GHK

Monitoring & Evaluation of the Living
Well Portfolio

Monitoring & Evaluation Guide

May 2008

Monitoring & Evaluation of the Living Well Portfolio:

Monitoring & Evaluation Guide

West Midlands Regional Assembly

May 2008

Prepared by:

GHK Consulting Ltd

30 St Paul's Square, Birmingham, B3 1QZ

0121 2338900

livingwell@ghkint.com

www.livingwellwestmidlands.org

www.ghkint.com

Document Control

Document	*Monitoring & Evaluation of the Living Well Portfolio – Monitoring & Evaluation Guide*
Prepared by	*Dr Ginnie Odetayo, Fraser Battye*
Checked by	*Dr Paul Harris*
Date	*28th May 2008*

CONTENTS

INTRODUCTION

"Would you tell me please which way I ought to go from here?" asked Alice.

"That depends a good deal on where you want to get to." said the cat

"I don't really know," replied Alice.

*"Then it doesn't matter which way you go," said the cat.*

Lewis Carroll

What is this document? How does it fit with our monitoring and evaluation plan?

This document has been produced to support projects in the Living Well in the West Midlands Portfolio to monitor and evaluate what they do. It has been produced by GHK Consulting Ltd (GHK) for the West Midlands Regional Assembly (WMRA) and **is intended as more general and generic guidance to the individual project monitoring and evaluation plans that have already been produced.**

From our early round of meetings with projects it appears that some projects are planning evaluations that go well beyond the requirements we set out in the project monitoring and evaluation plans. This document is intended to offer additional support and guidance in carrying out this work, as shown in the Figure below. It does not replace your plan.

Figure 1: Different Elements of Living Well Projects' Monitoring & Evaluation
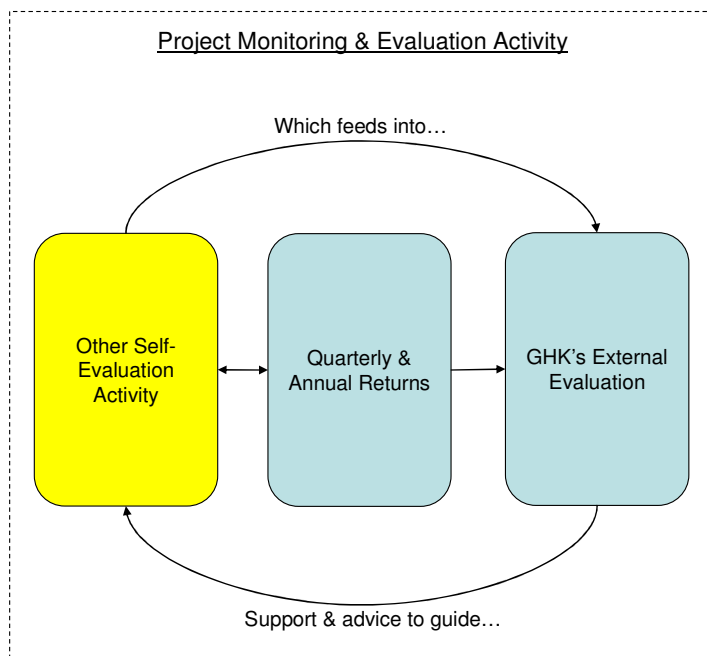
Why are monitoring and evaluation important?

The quote at the start of this Section makes an essential point: having a clear means of measuring progress and impact is central to the success of any project. Within the context

of the Living Well Portfolio, there are a number of other reasons why monitoring and evaluation are important; these include:

- *Big Lottery is an outcomes-based funder*. Over the years, Big and other funders have become smarter. They have moved away from simply asking what projects have done and are now interested in what difference their funding has made in people's lives. This simply can't be done without effective evaluation.

- *It makes for a better project*. Gathering evidence on the effect your work is having allows you to change your project for the better: you can do more of what works and less of what doesn't. Evidence can also be used to attract beneficiaries: you can tell them about the results others have achieved.

- *It makes for a better organisation*. Good monitoring and evaluation systems provide you with useful information on your performance as an organisation. You can become more reflective and self-critical; you can also use monitoring and evaluation roles to develop staff or volunteers.

- *It helps in attracting more funding and ensuring the sustainability of the project– especially from mainstream funders*. Having good evidence allows you to demonstrate the value of the work that is being undertaken as well as write better funding applications – giving potential funders and supporters a better idea of what their funding will buy. This is especially important for those projects seeking ongoing funding from commissioners in mainstream services.

**What is the difference between monitoring and evaluation?**

Essentially, monitoring entails collecting data about your project's activities. It is almost always quantitative information (see Jargon Buster – Annex A – for definitions) and focuses on the things you have done (outputs) – rather than the effect they have had. Examples of monitoring data would include the:

- Number of beneficiaries accessing your service (typically by age, gender, ethnicity and disability);

- Number of events / sessions etc you have held;

- Number of hours of training delivered; and,

- Number of leaflets distributed.

Evaluation, by contrast, concerns the effect that these activities have had (outcomes). It is typically a mix of quantitative and qualitative information and focuses on changes arising as a result of your intervention. Examples of evaluative information would include:

- Improvements in beneficiaries' mental wellbeing;

- Changes in the way in which an employer has improved their approach to employee wellbeing;

- Improvements in beneficiaries' diet; and,

- Changes in people's approaches to physical activity.

The Figure below shows this relationship in terms of the project life-cycle:

Figure 2: Monitoring, Evaluation and the Project Cycle
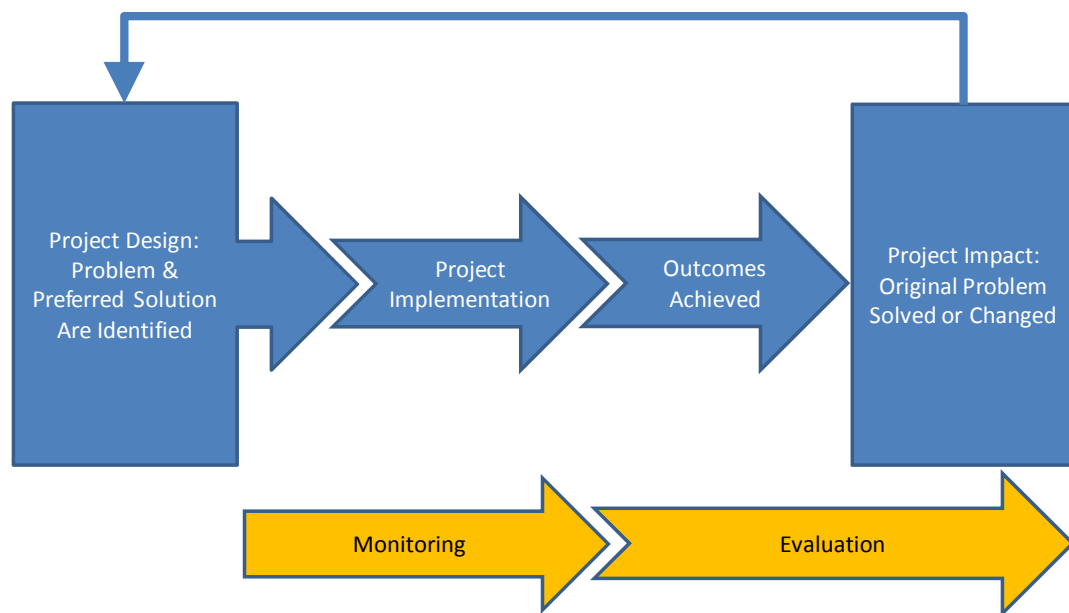
This guide concentrates on evaluation rather than monitoring. This is because monitoring is far more straightforward in terms of deciding what to collect and how to gather the information (it is largely a matter of having sound administrative records).

Evaluation is more difficult to do and the results are always less clear. The National Evaluation of Sure Start is a good example: agreeing how many people have accessed the services (monitoring) is not really a matter for debate; the effect that the programme is having (evaluation) is far more difficult and contested. This guide therefore focuses on the navigation of these, far choppier, waters.

Finally, **this guide concentrates on self-evaluation** – a project's own evaluative work – rather than external evaluation. If any projects are planning to commission additional external evaluation, GHK will be happy to provide any guidance and support we can.

What's in this guide?

The guide is laid out in just two main Sections; they are:

- Section 2 – Six Principles of Self-Evaluation; and,
- Section 3 – Five Steps to Successful Self-Evaluation.

The main body of the guide is supported by three Annexes; they are:

- Annex A: Jargon Buster;
- Annex B: Specific Tools for Measuring Wellbeing; and,
- Annex C: Further Guidance.

Finally, we would like to re-emphasise the ongoing support being provided by GHK. For the lifetime of the Living Well Portfolio, we will be providing support and advice to projects on all aspects of monitoring and evaluation – by telephone, email and specific events.

SIX PRINCIPLES OF SELF-EVALUATION

"It is now a part of the conventional wisdom that appropriate procedures for project monitoring and evaluation should be thought through at the design stage and put in place as integral part of the management of the project. They serve not only as aids to efficient and effective implementation but also as a mechanism for learning lessons for future activity."

Cambridge Economic Associates Ltd (2005) National Evaluation of New Deal for Communities: Value for Money Strand, Final Report

This Section outlines some of the main basic principles of self-evaluation. We have described a set of six principles, perhaps the most important one of which – including these considerations at project design stage - is illustrated in the quote above, and is also where our list starts:

Principle 1: Don't wait until the end

As the quote at the start of this guide notes, monitoring and evaluation should be integral to project design. By far the most common pitfall is waiting until the end before asking questions about the effect a project has had – by then it is invariably too late and staff, beneficiaries, partners have typically moved on to the next thing! This means that you won't have access to the information you need and will over-rely on people's memories and impressions.

Principle 2: Change is all important

Evaluation is concerned with change. One of the key questions asked by any evaluation is: what has changed as a result of this intervention? Therefore when you are deciding what information to collect for evaluation, you need to think about measuring change over time: starting with a baseline position (see Jargon Buster) and assessing change from there.

Principle 3: Less could be more

Collecting a massive array of data and then: not knowing what to do with it; and / or not being sure of its quality; and / or not knowing what it all means is perhaps the second most common pitfall of evaluation! As a general rule, when you are planning your monitoring and evaluation system, start with a long list of things that it would be nice to have (a project team meeting is a good place to generate these lists). You should then reduce this list by thinking about what is:

- practical and possible to collect;
- will really tell you something (rather than being simply nice to have); and lastly,
- will be useful when you analyse the information and report your results.

Overall, you should aim to collect a few things well, rather than a lot of things badly.

Principle 4: Use a range of sources

As a general rule, when collecting evaluative information, the more you rely on one source the less sure you can be that you are right. For example, if you were looking at the effect your project has had on an employer's approach to employee wellbeing, then you might want to gather information from mangers, employees, customers, company records etc.

You should also try to combine qualitative and quantitative information. In the above example, you should combine the views of staff with data about staff turnover or absenteeism.

Finally, when gathering monitoring data, you should try and use standard categories e.g. using standard Census categories for recording beneficiary's ethnicity - you can then see whether the people accessing your project have a similar profile to the local population as a whole.

Principle 5: Devote resources to monitoring and evaluation

There is no easy rule of thumb when considering the levels of resources to devote to monitoring and evaluation. It will vary according to whether the project is especially innovative or risky, whether there is potentially a wider application of this approach, and the ambitions in terms of sustainability and mainstreaming. These factors mean that resources devoted to monitoring and evaluation vary from a typically cited minimum of around 3% of resources, right up to more than the cost of the actual intervention in the case of some large-scale evaluations!

The key when thinking about self-evaluation of Living Well projects is to make information collection part of everyday project activity and to be clear about the responsibility for ensuring it is done.

Principle 6: Be self-critical

You should be neutral and curious when setting out to monitor and evaluate your project: Follow the data and be prepared to find out that things have not worked the way you thought they would.

GHK's view on the Living Well projects is that because they are funded by Big Lottery - rather than mainstream 'public money' – they represent an ideal chance to experiment and try out new ways of working. This means that not all projects will work as intended. The most important thing is to learn and the knowledge generated by experimenting in this way can be very valuable for the future – for your organisation and others. It is therefore important when approaching self-evaluation to be self-critical, clear and honest about what works and what doesn't.

FIVE STEPS TO SUCCESSFUL SELF- EVALUATION

This Section shows how you can put the principles outlined above into action. It sets out the self-evaluation process in five (easy?) steps, which take you from planning to doing to reviewing.

Step 1: Be clear about what you're trying to achieve

It is crucial for monitoring and evaluation purposes (and also for project design and delivery) that you are explicit in terms of what your project is trying to achieve. It sounds obvious, but until you've said what 'success' is there is no way of knowing whether you've achieved it or not.

When you are thinking about the results you are trying to achieve (outcomes), you should think in terms of change. In doing so, language is important and it is helpful to use words that describe change, such as: increased, decreased, enhanced, improved, reduced and expanded. Outcomes typically relate to changes in knowledge, outlook, attitudes, behaviour or skills. You should also be clear about who, or what, you intend to have an effect on. Examples include:

- Pupils will have increased levels of physical activity;
- Obesity will be reduced in area X; and,
- Employees will have reduced levels of absence.

In your project's monitoring and evaluation plan, you will see that we've set this out as a short narrative, backed by a diagram (called a logic model), which breaks down the various elements in your project, showing how your activities (measured by monitoring systems) lead to the desired results or outcomes (the subject of evaluation). We have found this to be a useful way of being really clear about what projects intend to achieve and are happy to offer support in their use.

Step 2: Decide how this will be measured and collect the information

Once you have decided what it is you're trying to achieve, you can then think about how you will know whether you are being successful or not. This information is often collected in the form of a performance indicator, and it can relate either to your activities (monitoring data), or your outcomes (evaluation). Again, in your project plan we have included both types of indicator.

In general terms, indicators are expressed in quantitative terms (e.g. number of people improving their diet). However, collecting qualitative information is just as important (arguably more so in some cases). So, for example, as well as showing that 43 people have improved their diet, you should think about how you could collect evidence that explains these changes - perhaps using information gained from focus groups with beneficiaries.

The Table below shows some of the most common ways of collecting information for monitoring and evaluation:

Table 1: Methods for Collecting / Presenting Information

Method	Advantages	Disadvantages	Things to consider
Administrative data, e.g. Local Area Agreement data	Is being collected already. Data is generally robust and will cover a number of years	The changes you are trying to achieve may be too small to show up in these figures	Be realistic, e.g. will your project really increase life expectancy? Combine with measures of smaller changes, e.g. using more creative methods
Case studies	Can examine a situation in greater depth than other methods and show the context of change. Useful to illustrate specific points and providing a 'human' element to reporting	Generally tells individual stories, difficult to generalise findings	Use to illustrate specific points, e.g. to show an improvement in a family's situation. Case studies are best used in combination with other methods that can provide quantitative information. See GHK Guidance for further information
Community consultations	Get the views of large numbers of people, e.g. by voting on issues. Can raise awareness of your project in the community	Can be dominated by vocal minorities. Can be hard to 'manage' so that feedback is useful	Consider your location and timings. Be clear about what you want – perhaps have specific options to choose from. Give feedback wherever possible and provide refreshments!
Creative expression	Can be an interesting way of engaging people, e.g. using drama, music, art, photographs, video diaries. Good way to develop skills or gain confidence. Useful where people may have literacy / communication problems	Interpretation may be difficult and relies on subjective judgements	Consider combining this approach with observations and/or group discussions, as well as methods that will provide quantitative data
Beneficiary Diaries	Records information as people go through your services. Collects good information at individual level to show change in people's lives – a good source for case studies	Could be time consuming. May be a problem for people with poor literacy skills. Can be hard to interpret / pull out relevant information	Perhaps use with a sample of beneficiaries. Again, useful to combine with other approaches that provide quantitative data

Method	Advantages	Disadvantages	Things to consider
Document review	The information already exists. Does not require primary research and so often cheaper. Can also be powerful evidence of change, e.g. employer policy documents before and after a wellbeing intervention	The documents you'd like may not exist! Some documents may be sensitive and therefore difficult to gain access to	You need to think carefully before you ask for any documents – often you can end up with a great deal of information and no way of prioritising. Perhaps use a set series of questions when reviewing documents
Focus groups	May bring out difficult but shared feelings. Can allow for better input from people with poor literacy skills. Can allow groups to come to a consensus on ways forward	Needs good facilitation and may not gain individual feelings. Can be difficult to arrange	Think about the numbers involved (typically 6-8 is ideal) and likely group dynamics. Have a set of key issues to work on and try to end by discussing ways forward. Having another person to take notes is helpful
In-depth interviews	Can get a lot of useful information. It is possible to clarify and probe issues. Structured questions can allow for data to be quantified (e.g. yes/no type questions)	Time consuming. Interviewers need appropriate skills. Some people may be reluctant to be critical if interviewed by a project worker	Clarify what the interviewee means in responses. Write down only key points if not recording. Give the interviewee feedback on results. Consider training project staff or young people to act as interviewers. Be very clear about confidentiality and the basis and purpose of the interview before you begin
Internet message boards	Can provide anonymity and allow people to share feelings that they may not do in a group or one-to-one setting	Relies on computer access. Need to ensure that the people writing on the message board are the target audience.	Use a moderator to ask relevant questions to the target audience. You could also use a traditional comments box!
Observations of activities	Looks at actual behaviour rather than interpretations of it	Observer has to make some subjective judgements. Risks of observer influencing the activities being observed	Use a checklist for observations: what is it you want to know? What specific things / behaviours are you looking for?
Photographs / film	Visual and can be used to get different groups of people to give their perspective. Can be very powerful in reporting	May need permission to use images. Can be difficult to interpret	Consider using to show physical change in an area. 'Big Brother' diary room / video diaries can be good for engaging young people

Method	Advantages	Disadvantages	Things to consider
Project administrative records	Systematic and readily available. Useful for monitoring project activities	Will not capture qualitative changes and so unable to answer key evaluation questions	Keep information in a standard way wherever possible e.g. use Census categories to record ethnicity
Surveys / scales / feedback forms	Cheap and easy to administer and analyse. Good for 'before and after' comparisons. Provides quantitative information. Can be done in a number of ways – face-to-face, phone, post, email (depending on questions asked). Scales have often been devised and tested to measure exact things (e.g. WEMWBS and mental wellbeing)	Maybe inappropriate for certain groups. Need for careful design to ensure accessibility. Surveys may have poor response rate. Literacy and interpretation of questions may be an issue	Explain why the information is needed. Limit the number of questions - what will each answer really tell you? Use a mix of tick and comment boxes. Pilot the survey before use. Maybe provide incentives for completing. If using scales, consult any guidance / instructions for administration and scoring

Other points to consider when deciding which methods to use include:

- Can you use information you are already collecting for monitoring and evaluation purposes? Very often, projects are keeping things such as case notes that are useful sources of information and require no additional effort to collect;

- Initial assessments – carried out by many projects when a beneficiary first comes to them – are an excellent source of baseline information and should form a key part of your monitoring and evaluation system;

- Can you use information that is already collected by other people? Are there any services already working with your beneficiaries that may have useful information? E.g. schools already keep attendance and attainment data, which you could make use of.

- Don't rely too heavily on one source of information. A proven approach is to mix more creative methods – e.g. video diaries, poems and stories, photo-journals, music, websites etc – with more established methods, such as using administrative data or surveys.

- It would be useful to follow up with some people after you have finished working with them, e.g. take a small sample of people you worked with and contact them six months or a year later to see how their situation has changed in the longer-term.

- Test the methods you decide upon (using a small number of people) to make sure that they are appropriate. For example, if you use a survey with young people then make sure that the language is clear and questions are written in a way that they understand.

- Make it someone's job to collect the information (see Principle 5). This need not be a mundane requirement – you could use this to develop job roles to include responsibilities for research, monitoring and evaluation.

Step 3: Analyse & report your information

As noted above, one of the criteria for thinking about what types of information to collect is to consider the ways in which it can be analysed and reported on. Ideally you should have a mix of quantitative information (which can be used for tables and figures) and qualitative information (which can provide narrative and explanations).

Most evaluations have some sort of written report; the main sections typically include:

- *Introduction.* An explanation of what is contained in the report and the process / methods you used to gather the information. You should also explain the context for your work (what was the problem / opportunity you set out to address) and the services you provided.

- *Results.* Here you should set out the information you have collected. It is usual to start with your outputs: showing the scale of what you did (e.g. numbers of events / sessions held; beneficiaries by age, gender, ethnicity and disability), before moving on to your outcomes: the effects of your project.

- *Conclusions and Recommendations.* You should use this section to reflect on what your results mean: what have you learnt by doing this work? What seems to be effective in addressing the problem you originally identified? Does the original problem still exist – if so, (how) has it changed? What recommendations would you make to others in considering the best ways of addressing these issues?

Some more general points to consider at this stage include:

- Use the analysis / reporting stage to develop your organisation. Producing your results can give you a really good opportunity for getting together with staff, partners (and beneficiaries?) and reflecting on what went well and what needs to change.

- Make sure that the people using the service are heard. There may be an opportunity to combine reporting with providing service users with further skills, e.g. through running workshops, giving a presentation or doing a peer evaluation (see Jargon Buster). Also, make sure that there is a 'human' side to your reporting – using case studies or personal stories are an especially powerful way of doing this.

- Consider the level of resources needed. Remember that you will have to devote resources (money, staff and time) specifically to reporting – especially if you are planning to run events to spread your message.

Step 4: Share your findings & extend your influence

We don't pretend that evaluative evidence is the single most important factor when it comes to policy decisions and the subsequent allocation of resources. Indeed, we're probably with Ray Pawson (a leading academic in the world of evaluation and evidence-based policy) when he says [1]:

"Evidence is the six-stone weakling of the policy world…"

Nevertheless, evidence from your evaluation can be used in two important respects: to make your case for further funding (sustainability); and, to make the case for changing the way other services work (mainstreaming). In attempting to do this, there are some key points for consideration:

- *Consider a range of products.* A written report may not always be the most powerful way of conveying your message. There are other methods – e.g. video, website, large event or conference, press releases, community newsletters – that you may also want to use.

- *Think about your audience.* What you produce must be suitable for the people you are targeting and the impact you want to have on them. For example, senior policy makers will want very concise key messages so that they can make a decision, whereas practitioners or other community organisations will need more detailed information about how you actually did the work.

- *Consider the timing of your reporting.* This is especially important if you are looking to influence other people working in the same area – are there any key conferences/ government papers/ consultations that your reporting could influence? What are the opportunities for you to share what you have learnt?

Step 5: Reflect on Steps 1-4!

Evaluation is arguably as much art as science and there are always ways to improve the ways you do it. In fact, you often get to Steps 3&4 before thinking of something you really needed to collect; use the period after your reporting to reflect on what went well, what you should change and what you should do next.

Finally, if you learn something that you think others in the Portfolio and elsewhere could also benefit from, please let GHK know.

---

[1] Pawson, R (2006) *Evidence-based Policy: A Realist Perspective*. Sage Publications. Pawson then pits our weakling against what he terms *"…the four-hundred pound brute called politics"!*

ANNEX A: JARGON BUSTER

Every area of practice has its jargon and evaluation is no different (if anything it may be worse than other areas!). We have therefore provided some quick definitions of key terms used in monitoring and evaluation:

- **Activities** - The things your project does, e.g. provide a one-to-one counselling and support service.

- **Baseline** - The situation at the start of your project, e.g. rates of poor metal health, or levels of self-esteem. Usually compared with the situation later on - e.g. at the end of the project – to show a change.

- **Evaluation** - A systematic process for proving the difference you have made in the lives of the people you have worked with. Usually has a focus on Outcomes (see below), as well as examining the process of implementation and recommending improvements for the future.

- **Indicator** - A sign that a change has taken place, e.g. older people can name local health services would be an indicator of increased knowledge of these services. Smoke is an indicator of fire.

- **Inputs** – The resources at your disposal - e.g. time, money, premises, office equipment - to run the project. People's time is typically a major component of this that is often overlooked. Wherever possible, inputs should be given a monetary value.

- **Mainstreaming** - Influencing mainstream services – such as the Police or Local Authority leisure services – to change the way that their resources are spent or the approaches they use. Sometimes this may involve mainstream services funding projects that have been established using other resources, such as Big Lottery funding.

- **Milestone** - A means of tracking the progress of your project by setting a date for achieving a specific target. This can either relate to outputs (e.g. 'we will deliver seven sessions by June'), or outcomes (e.g. '120 people will have improved their diet by August').

- **Monitoring** - The process of recording your activities in a systematic way, e.g. the number of sessions you ran, how many people took part, their gender/ age/ ethnicity/ postcode. Monitoring typically records Outputs (see below).

- **Outcome** - The changes that you want your project to achieve. This might be at a range of levels, e.g.: for individual people, organisations, families, local services. Outcomes typically describe changes in knowledge, skills, outlook, attitudes and behaviour, e.g. increased knowledge of mental health services. Outcomes are typically a focus of evaluations.

- **Outputs** - A quantitative measure of your activities, e.g. the number of people you have worked with, the number of reports produced, number of sessions run, number of posters produced etc. Typically recorded by monitoring systems.

- **Peer Evaluation** - A process where the people involved in a project or service do their own evaluation, e.g. supporting beneficiaries to design and conduct their own evaluation from the perspective of a service user.

- **Qualitative** – Narrative information, typically giving people's views, opinions, ideas or attitudes. Qualitative information is often used to answer questions about why and how things have happened they way they have.

- **Quantitative** - Numerical information, describing things using facts and figures, e.g. the number of young people accessing a service; the percentage of people who have improved physical health.

- **Rationale** – The justification for your project. This is typically described in terms of a problem to be address - e.g. 'many older people in our village are isolated and excluded from services' - but may also be described in terms of an opportunity, e.g. 'government has recently become interested in how older people might be kept physically active for longer'.

- **Stakeholder** - Individuals, groups or organisations with an interest in, and / or influence over, your project.

- **Sustainability** – Refers to the continuation of the project's activities, or the outcomes achieved, once the funding has ended.

- **Target** - A means of keeping your project on track by making a statement about progress about one or more of your Indicators. Targets should be S.M.A.R.T – Specific, Measurable, Achievable, Relevant and Time-bound.

ANNEX B: SPECIFIC TOOLS FOR MEASURING WELLBEING

This Annex sets out some of the existing tools for measuring the three elements of wellbeing as defined by the Big Lottery programme: Mental Wellbeing; Physical Activity; and, Healthy Eating. Each is discussed in turn below.

GHK have also provided a set of standard tools for each of these areas, which have been sent to projects where relevant to their monitoring and evaluation plans.

Mental Wellbeing

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) Another 'positive psychological wellbeing' scale, the WEMWBS is one of the latest tools to have been developed to assess Mental Well-being. Designed by a team from the Warwick and Edinburgh Universities, it comprises 14 statements covering key aspects of mental wellbeing such as mood, energy, coping, cognitive ability and relationships. Each of the statements is scored from 1 to 5 respectively, with the overall score calculated by totalling scores for each item. The higher the score, the better the level of mental wellbeing. Although well recognised, the scale has not yet as yet been validated as a means to assess the impact of interventions - however it is currently being used to do so. GHK are using this scale in the Living Well evaluation as their mental wellbeing tool. www.healthscotland.com/documents/1467.aspx

WHO-Five Well-being Index (WHO-5) This is a 'positive psychological wellbeing' index, meaning that it includes positively worded questions only. It was designed and validated by the World Health Organisation and is used internationally to assess wellbeing. It comprises five simple questions covering mood, vitality and general interest which can be scored by the interviewee between 1-5. The questionnaire is very simple to use and results can be scored and analysed easily. The higher the score the better the level of wellbeing. http://www.cure4you.dk/354/WHO-5_English.pdf

The General Health Questionnaire (GHQ) - The GHQ is a measure of current mental health and since its development by Goldberg in the 1970s it has been extensively used in different settings and different cultures. This is a validated screening instrument designed to detect possible psychiatric morbidity in the population. The scale asks whether the respondent has experienced a particular symptom or behaviour recently. Each item is rated on a four-point scale (less than usual, no more than usual, rather more than usual, or much more than usual); and for example when using the GHQ-12 it gives a total score of 36 or 12 based on the selected scoring methods. The most common scoring methods are bi-modal (0-0-1-1) and Likert scoring styles (0-1-2-3). With the GHQ 12, a threshold score of 4 or more will be used to identify respondents with a possible psychiatric disorder, using bi-modal scoring scale. This is not available free for use and you would have to buy a licence.

Physical Activity

Physical Parameters - Can include Height and Weight, Body Fat Percentage, BMI, Blood Pressure, Lung Capacity, Waist measurement (cm), Hips measurement (cm), and the Sit and Reach Test. These can be measured pre, mid and post-physical activity intervention.

Physical Activity Readiness Questionnaire (PAR Q) - Administered traditionally by GP's to ensure patient is ready to undertake physical activity. Ensures client is fit and healthy to take part in an intervention.

Physical Activity Diaries (in house designed, self-report tool) - to record activities performed and behavioural/lifestyle changes over the period of the intervention and subsequent to the intervention. E.g. 'American Heart Project' http://www.americanheart.org/downloadable/heart/1118082711682ActivityDiaryBlank.pdf

Questionnaires (in house designed, self-report tool) - designed to determine behavioural/lifestyle changes over the course of an intervention. Administered pre- and post- intervention to determine changes in physical activity carried out and attitude towards physical activity. GHK are using a simple version of this method for the evaluation of the Living Well Portfolio.

Pedometers - To measure an individual's activity and any increases in movement as a result of a physical activity intervention

International Physical Activity Questionnaire (IPAQ) (scientifically validated self-report tools)- This is widely used as a standardised self-report measure of habitual physical activity of populations from different countries and socio-cultural contexts. It has both a short and long version, both including assessment of walking and moderate and vigorous physical activities. It is recommended as a viable method of monitoring population levels of physical activity globally for populations aged between 15-69 years. www.ipaq.ki.se/ipaq.htm

Global Physical Activity Questionnaire (GPAQ) (scientifically validated self-report tools) - This was developed by the World Health Organisation for physical activity surveillance in countries. It is similar to the long version of the IPAQ and collects information on physical activity participation in three domains (Activity at work, travel to and from places, recreational activities) as well as sedentary behaviour. It comprises 16 questions. The GPAQ data can be cleaned and analysed using free public health analysis software (www.cdc.gov/epiinfo).

Physical Activity Questionnaire for Older Children and Adolescents (PAQ-C/A) These are validated self-administered, 7 day recall questionnaires, which assess general levels of physical activity in 9 to 15 year old children. There are no valid questionnaires for children under the age of 9.

Healthy Eating

Food Diaries - These can be used to record and individual's food intake before, during and after a healthy eating intervention. This approach can be as simple as asking the client to write down everything they eat over a five day period prior to and after a healthy eating intervention. The results are then analysed to see if there are any patterns of change i.e. a more balanced diet and/or unhealthy food groups have been replaced by healthy ones. E.g. http://www.shapeup.org/support/maintain/logform1.php

Diet 5 for Windows - More rigorous approaches can be used whereby food intake data can be analysed using computer packages such as Diet 5 for Windows, followed by paired t-tests to assess any significant changes in dietary intake. See, O'Brien et al (2002) A quantitative nutritional evaluation of a healthy eating intervention in primary school children in socioeconomically disadvantaged area - A pilot study. Health Education Journal, Volume 61, No. 4, 320-328

Questionnaires - Can also be designed to gain detailed information about a clients eating habits and awareness of healthy eating issues and eating behaviour prior to a healthy eating intervention and then administered after the intervention to ascertain whether there have been any patterns of changes in eating behaviour and healthy eating knowledge, for example increased fruit and vegetable consumption, decreased intake of sugary and fatty snacks. GHK are using a simple version of this method for the evaluation of the Living Well Portfolio.

Healthy Eating Quizzes - A good method to assess young people's knowledge and understanding of healthy eating issues, before and after a healthy eating intervention. The number of correct answers can be used to assess improvement in knowledge as a result of the intervention. E.g. www.nhsdirect.nhs.uk/magazine/interactive/quiz/index.aspx or www.healthyliving.gov.uk/healthyeating/

Healthy Eating Index (2005) - The US government has produced this measure of diet quality, using specific scoring standards which have satisfied several types of validity tests. The HEI-2005 is a standardized tool that can be used in nutrition monitoring, interventions, consumer education and research, although has yet to be used to a significant degree in the UK. Further details can be found at www.cnpp.usda.gov/HealthyEatingIndex.htm.

ANNEX C: FURTHER GUIDANCE

There are literally 1000's of additional guides and resources that cover monitoring and evaluation; some of the better ones are listed below:

- Charities Evaluation Services (CES), www.ces-vol.org.uk have produced a number of excellent and accessible resources for voluntary and community groups – many of which are available free from their website. Their resources are especially useful for choosing outcomes. CES have done a lot of work for Big Lottery, who also have some good resources on their website www.biglotteryfund.org.uk

- Sport England have produced a *'Monitoring and Evaluation Toolkit'*, which is available through their website, www.sportengland.org in the 'Get Resources' section. This is especially strong in terms of setting up monitoring systems.

- There are a number of Mental Health Improvement Evaluation Guides from Health Scotland (available from: www.healthscotland.com/mental-health-publications.aspx):

    ➢ Guide 1: Evidence-based practice.

    ➢ Guide 2: Measuring success.

    ➢ Guide 3: Getting results.

    ➢ Guide 4: Making an impact.

- Dr Lindsey Dugdill & Prof. Gareth Stratton (May 2007) *Evaluating Sport and Physical Activity Interventions A guide for practitioners*. Is an excellent guide to the evaluation of physical activity interventions, which covers evaluation design as well as specific tools and measures. It is available on the Sport England website: www.sportengland.org/evaluating_sport___physical_activity_interventions.pdf

- www.renewal.net contains a number of useful guides for practitioners, one of which is 'How to Establish the Evidence'. As well as an introduction to some sources other than those listed above, this contains a useful checklist to consider in putting together an evidence base. The site also contains a number of 'Toolkits' relating to projects: 'Define the Problem', 'Select a Project', 'Implement a Project', 'Track Progress' and 'Influence the Mainstream'. Each of these Toolkits contains an overview of relevant issues, further guidance and case study examples.

- Battye.F (2006) *'Health Project Development Toolkit for Community Groups'*, Heart of Birmingham Primary Care Trust. (http://www.hobtpct.nhs.uk/_docs/communitytoolkit.pdf). Written by one of the authors of this guide (so we're bound to say that it's good!) and covers much of the same material, but also looks at other uses of evidence.

- The WK Kellogg Foundation produced an *'Evaluation Handbook'*. (http://www.wkkf.org/DesktopModules/WKF.00_DmaSupport/ViewDoc.aspx?LanguageID=0&CID=281&ListID=28&ItemID=2810770&fld=PDFFile). This is a long and detailed resource, which provides a more thorough discussion of some of the concepts used in this guide.

- Evaluation Methodology for the Local Exercise Action Pilots (LEAP) - www.sportengland.org/leap_brochure.pdf. Outlines a straightforward evaluation approach to assessing physical activity interventions involving: attendance and demographic data; physical activity data using self-report tools; semi-structured interviews and cost data.

- Meyrick, J and Sinkler, P *'An Evaluation Resource for Healthy Living Centres'*, Health Education Authority provides a step-by-step guide to choosing your outcomes

and indicators. It also provides useful case studies showing how community based health projects have been through the process of evaluating their work. www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/hda_publications .jsp?o=163

▪ There are two excellent guides to capturing some of the difficult to measure small changes you might expect to see as a result of your project. The first was produced by The Institute for Employment Studies *'Guide to Measuring Soft Outcomes and Distance Travelled'* and is available on the European Social Fund website: www.esf.gov.uk. The second was produced by us (GHK Consulting Ltd)*, 'A Practical Guide to Measuring Soft Outcomes and Distance Travelled'* and is available on the Department for Work and Pensions website: www.dwp.gov.uk.

▪ The European Commission have produced an online resource to support the evaluation of the activities they fund; this can be found at www.evalsed.info. This is especially useful for more technical information about specific methods and approaches, e.g. focus groups, surveys or cost-effectiveness.

▪ The Cabinet Office 'Policy Hub' has produced an evolving guide to the evaluation of projects and programmes, the '*Magenta book'*: www.policyhub.gov.uk/magenta_book/ this is especially useful for methods and approaches to getting the information you need. This complements the Treasury's 'Green Book' (http://greenbook.treasury.gov.uk/), which covers economic and financial appraisal and evaluation, including value for money.

Finally, there are a number of useful books available about evaluation, please contact us if you require any recommendations!