

Writing narrative action evaluation reports in health promotion – manual of guidelines, resources, case studies and QuickGuide

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Preface

This manual has been produced through the collaborative work of the Narrative Evaluation Action Research (NEAR) pilot project team.

The manual has been developed to assist Community and Women's Health agencies in building their capacity to evaluate health promotion programs and practice using an approach that incorporates narrative evaluation and action research methodologies.

This approach to evaluation serves to 'illuminate' health promotion practice through the creation of 'stories'. These stories can be used to convey the complex realities of health promotion practice as told through the 'voices' of multiple stakeholders. Embedding the production of these stories with an action research cycle facilitates program and practice development.

Narrative evaluation is an invaluable adjunct to the statistical evaluation methodologies used to measure health promotion program outcomes. In combination, these two differing health promotion evaluation perspectives provide stakeholders with varied forms of 'evidence' about the 'whole': what is being done, why, how and its effects on population health, as conveyed by the varied 'voices' engaged in the task of health promotion evaluation.

I recommend this manual as a support for agencies implementing the Department of Human Services Integrated Health Promotion framework.

The collaborative team that worked together to produce this manual is to be commended for the contribution it makes to advancing the practice of health promotion evaluation within the Victorian primary health care sector. Particular thanks are extended to the staff of the participating Community and Women's Health agencies, the university collaborating team and the regional Public Health and Primary Care staff involved in the project.



Brian Joyce
Regional Director
North and West Metropolitan Region
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Dedication

We dedicate this work to the memory of Marjorie Oke, 1911–2003

Marjorie Oke was an energetic and thoughtful consumer and community health promotion 'researcher-on-the-run', whose contribution to the original Community Development in Health (CDIH) collection of case studies continues to inspire a new generation of health promotion workers. We include an extract from a Vale given at her memorial service, which was turned into an example of a spoken narrative as a resource for the NEAR writing workshops (see Resource J), as well as Marjorie's original narrative case study in the 1988 collection (see Resource L).

Thanks and acknowledgements

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From the Phase 2 Working Development Group we thank all those from Phase 1 who continued to research-and-develop the processes and materials as well as all those who joined Phase 2 – Mick Geary and Eileen Holbery, Banyule Community Health Service; Vicky Mason, Mary Cigognini, Barb Bell, Jackie Mansourian, Ben Norden, Sue Campion and Angela Pollock, Darebin Community Health; Deb O'Connor, Sally Missing, Sue Moger, Spase Velanovski, Suzi Pinchen, Anna Kaladjic, Cathy Greenwood, Monica Mercieca and Maree Kendall, Dianella Community Health Service; Mary Shaw, Karan Courtney-Haag, Katherine Goulliart and Elizabeth Alexander, Djerriwarrh Health Services; Keryn McNaught and Michael Falloon, ISIS Primary Care; Vera Boston, Kristine Olaris, Melissa Bryan and Lina La Guardia, North Yarra Community Health Service; Antoinette Mertins and Marianne Mahony, PANCH Health Service; Maarten Post and Kate Halasa, Plenty Valley Community Health Services; Jaime Timmerman and Melanie Block, Western Region Health Centre; Melissa Afentoulis, Cath Cosgrave (left), Robyn Gregory, Joy Free and Sally Camilleri and Jane Howard, Women's Health West.

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Introduction

'What's the story?' we ask.

It seems a near-universal question – asked in order to weave together the threads that link otherwise separate aspects of human experience. Then we ask: 'And what's the moral of the story?' to ensure we understand and learn the evaluative meanings encapsulated in it, which carry the all-important implications for what we do next: that is, what new actions we might plan on the basis of these observations and reflections.

Narrative-writing and storytelling have seemingly 'taken off' all round the Western world not only in health promotion, or human and community services more generally, but this surge of interest in the narrative is being experienced in the heartland of industry, business and management. In one of the USA's largest companies – 3M – there is a very clear assertion of their value in an article titled 'Strategic stories: how 3M is rewriting business planning'. Shaw et al write:

At 3M we tell stories...We tell stories about how we failed with our first abrasive products and how we invented masking tape... [and about how] one of our scientists, while singing in a choir, wished he had bookmarks that wouldn't fall out of the hymnal--and later created Post-it Notes...we tell stories about the programs and people...to explain what happened and why it's significant.

Maybe our story-intensive culture is just an accident, but we don't think so. We sense that it is *central to our identity* – part of the way we see ourselves and explain ourselves to one another. Stories are a habit of mind at 3M, and it's through them – through the way they make us see ourselves and our business operations in complex, multidimensional forms – that we're able to *discover opportunities for strategic change*... [and] reflect deep thought or to inspire commitment. [*Our emphasis*]

But writing is thinking. Bullet (points) allows us to skip the thinking step... (and) leave critical relationships unspecified...(They) can't demonstrate that we really know what we're doing or where we are going. We can't see the whole picture.

...a narrative logic forces to the surface the writer's buried assumptions about cause and effect. The act of writing a full, logical statement encourages clear thinking and brings out the subtlety and complexity of ideas...When assumptions are made explicit, they can be discussed...

A well-written narrative strategy that shows a difficult situation and an innovative solution... can be galvanizing...When people can locate themselves in the story, their sense of commitment and involvement is enhanced...

Stories are central to human intelligence and memory...A good story (and a good strategic plan) defines relationships, a sequence of events, cause and effect, and a priority among items – and these elements are likely to be remembered as a complex whole.

Harvard Business Review (May–June 1998 v76 pp. 41–8)

The same spirit inspires the participants in the Narrative Evaluation Action Research (NEAR) project not only to 'tell their stories' but to tell them and re-tell them in a way so as to 'real'-ise goals, purposes, impacts and outcomes.

Here is a succinct summing up of the value of narrative action evaluation to a health promotion manager (Anne Cox, ISIS) who describes her own experience as a writer, as well as that as a manager, plus as an observer of practitioners' experience:

I really enjoyed the process of writing – most similar to journaling or emailing when travelling but with much more reflective analysis and digging deeper.

In terms of a management perspective – staff found the process challenging and very time consuming but rewarding as they ended up with a great result. It was great for staff to be able to add three new tools to their evaluation toolbox (narrative writing, action research, reflective practice through redrafting). Team members had the skill (of reflective practice) but not often the time to ask questions and keep digging deeper – why? Why? Why?

I would like to use narrative for evaluation in other areas across my organisation, for example, service coordination evaluation, (as it is) great for using with projects hard to evaluate especially where qualitative detail is helpful, (and it) uniquely conveys complex issues in a simple form accessible to the audience.

(It was a) delight to work with staff (of two community health agencies), who have been self-motivated, energetic, demonstrated skills as health promoters and now narrative writers.

To make it work and continue in an organisation – acknowledge the process takes time and commitment; if we want good evaluation we have to put in the effort; to facilitate skills required across an organisation will need training; and it is an exciting, fun and rewarding form of evaluation.

In this way the manual has been developed to contribute to a greater understanding of practising narrative, evaluation and action research in health promotion within Department of Human Services' primary care sector agencies, funded to undertake integrated health promotion through the community and women's health program.

The manual has been designed with, and for the use of, the multidisciplinary teams of managers and practitioners who have responsibility for planning, implementing and evaluating organisational health promotion programs

The then Department of Human Services Western Metropolitan Region (WMR) office initiated the project entitled the Narrative Evaluation Action Research (NEAR) project, in 2003. A team of university collaborators, auspiced by Swinburne University of Technology, worked together with the two pilot community health agencies and six staff and the department to develop this manual over the course of an annual organisational health promotion planning and reporting cycle. It was revised in 2006 after a second phase of the project trialled and extended the work across ten agencies and 42 staff in the North and West Metropolitan Region (N&WMR).

The three trials conducted in Phase 2 comprised:

- (i) two agencies trialling taking the manual materials and what they had learned in their own Phase 1 training to throughout their own agencies
- (ii) five new agencies repeating the training and receiving consultancy similar to those in Phase 1 (although slightly less intensive)
- (iii) three agencies making DIY self-use of the manual materials without consultancy support or initial training apart from an explanatory workshop.

Phase 3 is now being undertaken with around 14 agencies in the N&WMR. In addition, other Department of Human Services regions have expressed interest in possibly replicating the NEAR evaluation capacity building program with their regional C&WH sectors

What's in this manual?

This manual has four components:

1. A set of guidelines.
2. A resource kit.
3. Twelve case studies as examples of narrative reporting produced by NEAR pilot agency teams.
4. A short summary manual to print off for handy use (**QuickGuide**).

1. The **Guidelines for writing narrative evaluation action reports in health promotion** bring together the three broad research methods – narrative, evaluation and action research – into an integrated approach to assist in the writing of stories of health promotion interventions. During the course of the NEAR project, the demonstrated benefits of applying this integrated approach to health promotion evaluation within the pilot agencies have included:

- development of a deeper understanding of what is being done, why, how and its effects
- building organisational and practitioners' capacity to do this well
- better serving end-user communities and populations
- enhancing reporting, feedback and accountability to demonstrate this to multiple stakeholders, including the Department of Human Services.

The manual highlights both the step-by-step process of getting started and using the methodology, as well as the theory behind the methodology.

2. The **Resource kit for writing narrative action evaluation reports in health promotion** includes an annotated bibliography of useful readings about various narrative methods. In addition, further background information about the Department of Human Services organisational health promotion reporting requirements and NEAR project is included, as well as some handy tools.

3. The set of 12 **Case studies in narrative evaluation action research for health promotion**, written by the staff from the ten agencies involved so far, provide reflexive accounts of health promotion. The evaluative narratives explore varied levels of health promotion programming: whole of agency, program and project level.

4. The **QuickGuide** came about as a result of requests during Phase 2 and provides a succinct point-form list of steps, tasks, the key start-up workshop exercises, the four key resources from the Kit, and a timeline. It acts as a guide to the full manual as well as a handy printed hard copy for DIY readers.

The manual is continuing to be 'in progress' and will be subject to further revision in Phase 3. This will focus on expanding workforce skills to write action evaluation narratives. A Phase 4 is hoped to research fully the evidence base on change to health promotion practice and its impacts and outcomes.