



Evaluation Guidance for Projects

10 things you need to know...

Version 3
September 2010

Produced by the Altogether Better Learning Network
(Please do not reproduce without prior permission. Thank you)

Contents

SECTION 1: INTRODUCTION	3
WHY BOTHER TO EVALUATE?	3
WHAT OUTCOMES ARE WE INTERESTED IN?	4
<i>Evaluation at Programme Level and Project Level</i>	4
EVALUATING ALTOGETHER BETTER: 10 THINGS WE'D LIKE PROJECTS TO DO	5
EVALUATION SUPPORT: WHAT CAN WE OFFER TO PROJECTS?	6
SECTION 2:	7
EVALUATION REQUIREMENTS:	7
WHAT WOULD WE LIKE PROJECTS TO DO?	7
1) <i>Provide project descriptions</i>	8
2) <i>Provide quarterly monitoring information</i>	8
3) <i>Collect a minimum data set for each beneficiary</i>	8
4) <i>Project level evaluations to evaluate outcomes and processes</i>	9
5) <i>Provide Case studies</i>	9
6) <i>Produce Annual Reports for your project</i>	10
7) <i>Participate in Learning Network Activities</i>	10
8) <i>Participate in Network Learning Sets</i>	10
9) <i>Contribute to Thematic Evaluations and Network Analysis</i>	11
10) <i>Co-operate with BIGs National evaluation team</i>	11
SECTION 3:	12
ALTOGETHER BETTER MINIMUM DATA SET	12
<i>Why have a minimum data set?</i>	13
<i>How will projects collect information for the MDS?</i>	13
<i>ATB Evaluation Tools*</i>	14
<i>When and how to use the ATB evaluation tools</i>	14
<i>What about other measurement tools?</i>	18
SOME EVALUATION Q&A'S	19
AND FINALLY	21
<i>Checklist of Steps Required:</i>	21
APPENDICES	22
APPENDIX A – ALTOGETHER BETTER PROJECT EVALUATION PLANNING TOOL GUIDANCE AND EXAMPLE	23
APPENDIX B – ALTOGETHER BETTER INDICATOR TOOL	27
APPENDIX C – EXAMPLE OUTCOME INDICATORS LINKED TO ALTOGETHER BETTER PROGRAMME	29
APPENDIX D – WHAT DATA DO YOU COLLECT ALREADY?	32
APPENDIX E – ATB BASELINE QUESTIONNAIRE	34
APPENDIX F - ATB EXIT QUESTIONNAIRE	47
APPENDIX G - ANNUAL BENEFICIARY MONITORING FORM	48
APPENDIX H: CASE STORY TEMPLATE AND GUIDANCE	51
APPENDIX I: HEALTH CHAMPIONS ACTIVITY FORM	57
APPENDIX J: GLOSSARY - DEFINING KEY EVALUATION TERMS.....	59

Section 1: Introduction

All Altogether Better projects are required to self evaluate to demonstrate the outcomes for beneficiaries and target communities and the outputs / processes used to achieve them. Projects will be supported to develop and undertake their project evaluations by the Altogether Better Learning Network.

Projects will also be expected to participate in and contribute to a number of other programme wide evaluation activities to help demonstrate the value and impact of the Altogether Better Programme. Full details are given in Section 2 of this guidance.

This guidance is designed to help projects with the evaluation process and is divided into 3 key sections:

- 1) This **introduction** outlines our evaluation approach and outcomes, gives an overview of what projects are expected to do and the support available from the Learning Network.
- 2) Details of the **evaluation requirements** for projects
- 3) Details of our **minimum data set** we are asking all projects to collect

Why bother to evaluate?

Monitoring and evaluation are central to demonstrating the impact of the Altogether Better projects and programme and key to answering two important questions about our work:

Monitoring:
Helps us answer the
'WHAT?' questions

Did we do what we said we'd do?

Evaluation:
Helps us answer the
'SO WHAT?' questions

What difference have we made?

Evaluation of Altogether Better projects is central to improving our understanding about what approaches work in improving outcomes for people in target communities in our region. We have an opportunity to learn about the impact of empowering individuals and communities to improve their health and wellbeing from a diverse portfolio of 16 projects. Evaluation will help us detect both the successes and challenges of our work. We are committed to learning from and acting on the results and see this as the most important part of the process.

There are a number of important reasons why projects should evaluate the outcomes of their work [see Box 1].

Box 1: How is evaluation useful?

- To ensure Projects are effective and relevant
- To ensure you're on track to achieving your intended outputs and outcomes
- To show results and whether projects are making a difference or not
- To learn how to improve your work
- To help secure continued funding and influence project sustainability

Confused by evaluation jargon?! Evaluation terminology can be confusing. To help with this, see our evaluation glossary in **Appendix J.**

What outcomes are we interested in?

Evaluation at Programme Level and Project Level

We have identified a number of intended outcomes for the Altogether Better Programme. These programme level outcomes, and examples of associated project level outcomes, are identified in Table 1. The evaluation of individual Altogether Better projects forms a key part of the programme level evaluation.

TABLE 1: Altogether Better Programme Level Outcomes

Programme Level Outcomes	Example Project Level Outcomes
1) The programme has identified an evidence based empowerment model which informs projects development and delivery.	<i>Projects:</i> <ul style="list-style-type: none"> • <i>Use approaches informed by the evidence base on community empowerment to improve health and well-being.</i> • <i>Have improved knowledge of effectiveness in relation to empowerment.</i>
2) Project beneficiaries (and indirect beneficiaries) . ¹ are empowered to actively engage in improving their own health and well-being in relation to: a) <u>Healthy Eating</u>	<i>Beneficiaries have:</i> <ul style="list-style-type: none"> • <i>Improved knowledge of healthy food choices</i> • <i>Increased consumption of fruit and veg</i>
b) <u>Physical Activity</u>	<i>Beneficiaries:</i> <ul style="list-style-type: none"> • <i>Increase their weekly participation in physical activity.</i>
c) <u>Mental Health</u>	<i>Beneficiaries:</i> <ul style="list-style-type: none"> • <i>Have improved social networks</i> • <i>Implement best practice for healthier workplaces (employers)</i>
d) Project beneficiaries are engaged and empowered to contribute to and actively participate in their communities	<i>Beneficiaries:</i> <ul style="list-style-type: none"> • <i>Have increased confidence to participate in community activities</i> • <i>Have the skills and knowledge to contribute to community activities</i>
3a) The programme has influenced policy and practice at local, regional and national level. 3b) The programme has contributed to sustainability of projects	<i>Projects have</i> <ul style="list-style-type: none"> • <i>Influenced commissioning decisions locally.</i> • <i>Secured continued funding.</i> • <i>Produced replicable models of good practice.</i>
4a) The programme has identified models of good practice and characteristics of effective interventions aimed at empowering beneficiaries to improve their own health and well-being and that of others. 4b) The programme has identified barriers to success and solutions to those barriers.	<i>Projects:</i> <ul style="list-style-type: none"> • <i>Employ evidence based approaches.</i> • <i>Share learning of good practice approaches.</i> • <i>Share challenges / what doesn't work.</i> • <i>Engage in peer learning to identify solutions to problems.</i>

Evaluating Altogether Better: 10 things we'd like projects to do

We are asking all projects to contribute to evaluation activities in a number of ways. Table 2 below provides a summary of what we will expect projects to do and further information on each of these elements is provided in this guide. Much of what we are asking of you is good practice and things that you'll already be doing or planning to do.

TABLE 2: Overview of evaluation requirements

	What will projects expected to do?	Why?	See page:
1	Provide project descriptions	<i>To allow us to compare and contrast different models of delivery.</i>	8
2	Provide quarterly monitoring information	<i>To demonstrate that your projects outputs are being delivered and money spent.</i>	8
3	Collect a minimum data set for each beneficiary (before and after measures) including annual beneficiary profile data	<i>To help us obtain comparable data about beneficiaries across projects. To show which communities are accessing projects and demonstrate the contribution to the reduction of Health inequalities, reaching hard to reach target communities, etc</i>	8 & 12
4	Conduct project level evaluations to evaluate outcomes and processes	<i>To demonstrate what projects are doing & the impact on beneficiaries and communities.</i>	9
5	Provide case studies	<i>To illustrate the impact of projects on beneficiaries through individual stories.</i>	9
6	Produce Annual Reports for your project	<i>To provide an overview of what your project has delivered and achieved over the year.</i>	10
7	Participate in Learning Network activities i.e. attendance at evaluation events and training	<ul style="list-style-type: none"> ▪ <i>To ensure your evaluation plans are progressing and to seek advice and support.</i> ▪ <i>To help identify the specific outcomes of your project, appropriate indicators you could measure and possible measurement tools.</i> 	10
8	Participate in Network Learning Sets.	<i>To learn from what projects are delivering and how we can improve processes and outcomes.</i>	10
9	Contribute to thematic evaluations and network analysis of beneficiaries	<p><i>We plan to commission a number of evaluations exploring programme themes in more depth, e.g. empowerment, the role of the Community Health Champion, mental health and employment. Your project may be asked to take part in these and / or provide relevant data.</i></p> <p>Network Analysis will look at a sample of beneficiaries across projects to map their activity and describe their contribution to health outcomes, access to services, etc.</p>	10
10	Co-operate with BIGs National evaluation team (where appropriate and practicable)	<i>BIG has commissioned an evaluation of all 17 portfolios within the wellbeing programme. It is likely we will be asked to contribute to this.</i>	11

Evaluation support: What can we offer to projects?

The Altogether Better Learning Network supports projects to self evaluate and to generate knowledge and learning about the outcomes achieved and what interventions and approaches 'work'. More specifically, the Learning Network offers:

- **Evaluation Planning Tools** to help progress your evaluation planning
- **Examples** of common outcomes and indicators for projects
- **1:1 support** in developing your evaluation plans
- **Advice and guidance** on any aspect of your project evaluation (e.g. identifying indicators, data collection, analysing data, presenting results)
- **Training** on evaluation issues
- **Templates and tools** for capturing beneficiary data
- Help with devising / identifying **measurement tools** (Tools bank)
- Identification of mechanisms for involving beneficiaries in evaluation
- **Network Learning Sets** providing an opportunity to explore evaluation issues with other similar projects.
- **Signposting** to other helpful evaluation resources
- **Access to the existing evidence base** relating to programme themes

For more information – please contact:

Sarah Frost

Learning Network Development Manager

Tel: 01904 567963

Mobile: 07795 315 142

Email to: sarah.frost@york.ac.uk

The Altogether Programme Management Team, via the Project's Manager, provides guidance and support to projects in collecting and providing monitoring information.

For more information – please contact

Mandy Driver

Projects Manager

Tel: 0113 295 2164

Mobile: 07920 298648

Email to mandy.driver@yorksandhumber.nhs.uk



We're here to help!!

SECTION 2:

Evaluation requirements:

What would we like projects to do?

SECTION 2:

Evaluation requirements - What would we like projects to do?

1) Provide project descriptions

We want to identify the different models, interventions and approaches being used by projects and identify any similarities in terms of outputs delivered, target groups and intended outcomes.

*Projects will provide this information as part of the **project review process** in Oct – Nov 2008.*

2) Provide quarterly monitoring information

You should by now all be familiar with the QMR process. Quarterly monitoring provides important data about whether outputs and milestones have been achieved, whether money has been spent, staffing issues and other important information.

Please keep up the good work with your QMRs and contact Mandy Driver if you have any queries or concerns.

3) Collect a minimum data set for each beneficiary²

We are asking all projects to collect some **minimum data** about beneficiaries and the outcomes achieved for them (our minimum data set). The data we are asking all projects to collect, the questions it will help us answer and details on how this can be collected, are outlined further in Section 3 of this Guidance. We have tried to make the minimum data set as easy as possible for projects to collect. Much of the information required is already being collected by projects.

For example, data relating to the ethnicity, age, gender and post code of direct beneficiaries (see Box 2) will be captured by the Annual Beneficiary Monitoring Form. This data will allow us to monitor which communities are accessing projects and help demonstrate the contribution to reduction of health inequalities and your success in reaching hard to reach target communities / groups. You may already have systems in place for capturing profile data about your direct beneficiaries (e.g. when they register for a course or first engage with your project). If not, you will need to identify a mechanism for capturing this data. Please contact the Learning Network if you need help with this.

Basic data (e.g. postcode, other profile data) about your projects **indirect beneficiaries** should also be collected. You may already be collecting this through your projects own systems. An example of a reporting form for Community Health

² See Section 3 for further details and Guidance on our minimum data set and details of the evaluation tool.

Champions to collect data on the people they have contact with (as well as the activities they deliver) can be found in **Appendix I**.

Other data will be captured by a **standard ATB evaluation tool** we have devised and others by individual project evaluations.

*We will be asking all projects to collate and supply information about all direct and indirect beneficiaries on an annual basis by completing an **Annual Beneficiary Monitoring Form** each January (see Appendix G).*

Box 2: Who are your beneficiaries?

Direct Beneficiaries:

These are the individuals with whom you have direct contact, who take an active part in your project and who you would expect to contribute to the outcomes you're trying to achieve. Examples of direct beneficiaries include - volunteers trained, people trained in MHFA, employers receiving advice. These are the people you will need to collect routine data about.

Indirect Beneficiaries:

These are people who have not had direct contact with your project although they may be expected to benefit in some way e.g. families of community health volunteers, colleagues of Mental Health First Aiders, people attending sessions run by community health volunteers, attendees at events, customers at fruit & veg stalls.

4) Project level evaluations to evaluate outcomes and processes

All ATB projects are required to self evaluate to demonstrate the outputs delivered and outcomes achieved for beneficiaries. Project evaluations should have 2 key elements:

a) An **Outcome evaluation** which seeks to identify what difference your project has made and what outcomes have been achieved for beneficiaries. Having clear, measurable outcomes is central to any project evaluation plan.

b) A **Process evaluation** which aims to answer questions such as *why* something has worked and *how*. Much of the information needed to assess this is *qualitative* and is drawn from talking to a range of people to gain their views on what worked well and why.

*With your project team, you will have been asked to identify aims, outcomes, outputs and indicators for your project and record these on the **Project Evaluation Planning Tool** as a starting point (see Appendix A). Your evaluation results will need to be reported annually in your Annual Reports (see 6 below).*

5) Provide Case studies

Case studies are a means of capturing and recording the stories of individuals or families engaged in projects. Both direct beneficiaries and indirect beneficiaries can be the subject of a case study. Case studies are useful for exploring a situation in depth and detail and can be a really powerful way to illustrate the impact of projects as they give the opportunity to document outcomes for an individual beneficiary or

family. Case studies can complement the data collected from other sources (e.g. quantitative data on the number of people with improved knowledge or skills).

In constructing a case study, it is important that the respondent (e.g. beneficiary) is viewed as an expert as it is their experience you are exploring - they should be as involved as possible in constructing the case study. It is also important to consider confidentiality and ethical concerns as case studies are often by their nature very personal.

*We are asking all projects to collect a minimum of 2 beneficiary case studies per year. Further **guidance on constructing case studies and a template** can be found in **Appendix H**.*

6) Produce Annual Reports for your project

All projects will be required to produce an Annual Report in January / February each year providing an overview of what your project has delivered and achieved over the year. Think about how your project can use Annual Reports – they can have multiple uses such as:

- Demonstrating progress to project stakeholders
- Publicising the work of your project
- Sharing your successes with your beneficiaries and local communities

Your project evaluation and monitoring data, case studies and other data you've collected will be invaluable in informing the content of your Annual Reports – it's a place to pull it all together!

*An **annual report template and guidance** about content, format will be issued by the programme management team.*

7) Participate in Learning Network Activities

Your participation in the Learning Network activities will help ensure your evaluation plans are progressing and provide an opportunity for you to seek advice and support. Evaluation support sessions will help you identify the specific outcomes of your project, appropriate indicators you could measure and possible measurement tools. Participation in the Learning Network also forms part of your contract with the SHA so we encourage you to attend Learning Network events and participate in Network Learning Sets.

An overview of the support available via the Learning Network is provided in Section 1 of this Guidance (see page 6).

8) Participate in Network Learning Sets

Each project has been allocated to one of 3 Network Learning Sets (NLS). These will be a key mechanism for generating and sharing learning amongst and between projects working on similar issues. They will also provide a forum for sharing challenges and successes between projects. Each NLS will be externally facilitated,

will ideally consist of between 6 - 10 members and will meet approximately four times a year.

9) Contribute to Thematic Evaluations and Network Analysis

Thematic Evaluations: As a programme, we plan to commission a number of evaluations exploring programme themes in more depth. Your project may be asked to take part in these and / or provide relevant data. Example themes may include: mental health and employment, social capital, engaging hard to reach communities.

These themed evaluations may also provide an opportunity to follow up beneficiaries to identify any sustained changes for them over the longer term.

Network Analysis is an exploratory research method which involves the mapping and measuring of relationships and connections between people, groups, projects, organisations, services and other sources of information/knowledge. This analysis will look at a sample of beneficiaries across projects to map their activity and will help give us insight into the various roles beneficiaries adopt, their links with others (individuals, services, etc) and impact on health outcomes.

We hope that projects will be supportive in identifying and facilitating access to relevant people who could be involved in thematic evaluations and network analysis.

10) Co-operate with BIGs National evaluation team

BIG has commissioned an evaluation of all 17 portfolios within the wellbeing programme. It is likely we, as a programme, and as individual projects will be asked to contribute to this in some way. We will seek to co-operate with any evaluation requests from BIG where this is deemed to be (a) of benefit to us as a programme and to individual projects and (b) appropriate and practicable to do so.

BIG has not yet appointed their evaluators and so we have not been informed yet what the requirements will be. We will keep you posted as soon as we have more details from BIG.

SECTION 3:

Altogether Better Minimum Data Set

SECTION 3: Altogether Better Minimum Data Set

We are asking all projects to collect some **minimum data** about beneficiaries, the outcomes achieved for them and the outputs delivered to achieve these outcomes (our minimum data set). The minimum data set (MDS) encapsulates much of the information being collected by projects as part of other monitoring and evaluation activities, i.e.:

- Annual Beneficiary Monitoring data
- Project descriptions
- Quarterly Monitoring Reports
- Projects evaluations
- Case studies
- Project Annual Reports
- Data collected using the ATB evaluation questionnaires (see below)

A summary of the data we are asking all projects to collect, the questions it will help us answer and details on how this can be collected, are outlined in Table 3 below.

Why have a minimum data set?

The purpose of the minimum data set (MDS) is to generate evidence of the outcomes of the Altogether Better programme for beneficiaries and local communities. By collating the same data from beneficiaries across all 16 projects, before and after their involvement on the project, we will also be able to produce useful information in significant numbers which can be aggregated to provide regional level data to inform commissioning, policy and practice. We have tried to ensure that the MDS:

- Is not onerous for projects to collect
- Does not create duplication of information collected for other purposes.
- Uses measures suitable for including in local LDPs and LAAs

How will projects collect information for the MDS?

Much of the minimum data we are asking projects to collect can be gathered using existing mechanisms (see 3rd column in Table 3). Indicators of specific outcomes achieved may vary from project to project depending on the activities being delivered.

As part of their project evaluations, projects will need to identify how they will demonstrate the **outcomes** for beneficiaries in relation to the following programme themes³:

- Healthy eating
- Physical activity
- Mental health
- Community engagement, empowerment and social capital

³ *Projects are only required to collect data to demonstrate outcomes relating to their project e.g. Mental Health focused projects will only need to collect data relating to Mental Health outcomes.*

Projects will need to identify appropriate **indicators** (see Box 3) which can be measured to demonstrate progress towards their outcomes. Some outcome indicators are common across a number of projects. The Table in **Appendix C** provides some suggested indicators linked to the above themes which projects may choose to measure to demonstrate their outcomes. This 'pick list' of indicators has been devised based on project evaluation plans so we hope many will be familiar to you. We recognise that it would be difficult for projects to measure all these indicators and there is no requirement for projects to collate data against all of them, they are merely provided as suggestions.

Box 3: What is an Indicator?

An indicator is something you measure to demonstrate an output or outcome.

Indicators can be **qualitative** (e.g. people's attitudes towards physical activity) or **quantitative** (e.g. number of people attending training sessions).

Indicators can demonstrate **outputs** (e.g. no. of sessions delivered, no. of leaflets issued) or **outcomes** (e.g. levels of knowledge about healthy eating, no. of people increasing their weekly physical activity levels).

Some of the outcome indicators can be measured using the **ATB Evaluation Questionnaires** (see below). These indicators are marked with an aesterix (*) in the table in Appendix C.

ATB Evaluation Tools*

We have devised two standardised evaluation tools for use by projects – a **baseline questionnaire** and an **exit questionnaire** (see Appendix E & F). The purpose of these tools is to allow projects to collect the same data about beneficiaries, before and after their involvement in the project, in a standardised way. These tools are based on other existing tools and measures, including the NEF tools developed by the BIG lottery.

When and how to use the ATB evaluation tools

So that projects can demonstrate any change or difference that has occurred for beneficiaries, both tools need be completed – i.e. the baseline questionnaire at the start of their involvement in the project and the exit questionnaire at the end of their involvement. Before and after measures are important as they allow us to see the beneficiary 'journey' – i.e. how they are at the start (i.e. 'baseline') and at the end of their involvement. Depending on the nature of your project and your contact with beneficiaries, you may also want to capture what happens and changes for them on the way at some mid way point(s) (see Fig.1).

Table 3: Altogether Better Minimum Data Set⁴

Evaluation Questions:	Indicator / Data to collect	How measured?
<p>1) <i>Who are our direct beneficiaries?</i></p> <p><i>Beneficiary Profiles</i></p> <p>DB = direct beneficiaries</p>	<ul style="list-style-type: none"> ▪ Age ▪ Gender ▪ Ethnicity [Break down of BME groups] ▪ Postcode ▪ Other target group e.g. young mother, carer ▪ Health status e.g.: disability, long term conditions / existing diagnosis 	<ul style="list-style-type: none"> ▪ ATB evaluation tool ▪ Annual Direct Beneficiary Monitoring Form.
<p>2) <i>What are our DBs receiving from projects?:</i> <i>(i.e. Project OUTPUTS)</i></p>	Type, frequency and focus of outputs received by DBs - e.g. training courses, mentoring, advice, signposting, support.	<ul style="list-style-type: none"> ▪ Project descriptions ▪ QMRs ▪ Projects Process evaluation
<p>3) <i>What changes for DBs? Beneficiary outcomes *</i></p>	<ul style="list-style-type: none"> ▪ Changes in skills, knowledge, behaviour, confidence ▪ Changes in health status <p>[See Appendix C for specific indicators linked to health outcomes]</p>	<ul style="list-style-type: none"> ▪ ATB evaluation tool ▪ Project outcome evaluations ▪ Case studies
<p>4) <i>What are our DBs doing?</i> Outputs <u>delivered</u> by DBs:</p>	<ul style="list-style-type: none"> ▪ Type and no. of activities delivered by DBs, e.g. training sessions / Classes, 1:1 support ▪ Duration of activities ▪ Target audience ▪ New activities? Existing groups? ▪ Focus of activities: e.g. Healthy Eating, Physical Activity, Mental Health, Other ▪ Use of Volunteers / Use of paid / sessional staff roles 	<ul style="list-style-type: none"> ▪ Monitoring data via QMRs ▪ Case studies on DBs, ▪ Network Analysis ▪ Diaries kept by DB ▪ Project Annual Reports
<p><u>5) Indirect Bens</u></p> <p><i>Who are our IBs?</i></p>	<ul style="list-style-type: none"> ▪ Postcode of IBs ▪ No.s of IBs 	Annual Indirect Beneficiary Monitoring Form
<p><u>5a) Indirect Bens</u></p> <p><i>What changes for IBs? Beneficiary outcomes</i></p>	<p>OPTIONAL DATA</p> <ul style="list-style-type: none"> ▪ Changes in skills, knowledge, behaviour, confidence ▪ Changes in health status <p>[See Appendix C for specific indicators linked to health outcomes]</p>	

⁴ A visual representation of the minimum data set can be found overleaf.

Altogether Better Project Evaluation: Minimum data requirements

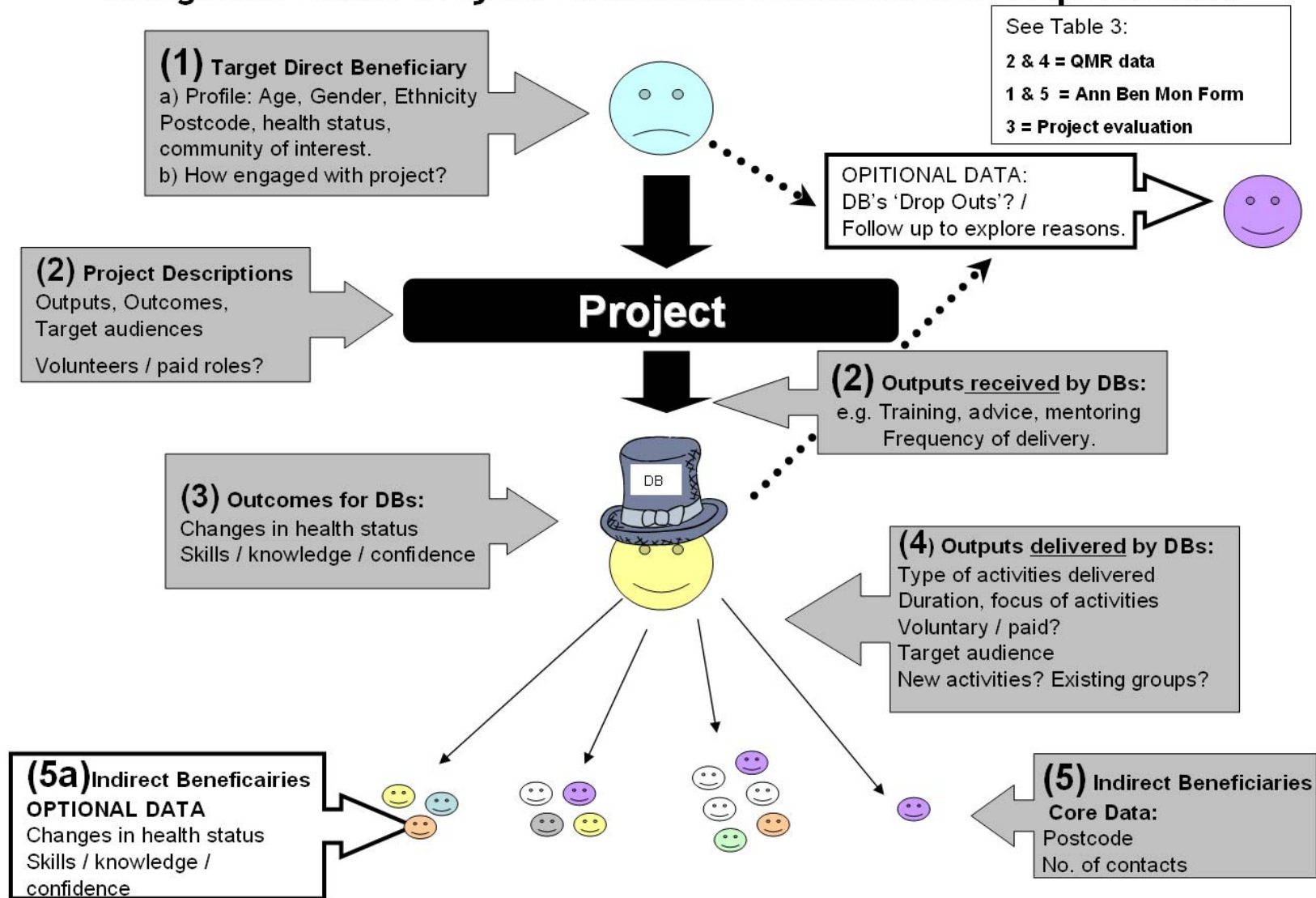
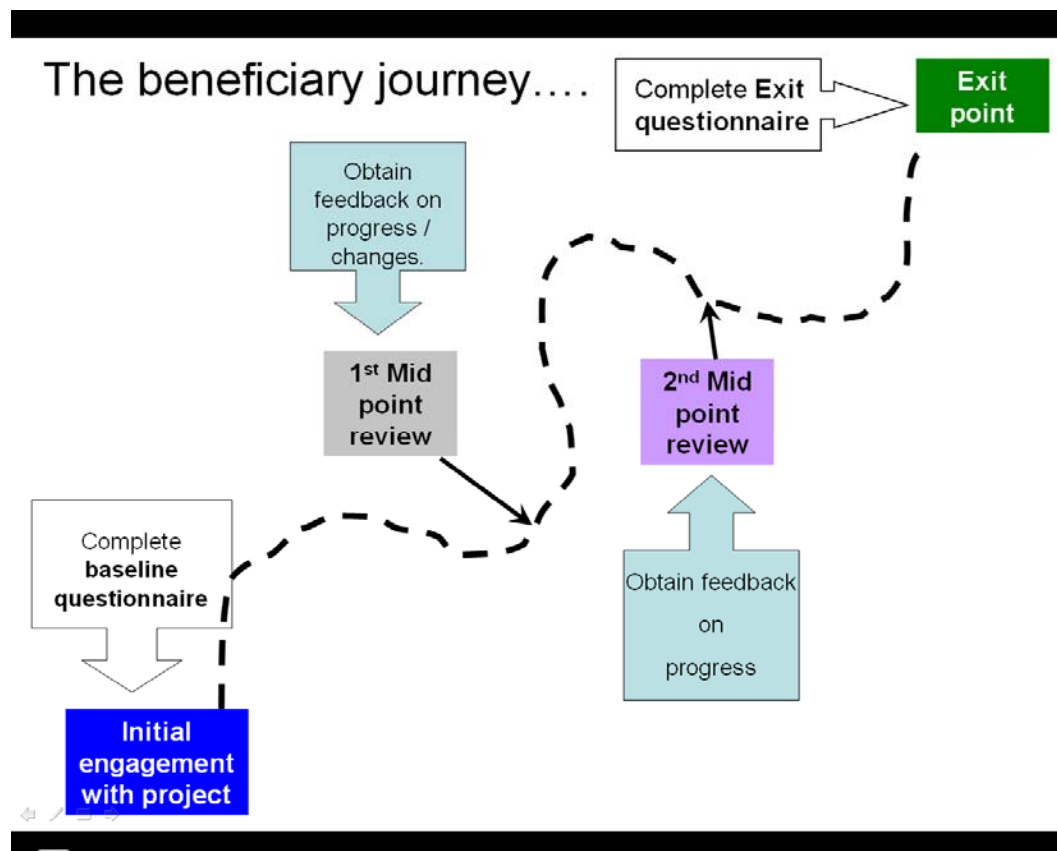


Fig 1: The Beneficiary Journey



Box 4 provides an outline of the process for using the ATB evaluation tool with beneficiaries.

Box 4: Surveying direct beneficiaries: 4 Steps

1. Each individual should be registered for the project on their first day of attendance and data on beneficiary profile (e.g. gender, ethnicity) should be recorded.
2. If a beneficiary attends a project more than once they should be asked to complete the **baseline questionnaire**. Beneficiaries should ideally complete the entry questionnaire early on in their involvement in the project (e.g. before the end of their second session) so that baseline information is captured.
3. Beneficiaries should complete the **exit questionnaire** during their last session or when near to finishing their involvement with the project.
4. If a beneficiary only attends a project twice they would only be expected to be registered and to complete the baseline questionnaire. We recognise there would be limited opportunity to expect any significant change after only two sessions and so they would not need to complete the exit questionnaire.

Depending on the nature of your project, you may choose to issue hard paper copies to beneficiaries (or encourage beneficiaries to complete these with a worker, depending on the nature of your contact). A version of the tool will also be available electronically via survey monkey, if beneficiaries have access to the internet. Please contact the Learning Network if you'd like to use this.

A word about collecting, tracking and storing beneficiary data

In order to track changes for individual beneficiaries, you'll need to allocate each beneficiary a **unique ID** (we suggest initials and year of birth) and keep a note of this against beneficiary details. Both ATB Questionnaires ask beneficiaries to record their unique ID so you can compare before and after measures.

Make sure you keep all information about each beneficiary together – e.g. basic monitoring information, sessions attended, other support accessed as well as responses to the ATB questionnaires questions and any other measures you may be using.

What about other measurement tools?

You may already be measuring some of these indicators through your own project evaluation tools, project systems or records. There's no point collecting the same data more than once so think about the data you already collect and whether it could be used to demonstrate these indicators. The '**what data you collect already?**' tool (Appendix D) is designed to help you map out this information and identify any gaps.

Some of your indicators will be measured routinely, for example through evaluation forms before and after a project or event, but they can also be demonstrated by other methods such as case studies or stories of beneficiaries. See example below in Box 5.

Box 5: Example- Pros and Cons of Different Evaluation Methods

Different evaluation methods will capture different sorts of information. For example, if you wanted to measure changes in levels of knowledge about healthy foods you could use a before and after measure (e.g. **questionnaire**) of knowledge levels. Using a standard questionnaire across a range of beneficiaries will allow you to collect a greater amount of data about any changes occurring.

These changes could also be demonstrated through **case studies** where a beneficiary reports that they have gained improved knowledge since engaging with the project and explains their experience and how their behaviour has changed as a result. A case study is likely to give you much deeper information about how the new knowledge impacted upon their lives and what changed as a result.

Both are useful and valid methods – but by using a before and after measure such as the questionnaire we can better judge whether knowledge changed for a majority. With a single case study, we can only report on changes for that one individual. There is value in having numerical (quantitative) data on a larger number of beneficiaries which allows us to generalise (e.g. changes in levels of knowledge using a standard questionnaire). This data can be complemented by the detail of a case study which can give more richness and a deeper understanding of a particular individual's experience. However, we should safeguard against making general statements or conclusions on the basis of case studies alone.

Further guidance on different evaluation methods and tools, including creative approaches, is available from the Learning Network. One to one support is also available to help projects decide which tools to use and avoid any overlap.

Some Evaluation Q&A's

Q1) How do I obtain data from beneficiaries who have language or literacy difficulties?

Answer:

We recognise that some beneficiaries may have language and literacy issues which may make it difficult for them to complete written questionnaires.

English as a second language:- Where projects are working with beneficiaries for whom English is not a first language, the project should try and identify a suitable person who can interpret the questionnaires. Ideally this should be a member of staff rather than a friend or family member of the beneficiary. Ideally, individuals should also have undergone some form of interview training so that they do not unduly influence beneficiaries' responses. If more than one translator is used it is important that they agree upon translation in advance, so that they both give the same information. The local authority where your project is based may be able to provide advice about interpretation services available locally.

Literacy problems:-

For individuals who have problems reading, a project worker or manager should read questions to the beneficiary as they would if they were conducting a structured interview. They should not change any of the wording or provide an interpretation of the questions as this may influence the responses given.

Using visual / creative methods

Visual / creative evaluation methods can be useful (and fun!) when trying to obtain feedback from children and young people and can also be useful when working with people with literacy or communication difficulties. However, visual and creative methods need to be used with caution and it's really important to ensure you're clear about what you want to measure and to take measurements both BEFORE and AFTER the activity or input so that you know if a change has happened for your beneficiary.

If you're thinking about using creative or visual methods, contact the Learning Network for advice to ensure that your methods result in meaningful and useful evaluation data.

Q2) Are the ATB evaluation tools suitable for use with children and young people?

Answer:

Versions of the Big Lottery's own evaluation tool for use with children and young people under 18 are being produced. Parental permission will be needed if they are completed outside of a school setting. Within schools, teaching staff can give permission as the responsible adult.

Q3) How do I measure outcomes for indirect beneficiaries?

Answer:

We recognise that capturing data and feedback from indirect beneficiaries may be difficult as in some cases you may have very limited contact with them or may not even see them at all! However, it is important that projects try and capture information from indirect beneficiaries as they can provide a rich source of data about what difference your project has made – and

also what has worked (or not worked!) for them. Some mechanisms you could use to obtain feedback from indirect beneficiaries are:

- Monthly reports or diaries kept by volunteers on number of people seen / issues discussed, etc.
- Case studies from indirect beneficiaries (see section 5 above).
- Follow up interviews or surveys
- Community events for indirect beneficiaries

Q4) Can I get any help analysing the data from questionnaires?

Answer:

We recognise that collating and analysing data from questionnaires can be time consuming. If you use survey monkey to enter your evaluation questionnaires – the technology does some of the analysis for you! If you need help with data analysis, please contact the Learning Network.

Q5) How can I involve beneficiaries in evaluation activities?

Answer:

Beneficiaries may be involved in developing and steering project activities in a range of ways, including contributing to evaluation activities. As key stakeholders, beneficiaries may be involved in evaluation through:

- Providing case studies
- Responding to questions on ATB evaluation questionnaires
- Taking part in interviews for thematic evaluations
- Peer reviewing evaluation results

Participatory evaluation seeks to ensure that evaluation is informed by the needs of beneficiaries and communities and is relevant to them. It requires commitment to involving others in the evaluation process and you may need to allow more time to gain agreement on evaluation processes and methods.

For additional advice on involving beneficiaries in evaluation, please contact the Learning Network.

Q6) Do I need to gain consent from beneficiaries? What about confidentiality and ethics?

Answer:

You should always explain to beneficiaries your reasons for collecting information from them and about them. You should also explain who will have access to this information and how it will be used. If you are collecting case studies from beneficiaries, you should obtain their permission to use these and ensure that individuals cannot be recognised from their stories. Likewise, if you're using quotes from beneficiaries or other stakeholder in your evaluation report, ensure you have their consent to use them and attribute them to a non-identifiable source (e.g. parent, volunteer).

And finally....

Evaluation of Altogether Better projects and of the programme as a whole is crucial to us achieving our outcomes of influencing future commissioning and policy and the sustainability of our work. We are really excited to have a model which we believe can make a real difference to improving health and well-being across the region – help us demonstrate what difference it can make.

Checklist of Steps Required:

Steps...	By when?
<input type="checkbox"/> Complete project description template	Dec 08
<input type="checkbox"/> Complete Quarterly Monitoring Returns (QMR)	Ongoing – quarterly
<input type="checkbox"/> Complete Annual Direct beneficiary monitoring form	Jan-Feb each year
<input type="checkbox"/> Complete Annual Indirect beneficiary monitoring form	Jan-Feb each year
<input type="checkbox"/> Complete Evaluation Planning Tool and Indicator Tool	Oct - Dec 08
<input type="checkbox"/> Conduct project evaluations of processes and outcomes	Jan-Feb each year
<input type="checkbox"/> Complete ATB Baseline Questionnaire with direct beneficiaries at start of project	Ongoing
<input type="checkbox"/> Complete ATB Exit Questionnaire with direct beneficiaries at end of project	Ongoing
<input type="checkbox"/> Participate in Learning Network activities	Ongoing
<input type="checkbox"/> Participate in Network Learning Sets	Oct – Dec 08 Jan – Dec 09
<input type="checkbox"/> Produce Annual Reports	Jan - Feb each year
<input type="checkbox"/> Contribute to other evaluation activities (e.g. thematic evaluation, BIG)	To be agreed
<input type="checkbox"/> Contact the Learning Network with any queries or concerns!	Anytime!

Need more information? Got a question?
Please contact: **Sarah Frost**
Altogether Better Learning Network Development Manager

Tel: 01904 567963 M: 07795 315 142
E: sef503@york.ac.uk

APPENDICES

Appendix A	Project Evaluation Planning Tool Guidance and Example
Appendix B	Indicator Tool
Appendix C	Example outcome indicators linked to Programme Outcomes
Appendix D	What data do you collect already?
Appendix E	ATB Baseline Questionnaire
Appendix F	ATB Exit Questionnaire
Appendix G	Annual Beneficiary Monitoring Form
Appendix H	Case study template and guidance
Appendix I	Health Champions Activity Form
Appendix J	Glossary - Defining Key Evaluation Terms

APPENDIX A – Altogether Better Project Evaluation Planning Tool Guidance and Example

Identifying aims, outcomes, outputs and indicators: The 4 Steps

Having clear, measurable outcomes, outputs and indicators is central to any project evaluation plan. With your project team, work through the following four steps to identify aims, outcomes, outputs and indicators for your project and note these on the attached Project Evaluation Planning Tool. You may choose to use the outcomes set in your contract with the SHA (or in your evaluation plan if you already have one) as a starting point for this task.

STEP 1: Identify the intended ***long term aims*** of your work for your service users. NB: Most of these are likely to fall within the overall aims of the Altogether Better Portfolio and BIG's Well-being Programme, i.e.

- Improved mental health
- Increased physical activity
- Increased healthy eating

TIP: Wherever possible, focus on those aims that can be directly attributable to what *you* – and not others - do. This may be difficult where different services are trying to achieve the same things. One solution is to consider the furthest forward point in time that your actions can reasonably be expected to affect service users, before other factors become relevant. For example, a service which aims to help single parents make healthy food choices for their toddlers may set its end point outcome when the children reach a certain age (e.g. 3) and not take responsibility for what happens subsequently.

STEP 2: Plan specific **outcomes** for each of these overall aims.

Outcomes are the changes or difference that your project aims to make, they are the *result* of what you do, rather than the activities or services you provide. Outcomes can be for individuals (e.g. new skills, reduced isolation), organisations (e.g. improved partnership working) or communities (e.g. increased community participation, improved positive attitude to young people). Taking an outcomes focused approach to evaluation is important because:

- Changing things for the better is the point and purpose of our efforts
- Outcomes help us stay focused on positive change for service users
- Outcomes help to keep us accountable to funders and other stakeholders

Some **example outcomes** relevant to Altogether Better projects might be:

- Children are receiving a nutritious diet
- Older adults have improved social networks.

- Communities develop knowledge and skills to support partnership working.
- Single parents are less stressed
- Employers have increased knowledge of mental health issues
- Volunteers / unpaid workers are valued by the community

TIP: Try not to come up with too many or too detailed outcomes. Many projects make the mistake of having too many aims and so far too many outcomes. If your project can express its core business in no more than a few outcomes – sometimes one is enough – then your energy can be more narrowly focused. Most services with long lists of outcomes are either a) stating the same outcome in different ways and/or b) mixing outputs with outcomes.

STEP 3: Identify the **outputs** (i.e. *project or intervention*) you plan to deliver to give the best possible chance of these outcomes being achieved.

TIP: Make a link between what you're trying to achieve (i.e. your outcomes) and how you plan to achieve it (i.e. with which outputs). Your outputs have already been agreed within your contracts with the SHA, however when planning a new service, or reviewing an existing one, it's important to consider what approaches may be the most successful in achieving the outcomes you seek. What evidence do you have that your chosen approach will 'work'?

STEP 4: Identify what **indicators** you will use to demonstrate that the outcomes and outputs have been achieved.

TIP: Think about the type of information you collect already – this could be quantitative (e.g. number of children attending healthy eating sessions) or qualitative (e.g. views/feelings of older adults about living alone). How is this data collected and recorded? How could this data be used for evaluation purposes and to demonstrate your outcomes and outputs? What other information could you collect?

What next...?

The next stage is to complete the **Indicator Tool** which will help you to identify how and when you will measure the indicators you identified in Step 4 above. The completed PEPT tool and Indicator tool will form your project evaluation plan.

Need more information? Got a question?

Please contact:

Sarah Frost

Altogether Better Learning Network Development Manager
Tel: 01904 567963 M: 07795 315 142 E: sef503@york.ac.uk

Altogether Better - Project Evaluation Planning Tool (EXAMPLE)

STEP 1 Longer Term Aim	STEP 2 What does your project aim to achieve? What are the specific <u>outcomes</u>?	STEP 3 How will you achieve the outcomes? What <u>outputs</u> will you deliver?	STEP 4 How will you know the outcomes and outputs have been achieved? What <u>indicators</u> will you measure?
Children, parents and the wider community eat more healthily	Families have an improved diet.	Weekly sessions on healthy eating in schools. Offer access to affordable fruit and vegetables in target communities via sales van. Run basic food skills course for parents / carers. Provision of advice on growing fruit/vegetables.	Levels of fruit and vegetables consumption amongst target families. Levels of high salt / sugar / fatty foods consumed amongst target families. Levels of knowledge of healthy and unhealthy foods. No. and frequency of sales from fruit and veg van. Content of school pack lunches / family meals.
People and communities have improved mental well-being	Older adults have improved social networks.	Referrals to other projects / services by Community Health Educators. Provision of specialised social activity programmes.	No. of friends / neighbours / family members nearby. Level of contact with friends / neighbours / family members. Level of engagement in social activities. Self reported levels of loneliness / isolation / connection with community. Level of contact with other agencies.
People are more physically active in their daily lives and in their communities	Older adults engage in regular physical activity.	Signposting of / referrals to existing activity classes. Provision of specialised physical activity programmes (e.g. Chair based fitness programme, Walks).	No. of older adults taking part in walks / attending classes. Self reported levels of physical activity in daily / weekly routines. Self reported attitudes to / levels of enjoyment of physical activity. No. of activities held.

Altogether Better - Project Evaluation Planning Tool

STEP 1 Longer Term Aim	STEP 2 What does your project aim to achieve? What are the specific <u>outcomes</u>?	STEP 3 How will you achieve the outcomes? What <u>outputs</u> will you deliver?	STEP 4 How will you know the outcomes and outputs have been achieved? What <u>indicators</u> will you measure?

APPENDIX B – Altogether Better Indicator Tool

**INDICATOR TOOL: What will indicate your outcomes are being achieved?
What will you measure? When and how will you measure it?**

EXAMPLE: Healthy Eating Education Classes

OUTCOME: Children will have an improved diet			
What <u>indicators</u> could you measure?	What will be different if this outcome is being achieved?	Where and how could you collect this data?	When would you collect it?
Number of healthy meals sold / consumed in the school café	Increase in the number of healthy meals sold / consumed in the school café	Monitoring data from school café.	At the end of each term.
Changes in children's attitudes to and views of different food types.	Children have improved attitudes towards healthy foods	The views of children on diet / foods / healthy eating. Observations of classroom sessions. Feedback from parents.	Before and after the involvement of the project.
Amount of fruit and vegetables eaten by children	Increase in the consumption of fruit and vegetables amongst children	Food diaries kept by children / parents. Observations of teachers / staff. Feedback from parents.	Before and after the involvement of the project.
Amount of high fat / high sugar / high salt content foods eaten by children	Decrease in the consumption of high fat / high sugar / high salt content foods amongst children.	Food diaries kept by children / parents. Observations of teachers / staff. Feedback from parents	Before and after the involvement of the project.

What will indicate your outcomes are being achieved? What will you measure? When and how will you measure it?

OUTCOME :			
What <u>indicators</u> could you measure?	What will be different if this outcome is being achieved?	Where and how could you collect this data?	When would you collect it?
OUTCOME :			
What <u>indicators</u> could you measure?	What will be different if this outcome is being achieved?	Where and how could you collect this data?	When would you collect it?

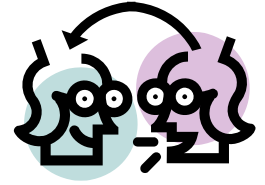
APPENDIX C – Example outcome indicators linked to Altogether Better Programme Outcomes

NB: Those indicators marked with an asterix () can be measured using the ATB Baseline Questionnaire and Exit Questionnaire.*

Outcome	Possible Indicators	How could you measure?
<p>Project beneficiaries improve their own health and well-being in relation to:</p> <p>HEALTHY EATING</p>	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Levels of knowledge of healthy eating guidelines (e.g. healthy and unhealthy foods, portion size, etc). 2. Levels of knowledge about benefits of a healthy diet <p>Attitude</p> <ol style="list-style-type: none"> 3. Positive attitude to healthy eating* (i.e. no. of people making positive healthy food choices, no. of people who can explain the benefits of a healthy diet) <p>Skills</p> <ol style="list-style-type: none"> 4. Level of confidence to make changes in healthy eating for self and for others* 5. Level of confidence to choose healthy foods * 6. Level of confidence to cook from basic ingredients. * 7. Level of confidence to follow a basic recipe * 8. Level of confidence to grow your own food. * <p>Behaviours</p> <ol style="list-style-type: none"> 9. Levels of behavioural intention to improve diet 10. Levels of weekly fruit consumption.* 11. Levels of weekly vegetable consumption* 12. No. of healthy meals eaten by target beneficiaries per week* 13. No. of people who have access to healthy food locally* 	<p>Before and after questionnaire to assess knowledge.</p> <p>Case studies / self reported changes.</p> <p>Food diaries of shopping / cooking choices.</p> <p>Observed / reported behaviour change.</p> <p>Before and after questionnaire to behaviour change.</p>
<p>Project beneficiaries improve their own health and well-being in relation to:</p> <p>PHYSICAL ACTIVITY</p>	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Levels of knowledge about benefits of physical activity 2. Knowledge of physical activity opportunities locally <p>Attitude</p> <ol style="list-style-type: none"> 3. No. of people reporting enjoyment of / positive attitude to physical activity* <p>Skills</p> <ol style="list-style-type: none"> 4. Ability to identify and access physical activity opportunities locally* <p>Behaviour</p> <ol style="list-style-type: none"> 5. Levels of behavioural intention to increase levels of physical activity* 6. Self reported levels of physical activity in weekly routine (no. of days where individual does 30 mins of PA)* 7. Time spent engaged in physical activity in the past week* 8. No. of people reporting an increase in physical activity since engaging with the project 	<p>Before and after questionnaire to assess knowledge.</p> <p>Case studies / self reported changes.</p> <p>Use of exercise diaries to record PA.</p> <p>Before and after questionnaire to behaviour change.</p> <p>Use of exercise diaries to record PA.</p>

<p>Project beneficiaries improve their own health and well-being in relation to:</p> <p>MENTAL HEALTH</p>	<p>Knowledge</p> <ol style="list-style-type: none"> 1. Levels of knowledge about mental health issues <p>Attitude</p> <ol style="list-style-type: none"> 2. Attitudes to mental health 3. Self report of stress levels 4. Self report of use of coping strategies 5. No. of people acknowledging that they feel less isolated.* <p>Skills</p> <ol style="list-style-type: none"> 6. Level of confidence to implement changes for self* 7. No. of people with MH problems gaining qualifications 8. No. of people with MH problems showing the development of new skills 9. No. of people with MH problems engaged in volunteering or employment <p>Behaviours</p> <ol style="list-style-type: none"> 10. No. of people reporting joining other social groups 11. No. of people engaged in volunteering or employment 12. Self reported levels of mental well-being*(i.e. No of people reporting that they: <ol style="list-style-type: none"> a) Feel optimistic about the future b) Feel Useful c) Feel relaxed d) Deal with problems well e) Think clearly 	<p>Before and after measure of knowledge levels.</p> <p>Project beneficiary records.</p> <p>Follow up questionnaire with beneficiaries to assess progress made</p> <p>Existing MH measurement tools?</p> <p>Rosenberg self esteem questionnaire.</p>
<p><i>Employers have improved awareness of mental health and a positive approach to employing people with mental health problems</i></p>	<p>MENTAL HEALTH - EMPLOYMENT SPECIFIC</p> <p>Knowledge</p> <ol style="list-style-type: none"> 1. Levels of knowledge and awareness about mental health issues <p>Attitudes</p> <ol style="list-style-type: none"> 2. Improved attitudes to people with MH issues <p>Skills</p> <ol style="list-style-type: none"> 3. Level of confidence of employers in supporting staff with mental health problems <p>Behaviours / changes in practice</p> <ol style="list-style-type: none"> 4. No. of employers adopting best practice for MH 5. No. of employers making positive statements about employing people with mental health problems in job ads 6. No. of changes/initiatives adopted to promote mental health at work 7. Number of employers signed up to Mindful Employer 8. Number of people with mental health problems taken on / retained in work since input from project 9. No. of employees trained as MHFA trainees 10. No. of employees reporting feeling improved levels of support at work 11. No. of employees reporting improved mental well being at work 	<p>Pre and post course surveys</p> <p>Reported changes made to recruitment procedures/practice</p> <p>Physical evidence of good practice being shared.</p> <p>Feedback from employers via follow up questionnaire / exit interviews.</p> <p>Experiences reported from staff within these organisations</p>

<p>d) Project beneficiaries are engaged and empowered to contribute to and actively participate in their communities</p>	<p>Confidence</p> <ol style="list-style-type: none"> 1. Level of confidence to deliver activities in the community 2. Level of self confidence 3. Level of confidence in dealing with others. 4. Level of confidence in dealing with difficult situations. <i>[1-4 from Sheffield tool]</i> <p>Community Connectedness (?)</p> <ol style="list-style-type: none"> 5. No. of people who feel that people in the community help one another* 6. No. of people who regularly meet with friends and relatives* 7. No. of people who feel they have someone who really cares about them* 8. No. of people reporting they feel they have more control over their life 9. No. of people reporting they have friends/relatives nearby 10. No. of people reporting they feeling safe in their community 11. No. of people reporting they trust unfamiliar others 12. No. of people who report believing local neighbourhood is improving 13. No. of people who have access to social support <p>Community Participation</p> <ol style="list-style-type: none"> 14. Level of participation in project delivery / decisions 15. No. of beneficiaries exercising leadership 16. Level of involvement in community processes / activity. 17. Level of contact by beneficiaries with other communities/sectors outside their own.* 18. No. of people reporting they feel part of a community 	<p>Adapt questions for Sheffield tool?</p> <p>Before and after measures of confidence levels.</p> <p>Before and after measures of community participation levels.</p> <p>Physical evidence of involvement in community activities from projects.</p>
--	---	--



APPENDIX D – What data do you collect already?

What information do you collect already?: Qualitative Information

Information Collected? (e.g. views of users, feedback from staff)	When is it collected? (e.g. at end of session, every month)	Who collects the information?	Where is the information recorded? (e.g. individual paper records, database)	How is the information used? (e.g. monitoring, for funders, needs analysis, evaluation)



What information do you collect already?: Quantitative Information

Information Collected? (e.g. attendance figures, number of sessions provided)	When is it collected? (e.g. at end of session, every month)	Who collects the information?	Where is the information recorded? (e.g. individual paper records, database)	How is the information used? (e.g. monitoring, for funders, needs analysis, evaluation)

APPENDIX E – ATB Baseline Questionnaire

Altogether Better (Baseline) Evaluation Questionnaire



We would like you to answer the following questions to help us get a picture of the health and well-being of people participating in projects across Yorkshire and Humber. Your answers will help us measure the impact of Big Lottery funded projects which aim to support healthier lifestyles and improve well-being. This questionnaire is split into 7 short sections:

- Section A – Background information
- Section B – Your General Health
- Section C – Your Eating Habits
- Section D – Your Physical Activity
- Section E – Your Feelings About Life
- Section F – You and Your Community
- Section G – About You

Please answer the questions as fully as you can. If you are unable to answer a question, please leave it blank and move onto the next question.

You are not required to participate if you do not wish to and choosing not to take part will not disadvantage you in any way. You will continue to be involved in the project or service in the usual way. We would like to reassure you that your responses will remain confidential. If you have any questions about this questionnaire, please do not hesitate to ask a project worker.

SECTION A - BACKGROUND

1) Please tick which of the following applies to you:

- I am about to start using / attending the project (today is my first session)
- I am already taking part in the project
- I have finished taking part in the project or receiving the service.
- I finished taking part in the project over 3 months ago.

Please indicate when you finished taking part (*please provide a rough date if you are not certain*)

(DD/MM/YY) / /

2) When did you first become involved in the project? (*please provide a rough date if you are not certain*)

(DD/MM/YY) / /

What is today's date? (DD/MM/YY) : / /

3) Please tick which one of the following applies to you:

- I am the service user completing the questionnaire myself
- I am a project worker or carer reading out the questions to the service user and filling in their responses
- I am a carer / guardian completing the questionnaire on behalf of the service user

SECTION B – YOUR GENERAL HEALTH

1) How is your health in general? Would you say it was: *(please circle one answer)*

very good 	good	fair 	bad	very bad 
--	------	---	-----	---

2) How much attention do you currently pay to your health? *(please circle one answer)*

None	A little	Some	Quite a bit	A lot
------	----------	------	-------------	-------

3) Over the last 12 months have you suffered from any of the following conditions or health problems? *(please tick one box per row)*

	Yes	No	Not sure
Stroke			
Heart attack			
asthma			
angina			
arthritis			
nervous trouble or depression			
sciatica, lumbago or recurring backache			
diabetes			
High blood pressure			

4) Do you have any of the following health problems or conditions?

	Yes	No	Not sure
Physical impairment or physical disability			
Sensory Impairment (e.g. deafness, hearing impairment, blindness, visual impairment)			
Mental health condition			
Learning disability/Learning difficulties			
Other long term condition / illness			
Other			

5) Does a long standing health problem or disability mean that you have substantial difficulty doing day-to-day activities? *(include problems due to old age)*

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

SECTION C - YOUR EATING HABITS

1) On average how many portions of FRUIT do you eat a day?

(examples of one portion include an orange, apple or banana, a glass of fruit juice, a handful of dried fruits)

_____ per day on average

2) And how many portions of VEGETABLES do you eat a day?

(examples of one portion are a side salad, or 3 heaped tablespoons of vegetables, beans or pulses either raw, cooked, frozen or tinned). Please do not include potatoes.

_____ per day on average

3) In a normal week, how often do you eat a meal that has been prepared and cooked from basic ingredients, either by yourself or someone else? For example Shepherd's Pie made starting with raw mince and potatoes. *(please circle one answer only)*

Never	Less than once a week	Once a week	2-3 times a week	4-6 times a week	Daily
-------	--------------------------	----------------	---------------------	---------------------	-------

4) Below is a list of things that some people find important when it comes to food. Please use the boxes next to each statement to rank them in order in terms of their importance to you. (Put a '1' next to the thing which is most important, a '2' next to the second most important, and so on)

- Choosing food products and dishes that you enjoy eating
- Eating a healthy diet
- Keeping your spending on food as low as possible
- Eating your meals in the company of other people
- Choosing food products and dishes that are quick and easy to prepare

5) The following questions ask you to indicate how confident you are about a number of things related to food. On a scale of 1 to 7, where 1 = having no confidence at all, and 7 = extremely confident, how confident are you about...

		Please circle one number						
		No confidence ←			→ Extremely confident			
a)	How confident are you about choosing healthy foods when shopping?	1	2	3	4	5	6	7
b)	How confident are you about being able to cook from basic ingredients?	1	2	3	4	5	6	7
c)	How confident are you about following a simple recipe?	1	2	3	4	5	6	7
d)	How confident are you about eating healthily?	1	2	3	4	5	6	7
e)	How confident are you about growing your own food	1	2	3	4	5	6	7

6) Please indicate how much you agree with the following statements (please tick one box for each statement)

		Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly Agree
a)	I enjoy putting effort and care into the food I eat.	1	2	3	4	5
b)	I enjoy eating healthy food.	1	2	3	4	5
c)	Healthy food often tastes nicer than unhealthy food	1	2	3	4	5

7) Are you able to buy healthy food in your area, easily?

Yes No Not sure

8) If you answered 'no' to the question above, please indicate which of these reasons apply to you (tick all that apply)

- There are no healthy food shops in my area
- The range of healthy food in local shops is limited
- Healthy food that is available locally is too expensive
- I need to travel to get to the supermarket
- I don't have a car
- It is easier and more affordable to buy take away and convenience food in my area
- I find it hard to get my family to eat healthy food
- I haven't got time to prepare and cook healthy food
- I don't like healthy food
- My family doesn't cook healthy food for me
- Other (please state in the box below)

SECTION D: YOUR PHYSICAL ACTIVITY

We would like to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person. **Please read the definitions in Box 1 below and answer the questions that follow.**

Box 1: 'Vigorous' and 'Moderate' Activity Definitions

'vigorous physical activities' are activities that require hard physical effort and cause you to be (at least) slightly out of breath or breaking into a light sweat. It can include sports like such as squash, running, football, swimming, tennis, aerobics or cycling.

'moderate physical activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate such as brisk walking, cycling, sport, exercise, active recreation, sufficient to cause you to breathe more deeply.

1) During the last 7 days, on how many days did you do vigorous physical activities:

_____ days per week

No vigorous physical activities (if you tick this box, go to question 3)

2) How much time did you usually spend doing vigorous physical activities on one of those days? (please circle one answer only)

less than 20 minutes	more than 20, but less than 30 minutes	more than 30, but less than 40 minutes	more than 40 minutes, but less than an hour	over an hour (please write in): _____
----------------------	--	--	---	---------------------------------------

Next, think about all the **moderate** activities that you did in the **last 7 days**. Moderate activities are those that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

3) During the last 7 days, on how many days did you do moderate physical activities:

_____ days per week

No moderate physical activities (if you tick this box, go to question 5)

4) How much time did you usually spend doing moderate physical activities on one of those days? (please circle one answer only)

less than 20 minutes	more than 20, but less than 30 minutes	more than 30, but less than 40 minutes	more than 40 minutes, but less than an hour	over an hour (please write in): _____
----------------------	--	--	---	---------------------------------------

5) During the last 7 days, on how many did you walk for at least 10 minutes at a time:

_____ days per week

No walking (if you tick this box, go to question 7)

6) How much time did you usually spend walking on one of those days? (please circle one answer only)

less than 20 minutes	more than 20, but less than 30 minutes	more than 30, but less than 40 minutes	more than 40 minutes, but less than an hour	over an hour (please write in amount of time): _____
----------------------	--	--	---	--

Lastly, think about the time you spent **sitting** on weekdays during the **last 7 days**. Include time spent at work, at home, in a car or on public transport, while studying and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.



7) During the **last 7 days**, how much time did you spend **sitting** on a typical **week day**? (please circle one answer only)

less than 5 hours	between 5 and 8 hours	between 8 and 11 hours	between 11 and 13 hours	over 13 hours
-------------------	-----------------------	------------------------	-------------------------	---------------

8) Please tell us the type and amount of physical activity involved in your work. (please tick one box only)

I am not in employment (e.g. retired, retired for health reasons, unemployed, fulltime carer)	1
I spend most of my time at work sitting (e.g. at a desk in an office)	2
I spend most of my time at work standing or walking but my work does not require much intense physical effort (e.g. shop assistant, hairdresser, security guard, childminder, etc.)	3
My work involves definite physical effort including handling of heavy objects and use of tools (e.g. plumber, electrician, carpenter, cleaner, hospital nurse, gardener, postal delivery workers etc.)	4
My work involves vigorous physical activity including handling of very heavy objects (e.g. scaffolder, construction worker, refuse collector, etc.)	5

9) Please read the statement below and indicate on the sliding scale the point which best describes your feelings about physical activity. (please circle one number only)

<p>I wish I didn't have to do physical activity, but I know it's important for my health</p> 	1	2	3	4	5	6	7	<p>As well as being important for my health, physical activity is something I enjoy</p> 

10) And in the ***past month***, on how many days have you done a total of ***30 minutes or more*** of physical activity which was enough to raise your breathing rate?
This may include sport, exercise, and brisk walking or cycling for recreation or to get to and from places, but should not include housework or physical activity that may be part of your job.

_____ days

11) Below are a set of statements relating to why some people may find it difficult to take part in a physical activity. Please tick which of these applies to you



- I find it difficult to find time
- It's difficult to get childcare
- It's too expensive
- I'm not really interested in physical activity
- There is nothing in my local area that appeals to me
- There are few single sex activities in my area
- It's difficult for me to get to activities (e.g. travel problems, facilities too far away)
- Local courses and facilities are not adequately adapted for those with a disability
- My health isn't good enough
- I feel uncomfortable going into a new environment
- I feel self conscious about doing physical activity
- I worry about my personal safety and/or sexual harassment
- My family & friends do not encourage me to take part in physical activity.
- Other (please state in the box below)

.....

SECTION E: Your feelings about life

We would now like to ask you some questions about your recent thoughts and feelings.

- 1) **All things considered, how satisfied are you with your life as a whole nowadays?**
(please circle one number only)

Extremely Dissatisfied 	0	1	2	3	4	5	6	7	8	9	10	Extremely Satisfied 
--	---	---	---	---	---	---	---	---	---	---	----	---

- 2) **Below are a number of things people might say that they feel. Please tick the box that best describes how often during the past week each description would have applied to you.** *(please tick one box for each statement)*

	Statements ⁵	Never	At least once	On a few days	Most days	Every day
a)	I felt happy or contented					
b)	I felt depressed					
c)	I felt engaged or focused in what I was doing					
d)	I felt energised or lively					
e)	I felt lonely					
f)	I felt everything I did was an effort					
g)	My sleep was restless					



Please turn over the page...

⁵ Items A-G from Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) "006, University of Edinburgh

3) Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the past four weeks.

		None of the time	Rarely	Some of the time	Often	All of the time
a)	I've been feeling optimistic about the future					
b)	I've been feeling useful					
c)	I've been feeling relaxed					
d)	I've been dealing with problems well					
e)	I've been thinking clearly					
f)	I've been feeling close to other people					
g)	I've been able to make up my own mind about things					
h)	I've felt like I belong to something I would call a community					
i)	I've been feeling good about myself					

4) The following questions ask you to indicate how confident you are about a number of things. Using a scale of 1 to 7, with 1 meaning you have no confidence at all, and 7 meaning you feel extremely confident, please give your responses by circling the appropriate number below.

		Please circle one number						
			No confidence ← → Extremely confident					
a)	In general, how self-confident are you?	1	2	3	4	5	6	7
b)	How confident are you in dealing with other people?	1	2	3	4	5	6	7
c)	How confident are you in dealing with difficult situations?	1	2	3	4	5	6	7
d)	How confident are you that people listen to your opinion?	1	2	3	4	5	6	7
e)	How confident are you that you can find out the information that you need?	1	2	3	4	5	6	7
f)	How confident are you that you can do things that you want to do?	1	2	3	4	5	6	7

SECTION G: About You

Lastly, we would like to ask you some questions about yourself:

1) Are you Male Female

2) What is your date of birth? (DD/MM/YYYY)

DD	MM	YYYY

3) How old are you?

- 15 and under
- between 16 and 24
- between 25 and 34
- between 35 and 44
- between 45 and 54
- between 55 and 64
- between 65 and 74
- 75 or over

3) What is your ethnic group? (Please tick one)

- | | |
|---|---|
| <input type="checkbox"/> White British | <input type="checkbox"/> Any other Asian background: |
| <input type="checkbox"/> White Irish | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Other White background | <input type="checkbox"/> Black or Black British – Caribbean |
| <input type="checkbox"/> Mixed – White and Asian | <input type="checkbox"/> Black or Black British – African |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Other Black |
| <input type="checkbox"/> Mixed- White and Black Caribbean | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Mixed – Any other mixed | <input type="checkbox"/> Eastern European |
| <input type="checkbox"/> Asian or Asian British – Indian | <input type="checkbox"/> Gypsy / Traveller |
| <input type="checkbox"/> Asian or Asian British – Pakistani | <input type="checkbox"/> Any other ethnic group |
| <input type="checkbox"/> Asian or Asian British – Bangladeshi | <input type="checkbox"/> Not stated |

5) What is your postcode?

6) So that we can match up your responses before and after the project, please write the initials of your first name and surname in the boxes below:

First name initial	
Surname initial	

That's all! Thank you very much for taking the time to fill in this questionnaire. Please return your completed questionnaire to one of the project workers.

Acknowledgements:

Questions used in this questionnaire are adapted from:

- 1) *Questionnaires devised by the New Economics Foundation (NEF) for the National Evaluation of the Big Lottery Wellbeing programme (2008)*
- 2) *Questionnaires devised by North West Public Health Observatory (NWPHO) for the evaluation of Target Well-being (2008).*
- 3) *Evaluation Questionnaires devised by Sheffield West PCT as part of the ICDH course for Sheffield Health Champions.*

APPENDIX F - ATB Exit Questionnaire

Why is there no questionnaire here??

There is no questionnaire here as the Altogether Better Exit questionnaire asks the same questions as the Baseline Questionnaire. This is to enable projects to show any changes for beneficiaries (by collecting the same information from the same people at 2 points in time). Projects may therefore choose to repeat the baseline questionnaire with beneficiaries at the identified 'exit' point (e.g. at the end of the training course, when they exit the project or at a follow up point).

Projects may also choose to adapt the baseline questionnaire and add their own questions to obtain feedback on any other changes that may have occurred for beneficiaries since their involvement in the project. However, the wording of the core questions should not be altered.

APPENDIX G - Annual Beneficiary Monitoring Form

Project Name:

Period of Report:

You should complete this form annually as part of your projects Annual Evaluation Reporting process to the ABPMT, as a means of reporting the number of people who have benefited from your project across a range of target groups.

- 1) **Direct & Indirect Beneficiary Numbers for your project:** Please provide details about the target and actual number of direct and indirect beneficiaries reached by your project in 2009.

<u>Direct Beneficiary Output Target 2009</u>	<u>Direct Beneficiary Output Achieved in 2009</u>	<u>Indirect Beneficiary Output Target 2009</u>	<u>Indirect Beneficiary Output Achieved in 2009</u>
No.	No.	No.	No.

Please refer to your contract addendum for the information you need to complete the table above.

- 2) **Geographical Communities:** Please indicate the number of **direct and indirect** beneficiaries from targeted and non-targeted postcode areas, (as indicated in your projects bid).

(NB: Please provide full post code data where this is available. However, the minimum data required in order to be able to identify areas of deprivation should include all but the last two digits of each champion or employer postcode).

Target postcode? Please add in additional rows if required and supporting comments. Or attached a separate listing.	Direct Beneficiaries No by postcode	In Direct Beneficiaries No by postcode (if available)
Insert postcode		
Insert postcode		
Insert postcode		
Insert postcode		
Insert postcode		
Total of above		
Other postcodes (non targeted area(s))		
Overall Total		

NB: Sections 3 to 7 relate to your projects Direct Beneficiaries only.

If, you have been collecting any of the following information for In Direct Beneficiaries - then we would like you to supply this, by adding in an additional column to the tables in sections 3 to 7 – if and where this is available.

- 3) **Gender profile:** Please specify the number of direct beneficiaries by gender for 2009

Gender	Direct Beneficiaries Total No
Male	
Female	
Total of above	

- 4) **Age profile:** Please specify the number of direct beneficiaries across these age categories for 2009

Age range	Direct Beneficiaries Total No
15 and under	
16-24	
25-34	
35-44	
45-54	
55-64	
65-74	
Over 75	
Total of above	

- 5) **Disability/Long term condition:** Please indicate the number of direct beneficiaries who reported any of the following health problems or conditions?

Category	Direct Beneficiaries Total No
Learning disability/Learning difficulties	
Mental ill health	
Physical impairment or physical disability	
Sensory Impairment (e.g. deafness, hearing impairment, blindness, visual impairment)	
Other long term condition / illness	
Total of above	

- 6) **Ethnicity profile:** Please specify the number of direct beneficiaries that your project has impacted across the ethnic groupings below?

Ethnicity	Direct Beneficiaries Total No
Arab	
Asian or Asian British – Bangladeshi	
Asian or Asian British – Indian	
Asian or Asian British – Pakistani	
Any other Asian background:	
Black or Black British – African	
Black or Black British – Caribbean	
Other Black	

Collecting Case Stories: Guidance for Projects



APPENDIX H: Case story template and guidance

What are case stories?

Case stories are a means of capturing and recording the stories of individuals engaged in projects. Both direct beneficiaries and indirect beneficiaries can be the subject of a case story.

Case stories can provide a rounded picture of the beneficiary journey to improved health and well-being, e.g. what were they/their lives like before they engaged with the project? Why and how did they make changes? What's different as a result?

Why capture case stories?

The purpose of capturing Altogether Better case stories is to help us both evaluate and illustrate the impact of our work on improving well-being. They complement the information projects will be collecting from other sources (e.g. monitoring data, evaluation questionnaires). Case stories can be used:

- As qualitative evaluation data – which will be analysed in order to identify themes, patterns and issues in beneficiaries experiences and project interventions.
- To showcase success – e.g. the impact a project has had for individual beneficiaries
- As illustrative examples of 'good practice'
- To raise awareness of the needs of particular groups
- To influence practice or policy

How and when should case stories be captured?

Projects have already captured a number of individual beneficiary case stories. During 2010/11 each project will be asked to capture a specific number of additional case stories that represent the range of beneficiaries with whom they work who have achieved positive outcomes through their involvement in the project. Case stories are captured through the collaboration of a beneficiary and a project worker. The collaboration usually takes the form of an informal review meeting during which the beneficiary is invited to tell the story of their engagement with the project and any changes which have arisen from this. The project worker helps by asking questions and recording the story (eg by taking notes) and may then also add a commentary on the case from their own perspective.

A template has been provided which is designed to help projects record case stories. Projects should use this template to submit a written version of each case story. If you have any photographs, recorded comments or even film footage to help illustrate the case story, please send these with your case story by email.

***If you have any questions or need any help –
please contact the Learning Network.***

Email: sef503@york.ac.uk

Tel: 01904 328227

Collecting Case Stories: Guidance for Projects



Five Key Points in Capturing Case Stories

1. In capturing a beneficiary case story, it is important that the beneficiary is viewed as the expert on their own lives - they should be as involved as much as possible in telling their story.
2. Begin by explaining the purpose of case stories and gaining the beneficiaries consent for their story to be used for evaluation and publicity purposes (including a signed consent form). Explain that their name and personal details will NOT be disclosed to anyone, and discuss whether there are any other identifying features which need to be changed to protect their privacy (e.g. if they are the only Asian woman aged 20 using a particular service).
3. Talk about what didn't work as well as what did! Identify any barriers faced and highlight any unexpected outcomes – good or bad!
4. Write clearly and simply avoiding jargon. Imagine your readers have little or no knowledge of your project or the kind of work you do.
5. Use the template provided to help you record the case story. Please try and stick to the headings provided. If you need any help or advice, please contact the Learning Network.

A useful [short guide to writing Case Stories](#) has been produced by Evaluation Support Scotland.:

1. Contact details

Name of project:.....

Name and job/role of person compiling case story:.....

Email:.....

Date:.....

2. About the beneficiary

Gender

Age

Ethnicity

Employment status

Health status

Brief outline of background/personal history

3. The beneficiary's needs, problems or issues

How did the beneficiary got involved with the project? What were their main needs and issues? What did they want help with?

4. How were needs, problems or issues tackled?

Describe what the beneficiary and the project did to help overcome the issues identified.

--

5. Outcomes and impact
What changed for the beneficiary as a result? What did they achieve? Try and describe a 'before and after' to illustrate how things made a difference. How were outcomes recorded and measured? Were there any unexpected outcomes, either positive or negative, for the beneficiary or for others (e.g. other services, staff, indirect beneficiaries)?

--

6. Please include a statement from the beneficiary. Use the questions below as prompts

- How were things for you before you got involved with this project?
- How did you first come into contact with the project?
- What has changed as a result of your involvement with the project (e.g. health status, skills, knowledge, new activities?)
- Has the project had any impact on your health and well-being?
- What are your hopes/plans for the future?

--

7. Please include a statement from the project worker / volunteer / Health Champion Use the questions below as prompts if necessary:

- What were the main difficulties the beneficiary faced at the start? What did they want help with?
- How did the project help? What did you do?
- What changes have you observed in the beneficiary since their engagement with the project? What did they achieve?
- What did you learn from working with this person? What might you do differently next time?

8. Key learning

Think about what worked well and what worked not so well in this person's engagement with the project. List three main things that you'd like people to learn/appreciate from this case story.

- 1)
- 2)
- 3)

CONSENT

I give permission for Altogether Better to use the information in this case story (including quotes) for evaluation and promotional purposes in order to illustrate impact and share good practice through national, regional & local media. I understand that my identity will not be disclosed.

Signed.....

Date.....

Your Name (print).....

CONSENT FOR USE OF PHOTOS / IMAGES

Where possible, we would like to include at least one image with each case story. Please supply a key photo or image that represents your case story.

Please sign below if you give consent for us to use your image in our publicity materials and / or use within national, regional or local media. Please tick boxes below as applicable:

I give permission for this image to be used in Altogether Better Publicity Materials including web based materials

I give permission to this image to be used within national, regional and local media.

Signed

Name (please print):.....

IMPORTANT: Please obtain permission from the relevant volunteer/beneficiary before signing the above boxes. On signing you are confirming that the relevant permissions have been obtained

Thank you for taking the time to provide this case story

APPENDIX I: Health Champions Activity Form

PART 1: Individual Activity / Session Report

We would like to know about the activities you are devising and delivering in your role as a Health Champion. Please complete an Activity Sheet after each activity or session you deliver and return this to.....XXX

1) Your Name:.....

2) Date of session (DD/MM/YY):.....

3) Where was the session delivered? (post code area):.....

4) How many people attended this session?:.....

5) If the people attending this session were from a particular group or organisation please state which (e.g. mums and tots, faith group, school):

6) Please describe the session (e.g. length of session, subjects covered, activities used)

7) What planning and preparation did you do before the session?

7) How did you feel before the session? ? (please tick all that apply)

Excited

Happy

Relaxed

Nervous

Confident

Anxious

Worried

Not prepared

Other

8) What parts of the session went well?

9) What did you learn? What could you do differently next time?

10) How did you feel after the session?

11) Please write down any other comments about this session (these could be your own or feedback given by the people who attended):

APPENDIX J: Glossary - Defining Key Evaluation Terms

Key Term	Definition
Evaluation	Determines whether a project or programme had any demonstrable effects on specific predetermined outcomes.
Monitoring	The ongoing checking and watching of a project or service over a period of time through systematic collection and review of information. Monitoring data can help you see how the project develops so that you can make any necessary changes. Monitoring information can be used to report on your project and to help you evaluate.
Baseline	Measurement(s) taken at the start of a project or service before any activity has taken place. Taking a follow up measure after the project delivery allows you to measure progress against the baseline towards outcomes/outputs achieved.
Beneficiaries	<p>Direct Beneficiaries: These are the individuals with whom you have direct contact, who take an active part in your project and who you would expect to contribute to the outcomes you're trying to achieve. Examples of direct beneficiaries include - volunteers trained, people trained in MHFA, employers receiving advice. These are the people you will need to collect routine data about.</p> <p>Indirect Beneficiaries: These are people who have not had direct contact with your project although they may be expected to benefit in some way e.g. families of community health volunteers, colleagues of Mental Health First Aiders, people attending sessions run by community health volunteers, attendees at events, customers at fruit & veg stalls.</p>
Aims	The overall purpose of your project.
Inputs	The resources used to create the services offered. e.g. Salaries for staff, Volunteer time and effort, Access to use of a room / venue.
Outputs	The services and products made available to service users e.g. sessions, activities. e.g. Deliver training to volunteers, Provide a Mental Health advisor to employers, Run sessions on healthy eating.
Outcomes	The changes (e.g. benefits, learning) that happen/are expected to happen as a result of our activity (outputs). e.g. Older adults take regular physical exercise. Volunteers are in employment or training. Young people have increased self confidence. Parents have improved cooking skills.
Indicators	Well defined qualitative or quantitative measures that demonstrate progress towards achievement of outputs (process indicators) and outcomes (impact indicators). <i>Output indicators</i> e.g. Number of people receiving a service, Number of sessions held. <i>Outcome indicators</i> e.g. Level of self confidence, No. of people reporting increase in consumption of fruit and veg.
Milestones	Intermediate stages and key points which indicate progress towards the achievement of outcomes or outputs. e.g. recruitment of volunteers, Training provided for staff, Publicity materials produced Parent's levels of confidence are increasing.