



Creative Support Hub: An Evaluation Framework

Health Innovation Wessex Insight team support to Fluid Motion Theatre Company

Version 2

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1. Introduction

This short report outlines an evaluation framework to assess the acceptability and impact of several interventions operating at the Totton Creative Support Hub. The Health Innovation Wessex Insight team was commissioned to co-design an evaluation framework, a logic model, and include a short 'How-To' guide to support the process of setting up and evaluating the Hub.

2. Background to Creative Support Hub

A working partnership between New Forest District Council, Hampshire and Isle of Wight Integrated Care Board (HIOW ICB) and Fluid Motion Theatre Company has been established to trial the use of facilitated theatre projects to improve mental health, social skills, and provide a community for children and young people (CYP) in the New Forest. The activities supported by this partnership have been named as the Totton Creative Support Hub.

The Totton Hub operates four interventions to support CYP with mental health conditions (see Table 1). All interventions are for CYP between 8 and 18 years old, and interventions are usually delivered to different age groups separately (8 to 11 year olds and 12 to 18 year olds).

Table 1: Interventions at the Creative Support Hub

	Intervention	Description	
1	Flourish	Flourish is an 8-week creative programme for CYP that uses theatre as a tool to support the ongoing development of positive wellbeing, confidence and self-esteem. The aim of Flourish is to support CYP mental health by using creative activities to help them explore and understand difficult emotions, develop positive communication skills, test out and adopt positive coping strategies to ultimately empower them so that they can take better ownership of their mental health and wellbeing.	
2	Arts Therapy	A 12-week art therapy course run by a registered art therapist. Each course is intended to help CYP who are experiencing a range of challenges, such as bereavement, family breakdown, anxiety, low mood, low self-esteem, behavioural or social problems, or difficulties relating to abuse, neglect, or trauma. This programme will use visual art/craft as the principal art form and will be accessed via direct referrals.	

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3	Fortnightly drop-in sessions	Arts activities every fortnight, including craft, music, and animation. These are led by a range of creative arts practitioners who are specialists in their field. Each drop-in session will offer specialist advice, and signpost to information and other services from local partners (community/health etc) on wider issues that may affect a young person's mental health, such as exam stress or drug and alcohol issues. Typically, a young person may spend an hour crafting or experimenting with an instrument but also have the chance to hear about exam stress tips from a partner as they engage with their arts activity. Although these activities are light-touch and 'drop in', a sign-up/registration process is in place to keep CYP safe.
4	Summer holiday activities	Creative activities programme during key school holidays. These are weeklong and for a whole day, with the intention to provide consistent and easily accessible enrichment arts activities for CYP and their families. Themes and topics include 'play in a week', animation studio, dance camp and puppet building.

3. Evaluation Framework

The Insight team held a logic model meeting on 4 January 2024 with representatives of Fluid Motion to determine the aims, activities, and intended outcomes of the four interventions. The output of that meeting is described in Figure 1 and informs the methodological recommendations below.

3.1 Evaluation Questions

The evaluation questions were co-designed with representatives of Fluid Motion, during scoping conversations and the logic model session.

Suggested evaluation questions:

- 1. What impact has the Totton Creative Support Hub as a whole had on children and young people's clinical symptoms [RCADS measure, see Table 2], wellbeing [Short Warwick outcome measure], confidence [GSE measure], management of their mental health [SDQ measure], engagement with school [Me & My School questionnaire], and health-related quality of life [CHU9]?
- 2. What impact has **each intervention** had on children and young people's clinical symptoms [RCADS measure, see Table 2], wellbeing [Short Warwick outcome measure], confidence [GSE measure], management of their mental health [SDQ measure], engagement with school [Me & My School questionnaire], and health-related quality of life [CHU9]?

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- 3. Are there differences in the level of impact between different intervention combinations?
- 4. Are the interventions acceptable [AllM measure] to children and young people as a way to help manage their mental health?
- 5. What improvements could be made to each intervention and the Creative Support Hub as a whole?

3.2. Suggested evaluation methods

At the logic model session, we discussed the importance of demonstrating the **impact** of the Creative Health Hub. Insight recommends a survey / outcome measure design, using validated and widely used outcome measures, to obtain the most rigorous data possible to understand the effects of the interventions. A **before and after cohort approach** will ensure impacts are captured at and within the level of individuals, and these can be aggregated for each intervention and the Hub as a whole.

We have recommended seven outcome measures, described in Table 2. The volume of measures may raise understandable concerns about the burden upon CYP; however, there are approaches to minimise the burden to obtain the rigorous evidence that is needed for clinicians and commissioners to make decisions about services.

We recommend that surveys with CYP are completed over the telephone or face-to-face in a conversational style format, whereby answers can be recorded and provide a less formal research experience for the CYP. Also, we recommend that the measures are completed in two to three separate sessions, within a day or two of each other, to minimise CYP burden.

Table 2: Outcomes and suggested methods of data capture

Outcome	Method	Notes
High acceptability of intervention	One-off completion of the Acceptability and Impact of Innovation Measure (AIIM) with CYP	This short measure is in development at Health Innovation Wessex. It seeks to standardise an assessment of acceptability based on current research literature. In this context, it would be used to ask about each Hub intervention. Should it not be available at the start of an evaluation, acceptability could be assessed using a short bespoke survey / part of wider survey to CYP.
Increased CYP ability to HEMPINGE ation We	Before and after completion of the strengths and	This measure is widely used and captures emotional symptoms, conduct problems, hyperactivity/inattention, and peer relationship problems.

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their mental health	Difficulties Questionnaire (SDQ) with CYP	Goodman et al., 1998 https://pubmed.ncbi.nlm.nih.gov/9826298/
Increased CYP self- esteem	Before and after completion of the General Self-Efficacy Scale Short Form (GSE-6)	Romppel et al., 2013 https://pubmed.ncbi.nlm.nih.gov/23429426/
Increased wellbeing	Before and after completion of the Short Warwick Edinburgh Mental Wellbeing Scale	We note that this is already in use at the Creative Support Hub
Reduction in clinical symptoms of depression and anxiety	Before and after completion of the Revised Children's Anxiety and Depression Scale (RCADS-47)	Chorpita et al., 2005 https://pubmed.ncbi.nlm.nih.gov/15680928/
Improved engagement with school	Before and after completion of the Me and My School Questionnaire	https://www.corc.uk.net/outcome-experience-measures/me-and-my-feelings-mmf/ Patalay et al., 2014 https://capmh.biomedcentral.com/articles/10.1186/1753-2000-8-17
Improved health- related quality of life	Before and after completion of the Child Health Utility (CHU9) outcome measure	Furber and Segal, 2015 https://hqlo.biomedcentral.com/articles/10.1186/s12955- 015-0218-4

The above outcomes measures would be complemented by several monitoring metrics, to ensure it is possible to understand who has received the interventions and who they impact more. These monitoring metrics are described in the outputs section of the logic model (see Figure 1).

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Figure 1: Logic model of four interventions operating at the Totton Creative Support Hub

Logic model for the Creative Support Hub

Context: The Totton Creative Support Hub will support the mental health of children and young people in a range of ways. This logic model describes four interventions and their related outputs and outcomes to be evaluated.

INPUTS

- Flourish (8 weel theatre programme, two staff from Fluid Motion, New Forest District Council (NFDC) facilities, 12-15 CYP per programme)
- Arts therapy (12-week art therapy course run by a registered art therapist, funded by Fluid Motion, NFDC per programme)
- Fortnightly drop-in content, one staff member from Fluid NFDC facilities)
- Summer holiday activities (full days, 1 weeklong, two staff from Fluid Motion, NFDC facilities)

- Flourish: Exploring difficult emotions, recognise challenging self-behaviour, develop positive communication skills, develop positive coping strategies, empower CYP to manage their mental health needs, build self-esteem, help CYP to reliable group strategies. to re-join group situations
- Arts therapy: More clinical in nature compared to Flourish, tailored support for CYP, exploring difficult emotions, relationship building, developing better engagement with school activities, developing methods to express trauma, seek into its use they are the party than one. resolving issues through arts therapy.
- Fortnightly drop-in sessions: open access opportunity for CYP to raise mental health issues and obtain advice and signposting. Opportunity for peer groups to meet and form friendships. Content under
- Summer holiday activities: provides consistent and easily accessible enrichment arts activities for CYP and their families. Themes and topics include 'play in a week', animation studio, dance camp and puppet building.

OUTPUTS

- Number of CYP per course (by age group)
 Number of mid-course drop-outs (by age group)
 Number of CYP completing the course
 Number of 'lightbulb moments' (a course metric)
- for CYP (they realise they can/have achieved) Log demographic characteristics of attendees (age, gender, ethnicity, and postcode for deprivation/health inequalities assessment)

- Arts therapy:

 Number of CYP per course (by age group)

 Number of mid-course drop-outs (by age group)

 Number of CYP completing the course

 Log demographic characteristics of attendees

- Fortnightly drop-in sessions:

 Number of CYP signing up (by age group)

 Number of return visits by CYP (by age group)

 Number of signposting actions (per CYP and
- Log demographic characteristics of attendees

- Summer holiday activities:

 Number of CYP signing up (by age group)

 Number of inid-course drop-outs (by age group)

 Number of CYP completing the course

 Number of CYP completing the end of course performance.
- performance Number of signposting actions (per CYP and
- Log demographic characteristics of attendees

OUTCOMES

- Reduced travel costs / environmental costs
- Increased CYP ability to manage their mental health [SDQ measure]
- Increased CYP self-esteem [GSE]
- Reduction in clinical anxiety [RCADS measure]
- Improved engagement with school [Me & My School questionnaire]

IMPACTS*

- Long term sustained reduction in mental health symptoms for CYP
- Sustained reduction in workload from Hub populations for local CYP mental health services
- Sustained improveme nt in auality of life for CYP and their parents
- * Please note an assessment of these long-term impacts would need a 2 or 3 year evaluation

3.3. Suggested approach to analysis

To assess the impact of the Creative Support Hub

A multi-intervention analysis is required to understand the impact of a Hub, this may include:

- 1. Using the total scores from the seven outcome measures, compare them against these factors:
 - All CYP recruited (to assess the impact of all interventions for CYP, regardless of age, clinical or demographic factors)
 - All CYP recruited aged between 8 to 11 year olds
 - All CYP recruited aged between 12 to 18 year olds
 - Comparison of impact related to gender of CYP recruited
 - Comparison of impact related to ethnicity of CYP recruited

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- Comparison of impact related to health inequalities (dependent on demographic characteristics captured by the Hub).
- 2. Intervention combination(s) analysis, this may include:
 - Using the total scores from the seven outcome measures and comparing them between these potential situations:
 - o Individual CYP uses one intervention within the evaluation timeframe
 - o Individual CYP uses two interventions within the evaluation timeframe
 - o Individual CYP uses three interventions within the evaluation timeframe
 - o Individual CYP uses all four interventions within the evaluation timeframe.

This intervention combination analysis will ensure it is possible to understand the weight of impact that a single intervention has compared with a CYP who receives multiple interventions. This may reveal a pattern whereby an individual with certain demographic characteristics (age, sex, ethnicity, deprivation level) undertakes a certain number of interventions and reveals a broader benefit.

To assess the impact of individual interventions

Each intervention is related to the seven outcomes in the logic model (and their associated measures) to assess impact. This is described in Table 2 and illustrated in Figure 1. It is recommended the sub-analyses (CYP age, sex, ethnicity, postcode) described above are also completed for each intervention.

The assessment of individual interventions may benefit from additional bespoke survey questions, asking about 'how and why' the intervention was successful. The outcome measures will only be able to say 'if' an impact has occurred and to what extent based on the individual measure. Understanding the 'how and why' from the perspective of participating CYP will provide important context for the other survey data.

3.3 Other potential areas for the evaluation to explore

In discussions, Fluid Motion Theatre indicated that links to the Thrive (Public Health) programme would be beneficial for future commissioning. Also, another area of interest was measuring weight loss as the interventions promote physical wellbeing. These aspects were discussed as they are considered of importance to key service commissioners but further consideration of the alignment would be required before these could be used within an evaluation framework.

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4. Anticipated issues to manage whilst setting up the evaluation

- Due to the timeframes of the interventions themselves, it is recommended an evaluation be planned over **a minimum of 12 months**. This would allow multiple cohorts (e.g. of Flourish) to experience the interventions and would ensure that the evaluation is based on a robust number of participants. This minimum evaluation timeframe would also allow multiple interventions to occur, for a single CYP, and thus allow the evaluation to assess the effects of multiple interventions on an individual. At the logic model meeting, the Insight representatives understood that the interventions were most likely to occur in a sequence, therefore an individual CYP is not likely to be involved in several interventions at the same time.
- Due to the evaluation involving CYP, it is highly recommended that the evaluation provider
 approach an appropriate organisation or regulatory body to complete an ethical review of
 the full evaluation plan. This may be the NHS Health Research Authority or a local NHS trust
 research department. An ethics review will likely focus on elements including the
 appropriateness of the planned methods of data collection, the CYP consent process, how
 CYP will experience the evaluation activities, how CYP data will be stored and used.
- It is recommended that **information governance** considerations are made as early as possible in the evaluation planning. If Fluid Motion Theatre plans to share the monitoring data (e.g. number of sign-ups etc) with the evaluation provider, it is likely that a data sharing agreement will be needed between the relevant parties. This is to safeguard the information provided by CYP.
- Importantly, the **evaluation questions** must be related to the outcomes of interest. In the proposed evaluation framework we have provided some example questions. It is recommended the evaluation questions are carefully considered before starting the evaluation, to ensure that they are addressing areas of interest for Fluid Motion Theatre. If they change, care should be taken to check that the links between the new questions and the outputs and outcomes in the logic model still stand.

5. Anticipated issues to manage during data collection

• As mentioned in section 3.1, minimising the burden on CYP should be carefully considered and balanced against the requirement to demonstrate sufficient and robust evidence of impact to inform commissioning decisions. It is therefore recommended that surveys with CYP are completed over the telephone or face-to-face in a conversational style format, whereby answers can be recorded and it feels less like a formal research experience for the CYP. Also, it is recommended the measures are completed in two to three separate sessions, within a day or two of each other, to minimise CYP burden.

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- The CYP consent process should be carefully considered. This should be formally
 documented, involve the parents/legal guardians, and align with appropriate safeguarding
 procotols.
- It is possible that evaluation activities, e.g. asking questions about mental health symptoms, may evoke **uncomfortable feelings** and plans should be made (e.g. a flowchart of actions) to manage CYP reactions whilst undertaking evaluation activities.
- The timing of the administration of the **post-intervention outcome measures** should be carefully planned. To manage the possibility of an individual CYP embarking on multiple interventions, it is recommended that this possibility is explored with the CYP before starting the first intervention. If it is known that the individual CYP intends to complete multiple interventions, they can be grouped (for the purposes of the evaluation) as a 'two intervention completer' or 'three intervention completer' and the post-intervention measures described in Table 2 can be completed after they complete their final intervention.

6. Anticipated issues to manage during data analysis and write-up

- The evaluation provider will be required to complete **multiple analyses** to understand the impact of the Creative Support Hub and the impact of individual interventions. It is recommended the provider is proficient in the use of SPSS (statistical software analysis suite) or other statistical software. It may be possible to use Microsoft Excel as a method depending on user familiarity with Excel and inferential statistics to compare variables.
- It is recommended the evaluation provider is familiar with the outcome measures in Figure 1.
 Each measure will have its own manual for scoring/summing the data and on how to interpret the findings. Some of the measures may have guidance in the research literature on what a clinically meaningful change would be. This should be sought and used where possible to develop conclusion statements.

Statment about publication:

Health Innovation Wessex is committed to supporting a learning health system and so the sharing of findings to aid spread and adoption are key to our purpose. As a default we will make all co-design outputs available on the Health Innovation Wessex website.

Should Fluid Motion publish its findings from an evaluation that uses this evaluation framework, we request that the Insight team's support is credited; "This evaluation was delivered using an evaluation framework co-designed with the Health Innovation Wessex Insight team. For more information about Health Innovation Wessex, visit www.healthinnovationwessex.org.uk"

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