

DEPIS
Drug Education and Prevention Information Service

Evaluation Guidance for Practitioners:

A Practical Guide to Evaluating
Drug Education and Prevention
Services for Young People

www.drugscope.org.uk

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Contents

About the National Drug Prevention Development Team	2
Foreword	4
How to use this Handbook.....	4
1. Introduction.....	5
2. What is the difference between monitoring and evaluation?	6
3. Why monitor and evaluate?	6
4. Monitoring and evaluation are part of professional practice	7
5. Evaluating drug education and prevention interventions	8
6. Planning and managing evaluation	9
7. 'Golden Rules'	12
Golden Rule 1 Build monitoring and evaluation into overall project planning	12
Golden Rule 2 Have clear objectives to monitor and evaluate against	13
Golden Rule 3 Make the objectives 'SMART'	13
Golden Rule 4 Have a framework and know how you will go about the task.....	14
Golden Rule 5 Decide what to monitor and evaluate	15
Golden Rule 6 Use appropriate methods and 'tools' for the evaluation.....	16
Golden Rule 7 Find a starting point ('baseline')	16
Golden Rule 8 Collect the right sort of data to answer the evaluation questions.....	18
Golden Rule 9 Don't collect too much data.....	19
Golden Rule 10 Decide in advance how the data will be analysed	19
8. Ethical issues, data protection and confidentiality	20
9. Evaluation costs – and justifying them.....	21
10. Taking account of the differences between projects	22
Target group	22
Locality	22
Setting.....	22
'Diversity' and ethnicity issues.....	23
Other issues	23
11. Analysis and interpretation	24
12. Reporting findings and making recommendations.....	26
13. Dissemination: get it out there	29
14. Development and review.....	31
Service development.....	31
Review of the evaluation process.....	31
Toolkit	32
Evaluation techniques and their uses	32
Grid for planning an evaluation	34
Key terms	35
Further support	37
Relevant publications	37
Websites	38
Training opportunities.....	39
About DEPIIS and what support it can offer.....	40
Acknowledgements	40

About the National Drug Prevention Development Team

Working within the Department of Health Sexual Health and Substance Misuse Team the prime focus of the National Drug Prevention Development Team is to support the development of the evidence base of what works in preventing young people misusing substances, and the dissemination of this evidence into practice.

Whilst much progress has been made towards better understanding the risk and protective factors, the evidence on effective preventative and targeted interventions remains weak. This project was commissioned as part of the Cross Government programme of work to address this gap. As funders we are delighted to support this project. Through the dedication and hard work of all those involved, this evaluation Toolkit has been developed.

We hope this guidance inspires you to embark on the process of self evaluation and wish you `Good Luck`

National Drug Prevention Development Team

Foreword

This handbook has been especially written for practitioners and managers and all those concerned about evaluating their work with young people in drug education and prevention. Commissioned by the Department of Health and published by DrugScope, it aims to promote the development of evaluation capacity amongst practitioners working within the field of substance misuse. DrugScope is the UK's leading centre of expertise on drugs. Our aim is to inform policy and reduce drug-related harm. We provide quality information, promote effective responses to drug taking, undertake research at a local, national and international level, advise on policy-making, encourage informed debate and speak on behalf of our member bodies working on the ground.

This handbook seeks to complement and enhance the Drug Education Prevention and Information Service (DEPIS) by supporting practitioners to develop and disseminate their work. DEPIS is an online information service managed by DrugScope providing resources about drug education and prevention projects for those working with children and young people and their parents and carers. It provides the drug education and prevention field with good practice examples, evaluations and reviews to support them in developing their own work.

We are pleased to offer the final version of this handbook. It was initially developed as a working tool as part of the DEPIS Evaluation Consultancy Service (DEPIS+). The aim of DEPIS+ was to increase the evidence base for drug education and prevention work, specifically to increase the know how and experience in evaluation of drug education and prevention, by building capacity of practitioners and managers, particularly in areas such as evaluation planning, information management, monitoring, report writing and dissemination. DEPIS+ was funded by Department of Health and undertaken by DrugScope in 2003.

This final version draws on DrugScope's experience of working with local projects involved in DEPIS+ and the comments and feedback from practitioners who have

used the handbook during the consultation phase in 2004. It also includes updated principles and expanded references.

It has been written to support the development of evaluation and in recognition of practitioners' needs to evaluate their work. But specifically to:

- Provide ideas and suggestions that will help to improve skills in monitoring and evaluation;
- Encourage monitoring and evaluation as an integral part of delivery so to improve the effectiveness of drug education and prevention.

We encourage all projects to do their own evaluations so that the results and key learning can be included on the DEPIS database and that information is available to colleagues in the field.

This handbook which is one of the key outputs of DEPIS+ will be useful and helpful to your work. We would like to thank all whose work has contributed to the development of this final version. We hope DEPIS and the handbook will continue to make an important contribution to the improvement of drug education and prevention interventions in future.

We invite you to visit our website //www.drugscope.org.uk

Frank Warburton
Director of Service Development
DrugScope

How to use this Handbook

The **Key Points** at the start of each section summarise what follows. Read these first and if you find the ideas familiar, or not things that you want to know about just now – skip ahead to the next section.

If you are not familiar with some of the terms used, you will find the Key Terms useful (it starts on page 35).

If you want to use a grid to help to plan an evaluation, see page 34.

1 Introduction

Key Points

- Monitoring and evaluation are a part of everyday life
- This handbook explains how to monitor and evaluate more systematically, more objectively, and against clear goals
- Evaluating can be difficult, and needs time.

Although we may not realise it, we monitor and evaluate in our ordinary lives. We use feedback from our environment to change what we do to meet our goals. Take, for example, cooking. When we cook a meal, we monitor the temperature of the hotplate to make sure that our food is cooking but not burning. When we eat food, we often appraise it and comment on how good (or not!) it is. In other words, we evaluate the meal.

But in everyday life we seldom monitor and evaluate systematically or objectively. And we seldom assess what we do and what we achieve against clear goals for what we intended to achieve.

This handbook will explain how we can apply what we already know about monitoring and evaluation from our own experience of everyday life to the task of monitoring and evaluating our projects.

It will describe how to make monitoring and evaluation more systematic, more objective and more related to the goals that we have in our work.

Evaluation can be a challenging activity because:

- it requires us to assess performance
- it is not only descriptive, but also analytical
- it demands skills that we may not (yet) possess.

And, for most projects, the main challenge of evaluation is finding the time to do it! Many workers are in demanding jobs with little time built in for reflection. But you'll need time to plan the evaluation, to undertake it, and to reflect on (and to act on) the findings. So before you start an evaluation, make sure you have time to commit to it.

In view of these difficulties, you may decide to commission an external evaluation. This has advantages and disadvantages, but these will not be considered here, as the focus of this handbook is on doing it yourself.

In doing it yourself you may decide to use external consultation to support you. Many projects supported by the DEPIS Evaluation Consultancy Service found this Service extremely useful. But there will still be tasks that only you can do. So make sure that you have allocated time for evaluation activities, and that other staff (and your manager) understand the need for this.

2

What is the difference between monitoring and evaluation?

Key points

- Monitoring checks that projects are doing what they are supposed to
- Evaluation sees whether they have achieved their objectives.

Monitoring tries to check whether projects are doing what they intend to do. It's partly a management tool that can assist implementation. Evaluation is more focused on whether projects have achieved what they intended.

Monitoring:

- What are we doing?
- Are we doing what we said we would do?

Evaluation:

- Is what we are doing any good?

Evaluation may make use of monitoring information, but doesn't generally have an immediate effect on the day-to-day workings of a project (an exception is 'formative' evaluation, described later). Monitoring may help to create better projects in the future.

An example of monitoring and evaluating

For example, if a project's objective was to support parents of young drug users through providing information, staff might deliver leaflets to a target group of parents. During the process, they might monitor how many leaflets had been given out, and what people's initial responses were. After the leaflet campaign, they might evaluate it by asking a sample of parents what they thought of the leaflet – was the information relevant, usable, reliable? The former activity would be monitoring, and the latter would be evaluating – both in relation to our objectives. In monitoring, we keep track of what we do; in evaluating, we find out if we have done what we said we'd do well enough. However, the distinction is not so clear in practice, and monitoring data will often be useful for evaluations.

3

Why monitor and evaluate?

Key points

- There are several reasons why monitoring and evaluation are important
- Formalising monitoring and evaluation can make them more effective.

Why monitor and evaluate? There are several reasons:

- To see what you have achieved
- To see if targets have been met
- To judge effectiveness
- To know when to stop doing something that isn't working
- To review directions, priorities, methods
- To ensure that quality standards are maintained
- To be accountable to others (including all stakeholders)
- To satisfy funding requirements
- To celebrate achievement and progress
- To identify areas for improvement
- To compare yourselves with others
- To share experiences and learning with others.

Monitoring and evaluation keep us focused on our goals. They help to make sure that the outcomes of our work match the intentions and the objectives.

Why does this need to be a formal process? Although good practitioners, and good managers, continually respond to feedback, a formal process can be more objective; it is part of an approach to quality assurance. Knowing what might work – and what probably doesn't – is the basis for quality interventions. This knowledge helps staff to think about their work more clearly. And feedback from a formal system can be more accurate and easier to compare with other feedback.

4 Monitoring and evaluation are part of professional practice

Key points

- Monitoring and evaluation aren't 'add-ons', they are an important part of good practice
- The results of monitoring and evaluation can be challenging
- Some workers may have worries and concerns; these fears should be addressed
- Monitoring and evaluation can support effective practice, institutional learning and professional development of staff
- Formal monitoring and evaluation isn't 'better' than normal reflection; but it is a different way of looking at the work
- Ideally, monitoring, evaluation and reflection inform and support one another.

Ownership not denial

The staff of a project were very worried that their drug information sessions were undersubscribed. So worried, in fact, that they concealed the data about attendance from their manager. But during an evaluation, the reasons for poor attendance were explored. It turned out that these were outside the workers' control – a terrible venue, poor advertising, and so on. If the workers had been willing to reflect on their practice, the project could have moved forward more quickly.

Monitoring and evaluation are more formal and systematic ways of doing what most practitioners do, in a less systematic and objective way, by reflecting on their work, trying to learn from it, and attempting to do better in future. Monitoring and evaluation therefore mean looking critically at our work, perhaps asking 'hard' questions, with the purpose of finding out whether we have been successful in what we set out to do.

Thus, when we evaluate our work, we have to be prepared for problems to be identified. This can be difficult; it can be hard to accept that we did something badly. Some staff, in some projects, will find monitoring and evaluation threatening – and may even resist doing it.

But by addressing 'the times when we didn't achieve our objectives' we can improve our work. When we assess our performance, it's valuable to 'take a step back', and ask how things happened the way they did. Monitoring and evaluation can thus support effective practice, institutional learning and professional development of staff.

Monitoring and evaluation need to become part of the 'culture' of an organisation. To do this, everyone will have to understand the importance of both. Fears will need addressing and any resistance handled appropriately. Managers will need opportunities to talk about any fears they have about evaluation. This will reduce the risk of them being defensive about any negative findings, which might lead them to ignore or reject evaluation recommendations. Managers should be encouraged to identify staff concerns and discuss these with them. Managers will need to demonstrate that monitoring and evaluation are being used to improve things, not to blame. A good way to reduce fears and resistance is to involve staff and other stakeholders in monitoring and evaluation, for example by including them on a steering committee or evaluation task group. Putting the task of monitoring and evaluation within the remit of the staff team can give 'ownership' of the process that can reduce fears and be empowering. This will help to ensure that recommendations will be accepted and implemented.

It's important to emphasise that formal monitoring and evaluation isn't somehow 'better' than individual reflection. It's another way of looking at things, a different kind of information, used for some different purposes. The ideal is to combine the formal and objective with the informal and subjective, to gain a fuller account, a 'richer picture', of the work and its effects.

Objective Assessment

Suppose we were running a training course to inform social workers about drugs. We could say that things were going well because the course participants appeared to be attentive and seemed to be learning. This subjective feedback (i.e. feedback based on what we felt about things) would be useful.

But it wouldn't be sufficient. We might be deceiving ourselves. The participants might be very polite and appear to be learning, but might actually be thinking that this was a bad course. Our manager might not be satisfied with our opinion, and might want an independent, and more objective, assessment of our work. The manager might want to compare the success of our course with a similar course run by a colleague. Using the same evaluation methods for both courses would make comparisons easier. We could ask the participants to complete an anonymous questionnaire, or we could use an independent evaluator.

5 Evaluating drug education and prevention interventions

Key points

- There is a national context for drug education and prevention activities
- There is increasing emphasis on partnership and with addressing other health- and crime-related goals
- Measuring the impact of such projects can be difficult.

There is a clear national context for drug education and prevention in the Government's National Drugs Strategy and an international context of agreements on drug control. The UK Updated Drug Strategy 2002 has targets towards which action is directed, and is linked to many other government strategies, for example, the National Healthy Schools Scheme, the Crime and Disorder Reduction Strategy and many others. There is an emphasis on partnership working and addressing other health- and crime-related goals.

A project with multiple targets

A local family drugs service has targets concerned with, among other issues:

- improving access to services
- enhancing educational performance of clients
- increasing school attendance
- a reduction in behavioural and emotional difficulties
- reducing health inequalities of substance-misusing parents
- a reduction in crime
- increasing use of services by marginalised groups.

Locally-based initiatives, involving a range of statutory and voluntary services, are developing fresh and innovative ways of working. Increasing efforts are being made to involve children and young people as partners in service delivery, rather than simply being recipients.

Drug education and prevention interventions are nowadays more likely to:

- be delivered in partnership with a range of services
- have multiple desired outcomes (not only drug related ones)
- use new and developing methods of intervening
- be community- or locality-based
- involve service users in design and delivery of the services.

Measuring the impact of such interventions is difficult because:

- drug education and prevention have broad goals – and these are not always clearly defined
- goals are sometimes expressed as changes in attitudes; and such changes can be difficult to ascribe to particular interventions
- some goals are long-term and can't be measured by short-term evaluations
- drug education and prevention are delivered in many different contexts
- the interventions are addressed to different audiences who have different needs and will respond differently
- the interventions take place in co-operation with a range of partners
- these partners have other goals that they are simultaneously trying to achieve
- even well-established programmes are implemented in different ways
- because drugs are illegal, it can be difficult to get accurate information about their use.

Small project, big differences in opinion

A small community organisation decided to undertake a drug prevention project. Funding was available to them, but any project had to be linked to activities to reduce crime in the neighbourhood.

A committee meeting exposed deep divisions in what members thought were the goals of drug prevention. Some wanted to ensure that 'all kids realised how dangerous drugs were', while others wanted to focus solely on the local heroin problem, and increase young people's awareness of how dangerous that drug was. Yet others wanted the focus to be on alcohol 'because this was the "drug" that many kids used dangerously'.

There were also disagreements on the methods to be used. Although some members wanted a 'hard-hitting', 'drugs are dangerous' campaign, the evidence from research was that this would be ineffective. They agreed on a low-key awareness campaign integrated with local youth service provision.

They then discussed how they would know if the work had made a difference. Some people thought that the only difference that counted was 'fewer kids using drugs'. Others said this wasn't the only objective, and, anyway, it was hard to measure. They suggested 'greater awareness of the risks of drug use'. Other people said that this was inadequate, and they needed to think about crime-related measures. It was agreed that further thought was needed.

6 Planning and managing evaluation

Key points

- Evaluation is not always easy
- A plan for an evaluation is essential
- It's helpful to think of the evaluation in several stages
- For each stage, there are several questions to address.

Evaluation is not always an easy or straightforward process, and there are many pitfalls on the way. In the DEPIs+ work, the evaluation consultants frequently reported that projects tried to do too much in too tight a timescale. As well as allowing time for those doing the evaluation, time must be allowed for the respondents to respond – for example, when asking any professionals to respond to a postal questionnaire, time will probably be needed to send out a reminder; or if an evaluation involves interviews then time needs to be allowed to set up these interviews.

Another difficulty was finding ways of measuring the outcomes of a project in relation to its objectives. Objectives were often unattainable, covering so many areas, and not being sufficiently specific. Some projects had to rethink what they were intending to achieve before they could start to evaluate it.

Once you've decided to go ahead with an evaluation, the first task is to draw up a plan. Think about the following stages:

Starting

Defining purpose and scope

Agreeing evaluation questions

Identifying available resources

Deciding on appropriate methods and design

Preparing for the evaluation

Analysing and interpreting data

Presenting results and recommendations

Putting any recommendations into action.

Involving children and young people in evaluation

Increasingly, evaluations are involving children and young people. This can be done in many different ways at different stages of the evaluation:

- *helping to design evaluations (for example, through using their special knowledge of young people's concerns, or of the locality)*
- *helping to develop questionnaires and interview schedules*
- *undertaking field work (for example, collecting data from other children and young people, and from adults)*
- *assisting with analysis (young people may have a better understanding of the responses of other young people)*
- *writing reports (often giving a report a lively and direct style)*
- *dissemination of findings and recommendations (for example, through 'non-traditional' forms of presentation, such as posters, role play, and multi-media).*

Children and young people will need training, advice and support and supervision in taking part in evaluations, but will learn a lot from the experience. The evaluation will benefit in many ways, for example, by having a better-informed understanding of young people's experience and concerns.

A project established a 'Young Evaluators' Group, to help with assessing the effectiveness of the project. The local council's Participation Officer assisted in training the Young Evaluators, teaching them about the purposes of evaluation and introducing them to some techniques. The Group then designed an interview schedule and administered it to young people of their own age. The information that they collected included opinions about drugs. With some help with analysis, they created a presentation based on their findings which they presented to the DAAT Young People's Taskforce. The Taskforce members were impressed by the 'depth' of qualitative data that was gathered, and the insights that the young evaluators drew from it. They said that the presentation had challenged some of their deeply-held views about young people and drugs. It led to a rethink about the design of drug information publicity.

Here are some questions to consider for each of these stages.

Starting

- Who are the stakeholders?
- Will any of the stakeholders be evaluators?
- Will you involve children and young people?
- Who will coordinate/manage the evaluation?
- What role do the other stakeholders have in the evaluation?
- How will you introduce the evaluation to the stakeholders?
- What arrangements do you need to make for evaluators to plan and carry out the evaluation?

Defining purpose and scope

- Why are you evaluating your Project?
- What are the aims and objectives of your Project?
- Are these SMART?*
- (If not you may need to refine them.)
- What is to be evaluated or what is the focus of this evaluation? (You may not have time or resources to evaluate all parts of your Project.)

Agreeing evaluation questions

- Who will decide the evaluation questions?
- How will they decide them?
- What evaluation questions arise from your Project's objectives? (Remember that in drug education and prevention, objectives and evaluation questions might relate to reducing risk factors against, or enhancing protective factors for, drug misuse.)†
- What other evaluation questions are there?

Identifying available resources

- How will the evaluation be funded?
- What resources (money, time, people, support etc.) are available for evaluating your Project?

Deciding on appropriate methods and design – research issues

- What data do you need to collect in order to answer the evaluation questions?
- What data do you already have (for example, monitoring data, feedback)?
- What are the most effective and practical evaluation methods for collecting the data you need?
- Which stakeholders will you collect these data from?
- Who will conduct the various parts of your evaluation?
- How will you involve children and young people in conducting the evaluation?
- Is the evaluation formative or summative‡ or both?
- What is the timescale for the evaluation?
- How do you plan to fit the evaluation into the timescale (detailed plan needed)?

Preparing for the evaluation – practical issues

- What kinds of evaluation 'instruments', or 'tools', are needed to help achieve the evaluation goals?
- Who will prepare the evaluation 'tools' (for example, a questionnaire, interview schedule, observation schedule)?
- Which person or people will be responsible for discussing and writing each 'tool', and who will edit them?
- Who will take on any administrative responsibility for the 'tools' (for example, printing, collating, sending out any postal questionnaires)?
- Who will organise interviews, focus groups, and other parts of the evaluation?
- Who will provide resources for interviews, focus groups, and other parts of the evaluation (providing pens, tape recorders, computers and so on in the right place at the right time)?

– ethical issues

- Is your evaluation inclusive, incorporating all relevant 'voices'?
- Do you need to have consent (for example, for consent from parents or carers) for any of the methods you plan to use or groups you plan to work with?
- Does your evaluation comply with the Data Protection Act?
- Have you considered issues relating to confidentiality?

* For more details about SMART objectives, see page 11

‡ The results of a formative evaluation are used to feed information and guidance back to an intervention so that improvements can be made. This type of intervention is most useful at an early stage of an intervention or project. A summative evaluation 'sums up' the intervention and usually takes place (or reports) towards the end of a piece of work.

Analysing and interpreting data

- Who is responsible for writing up interviews, focus groups, any observations?
- Who is responsible for data entry (e.g. into computer spreadsheets)?
- Who will analyse data collected?
- How will you analyse data collected?
- How will data from different sources be linked?
- Who will interpret the data?
- Can any comparisons be made (for example with any baseline data, with other studies, between samples)?

Presenting results and recommendations

- When is the best time to present information from the evaluation (at intervals, at the end, both)?
- Who is the best person/s to present the findings?
- To whom should they present them?
- In what form should they be presented for different audiences?
- Who will write the final report?
- When should the final report be written (for example parts of it can be written at various times during the evaluation)?
- Have you considered including recommendations to relevant stakeholders?
- Have you considered how you will preserve anonymity in the report (but this may not always be possible)?
- Who will comment on the final draft of the report?
- How will this be done?

Putting any recommendations into action

- Who is responsible for putting any recommendations into action?
- What procedures do you have for acting on recommendations?

You will find a grid for planning an evaluation in the 'Toolkit' section (page 32)

For more details about risk and protective factors see text on this page

Risk and protective factors

Because it is often difficult to measure drug-related outcomes directly, 'proxy measures' (that is, measures that 'stand in for' or act as pointers towards) are often used instead.

Two categories of proxy measure are commonly used: '**risk factors**' seem to increase the likelihood of drug use, and '**protective factors**' may reduce it. Risk and protective factors are two sides of the same coin. If an

intervention can be shown to reduce the risk factors and / or increase the protective factors then it has a possibility of reducing drugs problems.

Thus, measuring the effect of an intervention on a risk or protective factor can indicate whether the intervention may have a drug-related effect. For example, a proxy measure for a drug-related outcome might be measuring whether a child was talking more with their parents; the idea being that better family communication, being a protective factor, might reduce the likelihood of drugs problems.

A lot of research has been done on risk and protective factors, and there are some pointers to a variety of genetic, biological, emotional, cognitive and social risk and protective factors that interact within social contexts to increase or reduce vulnerability to drugs problems. It's a complex area, but here's a brief introduction.

Risk factors are found in every area of young people's lives and at different stages in their development. They often cluster together in children's backgrounds and are interrelated. Common risk factors apply to different behaviour problems and different behaviour problems share many of the same risk factors. (This is a potential strength for a preventive programme; reducing a particular risk factor is likely to affect a number of different problem behaviours, not just drug problems).

Children exposed to risk factors during their early years do not necessarily become involved in drug misuse and other problem behaviour when they are older. Protective factors may help to 'buffer' children against risk.

Some protective factors involve families, friends, schools and the wider community. Examples include:

- developing strong bonds with family members, with teachers and with other adults and friends
- parents, teachers and community leaders having clearly stated expectations of children and young people's behaviour
- children and young people having opportunities for involvement, being able to make a real contribution and feeling valued for it
- developing appropriate social skills, such as the skills to perform practical tasks, to think things through, to solve problems and to get along with other people
- getting recognition and praise to reinforce social behaviour and provide the incentive to continue – and increase – their attachment to family, school and community.

Projects that address these issues, and which measure related outcomes, are likely to be contributing to a potential reduction in drugs problems.

7 'Golden Rules'

Key Points

- Following ten 'Golden Rules' when doing evaluations will make the task easier
- The ten Golden Rules are:
 - **Golden Rule 1 Build monitoring and evaluation into overall project planning**
 - **Golden Rule 2 Have clear objectives to monitor and evaluate against**
 - **Golden Rule 3 Make the objectives 'SMART'**
 - **Golden Rule 4 Have a framework and know how you will go about the task**
 - **Golden Rule 5 Decide what to monitor and evaluate**
 - **Golden Rule 6 Use appropriate methods and 'tools' for the evaluation**
 - **Golden Rule 7 Find a starting point (a 'baseline', from which to measure any impact or change)**
 - **Golden Rule 8 Collect the right sort of data to answer the evaluation questions**
 - **Golden Rule 9 Don't collect too much data**
 - **Golden Rule 10 Decide in advance how the data will be analysed.**

Doing evaluation in bite-size chunks

A project's staff wanted to evaluate their work in schools, but because evaluation hadn't been built in to the work there wasn't appropriate monitoring data, nor was it possible to collect retrospective data. The staff decided that they would plan their evaluation for the next cycle of their work in the new school term, and ensure that they had the data to do it properly. In the meantime, they could test out just one of the tools that they had intended to use for the evaluation – a teacher's satisfaction survey. 'Doing evaluation in bite-size chunks' gave them experience of surveys – this was a kind of pilot survey – and provided some limited (but nevertheless useful) feedback on their work.

Here are ten 'Golden Rules' for the practitioner who is undertaking evaluation and monitoring.

Golden Rule 1 Build monitoring and evaluation into overall project planning

Monitoring and evaluation is not something separate, 'bolted-on' to projects. It needs to be planned for at the start of a project, it needs to have a central place in the work and it needs to be ongoing. It must also be budgeted for.

Monitoring and evaluation procedures should build on mechanisms that are already in place. For example, monthly management reports can be the basis for monitoring, and later, can provide a data source for evaluation.

But the procedures established early in the life of a project should not be 'set in stone'; they should develop and evolve in response to the changing circumstances within a project.

It's important to establish who will be doing the work, and those people should be appropriate for the task. For example, a project worker might complete a monitoring form, a manager might check it and add comments, and an administrator could enter the information on a computer database. These staff will need time to undertake these tasks and may need additional training. The analysis of the data might be done by someone else, perhaps by an external evaluator.

Monitoring and evaluation could be overseen by an advisory or steering group. This would be one way of involving stakeholders in the process (including young people, parents, staff and volunteers, other partners, and organisations such as the Drug and Alcohol Action Team (DAAT), the Local Education Authority (LEA) and the local Primary Care Trust (PCT)).

Even if you don't have an advisory or steering group, it is important to actively involve all stakeholders, including young people, in the evaluation.

Golden Rule 2 Have clear objectives to monitor and evaluate against

Monitoring and evaluation will be much easier if there are specified objectives*. The needs of the target group should be identified to help do this. A needs assessment tries to determine what the target groups need.

A needs assessment

A project was set up with the intention of reducing drug problems, and had the initial idea that the provision of drugs information would help. However, they found from their needs assessment where they talked to a sample of young people in the target geographical area, that the young people felt that they already knew enough about drugs and were getting fed up with what they saw as an excess of drugs information. What they said they wanted was the chance to talk with informed people about how to tackle the dealers on their estate who were targeting their younger siblings. The project redefined its objectives to include this element.



Objectives should draw on evidence. They should be backed up with a rationale (for example, that a needs assessment has identified the potential usefulness for the target population, or that they are based on previous experience or research evidence). The HDA has completed a review of the evidence†.

* The words, 'aims and objectives', are often used interchangeably. In this document we use 'aims' to mean rather broader goals and 'objectives' to mean more specific ones. There is no agreed terminology in this field. For example, the Charity Evaluation Service (CES, see 'Further Support' Section of this handbook) uses the term 'aims' to mean roughly what are called 'objectives' in this handbook, and their 'objectives' are 'the activities you carry out to achieve your aims'. We are following more conventional usage here, such as that of the WHO, or the Scottish Effective Interventions Unit, which defines objectives as follows: 'Objectives give the intervention a tighter focus than the broad aim. Objectives are directly linked to the aims and have the same intention, but they refer to the more specific results of the intervention.' (from: Evaluation Guide 1: Definitions and Common Concepts)

Golden Rule 3 Make the objectives 'SMART'

'SMART' objectives will be easier to monitor and evaluate. 'SMART' stands for:

- **Specific:** the objective clearly identifies who will be affected by what is done, and how they will be affected
- **Measurable:** there are ways of measuring the achievement of the objective
- **Achievable and Realistic:** the objective can be achieved; it is realistic, given the available resources
- **Time-bound:** the objective can be achieved within a defined timeframe.

Specific

A project might have an objective of providing parents of drug users with information. This needs further definition. For example, it could include:

- a specific target group (for example, all parents/carers of children and young people in touch with a young person's drug service)
- a specific level of contact (for example, all parents will get at least one leaflet delivery, and 10 per cent of parents will receive a telephone call)
- a defined amount of information (for example, information about alcohol, tobacco, cannabis and ecstasy)
- a defined way of presenting (for example, the leaflet must be written in plain English and should be attractively designed and printed)
- a defined expected target group response (for example, it should be read by at least 20 per cent of the target group, found useful by at least five per cent).

† The Health Development Agency (HDA) completed a review of reviews of the evidence on effective practice for drug prevention interventions and programmes (Canning et al., 2004). The focus of the review was on drug education and the risky behaviours of young people (particularly those who are in some way 'vulnerable'). Key gaps in the evidence base have been identified, some of which may be filled by a thorough review of projects that do not usually get included in such reviews; for example local project evaluations. Please note that from April 1, 2005 the functions of the Health Development Agency will transfer to the National Institute for Clinical Excellence to become the new National Institute for Health and Clinical Excellence (to be known as NICE). The web address for the new organisation will be www.nice.org.uk Reference Canning, U., Millward, L., Raj, T. and Warm, D. (2004) Drug use prevention among young people: a review of reviews. London: Health Development Agency

Measurable

Many things that we want to achieve are difficult, but not impossible, to measure. Objectives should be framed so that they are measurable. In some cases this is easy. For example, instead of saying: ‘We will deliver as many leaflets as we can manage’ (not easy to measure), set an objective of: ‘Delivering 1,000 leaflets to parents in the local area by the end of October’. This is measurable. Such an objective is also a useful management tool – a manager could set sub-objectives, such as the delivery of 500 leaflets by the middle of October.

In other cases we may need to use a proxy measure. This is one that can be more easily measured, and ‘stands in for’ one that is hard to measure.

Achievable and Realistic

Projects often set unrealistic and unachievable objectives. This can be because of pressures to achieve a lot in a short time and with little money. Achievement of objectives is more likely if they are broken down into smaller ‘chunks’.

Time-bound

Some objectives will be short-term and some more long-term. The time-frame should be explicit. Some proposed objectives may be so long-term that they will not be measurable by any realistic evaluation*. For example, if a project is working with young children, it may have as an aim the reduction of drug problems in adult life; an admirable goal, but not a directly measurable one. Maybe a measure of something that is ‘on the way to’ achieving such an objective can be found. In this case, for example, a change that might indicate that there will be ‘a reduction in drug problems in adult life’ would be a reduction in risk factors, or an increase in protective factors, associated with drug use.

* Following our terminology, we would call these ‘aims’ or ‘goals’, rather than ‘objectives’, which we have defined as more short-term and measurable things.

Unintended Outcomes

Unintended outcomes are things that have happened that were not thought about in the initial planning of the project, but which are nevertheless important. Evaluators need to consider positive changes that were not part of the original objectives. For example, the youth club might get a very positive response from local adults who notice an improvement in the behaviour of the young people attending it.

Some unintended outcomes might not be so welcome. For example, bringing cannabis users together for prevention work could mean that networks of dealing develop – making the drug more readily available.

Some unanticipated negative outcomes can be avoided, while others aren’t easy to avoid.

When activities fail

Working with schools was one of the objectives of a community-based drug education project. But the difficulties of working with schools on a short timescale had been underestimated, and this part of the work didn’t happen. In planning the evaluation, the workers decided that it would be pointless to spend time collecting data on, for example, pupils’ experiences of drugs – something that they had initially planned to do. They instead collected detailed data relating to things that they *had* done. In their evaluation report, they included a section analysing what had gone wrong with the schools’ work. Other projects found it helpful to see that sometimes everything didn’t go as planned.

Learning from failures

A project was working in a special school with challenging young people. It was an utter failure; everything fell apart because of problems controlling the young people’s behaviour. Evaluation took the form of reflection on the experiences. The worker – to his credit – and his boss – to her credit – did not focus on the ‘failure’ but on the learning that had emerged from this difficult experience.

Golden Rule 4 Have a framework and know how you will go about the task

An overall framework for the evaluation, prepared early on, will help in planning the work. Some questions to consider include:

1. The context and history of the project being evaluated. How did it come about and how has it evolved? What is the local context of the project? How is it managed?
2. What type(s) of evaluation will be used
 - will the evaluation use **qualitative** or **quantitative** methods or a mixture of the two? (Further details are given below).
 - how will outside help (if any) be deployed?
 - will the evaluation be **'formative'** (i.e. will it feed into the process of developing the project)?
 - will it be **'process evaluation'*** (i.e. looking at how the work is done, rather than focusing on outcomes).
 - will it only look at the project and its results after it has come to an end (**'summative' evaluation**)?
 - will it take account of **outcomes** of the project as well as **outputs** (e.g. measuring outputs might consist of reporting that 12 training courses had been held; measuring outcomes would go beyond this and investigate, for example, how the training courses were received by the course participants: had their knowledge and attitudes altered through undertaking the course; might they change their practice as a result of their participation)?
 - will it measure the **impact** of the project (e.g. did the course participants go on to alter their practice as a result of attending the training course)?

(Generally, evaluations will use a combination of these methods).
3. What criteria will be used to decide whether the objectives have been met? For example:
 - effectiveness – have the objectives been fulfilled?
 - process evaluation might take place while the project is ongoing, but it is distinct from monitoring because the focus is not to change things while they are happening but to document and understand them.
 - appropriateness – were the objectives set, and the way that they have been addressed, relevant to the needs of the target group?
 - acceptability – were the objectives and working practices acceptable, not only to the people concerned but also to funders and others?
 - equity – did the project exclude the needs of any groups that should have been included? For example, if the project was focused on a particular geographical area, did it reach all the communities in that area; or if the project was targeted at particular disadvantaged groups, did it reach people experiencing those disadvantages?
 - efficiency – was the project value for money? What was the ratio of cost to benefit? A project could be cheap but not effective compared to relevant alternatives, or it could be expensive but very effective.
4. Monitoring and evaluation should assess whether set targets and time-frames ('milestones') were achieved in the project and if they were not, why not.
5. The monitoring and evaluation itself should have a clear timeframe in which to operate.

See also 'Toolkit' Section on page 35, 'Drawing up an evaluation plan' for another way of thinking about this.

Golden Rule 5 Decide what to monitor and evaluate

- Decide what to monitor and evaluate
- It is not possible to monitor and evaluate everything. Life will be easier if a few 'key indicators' are selected. Here are some suggestions.

ACTIVITIES

- Has the work happened as expected?
- Have some ways of working turned out to be difficult, or even impossible?
- Which ways of working have been more successful than others?

* Process evaluation might take place while the project is ongoing, but it is distinct from monitoring because the focus is not to change things while they are happening but to document and understand them.

DIRECTIONS

- How were the directions chosen, why were they chosen, who chose them?
- Were the chosen directions the right ones?
- Should the directions change?

OUTPUTS

- What are the outputs?
- Were the outputs relevant, appropriate, useful, and of a good standard?

OUTCOMES AND IMPACT

- Has the work made a difference?
- Was it the desired difference?
- Was it what others wanted or expected?

PERFORMANCE

- Was there an appropriate balance between inputs and outputs?
- Was the work efficient, effective, economic, and equitable?

Finding a 'key indicator'

For example, a project had an objective of providing satisfying alternative leisure opportunities in order to reduce the numbers of young people hanging around on the street, and in this way to minimise public order problems as well as potentially reducing drug misuse. These kinds of hybrid objectives, crossing boundaries between traditional compartmentalised service provision, are increasingly common in drugs projects, partly because they are funded from a range of sources and often from funds available for crime reduction. Focusing on the drugs issues, the primary concern might be whether or not the interventions had resulted in a reduction in drug misuse (or problems related to it). But this would be difficult (although not impossible) to evaluate. However, if we accept the chain of causation – satisfying leisure activities equals less hanging around on the street equals less drug misuse – then we could assess the degree of provision of satisfying leisure activities. This would be much easier. It would be a proxy measure for a reduction in drug misuse or drugs problems. If we observed that success on this 'key indicator' had been achieved, we might infer that the drugs prevention part of the project had been successful.

Golden Rule 6

Use appropriate methods and 'tools' for the evaluation

There are a range of evaluation methods and 'tools'. These are described in more detail in the Toolkit section of this handbook. They include questionnaires, interviews, focus groups, and observation.

Evaluators will need skills in using these 'tools' appropriately and may need training. Evaluations often include a 'pilot' stage where tools and methods can be tested.

Golden Rule 7

Find a starting point ('baseline')

Ideally, we need to have something to compare what the situation is at the end of a project with what it was at the beginning, or before the intervention. In other words, we need some kind of starting point, or baseline, with which to compare the end result.

Know your starting point

Imagine you were evaluating someone who was dieting – you weigh them and find that they weigh 10 stone. But unless you know what they weighed at some earlier point, you don't know whether they have lost weight, stayed the same or even put on weight. To make sense of the data, you need to know the starting point.

A **baseline assessment** may therefore be needed to provide initial ('pre-intervention') data against which the effects of a project can be measured. For example, if a project intended to raise awareness of the effects of heroin, it would be good to know what the initial level of awareness was among the target group.

Sometimes, information from a **needs assessment** can be used to provide useful data for a baseline, but it is important not to confuse the two. A needs assessment identifies what needs might be met by a project. This requires discovering what already exists and what gaps there are. A baseline assessment identifies the situation at, or before, the start of the project and provides a benchmark against which any changes over the lifespan of the project can be assessed.

Asking the same questions before an intervention has started and again after it has been completed enables direct comparison between the situation before, and the situation after, an intervention. For an example, see the box.

An evaluation of a theatre-in-education intervention

Here is an example of the way one evaluator went about collecting pre- and post- intervention information so that she could compare one with another. The evaluator had to evaluate a school-based drug education theatre-in-education intervention (a play and follow up workshop).

She had decided that she needed to collect information from various perspectives, and so she had:

- analysed the performance script and identified the drugs education messages in it
- interviewed the head of the theatre-in-education group
- interviewed the local education authority person whose department was paying for the work
- observed the play in three schools (and took notes)
- participated in the workshops following the performance
- ran focus groups with a group of students in each of the three schools
- interviewed some teachers in the schools
- collected some information about the schools and the students attending them.

This created a wealth of data (some quantitative, some qualitative), and gave her a good insight into the nature and quality of the intervention.

But she really wanted to know if students' knowledge, skills and attitudes had changed as a result of the work. So she gave before and after questionnaires to students who had seen the play and attended the workshop. Many of the same questions were asked in the pre- and post-intervention questionnaires, and when she came to do the analysis, she was able to compare the responses of students on the two questionnaires and see if there had been any change. We will return to this example in a later section on analysis.

The missing link

A project distributed drugs information leaflets to youth workers for them to pass on to young people. Their evaluation involved asking the target group of young people if their knowledge about drugs had increased. But most of the young people hadn't seen the leaflet because the youth workers hadn't got around to distributing them. The project workers realised that they had missed out a stage in their monitoring and evaluation – they needed to know what happened to their leaflets!

Who are the targets?

It's tempting just to evaluate the easy things. But these may not be the most relevant.

Workers at a peer education project had been assiduously monitoring the work of their peer educators through evaluations of the peer educators' training and feedback sessions from the peer educators about their satisfaction with the work, what they had learned, and so on. They had a very satisfied and well-informed group of peer educators. But they suddenly realised that they knew nothing about the other (and larger) group they aimed to influence – the younger people with whom the peer educators were working.

Golden Rule 8

Collect the right sort of data to answer the evaluation questions

What kinds of data do we need to collect to answer the evaluation questions? Broadly, there are two types of data, **qualitative** and **quantitative**. Quantitative data involve numbers in some way, while qualitative data are not in numerical form, but can provide more in-depth information, for example, on people's opinions, attitudes and perceptions.

Quantitative data are generally easier to handle than qualitative data. Numbers can be entered into a spreadsheet, or other kind of analysis program. Numbers enable summaries to be made of a lot of information. Using numbers, bar charts, graphs and other forms of visual representation of data can be created.

Quantitative data may be collected by questionnaire or interview, where the answers to the questions can be **coded** (that is, put in a form suitable for analysis) as numerical values. For example, the answer to the question, 'How old are you?' is a number. That's an easy one, but how might the answer to a question such as 'Were you satisfied with the project?' be made numerical? If the possible answers were 'yes' or 'no', 'yes' could be coded as '1' and 'no' as '0'. Another way to do it would be to ask the respondents to score their satisfaction with the project as a percentage (where '100%' = 'complete satisfaction' and '0%' = 'no satisfaction'). Or the respondents could be asked to answer on a five-point scale (where 1 = 'not at all', and 5 = 'very much').

The limitation of quantitative data like this is that they do not capture the subtlety of respondents' feelings. If the answers were asked in a qualitative way, the data might reveal (for example) that, although participants in a training course reported that they were satisfied with the course outcomes but that they did not enjoy the activities.

Qualitative data can, when collected and analysed appropriately, more accurately represent respondents' reality. Qualitative data can also tell you about delivery problems or about unintended outcomes. But it may be more difficult to summarise and harder for the reader of a report to get an overview.

Even if you know your baseline and take measurements at different points along the way, you can't be sure that the changes you observe are due to your project, or to some other event. Consider having a **control (or comparison) group**. This means having a group of people who are not involved in your project from whom you take the same measurements at the same times as your 'treatment group' (the one receiving the intervention). Ideally, the people in the control group should be in the same or similar locality and have similar characteristics to the people you are working with. Comparing the results for these two groups can identify more clearly any differences the intervention is making. However, including a comparison group (or groups) in an evaluation adds to the workload (and cost), and so should be a carefully considered decision.

There is more about tools for evaluation and monitoring in the 'Toolkit' section.

Golden Rule 9 **Don't collect too much data**

Data are relatively easy to collect, so it is all too easy to get too much. Too much data can be overwhelming and won't be analysed. It's also annoying for the respondents – they've given information that isn't used.

Some data are difficult to use. For example, evaluators sometimes record focus groups on tape or disc. These recordings have to be analysed in some way (they may need to be transcribed) – and this can be a lengthy and time-consuming task.

The data collected have to be relevant to the questions that the evaluation is trying to answer. For example, if you need to know whether people changed their behaviour as a result of the intervention you are evaluating, then you might ask them about that; but whether they (for example) liked the venue is not relevant to this question.

Golden Rule 10 **Decide in advance how the data will be analysed**

Think in advance about how you will physically process the data to put them in a suitable form for analysis – by hand or on a computer? If you don't have much data or if most of them are qualitative, then a computer may not be necessary.

However you will need a computer to create good-looking charts, graphs and diagrams. A well-presented report including such visual elements will enhance the value and impact of your evaluation on the stakeholders.)

If you are familiar with computer packages to analyse data (such as SPSS-X), then use them if appropriate to the evaluation you are conducting. But use them with caution – it is easy to 'over-analyse' data and to get bogged down with spurious statistics. For many evaluations, analysing data in a package such as Microsoft Excel will be sufficient – and has the advantage that there may be staff in your project who are familiar with this package in the context of their everyday work – such as doing the accounts. A well-set out Excel spreadsheet will help to summarise the data and make it easy to manipulate – but make sure that someone understands how to use it!

Ethical issues, data protection and confidentiality

Key points

- Don't forget potential ethical and legal issues
- Store personal data appropriately and in accordance with the Data Protection Act
- Ensure that evaluators have CRB clearance if required
- If appropriate, ask data participants to sign a Consent Form
- You may also need to get a Release Form signed
- In report-writing, be sensitive to the feelings of your subjects.

Think about the ethical and legal issues involved in monitoring and evaluation. Ensure that any personal data collected are stored securely and that access is restricted to those who need to know. Your organisation, or/and the external organisation who you ask to help with the evaluation, should be registered under the Data Protection Act.

If you are not collecting or processing identifiable personal data (for example, if none of your questionnaires have names or other identifying information on them), then you may not need to worry about this. But do check with the Data Protection Agency to ensure that you are not falling foul of the law. Their website address is given in the 'Further Support' section of this Handbook.

If data are collected from children or young people, the people who collect the data may need CRB (Criminal Records Bureau) clearance (formerly 'Police Clearance'). Permission from parents or carers may also be necessary. In any case, you might want to ensure that all 'data subjects' (i.e. the people from whom you collect data) sign a **Consent Form** to say that they agree to take part in the evaluation and that they will allow information about themselves to be used in the evaluation.

In almost all cases, any identifiable personal information that you collect must remain confidential. However, in certain cases (for example case studies involving very small numbers) it may be possible for individuals to be identified in any reports you write. There are two possible courses of action. You could anonymise the information in some way by changing some features so that the real person's characteristics are disguised. Or you could seek permission from the data subjects to use the information that they provided in this way. If you choose the latter route, you should ask the respondents to sign a **Release Form**, allowing you to use information collected about them in certain specified ways. You may also want to get a Release Form signed when you intend to use your report to publicise the work of your project; for example, if you provide the press with pictures where individuals can be identified.

When you write your report, be aware of how any criticisms you make may be received. Be sensitive to people's feelings – and be alert to the (remote) possibility of landing yourself with a libel suit! Sending draft copies of reports to participants for clarification and comment can help to minimise criticism after publication.

9 Evaluation costs – and justifying them

Key points

- Evaluation and monitoring need to be budgeted for
- Evaluation and monitoring can be quite expensive
- The cost is justified if it leads to more effective practice.

Evaluation and monitoring cost money. It is important that adequate budget is available to do it properly. As an illustration, the local Children's Funds are recommended to spend up to three per cent of their budget on external evaluation. In addition, there are costs associated with the (extensive) internal monitoring that the local Funds undertake, and with the National Children's Fund evaluation. In total, evaluation might add up to 10 per cent or more of the project's budget. The more thorough and rigorous the evaluation, the greater the cost will be. Randomised Control Trials (RCTs), which are the 'gold standard' in medical research, may consume a quarter of a project budget.

Of course, it is true that a 'tried and tested' intervention will probably need less intensive evaluation than an experimental one. But even the simplest intervention will need careful monitoring and evaluation.

Is it effective?

Take the example of a project that provides young people with engaging diversionary activities. It might be effective. But we would need to know:

- the characteristics of the young people being worked with (e.g. perhaps they were not likely to misuse drugs, anyway)
- whether the intervention is of sufficient intensity to make a difference (a six-week, one-night-a-week programme is unlikely to be sufficient, for example)
- the quality of the intervention (e.g. if the intervention was supposed to include discussion about drugs, but the main topic of conversation turned out to be the availability and quality of drugs, then that probably wouldn't be an effective prevention intervention)
- possible unintended negative outcomes (e.g., a youth club brought together young drug users for diversionary activities but found that the venue was being used as the perfect meeting place for drug dealing).

We still might never know the actual outcomes of such a project. Many will be too long-term. Even a long-term evaluation might not be able to untangle all the intervening and contributory factors* that might lead people to misuse drugs. But at least with careful monitoring and evaluation we can be satisfied that we have done the best we could with the resources available to us.

*An intervening factor is one that comes between the intervention and the measured outcome. For example, the proportion of teenagers who try a drug increases with age (i.e. older teenagers are more likely to have tried a drug – simply because they are older). So if you were evaluating a project partly by looking at what proportion of young people said that they had tried cannabis before and after the intervention and that the 'after' measurement was made, say, one year later, you would need to bear in mind that, other things being equal, more young people would be likely to report trying cannabis afterwards, simply because they were older.

10

Taking account of the differences between projects

Key points

- Evaluations need to take account of the varied nature of drug education and prevention projects. Consider the following:
 - The target group
 - The locality
 - The setting
 - The ethnic composition of the target group
 - Other issues, such as any special needs.

Drug education and prevention projects are very varied. The nature of an evaluation will depend very much on the type of project or intervention being evaluated. Issues that may need to be considered include:

- 1. The target group** Is it all children and young people; young people who have experience of, or who use, drugs; problematic young drug users; parents and carers of drug users; or other vulnerable groups?
- 2. The locality** where the work takes place. Is it a national project or a local one (how local)? Are the geographical boundaries clearly defined? There will be different issues for urban and for rural projects.
- 3. The setting** where the intervention is taking place and the professionals who are undertaking it. For example, is it within a youth club, or a school; is it being delivered by youth workers or teachers?
- 4. The ethnic composition** of target group. There may be particular issues to address in relation to BME groups
- 5. Other issues.** Are the clients hard to reach? Do they have special needs?

We will now look at each of these issues.

Target group

Different evaluation techniques may be needed for different target groups. For example, if the intervention that was being evaluated was targeted at professionals, a certain level of literacy could be expected and an evaluation questionnaire could be designed accordingly; whereas if an intervention was targeted at school refusers, a questionnaire might not be appropriate and interviews with the young people might be used, instead.

Some interventions are targeted at several different groups, and data may need to be collected from different groups of people. Even if there was a single target group, an evaluator might decide, as well, to collect data from other stakeholders. For example, if a project focused on school refusers, teachers might be questioned about the impact of the project on the target group, in addition to the evaluator asking such questions of the young people themselves. Data which is collected routinely such as (school attendance data would also be useful in this example.)

Locality

Defining the geographical scope of a project can be difficult. For example, while funding might be available for particular areas (through targeted government grants, or local authority area initiatives), workers will often find that their work spreads wider. For example, if a prevention activity is intended to be targeted at a few schools, other schools nearby may hear about it and want to be part of it.

On the other hand, the initial geographical scope of a project may be defined more broadly than the coverage actually achieved. Perhaps the original plan was too ambitious; perhaps there have been difficulties in working in certain areas.

Evaluation must therefore distinguish between achievements in relation to a project's originally defined geographic scope and the scope it actually achieved. Perhaps the objectives have been redefined and boundaries recast during the life of the project. This will need to be taken into account. As is emphasised throughout this handbook, evaluation should be rigorous in examining success in relation to objectives, and this also applies to geographical scope.

Setting

Where the intervention takes place will affect how the evaluation is conducted. If, for example, prevention activities within a treatment facility were being evaluated, the evaluator might have access to detailed individual client records; but an evaluation of detached youth work would not have such extensive records.

Evaluators must be sensitive to the nature of different settings, and must understand the different philosophies and different ways of working of various professionals. A good evaluation may need to 'get behind' the assumptions and working practices of the professionals and may question some assumed truths. (This is one reason why external support for an evaluation is often helpful – an 'outsider' can see the familiar through fresh eyes.)

'Diversity' and ethnicity issues

Ethnicity is here given a particular sub-heading of its own to emphasise the importance of this factor and also to suggest that it is often neglected in evaluations.

The concept of ethnicity means different things to different people. However, in relation to monitoring and evaluation, the key points are:

- make sure that relevant data are collected (don't miss out any groups)
- don't assume that groups are similar; be sensitive to diversity. Avoid overgeneralisations and understand the characteristics of the people who are the subjects of the evaluation
- develop 'cultural competence' in addressing diverse groups and communities. Use culturally appropriate techniques (and appropriate languages, if required). Take advice from members of the relevant communities
- make an effort to reach groups within the overall sample so that there is enough information on minorities. This may require 'over-sampling', or 'weighting' the sample, (selecting more people from a particular group than from others) or case studies that target minorities within the sample.

In some evaluations, ethnicity may not be the most relevant variable to consider. For example, young people of all ethnicities in a particular setting may be more similar in respect of their drug use as a result of their shared youth culture than they are different because of their contrasting heritages.

However, ethnicity is an important differentiating factor

in the way that many prevention activities operate, and it therefore needs to be taken into account in evaluations. For example, to reach people in a more 'family oriented' culture, a prevention message delivered to families may be more effective than one directed at young people.

Many prevention models are based on majority culture approaches and may not be sufficiently well adapted for some groups to benefit from them. These groups may therefore not participate and be hard to reach by services and difficult to include in an evaluation. And if some Black and Minority Ethnic Groups (BME) feel excluded (perhaps as a result of previous neglect) it may be harder to involve them in 'conventional' prevention activities – a thorough evaluation may identify more effective ways of working.

Other issues

As has been emphasised, evaluations need to take account of the individual differences between projects. While there are a range of common approaches, skills, and tools for undertaking evaluations, there is not a 'one-size-fits-all' solution, and each evaluation must be designed to meet the particular characteristics of the project being evaluated.

Evaluations must also meet the needs of the organisations funding them – what is wanted from the evaluation? What are the key issues to focus on? How will the results of the work be used? These questions need to be decided at the start of the evaluation.

However, meeting the needs of funders should not in any way compromise the independence of the evaluator. '*Investigating* what the funder wants' is not the same as '*Getting the results* that the funder wants'.

Any differences of perspective between the funder and the project staff should be discussed, as these differences can provide important clues to the key issues within the project. Trying to look at the situation through the eyes of different people involved is a good way of getting started on an evaluation.

Involving some groups may present more difficulties than others. For example, are the project clients 'hard to reach'? Do they have special needs? The evaluation may need to find innovative ways of getting the required information from such groups. Many methods of evaluation depend heavily on literacy, or on the ability to use the spoken word. But some children and young people are more comfortable with visual methods of communication. Asking them to draw pictures about their opinions can be a useful way of gathering information.

An innovative data collection method with young children

One aim of a primary school drug education programme was to break down pupils' stereotypes of a drug user. Before the education programme was delivered, the evaluator asked the children to draw a picture of a drug user. Their pictures were analysed and scored according to a specially worked out 'mark scheme', where marks were given for stereotypes in the pictures, such as scruffy appearance, the presence of needles, and so on. This was the baseline assessment.

After the education programme, the children were again asked to draw a drug user and again the drawings were scored according to the same scheme. Scores on the second drawings were lower (some drug users were women, there were fewer needles and more medicines, and so on), indicating, perhaps, that the educational intervention had reduced pupil's stereotypes*

* 'Perhaps', because the differences were small and the results among this relatively small sample did not reach 'statistical significance'. 'Statistical significance' is a mathematical way of measuring when an *observed* difference is likely to be *real* difference.

11 Analysis and interpretation

Key points

- Plan the analysis at the start of the project so you know how you will use the data
- Don't panic if you haven't done this
- Look for evidence of the work achieving its objectives
- If the data don't relate directly to the objectives, are there proxy measures which do?

Once the data have been collected the analysis phase can commence. But the analysis should have been planned for a long time ago, right at the start of the project. Remember two of the 'golden rules':

- Golden Rule 4 Have a framework and know how you will go about the task
- Golden Rule 10 Decide in advance how the data will be analysed.

Thus, ideally, you will:

- have a clear idea of what you want to analyse
- know how you will go about analysing it
- have data organised appropriately for convenient access
- know what tools you will be using to analyse it
- have sources of support to help you.

Needless to say, this ideal state is seldom fully realised. A more likely scenario is that you will have a pile of questionnaires containing more data than you could hope to process and a list of questions that your data don't seem capable of helping you to answer.

Don't Panic! Start by focusing on the key issues that you are trying to address. Don't be afraid, at this stage, to ignore a lot of the information that you have collected and focus on a small area. Remember that your work so far has given you a comprehensive (if perhaps confused) understanding of the situation that you are evaluating, and now is the time to consolidate your understanding.

How the data from the theatre-in-education evaluation were analysed

As an example of an approach to analysis involving outcome measures, let's see what the evaluator did in her analysis of the information she'd collected about the school-based theatre-in-education intervention. Recall that she had a lot of detailed data from different sources, some of it qualitative, some quantitative.

Here, we will focus on the changes in the students' understanding, etc, which their questionnaire answers identified.

She had previously decided that she needed to identify changes in the students' understanding of drugs issues addressed in the play and in the workshop, so the pre- and post-intervention questionnaires addressed the students' knowledge and skills about drugs, their ability to handle drug-related situations, and their knowledge of the risks associated with drug use and dealing.

To tackle this question she had asked, in the post-intervention questionnaire, whether they had learned something from the play and workshop. Two-thirds said they had – and many were able to specify what (in answer to the follow-up question, 'If yes, write what you learnt').

But the evaluator needed more than this – some more objective evidence that they had learned. Therefore, the pre- and post-intervention questionnaires posed some true and false questions – the same in both cases. The analysis involved comparing the students' answers before and after they had seen the play and participated in the workshop. The results showed that, for example: 'Out of five "true or false" problems concerning cannabis, after the programme, students had more correct answers to four of them....'

The evaluator investigated other aspects of students' learning, including how they might deal with drug related situations (for example, 'Suppose that someone you knew asked you to smoke cannabis, and you really didn't want to. What could you do? Make a list.'). and the analysis similarly compared pre- and post intervention results. She felt that she had been able to identify changes in the students' drug-related skills that were probably related to the play. She was able to use her other data sources (such as the focus groups with the students, which provided qualitative data on their experience of the intervention) together with the questionnaire results to weave together a comprehensive analysis of the work that she was evaluating.

One key issue to look for is whether there is evidence that the work has met its objectives – in other words, has it been effective in doing what it said it would do; have the intended outcomes been achieved? (There may be unintended outcomes – see box on page 12).

As discussed earlier, this may not be straightforward because it can be hard to find suitable measures of effectiveness. The better measures will be those that assess the intended outcomes. But an intended outcome such as 'a reduction in drug use' could be hard to assess. Perhaps the reduction is expected to happen over a longer period than that covered by the evaluation, and it will be influenced by intervening variables outside the control of the intervention that are difficult to measure (such as age-related changes in drug use).

In such cases, the evaluator needs 'proxy measures', things that 'stand in for' the things ideally should be measured. For example, if an intervention had an objective of improving school behaviour among the target group. It might be difficult to measure behaviour directly (this would involve a lot of classroom observation, and would be difficult to score objectively) so, instead, an evaluator might use school test scores (available and easier to handle) of the relevant pupils – with the assumption that improved test scores probably mean improved behaviour.

In process evaluation, it is not outcomes that are being measured, but the way that things have happened. Analysis may consist mainly of a description of what people have done, and whether it conformed to what the project description said would be done, and how everything fitted together.

12

Reporting findings and making recommendations

A gap between intentions and practice

A process evaluation of a drugs outreach project looked at what the outreach workers actually did when they were on the streets (and back in the office). The evaluation methods included: an examination of the reasons why the project was established; participant observation with the workers as they met young people around the town; and discussions with the young people about their experiences of the programme.

In the analysis, the evaluators identified big differences between the intentions of the project originators, the practice of the workers, and the experiences of the young people. The original intention had been to focus the outreach on drug-using young people involved in sex work; but the project workers tended to avoid working with this group, as there was a lot of violence associated with prostitution in that part of town. The young people that they did work with were generally in contact with other services, and therefore perhaps not the most urgent candidates for outreach.

In their report, the evaluators were able to point out these issues, and managers and workers took action to change the working methods to enable the original project intentions to be more nearly met.

Key points

- Report-writing is often the most difficult stage. Consider the following points:
 - prepare an outline of the report, identifying the different sections
 - think about your audience(s)
 - write clearly and directly
 - make appropriate recommendations
 - be critical, but positive
 - draft it and check it
- Structure your report logically, including the following sections:
 - a Title
 - a brief Summary (and a summary of recommendations)
 - an Introduction
 - the Methodology
 - the Results
 - Discussion of the results
 - Recommendations
 - References
 - Appendices or Annexes.

Report writing is one of the most difficult parts of the evaluation. When an evaluation is being planned, there can be a lot of excitement and anticipation. When it is being carried out, it can be great fun and it is very motivating talking to lots of people and finding out what is going on. The analysis can be absorbing. Then comes the time when a report must be written, and by now the evaluator may be tired, the work may have been going on for a long time, and writing can be a lonely task. There seems to be so much information to synthesise. There are so many ideas and different perspectives. The evaluator has to decide what s/he believes has been happening. How to present the findings clearly, while not offending the people involved?

Think about your audience(s)

Think about the different audiences for the report. These will probably include the workers and managers in the project, the beneficiaries of the project and the wider local community, the funders, local, and possibly national, government and public sector agencies, and perhaps the media. It will not be possible to write a report in a style, or with detail, to suit all these disparate audiences, and compromises will have to be made. If some audiences are especially important, then a separate report may be required. For example, if you are concerned to reach the media with your findings, then a press release based on the report might be a good idea. If you want to inform young people or the local community you may need a summary report that does not assume any special knowledge.

Write clearly and directly

Write in a clear and direct style. Keep sentences short. Avoid 'academic' or convoluted language and circumlocutions (and unnecessary long words!). Know what you want to say and organise your ideas in clear paragraphs. Have a consistent style; this will be particularly important if more than one person is writing the report. In this case make sure someone has overall control of the entire text; you might appoint an editor. Use subheadings, boxes, pictures and charts to break up the text and provide visual interest. Include case studies and other 'stories' if possible – these can be used to illuminate a point or illustrate an idea and they help to enliven a report and make it more meaningful.

Make appropriate recommendations

Carefully consider any recommendations that you make. It is a good idea to direct different recommendations to different stakeholders. For example, you might recommend to the workers that they keep better records; to the managers that they give more opportunities for training; and to the funders that they provide additional resources.

There is little point in making recommendations that are unlikely to be implemented. Readers of your report will be looking for realistic and actionable ideas.

Be critical, but positive

If you think that something is poor, unhelpful, or downright dangerous, say so, but be aware of how the readers might react to your words. However poorly planned or implemented a project is, avoid a totally negative tone; there will always be something positive you can say to 'sugar the pill' of your criticism. Discuss your draft recommendations with relevant stakeholders in advance of circulating your report – consider them as partners in helping you to write a useful report that they can get the best out of and which will lead to positive changes.

Draft it and check it

When you have finished a draft of the report, get someone to read it for sense and interest, and someone else for proofing, identifying all those annoying little mistakes that you, the author, can no longer see. Don't rely only on the word-processor to correct your spelling and grammatical mistakes – spell and grammar checks are good but not infallible. Remember to number the pages of the report. It is a good idea to include an identifying header or footer. When it is all complete, make a cover and bind it together in some way. A staple will do, but slide binding is better and spiral binding better still.

Structure your report

There are many ways to structure a report. Here is one way of tackling it:

1. Start with a **title** page, followed by a list of contents, and some acknowledgements to the people, and to the organisations, that helped you. A table of terminology and abbreviations could be included.
2. Then have a brief **summary** (sometimes called an 'executive summary') and, if there are recommendations, make a summary of these. You may prefer to have the summary and summary of recommendations as a separate document, so you can make additional copies. Or you could highlight the summary within the main report by printing it in a different typeface or ink colour or on different coloured paper.

3. Then an **Introduction**, which contains:
 - A brief paragraph describing the Project and its funding
 - The evaluation questions
 - The background to the Project including any theory or official guidance underpinning the Project and its rationale and perhaps some history
 - The aims and objectives of Project
 - The structure of the Project.
4. Next, the **Methodology** section describes the methods used in the evaluation and explains any limitations of these methods. This section could also include reference to the DEPIIS evaluation service and the value received from the service.
5. The **Results** section should list and outline what was found. Remember to give information about your sample and how many respondents took part. However, its important not to overwhelm the reader with too much detail here –some detailed information can be included in an Appendix. The Results section needs to draw together evidence from relevant evaluation methods to answer each of the evaluation questions rather than listing findings of each evaluation method separately.
6. **Discussion** of the results should follow. It may feel a bit artificial to separate the results from the discussion, but try to do it, because it makes much clearer what has been found and gives the reader a chance to consider what the results mean before finding out what the writer thinks about the results. This is why it is standard practice in ‘academic’ writing.
7. Next, provide **Recommendations**. Try to make sure that the recommendations arise from the findings – this will give them credibility. It is sensible to have discussed your draft recommendations with relevant stakeholders – it is no use making recommendations that are impossible to implement. Try to make your recommendations SMART like your objectives. Refer to Golden Rule 3 page 13.

8. **References** to any publications or websites should be included now, at the end of the main text. You may want to include these as endnotes* .
9. Any **Appendices** or **Annexes** might contain:
 - An evaluation diary giving details by date of the meetings you’ve had, the people you’ve met and so on
 - Information about any samples you have drawn
 - Additional results, including more complex or less directly relevant tables and charts.
 - Examples of evaluation tools
 - Other relevant, but not central, material.
10. Throughout the document, you may have used **footnotes** to provide further detail of matters that would otherwise clutter the main text. Like this[†].

* An endnote appears at the end of a document or section. A footnote appears at the bottom of the page; like this.

† A footnote appears at the bottom of the page; like this. An endnote appears at the end of a document or section.

13

Dissemination: get it out there

Key points

- Dissemination is important
- Get the findings to those who need them
- This includes all stakeholders, DrugScope and professional networks.

When an evaluation is complete, it is all too easy to heave a sigh of relief and move on, but the dissemination stage is an important one and part of your evaluation task, so don't neglect it. There is little point in doing all the work of evaluation unless the results reach those who could benefit.

Information should be shared with all stakeholders, and (as discussed in the previous section) different audiences may need different report formats, and more or less detail. The diagram (page 30) shows some examples of the benefits of dissemination.

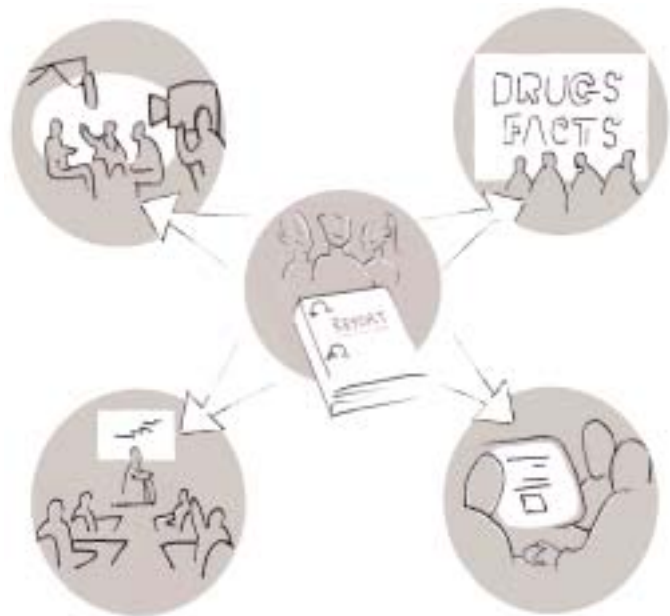
Don't feel that you have to be an expert in this area – if necessary, involve colleagues with more experience of publications, publicity, liaison with the media and of involving clients.

Don't forget that your work will be of interest to a wider audience, and that it can contribute to the evidence base on drug education and prevention. Therefore, ensure that DrugScope knows about your evaluation and that, if possible, a copy of your report is lodged with their library.

You could also consider writing about your evaluation in a form suitable for publication. Publication could be in a magazine type publication – perhaps one produced by your local authority or for a relevant professional group – or in a peer-reviewed journal.

You may have the opportunity to disseminate your report via the DEPIS or EDDRA* websites. You may also have the opportunity to share your work through peer networks, for example, DrugScope's Drug Education Practitioners Forum, (DEPF)†.

You'll find that dissemination will bring rewards – for example you may have other colleagues contacting you for advice and you will learn about what they are doing.

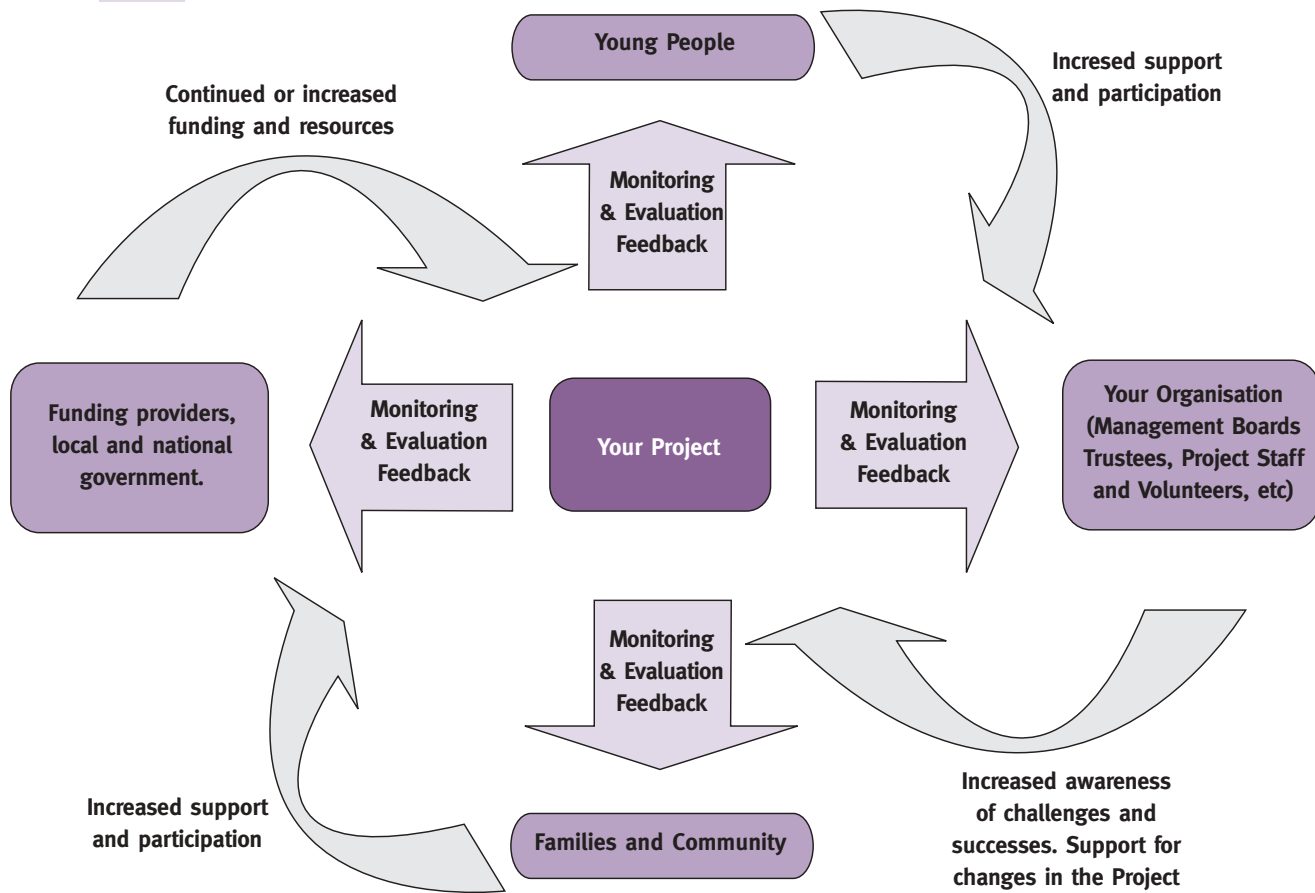


* Exchange on Drug Demand and Reduction Action. EDDRA is an online database that exists to provide information to policy makers and practitioners on drug demand reduction actions across Europe and to promote the role of evaluation in drug demand reduction action. http://www.emcdda.eu.int/responses/methods_tools/eddra.shtml

† The Drug Education Practitioners Forum an open individual membership group run in partnership with, but independent of, DrugScope. The purpose of the forum is to enhance and promote quality in drug education through support for the professional development of drug education practitioners working in formal and informal settings. depf@drugscope.org.uk

diagram

1 feedback to stakeholders



14

Development and review

Key points

- The ultimate purpose of an evaluation is to improve services
- Results and recommendations need to be fed back to service providers
- Evaluations can be an important element in gaining funding
- Evaluations should be credible, reports well-written and recommendations appropriate
- Someone needs to take the recommendations forward
- The evaluation itself should be reviewed so that any lessons can be identified and future evaluations improved.

Service development

The point of doing an evaluation is, ultimately, to improve service provision, so it is important to try to feed back the results and recommendations from the evaluation to the service providers and other relevant stakeholders. The key points here are:

- the evaluation must be credible (soundly based and professionally carried out)
- the report must be clearly and intelligibly written, and appropriate for the audience
- the recommendations must flow from the findings and must be actionable
- someone – not necessarily the evaluator – must champion the recommendations and find ways of taking them forward.

Service development is unlikely without some source of funding, so it's important to give appropriate feedback that meets the funders' needs or which projects can use to gain continued or further funding. Funders' needs may be different and specific, so check out what they want to know. One aspect that they may be particularly interested in is 'value for money'.

Using evaluation recommendations effectively

An external evaluation of services for young people across a DAT area produced a long list of recommendations on various aspects of the DAT's work. The DAT Young People's Co-ordinator took this list, mapped the recommendations against the DAT plan, and identified particular areas for improvement. She made an action-planning grid, and took it to her Steering Group, who discussed how they would take things forward.

At each Steering Group meeting, she had an agenda item on these recommendations and reported how action on them was progressing. In regular reports to her manager (the DAT Co-ordinator), and to the DAT Partnership meetings, she identified where things were moving ahead and where more action was needed.

In this way, she not only kept moving forward on the recommendations that came out of the evaluation, she also built 'political' support for the value of evaluations, and was able to secure further funding for additional investigations.

Review of the evaluation process

Has the evaluation been broadly successful? How could it have been improved? What problems were there? How credible are the findings?

In reviewing what have been achieved by the evaluation the following questions could be addressed*:

- How has knowledge or understanding been extended?
- How well did the evaluation address the project's aims and purpose?
- Was the evaluation design appropriate?
- Was the sample appropriately selected and described?
- Was data collection carried out properly?
- Was the analysis well done?
- Did the evaluation explore diversity of perspective?
- Does it convey the detail, depth, complexity and richness of real life?
- Are the conclusions and recommendations supported by the data?
- Is the report well-written?
- Are the assumptions, values and the theories behind the evaluation sufficiently explained and appropriate?
- Have ethical issues been properly addressed?
- Are there wider lessons that can be identified?

* adapted from a list compiled by the HDA

toolkit

Evaluation techniques and their uses

This section gives some guidance on different evaluation techniques and other practical tools for evaluation. It also includes a glossary of technical terms.

Evaluation techniques and their uses

Here are listed various evaluation techniques with suggestions about how they might be used.

Literature searches

What are they?

A search of documents (paper or electronic) for: examples of good practice; official advice; evaluations of similar projects.

Why do them?

Provides background for the introduction to your evaluation report; examples of methodology you might want to try, comparisons to your results; standards to 'test' your results against.

Analysing monitoring and other already existing data

What is it?

Analyse data from monitoring or other data sources, such as feedback from participants. For example, data collected about the number of users, number of referrals, patterns of use could inform evaluation of how successful your project is.

Why do it?

Feedback from users will help you to decide how appropriate the service is.

Interviewing

What is it?

This can be done with individuals or groups and can be structured, unstructured, or (more often) semi-structured. Interviews can be tape-recorded but this can generate a mass of data that could be hard to analyse. If possible, get a colleague to take notes so that you are free to run the group and to listen. Interviews can take a lot of time, so don't plan too many. Interviewees can be professionals, children, young people, parent/carers and other family members. Group interviews (maximum 12 people) are suitable for finding out information from selected or random groups of users.

Why use it?

Good for collecting more detailed information than can be obtained from questionnaires. Can be useful for collecting data on personal experience, lifestyle, opinions of service users as well as self-esteem, levels of confidence, and other topics that benefit from a more personal approach. Good for people who are not able complete in a questionnaire satisfactorily, or where the subject matter is complex or illegal.

Focus groups

What are they?

Similar to group interviews, but questions usually more open-ended and discussion within the group is encouraged. Each focus group requires a facilitator and, if possible, a recorder.

Why use them?

Focus groups are suitable for gathering the opinions of people who have shared the same experience. They may be easier than individual interviews for some respondents to cope with. Data collected from focus groups might not be representative; groups are subject to 'norming' where the views of some members may override others. There may be difficulties in securing confidentiality of participants.

Questionnaires

What are they?

Contain questions that can be read by respondents or read to them. Responses can be verbal or written. Some questions are 'closed' and require respondents to tick boxes, circle words, reply yes or no. 'Open' questions require answers in respondents' own words. Questionnaires should be appropriate for the respondent. Keep questionnaires short and simple. Avoid too many 'open' questions, which take longer for the evaluator to handle.

Why use them?

Questionnaires can find out about respondents': knowledge and understanding; attitudes; skills; behaviours; actions; feelings and opinions; ideas; personal details (for example, age, sex, ethnicity); and so on.

Some questionnaires have been developed by others to measure specific attributes such as self esteem. These validated questionnaires can be useful for comparing your data with those of others.

Questionnaires can be administered both before and after an intervention to identify whether the intervention has changed anything.

Draw and write technique

What is it?

Respondents are asked questions to which they respond by drawing pictures and annotating them (with assistance as necessary). Questions may relate to a story or hypothetical situation.

Why use it?

This method is particularly useful with young children or people with limited writing or language abilities.

Participant observation and non-participant observation

What are they?

In participant observation, the evaluator participates in an activity, observing it and reporting on it. In non-participant observation, the evaluator observes an intervention but does not participate. An observation schedule helps the evaluator to focus on relevant aspects. The evaluator could also question users or providers about the intervention.

Why use them?

Participant-observation is similar to non-participant observation except that: it may allow the observer to gain a greater insight into how other users experience the intervention; it does not allow the observer so much time for making and noting down observations and may make objectivity more difficult.

Games and role-plays

What are they?

Many games and role-plays can be used with adults as well as with children. An example is the 'Attitude Line Game' where, in answer to a question, respondents stand on an imaginary line stretching from two extremes (positive and negative; agree and disagree). They are then asked to say why they are standing in that position. (This activity can also be made into a paper activity).

The Attitude Line Game can be used to find out how users feel about various aspects of your project or their attitudes to relevant topics. The positions can be recorded as data.

Why use them?

Role-plays can be used to assess how well people have learned specific knowledge or skills.

Photofeelings technique

What is it?

Respondents are asked how they feel about a situation and take up poses to demonstrate those feelings. These are photographed and respondents asked to make a caption for the picture.

Why use it?

This technique can be used with children and young people who find it difficult to express their feelings in words.

Photo-diaries

What are they?

Users take photos during interventions and use them to keep a visual diary of what actually happened.

Why use them?

Photo-diaries can provide evidence of participation (who participates, who was left out, which activities were more enjoyable), users' feelings about an event, outcomes of activities.

Reflective diaries

What are they?

Participants keep diaries in which they reflect on Their experience of an intervention and what they have learned

Why use them?

Can be used to get a detailed insight into the way interventions are affecting the user over time. Time-consuming and requires commitment and skill from the participants. May be difficult to summarise.

Case studies

What are they?

Detailed accounts of the way the project has affected a small number of users.

Why use them?

Can be used to illustrate the effects of interventions on users and their families.

Can give in-depth understanding, but are generally not representative of all users.

Grid for planning an evaluation

Evaluation questions (What do we want to find out?)	Evidence (What information do we need?)	Evaluation activity (What evaluation method will you use to find this evidence?)	Stakeholders (From whom will we find it out?)	Evaluators (Who will be carrying out this evaluation activity?)	Deadlines (By what date will this evaluation activity to be completed?)	Issues and concerns (Does this evaluation activity raise any issues or concerns?)

This grid will be useful at the planning stage of an evaluation. Completing it will help to ensure that relevant questions are considered and that the planning is easier and more comprehensive.

Key terms

toolkit

This section explains some of the key terms and gives details about techniques be used in evaluation.

Anonymity

Any report that includes people's responses to, for example questionnaires, should not enable others to recognise them as individuals. See also **Confidentiality**.

Assessment

A **needs assessment** uncovers what exists already and identifies gaps in provision and what could be met by an **intervention**. A **baseline assessment** identifies what things are like at (or before) a project starts, and provides a **benchmark** against which any changes over the life of the project can be measured.

Audit

Taking stock of what is being done. It is a process of quality assurance, checking actions and procedures against established guidelines and standards.

Bar Chart or Histogram

A pictorial representation of **data**, often much easier to understand than **tables**.

Baseline

A measure of a starting point, which can be compared to **outcomes** at the end of an intervention.

Control (or Comparison) Group

A group of people who are not involved in your project from whom you take the same measurements, at the same times, as your 'treatment group' (the one receiving the intervention). Ideally, the people in the control group should be similarly located and have similar characteristics to the people you are working with.

Comparing the results for these two groups can identify more clearly any differences the intervention is making. However, including a comparison groups in an evaluation adds to the workload (and cost).

Data

Information about something. 'Data' is a plural word; the singular is 'datum'.

Drug prevention

Drug prevention initiatives and activities are undertaken in order to prevent the negative consequences associated with legal and illegal drug use.

Drug prevention encompasses a variety of goals, which could be:

- Preventing or delaying the onset of first time drug use
- Preventing the escalation of drug use into problematic drug use (such as addiction)

- Preventing or reducing damage to physical and psychological health (both in the short and long term)
- Preventing the social and legal consequences associated with drug misuse

Drug education

The aim of drug education is to provide opportunities for people to develop their knowledge, skills, attitudes and understanding about drugs and appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

Drug use

Drug use is drug taking, for example, consuming alcohol, taking medication or using illegal drugs. Any drug use can potentially lead to harm, whether through intoxication, breach of the law, or the possibility of future health problems, although such harm may not be immediately apparent. Drug use will require interventions such as education, advice and information, and prevention work to reduce the potential for harm.

Drug misuse

Drug misuse is drug taking which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. It may be part of a wider spectrum of problematic or harmful behaviour and require specific interventions, including treatment.

Formative evaluation

A kind of evaluation that typically takes place early on in a **project** or at key point in the work. The results can then be used to improve the intervention. An early formative evaluation can be used as a baseline for a later evaluation taking place towards the end of a project

Graph

A picture of **data**.

Indicators

'Indicate' whether what is being done is having an effect. Indicators are measurable pieces of information that in some way relate to the work being assessed.

Interview

A way to collect **data** from **respondents**. A structured interview has a fixed list of questions; an unstructured interview doesn't; and a semi-structured interview might have both fixed questions and areas for exploration without precise questions that have been decided in advance.

Intervention

An action or series of actions (a project, programme, service, workshop), which is done with the intention of bringing about change in a target group. It is something we do to try to make a difference.

Mean

The most common average (other kinds are mode and median). An average is a handy way of summarising numerical **data**. See also **standard deviation**.

Monitoring

Checking to see if what was intended to be done is actually happening. The main purpose is to find out if things are going to plan and if any change is necessary.

Monitoring often provides **data** that evaluators can use, so good monitoring makes evaluations much easier.

Objective (noun)

What is intended to be achieved by a piece of work. Objectives should ideally be **'SMART'** (an acronym for **'Specific, Measurable, Achievable and Realistic, and Time-bound'**; see main text for details).

Objective (adjective)

Being objective means reducing the importance of one's own feelings and opinions, and attempting to make the **data** that are collected less dependent on the collector. This can make such data more comparable with data collected by others. Some people deny that it is possible to do this, arguing that we cannot (and should not) eliminate subjectivity.

Outcomes

Things that a project achieves through its actions (not the same as the **outputs**).

Outputs

Things done by projects to achieve their **objectives**, such as putting on a quiz night.

Proxy measure

A measure that 'stands in for' an outcome that one would ideally like to measure but which can't be measured (or is too difficult to measure).

Qualitative

A qualitative measure relates to the quality or character of something. Qualitative data means, for example, information collected from **respondents** by allowing them to express themselves in their own words, or other

information that is difficult to quantify or is personal or **subjective**. Compare: 'A long walk' (qualitative) with: 'A walk of 5.3 kilometres' (quantitative).

Quantitative

The term 'Quantitative **data**' means information collected from **respondents** in the form of (or turned into) numbers.

Sample

A group of people (or other individual things, such as a group of projects, schools, etc) selected from the **population**. A sample can be created in several different ways. A representative sample in some way represents the population. A convenience sample is simply an easy one to get. Snowballing techniques, where we ask respondents to put us in contact with others like them, makes a snowball sample.

Standard deviation

A mathematical way of describing an important feature of the **mean**. Think of a group of five people answering a question scored as a percentage. Suppose their scores were 40, 10, 40, 60, and 100. The total would be 250, so the mean would be 250 divided by 5, equals 50. Now think of another five people who score 50, 50, 50, 50 and 50. Their mean score would also be 50. But the two sets of scores were quite different; while the second group all got the same score, the first group got very different scores. The standard deviation gives a measure of this spread of the scores ('the variance') around the mean, so that we can quickly see how big the difference is within the group.

Subjective

Subjective **data** can include respondents' personal feelings and opinions, in the way that they express them.

Table of Results

A method of summarising and reporting **data**.

Target

What a project wants to achieve (targets should be measurable).

Target group

The people to be reached by the **intervention**.

Variable

A variable is something which changes. Variables are measured to see if anything has changed. Some variables are under our control (for example, the number of leaflets we distribute), others are not (such as whether it rains on the day of an outdoor event). An intervening variable comes between something we do and something that we measure. A proxy variable is used to 'stand in for' a variable that one really wants to know about but which is hard, or impossible, to measure.

Relevant publications further support

A DIY Guide to Implementing Outcome Monitoring

Alcohol Concern (2000)

Charities Evaluation Services produce a range of useful publications including:

Practical Monitoring and Evaluation – A Guide For Voluntary Organisations

Charities Evaluation Services – www.ces-vol.org.uk

Your Project & Its Outcomes Community Fund

Charities Evaluation Services (2003)

(Available to download at <http://www.community-fund.org.uk/funding-your-project/forms-and-guidance/outcomes/outcomes-guide.pdf>)

A Little Book of Evaluation

Connexions (2001)

(Available in pdf format from

<http://www.connexions.gov.uk/partnerships/documents/LBE-report1.pdf>) or copies can be ordered from DfES, Telephone (0845 6022260)

Guidelines for the evaluation of drug prevention

EMCDDA (1998) –

A manual for programme-planners and evaluators. European Monitoring Centre on Drugs and Drug Addiction. www.emcdda.eu.int.

Passport to Evaluation

Home Office (Available to download from

<http://www.crimereduction.gov.uk/evaluation.htm> or order copies by email trs@homeoffice.gsi.gov.uk)

Build it in – Evaluating innovation in work with young people

Merton B (2002)

National Youth Agency

(Copies can be ordered from NYA, telephone: 0116 285 3700)

Monitoring and Evaluation

National Healthy School Standard (2000)

(Order from NHSS Team, Telephone 020 7413 1865 or available to download from

<http://www.wiredforhealth.gov.uk/PDF/monandeval.pdf>)

Self Evaluation: A Handy Guide To Sources

New Opportunities Fund (2003)

(Order copies on 0845 0000 121 or it is available to download from http://www.nof.org.uk/documents/live/1474p_self_evaluation.pdf)

Parenting Education and Support Forum and National Children's Bureau

(2002) Evaluation Toolkit – A tailored approach to evaluation for parenting projects (Copies can be ordered from PESF, Telephone: 020 7284 8370)

Further support

Websites

Guides to evaluation

Scotland's Effective Interventions Unit has a series of twelve clearly written and accessible publications on evaluation. www.drugmisuse.isdscotland.org/index.htm

The Charities Evaluation Services have excellent publications and practical advice on evaluations. www.ces-vol.org.uk

The Kellogg Foundation evaluation handbook is at: www.wkcf.org/Pubs/Tools/Evaluation/Pub770.pdf

A pdf copy of the New Opportunities Fund (NOF) report on Engaging Young People in Evaluation and Consultation can be downloaded from:

http://www.nof.org.uk/documents/live/2665p__Engaging_young_people_report.pdf. If you can't find it with this link, go to www.nof.org.uk and look under evaluation and research / publications. They also have a pdf of a booklet called Self evaluation: a handy guide to sources.

www.ehr.nsf.gov/EHR/REC/pubs/NSF97-153/start.htm has the (USA) User-Friendly Handbook for Mixed Method Evaluations, containing practical examples of an observation instrument, an in-depth interview guide and an example focus group topic guide.

The UK Evaluation Society has some guidelines on good practice at: www.evaluation.org.uk/Pub_library/Good_Practice.htm#self

Guides to statistics

www.nilesonline.com/stats/ A guide to statistics for journalists, clearly laid out.

www.davidmlane.com/hyperstat/ More mathematical. Refers to other online resources.

www.trochim.human.cornell.edu/kb/evaluation.htm Part of a social research methods course.

www.sportsci.org/resource/stats Gives statistics advice for sports science, but includes good explanations of basic terms.

www.stat.berkeley.edu/~stark/SticiGui/Text/index.htm A web-based course in introductory statistics from the University of Berkeley. Heavy going, but comprehensive and has test questions.

Literature searching

Please note that as of April 1,2005 the functions of the HDA have been transferred to the National Institute for Clinical Excellence and has become the new National Institute for Health and Clinical Excellence known as (NICE), www.nice.org.uk

The Government Drug Strategy website, www.drugs.gov.uk

The DEPIS website

<http://199.228.212.132/doh/depisusers.nsf/Main?readForm>

For information/queries about the website email drugprevention@bradford.nhs.uk

Athens

Staff and students in universities generally have access to the 'Athens' website, which gives access to a wide range of research material.

Other relevant websites

The Government Data Protection Agency is at www.dataprotection.gov.uk

The Talk to Frank campaign website is at www.talktofrank.com

The British Market Research Association Guidelines for working with children and young people are at <http://www.marketresearch.org.uk/standards/children.htm>

Training opportunities further support

The Charities Evaluation Service run a range of courses, from basic introductions through to more in-depth courses on evaluation. See www.ces-vol.org.uk

The University of Surrey Roehampton, School of Education Studies, offers a Professional Development Certificate in Drugs Prevention and Education at Honours degree Level 3. It consists of a 30 credit certificate course for educators and other professionals involved in drug policy, prevention /education and training. There is the option to complete an evaluation module, on its own, or as part of the certificate entitled "Evaluation: School and Community Innovations".

Tel: 020 8392 3065 Fax: 020 8392 3664
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Web-based training is available on website of the (USA) Centre on Substance Abuse Prevention. They have three on-line courses on the evaluation of prevention. The first two introduce some basic concepts; the third gives a good overview of the statistical tools that can be used in an evaluation. However, it is sometimes rather technical.

Evaluation for the Unevaluated: Program Evaluation 101

http://pathwayscourses.samhsa.gov/samhsa_pathways/courses/eval101/eval101_intro_pg1.htm. What is evaluation, why it is useful, and what you need to do to prepare for one.

Evaluation for the Unevaluated: Program Evaluation 102

http://pathwayscourses.samhsa.gov/samhsa_pathways/courses/eval102/eval102_intro_pg1.htm. More issues on evaluation: ethical concern, presentation of the results, the different kinds of statistics and what you can do with them, why evaluating prevention is especially difficult.

Wading through the Data Swamp: Program Evaluation 201

http://pathwayscourses.samhsa.gov/samhsa_pathways/courses/eval201/eval201_intro_pg1.htm. An introduction to different kinds of statistical analysis (mean, median, mode, standard deviation, contingency tables, chi-square, null and research hypothesis, Pearson's correlation coefficient, t-test), what they are, what they tell you.

Further support

About DEPIS and what support it can offer

The DEPIS project aims to support practitioners and planners of drug education and prevention in developing good practice. This document can be accessed via DEPIS : <http://199.228.212.132/doh/depisusers.nsf/Main?readForm> and also via DH website www.dh.gov.uk and DrugScope website www.drugscope.org.uk

The website includes:-

- A detailed database of drug education and prevention projects through out England so you can find out what is going on in your area.
- Project evaluation reports, enabling you to find out more about projects similar to those you are planning or undertaking and to support you in your own development work.
- A database of resources including teaching materials, leaflets, videos books and CD-ROMs available in the UK. These are independently reviewed by practitioners to assess suitability for the target audience and whether good practice in drug education is maintained.
- Links to other relevant sites.

email depis at drugprevention@bradford.nhs.uk

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