



Australia's National Research Centre  
on AOD Workforce Development



# Workforce Development 'TIPS'

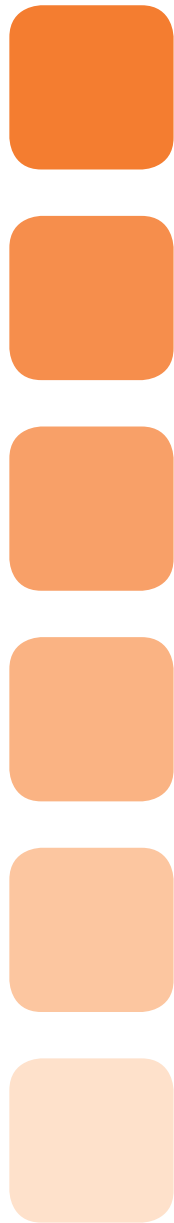
**T**heory **I**nto **P**ractice **S**trategies

A Resource Kit for the  
Alcohol and Other Drugs Field

# 4

EVALUATING  
AOD PROJECTS  
AND PROGRAMS





# Workforce Development 'TIPS'

Theory Into Practice Strategies

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# 4

EVALUATING  
AOD PROJECTS  
AND PROGRAMS

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Department  
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# ABOUT THE WORKFORCE DEVELOPMENT TIPS RESOURCE KIT

This Resource Kit aims to provide straightforward and practical guidance, tools and resources to support workforce development activities and initiatives in the Alcohol and Other Drugs (AOD) field.

The Resource Kit comprises 14 chapters: an introduction to workforce development and 13 workforce development topics relevant to the AOD field. Each chapter contains evidence-based strategies to address a particular workforce development issue, as well as resources and tools that can be used to implement the strategies. Each chapter can be treated as a stand alone section, however, as workforce development topics are inherently interrelated, links between chapters are identified throughout the Kit.

Evaluating AOD Projects and Programs is the 4th chapter in the Resource Kit.

## CHAPTER

- 1 An Introduction to Workforce Development
- 2 Clinical Supervision
- 3 Developing Effective Teams
- 4 Evaluating AOD Projects and Programs**
- 5 Goal Setting
- 6 Mentoring
- 7 Organisational Change
- 8 Performance Appraisal
- 9 Professional Development
- 10 Recruitment and Selection
- 11 Retention
- 12 Worker Performance
- 13 Worker Wellbeing
- 14 Workplace Support



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# EVALUATING AOD PROJECTS AND PROGRAMS

Paul Aylward

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## Resources and Tools



**Checklist** for evaluation of AOD projects and programs



**Case Study:** An evaluation program to determine the success of a drug and alcohol intervention



**Forms and Templates**

- Information Sheet and Consent Form



**Recommended Readings**

# EVALUATING AOD PROJECTS AND PROGRAMS

## Overview

### Using evaluation techniques to address workforce development challenges

Evaluation is an important component of any workforce development intervention or program initiated in the workplace. Many of the principles and practices described in this chapter may be useful for the evaluation (and continuous improvement) of workforce development initiatives such as:

- Implementing a new performance appraisal system
- Conducting a clinical supervision or mentoring program
- Developing a stress management program
- Implementing a professional development program
- Engaging in an organisational change initiative.

Evaluation is the systematic assessment of the process and / or outcomes of a project or program, compared to a set of explicit or implicit standards. The findings from an evaluation can be used to contribute to the improvement of a project or program.

Evaluation is conducted for three purposes:

1. Rendering judgments – to determine if the project / program has done what it set out to do (an accountability perspective)
2. Facilitating improvement – monitoring the project / program to identify what is working well and what is not in order to modify the approach where necessary
3. Knowledge generation – contributing an understanding to the area addressed by the project / program.

Evaluations need to be conducted systematically and rigorously, using appropriate methods of data collection which address clearly defined project / program:

- Processes – the actions and strategies employed
- Impacts – the shorter-term effects or changes which the project / program aims to achieve (specified in the objectives)
- Outcomes – the longer-term effects or changes related to the overall goal of the project / program.

### Planning the evaluation

Four steps in planning an evaluation are:

1. Establishing a reference group
2. Designing an evaluation plan
3. Deciding on the types of indicators to be used
4. Deciding on the data collection methods.



## 1. Establishing a reference group

Consider using a reference group comprised of a range of people who have knowledge of the field or the program / project to be evaluated. It may also be beneficial to include some representation from a member of the target population in order to gain further insight from their perspective.

## 2. Designing an evaluation plan

It is important to clearly define what a project / program is trying to achieve and how. These details need to be set out in an evaluation plan which identifies the:

- Goal – overall desired long-term outcome of the initiative
- Objectives – shorter-term specific, measurable changes you are trying to obtain in making progress toward achieving the goal
- Strategies – the main activities you will employ to achieve the change stated in the objectives
- Indicators – information that needs to be collected to assess how well the strategies worked (process indicators), and the extent to which they have brought about the changes sought (impact and outcome indicators)
- Evaluation methods needed to collect the information
- Stakeholders from whom information is to be obtained.

## 3. Deciding on the types of indicators to be used

The identification of indicators guides the kind of evaluation questions you need to ask in order to gauge the effectiveness of the strategies and the extent to which objectives have been met. Each indicator should be clear, precise and measurable, and should be relevant to the purposes of the evaluation.

## 4. Deciding on the data collection methods

When considering which data collection methods to use, it is important to consider:

- The cost of applying the method and analysing the data
- Whether technical assistance is required to gather and analyse the data
- If the method will fully address the indicators you have identified and if not, whether you need to use an additional or alternative method
- If there are any potential problems that applying the method will create in relation to the accuracy, validity, reliability and “truthfulness” of the information obtained about the project / program
- If the data can be readily gathered systematically as part of the project / program by those involved in its delivery.

Please note: This chapter primarily addresses program evaluation. For a comprehensive guide on conducting evaluations of education and training programs in the AOD field, refer to the NCETA resource:

National Centre for Education and Training on Addiction (NCETA). (2004). *Guidelines for Evaluating Alcohol and Other Drug Education and Training Programs*. National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

Available at [www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)

Or contact NCETA: ph 08 8201 7535, [nceta@flinders.edu.au](mailto:nceta@flinders.edu.au)

## What is evaluation?

Evaluation has been defined as:

***“The systematic assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a course of action.”<sup>1</sup>***

Evaluation is the process by which we decide the value or worth of something:

***“Evaluation is a judgement... (involving) (1) observation and measurement... (2) comparison of what you observe with some criterion or standard of what you (or the group you represent) would consider an indication of good performance.”<sup>2</sup> (p. 6-7)***

There are many models used for evaluation which tend to define important evaluation concepts in different ways. This chapter employs the more commonly used definitions. Attention is focused on the application of an evaluation framework which is practical, useful and intuitive.

### PRACTICAL TIP



**Check if there are any stipulations in your funding agreements concerning how the evaluation should be conducted**

Whilst the approach advocated in this chapter is widely accepted, it is also important to consult relevant funding documentation to ensure congruence with stipulations for evaluation provided by funders.

Evaluation is the systematic assessment of the process and / or outcomes of a project or program, compared to a set of explicit or implicit standards. The findings from an evaluation may be used to contribute to the improvement of the project or program.<sup>3</sup>

Evaluations need to be conducted systematically and rigorously, using appropriate methods of data collection which address clearly defined project / program:

- Processes – the actions and strategies employed
- Impacts – the shorter-term effects or changes which the project / program aims to achieve (specified in the objectives)
- Outcomes – the longer-term effects or changes related to the overall goal of the project / program.

Evaluation essentially seeks to identify:<sup>4</sup>

- The level of efficiency, effectiveness and appropriateness of projects / programs
- Unexpected problems or benefits of various aspects of project / program implementation.

## Purposes of evaluation

Evaluation is conducted for three general purposes:<sup>5</sup>

1. Rendering judgments – to determine if the project / program has done what it set out to do (an accountability perspective)
2. Facilitating improvement – monitoring the project / program to identify what is working well and what is not in order to modify the approach where necessary
3. Knowledge generation – contributing an understanding to the area addressed by the project / program.

By conducting evaluations we can:

- Learn from our actions
- Tell people about what we have done and achieved
- Share what's been learnt with others
- Help plan for the future
- Improve our services and interventions
- Be accountable to funding bodies, managers, communities and ourselves!

## Who is AOD evaluation for?

There is usually a broad range of interest groups who may have a stake in an evaluation. These groups should be considered in terms of:

1. The potential contribution they can make to the evaluation (e.g., the different kinds of information and alternative perspectives they may be able to provide)
2. The dissemination of evaluation findings and the need to “tailor” the style of the report / presentation according to the nature of the audience.

Interest groups may include:

- Participants / stakeholders in the project / program to be evaluated
- Funding bodies
- Auspicing organisation
- Steering or advisory groups
- Other AOD workers (in order to inform best practice)
- AOD researchers (in order to inform the “knowledge pool”)
- Politicians and policy makers
- Other community based groups and organisations planning or undertaking similar AOD work.

## Who should do the evaluation?

Evaluation can be conducted internally by stakeholders working in the organisation that deliver the initiative (project / program workers) or externally by an independent consultant. The advantages and disadvantages of different approaches (internal, external or combined) are presented in the table below.

	Advantages	Disadvantages
Internal	<ul style="list-style-type: none"> <li>• Inside knowledge of the program / project and the context</li> <li>• Fewer resources usually required</li> <li>• (Usually) poses less threat to workers and participants</li> </ul>	<ul style="list-style-type: none"> <li>• Difficult to be independent / objective</li> <li>• May lack the skills to conduct thorough evaluation</li> <li>• Confidentiality issues</li> <li>• Resource issues (e.g., time)</li> </ul>
External	<ul style="list-style-type: none"> <li>• Easier to be “objective” as there is no vested interest</li> <li>• Sits outside the organisation’s political and power structures</li> <li>• May add credibility as they are viewed as independent</li> <li>• May be more “expert”</li> </ul>	<ul style="list-style-type: none"> <li>• May be viewed as a threat to the initiative by those workers implementing the project / program</li> <li>• Lack of familiarity with the initiative’s processes, AOD area and personnel involved</li> <li>• Harder to engage throughout process</li> <li>• Resource intensive</li> </ul>
Combined	<ul style="list-style-type: none"> <li>• Maximises benefits of both and hopefully cancels out the negatives!</li> <li>• Builds capacity and understanding in primary health care workforce and organisations</li> <li>• Builds capacity amongst evaluators</li> <li>• Informs suitable and meaningful approaches</li> <li>• Enables participatory action research approaches</li> </ul>	<ul style="list-style-type: none"> <li>• Requires time to establish roles and relationships of evaluator with project / program workers</li> <li>• Potential for one party to exert pressure on the other</li> </ul>



### Estimating the cost of an external evaluation

The cost of evaluation is dependent on its demands in terms of the needs of the stakeholders and how thorough the evaluation needs to be. As a general rule, external evaluations are costed at around 10% of the budget for the project / program.

Clearly, there are substantial benefits to be gained from forming partnerships between an external evaluator and the program personnel who manage or deliver the project / program to be evaluated. It is important to spend time and effort in the early stages of a project to:

1. Plan the evaluation thoroughly
2. Identify the roles of respective participants (especially data collection responsibilities)
3. Establish a degree of trust between the participants.

## Evaluation approaches

There are many approaches to evaluation which in practice are often used in combination. These include:

- Formative evaluation
- Summative evaluation
- Action research / participatory action research
- Cluster evaluation
- Synthesis evaluation
- Realistic evaluation
- Utilisation focused evaluation
- Program logic
- Empowerment evaluation.

We should also bear in mind that the evaluation strategies (and even some objectives) may change in light of the evaluation feedback. Additionally, it may be relevant to evaluate any “systemic” changes and whether the project / program impacted on the host organisation’s working relationships with other organisations (e.g., new partnerships or plans for new initiatives).

A “summative evaluation” report, detailing the evolution of the program / project, the role of the evaluation in informing developments, and the worth of the program / project may be produced at the end of the evaluation process.

### Formative evaluation

Formative evaluation is conducted during program implementation in order to provide feedback for improvement.<sup>6</sup> Formative evaluation often focuses on process indicators (i.e., a “process evaluation”) which address how well the strategies employed by the project / program are working. Formative evaluation may also consider impact indicators related to the objectives of the project / program. This approach is more akin to that of “action research”.

## Summative evaluation

Summative evaluation is conducted at the end of the program or phase of a program to assess its worth.<sup>6</sup> This type of evaluation is usually associated with rendering a judgement about the initiative in terms of its impacts and outcomes, so is sometimes referred to as “impact / outcome evaluation.” Summative evaluation can contribute to an understanding of the area addressed by the initiative.

“When the cook tastes the soup, that’s formative evaluation; when the guests tastes it, that’s summative evaluation.”  
(Scriven, 1991, quoted in Weiss, 1998, p. 31)<sup>9</sup>

## Action research / participatory action research

Action, or participatory action, research engages researchers and program practitioners in “cycles” of planning, action, evaluation, reflection and refined planning for further action.<sup>7,8</sup> This approach emphasises ongoing improvement brought about by the program practitioners. The evaluation process may involve several cycles over a long period of time during which evidence is unearthed about ways to improve the project / program and modifications to the strategies (or possibly objectives) are made accordingly.

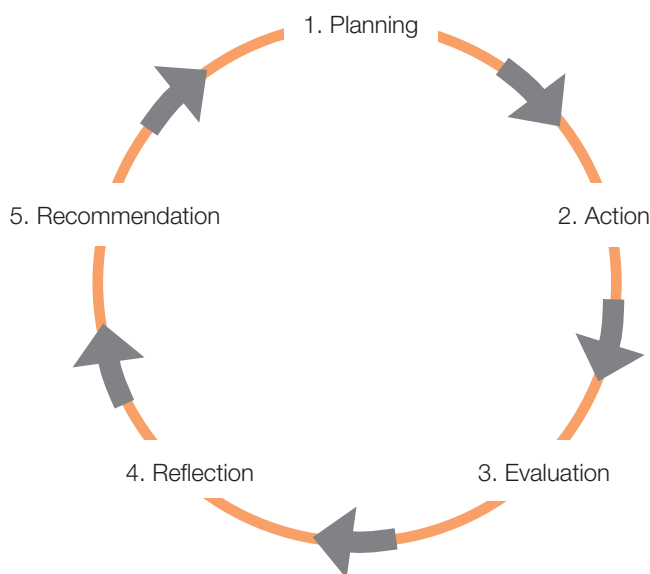


Figure 1. Applying an “Action Research Cycle” to evaluation

Given the need to reflect on and incorporate evaluation findings into the project / program planning and implementation, action research is usually “participatory” in nature with the evaluator and project / program practitioners forming an active partnership.

It is also important to ensure that mechanisms for evaluation feedback are established. A common way of doing this is to include evaluation as a standing agenda item for the project reference or steering group.

Where changes are made to the project / program as a result of evaluation feedback, these should be recorded along with the rationale for any modifications made. These changes should be noted in the evaluation report.

### **Cluster evaluation**

Cluster evaluation involves the assessment of a group of projects addressing similar issues. It pulls together the individual evaluations of various projects to identify patterns and learnings across the whole cluster.<sup>9-11</sup>

### **Synthesis evaluation**

Synthesis evaluation brings together findings from a number of different evaluations or studies in order to make generalisations about effectiveness.<sup>12</sup>

### **Realistic evaluation**

Realistic evaluation is an approach from the U.K. which highlights the importance of investigating the reasons why those individuals targeted made, or did not make, the desired choices, or engage in the desired behaviours encouraged by the program.<sup>13</sup> This approach focuses on what worked, for whom and in what context, and the mechanisms which made the program work. Realistic evaluation also includes the development of hypotheses (to be further tested) about what will work in another setting.

### **Utilisation focused evaluation**

This approach begins with the premise that evaluations should be judged by their utility and actual use, focusing on “intended use by intended users.”<sup>14 (p. 20)</sup> Evaluation should facilitate decision-making by working with clearly identified primary intended users (i.e., those with the responsibility to apply its findings and implement its recommendations). The evaluator adheres to the professional standards of evaluation, but is guided by the situational knowledge of primary intended users in the selection of the evaluation approach. The evaluator and practitioners thus become partners in deciding suitable approaches that will yield the most practical benefits for the project / program.

### **Program logic**

Program logic focuses on how a program works by setting out the components and assumptions behind the program, and demonstrates the dynamic linkages between (a) the inputs and activities of a program, and (b) its impacts and outcomes.<sup>15</sup>

Program logic models sometimes refer to “activities”, “outputs” and “outcomes” (which are similar to our use of “strategies”, “process indicators” and “impact indicators”). Some models refer to ‘impact’ in the context of the overarching goal of the program. The central focus of a program logic model is to highlight the logical connections between the program’s component parts and demonstrate how the program will progress toward its objectives and goal.

### **Empowerment evaluation**

In an empowerment evaluation approach, the evaluation design and conduct is governed by the participants and program practitioners in order to foster self determination and enhance community capacity.<sup>16, 17</sup> This is often allied to social justice concerns with the evaluator taking on the role of a social change agent.

## Choosing an evaluation approach

The kind of approach chosen will depend on the orientation and priorities of the evaluation and the requirements of the primary audience (usually funders of the project / program). The approaches outlined above are not exclusive. For instance, “formative evaluation” (where the evaluation is incorporated into the design of the project / program) which includes an “action research” approach will help to inform ongoing program development. The questions posed in a “realistic evaluation” approach may be raised throughout this activity (e.g., in what circumstances does the initiative work and for whom?). The “program logic” should be set out at the beginning of the project to identify the linkages between the objectives set and the strategies needed to achieve them.

## Evaluation and the importance of communication

Most evaluations require data to be gathered from those who have been involved in the delivery and receipt of the project / program. This may include CEOs, project managers, project officers, members of steering or reference groups, and clients who have received services from the project / program. There is a clear need to ensure that the data gathered closely reflects the experiences and views of the stakeholders and is free from bias (i.e., that the data is “valid”, or “authentic”). To collect accurate and valid (i.e., authentic) data from stakeholders:

- Establish clear messages / mutual understanding / meaning regarding the purpose, procedure and use of the evaluation
- Establish the co-operation and collaboration of stakeholders
- Ensure a degree of openness, honesty and trust from stakeholders.

When gathering data for an evaluation it is important to provide the information necessary for respondents to understand the purposes and procedures of the evaluation. Think about any difficulties they may have answering the evaluation questions and ways these may be addressed. This may include consideration of the personal and cultural appropriateness of the approaches used, both to inform respondents of the nature of the evaluation and in conducting the data gathering.<sup>18-20</sup>

There is also a political dimension to evaluation. Common concerns from respondents often centre on the potential for negative repercussions, either for the respondents themselves or for the initiative being evaluated. These types of concerns can be addressed by providing an Information Sheet detailing:

- A full explanation of the procedures in place to ensure confidentiality
- The potential for the evaluation to improve the project / program.

Additionally, respondents should sign a Consent Form stating that they understand the nature of the evaluation, their contribution and what will happen subsequent to it. (See the Information Sheet and Consent Form in the Resources and Tools section of this chapter).

### PRACTICAL TIP



#### Use of consent forms

Consent forms are generally not used where self-completion questionnaires are the chosen method of data gathering; the return of the answered questionnaire is usually taken to indicate consent.

The use of appropriate information sheets and the need to obtain informed consent are ethical requirements for any research conducted with people (including evaluations which have to obtain data by interviews or questionnaires).

## PRACTICAL TIP



### Ethical guidance

Detailed ethical guidance is provided in Commonwealth of Australia. (1999). *National Statement on Ethical Conduct in Research Involving Humans*. Canberra, ACT.<sup>21</sup>

## Planning the evaluation

Ideally, the evaluation should be incorporated into the project / program at the outset in order to ensure that required data is systematically and regularly gathered as an integral part of the project / program. Ongoing data collection can provide opportunities to learn from the evaluation in order to identify potential strategies for improvement to the project / program (i.e., formative evaluation or action research). Regular, planned data collection can increase the potential utility of the evaluation and optimises potential benefits. This approach also increases the likelihood that the project / program will achieve its objectives and ultimate goal.

Four steps in planning a comprehensive evaluation are:

1. Establishing a reference group
2. Designing an evaluation plan
3. Deciding on the types of indicators to be used
4. Deciding on the data collection methods.

### 1. Establishing a reference group

In planning an evaluation, consider using a reference group comprised of a range of people who have knowledge of the field or the initiative to be evaluated. Whilst a range of professional expertise should be enlisted, it may also be beneficial to include some representation from a member of the target population (i.e., those intended to benefit from the project / program) in order to gain further insight from their perspective.

The terms of reference for the group should be agreed at the outset. These terms may address issues such as:

- The level and nature of involvement
- Whether the group will act more in a pro-active role (steering the initiative or evaluation) or in a more reactive role (responding to problems or issues as they are identified and relayed to the group through progress reporting)
- The degree of influence the group will have over the evaluation
- Any specific roles group members may have with regard to recording and / or collecting data for the evaluation.



## 2. Designing an evaluation plan

In order to conduct a thorough evaluation, it is important to clearly define what a project / program is trying to achieve and how. These details need to be set out in an evaluation plan which identifies the initiative's:

- Goal – the overall desired long-term outcome of the initiative; ultimately what the initiative is aiming to achieve or change
- Objectives – the shorter-term specific, measurable changes you are trying to obtain in making progress toward achieving the goal
- Strategies – the main activities you will employ to achieve the changes stated in the objectives
- Process and impact indicators – the information that needs to be collected to assess activities and achievements; signs of progress or change resulting from the initiative. A series of indicators need to be established for both the objectives (“impact indicators”) and strategies (“process indicators”). The indicators tell you what questions need to be asked for the evaluation
- Evaluation methods needed to collect the information – how you will ask the questions needed
- Stakeholders from whom information is to be obtained
- Logical linkages between the components of the project / program (i.e., how the goal, objectives, strategies, indicators and evaluation methods are related to each other).

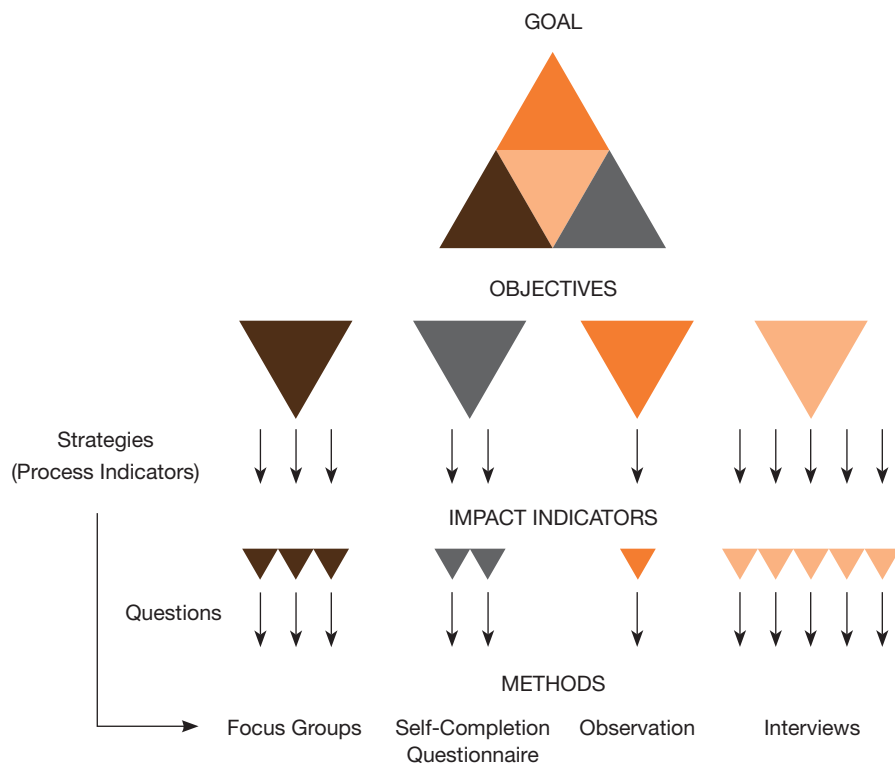


Figure 2. The hierarchical structure of evaluation planning

It is useful to think of a project / program in terms of a hierarchical structure (see Figure 2) in which the goal can be separated into objectives, which are in turn assessed against specified indicators. This structure allows program evaluators to think about the logical connections between the components of the project / program, and guides them with regard to the impact indicators that require consideration in the evaluation. Moreover, program evaluators can determine which methods need to be employed to gather the data to address the indicators, and incorporate these methods into the evaluation plan.

Identifying the change you seek to bring about makes the goal easier to evaluate summatively, but care should be taken in terms of deciding how much change you specify, and how much you would interpret as a “success”.<sup>2</sup>

## Goals

Goals may be stated in terms of the:

- Location of the project / program (e.g., South West Sydney)
- Target group (e.g., the male workforce aged 18-65)
- Time period in which the change should occur
- Amount of change you seek to bring about.

The goal will have a number of dimensions and embrace a number of issues. These issues may be broken down into a series of “objectives”.

For larger programs, the ultimate goal may not be achievable by any one project, but should still be stated to ensure the project keeps its eye on the prize!

## Objectives

Objectives are statements about specific and immediate changes needed (“impacts”) in order to achieve the goal. Objectives are usually worded in such a way as to clarify the desired changes (e.g., “to increase...”, “to ascertain...”, “to develop...”, “to reduce...”). Objectives should be clear, concise and realistically achievable.

There may be a hierarchical structure for objectives where “lower order” objectives (e.g., to raise awareness) need to be achieved prior to higher order ones (e.g., to change behaviour). Where this is the case, it is useful to set out the objectives on the evaluation plan in the order in which they need to be achieved. This will further highlight the “logic” of the program.

## Strategies

Strategies are approaches and activities used to achieve objectives. The “In Practice” example below provides an example of strategies that may be implemented and highlights the connections between a program goal, objectives and strategies.

## IN PRACTICE



### Evaluation planning: Establishing strategies to address the goal and objectives of a community alcohol awareness project / program

**GOAL:** To reduce the health risks associated with the consumption of alcohol and mixed use of alcohol with other drugs in the Western Australian (WA) Italian Community.

**Objective 1:** To raise the WA Italian Community's knowledge and awareness of health and health-related issues and risks associated with heavy alcohol use.



**Objective 2:** To reduce binge drinking amongst members of the Italian Community who have drinking problems.

For Objective 1 four strategies are used:

**Strategy 1.1:** Establish a Reference Group of appropriate service providers and members of the Italian community.

**Strategy 1.2:** Recruit an experienced Italian Education Project Officer to liaise with appropriate health and education professionals in order to develop culturally appropriate community education resources and activities.

**Strategy 1.3:** Disseminate appropriate health messages to the community through mass media: Ethnic Radio and Italian newspapers.

**Strategy 1.4:** Provide six awareness raising community forums for Italian families living in areas of Western Australia with high concentrations of Italian people.

In the above example, Objective 1 is viewed as a prerequisite for achieving Objective 2 (i.e., in order to influence the identified behaviour in Objective 2, a general awareness of the problems need to be raised in Objective 1). There is a hierarchy denoted by the arrow, which also indicates the order in which the objectives are to be achieved.

In this example, the strategies have been listed in a logical temporal order, which is useful for planning purposes. This information may also become part of a workplan with the timing of each strategy made explicit.

## PRACTICAL TIP



Behaviour change can be difficult to achieve, particularly if the project / program seeks to promote sustained change over time. Behaviour change is also difficult to measure. Where possible, some verification of self-reported behaviour change should be considered (i.e., triangulating your methods).

### 3. Deciding on the types of indicators to be used

It is important to identify which indicators need to be addressed in the planning stage of a project or program in order to establish standards / criteria for the evaluation. Indicators may be linked logically to stated objectives in order to measure how well the strategies have worked (process indicators), and the extent to which they have brought about the changes sought (impact and outcome indicators).

The identification of indicators guides the kind of evaluation questions you need to ask in order to gauge the effectiveness of the strategies and the extent to which the objectives have been met. The kinds of questions and the sources of data needed to answer the questions subsequently guides the selection of appropriate methods to address them.

Each indicator should be clear, precise and measurable. They should focus on a specific aspect of the strategy employed or the objective to be achieved. In other words, they should be relevant to the purposes of the evaluation. Each indicator should generate specific question(s) which can be practically addressed (i.e., the data to answer the questions should be available and accessible). These questions form the basis of the evaluation.

Types of indicators used for evaluation purposes include:

- **Outcome indicators:** Markers which identify the information needed to assess the degree to which the longer-term goal has been achieved (e.g., morbidity and mortality rates for alcohol related illness amongst the WA Italian Community).
- **Impact indicators:** Markers which identify the information needed to assess the degree to which the objectives have been achieved (e.g., measures of raised knowledge of risks associated with heavy alcohol use which may be obtained through community surveys – see Objective 1 in the “In Practice” example).
- **Process indicators:** Markers which identify the information needed to assess effectiveness of the strategies (e.g., circulation figures for Italian newspapers carrying health messages – see Strategy 1.3 in the “In Practice” example).

#### Impact and outcome indicators

Impact and outcome indicators are often placed together in evaluation plans as they both relate to the extent to which the project / program actually achieves the changes it set out to do. Impact and outcome indicators allow us to judge the extent to which our objectives and ultimate goal have been achieved. Essentially they can relate to issues such as:

- Changes in awareness, knowledge, and skills
- Increases in the number of people reached
- Changes in behaviour
- Changes in community capacity
- Changes in organisational capacity (skills, structures, resources)
- Increases in service usage
- Improved continuity of care
- Improvements in mortality, morbidity or other health status indicators – these are usually “outcome indicators”
- Policy or changes to the entire system (see “Under the Microscope” below).

Because the benefits of a project / program may take some time to come to fruition, it is common for the outcomes to remain unknown for a time (e.g., the effects of capacity building initiatives on workplace practices and service outcomes). In these cases, it may be necessary to assess outcome indicators some time after the project / program has matured or completed.

## PRACTICAL TIP



The collection of indicators is limited by the evaluation budget. It may be necessary to prioritise indicators to focus on the more important ones. It is also important to consider which indicators can be practically gathered. For example, it would be relevant to measure any reduction in alcohol consumption amongst the WA Italian community as an outcome indicator, but the project may not have the resources to do this.

## UNDER THE MICROSCOPE



### Impact and outcome evaluation questions

Impact / outcome evaluation questions can include:

- What changes have there been in behaviour amongst clients?
- What changes have there been in the number of clients voluntarily seeking treatment?
- How has client risk-taking behaviour changed through involvement with the project?
- How did awareness, knowledge, attitudes and behaviours of clients change due to the program?
- What role have other agencies / organisations had in producing client changes?
- In what ways has capacity building been promoted or enhanced by the program?
- Were there any unexpected outcomes for clients or staff involved?

### Impact / outcome indicators addressing systemic change

Some impact / outcome indicators address changes in relationships between organisations. Whilst these indicators may specifically relate to a stated objective, they are often implicit in objectives which focus on issues of “sustainability” (e.g., “to establish a sustainable service..., to establish sustainable partnerships between service providers and the community”, etc.). For example, impact / outcome indicators addressing systemic change might address the following types of questions:

- (How) have the relationships between participating organisations and project sites changed as a result of their participation?
- (How) have policies / practices in stakeholder organisations changed?
- Have any new strategies, plans, collaborations evolved as a result of the program?
- How will the changed relationships be supported in the future and what is needed to do this?

### Process indicators

Process indicators address the quality of what has been done. Essentially they ask the question “how well are we doing?” Process indicators consider the following types of questions:

- Has the project / program been conducted according to plan?
- Have there been any changes and what were the reasons for change?
- What was the reach and scope of the project / program? (e.g., the number and diversity of participants, attempts at contacting the target group)
- What was the quality of the program / project? (e.g., satisfaction with activities and materials amongst the stakeholders (participants, service providers, advisory groups)).



## Some generic questions to address process indicators

Because process indicators address the activities of the project / program, many of the questions designed to address them are generic and applicable to a number of different initiatives. Questions can include:

- What happened?
- Who was involved?
- What resources were put into this work?
- How satisfied were the participants (clients and workers) with working in this way?
- What are the perceived strengths and weaknesses of the approach amongst different stakeholders?
- What process difficulties were encountered and how were these addressed?
- What information was produced and utilised?
- Who was information disseminated to?
- How was this information received?
- What groups was this area of work intended to serve?
- What groups did it actually reach, who was missed and why?
- What were the benefits, usefulness and effectiveness of the approaches used?
- What factors influenced the usefulness and effectiveness of the strategies?



## Evaluation using primary health care criteria and the Ottawa Charter

In designing AOD projects / programs and their objectives it may be useful to consider primary health care criteria, specifically the Ottawa Charter, and the extent to which these have been incorporated into the initiative. Such questions might include:

- Did the program use a positive wellbeing, holistic view of health?
- Did the program focus on health promotion, illness prevention?
- Did the program encourage individual / community participation and / or control?
- Did the program use multi-sectoral strategies?
- Did the program involve multi-disciplinary teams?
- To what extent did the program acknowledge or address social determinants of health?
- To what extent did the program provide equitable / accessible / affordable / acceptable services?
- To what extent did the program develop healthy public policy?
- To what degree did the program create supportive environments?
- In what ways and to what effect did the program: Strengthen community action? Develop personal skills? Reorientate health services?

The Ottawa Charter can be accessed from: [www.who.int/hpr/NPH/docs/ottawa\\_charter\\_hp.pdf](http://www.who.int/hpr/NPH/docs/ottawa_charter_hp.pdf)

## 4. Deciding on the data collection methods

Having listed the questions needed to address the evaluation indicators, consideration needs to be given to the best way of gathering the data to answer them. There are two types of data that can be gathered for evaluation: quantitative and qualitative.

### Quantitative data

Quantitative data uses numerical values which allow simple counts, frequencies and statistical tests to be conducted. It allows for large amounts of data to be gathered relatively quickly. It can involve the use of standardised survey instruments (e.g., multiple choice questionnaires<sup>22</sup>), although explanatory detail may be lacking.<sup>23</sup> Unexpected consequences of the project / program are less likely to be detected through applying quantitative approaches as the “tick box” questionnaire predefines and, therefore, limits the range of answers that can be given.

### Qualitative data

Qualitative data are more descriptive data which use words (written or spoken) and / or observations to reveal the meanings people attach to the project / program, and to explore how they have experienced it. For example, “open-ended” questions in interviews can be used to allow people to express their views around the area being addressed. Much richer understandings are possible through qualitative approaches. However, this approach is generally more time consuming than quantitative approaches and usually accesses smaller numbers of people.

### Triangulation

Evaluations often combine quantitative and qualitative approaches. When data are collected from various sources and methods and then compared this is referred to as “triangulation”.

Triangulation can “value-add” to an evaluation, as data from one methodological approach can be used to supplement data from another.<sup>24</sup> Ideally, a comprehensive evaluation incorporates both qualitative and quantitative data collection methods.

### Data collection methods

A wide range of data collection methods are available. When considering which to use, it is important to consider:

- The cost of applying the method and analysing the data
- Whether technical assistance is required to gather and analyse the data
- If the method will fully address the indicators you have identified and if not, whether you need to use an additional or alternative method
- If there are any potential problems that applying the method will create in relation to the accuracy, validity, reliability and “truthfulness” of the information obtained about the project / program
- If the data can be readily gathered systematically as part of the project / program by those involved in its delivery.

### Using project staff to collect data for indicators

Indicators that can be cheaply and efficiently addressed by those involved in the delivery of the project / program include:

- Recording of professional consultations / meetings (e.g., number, range of professional bodies involved, retention of attendees at meetings, decisions made etc.)
- The nature and amount of resources produced and distributed
- Training events, areas covered and nature and number of attendees.

Where indicators are recorded routinely for the purpose of evaluation, the data collection method is sometimes referred to as a “document review” – a review of the information which has been systematically gathered and recorded in documents throughout the initiative.

It is necessary to ensure that appropriate staff are engaged to routinely gather and record this kind of evaluation data. It is therefore crucial to enlist the support of the frontline worker(s) involved in the project / program and engage them in partnership with the evaluation. Emphasising the evaluation as an important aspect of the initiative itself, and one which will improve the project / program as it progresses (i.e., action research) can facilitate worker commitment.

## Using evaluation techniques to address workforce development challenges

Evaluation is an important component of any workforce development intervention or program initiated in the workplace. Many of the principles and practices described in this chapter may be useful for the evaluation (and continuous improvement) of workforce development initiatives such as:

- Implementing a new performance appraisal system
- Conducting a clinical supervision or mentoring program
- Developing a stress management program
- Implementing a professional development program
- Engaging in an organisational change initiative.

## Summary

A well planned evaluation should be considered an essential component of any workforce development project or program in the AOD field. There is no “one size fits all” approach to evaluation. Rather, the evaluation strategies should be developed with careful consideration of the project / program goals and objectives, stakeholder needs and resource availability. If sufficient resources are available, it is recommended that a multi-faceted approach is taken that includes different evaluators (i.e., individuals internal and external to the project / program), data collection techniques (i.e., quantitative and qualitative) and evaluation approaches (e.g., formative and summative evaluation). A well planned and resourced evaluation can make a significant contribution to the ongoing effectiveness and ultimate impact of a project or program.

## Resources for evaluation

This chapter includes the following resources and tools to support evaluation of AOD projects and programs:

- Checklist for evaluation of AOD projects and programs
- Case study on an evaluation program to determine the success of a drug and alcohol intervention
- Forms and templates: Example Information Sheet and Consent Form
- Recommended readings.



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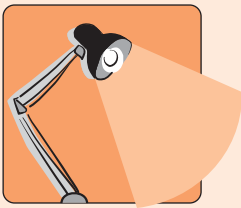
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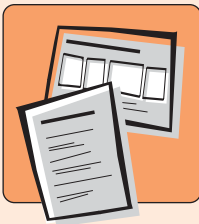
## Checklist

for evaluation of AOD projects and programs



## Case Study

An evaluation program to determine the success of a drug and alcohol intervention



## Forms and Templates

Information Sheet and Consent Form



## Recommended Readings



## Checklist for Evaluating AOD Projects and Programs

The following checklist provides an overview of key points to consider when conducting an evaluation of an AOD project or program.

### Establish a Reference Group

1. Has a reference group been established? Does membership include:
  - Members from various professional backgrounds?
  - Stakeholders with knowledge of the field and the project / program to be evaluated?
  - Representatives from the targeted community (e.g., clients of the service being evaluated)?
2. Have the terms of reference for the group been agreed upon at the outset? Have you established:
  - The level and nature of involvement?
  - Whether the group will act in a more pro-active or reactive role?
  - The degree of influence the group will have over the evaluation?
  - The specific roles group members may have with regard to recording and / or collecting data for the evaluation?

### Design an Evaluation Plan

3. Has the evaluation been incorporated into the project / program planning and timeline from the outset?
4. Have you decided on the type of evaluation (e.g., formative, summative, action research)?
5. Have you identified the goal of the project / program?
6. Have you identified the project / program objectives? Are they:
  - Clear?
  - Realistic?
  - Logical (do the objectives relate to the overall goal)?
7. Have you identified the “strategies” (activities) used in the project / program to achieve the changes stated by the objectives?
8. Have you clearly set out the “program logic” in terms of the connection between the:
  - Project / program goal
  - Project / program objectives
  - Project / program strategies (to achieve the objectives)
  - Evaluation strategy (i.e., formative, summative, etc.)
  - Impact and outcome indicators to be used in the evaluation
  - Data collection methods for the evaluation.

9. Are mechanisms in place for reporting back evaluation findings systematically to enable project / program improvement (e.g., having evaluation as a standing agenda item for reference group meetings)?



### Decide Types of Indicators to Use

10. Are you able to assess how well the project / program strategies are working? Have you:
- Identified process indicators that are clear, precise and measurable?
  - Established methods to obtain the data to assess process indicators?

11. Are you able to assess whether the project / program goal and objectives have been achieved? Have you:
- Identified outcome and impact indicators that are clear, precise and measurable?
  - Established methods to obtain the data to address outcome and impact indicators?

12. Have you identified which indicators can be routinely collected as the project / program progresses?

### Decide Data Collection Methods

13. Have the following considerations been taken into account when deciding which data collection methods to use?
- Cost of applying the method and analysing the data
  - Whether technical assistance is required to gather and analyse data
  - If the method will fully address the indicators you have identified (or if additional methods are needed)
  - If there are any potential problems that applying the method will create in relation to the accuracy, validity, reliability and “truthfulness” of the information obtained about the project / program
  - If the data can be readily gathered systematically as part of the project / program by those involved in its delivery.

14. Have steps been taken to ensure accurate and valid data collection from stakeholders? Have you developed strategies to:
- Establish clear messages and mutual understanding / meaning?
  - Establish the co-operation and collaboration of stakeholders?
  - Ensure a degree of openness, honesty and trust from stakeholders?

15. Have respondents been informed about procedures to ensure confidentiality and the potential for the evaluation to improve the project / program?

16. Has a process been developed to obtain participants' informed consent (i.e., information and consent forms)?



## An Evaluation Program to Determine the Success of a Drug and Alcohol Intervention

### Overview

This case study describes a program evaluation that examined the impact of an intervention to improve the detection and management of patients with alcohol related problems (i.e., an impact evaluation). It was conducted at the Royal Adelaide Hospital (RAH) over a six-year period (from 1988 to 1994). The purpose of the evaluation was to assess the effectiveness of two interventions to improve drug and alcohol related treatments. The evaluation was conducted internally by a collaborative team from the RAH and the University of Adelaide.

The program involved three stages:

1. Planning
2. Action
3. Evaluation.

### 1. Planning

Defining the program goal and objectives was an initial step in the planning stage. The program **goal** was to improve the capacity of interns working in the Accident and Emergency Department and wards to detect and manage patients with alcohol related problems.

The three program **objectives** were to:

1. Improve interns' alcohol history taking practices
2. Increase the number of appropriate referrals by interns to the alcohol and drug unit
3. Improve interns' prescription of accepted drugs to alcohol dependent patients.

Two key **strategies** to achieve the program goal and objectives were identified:

1. Increasing course content for University of Adelaide medical students about detecting and managing alcohol related problems
2. Expanding resources within the RAH's drug and alcohol unit (e.g., permanently staffed by a doctor and one or two nurses) to better service the hospital staff to improve the management of drug and alcohol clients and increase collaboration between wards and outpatient clinics.

### 2. Action

The two intervention strategies were implemented in order to progress towards the goal of improving interns' capacity to detect and manage patients with alcohol related problems.

In 1988 the University of Adelaide received Commonwealth Government funding to provide medical students with additional education about the detection and management of patients with alcohol problems. By 1990, medical students were receiving an additional 30 hours of instruction on how to detect and manage alcohol dependent patients.

In 1990 there was also an increase in resources provided to the RAH that were used to expand the hospital's drug and alcohol unit.



### 3. Evaluation

Prior to implementation of the strategies (i.e., the “Action” stage), staff from the RAH and the University of Adelaide developed the project and obtained approval from the RAH ethics committee.

The impact of the program on interns’ detection and management of alcohol related problems was evaluated by examining four groups of medical records (two from 1988 and two from 1994) of general admissions.

A research assistant compared case notes taken by interns before the intervention (pre-1988) with case notes taken by interns after the intervention (post-1994) to assess three **impact indicators**.

The three objectives were assessed by the following impact indicators respectively:

#### Indicators for Objective 1:

- **Alcohol history taking:** Whether interns recorded details of patient’s diagnosis, mental and physical state, and whether admission was an emergency or elective.
- **Measurement of alcohol consumption:** Whether interns recorded details of amount of alcohol consumed by the patient.

#### Indicator for Objective 2:

- **Management of alcohol dependence:** Whether interns referred the patient to the drug and alcohol unit.

#### Indicator for Objective 3:

- **Management of alcohol dependence:** Whether interns prescribed approved drugs (e.g., prescription of thiamine, appropriate prescription of diazepam for withdrawal).

### Results

Several work practice improvements followed the increase in alcohol related education for medical students from the University of Adelaide in 1988, and expansion of the RAH’s drug and alcohol unit from 1990.

Interns were more likely to take a qualitative alcohol history for general admission patients and patients with other medical conditions in 1994 than 1988. However, interns’ recording of amount of alcohol consumed by general admission patients did not increase significantly after the introduction of the two strategies.

Interns’ alcohol management practices that improved following the implementation of the two work practice improvement strategies included:

- Increases in appropriate prescribing of diazepam and other drugs to treat alcohol problems
- Increases in referral of patients to the RAH drug and alcohol unit
- Increased use of alcohol withdrawal charts.

### Conclusion

This case study describes an evaluation of two interventions introduced to improve the diagnosis and management of patients with alcohol problems. It demonstrates the advantages of a well planned, adequately resourced evaluation of a large-scale intervention to change work practice. A shortcoming of this evaluation was the absence of process indicators – the evaluation could not gauge the effectiveness of the particular strategies implemented to achieve the objectives. Nonetheless, the various outcome indicators demonstrated work practice change over a six-year period.



## Information Sheet and Consent Form

For evaluation or research activities that involve collecting data from participants, there is an ethical requirement to:

- Provide participants with information regarding the evaluation / research project
- Obtain participants' informed consent.

Examples of an information sheet and consent form are provided below.

### 1. Information Sheet

All participants in an evaluation or research project should be provided with an information sheet about the project. It may also be appropriate to provide an information sheet to participants' managers or supervisors.

The information sheet should:

- Explain the reason for the evaluation and the value of participants' involvement
- Describe the method of data collection selected (e.g., focus group, questionnaire)
- Explain the processes used to ensure participants' confidentiality
- Explain that participation is voluntary
- Detail the potential for the evaluation to positively improve the initiative or program.

The following example information sheet provides a template that can be adapted to suit the evaluation strategy of a particular project / program. Information relevant to your project / program can be inserted in the sections indicated by italicised text.



## Example Information Sheet

This information sheet is an example from an evaluation program that involved focus groups with clients of a health service.



**Project Title:** Evaluation of the *(program name)* Program

**Researcher:** *(Name of person conducting the interview / focus group)*

Dear *(program name)* Program client,

I have been asked by *(organisation / agency requesting the evaluation)* to conduct an evaluation of the *(program name)*. Obtaining information from clients about how well the service is doing can help to identify areas for improvement.

I am conducting a focus group with people like you who have used the service at this *(service provider, e.g., Community Health Centre)*.

Focus groups are discussion groups to find out about people's perspectives, views and experiences. There are no 'right' or 'wrong' answers here; the purpose is to simply find out how you think and feel about the service and how it might be improved.

***Your participation is confidential and anonymous***

The focus group will be made up of *(number of clients to be involved)* clients who use the service at *(service provider)* and a facilitator *(insert name)*. Your answers will be treated in the strictest confidence – there will be no names or means of identification in any subsequent report. A condition of taking part in this focus group is that everyone treats what is said as confidential so we can all speak freely. The group should take about an hour of your time.

The focus group will be tape-recorded to help me to analyse and understand what is being said. There will be no identification marks on the tapes. Individual participants will not be able to be identified. The tapes will be kept in a secure, locked location.

Any names will be removed from all documents to ensure confidentiality. This includes the transcripts, and any reports used or written as a result of the evaluation.

***Your participation is voluntary***

Your participation in the focus group is voluntary; you have the right to refuse to take part or to leave the focus group at any time. You also have the right to withdraw anything you have said by asking me to erase any of your comments from the written record of the group discussion.

It is important to know that the services you receive and how you are treated will not be affected in any way if you decide not to take part in the focus group, or if you withdraw from the process once it has started. You are completely free to do this at any time.

If you have any concerns or questions please feel free to contact me (details provided below). You can also raise any issues or concerns with me on the day of the focus group.

Your contribution is very much valued, and I hope you can come along and enjoy the focus group.

Many thanks,

***(Name of person conducting the interview / focus group)***

***(Organisation address and contact phone number)***



## 2. Consent Form for Participation in Evaluation

Consent forms are often used in evaluation and research projects to ensure that participants are providing their informed consent regarding:

- The nature of the evaluation / research project and their contribution to it
- The way in which the information obtained from the project will be used (e.g., in reports, publications).

While the items provided in the example consent form will be applicable to most evaluations, this form can be adapted to suit the evaluation strategy used for a particular project / program.

### Example Consent Form

**Project Title:** Evaluation of the *(program name)* Program

**Researcher:** *(Name of person conducting the interview / focus group)*

- I have received and read the Information Sheet about this evaluation
- I understand the purpose of the evaluation and my involvement in it
- I understand that I may withdraw from the project at any stage
- I understand that while information gained during the project may be published, I will not be identified and my personal information and data will remain confidential
- I understand how this interview will work and why it is being conducted
- I understand that I will be audio taped during the interview
- I understand that the information I give will be kept secure and confidential.

Name of participant: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

I have provided information about the project to the participant and believe that he / she understands what is involved.

Researcher's signature: \_\_\_\_\_

Date: \_\_\_\_\_



**Hawe, P., Degeling, D., & Hall, J. (1990). *Evaluating health promotion: A healthy workers guide*. Sydney, New South Wales: MacLennan and Petty.**

This book highlights the importance of evaluation programs in the area of health care. It addresses two key areas: (1) what you need to know about evaluations, and, (2) the skills needed to implement evaluation. Key insights into the nature of the evaluation process, the benefits of evaluation and the range of evaluation methods applicable in health care are presented. The book is useful for managers / supervisors looking for advice and guidance on the practical considerations of planning project evaluations.

**Murray, C., Alyward, P., Cook, R., & Martin, M. *Planning and Evaluation Wizard (PEW)*. <http://www.sachru.sa.gov.au/pew/index.htm>**

This website is a useful, user-friendly website designed to assist managers and supervisors to carry out program evaluations in the health care field. It is particularly useful for managers and supervisors needing guidance in developing and planning evaluation projects and project reports. The website provides practical ideas and advice to support workforce development practice.

**O'Neill, M., Addy, D., Roche, A.M. (2004). *Guidelines for evaluating alcohol and other drug education and training programs*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.**

This monograph introduces a set of guidelines designed to assist educators, trainers and managers to evaluate alcohol and other drug (AOD) education and training programs. These guidelines explain the appropriate use of various evaluation measures, evaluation strategies, as well as when, why and how evaluations are conducted. In addition, a new training tool (the Work Practice Questionnaire) to assess the range of factors that influence work practices in the AOD area is introduced. These guidelines are suitable for readers aiming to improve evaluation practices in the AOD area and provide practical ideas and advice to support workforce development practice. Available at [www.nceta.flinders.edu.au](http://www.nceta.flinders.edu.au)

**Quinn Patton, M. (1997). *Utilization focussed evaluation: The new century text (3rd edition)*. Thousand Oaks, CA: Sage.**

This book provides a comprehensive framework for conducting program evaluations. Literature is reviewed concerning the usefulness of evaluation and choices, options and decisions relating to evaluation. In addition, the appropriateness of methods and practical concerns relating to evaluation are discussed. Relevant literature and case examples are provided, integrating theory and practice, to provide readers with insights into a range of evaluation approaches. This book provides practical ideas and advice to support workforce development practice.



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