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Aesop: A framework for developing and researching arts in health programmes

Daisy Fancourt^{ab} & Tim Joss^c

 $^{\rm a}$ Royal College of Music, Centre for Performance Science, Prince Consort Road, LondonSW7 2BS, UK

^b Chelsea and Westminster Health Charity, Chelsea and Westminster Hospital NHS Foundation Trust, 4 Verney House, 1b Hollywood Road, LondonSW10 9HS, UK

^c The Rayne Foundation, 100 George Street, LondonW1U 8NU, UK Published online: 03 Jul 2014.

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Aesop: A framework for developing and researching arts in health programmes

Daisy Fancourt^{a,b}* and Tim Joss^c

^aRoyal College of Music, Centre for Performance Science, Prince Consort Road, London SW7 2BS, UK; ^bChelsea and Westminster Health Charity, Chelsea and Westminster Hospital NHS Foundation Trust, 4 Verney House, 1b Hollywood Road, London, SW10 9HS, UK; ^cThe Rayne Foundation, 100 George Street, London W1U 8NU, UK

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The field of arts in health is currently undergoing a burgeoning in activity. However, there remains a problem surrounding research into this field. Arts in health research can be confusing and is frequently misunderstood by those working in the arts and in health, artists, reviewers, researchers and funders. Aesop 1 is a framework specially devised to tackle these problems. It synthesises existing arts research methodologies, health research methodologies, health policy documents and reporting guidelines in order to guide projects right from the initial idea for an arts intervention, through the development and design of a research project, its delivery and its dissemination. This article outlines the rationale behind the framework and explains how it should be used, with the aim of facilitating the running of arts and health research projects and increasing their rigour and acceptance within both the arts and health communities.

Keywords: methods; action research; experimental design; art forms; health issues

Introduction

The field of arts in health research is currently undergoing a burgeoning in activity. There are increasing numbers of research reports being published in journals ranging from the arts to medicine, nursing, rehabilitation, psychology, the arts therapies, neuroscience, biology and technology. There are a growing number of international conferences on the topic, including the yearly Global Alliance for Arts and Health conference, which began in 1989, the recent International Conference for Culture, Health and Wellbeing in England, June 2013, the International Arts and Health Conference in Australia, November 2013, and the International Association for Music and Medicine Conference in Canada, June 2014. And the contribution of the arts to health is now even being recognised by some governments, including the endorsing of the National Arts and Health Policy Framework by the Federal, State and Territory Ministers in Australia; the work of the US National Endowment for the Arts which is working with federal agencies and providing funding for arts projects and research; the involvement of the Finnish government departments for Health & Social Care and Education & Culture in creating projects to support the health of older adults through the arts, and the creation of the All Party Parliamentary Group on Arts and Health in the UK.

However, there remains a problem surrounding research in this field. Arts in health research can be confusing and is frequently misunderstood by those working in the arts and in health, artists, reviewers, researchers and funders. For example, for researchers, there seems to be a constant friction between selecting methods that fit the stringent

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^{*}Corresponding author. Email: daisy.fancourt@rcm.ac.uk

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requirements of health research and methods that adequately capture the true essence and impact of the art involved; a tension that more often ends in compromise than collaboration. For artists, scientific jargon can form a barrier to being able to develop robust, publishable research studies. And for funders, arts in health can fall between the humanities and sciences, with aims and methodologies that may be unfamiliar to the other.

The crux of this problem lies with the fact that there is currently no reference point for arts in health research; no standard for the development, design, delivery and dissemination of such research projects. At the same time, creating a specific arts and health research protocol risks branding arts in health research as "exceptionalism" and alienating people from both the arts fields and health fields.

Consequently, in June 2013, an international working group formed of leading artists, arts researchers, health researchers, policy-makers and funders was convened to discuss this issue with the aim of finding a way of bringing arts and health research more into the research mainstream. This working group recognised that arts-in-health research is not a case apart from other research projects either in the arts or health fields; it is not an exception to the guidelines and frameworks that already exist. However, at the same time, its position straddling two disciplines means that pre-existing frameworks often do not provide adequate guidance for arts-in-health researchers, particularly where researchers may come from one or other field rather than having an equal schooling in both. So over the ensuing six months, a new framework was devised that aimed to bring together all the relevant methods, protocols and guidelines for both arts research and health research and map out a clear and simple path that allow arts-in-health researchers to design projects that fit the requirements and expectations of both fields: Aesop 1: a framework for developing and researching arts in health programmes.

Aesop 1 tracks projects right from the initial idea for an arts intervention, through the development and design of a research project, its delivery and its dissemination. This article outlines the basis for the framework and how it can be used to maximum effect (see Figure 2 for the complete framework).

Methodological Basis

The methodological basis for the Aesop 1 framework is a synthesis of existing arts research methodologies, health research methodologies, health policy documents and reporting guidelines. The overall concept and main stages of the framework are adapted from the Medical Research Council's (MRC) guidelines for "Developing and evaluating complex interventions" (Craig et al., 2008; Medical Research Council, 2000). Arts-in-health interventions are by definition complex medical interventions. Furthermore, the MRC 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.

As such they reflect many of the important considerations in arts-in-health research. Crucially, the MRC guidance also recognises the need to help research funders to "understand the constraints on evaluation design and recognise appropriate methodological choices" (Craig et al., 2008, p. 6); echoing another objective of the Aesop 1 framework.

However, the MRC guidelines do not provide any bespoke advice or guidance on social or arts-based interventions, making them sometimes hard to apply in practice.

Consequently, the Aesop 1 framework combines the MRC guidelines with a number of other concepts and frameworks that can offer more support to arts-in-health interventions. A key example of this is the Participatory Action Research method (Baum, MacDougall, & Smith, 2006). This follows very similar paths to the MRC guidance but with a particular focus on experiential learning and participatory activities, which lends itself strongly to arts interventions. It 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.

The Aesop 1 framework also creates space for a number of other epistemologies including ethnography, grounded theory, phenomenology and discourse analysis. These have been synthesised into the framework and form some of the categories and scales to encourage researchers to consider their relevance to a project. An effort has been made to

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

Figure 1. (Continued).

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Figure 1. Aesop 1: Overall design.

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.

A final consideration is the Nesta "Standards of Evidence for Impact Investing" (Puttick & Ludlow, 2012). This framework provides scales for the assessment of the impact and social benefit of interventions to maximise their value. Its ethos is to use evaluation to inform the development of interventions and increase the capacity for the delivery of the intervention, tying it in directly with the aims of the Aesop 1 framework and the spirit of arts-in-health interventions.

A number of other methods and guidelines have also been incorporated into the Aesop 1 framework, and the design is also such that it can be used alongside other frameworks, methods and techniques as a way of enhancing the understanding and application of intervention design, research methods and project reporting and implementation.

Framework Stages

Overall the framework is split into six stages (Figure 1). Moving clockwise from the top:

- (1) Stage 1 denotes the arts intervention itself, whether it is being developed or implemented.
- (2) Stages 2 and 3 denote the development and design of the research study to investigate the effects of the arts intervention.
- (3) Stage 4 denotes the running of the research study.
- (4) Stages 5 denotes the analysis and dissemination of findings from the study. Following this, it is hoped that studies will result in the implementation of arts projects in healthcare (stage 6) and/or that, based on findings, future studies will then be designed and carried out (stages 2 and 3).

Each stage in the process involves a number of categories on a scale of 1-5, moving from "less comprehensive" to "more comprehensive". 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 the full spectrum of possibilities so that researchers have a clear awareness of the options available and can make an informed decision of where to situate themselves; how in-depth they want a research project to be and what impact they hope the study will have. These scales can also help research projects to plan how research project to a large multi-site trial. Overall, the aim is that increasing rigour and higher scores on the scales should lead to increasing acceptance of results from both the arts and health research communities (Figure 2).

1.	Developing	an	arts	intervention
----	------------	----	------	--------------

a) Type of	art									
Tick appropriate	category/categories:		Is the inte	rvention:						
Design/	environment		□ S	Static						
Visual a	rt, photography or sculptu	ire		Live performance						
Sound o	r music		□ F	Participatory						
Theatre										
Literatu	re									
Digital of the second secon	or electronic									
Other										
b) Target	b) Target group									
Health condition(s) involved:										
	,									
Number of partic	ipants anticipated:									
	1									
Organisations in	volved (both arts and hea	lth):								
c) Descrip	tion of intervention									
Please provide a	Please provide a short description of the arts intervention:									
d) Piloting	and feasibility									
1	2	3		4	5					
Feasibility of	The arts intervention	A formal consultation		In addition to the full	A full pilot project					
the arts	is being devised in	into the need for the a		formal consultation	with preliminary					
intervention	response to	intervention is being/h		process, a pilot session(s)	evaluation or					
itself is	patient/public need.	carried out e.g. involv		of the arts intervention is	previous small					
being/has been	A basic informal	identification of health	hcare	being/has been undertaken	research project					
assessed based	consultation is	priorities, research int	o the	to assess logistics,	assessing the					
on expert	being/has been	psychological/physica		costings, group sizes and	intervention is					
opinion and	carried out, involving	and experience of serv		to gain some basic	being/has been					
information	one or more of the	an assessment of the r		feedback. OR The arts	undertaken to assess					
from previous	following: service	views of staff/service		intervention is already	fully the strengths					
studies.	users, staff, health	a review of similar art		running successfully.	and inner workings					
	organisations, arts	interventions in arts/h	ealth		of the project.					
	organisations.	settings is undertaken								

Figure 2. (Continued)

2. Developing a research study

	research problem	Lat dia anna an h-stada airead						
-		hat this research study aims to	o aadress					
b) Identify the	evidence base 2	3	4	5				
Ideas for the research project have been formed based on apparent need and expert opinion.	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	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	A systematic review has been undertaken and detailed conclusions formed about the current evidence base. The research study	A systematic review has been conducted and a meta-analysis of results is undertaken. NB this may not be appropriate for some studies.				
	undertaken or a detailed explanation of rationale is provided.	before, and a potential gap or research question has been identified for this study.	proposed then forms the next logical step in developing this evidence base.					
c) Develop the 1	theory 2	3	4	5				
No use of theory.	Some reference to theoretical underpinnings but no application.	Reference to theoretical underpinnings leading to their application in selected parts of the research study.	A clear theoretical grounding leading to detailed application of theory within the research study.	A clear theoretical grounding which is used as a springboard for the exploration and development of a new theory.				
d) Model the anticipated results Health and wellbeing outcomes								
Health and wellbeing Depth/length	outcomes							
1	2	3	4	5				
The study will examine wellbeing	the concept of s	The study will focus on a pecific component of health	The study will look at multiple health	The study will look comprehensively at the				
in a broad way looking for general rather than specific trends with no consideration for how long effects	specific terms, r perhaps through i multiple techniques r (e.g. observation or c	nd wellbeing through nultiple tests possibly ncluding a quantitative neasurement (e.g. a sample or scan) and may consider low long effects will last.	markers or look in great detail at one health marker and length of alteration will be considered.	health and wellbeing of participants, assessing multiple health markers through a wide variety of methods. The study will also examine whether				
last.		-		changes are long-lasting.				
Breadth/reach	2	3	4	5				
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.	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).	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.	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.)	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.)				
Social outcomes								
Depth/length 1	2	3	4	5				
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.	The study will examine social impacts in more detail using more specific categories and terms.	The study will examine one or more specific social impact with	⁴ The study will look at multiple markers of social impact with consideration for how long alteration could last.	The study will look comprehensively at social impact through a wide variety of methods. The study will also examine whether effects are long- lasting.				
Breadth/reach	1		F	1				
1 The study is anticipated to find some social impacts for the core group of target participants. However, it is	2 The study is anticipated to find clear social impacts for target participants. Some impacts are anticipated for other people involve	to find significant impacts for multiple sets of individuals (including target	4 The study is anticipated to find social impacts extending to collective groups (e.g. families, carers, arts	5 The study is anticipated to find social impacts extending to communities, reaching large numbers of people as a result of the project				

Financial outcomes	Financial outcomes									
1	2	3	4	5						
The study will not consider financial outcomes.	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.	The study will look a the financial impact of the project for the health service, focusi on immediate or shor term effects only.	f the long-term financial impact of the project ng for the health service.	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.						
Artistic outcomes										
1	2	3	4	5						
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 art form 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 art form.	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 art form.						

3. Designing a research study

a) Design	a) Design								
1		2		3		4		5	
a study that assesses an individual or single group of participants. No measures will be taken at the start of the project, but participants will be assessed at the end. No controls will be used.		Pre-experimenta – a study that cc participants befor after the project does not include controls. OR A p that includes a c but only takes measurements a project end. OR effect of the pro- single group is b studied longitud	but but project ontrol t the The ject on a being	Quasi-experin design – invol and post-estim includes a con group but will generally not b randomised nc involve follow	ves pre ng and trol pe pr	True experimental design – the study will be controlled and randomised.	ind ele co l co int fol	ue experimental study cluding some additional ement such as blinding, a mparison activity, a mparison to a medical tervention or some form of llow-up after the tervention finishes.	
b) Techni ques				•		•			
Qualitative									
1		2	3			4		5	
No qualitative study undertaken.	qualitative photograp created du project, qu individual	e media such as hs or artworks uring the totations and reports. No analysis of	s or artworks focus grou ing the structured tations and well as m eports. No film and d nalysis of There is a 'olved. or researc that is bei limited in		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.		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.		
Quantitative 1	1	2	1	2		4		-	
No quantitative study undertaken.	questionr assesses t participat their pers a project terms), bi involve s This type be express	or numerical	analysis of findings. 3 A survey, scale or numerical questionnaire that is taken pre- and pos 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		e ost- to n ol	4 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.		5 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.	



c) Cost effe	ctiveness					
1	2	3		4		5
No consideration	The cost of the project	A study of the	A study	of the cost-	An economic	evaluation of the
of cost will be	will be assessed and cost-	cost-	cost- utility of		project from a	societal perspective,
undertaken	per-heads calculated.	effectiveness of			st for society (including	
undertaiten	potential funding sources	the project for		ing measures		vice, welfare and
	identified and a case	the healthcare		quality of		ill be undertaken. OR A
	created for the financial	service will be		d life years)		fit analysis converting
	sustainability of the	undertaken.		undertaken.		nonetary values will be
	project.	undertaken.	will be	undertaken.	undertaken.	nonetary values will be
d) The study					undertaken.	
1	2	3			4	5
The study team	The study team consists	The study tea	m	The study tear	m contains a	The study team
consists of just arts of arts OR health experts,		ts, consists of art	consists of arts OR mixture of arts		s and health	involves a
OR just health but advice or			health experts, but		ere may still	combination of both
practitioners/	consultation is sought	advisers from	other	be a bias towards arts or		arts and health
researchers/experts	from other quarters e.g.	quarters are closely		health in terms of numbers		experts who are fully
No significant effo			involved in important		r time invested.	
is made to involve	on the arts intervention.	stages of/decisions in				of the study.
people from other	or health	the study and				
quarters in the	experts/researchers	the progress of				
research study.	reviewing the study	project.	n uie			
research study.	design.	project.				
e) Process e						
1	2	3		4	1	5
An overview of the	e Open interviews and	The process of	the	Focus groups, f	orums and in-	A full ethnographic
process involved in	n feedback forms will be	project will be	fully	depth interview	s will be	study of the process
the project will be	used to understand how	documented an			gramme	will take place. This
given to help guide	participants found the	case studies of recor		records and correspondence		will probably be
future groups who	process, along with fuller	participants ar	participants are used catalogued and deta		details on	thoroughly
may want to repeat		along with oth				embedded in the
the project.	project entailed.	relevant docum			ts to location to	project from the
		such as partici	pant	the intervention to the		start.
		diaries.		economic and c	ultural	
				backgrounds wi	ll be given.	
f) Patient a	nd public involvement	· ·		~	~	·
1	2	3		4		5
No involvement of		Patients and pu		Patients and		atients and public are
patients or public	involvement in one part	involved in mu		involved in a		stematically involved
beyond	of the study (e.g. setting	stages of the re	esearch	of the project		active partners in every
participation in the		study.		perhaps in an		age of the research
intervention.	helping to publicise			capacity rath		oject and their views
	results).			active partner	rs. ha	ave a direct impact on
					th	e study.

4. Running the research study

1	2	3	4	5
A number of	The research has been	The research has been	The research has been	The research has been
conflicting factors	carried out to	successfully carried	successfully carried out	carried out exactly to
have occurred which	completion. However	out although some	and, although	plan and no unforeseen
mean the research	some variables or	minor variables or	additional variables or	circumstances or
project has had to take	external events are	external events may	unexpected events are	unmeasured variables are
a different turn and is	anticipated to have	have affected results.	noted, they are all	thought to have occurred
not able to test the	significantly affected	These are described	believed to have been	that might interfere with
research question as	results.	alongside findings.	factored into the testing	the validity of results.
originally intended. As			of results so that their	
such, results may not			influence is minimised	
match up to the			or removed.	
original predictions.				

Figure 2. (Continued).

5. Reporting the research study

wellbeing. Results may nevertheless indicate that significant changes could be found in future studies. unknown these last these last Breadth/reach Breadth/reach 1 The study has found no The study	gificant significant c in wellbeing at g in a markers and preliminary i t remains that this may how long beyond the c	is found The study hanges in significant id health multiple m there are health and indications and there i v extend suggesting end of the changes w	has found t changes in narkers of is data t thuse ill have an ond the end	ive effect on vellbeing with
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. The study found sig vellbeing uwellbeing these last these la	y has The study has gnificant significant c in wellbeing at markers and preliminary it remains how long beyond the c	as found The study hanges in significant da health multiple m there are health and indications and there i v extend suggesting end of the changes w	has found t changes in narkers of wellbeing is data t thuse ill have an ond the end	as found a ive effect on vellbeing with
found significant found significant changes in comparison changes i to baseline or controls wellbeing or has found negative broad see changes in health or although wellbeing. Results may unknown nevertheless indicate these last that significant changes could be found in future studies. Found the study 1 The study has found no	gificant significant c in wellbeing at g in a markers and preliminary i t remains that this may how long beyond the c	hanges in significant ad health multiple m health and there i v extend suggesting end of the changes w effect beyo	t changes in narkers of wellbeing is data g that these ill have an ond the end	ive effect on vellbeing with
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. changes wellbeing although unknown these last these	in wellbeing ar g in a markers and nse, preliminary that this may a how long beyond the	ad health multiple m there are health and indications and there i v extend suggesting end of the changes w effect beyo	harkers of health and w wellbeing lasting impa is data g that these ill have an ond the end	ellbeing witl
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. Breadth/reach 1 The study has found no The study has found no	g in a markers and nse, preliminary it remains that this may 1 how long beyond the c	there are health and indications and there i v extend suggesting end of the changes w effect beyo	l wellbeing is data g that these rill have an ond the end	
or has found negative changes in health or wellbeing. Results may nevertheless indicate that significant changes could be found in future studies. Breadth/reach 1 The study has found no The stu	nse, preliminary that this may how long beyond the	indications and there i v extend suggesting end of the changes w effect beyo	is data g that these rill have an ond the end	ct.
changes in health or wellbeing. Results may nevertheless indicate that significant changes could be found in future studies. Breadth/react 1 The study has found no The stu	it remains that this may how long beyond the	v extend suggesting end of the changes w effect beyo	g that these rill have an ond the end	
wellbeing. Results may nevertheless indicate that significant changes could be found in future studies. Breadth/reach 1 The study has found no The stu	n how long beyond the	end of the changes w effect beyo	rill have an ond the end	
nevertheless indicate that significant changes could be found in future studies. Breadth/reach The study has found no The stu		effect beyo	ond the end	
that significant changes could be found in future studies. Breadth/reach 1 The study has found no The stu	t. sessions.			
changes could be found in future studies. Breadth/reach 1 The study has found no The stu		of the stud	ly.	
found in future studies. Breadth/reach 1 The study has found no The stu				
Breadth/reach 1 The study has found no The stu				
1The study has found noThe study				
The study has found no The stu				
	2		4	
significant changes or signific	udy has found The stud	y has found The study h	nas found The study ha	as found
Significant changes of signific	cant changes significa	nt changes for benefits ext	tending to benefits exte	ending to
negative changes in for targ	get multiple	sets of collective g	roups (e.g. communities	s, reaching
comparison to baseline particip	pants, perhaps individu	als (including families, ca	irers, arts large numbe	rs of people
or controls for core includi	ng other target pa	rticipants, organisation	ns and as a result of	f the project
		re workers healthcare s		
		ts) making a	system, arts	
Results may worker		lifference to		implications.
nevertheless indicate	-)	erience/care.		r
that significant changes				
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Figure 2. (Continued).

Artistic outcomes	Artistic outcomes								
1	2	3	4	5					
The research study is not examining artistic outcomes, or artistic outcomes are not applicable.	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.	Participants have expanded their knowledge or experience of an art form with possible impacts on the artists/arts leaders involved too.	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 art form.	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 art form.					

6. Implementation

a) Attribution of impact									
1	2		3		4		5		
The study does	The study demonstra	ates	The study begins	s to	The study is able to		The study involves a		
not provide	data showing some		isolate the impac	t of	demonstrate why and how	v	thorough isolation and		
sufficient data to	impact but it does no	ot yet	the arts intervent	ion	the arts intervention is		analysis of variables and		
demonstrate	evidence direct caus		through robust		having impact. It is robus		provides a		
impact.	or involve sufficient		methods and		and validates the nature o	-	comprehensive		
	large sample sizes to		sufficiently large	:	the impact along with		explanation as to how		
	make results reliable	e.	samples.		documented standardisati	ons	the intervention is		
					of delivery and process.		achieving its effect.		
b) Dissemination									
1	2		3 4				5		
Basic or	sic or Some dissemination G						The project dissemination has		
restricted	of results and						distinct strategy with a goal		
dissemination	publicity about the						gaging public and		
of results is	project is		, across both	reporting guidelines on good		professionals, promoting			
attempted.	undertaken but it is		nic and public	practice) and public streams			ing and possibly offering		
	informal and	,	with some				raining/capacity-building at		
	predominantly	nationa	ıl reach.		in or Freeze Freezening)		national and international		
	local.			with national reach. leve		level.			
c) Result			-				_		
1	2		3		4		5		
Implementation is			The project is		The project is being		The project is being		
not possible or	how findings could		commissioned		commissioned and spre		r0lled out nationally,		
not appropriate at	translated into routin	ne	for the same g		more centres, perhaps b	eing	with potential to take		
this stage.	practice or policy,		of participants.		adopted regionally or		it international in the		
	although no steps ar				through one particular h	nealth	future.		
	currently being take	n.	I		programme.				

Figure 2. Aesop 1 framework.

Assessing Research Strength

Building on the scales used throughout the framework, it may also be beneficial to find the "score" for how comprehensive in its investigation a research project is overall (Figure 3). As with the scales, 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. However, it is hoped that this framework will allow researchers to position their study as a whole in a broad context of spectrums of design and research style and allow similar studies to be related to one another. 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 research strength score, the framework ends with a "framework summary" document. This allows researchers to circle the scores from each of the sliding scales within the framework, calculate their score per section and then mark this on the diagram to give a visual representation of their research strength.

Developing an arts intervention a. Type of art b. Target group c. Description of intervention d. Piloting and feasibility 1 2 3 4 5 Developing a research study SECTION 1 SCORE [total score] a. Identify the research problem b. Identify the evidence base 1 2 3 4 5 c. Develop the theory 3 4 5 d. Model the anticipated results i. Health and wellbeing outcomes – Depth/length 1 2 1 2 3 4 5 i. Kocial outcomes – Depth/length 3 4 5 ii. Social outcomes – Depth/length 1 2 3 4 5 iii. Financial outcomes 1 2 3 4 5 iii. Artistic outcomes 1 2 3 4 5 ii. Quantitative 1 2 3 4 5 Design 1 2 3 4 5 1 2					
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d. Piloting and feasibility 1 2 3 4 5 SECTION 1 SCORE [total score] Developing a research study a. 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 i. Health and wellbeing outcomes – Depth/length 1 2 3 4 5 i. Social outcomes – Depth/length 1 2 3 4 5 ii. Dechniques i. Qualitative 1 2 3 4 5 b. Techniques i. Qualitative 1 2 3 4 5 i. Quantitative 1 2 3 4 5 j. Cost-effectiveness 1 2 3 4 5 j. Cost-effectiveness 1 2 3 4 5 j. Process evaluation 1 2 3 4 5 j. Patient and public involvement 1 2 3 5 j. Patient and public involvement 5 j. Patient and pu					
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SECTION 3 SCORE [total score ÷ 7]			0	1	F
	1	2	3		
				SECTION 3 SCORE [IOIAI SCOR	e÷/]
	Running the research sto	2	3	4	5

Figure 3. (Continued)

5. Reporting the res	earch study							
i. Health and wellbeing outcomes – Depth/length								
1	2	3	4	5				
i. Health a	i. Health and wellbeing outcomes – Breadth/reach							
1	2	3	4	5				
ii. Social o	utcomes - Depth/ler							
1	2	3	4	5				
i. Social o	utcomes – Bre			-				
1	2	3	4	5				
III. Financi	al outcomes			_				
1	2	3	4	5				
iv. Artistic	outcomes	2		-				
1	2	3	4	5				
			SECTION 5 SCORE [total score ÷ 6]					
6. Implementation								
a. Attribution of		2	4	-				
1 b Disconsistation	2	3	4	5				
b. Disseminatio		2	4	-				
1 Desult	2	3	4	5				
c. Result	0	0	4	5				
I	2	3						
			SECTION 6 SCORE [total score ÷ 3]					

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



Figure 3. Aesop 1 framework summary.

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Conflict of interest

All authors declare no conflicts of interest.

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