

4 QuickGuide

This QuickGuide is a summary of the 'key essentials' and resources from the NEAR Manual that may be downloaded and printed off back-to-back as a stand-alone handy reference document.

Extract from

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

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Introduction – why narrative action evaluation?

‘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 understand and learn the evaluative meanings encapsulated in it, which carry the all-important implications for what we do next: what new actions we might plan on the basis of these observations and reflections.

Narrative-writing and story-telling have ‘taken off’ around the world not only in health promotion – such as here in the Victorian Government Department of Human Services’ North & West Region Health Promotion NEAR project – or in human and community services more generally. This surge of interest is being experienced throughout industry, business and management. In the heartland of one of the USA’s largest companies – 3M, the makers of post-its – there is a particularly clear statement of their value in an article titled ‘Strategic stories: how 3M is rewriting business planning’. Shaw et al write (condensed quote):

We tell stories. We tell stories about the programs and people to explain what happened and why it’s significant. Our story-intensive culture is *central to our identity* – part of the way we see and explain ourselves to one another. Stories are a habit of mind and it’s 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 inspire commitment. [Our emphasis]

Writing is thinking. Bullet (points) allow 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 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 p41-8)

It would be hard to find a clearer statement of the value of narrative evaluation as a critical part of the quality improvement cycle, and these same purposes have inspired the 52 participants in the NEAR project’s Phases 1 and 2 (2003 and 2006) not only to ‘tell their stories’ but to tell them and re-tell them in a way so as to better ‘real’-ise the goals, purposes, impacts and outcomes of integrated health promotion.



Step 1 – Before you start writing

1.1 Think and talk...

You will need to have done some preparation. Firstly check you have everything you need:

- Strong interest, energy and enthusiasm – both your own, as well as that of your relevant clients, communities, co-workers and managers.
- All parties looking forward to exploring the value of narrative action evaluation as:
 - an integrative research and development methodology that matches, complements and helps achieve integrated health promotion
 - complementary to, and an essential component alongside, existing evaluation techniques including planning tools, quality assurance audits and reporting statistics that describe outputs and outcomes in quantitative terms
 - a way of 'keeping the plot' (holding the program logic) on complex process interventions and community, group and individual engagements
 - a way of identifying how the 'story can change' where feedback response data indicates a new approach is needed.
- This commitment and knowledge needs to translate into a managerially-supported allocation of work time: particularly being built into annual work plans.

1.2 Meet and decide

Secondly, bring together those interested in action evaluation writing – for example 2-6 people – to discuss the points at 1.1 and plan a 'start-up' orientation workshop. Also draft a timeline (see **Appendix 1 Timeline**).

1.3 Have a start-up workshop

Thirdly, meet for half to a full day to work through the four orientation exercises (see **Appendix 2 Exercises** and **Appendix 3 What makes a good narrative**).



Step 2 – Getting started (putting pen to paper)

2.1 Re-meet and tell each other stories

Soon after the orienting workshop – we suggest within one to three days (or at the workshop if you can take a full day) – re-meet in pairs or as a small group and settle on your storyline/s, titles, their relationships to levels of health promotion practice and priorities, and writing style/s. Take turn about to each tell verbally what the narrative seems to you to be at this early stage. Begin to shape and re-shape it (see **Appendix 4 Map of levels, voices and styles**).

2.2 Go away and get down a first draft

(...any first draft if it still seems hard to do)

Keep asking 'what's my story?', 'How would I tell this to someone else – or to my mum?', 'Where did it start, how did it unfold, where is it at now?'

It may help to encapsulate it in a title or heading, or to write it as a paragraph or half a page (it's much harder to cut back if very long at first). You might find it helpful to use a set of strategic questions – either before (as a planner) – or after (as a checklist) (see **Appendix 5 A planner or checklist of questions**).

2.3 Exchange narratives and re-meet

Again, either in pairs or small groups, email narratives to each other or circulate hard copies. You may want to circulate to a wider reference group at this stage (for example, people you may have interviewed or discussed it with, clients, community members).

Consult your **Timeline** for the date to re-meet and **stick to it!**

When you re-meet, practise the art of responding by asking questions that help the narrator rewrite so they are able to tell the best story they can. You are not being a literary critic – you are helping the other person (or people) craft their stories just as they are helping you craft *your* story.



Step 3 – Keeping going!

3.1 Redraft

Again sticking to the **Timeline**, make the time to re-write your draft (we'd advise doing it soon after the peer writer support meeting). You may want to re-draft a couple of times.

3.2 Recirculate and/or re-meet...

You may find the need to re-meet more than once, or you may find the need to do additional research, interviewing, discussing with relevant stakeholders. You may also want to call on a **consultant** with more experience of writing narrative action evaluations. The meetings with peer supporters may become less formal, even just quickly snatched times for brief clarifying exchanges.



Step 4 – Finalising...and revising

Now is the time to circulate the almost-finished narrative further afield.

Discuss possible usage with other stakeholders, and begin to finalise, possibly in different forms for different destinations, for example, a committee of management, a centre newsletter, an annual report, the local newspaper, a community group's own use, a speech or presentation by a client, a professional conference, seminar or journal, other health promotion colleagues or programs, the Department of Human Services.



Step 5 – Winding up... then returning again later

Celebrate!

And think about what you might like to make a narrative action evaluation about, next year...



Appendix 1 Timeline example

Task	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep - Dec
Meet, discuss ideas for narratives, set date for first training workshop	Date ➔								
Plan/check/ or revise this timeline	➔	➔	➔	➔	➔	➔	➔		
Preparation for workshop – individually or in pairs		➔							
Workshop (work through all four exercises), arrange to meet to verbalise stories			Date? ➔						
Meet in group, or small groups or pairs to verbally tell each other/ clarify/shape the stories			Date? ➔						
Write first drafts and circulate them				➔ Date by which circulated					
Read and make notes/responses as questions (to clarify/explore meanings), set date to meet					➔ Dates by which read, and to meet?	➔ Date by which to finalise?			
Meet to ask each other questions about the drafts, set date by which to finalise									
Further revision and/or arrange wider circulation of narratives							➔	➔	➔
Other...									

Appendix 2 Exercises

Figure 1 summarises some key points about the three methodologies

Figure 1 The three methodologies – narrative, action research and evaluation

Narrative

At its simplest a 'narrative' is a structured story. Story-telling has a long human history as people have worked to understand and order our human experience in manageable 'chunks'. These 'chunks' are built from the endless flow of empirical sensations and the connections we see between them, as well as our thinking and feeling about them. 'Tellers, writers and actors' do this in order to pass on these experiences and learnings, by word of mouth, by pictures or by written or multi-media forms, for the benefit of 'listeners, readers and watchers'. Then the roles may be swapped as we tell these stories to each other and then hear new stories in response. In turn we may go on and tell different stories or the old stories in new ways.

It is possible to draw from both literary and social science traditions of narrative to better understand the structure and content of good narrative. Narrative's typical character of conveying a progression from a past to a present and possibly a future, meshes well with a process or continuous-cycle model of (action) research.

Action research

Social science also 'chunks' human experience in stories that have 'beginnings, middles and ends'. 'Aim, apparatus, method, results' is essentially a narrative structure of conventional laboratory science just as 'Hypothesis, test, conclusions' is for experimental science. Science also is 'telling its stories' and passing on its knowledge and learning to a 'community of scientists'.

New paradigms of understanding the social world as both continuous and socially-constructed by all participants (kind of analogous to the movie 'The Never-ending Story'!) have yielded a new way of doing social research. A typical way of describing this underlying methodology is in terms of continuous cycles of ACTION – QUESTION – OBSERVATION – REFLECTION – CONCLUSION – PLAN/CREATION – TAKE NEW ACTION and so on. Again, these experiences, conclusions and results of observed new actions are passed on for others' use and reference, not so much as 'The Truth' but as 'these truths' for these purposes, at this time, in this place, among these people ('community of scientists' – but now more broadly conceptualised as a 'community of practice of interested knowers and learners').

Evaluation

Evaluation has been seen as a retrospective process of observation and reflection involving judgements about 'value, merit, worth or significance' (Michael Scriven 1991 *Evaluation thesaurus* 4th ed. Beverly Hills, CA: Sage). In practice, evaluative judgements characterise both retrospective moments (both *formative* – 'how are we going?', and *summative* – 'how did we go?') and prospective moments (both *visionary* – 'how do we want to go?', and impact assessment – 'how do we think this will go?').

In doing so, evaluation can be seen as following the same logical and chronological sequence of all social science-in-action. Indeed evaluation is an inevitable aspect of action research and social science per se whenever decision points are exercised regarding what is of value (which are the best questions? best observations? best theories? best conclusions? best ways of understanding where to go next? etc.). Research and evaluation (and the relative truths they arrive at) in this way are all relative to context and purposes. Far from being 'value-laden', all inquiry, like the worlds it observes and understands, is necessarily in a sense 'value-driven' or displays a values-saturated 'logic'.

© Y Wadsworth (2004) 'Building it in...'

Exercise 1

Getting started from where you are at – what makes a good narrative?

This exercise has two parts: one preparatory, one in a workshop. It can be done in parts or small groups (3-8).

■ *Preparation before the workshop*

What makes a good narrative?

- Select narratives you have already written (or look at those prepared by others in the group), for example, for a previous health promotion reporting cycle.
- Identify one or two stories or draw out aspects from all that make them good stories or exemplary storytelling.
- Think about and record the criteria for a 'good narrative', such as most interesting, well-written, informative and illuminating.

What are good guidelines for writing?

- Now look again at the guidelines for writing narratives. These are in **Resource A**, p. 17, Part 1 Appendix 3 Reporting Pro Forma in the document *Health promotion reporting 02-03 and planning and reporting 03-04*, March 2003. Although these guidelines consist of only seven dot point prompts, they contain some important features of the narrative evaluation framework that will be developed further in this project.
- Rewrite those guidelines in the light of what you learned from your 'first go' at using them
- (see **Resources E and F** for NEAR agencies' examples of doing this).

Reflect on the reading

- Read through the annotated bibliography of 10 narrative evaluation materials (**Resource D**).
- Identify which ideas seem useful to you.

■ *When you meet...*

Talk about what makes a good narrative

- Review together your experiences of writing narratives in the last reporting cycle.
or Each tell a quick story about something that has happened that day (in the tearoom, on the weekend, at home, etc.)
- Pool all the features that made some stories or some aspects of the stories stand out. (**Resources E and G** address this question)
- Can people say how they would now rewrite or retell their stories differently?

Talk about what makes good guidelines for writing

- Examine how you'd rewrite the initial pro forma guidelines in the light of that experience.
- Draw conclusions about what that might mean for each person's preferred writing style.
- **Resource H** was produced in the NEAR project to guide writing, or for writers to check back against. It was found to be very helpful.

Talk about the reading

- Reflect on what you each liked among the ideas in the annotated bibliography of narrative evaluation materials.

These three little tasks comprising **Exercise 1** gave the NEAR writers a good start.

Exercise 2

Focusing on health promotion and 'who it's all for'

(communities/populations)

This exercise has three parts. It helps orient towards the underlying purposes of the narrative writing: to strengthen integrated health promotion. It is best done in small groups (3-8).

Shifting the terrain to health promotion

i. Generate (quickly, brainstorm-style) as many alternate images, descriptive words or adjectives for health or healthy as you can in five minutes. Turn negative ones (e.g. 'not x' into positive states). Use direct colloquial language if that helps. These are descriptions of **your** health. e.g. sunshine, strong, glowing, fresh food, alive, vigor

ii. Now generate a list of what activities, events, practices or states in your own personal life make you feel like that. Idiosyncratic as you like. Find ways of listing ways that might be surprising or embarrassing! (pool these to ensure anonymity). e.g. morning run, a barbeque with friends, native bush hikes, white linen, sleep, going dancing, leaving a difficult workplace.

iii. Finally, imagine what kinds of activities, events, practices or states would make you feel like this – and that could be achieved if there was someone there to help you realise or organise them (to resource, support, assist you)... like a friendly community health promotion worker, for example! You should not have any preconceptions about this person's role except that they are there to help you do whatever you deem valuable to make you feel in a state or states of health. e.g. door knock to organise Tai Chi in local park at 7.00am, small local dance for all ages (no alcohol/smoking), quilting circle, local 'field days' (to learn bike maintenance, rose pruning), establish a self help group against bullying.....

© Y Wadsworth & Gai Wilson (1992) , 'Shifting the terrain to positive health promotion'
Issues in Victorian Community Health ARIA Inc., pp. 17-21

Exercise 3 Focusing on evaluation

This exercise uses the 'mug evaluation' to evaluate something simple (nothing to do with health promotion!) in order to observe the steps in evaluation and the two major 'moments' of evaluation:

- i. Prospective or developmental** 'open inquiry' evaluation 'what is of value, merit, worth or significance?; to draw out the indicators to establish that are implicit
- ii. Retrospective** or 'audit review' evaluation which checks whether previously identified valued states have been reached or achieved.

It also usefully indicates:

- i. the ease** with which we evaluate
- ii. the everyday** nature of evaluative thinking
- iii. how we can inductively generate** or identify evaluation criteria or indicator
- iv. how we can then use these** to deductively evaluate against.

In terms of writing evaluative narratives, it also alerts us to the first step of observing the reasons or logic for identifying the all-important comparisons or discrepancies between an 'is' and an 'ought' (or 'ought not'), between valued and not-valued states. ("It did or didn't work" – "why?")

The mug evaluation

[*Preparation:* Bring an ordinary unremarkable ceramic drinking mug for use in the exercise (at the beginning). Bring a second mug that is quite different (e.g. plastic) for use in the last step of the exercise.]

In a small group, ask each person in turn to say whether they would choose to use this mug (yes or no) if it was in the kitchen cupboard at work and 3 reasons why (or why not). Write these on butchers' paper. **(Fieldwork)**

Reflect on how easy that 'fieldwork' was to do; how asking 'why?' and then 'why' again gets more but is also hard to do; the importance of context (e.g. if 'for a picnic' imagine how different the values assigned would be); how it also rested on people already having stored the 'evaluative comparative criteria' in their minds; the diversity of views; and how these differing perceptions (values) impact on any idea of its 'real objective value'; note impact of any group dynamics, etc.

Now go through people's answers on the butchers paper and ask people to draw out the evaluative criteria or categories (e.g. size, weight, colour, aesthetics, design, place of manufacture, etc.) and if there's time, indicators of what makes a good mug. (**Analyse**)

Reflect on what the difference was between these summary concepts and the initial responses (e.g. the categories come from the data and are socially-constructed best by respondents themselves to express what **they** meant i.e. is it 'design' or 'shape' or 'aesthetics'?; it is helpful to clarify, makes it easy to use as a checklist, **but on the other hand** reduces richness, seems more rigid and fixed)

Finally, now use the list of evaluative criteria to evaluate the second drinking mug. Reflect on doing that. E.g. quick and easy but unable to suggest change or improvement. (Use a polystyrene cup to illuminate the latter re. how the criteria are fixed by and dependent on the extent or limitations of the **previous** 'fieldwork' and who took part in it - and thus the list may not have a criterion regarding 'environmental sustainability'.) (**Plan and take new action**)

Summarise the steps by drawing a cycle diagram with the 4 steps round the circle: fieldwork, analysis, plan and take new action. (See also Exercise 4 diagrams)

Summarise by reference to the text [Y. Wadsworth (1997) *Everyday Evaluation on the Run*, Allen & Unwin, Sydney]

The comparative table (page 45) and distribute a copy of the wall map at back of the book, or use the action research cycle that accompanies Exercise 4.

© Y. Wadsworth and J. Wexler (1991) *Manual of notes for convening an introductory workshop on evaluation* ARIA Inc.

Exercise 4

Focusing on action research – using strategic questions

This exercise orients to the steps in action research; action research **as** research; the cyclic and change-orientation of action research, and the sequential nature of action research that lends itself to the narrative method.

It draws on Fran Peavey's sequence of strategic questions (see **Resource D** Number 5). You may also like to use Resource H to do this as this planner or checklist is the one we are using in all NEAR writing, which incorporates Fran Peavey's strategic questions.

i. The group chooses an example of a minor topic that is mildly interesting or problematic and also fun. Ideally this should have nothing to do with health promotion as the focus is on the *questions* and what they yield, not on the answers. For example, consider evaluating things like: mobile phone rings, shopping trolleys, conference dinners or the room heating! The mundane. The small scale. Something that can be worked on readily by **everyone** in the group.

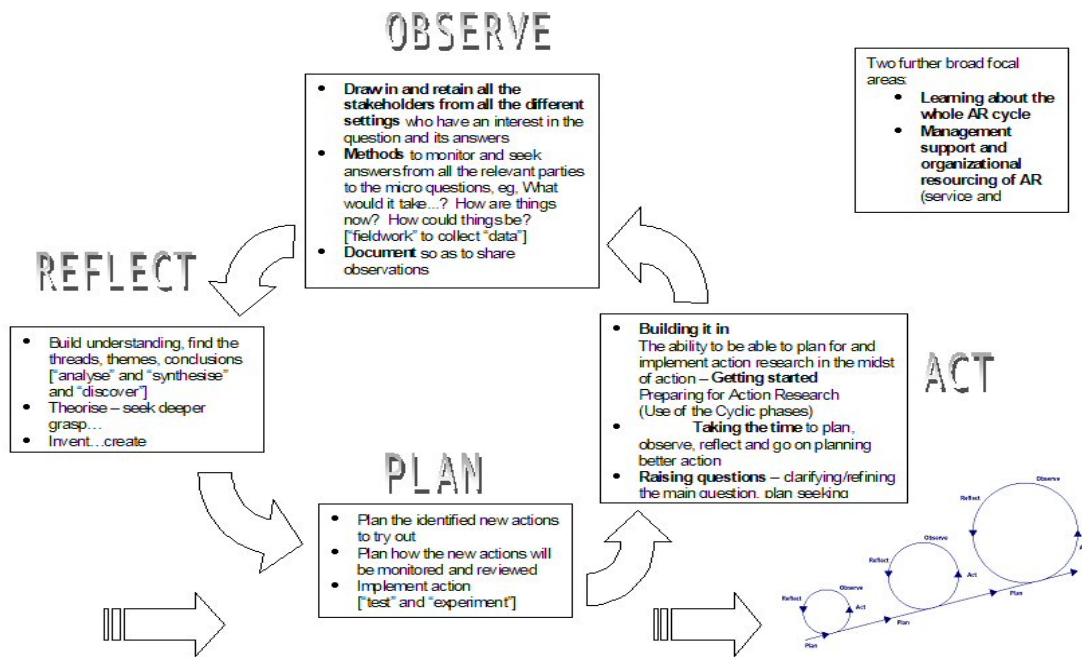
ii. Work through applying the string of strategic questions in **Resource D** to the issue chosen.

Spend no more than 5–8 minutes on the task, but try and get a response to each question from each person in the group.

Have a timekeeper who can keep saying 'don't spend too much time answering the question – only on whether you see what kind of answers you'd get if you asked it'. Try and move through each question, one after the other. At times you may need to double back, but the important thing is to keep going!

iii. Reflect on the value of the exercise. E.g. It can get you from 'what is' to 'what could be'; it doesn't just plan visions without a good grounding in both observing and asking 'why' regarding prior experience; it prevents anyone recommending actions others should take and instead supports only self-reliant change that people can make; it gets more alternatives on the table, and it is a systematic way of tapping everyone's views.

Summarise by reference to the wall map at the back of Y. Wadsworth (1997) *Everyday Evaluation on the Run*, Allen & Unwin, Sydney, or the Diagram reproduced below, drawn from



'What is Action Research in Reconnect?', ALAR journal Vol 7 No 2, October 2002, page 69

Appendix 3 What makes a good narrative

(Note: This is **Resource G** in the Resource Kit)

Resource G

What makes a good narrative?

At its simplest a narrative is a story; a spoken or written account of connected events in order of their happening. The art and practice of narrating is about telling a story that *communicates* this (the events, the connections, and the order of happening). Both spoken and written narratives can draw on each other's devices – the 'dramaturgical' (the stage, the movie, the schoolhouse) for the spoken; the 'literary' (the book, the paper, the letter) for the written.

Without time to delve deeply into textual theories and approaches (for example, rhetoric, formalism, structuralism and semiotics, critical discourse analysis, narratology, genre and post modernist discourse theory :-) or even generative approaches (techniques for writing, heuristics), analytical approaches and the synergies between these, this short practical brief conveys the basics of writing a narrative evaluation using an action research approach to change and improvement.

What's the story?

Choose what type of story to write – is it a health promotion mystery? A thriller? Comedy? Redemption story? Are you Jeremiah thundering forth with a message of doom to shock the folks out of their myopic complacency? Or are you Mills and Boon with a romantic and heart-warming love story of silly human misunderstanding leading to loss of Eden climaxed by reunity and hope? Or do you want to tell several of these stories? What exactly is your story going to illuminate about the project or program? Encapsulate the basic story in an inviting title. Now tell it in one sentence as if to a curious person you meet at a party – 'what's the story?' Write it in a paragraph or two as an abstract. What is it about? What's it really all about?

Who are you telling this story to?

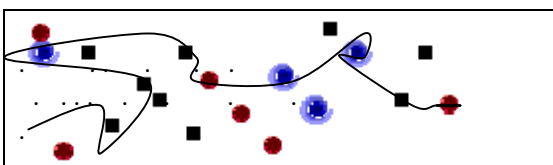
Think about who you are writing your story for and orient the story to *them*. Are they interested in this story do you think? Why? What interests them most and why? What drives them? What do they know and think right now about the 'evaluand' of your story? Do you have to bridge a gap between them and their world – 'where they're at' – and your story? What is the nature of that gap? Use the story, genre, language, examples, terminology and style appropriate for them to best *'get it'*.

Who's telling the story?

Whose story is it? Decide on the way you want to tell your story – is it your personal voice? A warm collegial voice? A cool professional voice? A disembodied scientific voice? A bit of each? Is it 'I' or 'we' or 'them' or a combination? Is it your story to tell? Which is the best story for *you* to tell? Do you want others to tell parts of the story with you? Is it multivoiced? What feels like the 'right' voice to tell it in?

Give the story a basic structure

What is the storyline? Of all the possible things you could say, which stand out for you as the highpoints or features that are **connected** in this story? Is it a straight logical line? Or is it more like a circle. Or does it go round in circles? Was it a circuitous story with false starts and dead-ends? Hold on to the main plot as you go up all those sidelines. There may be a lot of data, detail, and numerous things you could say – the 'dots'. You are finding the 'story' between them that you want to tell – identifying the lines or **threads** of the story', and the dots or **features** of the story.



A start...

What was 'the start'? Capture your listener's attention. State the problem. Even dramatise the beginning a little (even if it's to say how unremarkable it seemed at first). It will often involve a contrast between things. Orient your reader. You want them to ask 'what happened next?' ©Yoland Wadsworth 2004 S&H/NCEPH & NEAR/ARP

Who are the players? The characters. These may include disease states or physical environments, abstract populations or real communities! Characterise them. Give them a 'voice'. Make them 'speak' to the reader. Check the cast of players are each introduced at the right time in the story. Who (or what) was there at the start? Who or what came later...And what were their roles? What parts did they play? Were there unexpected changes to the lead characters? Do they speak to us? Can we see ourselves in them? Can you personalise to achieve this?

Now **the setting** (or settings). Characterise them too. What is in the background? Can we see, hear, smell, and feel the stage, the backdrop or environment? Does it touch us? Is there anything interesting going on 'behind the scenes', 'off stage', in the audience, outside the 'theatre'?

...a middle...

Having jumped into the action, what is the unfolding story? (Make the 'middle' as absorbing as possible)* What exactly has happened or is happening?

Identify progress or lack of it. There may well be complication. Were there stops and starts or stages? Events, highlights, surprises, barriers? Foreshadow or refer back to them. Show how the evaluative thinking unfolded and the data, evidence, observations, explanations and how theory/theories developed. It can help sometimes to give a heading to each paragraph to work out whether it would read better if their order was rearranged (to prevent the story being literally 'all over the place'). Maybe some paragraphs are about the same thing and it's better to combine them (or even reduce them if one or two can tell it best). Maybe you want a little bit of repetition to heighten the telling of the story...

...an end

What was the end of the story you are telling? (Even if the end is only provisional – a 'current' end. It might even be a never-ending story... :-) Work out what is the degree of certainty and closure or/and emergence and change still going on around the conclusion/s. Make the end as satisfying as possible, whether it is conclusive or not...the story needs resolution. Have people got the 'take-home' message/s in how you've conveyed the story (without rather woodenly announcing them)? Indicate any possible futures that might follow... What *could* come next? ('Stay tuned for the next exciting episode...!')

***Create credibility by evidence and rich 'thick' description**

Throughout your story use rich complex detail, nice turns of phrase, a bit of colour, crisp vignettes and illuminating direct quotes and graphical presentation. Build the evaluative story with the necessary data and attention to rigour, thoroughness, etc. Don't lose important detail that the reader needs in order to 'get it' re: the points you are making. And don't give so much extraneous detail they get lost. Reduce superfluity. Simple sentences. Precision. Show, don't tell. You are aiming to deepen the reader's understanding. Take them along with you on the research journey of 'discovery'. Give surrounding contextual information that helps them make this deeper sense of it all. Ask: What is going on? – What is *really* going on? This is a gestalt or hermeneutical approach to illuminate the figure by the ground and vice versa. The power of narrative rests in the sequencing of reasons, reasoning and explanation.

Find ways to surface the undiscussibles. Be as transparent as possible. Is this the whole story? Or are there other truths, other perspectives, controversies, paradoxes, contradictions, or 'stuck spots' in this story? Would it be useful to show them – even feature the conflict as well as the false starts, your original hunches and how they got transformed? Dramatic contrast may help ('On the one hand we/or others thought such and such... but on the other hand we knew/found/noticed such and such...'). If your

reader knows about these and doesn't see that you do too, or how you have responded to them, will your story be less plausible, less evidenced, less credible? Modest statements of obviously overwhelming conclusions will convince better than overstated weak conclusions.

Research shares with both literature and theatre an important potential characteristic of narrative:

"It can show you things you have never seen before and will never forget."¹

References

Scan down to Narrative Paradigm and open Ch 23: <http://www.afirstlook.com/main.htm>

'What is narrative?' Jenny Rankin, Swinburne University

http://www.alfred.north.whitehead.com/AJPT/ajpt_papers/vol03/03_rankin.doc

An appreciation and critique of Foucault, Damien Broderick, Melbourne University

<http://www.lib.latrobe.edu.au/AHR/archive/Issue-February-1998/broderick.html>

See an exemplar: **Resource J** 'Marjorie Oke and the Hydrotherapy story (Vale)' as an example of an engagingly-written narrative.

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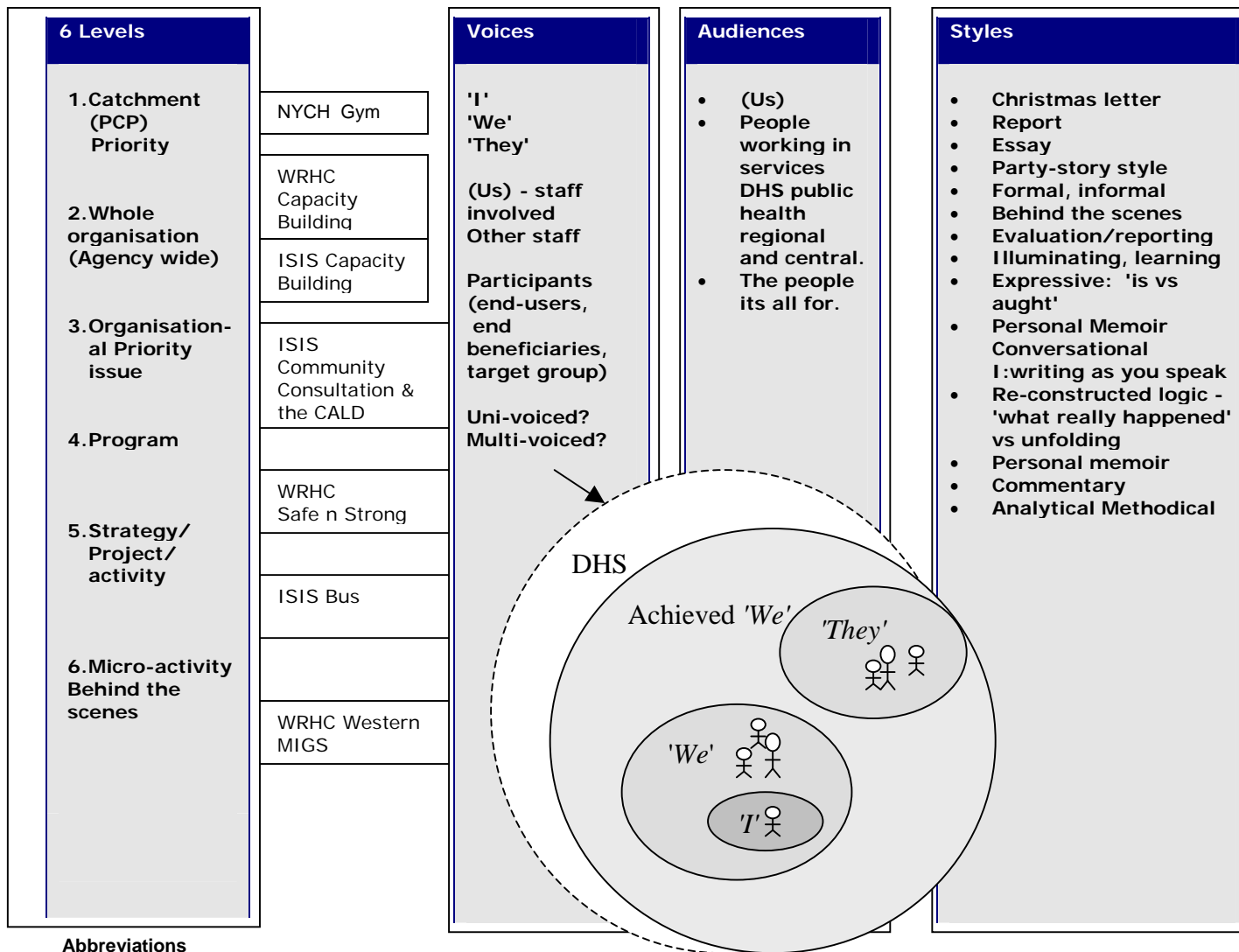
¹ <http://www.learner.org/exhibits/literature/index.html> [do not under any circumstances click on the door!]

Appendix 4 Map of levels, voices and styles

(Note: This is **Resource K** in the Resource Kit)

Resource K A NEAR working document: a map (locating the different narratives)

The 12 case study narratives (**Section 4**) are pitched at a range of levels, drawing upon different voices, and written in different styles. Each narrative also speaks to several audiences/stakeholders. This map may assist other narrative writers locate their story, their voice and their own audience/s. The examples given are mostly from NEAR Phase 1.



Abbreviations

- CALD – culturally and linguistically diverse
- ISIS – ISIS Primary Care
- NYCH – North Yarra Community Health
- PCP – Primary care Partnership

Appendix 5 A planner or checklist of questions

(Note: This is **Resource H** in the Resource kit)

Resource H

A planner or checklist of questions for narrative action evaluation writers

To bring together the elements of narrative, evaluation and action research

Firstly... two design issues:

Who were the stakeholders?

Who are the interested people/stakeholders/or participants? Who is involved already? Who should be? Who could or should also give their views as part of this story? Or who else should be here telling this story with you?

What were the practicalities?

Together with those others/stakeholders/participants, consider where, when and how would be the best way to capture and share these observations and experiences.

Retrospective evaluation

Firstly, looking back to see how things have gone so far...

What was being evaluated?

Name the area of activity, interest, issue, 'claim, concern or issue', practice or project...

What did we observe?

Looking at the whole... and

Looking at the parts...(for example, a range of activities that make up a program; or different parts of a work area; or different aspects of a project). Describe for each what you have – so far – seen, observed, noticed or heard about it... Why are these things being done? Why like this? Who identified the need (the participants, you, or the organisation)? What were the hopes?

What was its value? – 'Open inquiry evaluation'

Evaluate value, merit, worth or significance so far...

Overall, how is it going? Is it working well? (or not) What makes you say that? Describe what you've seen, observed, noticed, learned etc. (...and what others have seen, learned etc. too)

Try answering using a three-column matrix format: [1] Good or not so good? [2] I know because before (we observed) [3] Now its changed in the following ways.....

Did we achieve our objectives? – 'Audit review evaluation'

You may have set out to achieve certain goals or objectives in relation to this activity, interest, project. What were they? What were your planned indicators and targets or signs of achieving them? Were they met/achieved do you think? What happened? What were the actual outputs and outcomes? Try answering using a three-column matrix format: [1] We set out to... (goals, etc) [2] Our indicators/targets were... [3] Achieved or not achieved?

You might refer explicitly here to the statistical reporting accompanying the narrative report.

Why was it like this? – Analyse/Think/Reflect

Stop and reflect on (or analyse) what you think you are seeing. What do you think was going on here if you saw that sign? Why you think those signs or reasons actually made it good or not? What do you think was really going on here? What is your reasoning or logic about this? How do you explain successes or problems?

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How did we feel about it?

Now stop and reflect on how you feel about it. What made you feel like that was a good (or bad) sign? Why did it seem like it was right (or wrong)? Good or bad?

A threshold or liminal question..... Did you want change or not to change?

Looking back, did you want to change or improve the activity, project, etc.? What did you learn?

Prospective evaluation

Now looking forward from 'what was then' to 'what could be'...

What was the vision?

How did you clarify your vision about what you either had hoped for then (and still hope for now) or, with hindsight, what you thought you would do differently or what would be better (or even better)?

What needed to change?

What change or changes did you decide would be needed to bring the situation towards the desired/ideal/something better? What did it take to make that happen? What actions, steps, pathways...? Who else needed to be involved?

What alternatives were there?

Were their alternatives you considered? Even seemingly 'way out' ones or suggestions that seemed at first impracticable or unworkable. This was the creative 'out of the square' moment. Did you listen to soft voices, different-from-us voices, and community voices belonging to the least powerful or most stigmatised, and possibly ones you disagreed with?

What were the consequences that led to your choice/s?

What were the consequences of going down these different tracks? What was the affect of taking up the idea? How did you feel about doing this? What were the responses to it by all the stakeholders? What were its strengths, weaknesses, opportunities, threats? Which had the most energy attached to it?

What actions came next?

When you settled on a course or courses of action, who did what personally? How did people collaborate? What were the actions that you or they could see could be taken next? ...And which you or they **really wanted** to take?

What support did you need?

When you identified your part in it, what did you personally, or each other person or collaboratively, need in order to actually **do** it? What did it take – what support, assistance, information, resources, people and etc. was needed?

Monitor... and...

What are you seeing now?

Now you were giving it a go... Did you monitor – observe, describe and evaluate it? What changed as a result of your work?

And what have you decided to do next?**Yes! ...It's an action evaluation research story! An ongoing story!.....**

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Appendix 6 An example of a health promotion narrative

(Note: This is Resource J 'Marjorie Oke's hydrotherapy story' in the Resource kit)

Resource J

Marjorie Oke and the hydrotherapy story (Vale)

Marjorie Oke was a significant figure in the community, health and self help health scene for many years from the 1980s. She was a member of the Health Issues Centre Committee of Management and an Ambassador for Health for the Victorian Health Promotion Foundation's 'Active At Any Age' program. Through these – and many other areas of activity, Marjorie's sense of responsibility and desire to take the message of self-determination and holistic health and the part that could be played by supportive professionals, meant she seized the opportunities to contribute wherever and whenever they appeared. She was also a great teacher via the telling of stories.

We have reproduced at **Resource L** her group's contribution to the first CDIH collection of case studies. The following is an extract from a Vale after Marjorie's death soon after the NEAR project had commenced, which was contributed by Yoland Wadsworth to a Memorial Service at the YWCA on 29 August 2003.

It was circulated as a narrative format example for the NEAR project training workshops' purposes.

The Northcote Hydrotherapy Group. Such an incredibly ordinary name for something that became – with Marjorie Oke's vision, drive and the energies of more than 20 people – so truly remarkable. Northcote: yes. Hydrotherapy: yes. And yes, a group.

But in reality so so much more:

- more like a wholistic life support system
- a comprehensive vitality-enhancing system
- an exemplar of health development or health promotion practice

First up, swimming skills were relearned (or learned from Marjorie for the first time by women and some men in their 70s, 80s, and 90s).

Massage and physiotherapy exercises were initially received from the professionals – but small grants were then sought to enable the skills to be taught to and then shared among group members using a trainer-the-trainer approach (before we knew that term so well either).

Friendships were formed, everyone had a place.

More small grants were applied for – for bus trips not just to the pool but also to interesting places otherwise inaccessible.

As soon as funds were found, no time was wasted and off people went to the Ballarat Begonia Festival, to Phillip Island, Lorne, and Hanging Rock.

Disabilities were overcome, crutches and walkers and even wheelchairs were dispensed with ...and another job was created for a group member, as tour organiser.

Diets changed (effortlessly) as recipes and food were shared on picnics, bush walks, at meals together and birthday celebrations.

Over food, stories were told, emotions shared, memories and current realities of love and violence, work and marriages, childbirth and death.

The group became a survival system.

Poetry was written.

Cheap tickets discovered for arts and entertainment events... a play could be attended.

More modest sums were hunted down by Marjorie – this time for a newsletter, and a journalist job created for a group member for whom this had once been their career.

Then the group started to become its own formal education system.

Seminars were attended. Information exchanged. Interesting people met and listened to. Members began giving guest lectures to public health university students on the benefits of this kind of holistic self-help effort which was supported at critical moments by helpful health professionals who worked 'with and for' not doing 'to and at'...

A group secretary role emerged and morphed – when a letter arrived from a funder addressed to 'the Administrative Officer' – because that sounded a bit flash and a bit of fun! People enjoyed themselves. Mutual respect multiplied.

Health bloomed...

It was their group.

And then one day at the pool a younger woman with a camera was welcomed.

A small grant submission for precisely \$673 was written in 'spidery old lady's writing' (in Marjorie's words) to fund Meme McDonald's photography and taped stories,

...and a professionally published Penguin book of oral history with exquisite photos of the honest beauty of ageing ensued.

And then a calendar...

And the possibilities went on... and on...

... unfolding... unfolding... unfolding

This was not a group – it was a complete organisation.

A virtual village! A true community.

Marjorie practiced her 'whole systems research on-the-run for whole health' for more than a decade.

Not even a bus could stop her – though there was one that damaged her savagely.

Vale Marjorie. We will never forget you.