Local Government
Improvement
and Development

Community wellbeing

Measuring impact in health improvement

An accessible guide for health practitioners

Contents

About this guide

This guide has been produced for Local Government Improvement and Development (formerly the IDeA) by Valerie Garrow, Associate Director at the Institute for Employment Studies. It has been developed for practitioners working for councils and public health organisations who have been given the task of evaluating the impact of a project or initiative. It will take you through the process of designing, implementing and disseminating an impact assessment and will also provide information on the range of tools and help that is available. It aims to be a practical guide, helping you to design and conduct effective and appropriate impact assessment.

Introduction

What impact have you had?

What outcomes have you delivered?

What difference have you made?

These are questions that we hear asked regularly by politicians, by our managers, and by the public. Yet answering them can be extremely difficult in relation to work concerning improving health or tackling health inequalities.

As practitioners it is normal for us to think we have neither the skills nor the time to carry out impact assessment ourselves. Instead, it is understood that this is a role for academics, researchers and other professionals. But it is vitally important that we see evaluation and impact assessment as part of our work, whether we commission it from others or do it ourselves.

Significant cuts to councils' budgets over the coming years will add to the importance of evaluating the impact of our work, with elected members increasingly asking questions about the value of a project before making funding decisions. As a result, during times of economic recession, the knowledge of what value and impact a project has can help secure further funding and make the difference between whether it continues or not.

What is impact assessment?

It is useful to start with clarifying terminology. Various phrases are used, often interchangeably, and this can be confusing. For the purposes of this guide the following are different approaches to evaluation:

• Impact assessment is a form of evaluation that provides evidence of the difference made by a particular project. Here we seek to establish what outcomes* (what you aimed for) have been achieved, and the benefits.

• Monitoring involves collecting information while a project is being delivered, so that decisions can be made on an on-going basis to help improve the likelihood of achieving the aims and objectives of the project.

• Process evaluation involves assessing how well the project was delivered. It usually looks at the outputs* (what is produced).

* For a further explanation of the differences between outcomes and outputs please see the glossary in appendix 4.

This guide focuses on impact assessment and how to show what difference we have made.

Why is evaluation important?

One reason for evaluating a project is to find out if it has worked. We design and deliver public health projects aiming to improve the health and reduce the health inequalities within the communities we serve. However without evaluation we never know whether we have achieved our aim. By using an evaluation approach we can build a better understanding of the impact different projects have on different groups. This information can then be used to inform the design of future projects and hopefully improve their success.

Impact assessments can also provide accountability. Public finances are limited and it is important that we deliver projects that maximise value for our communities. By evaluating the impact of our projects we can make judgements about whether value for money was achieved, and how well the resources were used compared to other projects. Understanding the cost benefit outcomes of projects can then help us:

• allocate resources more effectively

• choose between different approaches on the basis of maximum benefit for the financial outlay

• inform the development of business cases for future projects.

Explaining the guidance

This guide provides a practical introduction to impact assessment and takes you through the basic steps of how to plan and deliver an impact assessment project. It provides useful templates to follow and directs the reader to further relevant information. How much detail you go in to will depend on various factors relating to your individual project

such as size, but remember to keep the time and resources you dedicate to the impact assessment in proportion with the project you are evaluating. At the end of the guide you can find links to further resources and a straightforward glossary covering key terms used in evaluation.

There are many ways to approach evaluation and the journey it can take you on. The Healthy Communities programme supported 11 councils and public health organisations to explore their evaluation journey via action learning sets. These learning sets, and the case studies that have emerged from the programme, have provided the 'real life' examples of theory in practice and highlight some of the challenges you may face and how to overcome them. The learning sets have provided an opportunity for participants to chart their journey and progress towards their desired destination. Appendix 1 looks at this methodology in more detail and may be useful if you want to set up your own learning set to support local impact assessment.

Healthy Communities programme

The Healthy Communities programme at Local Government (LG) Improvement and Development (formally the IDeA) brings together a wide range of programmes and activities with one clear aim: to help local government improve the health of their local communities.

The programme is funded by the Department of Health and because of this, many activities and events that LG Improvement and Development run are free of charge.

The programme works with councils to help them address health inequalities and implement health improvements for their

communities. In other words to help them narrow the gap between those that have the best health and those that have the poorest health. We ensure that good and innovative practice is recognised and learning is shared within and beyond the sector.

This work includes delivering support that:

- raises the profile of health inequalities and health improvement within the sector

- raises the profile of local government as a key player in addressing health inequalities locally, regionally and nationally

- ensures the contribution of local government informs policy development

- builds confidence and capacity in councils to address local health inequalities and deliver health improvements.

For further information please do visit the health communities website at: www.idea.gov.uk/health
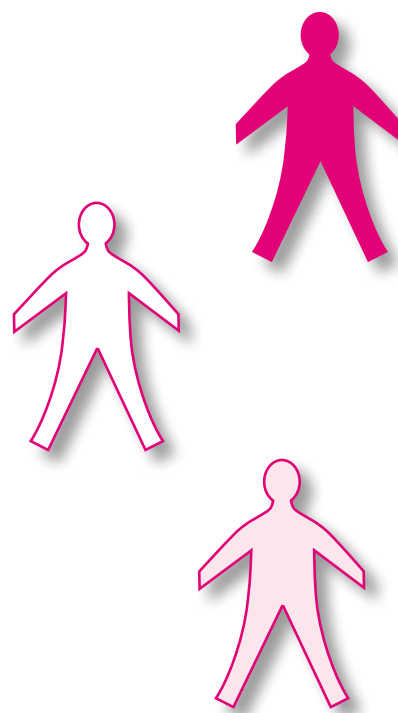
A step-by-step guide to evaluation

The rest of this toolkit looks in detail at the following four stages that we believe are central to a good evaluation process. Each step is explored in more detail with examples from the action learning set participants to illustrate different ways of approaching each stage.

Step 1 – Understanding your project

- What are the key issues being addressed by your project?
- What is already known about this issue?
- What is the nature of the project? What activities will be delivered?
- What changes do you hope these activities will lead to?
- What are the ultimate goals you are trying to achieve?

Step 2 – Planning your impact assessment

- How will you know if the expected impact has been delivered?
- What is the best way of measuring that change?
- What order do you need to do things in?
- Who will do each task? When?

Step 3 – Analysing your data

- What does your data tell you?
- Why is this useful?
- Did the project have the intended impact?
- What else have you learned from the impact assessment?

Step 4 – Writing your report and sharing your findings

- What do you need to include in your report?
- Who do you need to share your findings with?
- What will each group be most interested in?
- What's the best way to present this information to each group?
- What have you learned from your evaluation?
- How will these changes happen?

Step 1 – Understanding your project

Ideally you should plan your evaluation at the start, when your thoughts are most focused on what you are trying to achieve. This will allow you to plan how evaluation can be built in to the delivery. This is important as not all evaluation is best done after the project has finished. For example, sometimes you need to chart change over the course of a programme. It is also true that some of the steps below are ones you would take at the design stage of the project. The logic is that if you plan your evaluation at the same time as design your project it is more efficient.

Before planning your evaluation it is important to spend some time ensuring that all involved have a shared understanding of the project you are planning to evaluate, and what impact you are expecting it to have. Develop a **theory of change**. This is a way to describe the assumptions, usually based on existing research or theory, that explain the connections between the programme activity and the outcomes at each step of the way. It can help you to map out what you expect to happen as a result of your project activities, and will provide a clear starting point for your impact assessment.

Lastly make sure you understand if any ethical clearance is required before designing the evaluation as this can be time consuming and difficult.

- **What are the key issues being addressed by your project?**
  These will be the aims of your project. Think about why the project has been set up and what needs are being addressed.

  For example, the main aim could be to reduce the number of people smoking.

- **What is already known about this issue?**
  Is there any other research available that might inform your project or support your theory of change? This helps avoid duplication of work and also ensures you are contributing and building on work that has already taken place. See **template 1** below to view a summary of what else you might need to do in conjunction with this. For example, you may look at the work done on the smoking ban in public places in 2007.

- **What is the nature of the project? What activities will be delivered?**
  These will be the objectives of the project. Each activity may contribute to the delivery of more than one aim and each aim may require several activities to be delivered for it to be achieved.

  For example, your project might be a media campaign to raise awareness of the help available to those who want to give up smoking.

- **What changes do you hope these activities will lead to?**
  Think about what you expect will have happened or what benefits will have been created as a result of the activities. Projects can have different levels of impact, so it may be helpful to think about what difference your project might have for individuals, organisations and for communities. Health improvement projects are often complex so you might find it helpful to think about this as a chain of smaller impacts, with each step in the chain bringing you closer to achieving the aim of the project.

For example, changes may be the result of:

- direct impacts such as change in attitude towards smoking, greater understanding of the dangers of smoking, greater understanding of how to access help and support.

This would lead to:

- greater take up of help and support, reduced numbers of people taking up smoking.

This would lead to:

- increased number of people giving up smoking successfully and reduced smoking prevalence rates.

- **What are the ultimate goals you are trying to achieve?**
Think about what larger goals these direct and indirect impacts are helping to achieve, and ultimately why the project is being run. The ultimate goal should relate back to the key issues that you identified at the start.

For example, reduced rates of smoking-related illnesses and deaths.

Use **template 1** to help you collate this information. When you have completed your table make sure that you can explain why and how each step will lead on to the next one.

It is important that everyone involved with the project and evaluation has a common understanding of the aims and expectations of the project before you begin. You may want to complete the exercise above with colleagues or partners and make sure you are all happy before moving on to the next stage.

Step 1 checklist:

By the end of this stage you should have:

- ✔ chosen the indicators you will use to show what impact your project has had

- ✔ selected the data collection methods you will use for your indicators

- ✔ developed an impact assessment project plan.

Template 1 – mapping your project					
Project aims	**Actions**	**Direct impacts**	**Intermediate outcomes**	**Long-term outcomes**	**Research**
What are the key issues being addressed by your project?	What is the nature of the project? What activities will be delivered?	What will be the immediate result of these activities?	What change do you hope these activities will lead to?	What are the ultimate end goals you are trying to achieve?	What is already known about the subject? See PCT example from action learning sets, appendix 2

Further information:
Logic Model Development Guide,
W. K. Kellogg Foundation
A very helpful overview of how to develop
your theory of change.
http://www.exinfm.com/training/pdfiles/
logicModel.pdf

**The social determinants of health and
the role of local government**, IDeA 2010
Chapter 3 gives information on National
Institute for Health and Clinical Excellence
guidance, how to embed evaluation, and how
to map the expected impact of projects.
http://www.idea.gov.uk/idk/aio/17422694

**The Community Builder's Approach to
Theory of Change. A practical guide to
theory development**. Andrea A. Anderson,
The Aspen Institute
A helpful guide for planning your own 'theory
of change'. It gives advice on how to involve
your stakeholders, facilitate their input,
and map the results into your theory. Also
includes a 'resource toolbox' with a case
study example.
http://www.dochas.ie/Shared/Files/4/TOC_
fac_guide.pdf

Step 2 – Planning your impact assessment

Now that you have mapped out your project you will have a better understanding of the aims and objectives, as well as what difference you expect your project to make. You can now use the direct impacts, intermediate and long-term outcomes to help you scope your impact assessment.

Selecting your impact assessment indicators

- **How will you know if the expected impact has been delivered?**

Using the impacts that you mapped from the previous exercise, think about what evidence you would need to be able to assess whether the change you expected has happened.

Long term outcomes

It is often difficult to show an improvement in the long-term outcomes that you hope your project will have an impact on, as changes at this high level can take many years to happen. For example, a project aimed at helping children to make healthy lifestyle choices may lead to improved employment levels and reduced risk of heart disease, but it could take well over 20 years for these changes to be reported.

Using proxy indicators

Proxy indicators are measures that are used as a close substitute for things you are not able to measure directly. When considering long-term outcomes it is a good idea to develop proxy indicators. Proxy indicators help show the 'direction of travel' and focus on capturing whether direct impacts and intermediate outcomes have been made. They can show whether your project is likely to have an impact on the long-term outcomes

identified. In most cases you should aim to select a number of different proxy indicators to show each intended impact. This will help you capture any changes that are delivered and will make your findings more robust.

Using hard and soft data

The best way of showing whether a particular project is working or not is to use a combination of both hard data (for example health statistics) and soft data (for example people's perceptions). The evidence will be more robust if you can illustrate that you have had an impact on both hard and soft data sets. When a change is recorded in both data types and people agree that things have changed for a particular reason (hopefully because of your health intervention), it helps to reinforce your results by representing a wide range of perspectives.

Establishing a base line

Once you have chosen your indicators it is extremely important to create a baseline. A baseline requires you to be clear of what you are measuring and for whom. By measuring the conditions before a project starts (creating a baseline position) and again after a period of time, you can see if the project is making a difference, either to a group of people or a whole area.

Action learning set examples:
(Notice that both examples use very process-driven impact measurements, chosen as an indication of improved activity levels).

Active Family Challenge, Bristol City Council
A variety of outcome and impact measurements were selected to indicate the success of the Active Family Challenge in Bristol:

• an increase in activity levels from baseline figures

• an improvement in anthropometric measurements, such as Body Mass Index (BMI), blood pressure, weight and resting heart rates for participants, as well as an improved perception of their health and wellbeing

• positive changes in family behaviour, where people have been encouraged to spend time together in order to improve fitness levels

• increased media coverage locally and nationally

• the introduction of a Sports and Leisure Management (SLM) family membership card

• roll out of the scheme nationally.

Key learning: Using both soft data (positive changes in family behaviour) and hard data (BMI) helps reinforce results

The Carnegie Weight Management (CWM) Stakeholder Engagement Project, NHS Peterborough
The following were chosen to measure success in tracking referrals to the Carnegie programme at NHS Peterborough:

• information on the number of families referred onto the CWM programmes via the stakeholder engagement model

• development of referral strategy noting key referrers

• highlighting health professional networks in referring families to the CWM programmes

• identifying key areas of Peterborough where referrals are coming from and whether these are reflective of six key priority areas from 2009 to 2010 for Year 6

• the number of media publications promoting CWM cases studies of families referred via the health professional route.

Key learning: Decide on the indicators you are seeking to improve, measure them at the start of your project, at selected points during your project and again at the end.

Data collection

- **What is the best way of measuring that change?**

So now you know what questions you are trying to answer, the next step is to plan how to collect the information you need to answer them.

The first step is to find out if the information you need is already being collected. If so this can save you a lot of time. However, you will need to check how often this data is collected and whether it will fit in with your timescales, as well as whether you will be able to access the level of detail required. If the data you need is not already available you will need to design ways to collect the information yourself.

It is important to choose the most appropriate methods to collect the data. This is likely to be a mix of:

- quantitative (hard data – surveys, monitoring data, PCT data)

- qualitative (soft data – focus groups, interviews, project user feedback).

Selecting the right evaluation method of data collection
Quantitative data is often useful for telling you what has taken place and can be used to inform impact and value for money. Qualitative data is more useful for understanding how and why change has occurred and is important for learning.

The key part of any evaluation is selecting the right methods. Some of the main methods used in evaluations for the collection of data include:

Surveys
These consist of a number of questions put together to gain a quantity of information

Action learning set examples:

Fun with Food, South Gloucestershire Council
The project used a combination of pre- and post-course assessment, questionnaires and feedback to assess the impact of various elements of the project:

- early years practitioners (EYPs) were asked to complete a questionnaire assessing their knowledge of early years nutrition before and after their training, in order to measure improvements in their awareness and understanding

- the EYPs were asked to complete a questionnaire assessing different aspects, such as their level of confidence in running food-based sessions, their knowledge of completing risk assessments, and recipes they typically use in their sessions before and after they attended the cook and eat workshop

- EYPs completed a questionnaire to assess their initial thoughts about the 'fun with food' resource packs used in training and how they would use them in workshops

- some of the centres that have run 'fun with food' sessions have collected feedback, and invited parents and carers to write their thoughts on sticky notes attached to a flipchart.

Key learning: One important point from this project is that parents and staff in Sure Start Centres are subject to a lot of data collection and the more innovative and immediate the

methods, the more likely you are to get a reasonable rate and quality of response. Therefore in this instance the more opportunities to combine the data, including previous data collected, the better.

Taxi, Walsall Council
Walsall Creative Development Team took a before and after approach to evaluation that combined participatory methods with traditional forms of data collection and analysis. This included:

• telephone interviews and follow-up calls

• questionnaires

• video diaries

• a short film

• formal and informal group evaluation

• discussions with partners and taxi drivers' managers.

Ten weeks later a community arts development worker visited 20 taxi companies in Walsall to talk to company managers about the changes they had made as a result of participating in the project and, if appropriate, direct them to the Walsall Healthy Workplace initiative (NHS Walsall).

Key learning: A range of interactive and participatory methods can work well with busy people who need to see some personal benefit from participating in an evaluation.

usually from residents or those intended to benefit from an intervention. They can be filled in by the residents either by post or the web, or carried out over the phone or face-to-face (for example door-to-door surveys). Surveys generally use structured questions with a limited number of answers available, although there can be some 'open questions' too.

Focus groups
These involve around six to eight people, usually with something in common. For example, they may be all lone parents, young people, or of a particular project, brought together to participate in a discussion on a particular topic.

Semi-structured interviews
These are individual interviews with people such as local residents and stakeholders. 'Semi-structured' means that the questions are flexible, allowing new questions to be brought up during the interview on the basis of responses. The interviewer generally has a set of themes that they want to explore instead of structured questions.

Participatory approaches
These refer to imaginative ways of capturing information, making it fun and interactive for those involved. Examples include using role play, poster making, short stories, workshops, documentaries and photography.

It is nearly always best to use a mix of methods to gain a wealth of information, which helps to give a clearer picture of what's going on.

See appendix 3 for more information on the pros and cons of using these different methods, and suggestions about when they would be most useful.

Developing a project plan for your impact assessment

- **What order do you need to do things in?**
- **Who will do each task? When?**

In the same way that you will have planned how the project itself will be delivered, when and by whom, you also need to plan your impact assessment project. By now you will have a good idea of what needs to be done to answer your impact assessment questions. Recording this in a project plan will help you keep on track.

This is a good way to think about the timing of your data collection. Baseline data will need to be collected before the project delivery begins, and follow-up data collection will need to be planned in to allow as much time as is reasonable for any expected changes to become apparent.

Step 2 checklist:

By this stage you should have:

- ✔ chosen the indicators you will use to show what impact your project has had
- ✔ selected the data collection methods you will use for your indicators
- ✔ developed an impact assessment project plan.

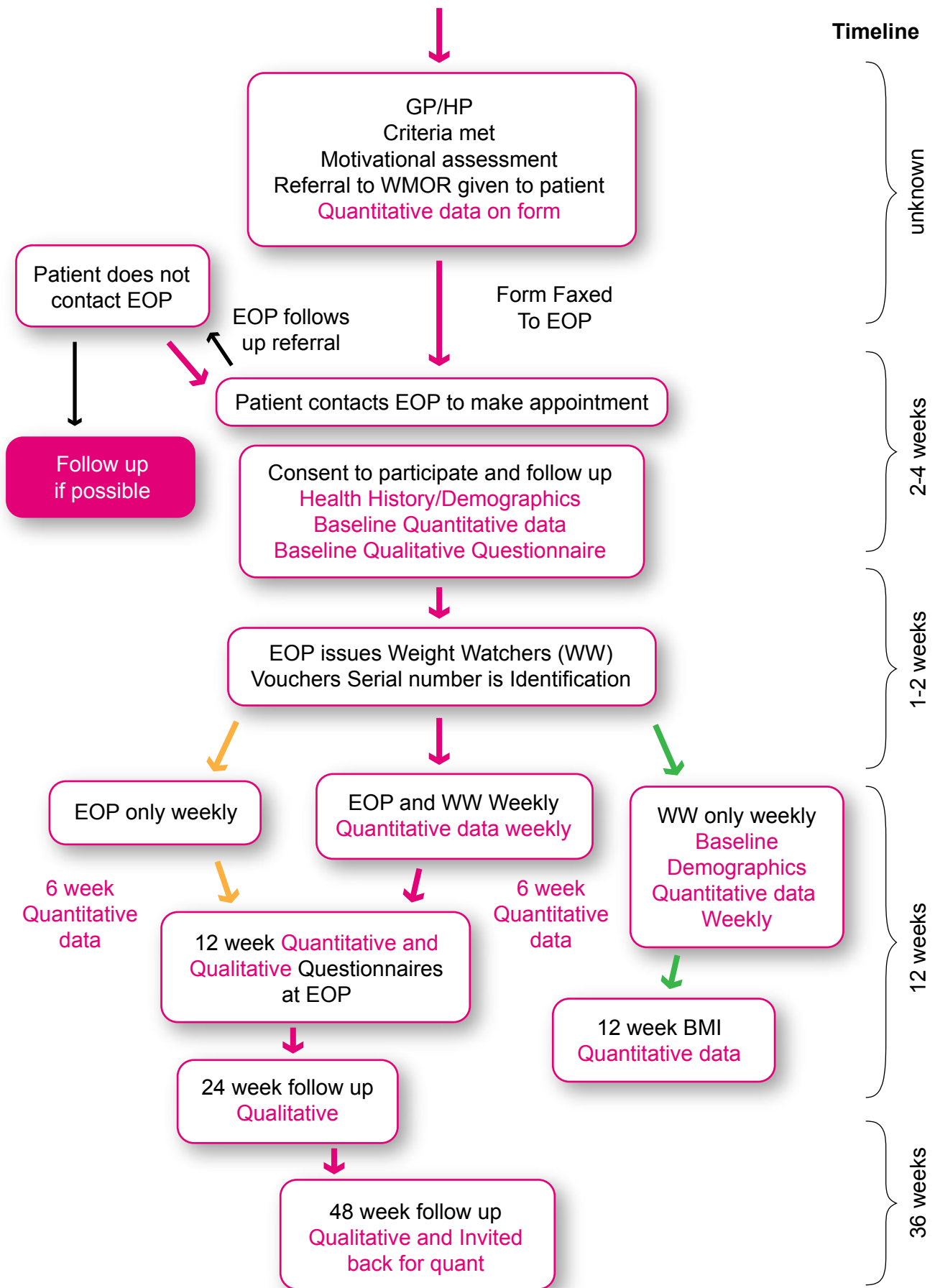| Template 2 – Selecting your impact assessment indicators			
Impact	**Impact Assessment indicators**	**Data collection method**	**Timescale**
What changes do you hope your project will deliver?	How will you know that the change has happened?	What's the best way of measuring the change?	When will the project finish?

Action learning set example:

Weight Management on Referral (WMOR)

Figure 1 overleaf is an example of how you might integrate a project and evaluation flow chart with a timeline. The example was for a pilot scheme in South Gloucestershire. WMOR uses an unusual combined dietary and physical activity approach to weight management in primary care. Patients are referred to the pilot scheme by a primary care health professional. Commercial partner Weight Watchers provides the dietary element and the local partnership with South Gloucestershire Exercise on Prescription team delivers the physical activity element. Both partners provide behavioural change support to participants on a weekly basis in both a group and a one to one setting, with follow-up of participants at six and 12 months to assess whether outcomes have been sustained.

The evaluation is designed to collect a range of qualitative and quantitative data throughout the programme and to track three potential patient groups: those who take up both dietary and physical activity; those who opt for diet alone; those who opt for exercise on prescription alone (those who did neither were not included in the research). Up to 600 participants are involved in the pilot to give statistical comparison between groups. However, what must be considered is that direct causal effects become more difficult to prove the greater the distance from the intervention, as other factors come in to play to change or reinforce people's behaviour.

Fig 1: South Gloucestershire's adult weight management on referral pilot scheme

GP/HP
Criteria met
Motivational assessment
Referral to WMOR given to patient
Quantitative data on form

Patient does not contact EOP

EOP follows up referral

Form Faxed To EOP

Follow up if possible

Patient contacts EOP to make appointment

Consent to participate and follow up
Health History/Demographics
Baseline Quantitative data
Baseline Qualitative Questionnaire

EOP issues Weight Watchers (WW)
Vouchers Serial number is Identification

EOP only weekly

EOP and WW Weekly
Quantitative data weekly

WW only weekly
Baseline
Demographics
Quantitative data
Weekly

6 week Quantitative data

6 week Quantitative data

12 week Quantitative and Qualitative Questionnaires at EOP

12 week BMI
Quantitative data

24 week follow up
Qualitative

48 week follow up
Qualitative and Invited back for quant

Timeline

unknown

2-4 weeks

1-2 weeks

12 weeks

36 weeks

Further information:

The Evaluation Trust
A toolkit which provides further information about data collection methods – particularly linked to collecting data from community groups – as well as tips on recording and analysing data.
http://www.evaluationtrust.org/tools/introduction

A Guide to Social Return on Investment
This guide offers a step-by-step method for measuring and calculating the social, environmental and economics costs and benefits of projects. It also includes useful sections on developing outcome indicators and data collection.
http://www.neweconomics.org/publications/guide-social-return-investment

Resources for Methods in Evaluation and Social Research
This is a useful resource for further information on evaluation and research methods, covering areas such as when to use surveys, focus groups and interviews, and how to do sampling. It also includes a practical 'how-to' guide.
http://gsociology.icaap.org/methods/

Techniques for testing and evaluation
A step-by-step guide for planning your qualitative or quantitative method. This is helpful when you are not sure which methods to use and what questions to look at.
http://www.talkingquality.gov/docs/section5/5_3.htm

Measuring Impact: Improving the health and wellbeing of people in mid-life and beyond
This guide by NICE covers a number of different ways to measure the effectiveness and impact of projects and discusses how and when they should be used. It also includes worked examples. Methods covered include surveys, economic evaluation, routinely collected information and collecting qualitative information.
http://www.nice.org.uk/niceMedia/docs/measuring_impact.pdf

Step 3 – Analysing your data

Analysing your data is a critical stage of your impact assessment. Collecting and inputting data is relatively straightforward, but just having a lot of information won't tell you what difference your project has made. The real value in data lies in how it is interpreted and how this in turn is used to develop your findings and conclusions.

Data analysis

• **What does your data tell you?**

How you analyse your data will depend on what type you have collected.

Understanding what your quantitative data is telling you will involve some form of numerical analysis. This could include relatively simple methods such as translating your data into percentages and averages, or combining your data to show trends over time or rates per population. You could also use more complicated methods such as statistical tests to help interpret your data.

If you have collected qualitative data – stories, observations, and opinions – you will need to read through this carefully before categorising the information and identifying themes. Start by identifying broad similarities and themes from within the data, and then if necessary you can allocate sub-themes to help you understand what the data is telling you in more detail.

Although you will need to use different analysis methods for your quantitative and qualitative data initially, don't forget to consider what the implications are when thinking about the messages as a whole. Comparing data, over time or between sub-groups for example, will also help provide more insight into what your data can tell you.

Developing your findings

• **Why is this useful?**

• **Did the project have the intended impact?**

• **What else have you learned from the impact assessment?**

Hopefully having analysed the data you've collected you will have developed a good understanding of what the data can tell you. The next step is to use this intelligence to

Action learning set example:

Active Family Challenge, Bristol City Council
This project has a one-year evaluation period lasting until 2011, so results so far represent work in progress.

Short term data suggests that activity levels do increase because of the programme. Family members have joined gyms and exercise classes, bought bikes and taken part in Sports Relief races together. Quantitative data on anthropometric measures so far shows mixed results. Of four families analysed, about a third of participants have lower blood pressure, weight and BMI. However, these levels have increased or remained unchanged for the remainder.

Key learning: Evaluation should also take into account unanticipated benefits. In this case a key outcome has been that families have reported finding out more about their community and local activities.

reach a judgement about what impact your project has had.

When thinking about the messages from your data and developing your findings it is important to also consider the context in which the project was delivered. Reviewing the messages from your data in isolation can lead to limited findings. All projects are delivered within specific circumstances – geographic, demographic, political, and economic – and considering the messages from your data within this context can have a huge influence on how you interpret your data. Your context will provide perspective that will help you reach a judgement about the breadth and depth of impact that has been delivered.

When developing your findings remember to review what impact you expected your project to have and form a judgement as to whether this has happened and why. Even if your intended impacts haven't been delivered it is important to consider why this might be. These findings are just as valuable as understanding what impact has been delivered.

As well as ensuring you answer your original impact assessment questions, it's also worth reviewing your data analysis for any additional findings that you may not have expected to discover. Improved health can often create other unintended positive changes for individuals, organisations and communities, such as improvements in educational attainment, employment or community empowerment. These unintended findings are just as relevant and should also be recorded. Bear in mind that worsening health can have the opposite effect on these variables.

Further information:
LG Improvement and Development Managing Local Performance
This site provides a range of performance management material and includes sections on qualitative and quantitative data, numerical analysis and presentation of information.
http://ideamlp.wetpaint.com/

Analysing Outcome Information – getting the most from data
This guide offers suggestions for analysing regularly collected outcome data. The guide focuses on those basic analysis activities that nearly all programmes, large or small, can do themselves.
http://www.urban.org/UploadedPDF/310973_OutcomeInformation.pdf

Step 3 checklist:

By the end of this stage you should have:

✔ analysed your data using the most appropriate methods

✔ identified the key messages from your data analysis

✔ assessed whether your project has had the expected impact

✔ captured any additional findings.

Step 4 – Writing your report and sharing your findings

Formally closing the impact assessment is as important as formally closing your project. It ensures that all of the information collected is brought together and can easily be accessed in the future for others to learn from. The other important part to closing your impact assessment is to ensure that the findings are both shared and, if appropriate, that they trigger action. Impact assessments show us how things can be improved and create new insight into how to deliver effective interventions. But this great opportunity will be missed if we don't then act on this.

Writing your report

- **What do you need to include in your report?**

Writing up your impact assessment is an important stage in the process. It will ensure that all of the decisions you have made during the impact assessment can be captured and explained and all of the information can be brought together in one place. The process of writing the report will also help you review the impact assessment and will help you develop your conclusions and recommendations. If you have followed all of the previous steps you will already have a lot of the information you need to write the final evaluation report. However, you may find a difference in the amount of time you dedicate to the report depending on the size of your programme.

Sections you may wish to include in your report include:

- executive summary
- background
- aims of the impact assessment
- data collection methods
- findings
- conclusions and learning
- recommendations.

Sharing your findings

- **Who do you need to share your findings with?**

- **What will each group be most interested in?**

- **What's the best way to present this information to each group?**

There will be a range of groups – both internal and external – who will be interested in your impact assessment. It's important to develop a dissemination plan to ensure that your findings are shared with all interested parties and in the most appropriate format. The most important thing to consider when developing your dissemination material is whether your target groups will find the information relevant, useable and accessible. Remember that what your participants will find interesting and meaningful may vary from what your funders will want to know.

Groups who might be interested in your findings include:

- senior managers
- elected members
- project funders
- participants
- other councils
- public health professionals
- academics
- general public.

Different ways to share your findings include:

- annual reports
- training events
- conferences
- meetings
- your website
- newsletters
- Communities of Practice website
- magazine and newspaper articles
- awards.

Embedding the learning

- **What have you learned from your evaluation?**
- **How will these changes happen?**

Making sure that the learning from your impact assessment isn't lost and is acted upon is the last stage in the process, but it is also one of the most valuable. If nothing changes as a result of what you've discovered or if what you have learned is not systematically fed back into the development process of future projects, much of the value of the impact assessment will have been lost.

To ensure that the learning is embedded it can be helpful to agree an action plan with those responsible for acting on your recommendations, and for senior managers to ensure this is regularly followed-up.

Action learning set example:

Taxi, Walsall Council
The learning from this project was shared widely with local, regional and national stakeholders. The findings have been shared with:

- Walsall: taxi companies, Walsall Licensing Department, council, service managers, Walsall Health and Wellbeing Partnership, NHS Walsall, Walsall Community for Health Partnership steering group

- Regional: West Midlands Communities for Health Steering Group, the strategic health authority, Government Office West Midlands

- National: National Social Marketing Centre (NSMC), LG Improvement and Development, the Department of Health, the Department for Culture, Media and Sport

- NSMC features the case study on its website: www.nsmcentre.org.uk/component/nsmccasestudy/?task=view&id=146&Itemid=42

Key learning: By disseminating findings widely, the benefits of the project can extend beyond the original scope, informing work in other regions and establishing good evaluation practice locally.

Template 3 – dissemination plan		
Audience	**Audience's interest**	**Dissemination method**
Which groups do you need to share your findings with?	What, from your impact assessment, will each group be interested in?	How will you present and share this information with them?

Further information:

**Mental Health Improvement:
Evidence and Practice Guide 4:
Making an Impact**
This is the fourth in a series of evaluation guides developed by Evaluation Support Scotland. This guide includes useful sections on analysing results, reporting and dissemination, and writing research articles.
http://www.evaluationsupportscotland.org.uk/downloads/Guide4Makinganimpact.pdf

Step 4 checklist:

By the end of this stage you should have:

✔ written up your impact assessment

✔ developed your dissemination plan

✔ developed your dissemination materials

✔ shared your findings widely

✔ agreed how the learning will be embedded and how your recommendations will be responded to.

Action learning set example:

Taxi, Walsall Council
The evaluation has led Walsall Communities for Health Steering Group to look further at health inequalities for men in Walsall on low income in factory settings.

West Midlands Communities for Health evaluation will focus on 'Taxi' as a case study for the region and is exploring the potential for funding a wider men's health roll out.

Walsall Communities for Health has now developed five projects taking a more in-depth approach to evaluation. This has enabled Walsall Council to work more closely with local and regional stakeholders and provide more accessible and relevant information for their health partners. It has also enabled them to manage and develop more 'fit for purpose' projects that meet local health needs and that ask the right questions at the development stage to ensure that limited resources are more effectively used.

Key learning: In-depth evaluations can help to take the project further and enable partnership working with relevant stakeholders.

Template 4 – embedding the learning action plan				
Recommendation	**Action to be taken**	**Responsibility**	**Completion date**	**Review date**
What do your findings provide evidence of? What improvements should be made as a result of the findings and learning from the impact assessment?	What activities need to be carried out to make sure the improvements are made?	Who will be accountable for making sure the actions happen?	When do the actions need to be completed by?	When will you review this action plan to make sure it is being delivered?

Appendices

Appendix 1:
The action learning sets

Between 2009 and 2010, the Healthy Communities Programme supported two pilot action learning sets, with around six people in each group. The people who took part approached the sessions differently, some by discussing a new project every time they met and others by concentrating on an ongoing project, seeking feedback, challenge and suggestions from their action learning set colleagues. Overall the participants found it a worthwhile and enjoyable experience and we have summarised the key findings from all the work included in this publication below.

A good evaluation is a journey and we found the learning sets an excellent way for participants to gain support for their individual evaluation projects and build on learning over time. The regular meetings kept the evaluation on the agenda and provided dedicated time out to reflect and work through some of the difficulties encountered. Overall, participants felt that learning over time and with others who faced similar challenges was beneficial and would recommend it.

Response from an action learning set member:

"In the learning sets we challenged each other to paint a really clear picture of what success will look like and to describe how we would feel confident and be able to convince others that things have changed. At the same time we kept reminding ourselves of the audience for the evaluation and what they would need to know to judge the success of the project. The evaluation design and the project design need to go hand in hand so that it is possible to assess impact rather than simply describe the process. This is particularly the case where an experimental design using control groups is to be used. Avoid the temptation to rush into the initiative until the project design and the evaluation design are confirmed."

Anonymous, June 2010

Key learning: The evaluation design and the project design need to go hand in hand so that it is possible to assess impact rather than simply describe the process.

These are some of the key learning points that arose from the various projects that members were involved in over the course of the learning sets.

- Health in the community is an extremely complex field and there are multiple determinants of health that are difficult to tease out. It is therefore very hard to say for sure that your intervention has been responsible for change and indeed it may be part of a multi-pronged effort to tackle an issue. Our learning sets comprised people from local government and PCTs, and participants brought different perspectives to each case which helped to tease out some of these complexities.

- Deal with complexity by challenging each other to explain in one sentence what they are trying to achieve, the anticipated timescales and how they will be able to measure that change. Be clear about who the stakeholders are and the success measures they are likely to be interested in. If that proves too difficult the impact assessment design is likely to be in trouble from the start.

- Change is messy in real life, and project plans, stakeholders and policies change along the way. There are always things you can't control. We have had to constantly re-visit 'where are we now' and the distance travelled. The longer the intervention the more change there is likely to be along the way. Our solution has been to focus in on very specific aims, to keep the steps small and to evaluate at various stages of the journey, using interim goals along the way.

- Using a logic model helps to see where the parts fit into the whole and integrates the evaluation with the project. It also builds a sense of achievement through reaching milestones.

- Some groups of people such as the Sure Start parents are targets for lots of research projects and are constantly being asked to fill in surveys. Data collection therefore needs to be innovative in order to engage the target group to give good quality information. It is worth thinking about how these 'subjects' can actually participate in your evaluation; this builds ownership in the evaluation process and social capital within the community.

- Make sure you understand if any ethical clearance is required before designing the evaluation as this can be time consuming and difficult. Also check with the data protection regulations that you are able to access large data sets.

- Make use of free resources to analyse data. Graduate students are often looking for projects as part of their dissertation and may be able to bring statistical knowledge and specialist data analysis programmes for both quantitative and qualitative data.

- One of the key learning points from the sets is that an evaluative mindset can become second nature. When the evaluation design is embedded in a project from the outset and the starting point (baseline data) is clear, it becomes much easier to say and measure whether an intervention has been successful.

- It is common when embarking on impact assessment to encounter frustration because data ideally required to conduct it is either impossible to collect or too expensive to do so. It is important to balance desire for data perfection with realism. So keep it simple and get buy-in for what is achievable.

- Has anything been learned about scale? For example, scale of evaluation appropriate to scale of intervention and resources available.

Learning set projects featured in this guide

The learning set projects were at various stages, from newly-planned projects to those coming to fruition. Some of them are included as case studies and aspects of others are used in the text to illustrate the guide. Projects included in some form in this guide are:

Walsall Council:
'Taxi'

NHS Peterborough:
The Carnegie Project

South Gloucestershire:
Adult Weight Management on Referral pilot scheme

NHS Wirral:
The Evaluation Project

Bristol City Council:
'Active Family Challenge'

Bath and North East Somerset Council:
'Out to lunch'

South Gloucestershire Council:
'Fun with food'

Appendix 2: Example from Wirral PCT of an evaluation toolkit

This table shows one of the action learning set projects for developing an evaluation toolkit for Wirral PCT. The table shows one of the tools developed to encourage project managers and evaluators to consider existing research and other evidence available.

Existing Guidance and Evidence							
	Format in bold as appropriate				Specify:		
Does this project relate to any existing guidance or policy with a clear evidence base (for example NICE, Cochrane Review*, CRD, NHS Evidence)	YES	NO	N/A	not known			
Are there any evaluation reports of similar projects already completed or other knowledge or evidence that might inform the design of this project?	YES	NO	N/A	not known			
Have there been any systematic reviews* or other published/ unpublished literature reviews that might be relevant to this project?	YES	NO	N/A	not known			
In your opinion, what is the level of evidence underpinning the proposed design of the project?	non-existent		very weak	poor	adequate	good	v.strong	variable

* A systematic review, such as a Cochrane Review, is designed to systematically and comprehensively assess all known literature and studies on a topic and is considered a gold standard of review evidence.

Appendix 3: Overview of data collection methods

Method	Benefits	Opportunities	Weaknesses	Top tips
Surveys	easy to get large amount of data from lots of people can provide good overview – able to generalise	good for scoping/ understanding context can ask for contact details to follow up interviews or focus groups	data is limited – closed responses questions can be ambiguous and if self-completed, no opportunity for clarification low response rate can limit validity of data	e-surveys are easy, quick and get a better response rate incentives help increase response rate piloting surveys can help to pick out inappropriate or ambiguous questions
Semi-structured interviews	more in-depth data can clarify meaning of questions able to ask follow-up questions for more info deeper understanding of issues and views	good for a clearer understanding of views across a range of stakeholders	more time-consuming – limited number of people can speak to difficulties standardising key questions with range of interviewers and analysing evidence	getting a good interview schedule is v important - got to cover key research Qs and allow room for follow-up building a rapport is key to getting respondent to trust you and open up
Focus groups	able to speak to more people in less time than individual interviews more in-depth data than surveys participant–led discussion	often used when speaking to groups of beneficiaries/ users or staff can give a good overview of opinions and room for discussion	some topics are difficult or too sensitive to cover in a group can be dominated by one person not so suitable for senior staff	have a semi-structured topic guide to aide flow of the discussion be aware of difficult or dominating people and know how to handle them so everyone gets chance to speak

Method	Benefits	Opportunities	Weaknesses	Top tips
Participatory approaches	more fun and interactive helps to break the ice includes everyone – less chance for one person to dominate	good for use with young people or other specific groups of beneficiaries	can be fairly closed – may need to follow up with a discussion some topics difficult or not appropriate to ask people about in this way	make sure activities are well planned and you know exactly what you're doing beforehand make sure it's the right method for getting the info you want

Appendix 4:
Measuring impact glossary

Closed-ended questions: Questions with a limited choice of answers; often just 'yes' or 'no', or other similarly short answers.

Impact assessment: assess the difference projects or programmes have made to individuals, organisations or communities, as well as how and why these changes have been delivered.

Indicator: measure of something which demonstrates a change in a particular outcome.

Input: All the resources provided to carry out the task

Monitoring: collection of routine information – such as attendance figures and drop-out rates – to check the extent to which a project is going according to plan.

Open-ended questions: Allow the participant freedom to answer as they wish, as distinct from closed-ended questions (see above).

Outcome: A visible or practical result, effect or product. It highlights the change or impact a project will have on the target population.

Output: Things that the project produces or activities that occur through the use of the resources in the project.

Process evaluation (also known as implementation evaluation): Assesses the implementation and delivery of a project and identifies factors and conditions relating to how well a project is being implemented. That is, why a project does or does not meet its aims and objectives and whether it deviated from the original plan.

Proxy indicators: measures that are used as a close substitute for things you are not able to measure directly.

Qualitative data: Information that is reported in narrative form or which is based on descriptions such as diaries, open-ended responses to questions and field notes.

Quantitative data: Information that is reported in numerical form, such as the number of people attending and drop-out rates.

Semi-structured interviews: Uses pre-defined structure, however is open to conversation during the interviews and allows for flexibility and use of open-ended questions.

Structured questions: Interview that is pre-defined and has limited responses available for the participant to use in reply to questions.

Appendix 5:
Where to go for more help

1. Useful resources and further information

The National Obesity Observatory
The Standard Evaluation Framework for weight management interventions.
http://www.noo.org.uk/uploads/doc/vid_3534_NOOSEFreportJuly09.pdf

Planning and Evaluation Resource Centre
A useful site when planning your evaluation. It gives guidance on how to formulate your 'evaluation plan', how to form your 'theory of change', how to choose indicators, and how and when to use different methods (such as interviews, focus groups and questionnaires).
http://www.evaluationtools.org/

Evaluation Support Scotland
A good starting point for those new to evaluation, or those looking for specific guidance for their health projects. Includes both general guidance (for example research methods), and more specific examples (for example supporting families of drug users).
http://www.evaluationsupportscotland.org.uk/resources1.asp?id=28

Healthy Communities
Community of Practice (CoP)
http://www.communities.idea.gov.uk/c/980146/home.do
This online networking tool for those with an interest in health improvement and health inequalities includes a theme on measuring impact, where you will find links to further resources including:

- glossary

- quantitative and qualitative methods presentation

- sampling and experimental design presentation.

LBRO Impacts and Outcomes Report
The Local Better Regulation Office has produced a report and toolkit to help support better evaluation of regulatory services. The guidance includes a step-by-step approach to mapping impacts and outcomes and how to measure these.
http://www.lbro.org.uk/lbro-projects-impacts-and-outcomes-toolkit.html

W. K. Kellogg Foundation
Evaluation handbook and logic model guide.
http://www.wkkf.org/knowledge-center/publications-and-resources.aspx

2. Example evaluations

North Fulham presentation:
Measuring impact in health
A presentation that shows how North Fulham New Deal for Communities (NDC) formulated their health outcomes, what indicators they chose, and what different data they sourced to monitor progress.
http://extra.shu.ac.uk/ndc/downloads/presentations/workshop%20c%20-%20north%20fulham%20-%20health.ppt

Evaluation of the ASH Scotland Tobacco and Inequalities Initiative Small Grants Funded Projects
An example of a 'theory of change' for a smoking cessation project that shows what questions helped to formulate theory of change and what methods were used to evaluate outcomes.
http://www.ashscotland.org.uk/ash/files/T&I_EvaluationReportFindings060508.ppt

Evaluating Complex Health Programmes
An example of how to formulate hypotheses for a theory of change when evaluating a complex health project in the Aston Pride area of Birmingham.
http://extra.shu.ac.uk/ndc/downloads/presentations/Evaluating%20the%20impact%20of%20complex%20health%20projects%20-%20GHK.ppt

Have a Heart Paisley Evaluation
An overview of a programme that aims to reduce heart disease and promote healthy living. Very good examples of theories of change.
http://www.chs.med.ed.ac.uk/ruhbc/evaluation/hahp_index.html

Evaluating a local health project: Review of the Mental Health Development project East Brighton
An example of a health project evaluation from East Brighton NDC.
http://extra.shu.ac.uk/ndc/downloads/reports/Mental%20Health%20Dev%20Proj%202006.pdf

Equity Audit – A Tool for Monitoring Community Regeneration. Dr Ruth Hussey, Fiona Johnstone, Liverpool Health Authority
An example of how health impacts were assessed in Liverpool through development of a tool that describes health inequalities.
http://www.nwda.co.uk/pdf/HEALTH%20INEQUALITIES%20and%20IMPACT%20on%20the%20ECONOMY2.pdf

Evaluation of The Positive Parenting Programme within the Starting Well Demonstration Project. Sarah Cunningham Burley, Fenella Hayes, Claudia Martin, Scottish Centre for Social Research. June 2005
An example of a health evaluation of a preventive parent educating programme.
http://www.healthscotland.com/uploads/documents/TRIPLE%20P%20EVALUATION.doc

3. National sources of local and national health data

Department of Health statistics
The Department of Health (DoH) has four main national statistical work areas – healthcare, workforce, public health and social care – with many statistics broken down by regional, council or PCT area.
http://www.dh.gov.uk/en/publicationsandstatistics/statistics/index.htm

The healthcare work area includes statistics on various healthcare topics including population figures, community care, dentistry, hospitals, mental health, NHS performance, ophthalmics, pharmacies and prescriptions, screening and prevention. Public health statistics include indicators relating to the nation's health, such as morbidity rates, smoking, drinking and drug use, and abortion statistics.

The DoH also co-commissions and publishes a host of other data. Some of the major surveys and data sets include:

The Health Survey for England (HSE)
The HSE is an annual survey sponsored by the DoH. It includes a number of core health questions on general health and psycho-social indicators, smoking, alcohol, demographic and socio-economic indicators, and questions about use of health services and prescribed medicines. Data is available at national and health authority level.
http://www.dh.gov.uk/en/Publicationsandstatistics/PublishedSurvey/HealthSurveyForEngland/Healthsurveyresults

Synthetic Estimates of Healthy Lifestyle Behaviours
Synthetic estimates using 2000-2002 data from the Health Survey for England and the 2001 Census and other information.

Health behaviour data is available at ward and PCT organisation level for the following variables: prevalence of smoking, obesity of adults, binge drinking among adults, and consumption of fruit and vegetables among adults and children. This data is also available from the Office for National Statistics' Neighbourhood Statistics.
http://www.dh.gov.uk/en/
Publicationsandstatistics/
Statistics/StatisticalWorkAreas/
Statisticalworkareaneighbourhood/
DH_4116713

Neighbourhood Statistics

http://www.neighbourhood.statistics.gov.uk/
dissemination/
Run by Office of National Statistics (ONS), the Neighbourhood Statistics website is a primary tool for compiling health research for council, ward, and other small geographical areas from 23 health and care datasets, including the General Household Survey. The Neighbourhood Statistics website is likely to benefit work being undertaken around:

- health inequalities

- access to services

- resource allocation

- targeting specific policy areas within public health

- GPs and service provision / access to primary care

- hospital episodes

- mental health data

- healthy lifestyles

- older people

- disease registers

- patient experience

- disability

- accident and emergency statistics

- tooth decay in children

- National Drug Treatment Monitoring System

- smoking cessation.

The ONS also commissions, undertakes and publishes a host of other surveys and data sets. Data from major projects that can be found on the website include:

Expenditure and Food Survey (EFS)

Developed six years ago, the EFS combines two older national surveys – the Family Expenditure Survey and the National Food Survey. The survey is particularly useful for gathering diet data at national and regional levels.
http://www.statistics.gov.uk/ssd/surveys/
expenditure_food_survey.asp

Teenage Pregnancy Unit: Statistics

Conception Statistics are produced by ONS and are published in Health Statistics Quarterly. The data is compiled by combining information from registrations of births and legal terminations.
http://www.dfes.gov.uk/teenagepregnancy/
dsp_content.cfm?pageid=246

Vital Statistics

Vital Statistics is a demographic data set that details births, maternities, deaths, mortality and migration for local administrative and health areas nationally. All VS data is of high quality and completeness due to the legal requirement for births and deaths to be registered.
http://www.statistics.gov.uk/statbase/Product.
asp?vlnk=539&More=N

Association of Public Health Observatories (APHO)

The APHO is a network of 12 regional public health observatories (PHOs) working across Great Britain and Ireland. The APHO collects, analyses and disseminates health data and

intelligence for health care practitioners, policy makers and the wider community.

The APHO publishes numerous data sets and summaries including council health profiles, indication series, indicators of health inequalities, and regional health and lifestyle surveys.
http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

APHO Health Profiles
The Association of Public Health Observatories (APHO) Health Profiles provide a snapshot of health for English councils using key health indicators. The tool enables comparisons to be made locally, regionally and over time.
http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES

The Child and Maternal Health Intelligence Unit (ChiMat)
ChiMat is a new national resource led by Yorkshire and Humber PHO and sponsored by DoH. The resource provides a wide range of health-related information and knowledge about child and maternal health.
http://www.chimat.org.uk/

The National Obesity Observatory for England (NOO)
The NOO was established to provide a single hub for wide-ranging authoritative information on data, evidence and practice related to obesity, those overweight, and those underweight, and their determinants. The observatory is a member of the APHO.
http://www.noo.org.uk/

Communities and Local Government (CLG) – Indices of Multiple Deprivation (IMD)
The IMD, most recently published in 2007, contains a health deprivation section allowing local level, council, regional and national comparison.

http://www.communities.gov.uk/publications/communities/indicesdeprivation07

Hospital Episodes Statistics (HES)
HES is a statistical warehouse containing data on all admissions to NHS hospitals (1989 onwards) and outpatient appointments in NHS hospitals (2003 onwards) in England.
http://www.hesonline.nhs.uk/Ease/servlet/ContentServer?siteID=1937&categoryID=537

National Centre for Health Outcomes Development (NCHOD)
The NCHOD is a source for all information on health outcomes. It includes comparative data for 700 health and local government organisations in England, plus advice on how to measure health and the impact of health care. http://www.nchod.nhs.uk/

Healthcare Commission – Patient Survey Programme
The Healthcare Commission is responsible for carrying out national surveys of the NHS in England. Information on the National Survey of NHS Patients since 2003 is available on their website.
http://www.cqc.org.uk/aboutcqc/howwedoit/involvingpeoplewhouseservices/patientsurveys.cfm

Department for Work and Pensions, Research and Statistics
The DWP produces a range of welfare benefit statistics. Of particular use to health researchers are those statistics pertaining to incapacity benefit (physical and mental health incapacity), disability living allowance, severe disablement allowance, attendance allowance and carer's allowance. Data is presented as summaries at council, regional and national levels.
http://www.dwp.gov.uk/asd

The Information Centre for health and social care

The NHS Information Centre is England's central authoritative source of health and social care information and acts as a hub for comparative, secondary data. It covers a range of topics on such things as lifestyles, hospital care, mental health, primary care, screening and social care. The data is available at national level, and some is available at council level.
http://www.ic.nhs.uk/

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please contact us on 020 7664 3000.
We consider requests on an individual basis.

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