular outcomes. It is therefore important that we assess not only whether the projects have achieved particular aims, but also whether CADS contributed to this.

4 DEVELOPING THE METHODOLOGY

The first three steps helped define what was to be evaluated. The fourth step was crucial to defining how the programmes were to be evaluated. The development of the methodology for this evaluation aimed to address criticisms of earlier evaluations (McQueen-Thomson & Ziguras 2002). Care was taken to strike a balance between testing theories about the mechanism through which art might influence health, having sufficient flexibility to allow data about other possible mechanisms to emerge, and being inclusive of arts organisations.

The evaluation was interested in examining impacts on the whole range of people who are involved in or affected by the arts programme as defined by VicHealth outcomes. These multiple targets included; core participants of the arts organisations, key members involved in the operation side of the organisations, and the broader community captured in audience members and community organisations who work closely with the arts groups. This paper focuses on the core participants.

The evaluation measures for participants included demographic information, exposure to and experience of arts programmes, as well as criteria subscribing to Self-determination theory (SDT) – Supportive environment, Self-determination theory (SDT) – Basic Psychological needs scale and Most significant change (MSC).

SELF-DETERMINATION THEORY

Self-determination theory (SDT) ([Ryan & Deci 2000](#)) posits three basic psychological needs—autonomy, competence, and relatedness—and theorises that fulfilment of these needs is essential for psychological growth (e.g. intrinsic motivation), integrity (e.g. internalisation and assimilation of cultural practices), and well-being (e.g. life satisfaction and psychological health),

as well as the experiences of vitality ([Ryan & Frederick 1997](#)) and self-congruence ([Sheldon & Elliot 1999](#)). These three dimensions matched well with the arts organisations' perceptions of what they were influencing with their programmes and VicHealth outcomes.

SDT is an empirically developed theory and a number of associated questionnaires have been developed. This is particularly valuable for the evaluation because the three basic psychological needs (autonomy, competence and relatedness) outlined by SDT map onto VicHealth intermediate outcomes and arts organisations perceptions of what their interventions targeted (self-determination, self-efficacy and sense of belonging respectively). Two of these questionnaires are particularly relevant to CADS: assessing whether environments support autonomy (Black & Deci 2000; Williams et al, 1996; Williams et al, 1999; Kasser & Ryan, 1999; Williams et al, 1998; Williams et al, 1998) and satisfaction with basic psychological needs (Deci & Ryan, 2000; La Guardia et al, 2000; Ilardi et al, 1993; Kasser et al, 1992). Questionnaires based on these were developed in consultation with each of the three arts organisations. Some modifications were necessary because of variation in the participant groups. For example, questions about control over activities were not considered appropriate for women in prison. Language and literacy were also an issue for some participants.

The experience of participants will be tracked over time in order to assess the impact of the CADS programmes, involving an assessment at the beginning and at the end of the project cycle using pre-post questionnaires. In some cases core participants will be naïve; in others they will have participated in several previous project cycles. These differences in length of experience will be taken into account in the analysis. Relatively low numbers of core participants may limit the ability of quantitative methods to detect the impact of these programmes. The length of the evaluation does provide an opportunity for on-going evaluation of participants after their formal engagement. The use of MSC techniques in particular allows for further cycles of story-telling (perhaps at three-monthly marks), in order to trace the emerging meanings and impacts of these engagements. While the small sample sizes may not deliver highly significant statistical data, the combination of this data with contextualising qualitative information will reveal a lot about how the experience becomes integrated with a person's life experience both during and after their actual involvement with the programme.

MOST SIGNIFICANT CHANGE METHOD (MSC)

MSC is a narrative method which has been included in the evaluation to complement the more prescriptive quantitative methods. MSC differs from other qualitative methods because exemplar stories are selected by people within the organisations themselves rather than by researchers.

This assists in improving the transparency of data analysis and may assist in making implicit values of the organisation explicit. By transferring work usually done by researchers to arts organisations enables the arts organisations a greater level of control than afforded by other methods.

MSC involves four stages whereby domains (of change) are developed to provide a framework for story collection. These relate to the aims of CADS and/or the projects. In addition, MSC will add to emerging research on creativity indicators (McCarthy, 2004).

Once domains are defined, story collection commences. Each story ideally includes information relating to the role of the person who collected the story in the project, when the events occurred leading up to the story, what happened and why this story is important to the storyteller.

A panel is identified by the organisation being evaluated. The group selects the stories they think are the *most significant* in relation to the aims of their project. Their choices and reasons for selection are fed back to participants who then make their own selections of most significant stories. Discussing the importance of people's stories in relation to programme goals helps to clarify the objectives of the project while at the same time signalling when projects and processes need modification in order to fine-tune the project focus.

Periodically (for example every three months) selected stories along with reasons for selection are passed on to the evaluation team. This information is then synthesised and fed back to participants.

All methodologies require 'buy in' from participants however, this is particularly the case with MSC due to the involvement of participants in the process. In order to ensure participating organisations understood what MSC entailed the evaluation team for this project conducted a workshop. The first part of the workshop covered the evaluation methodology, explaining how MSC added to the existing methods and what would be entailed in implementing the methodology. This was followed by a discussion of potential domains using programme logic and mapping exercises towards their development. The arts organisations expressed a desire to define the domains in the workshop context. The final set of domains included:

- Belonging and Identity;
- Personal development and change;
 - Transitions and stepping stones;
 - Confidence and participation;
 - Skills acquisition and creation of arts;
 - Inclusion working with others and life skills;

- Reflection and self awareness;
- Self-determination and self-selection;
- Social development and change;
 - Policy change and attitude change;
 - Increasing community capacity;
 - Leadership growth and mentoring;
 - Political awareness and facing issues;
 - Education;
- Organisational Development;
 - Organisational development;
 - Vision;
 - Barriers to development;
- Art and culture;
 - Arts quality and story telling ;
 - Generosity;
 - Meaningfulness;
 - Why community arts?
 - Role of disadvantaged groups.

The selected domains mapped well to both VicHealth outcomes and the areas of interest suggested by the mapping exercise. The convergence of information from these three sources provides de-facto validations for the results.

The MSC method has been tailored to meet the needs of the CADS programmes. To date the method has focused on small groups (four to six people) in which everyone tells a story and one is selected. The stories are usually written down in a short form by the story-teller, but where literacy is an issue another group member may act as a scribe, or the participant may draw a picture and speak to it, with someone else recording what they say about the picture. The selected stories are then discussed by the larger group and further notes taken of participant responses to the stories. The stories collected are passed on to a panel including researchers, participant representatives and group leaders for further comment and placement in domains. This evolution of the technique reflects the needs of the arts organisations and the utility of group discussion of stories as a form of programme de-briefing.

CONCLUDING REMARKS

The evaluation methodology has been informed by a number of different bodies of knowledge including:

- Current issues and debates in community arts practice
- Historical context of the relationship between community arts, community cultural development and public health promotions
- Principles of cooperation and collaboration
- Theories of participation and self-determination
- Theories of art-making, creativity and imagination
- Relationships between art and well-being, social inclusion and empowerment.

Two fundamental insights inform the philosophy behind this methodology. First, we are working from a convergence between the purposes of the various organisations involved. There is a degree of artificiality in any mapping exercise, but it is nevertheless clear that the goals of VicHealth's funding, expressed principally in terms of the intermediate outcomes, converge with the express purposes of the funded organisations. Naturally, these purposes are not expressed in the same terms, but evaluation relies only on the realisation that the goal explicitly sought by one party can be a property of a goal sought by the other, and so occur harmoniously. Secondly, despite differences in audience, target groups, and working methods, the three organisations being evaluated share fundamental outlooks about the social, personal and political purposes of their work, the values they are seeking to realise, and the value of involvement in artistic work as a basic human good. As a result the methodology begins from the view that it is possible to develop the research instruments around a shared core of goals, values and expected outcomes. Our expectation, operating to some degree as an hypothesis, is that there will be a reliable set of data and resultant insights to be gathered across and shared by the participating organisations, and therefore of value to other practitioners in the future. This said, the methodology is designed to be highly responsive, collaborative, and to operate through multiple cycles with fully symmetrical communication processes, so that the methods used and the data gathered will reflect the true diversity of the experiences of all stakeholders, capture relevant commonalities and differences, and enable all concerned to learn from unexpected results not captured by the preliminary information which has informed our assumptions to this point. At this stage the methodology has been implemented and is working well from the perspective of all parties however, ultimately the usefulness and insightfulness of this approach will not be fully apparent until the evaluation is complete.

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