AESOP 1
A framework for developing and researching arts in health programmes
Why do we need this Framework?

This Framework creates a link between arts activity and health research.

Arts in health research can be confusing and misunderstood by those working in the arts and in health, artists, reviewers, researchers and funders. For reviewers of research proposals, it is neither fish nor fowl, falling between the humanities and sciences and using methodologies that may be unfamiliar and queried by at least half the reviewers. Funders need to know what good methodology should look like in the field but have no reference point. Equally artists do not necessarily understand what is required in order to develop robust, publishable research findings and existing researchers in the field simply want to ensure that their proposals are understood, have validity and get funding.

Without a common methodological framework in which all parties have confidence, arts in health research will continue to languish at the fringes of health research. The arts may have the potential to play a particular role in the prevention and management of long term conditions, currently the subject of much greater focus, and it would be disappointing for the arts not to be able to contribute to this agenda or other health agendas for lack of a common methodological framework, understood and respected by all.

This framework takes you through the various steps in a developing an arts intervention in health and associated research study, and invites you to score your intended project.

This framework is an initiative of Tim Joss, Director of the Rayne Foundation. Its development has been led by Daisy Fancourt, research associate at the Centre for Performance Science, Royal College of Music, and Performing Arts Officer at Chelsea & Westminster Health Charity. The process has involved an initial seminar, a task and finish group and a review panel.
Diagrammatic Overview of the Framework

The Framework is designed to open up space for reflection, to spark understanding and collaboration, and can be used as a tool to do this at the outset, between any of the steps of development, or on completion of a cycle.
Key Reference Points

The Framework is based around several key methodological guidelines. The overall concept and the main stages in this framework come from the Medical Research Council (MRC)'s ‘Developing and evaluating complex interventions – new guidelines’ (2008). The guidelines recognise ‘the difficulty of standardising the design and delivery of the interventions, [the need for] sensitivity to features of the local context, the organisational and logistical difficulty of applying experimental methods to service or policy change, and the length and complexity of the causal chains linking intervention with outcome.’ Furthermore, the MRC guidance recognises the need to help research funders to ‘understand the constraints on evaluation design and recognise appropriate methodological choices’. (p.6) Consequently, they are a good starting point for a framework involving health research and the arts because the arts tend to trigger multi-layered outcomes.

A second key part of this framework is the Participatory Action Research method. This follows very similar paths to the MRC guidance but also incorporates the concept of ‘reflection’ (denoted by the ‘R’ arrows in the diagram), whereby researchers can take stock of the research and make alterations or amendments to the research design at important stages in the process. This echoes the importance of reflective practice in the social sciences, arts and humanities, and increasingly in research carried out by health professionals.

A number of other frameworks including the NESTA Standards of Evidence for Impact Investing have been consulted. Methodologies including ethnography, grounded theory, phenomenology and discourse analysis have been synthesised, some of which are discussed in the relevant sections of the Framework. And an effort has been made to represent paradigms including post-positivism, social constructivism, advocacy and participatory views, and pragmatism, all of which are felt to be important to arts and health research.

Current Structure

Overall the framework is split into four colour-coded sections:

1) Turquoise denotes the arts intervention itself, whether it is being developed or implemented.
2) Blue denotes the development and design of the research study. Some studies may carry out both the turquoise and blue sections before applying for funding, meaning that the framework can be used by funders to get a comprehensive idea of what the study is going to involve.
3) Lilac denotes the running of the research study.
4) Purple denotes the analysis and dissemination of findings. Following this, it is hoped that studies will result in the implementation of arts projects in healthcare and/or that, based on findings, future studies will then be designed and carried out.

Each stage in the process involves a number of categories on a scale of 1 to 5. Importantly, this should not be taken to mean that all studies are aiming to achieve a ‘5’, nor that they are underperforming if they only achieve a ‘1’. Indeed, it may not be appropriate or the intention for studies to attain the higher levels, and may not be of relevance to the parties involved or funders. Rather, this scale sets out a possible trajectory for the research related to projects in development and allows them to situate both research studies and arts interventions within a wider context and choose their development paths with an awareness of methods available to strengthen their research and their evidence base.

Guidelines for how to use the framework are given throughout.
## Contents of the framework

1. Developing an arts intervention
   - a. Type of art
   - b. Target group
   - c. Description of intervention
   - d. Piloting and feasibility

Reflection

2. Developing a research study
   - a. Identify the research problem
   - b. Identify the evidence base
   - c. Develop the theory
   - d. Model the anticipated results
     - i. Health and wellbeing outcomes
     - ii. Social outcomes
     - iii. Financial outcomes
     - iv. Artistic outcomes

Reflection

3. Designing a research study
   - a. Design
   - b. Techniques
     - i. Qualitative
     - ii. Quantitative
   - c. Cost-effectiveness
   - d. The study team
   - e. Process evaluation
   - f. Patient and public involvement

Reflection

4. Running the research study

Reflection

5. Reporting the research study
   - i. Health and wellbeing outcomes
   - ii. Social outcomes
   - iii. Financial outcomes
   - iv. Artistic outcomes

Reflection

6. Implementation
   - a. Attribution of impact
   - b. Dissemination
   - c. Result
1. Developing an arts intervention

a) Type of art

Tick appropriate category/categories:

- Design/environment
- Visual art, photography or sculpture
- Sound or music
- Theatre
- Literature
- Digital or electronic
- Other

Is the intervention:

- Static
- Live performance
- Participatory

b) Target group

Health condition(s) involved: __________________________________________________________

Number of participants anticipated: ____________________________________________

Organisations involved (both arts and health): ____________________________________________

____________________________________________________________________________________

c) Description of the intervention

Please provide a short description of the arts intervention:
The AESOP 1 Framework for developing and researching arts in health programmes

d) Piloting and feasibility

Many organisations (including the NHS) and funding bodies require or suggest some sort of consultation to be carried out before an arts intervention is conducted. In some cases this might be a relatively simple consultation process. In other instances, it might be a full pilot of the project involving evaluation.

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<tr>
<td>Feasibility of the arts intervention itself is being/has been assessed based on expert opinion and information from previous studies.</td>
<td>The arts intervention is being devised in response to patient/public need. A basic informal consultation is being/has been carried out, involving one or more of the following: service users, staff, health organisations, arts organisations.</td>
<td>A formal consultation process into the need for the arts intervention is being/has been carried out e.g. involving an identification of healthcare priorities, research into the psychological/physical needs and experience of service users, an assessment of the needs and views of staff/service users, and a review of similar arts interventions in arts/health settings is undertaken.</td>
<td>In addition to the full formal consultation process, a pilot session(s) of the arts intervention is being/has been undertaken to assess logistics, costings, group sizes and to gain some basic feedback. OR The arts intervention is already running successfully.</td>
<td>A full pilot project with preliminary evaluation or previous small research project assessing the intervention is being/has been undertaken to assess fully the strengths and inner workings of the project.</td>
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Notes…

...and highlight the number in the top bar, then go on to justify their selection or add further detail in the ‘notes’ row
The AESOP 1 Framework for developing and researching arts in health programmes

2. Developing a research study

a) Identify the research problem

This allows studies to outline the key question that will be addressed by the research and explain why the research is being undertaken.

Please provide a short summary of the problem that this research study aims to address:


b) Identify the evidence base

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<th>More comprehensive</th>
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<tr>
<td>Ideas for the research project have been formed based on apparent need and expert opinion.</td>
<td>Research in this area may not have been carried out before or may not be suitable. So instead, a review of some similar research projects has been undertaken or a detailed explanation of rationale is provided.</td>
<td>A review of some relevant previous studies selected by the researchers has been undertaken to show how research in this area has been of benefit before, and a potential gap or research question has been identified for this study.</td>
<td>A systematic review has been undertaken and detailed conclusions formed about the current evidence base. The research study proposed then forms the next logical step in developing this evidence base.</td>
<td>A systematic review has been conducted and a meta-analysis of results is undertaken. NB this may not be appropriate for some studies.</td>
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**The AESOP 1 Framework for developing and researching arts in health programmes**

### c) Develop the theory

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<tr>
<td>No use of theory.</td>
<td>Some use of theoretical underpinnings but no application</td>
<td>Reference to theoretical underpinnings leading to their application in selected parts of the research study</td>
<td>A clear theoretical grounding leading to detailed application of theory within the research study</td>
<td>A clear theoretical grounding which is used as a springboard for the exploration and development of a new theory</td>
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**Notes...**

### d) Model the anticipated results

**Health and wellbeing outcomes**

**Depth/length**

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<td>The study will examine wellbeing in a broad way looking for general rather than specific trends within no consideration for how long effects last.</td>
<td>The study will look at the concept of wellbeing in more specific terms, perhaps through multiple techniques (e.g. observation or scales).</td>
<td>The study will focus on a specific component of health and wellbeing through multiple tests possibly including a quantitative measurement (e.g. a sample or scan) and may consider how long effects will last.</td>
<td>The study will look at multiple health markers or look in great detail at one health marker and length of alteration will be considered.</td>
<td>The study will look comprehensively at the health and wellbeing of participants, assessing multiple health markers through a wide variety of methods. The study will also examine whether changes are long-lasting.</td>
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**Notes...**

**Breadth/reach**

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<td>The study is anticipated to find some impacts for the core group of target participants. However, it is unknown how the majority will react to the intervention.</td>
<td>The study is anticipated to find clear impacts for the majority of target participants, perhaps with some benefits for other people involved (e.g. artists or healthcare workers).</td>
<td>The study is anticipated to find significant impacts for multiple sets of individuals (including target participants, healthcare workers and artists), making a distinct difference to their experience/care.</td>
<td>The study is anticipated to find impacts extending to collective groups perhaps beyond those actually involved in the arts intervention (e.g. families, carers, arts organisations and healthcare settings.)</td>
<td>The study is anticipated to find impacts extending to communities, reaching large numbers of people as a result of the project (e.g. the wider health system, arts system and with possible policy implications.)</td>
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**Notes...**

**Notes...**

**Study can predict the outcomes they are hoping to see – their hypotheses.**
## The AESOP 1 Framework for developing and researching arts in health programmes

### Social outcomes

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<td>The study will examine social impacts in a broad way looking for general rather than specific trends with no consideration for how long effects last.</td>
<td>The study will examine social impacts in more detail using more specific categories and terms.</td>
<td>The study will examine one or more specific social impact with indications this could have effects extending beyond the end of the project.</td>
<td>The study will look at multiple markers of social impact with consideration for how long alteration could last.</td>
<td>The study will look comprehensively at social impact through a wide variety of methods. The study will also examine whether effects are long-lasting.</td>
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**Notes…**

### Breadth/reach

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<tr>
<td>The study is anticipated to find some social impacts for the core group of target participants. However, it is unknown how the majority will react to the intervention.</td>
<td>The study is anticipated to find clear social impacts for target participants. Some impacts are anticipated for other people involved (e.g. artists/health workers).</td>
<td>The study is anticipated to find significant impacts for multiple sets of individuals (including target participants, healthcare workers and artists) making a distinct difference to their experience/care.</td>
<td>The study is anticipated to find social impacts extending to collective groups (e.g. families, carers, arts organisations and healthcare settings.)</td>
<td>The study is anticipated to find social impacts extending to communities, reaching large numbers of people as a result of the project (e.g. the wider health system, arts system and with policy implications.)</td>
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**Notes…**

### Financial outcomes

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<td>The study will not consider financial outcomes.</td>
<td>The study will catalogue the resources needed to run the intervention and outline the business model, but will not consider the impact of this on the wider health service.</td>
<td>The study will look at the financial impact of the project for the health service, focusing on immediate or short-term effects only.</td>
<td>The study will look at the long-term financial impact of the project for the health service.</td>
<td>The study will look at the financial impact of the project for the health service and other outside areas, such as local authorities or welfare.</td>
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**Notes…**
Artistic outcomes refer to the range of effects that an arts intervention might have on the creativity or skills of the target participants, as well as the effects the arts intervention might have on the artists themselves.

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<th>Artistic outcomes</th>
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| The research study will not examine artistic outcomes, or artistic outcomes are not applicable. | Participants are anticipated to enjoy the artistic process or learn basic artistic skills, but learning and artistic development will not be a major part of the project. | Participants are anticipated to expand their knowledge or experience of an artform with possible impacts on the artists/arts leaders involved too. | Participants are anticipated to demonstrate significant individual progress as a result of the arts intervention and artists/arts leaders are anticipated to develop their own perception or involvement with the artform. | Participants are anticipated to learn the artistic skills necessary to lead their own projects in the future and arts leaders are anticipated to expand their way of working with the artform. | Notes...

Notes...
### 3. Design of the research study

#### a) Design

Gives an indication of whether results can be generalised to other populations and how reliable this generalisation would be.

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<td>Pre-experimental design – a study that assesses an individual or</td>
<td>Pre-experimental design – a study that compares participants before and after the project, but does not include controls. OR A project that includes a control but only takes measurements at the project end. OR The effect of the project on a single group is being studied longitudinally.</td>
<td>Quasi-experimental design – involves pre- and post-testing and includes a control group but will generally not be randomised nor involve follow-up.</td>
<td>True experimental design – the study will be controlled and randomised.</td>
<td>True experimental study including some additional element such as blinding, a comparison activity, a comparison to a medical intervention or some form of follow-up after the intervention finishes.</td>
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#### b) Techniques

### Qualitative

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<td>No qualitative study undertaken.</td>
<td>A survey or use of other qualitative media such as photographs or artworks created during the project, quotations and individual reports. No coding or analysis of findings involved.</td>
<td>Techniques may include observation, focus groups and semi-structured interviews as well as media such as film and diary entries. There is a clear focus or research question that is being probed but limited in-depth analysis of findings.</td>
<td>A range of multiple qualitative methods are used and emphasis is placed on interpretation of these results e.g. through coding, recursive abstraction or mechanical techniques.</td>
<td>A possible conceptual model is devised for how the arts are having an effect on patients and is explored through this project using multiple qualitative techniques with thorough analysis. The validity of the methods will also be scrutinised e.g. through interview corroboration and consideration of variables.</td>
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The AESOP 1 Framework for developing and researching arts in health programmes
### Quantitative

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<tr>
<td>No quantitative study undertaken.</td>
<td>A survey or numerical questionnaire that assesses the numbers of participants involved and their personal reactions to a project (in numerical terms), but does not involve statistical testing. This type of study might be expressed in simple figures and percentages.</td>
<td>A survey, scale or numerical questionnaire that is taken pre- and post-project to allow results to be compared, or that can be compared to a control group or some other baseline scores (where appropriate), seeking to confirm hypotheses and quantify variation.</td>
<td>A study that involves pre- and post-measures using statistical testing, such as psychology scales OR measurements of vital signs (such as blood pressure or heart rate) and factors in important variables.</td>
<td>A study that involves multiple statistical tests such as psychology scales in conjunction with other measurements such as vital signs or blood/saliva samples or scans attempting to test for all relevant variables.</td>
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Mixed-methods studies can provide additional information in the 'notes' section on how they are combining qualitative and quantitative approaches.

### c) Cost effectiveness

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<td>No consideration of cost will be undertaken</td>
<td>The cost of the project will be assessed and cost-per-heads calculated, potential funding sources identified and a case created for the financial sustainability of the project.</td>
<td>A study of the cost-effectiveness of the project for the healthcare service will be undertaken.</td>
<td>A study of the cost-utility of the project for the health service (including measures such as quality of adjusted life years) will be undertaken.</td>
<td>An economic evaluation of the project from a societal perspective, such as the cost for society (including the health service, welfare and employers) will be undertaken. OR A full cost-benefit analysis converting impacts into monetary values will be undertaken.</td>
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Notes...

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### d) The study team

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<tr>
<td>The study team consists of just arts OR just health practitioners/researchers/experts. No significant effort is made to involve people from other quarters in the research study.</td>
<td>The study team consists of arts OR health experts, but advice or consultation is sought from other quarters e.g. artists offering opinions on the arts intervention, or health experts/researchers reviewing the study design.</td>
<td>The study team consists of arts OR health experts, but advisers from other quarters are closely involved in important stages/decisions in the study and monitor the progress of the project.</td>
<td>The study team contains a mixture of arts and health experts, but there may still be a bias towards arts or health in terms of numbers in the team, or time invested.</td>
<td>The study team involves a combination of both arts and health experts who are fully involved in all stages of the study.</td>
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Notes...
e) Process evaluation

Evaluating the process of projects can demonstrate the logistics involved in running them, providing crucial information for organisations who may want to repeat the arts interventions or research projects, showing how quality could be improved in future iterations, revealing more about the experience for participants, and becoming a useful source of data in research and evaluation.

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<td>An overview of the process involved in the project will be given to help guide future groups who may want to repeat the project.</td>
<td>Open interviews and feedback forms will be used to understand how participants found the process, along with fuller details about what the project entailed.</td>
<td>The process of the project will be fully documented and case studies of participants are used along with other relevant documents such as participant diaries.</td>
<td>Focus groups, forums and in-depth interviews will be undertaken, programme records and correspondence catalogued and details on every aspect of the project from participants to location to the intervention to the economic and cultural backgrounds will be given.</td>
<td>A full ethnographic study of the process will take place. This will probably be thoroughly embedded in the project from the start.</td>
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Notes...

f) Patient and public involvement

Patient and public involvement is now an essential part of all NIHR research programmes. It refers to the involvement of members of the public in the design, delivery and dissemination of research studies. For more information, view the Patient & Public Awareness NHS Constitution at nihr.ac.uk.

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<tr>
<td>No involvement of patients or public beyond participation in the intervention.</td>
<td>Limited patient or public involvement in one part of the study (e.g. setting research priorities or helping to publicise results).</td>
<td>Patients and public are involved in multiple stages of the research study.</td>
<td>Patients and public are involved in all stages of the project, but perhaps in an advisory capacity rather than as active partners.</td>
<td>Patients and public are systematically involved as active partners in every stage of the research project and their views have a direct impact on the study.</td>
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Notes...
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4. Running the research study

The study is carried out following what has been set out in stages 1, 2 and 3. This section allows researchers to note whether unexpected circumstances occurred that might have affected results, leading to a mismatch between end results and the anticipated outcomes in section 2.

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<td>A number of conflicting factors have occurred which mean the research project has had to take a different turn and is not able to test the research question as originally intended. As such, results may not match up to the original predictions.</td>
<td>The research has been carried out to completion. However some variables or external events are anticipated to have significantly affected results.</td>
<td>The research has been successfully carried out although some minor variables or external events may have affected results. These are described alongside findings.</td>
<td>The research has been carried out exactly to plan and no unforeseen circumstances or unmeasured variables are thought to have occurred that might interfere with the validity of results.</td>
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Notes...
5. Reporting the research study

a) The results

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<th>Health and wellbeing outcomes</th>
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<tr>
<td>The study has not found significant changes in comparison to baseline or controls or has found negative changes in health or wellbeing. Results may nevertheless indicate that significant changes could be found in future studies.</td>
<td>The study has found significant changes in wellbeing in a broad sense, although it remains unknown how long these last.</td>
<td>The study has found significant changes in wellbeing and health markers and there are preliminary indications that this may extend beyond the end of the sessions.</td>
<td>The study has found significant changes in multiple markers of health and wellbeing and there is data suggesting that these changes will have an effect beyond the end of the study.</td>
<td>The study has found a comprehensive effect on health and wellbeing with lasting impact.</td>
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<tr>
<td>The study has found no significant changes or negative changes in comparison to baseline or controls for core participants or others involved in the study. Results may nevertheless indicate that significant changes could be found in future studies.</td>
<td>The study has found significant changes for target participants, perhaps including other people involved (e.g. artists or healthcare workers)</td>
<td>The study has found significant changes for multiple sets of individuals (including target participants, healthcare workers and artists) making a distinct difference to their experience/care.</td>
<td>The study has found benefits extending to collective groups (e.g. families, carers, arts organisations and healthcare settings.)</td>
<td>The study has found benefits extending to communities, reaching large numbers of people as a result of the project (e.g. the wider health system, arts system and with policy implications.)</td>
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Notes...
# The AESOP 1 Framework for developing and researching arts in health programmes

## Social outcomes

### Depth/length

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<td>1</td>
<td>The study has found no significant social changes in comparison to baseline or controls, or has found negative changes. Results may nevertheless indicate that significant changes could be found in future studies.</td>
<td>The study has found significant social changes in a broad sense, although it remains unknown how long these last.</td>
<td>The study has found significant changes in social markers and there are preliminary indications that this may extend beyond the end of the sessions.</td>
<td>The study has found changes in multiple markers of social changes and there is data showing that these changes have an effect beyond the end of the study.</td>
<td>The study has found a comprehensive social effect with long-lasting impact.</td>
</tr>
</tbody>
</table>

**Notes…**

## Breadth/reach

<table>
<thead>
<tr>
<th></th>
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<th>5</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>The study has found no significant changes or negative changes in comparison to baseline or controls for core participants or others involved in the study. Results may nevertheless indicate that significant changes could be found in future studies.</td>
<td>The study has found significant benefits for target participants, perhaps including other people involved (e.g. artists or healthcare workers).</td>
<td>The study has found significant benefits for multiple sets of individuals (including target participants, healthcare workers and artists) making a distinct difference to their experience/care.</td>
<td>The study has found benefits extending to collective groups (e.g. families, carers, arts organisations and healthcare settings).</td>
<td>The study has found benefits extending to communities, reaching large numbers of people as a result of the project (e.g. the wider health system, arts system and with policy implications.)</td>
</tr>
</tbody>
</table>

**Notes…**

## Financial outcomes

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<thead>
<tr>
<th></th>
<th>1</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>The study has not considered financial outcomes or has found financial losses from the project.</td>
<td>The study has demonstrated a sustainable use of resources and a reliable business model to run the arts intervention but has not considered the impact of this on the wider health service.</td>
<td>The study has demonstrated the positive financial impact of the project for the health service, focusing on immediate or short-term effects only.</td>
<td>The study has demonstrated the positive long-term financial impact of the project for the health service.</td>
<td>The study has demonstrated the positive financial impact of the project for the health service and other outside areas, such as local authorities and welfare.</td>
</tr>
</tbody>
</table>

**Notes…**
The AESOP 1 Framework for developing and researching arts in health programmes

# Artistic outcomes

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td><strong>The research study is not examining artistic outcomes, or artistic outcomes are not applicable.</strong></td>
<td>Participants have enjoyed the artistic process or learnt basic artistic skills, but learning and artistic development have not been a major part of the project.</td>
<td>Participants have expanded their knowledge or experience of an art form with possible impacts on the artists/arts leaders involved too.</td>
<td>Participants have demonstrated significant individual progress as a result of the arts intervention and artists/arts leaders have developed their own perception or involvement with the artform.</td>
<td>Participants now possess the artistic skills to lead their own projects in the future and arts leaders have significantly expanded their way of working with the artform.</td>
<td></td>
</tr>
</tbody>
</table>

**Notes...**
### 6. Implementation

On completion of a successful research project there are two potential outcomes for continuity: either it may be possible to translate the results into a case for support to continue the intervention and scale it up, and/or, if the results raise further research questions, this cycle and framework could be repeated.

#### a) Attribution of impact

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>The study does not provide sufficient data to demonstrate impact.</td>
<td>The study demonstrates data showing some impact but it does not yet evidence direct causality or involve sufficiently large sample sizes to make results reliable.</td>
<td>The study begins to isolate the impact of the arts intervention through robust methods and sufficiently large samples.</td>
<td>The study is able to demonstrate why and how the arts intervention is having impact. It is robust and validates the nature of the impact along with documented standardisations of delivery and process.</td>
<td>The study involves a thorough isolation and analysis of variables and provides a comprehensive explanation as to how the intervention is achieving its effect.</td>
</tr>
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</table>

*Notes...*

#### b) Dissemination

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<tr>
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<tbody>
<tr>
<td>Basic or restricted dissemination of results is attempted.</td>
<td>Some dissemination of results and publicity about the project is undertaken but it is informal and predominantly local.</td>
<td>Good reports of results take place across arts and health sectors, across both academic and public arenas, with some national reach.</td>
<td>Full reporting takes place through academic streams (adhering to the 'CONSORT' reporting guidelines on good practice) and public streams (perhaps with multimedia links or public performances) with national reach.</td>
<td>The project dissemination has a distinct strategy with a goal of engaging public and professionals, promoting learning and possibly offering training/capacity-building at national and international level.</td>
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*Notes...*

#### c) Result

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<tbody>
<tr>
<td>Implementation is not possible or not appropriate at this stage.</td>
<td>The project demonstrates how findings could be translated into routine practice or policy, although no steps are currently being taken.</td>
<td>The project is being commissioned again for the same groups of participants.</td>
<td>The project is being commissioned and spread to more centres, perhaps being adopted regionally or through one particular health programme.</td>
<td>The project is being rolled out nationally, with potential to take it international in the future.</td>
</tr>
</tbody>
</table>

*Notes...*
Assessing the research strength

It is hoped that this framework will allow researchers to position their study in a broad context of spectrums of design and research style and allow studies to be related to other studies. In some cases, it may also be beneficial to find the ‘score’ for how comprehensive in its investigation the research project is. This is not to say that lower scoring research is inferior in status. Rather, such studies will demonstrate that the research questions being investigated are still in the early stages of being explored. As more studies are undertaken and published, it will hopefully be possible for the depth of the research question to be probed and more in-depth studies carried out.

In order to calculate the score for each section, the numbers highlighted in each category should be added together and then divided by the total number of categories for that section. The calculations to be performed are provided here:

- Developing an arts intervention = total score [there is only one category]
- Developing a research study = total score from all scales ÷ 8
- Designing a research study = total score from all scales ÷ 7
- Running the research study = total score
- Reporting the research study = total score from all scales ÷ 6
- Implementation = total score from all scales ÷ 3
The AESOP 1 Framework for developing and researching arts in health programmes

Framework summary

Title of research study: _____________________ Date: _____________________

Please circle the score that applies to each stage of the framework:

1. Developing an arts intervention
   a. Type of art
      _________________________________
   b. Target group
      _________________________________
   c. Description of intervention
   d. Piloting and feasibility
      1  2  3  4  5
      SECTION 1 SCORE [total score] ________

2. Developing a research study
   a. Identify the research problem
     _________________________________
   b. Identify the evidence base
      1  2  3  4  5
   c. Develop the theory
      1  2  3  4  5
   d. Model the anticipated results
      i. Health and wellbeing outcomes – Depth/length
         1  2  3  4  5
      ii. Health and wellbeing outcomes – Breadth/reach
         1  2  3  4  5
      iii. Social outcomes – Depth/length
         1  2  3  4  5
      iv. Social outcomes – Breadth/reach
         1  2  3  4  5
      v. Financial outcomes
         1  2  3  4  5
      vi. Artistic outcomes
         1  2  3  4  5
      SECTION 2 SCORE [total score ÷ 8] ________

3. Designing a research study
   a. Design
      1  2  3  4  5
   b. Techniques
      i. Qualitative
         1  2  3  4  5
      ii. Quantitative
         1  2  3  4  5
### The AESOP 1 Framework for developing and researching arts in health programmes

<table>
<thead>
<tr>
<th>c. Cost-effectiveness</th>
<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>d. The study team</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>e. Process evaluation</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td>f. Patient and public involvement</td>
<td>1</td>
<td>2</td>
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**SECTION 3 SCORE** [total score ÷ 7] ________

<table>
<thead>
<tr>
<th>4. Running the research study</th>
<th>1</th>
<th>2</th>
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</table>

**SECTION 4 SCORE** [total score] ________

<table>
<thead>
<tr>
<th>5. Reporting the research study</th>
<th>i. Health and wellbeing outcomes – Depth/length</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>i. Health and wellbeing outcomes – Breadth/reach</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td>ii. Social outcomes – Depth/length</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>i. Social outcomes – Breadth/reach</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>iii. Financial outcomes</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>iv. Artistic outcomes</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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</tbody>
</table>

**SECTION 5 SCORE** [total score ÷ 6] ________

<table>
<thead>
<tr>
<th>6. Implementation</th>
<th>a. Attribution of impact</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>b. Dissemination</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>c. Result</td>
<td>1</td>
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**SECTION 6 SCORE** [total score ÷ 3] ________

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### SCORE SUMMARY

- SECTION 1 SCORE ________
- SECTION 2 SCORE ________
- SECTION 3 SCORE ________
- SECTION 4 SCORE ________
- SECTION 5 SCORE ________
- SECTION 6 SCORE ________

### GRAND TOTAL OF SECTION SCORES ________
Please circle the score that applies to each stage of the diagram: