

Quick guide to evaluation

A resource to help plan and evaluate work in health and social care



Why evaluate?

Evaluation is a central part of improving the way we work. But in practice, it can be forgotten until a project is underway or even missed off altogether.

Evaluation is an important part of developing a systematic understanding of what we are doing. It can help prove what we're doing works; but it is equally important as a tool to learn lessons for the future.

We have developed this resource for people working in health and social care, including those with a role to help improve services at the Care Services Improvement Partnership (CSIP) and policy colleagues at the Health and Care Partnerships Directorate, Department of Health.

It aims to give people an overview of what evaluation is, why it is important and how to plan and evaluate work well. The resource is structured in eight key sections to help you put evaluation into practice.

Involving people throughout is crucial - including those who use services and carers. This will help make sure that evaluation is fit

for purpose and focused on achieving its aims.

If you are getting going with evaluation, we advise that, in addition to using this resource, you find someone in your organisation who is trained in research and evaluation who can help advise and support you. We have included a list of current contacts in CSIP.

To find out more

We hope you find the resource helpful. It is part of a series of papers to share learning and promote innovative practice in health and social care.

Although it is not an exhaustive guide, we have included references to lots of resources and materials at the end if you want to read more. The checklists and forms included in the paper are also available as word documents to use in practice at www.csip.org.uk/evaluation. The guide is also available for CSIP staff on MARS, our web-based management and reporting system.

More general information about our work on research and development and knowledge

Key sections

1. **Evaluation or research? Agreeing what you need to do and why.**
2. **Designing your evaluation to meet your aims.**
3. **Planning your evaluation in partnership with key stakeholders.**
4. **Deciding how to collect information.**
5. **Advice on analysing information.**
6. **Sharing findings to achieve maximum impact.**
7. **Evaluating the evaluation to learn for the future.**
8. **References and further reading**

management is on our website.

Here, you can also share your work on evaluation with others. We are also grateful for any general feedback on this resource to help improve our work in the future.

1. Evaluation or research? Agreeing what you need to do and why.

Deciding whether your project is about research or evaluation is not always simple as the two overlap and for some projects the distinction isn't helpful anyway. However, understanding what the terms mean should give you some pointers to help decide what you will do and how you will go about it. We recommend that you involve someone in your organisation who is trained in research and evaluation to advise and support you.

So what is the difference?

Both research and evaluation are concerned with systematic investigation of something and may involve using the same methods. What distinguishes one from the other is intention of the work. The goal of evaluation is to make a judgment about the value of the thing under study. In research the aim is to contribute to a larger body of knowledge or generalisations about the phenomenon being examined. There can be overlaps between these intentions and it may not be clear if a specific project is evaluation or research.

Why do it?

Within CSIP, our aim is to promote evaluation in order to help people:

- find out whether what we are doing works, in what ways and for whom
- provide evidence of the benefits and impacts of our work
- provide information for and gain the support of our stakeholders
- make sure and show that objectives are met
- identify successes so they can be shared with others and rolled out across the organisation
- identify problems and weakness so they can be solved
- provide information to aid further development

- secure funding for further development
- identify staff training and development needs
- guide future work
- position our work in relation to current policy, learning and best evidence, and
- build capacity and understanding for future work and evaluation.

Evaluation can support:

- strategic and financial planning
- organisational learning
- customer needs analysis
- risk management
- discontinuing what we are doing if it has no impact, and
- performance management including planning, target setting and reporting.

Assess the risks

While all research needs to go to an ethics committee and requires an organisation as sponsor, you don't need to do this with lower risk evaluations. Where an evaluation has a higher level of risk, it could go to an ethics committee for scrutiny and guidance. Risk, though, cannot be simplistically equated with a type of research. One tool to help judge the issue of risk is in the Research Governance Resource Pack for Social Services at www.ssr.org.uk/governance/index.asp.

Ethical considerations come into evaluation just as they do in research. For more information, see Robson 2000; Good Practice Guides for Evaluation at www.evaluation.org.uk/Pub_library/Good_Practice.htm.

Put in place governance

Regardless of what you decide in conclusion, you need to make sure that what you do is appropriately governed. This means ensuring that everyone involved is clear what their roles are, everyone is suitably skilled and/or supervised to carry them

out, that the methods being used are appropriate, that risks are managed and that there is a robust means of steering the project. People who use services and carers should have a prominent and integrated role in evaluation.

Evaluation is about...

'...attributing value to an intervention by gathering reliable and valid information about it in a systematic way, and by making comparisons, for the purposes of making more informed decisions or understanding causal mechanisms or general principles.'
(Ovretveit 1998:9)

'Evaluation is the use of the scientific method, and the rigorous and systematic collection of research data to assess the effectiveness of organizations, services and programmes...in achieving predefined objectives.'
(Bowling 1997:9)

Research is about...

'The essential nature of research lies in its intent to create new knowledge... through a process of systematic enquiry governed by scientific principles.'
(Hockey 2000:3)

"Research can be defined as the attempt to derive generalisable new knowledge by addressing clearly defined questions with systematic and rigorous methods."
(Department of Health 2005:3)

2. Designing your evaluation to meet your aims.

Choosing a method

There are many ways of categorising evaluation and debates amongst researchers about what is most helpful (see Ovretveit 1998, chapter 2, for an overview).

For this paper, we have summarised the six evaluation designs discussed by Ovretveit (1998:chapter 3). Each approach has strengths and weaknesses, which should be borne in mind when planning your evaluation.

The approaches to evaluation outlined here are not mutually exclusive and combinations can be developed for any individual evaluation.

Six evaluation models

1. Descriptive
2. Audit
3. Before-After
4. Comparative-experimentalist
5. Randomised controlled experimental
6. Realistic

1. Descriptive

In this model the evaluator systematically describes the project being evaluated or specific aspects of it. This could be a description of the operation of the project, the people served, perspectives on the project, resources used, issues faced or other features.

What is described will depend on the agreement of the stakeholders as to what they want investigating. The investigation should be well informed by existing literature and theories in the field to produce more than a trivial description.

If the descriptions of projects and perspectives on them are incomplete, people can be left with only a vague idea of what the project did, which makes it more difficult to make decisions about it or replicating it in other areas. So, a good descriptive evaluation is better than nothing.

This is often one of the cheaper and easier forms of evaluation to do and can provide good value as good descriptions, linked to existing evidence and theory, can be very informative. This type of evaluation, however, is often seen as unscientific. It does not allow the evaluator to link causes and effects in a scientific manner.

As with all evaluations, the final outcomes will depend on the skills of the evaluator(s) and of those who tell them what they want to know about. An evaluation driven by a psychology perspective will not give health economics answers and if this is what the commissioners of the evaluation want they should be clear on this from the outset.



Example of the descriptive model

A new peripatetic service for older people has been established, bringing together existing community and inpatient services, to deliver care to people in the community. The aims of the service are clearly outlined in their operational policy, and these are used as the basis for the evaluation. The evaluator examines the new service for 12 months and collects data on how the service develops, including recruitment to it, its structure and training of staff. The evaluator also collects demographic and clinical data about the people served and their pathways into and out of the service. With all of this data the evaluator is able to provide a detailed description of how the service operates, what people have been seen and what happens to them.

2. Audit

In this approach the thing being evaluated is compared to explicit standards, procedures or objectives to find out the extent to which it has met them. The standards are turned into ideas of what data can be collected to measure whether the project has met them.

This is a description of the operation of the project in very specific terms. Ensuring that the standards against which the project is measured are good ones is vital.

The points about descriptive audit made above in terms of pros, cons and points to be aware of also apply here.

Example of the audit model

NICE Guidelines for the treatment of Attention deficit hyperactivity disorder (ADHD) with medications (www.nice.org.uk/page.aspx?o=TA098) are used to develop standards for a local service. The evaluator decides how to measure the extent to which the service is meeting each standard and collects data to do this.

3. Before-After

This model aims to give an answer to questions about what effects, and how much, a project has made. It is important to have a clear view of what to measure before and after the project, usually informed by good theories and previous literature about the possible causal processes at work in the project. This may depend upon what data already exists, although some retrospective data collection may be possible after the project is running.

This can often be a small scale evaluation that can be quickly set up, depending on the complexity of the thing being evaluated, the time period of the project and its evaluation, and of the before and after measures being examined. The approach can give better insights to the effects that a project has, but not conclusive evidence of causes as it can be difficult to rule out that effects have been caused by other factors.

Example of the before-after model

A new service for supporting people who deliberately self-harm and attempt suicide is introduced into a prison. The data on incidence of deliberate self-harm and suicide attempts before the new service was introduced and afterwards are compared.

4. Comparative - experimentalist

In this model a comparison is set up between the project and something else. Before and after measures are made for the project and the comparison to see what has happened in each circumstance. It is important to have an appropriate comparison and good measures suitable for both the project and comparison.

This approach is generally more complicated to set up than the previous models, and, as such, is often more expensive. But if done well, there is usually greater confidence in the assessment of benefits that have been achieved.

Example of the comparative-experimentalist model

A new service for supporting older people with learning disabilities and dementia is set up in locality A. The evaluator identifies another locality, B, which has a similar socio-demographic profile to locality A, and a similar way of delivering services to that which A had before the new service was introduced. Data on the pathways and characteristics of clients in A and B are collected. Outcome measures which are of relevance to people with learning disabilities, their carers and the services are introduced in both localities. The data from localities A and B are compared to identify and compare what has happened in each locality.

5. Randomised controlled experimental

This is the same as the comparative-experimentalist approach except that people are randomly assigned to the project/intervention and comparison or control groups. This approach is also known as a randomised control trial (RCT).

The reason for random allocation is to make it easier to reduce potential biases between the two groups of people. Random allocation aims to create two groups to compare which are the same except for the different interventions they have received. Any difference between them in terms of outcome measures then should be due to the different interventions.

Example of the randomised controlled experimental model

A new means of treating leg ulcers is developed. A trial is established in which people, after giving informed consent, are randomly allocated to have either the new treatment or the standard old one. Outcomes are taken at an appropriate time for each group and the results compared.

Case control study

We also want to highlight another widely used method called the case control study (see Bowling 2002:68-70 for a more detailed description).

In simplest form this involves examining one group of people that has a specific characteristic of interest, such as a condition or exposure to something, and comparing with another group of people that doesn't have it. The aim is to try and identify significant differences between

the two groups which may relate to the thing of interest.

Another distinction often made is between formative and summative evaluations, though the two approaches are not necessarily mutually exclusive.

a. Formative

A formative approach is developmental, where people involved in the project get regular, ongoing information from the evaluation team that works closely with them to help make improvements over time.

Having the evaluator close to the thing being evaluated can present political (e.g. conflicts of interest) and methodological difficulties (e.g. not being clear what influence the evaluator has had on outcomes and what would happen when the evaluator is not involved). These are serious considerations but can be managed.

b. Summative

This approach provides a final, summing up assessment of the thing being evaluated, usually to inform decision making about what should happen next, such as whether or not to continue funding a service.

Here, the evaluator aims to be more detached from the thing being evaluated, providing a final report rather than routine feedback to shape how the service or innovation develops.

6. Realistic evaluation



A final perspective we want to mention is realistic evaluation (Pawson & Tilley 1998). This is concerned with understanding the mechanisms which make

things happen, and the contexts in which they are happening (Robson 2000).

It is based on the idea that all evaluation should be rigorously and explicitly underpinned by good theories relating to the phenomenon being examined. Without this, the evaluation may have no means of telling us anything about why the observed things are happening as they are.

Realistic evaluation involves breaking down understanding of the thing being evaluated into theories which underpin it. These can then be explicitly used to drive the evaluation.

No particular method for undertaking the evaluation is preferred in realistic evaluation; indeed many methods may be used. The key is finding the best method(s) to examine the question(s) of interest in the evaluation.

On the realist perspective see also Pawson et al (2004) Realist synthesis: an introduction (www.ccsr.ac.uk/methods/publications/documents/RMPmethods2.pdf).

3. Planning your evaluation in partnership with key stakeholders.

Plan early and in partnership

It is best to finalise what you need to do, why and how in partnership with others.

Planning early means you can build data collection into the project, rather than having to collect it retrospectively, which is not always possible and leaves important gaps in intelligence.

The first stage of any evaluation is to agree the purpose. Different people with an interest in the project (stakeholders) may be interested in distinct issues and therefore have different questions they want to ask. We have developed a table you can adapt to your needs to help capture different stakeholders' issues.

You need to prepare an evaluation plan in partnership with the key stakeholders. An introduction to research, Clark & McCombie (2005) will help you to do this and set out:

- what you are evaluating
- its intended purpose and benefits
- the overall purpose of the evaluation
- what you already know about the subject matter, theoretical perspectives on it and the evidence base
- what questions you want to answer through the evaluation
- what method(s) of evaluation you are going to use
- boundaries such as its size, people involved, significant time periods and total timeframe

Any evaluation is generally a compromise between what different groups of people want, time and resources available, methodological constraints and ethical considerations.

Stakeholder group	Questions
People who use services, their families and carers	<ul style="list-style-type: none"> • What does it mean for our lives and the care we receive?
Health and social care professionals	<ul style="list-style-type: none"> • How can work practices be improved? • How can the needs of clients be met more effectively? • How can we make best use of staff, their knowledge and skills?
Senior management	<ul style="list-style-type: none"> • Are we meeting people's expectations and our strategic objectives? • How are we measuring the impact of our work? • How are we demonstrating the impact of our work? • How can funding allocations (and future bids) be judged and justified? • How should we develop in the future? • How can working practices be improved? • How does our service compare with that offered by other institutions? • Are we operating as efficiently as possible? • Is there learning we can share across CSIP?
Academic and research community	<ul style="list-style-type: none"> • What does previous research tell us about this work? • What impact does the work have on teaching, learning and research? • What changes would improve the work so that it meets needs more effectively? • How does this contribute to the evidence base in this area?
Ministers	<ul style="list-style-type: none"> • What is being delivered and how does it relate to policy? • What differences have been made to people's lives? • Does the work offer good value for public money? • Have efficiency savings been made? • Are we working effectively across government to deliver change? • Are innovations transferable to other government institutions?

4. Deciding how to collect information.

Having decided what question(s) you want to answer you need to decide how to get the answers. You also need to decide how you are going to collect data on the things you are interested in, especially for outcomes. For example, if you are interested in an outcome to the project being reducing stigma you need to define what you mean by stigma, how you can measure it, and where the data will be collected from.

Having appropriate outcome measures is vital. A psychological or pharmaceutical intervention may show good outcomes in terms of certain symptoms, but could have a marked impact on social or side-effect outcomes which need to be considered.

Deciding what methods will be used to collect the data is another crucial step. Methods is a large subject and all we can do here is summarise aspects of some commonly used ones:

- Interviews
- Focus groups
- Questionnaires
- Participant observation
- Document analysis
- Existing data

Interviews

Commonly used to

- investigate issues in an in depth way
- discover how individuals think and feel about a topic and why they hold certain opinions
- investigate the use, effectiveness and usefulness of your work
- inform decision making, strategic planning and resource allocation
- investigate sensitive topics which people may feel uncomfortable discussing in a focus group
- add a human dimension to impersonal data
- deepen understanding and explain statistical data



Pros

- useful to obtain detailed information about personal feelings, perceptions and opinions
- allow more detailed questions to be asked
- usually achieve a high response rate
- respondents' own words are recorded
- ambiguities can be clarified
- precise wording can be tailored to respondent
- interviewees are not influenced by others in the group
- some interviewees may be less self-conscious in a one-to-one situation

Cons

- can be very time-consuming: setting up, interviewing, transcribing, analysing, feedback, reporting
- can be costly
- different interviewers may understand and transcribe interviews in different ways

Focus groups

Commonly used to

- investigate complex behaviour
- discover how different groups think and feel about a topic and why they hold certain opinions
- identify changes in behaviour
- investigate the effectiveness of your work
- verify or clarify the results from surveys
- suggest potential solutions to problems identified
- inform decision-making, planning and resource allocation
- add a human dimension to impersonal data



Pros

- useful to obtain detailed information about personal feelings, perceptions and opinions
- can save time and money compared to individual interviews
- can provide a broader range of information
- can offer the opportunity to seek clarification
- can provide useful material e.g. quotes for public relations publication and presentations

Cons

- may be hard to control and manage
- can be tricky to analyse
- may be difficult to encourage a range of people to participate
- may be intimidating for participants
- participants may feel under pressure to agree with the dominant view

Questionnaires

Commonly used to

- identify patterns, frequency, ease and success of use
- investigate stakeholder needs, expectations, perspectives, priorities and preferences
- identify stakeholder satisfaction with your work
- discover trends (by repetition over time)



Pros

- easy to analyse
- format is familiar to most stakeholders
- low cost for a large sample
- simple to administer
- can be simple and quick to complete
- standardised
- usually straightforward to analyse
- can be used for sensitive topics which users may feel uncomfortable speaking to an interviewer about

Cons

- low response rate, especially from postal questionnaires
- those who have an interest in the subject may be more likely to respond, skewing the sample
- respondents may ignore certain questions
- may appear impersonal
- questions may be incorrectly completed
- not suitable to investigate long, complex issues
- unsuitable for some kinds of respondents, e.g. visually impaired people
- fatigue if surveys are carried out too frequently

Participant observation

Commonly used to

- observe people in action (in participant approaches the evaluator observes whilst participating in the event being studied)



Pros

- can actually see what people do, as opposed to what they think or say they do

Cons

- observer may influence what the people do
- can be difficult to do in some circumstances
- can be hard to collect and analyse data

Document analysis

Commonly used to

- track formal records of discussions and project development; develop a history of the innovation
- establish what the innovation is formally meant to be doing e.g.s of documents to analyse are government policies, minutes of meetings and operational policies



Pros

- gives a rich source of information about the innovation
- there are established methods of analysing documents

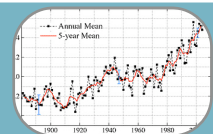
Cons

- what is said in documents is usually only part of the story when evaluating
- can be interpreted in different ways by people involved in the thing being evaluated

Existing data

Commonly used to

- investigate the operation of the thing being evaluated and perhaps even outcomes if the right data has been collected



Pros

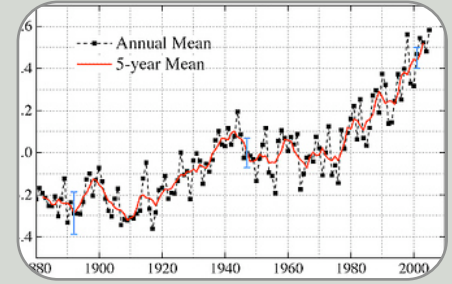
- integrating data collection into the operation of the service being evaluated can save time in the evaluation

Cons

- data collected may not be complete or the right data to help in the evaluation

Collect your data

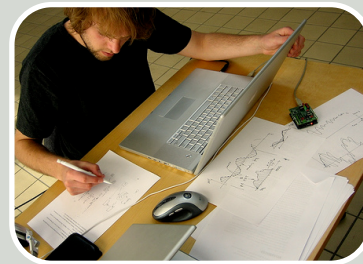
Whatever methods of data collection are chosen, there are a number of practical considerations to bear in mind. We have provided a range of questions to ask when planning the data collection. These are included in the table below. Use this with your colleagues to record your answers and any actions needed to help you in finding the answers.



Question	Answer	Action
How much staff time is available to plan the evaluation, collect data, analyse the data and present the findings?		
What skills do you have in terms of collecting and analysing the data and presenting the findings?		
What financial resources are available?		
When is the best time to carry out the evaluation?		
Which groups or individuals are to be targeted?		
How to can the response rate be maximised?		

5. Advice on analysing information.

Once you have collected your data, the next stage is analysis. We have provided a range of questions to ask when analysing the data you have collected. These are included in the table below. Use this with your colleagues to record your answers and any actions needed to help you in finding the answers. Knowing that the project has helped some people is useful, but we might wish to know more about those who have not benefited and why.



Question	Answer	Action
Did you use the data to help you to answer the key questions you are asking?		
Did you combine qualitative and quantitative data and use the two types of data to support each other?	<i>Yes. We analysed qualitative data to try to identify possible reasons for patterns noted from quantitative data.</i>	
Did you compare findings from different sources?	<i>Yes. We examined how the 'official' view in policy compared to what actual happens in practice as determined by interviews with practitioners.</i>	
Did you make comparisons between the views of different stakeholder groups?	<i>Yes. We compared the views of users of services and carers, policy makers, management, CEOs, academic community, frontline practitioners, clinicians.</i>	
Did you identify any gaps in the data or questions you are interested in, but cannot answer?	<i>Yes.</i>	<i>We need to undertake further investigation.</i>
Did you allow anticipate your findings?	<i>We tried hard not to.</i>	<i>We will take care not to miss unexpected results.</i>
Did you allow yourself to be worried if the findings identify negative aspects of service provision?	<i>No. The findings indicate that services provision needs to improve.</i>	<i>We will now think more widely to try to identify solutions to problems and find ways to improve services.</i>
Did you involve at least two people in the data analysis.	<i>No I did the analysis alone.</i>	<i>I will now strive to involve someone involved in the data collection process, and another who is more detached from the process and can bring 'a fresh pair of eyes' to the data.</i>
Have you considered how the data will be presented to its intended audience?	<i>Yes. We will be presenting the findings graphically.</i>	<i>We have decided to do more detailed analysis in order to spot trends which will be able to display well graphically.</i>

6. Sharing findings to achieve maximum impact.

Dissemination is crucial. The method of dissemination will depend, to some extent, on the focus of the evaluation, but it is likely to be largely determined by the audience. We have provided some common methods of dissemination in the table below. Use this with your colleagues to plan the most appropriate methods of dissemination for your target audience.



Target audience	Information need	Key messages	Method										
			Event	Committee	Exec summary	Report	Newsletter	Presentation	Article	Leaflet	Press release	Audio	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

It is unlikely that one approach to dissemination will suffice to reach all audiences effectively. You should consider what audiences there are for your work, the key messages and kinds of information they would need and the best methods to communicate to them. Consider how you can breakdown, or segment, the market for your dissemination.

Case study

The National Leads on the of Early Intervention in Psychosis programme identified three broad groups of audiences with associated levels of information.

■ A 'lay' audience

people not very versed in psychosis and early detection but who have a role to play in it, such as parents, teachers, some health care professionals and youth workers. They would generally not be interested in detailed information, more about how to spot early warning signs and what to do next. They each have different means of communicating to them.

■ An 'intermediate' audience

people like other mental health workers, managers and commissioners who would need more detailed information about the work of early intervention, but this might be health economic information (e.g. for commissioners) or about early intervention work in the system of mental health care (e.g. for other mental health professionals). Again, different means of communicating with these groups exist.

■ An 'expert' audience

those working in Early Intervention teams who need to the latest evidence about how best to undertake their work.



Using your findings

It is vital the evaluation findings are not merely reported, but also acted on. Conducting evaluation creates expectations that the findings will be used in some way, for example to improve your work. People are less likely to participate in evaluation in the future if they do not see tangible results.

The purposes of evaluation identified in Stage 1 should guide the ways in which the findings are used. Feeding back the results of the evaluation and what has been done as a result of it to those who participated in the evaluation is often a good thing to do, especially if this includes service users and carers. We have provided some of the ways in which evaluation findings are commonly used in the table below. Use this with your colleagues to plan how to use the findings from your evaluation.

Usage	Evidence
Strategic planning	<ul style="list-style-type: none">■ devised policy■ fed into annual report
Budgeting	<ul style="list-style-type: none">■ informed budget requests■ reallocated resources to better meet user needs and expectations■ used to justify financial investment
To secure funding from the management board or external funders	<ul style="list-style-type: none">■ used to justify financial investment
To identify problem areas and formulate plans to improve quality	<ul style="list-style-type: none">■ professional development framework produced to support improved staff skills■ service level agreements established with key stakeholders
To identify staff training needs	<ul style="list-style-type: none">■ professional development plans produced
To make changes to existing work	<ul style="list-style-type: none">■ practice standards produced for common tasks
For benchmarking purposes	<ul style="list-style-type: none">■ management information produced to identify and manage risks to delivery or best practice
To devise and effectively target publicity	<ul style="list-style-type: none">■ new dissemination methods developed appropriate to the needs of particular audience groups
To identify areas for further research	<ul style="list-style-type: none">■ research development proposal

7. Evaluating the evaluation to learn for the future.

It is important to review the whole evaluation process and reflect on what worked well and what problems were experienced.



Question	Evidence
Did the evaluation achieve its purpose? If not, why?	
Was a range of data collection methods used?	
Did these methods provide suitable data for the needs of the evaluation?	
Could the tools used have been improved in any way?	
Did the timing of the evaluation present any problems? How might these have been avoided?	
Was the level of staffing adequate? Did staff have sufficient time and possess appropriate skills to carry out the evaluation effectively?	
Was the response rate adequate? How might it have been improved?	
Were there any difficulties experienced when analysing the data?	
Were the findings fed back to all relevant stakeholders in an appropriate format?	
What practical results did the evaluation have? Do these match with the purposes identified for the evaluation?	
Is it likely to have additional impacts in the future?	

8. References and further reading

References

BOWLING A. (2002) **Research Methods in Health: investigating health and health services. Second Edition.** Buckingham: Open University Press

CLARK M & MCCOMBIE C (2005) **Research in Health Care in England: An introduction for colleagues working in Mental Health who are interested in research.** NIMHE. Online document available at www.csip.org.uk/index.cfm?fuseaction=main.viewItem&intItemID=59129&intSectionID=937&intParentID=0 Last accessed 1 June 2006

DULEY L and FARRELL B (eds) (2002) **Clinical Trials.** London: BMJ Books

COREC ETHICS CONSULTATION E-GROUP (2005) **Differentiating audit, service evaluation and research.** Online document available at www.corec.org.uk/applicants/help/docs/Is_and_As_Differentiating_Research.doc. Last accessed 1 June 2006

DEPARTMENT OF HEALTH (2005) **Research Governance Framework for Health and Social Care: Second edition.** Available online http://www.dh.gov.uk/PolicyAndGuidance/ResearchAndDevelopment/ResearchAndDevelopmentAZ/ResearchGovernance/ResearchGovernanceArticle/fs/en?CONTENT_ID=4002112&chk=PJlaGg. Last accessed 1 June 2006

HOCKEY L. (2000) *The nature and purpose of research.* in Cormack D. F. S. (ed.) **The Research Process in Nursing.** (Fourth edition) Oxford: Blackwell. pp. 3-15

OVRETVEIT J. (1998) **Evaluating Health Interventions: an introduction to evaluation of health treatments, services, policies and organizational interventions.** Buckingham: Open University Press

ROBSON C (2000) **Small-scale Evaluation.** London: Sage

Further reading

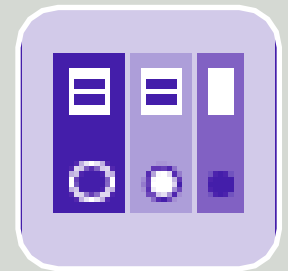
Central Office For Research Ethics Committees (COREC)

www.corec.org.uk

Source of information on applying to NHS ethics committees and the electronic application form

Clinical Trials Toolkit
www.ct-toolkit.ac.uk/

A web site to guide you on the regulations governing running a clinical trial.



ESRC Research Methods Programme
www.ccsr.ac.uk/methods/
Offers publications on social science research.

Evaluation Handbook
www.ncela.gwu.edu/pubs/eacwest/evalhbk.htm

On-line handbook based at a US university

Good Practice in Evaluation
www.evaluation.org.uk/Pub_library/Good_Practice.htm

Guidelines of good practice in doing evaluation.

The Policy Hub
www.policyhub.gov.uk/

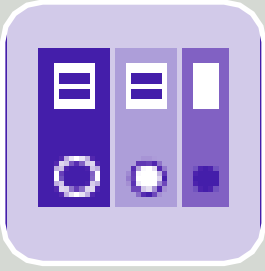
UK Government site about policy making in general, with key reports. Includes a section on policy evaluation and the Magenta Book, an evolving resource on undertaking policy evaluation.

Research Methods Knowledge Base
www.socialresearchmethods.net/kb/

A comprehensive, introductory, web-based text book of social science research methods, with an overview of evaluation.

Social Science Information Gateway (SOSIG)
www.sosig.ac.uk/

SOSIG is a gateway to information for the social sciences including a section of links to resources on research tools and methods.



Social Services Research Group

www.ssr.org.uk/

Information about Research in Social Services, including a Social Services Research Governance Resource Pack

www.ssr.org.uk/governance/index.asp

The Treasury Green Book

<http://greenbook.treasury.gov.uk/>

<http://greenbook.treasury.gov.uk/>

UK Treasury on-line resource of appraisal and evaluation in central government.

Trent RDSU Resources Page

www.trentrdsu.org.uk/resources.html

Includes TRIAGE - a gateway to hundreds of web sites containing resources on health research. This includes 22 resource packs on such topics as critical evaluation of research, ethics, experimental designs and qualitative research.

User-Friendly Handbook for Mixed Method Evaluations

www.nsf.gov/pubs/1997/nsf97153/start.htm

Published by the US's National Science Foundation this is an on-line guide to using mixed methods, i.e. both quantitative and qualitative ones, in an evaluation.

WK Kellogg Foundation Evaluation Handbook

www.wkkf.org/Pubs/Tools/Evaluation/Pub770.pdf

Published by a non-profit organisation, whose mission is "to apply knowledge to solve the problems of people", this handbook summarises

approaches to evaluation with case studies of real projects.

About the Health and Care Partnerships Directorate

A new directorate has been created called Health and Care Partnerships (HCP). It has the same client responsibilities as the care services directorate and in addition, responsibility for two new DH wide programmes, on People and Partnerships.

Prof Antony Sheehan is director general for the new Health and Care Partnerships directorate. HCP will work closely with the new Social Care Directorate and CSIP.

Effective partnership working should be a feature of the DH's everyday work. The Health and Care Partnerships directorate is starting a major programme to help all areas of the DH be a strong and supportive partner. Our goal is to be a better organisation to do business with. We want to use positive partnerships to help improve services and outcomes of people using them and support system reform, the way in which health and social care are arranged and provided.

The People programme is being set up to put in place a range of advice and support to help ensure that work across the DH addresses the real needs of people so we can demonstrate how our work will have a positive impact on people's lives.

In particular, we are concerned that issues specific to individual groups of people are not picked up and some people, especially those who experience most inequality and need, have not yet benefited from the positive changes that have been made to services.

Do you know of useful resources about evaluation? Share them with others by emailing us evaluation@csip.org.uk

About the Care Services Improvement Partnership

The Care Services Improvement Partnership (CSIP) supports positive changes in services and in the well-being of vulnerable people with health and social care needs.

We aim to:

- provide high-quality support to help services improve
- help services to put national policies into practice and provide them with a link into government
- involve people who use services and their carers in all improvement work
- share positive practice and learning about what works and what doesn't
- pass on research findings to organisations to help them improve services, and
- encourage organisations to work in partnership across all sectors.

Find out more at www.csip.org.uk

Find out more

Visit www.csip.org.uk/evaluation

About the authors

This paper has been written by Clair Chilvers, Mike Clarke, Rowan Purdy and Ingrid Steele

Our teams

Our teams provide a range of innovative solutions in the fields of research and development, communications, information and knowledge management.

Research and development

www.csip.org.uk/researchanddevelopment

Communications and knowledge services

www.csip.org.uk/cks

Our roles

We support the creation, sharing and learning from knowledge of what works. We create greater coherence between policy, research and development and implementation support. We help to improve performance for the benefit of the care services.

Photo credits

The flickr <http://flickr.com> photos in this briefing are used in accordance with the Creative Commons attribution license.

- p1 laffy4k <http://flickr.com/photos/laffy4k/88836657/>
- p3 www.flickr.com/photos/slavin_fpo/46739947/ slavin fpo
- p5 www.flickr.com/photos/anacarmen/61402574/ Ana Carmen
- p7 www.flickr.com/photos/ghostboy/63377757/ Ghostboy
- p8 www.flickr.com/photos/sarvodaya/47884539/ sarvodaya.org
- p9 www.flickr.com/photos/slavin_fpo/56209729/ slavin fpo
- p11 www.flickr.com/photos/bognar/163638621/ Adam Bognar
- p12 www.flickr.com/photos/joonon/55661802/ Jon Ausland
- p13 www.flickr.com/photos/paulosena/181543683/ Paulo Sena
- p15 www.flickr.com/photos/skyfaller/133913090/ skyfaller

We help to improve services and achieve better outcomes for children and families, adults and older people including those with mental health problems, physical or learning disabilities or people in the criminal justice system. We work with and are funded by the

