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The AFFINITY Project Evaluation Framework

October 2019

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Introduction

The aims of the AFFINITY Project are (1) to increase awareness of the preventable nature of falls, (2) to promote healthy ageing across the life course and empower older persons, communities and health and social care providers to reduce the risk and rate of falling where possible, (3) to reduce the severity of injuries and (4) to promote the best possible outcomes for people who have suffered a falls-related injury. The Project intends to achieve its aims by providing an overarching framework for the implementation of a system-wide approach to prevention of falls and harm from falls in Ireland.

The Centre for Effective Services (CES) was contracted to work with and support the AFFINITY Project team to design an evaluation framework to inform the scale, scope and specification of any future commissioned evaluation. The purposes of the evaluation framework are to:

- Summarise the essential elements of project evaluation
- Provide a framework for conducting effective project evaluations
- Clarify steps in project evaluation
- Consider communication and dissemination strategies for sharing learning.

Methods Used to Develop the Evaluation Framework

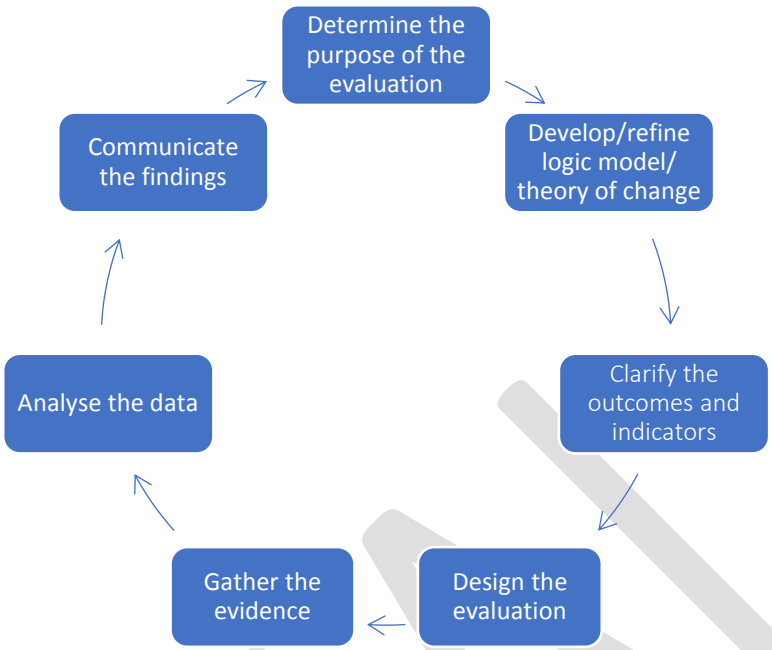
Working in partnership with the AFFINITY Project, the CES team undertook a range of activities to develop the evaluation framework, including a **literature review** on implementing and evaluating complex, systems change projects; **consultation with key stakeholders**; **review** of Irish health **datasets**, with a particular focus on falls and bone health datasets; **review** of population-level approaches to collecting falls and bone health data from several **other jurisdictions**; and **analysis** of all the primary, secondary and documentary data gathered.

The AFFINITY Project Evaluation Framework

The evaluation framework is composed of seven stages, as shown in

Figure 1. The framework can be used to inform any evaluation of the AFFINITY Project, or its constituent components. Each element of the evaluation cycle is discussed in detail in the main evaluation framework document; the main evaluation framework document includes a series of key messages for consideration by the AFFINITY Project team. These key messages are summarised below.

Figure 1: The Evaluation Cycle



10 Key Messages from the AFFINITY Project Evaluation Framework:

1. Evaluation can happen at any stage of the AFFINITY Project but should be planned for from the outset (see section 2.3[1]).
2. An evaluation of the AFFINITY Project may focus on process, outcomes and costs within a single study (see section 2.3).
3. No one evaluation study can address the almost infinite number of uncertainties that come with implementing a complex system-change initiative, such as the AFFINITY Project (see section 2.4).
4. Clarifying the audience, the evaluation purpose(s) and the associated evaluation questions is critical (see section 3.2).
5. Decisions on prioritising the audience for and the purpose(s) of any evaluation should take account of (see section 3.2.5 for more):
    - alignment with the AFFINITY Project logic model
    - AFFINITY Project and HSE strategic, policy and operational priorities
    - the stage(s) of implementation of the Project and its constituent parts
    - the resources needed to carry out the evaluation(s).

[1] More detailed information about each of the 10 key messages can be found in the relevant section of the main evaluation framework document.

6. The AFFINITY project logic model usefully articulates its outcomes, inputs, outputs and activities; consideration should be given to developing logic models for the individual/discrete components of the Project (see section 3.3).
7. The evaluation design(s) chosen for the AFFINITY Project will depend on (see section 3.5):
    - the evaluation questions to be addressed
    - the context and/or circumstances in which the project is being implemented, for example, randomised control trials (RCTs) are not suitable for all projects as policy reform at the national level can generally not be randomly allocated to one part of the country and not the other
    - the stage of implementation - the AFFINITY Project is made up of a number of discrete activities and initiatives at different stages of implementation, aiming to achieve to different outcomes and different approaches and different evaluation designs are likely to be required.
8. Decide what data is needed to evidence the achievement of implementation and service processes and outcomes and client outcomes.
9. Existing monitoring data and KPIs can be used in any evaluation(s) of the AFFINITY Project; it is also likely that new data will also need to be collected to answer the specific questions that any future evaluation(s) is intended to address (see section 3.4).
10. Different evaluation outputs will be needed for different evaluation audiences, consideration should be given to prioritising what gets written/produced/published and in what order.

Next steps for the AFFINITY Project Evaluation Framework

Important immediate next steps include clarification of the:

- Key audiences for the evaluation(s)
- The evaluation purpose(s)
- The evaluation questions.

Clarifying these key issues, will enable the AFFINITY Project team to identify resource requirements/implications of any evaluation(s) to be conducted; identify, select and agree from the range of data that are currently available the data that can best evidence the activities and outcomes articulated in the logic model, select the most appropriate and put in place systems to capture data not currently collected (as part of an evaluation process or wider monitoring plan); consider what type(s) of evaluation(s) designs may be required; and prepare tender documents to commission a team(s) to conduct the evaluation(s) of the Project.

Section 1: Introduction

1. Introduction

This document sets out the **evaluation framework** for the AFFINITY Project, informed by the work carried out by CES. This framework document is intended to inform the scale, scope and specification of any future commissioned evaluation(s). The key objective of CES' support to the HSE in developing the evaluation framework was to draft a fit-for-purpose, clear and strategic evaluation framework to support ongoing and future work of the AFFINITY Project.

The evaluation framework is one of three documents prepared by the Centre for Effective Services in partnership with the AFFINITY Project team and other AFFINITY stakeholder, intended to inform the approach taken to any future evaluation of the Project. The three documents are:

1. A literature review on implementing complex system change initiatives and evaluating systems change
2. An **evaluation framework** to inform any future evaluation(s) of the AFFINITY Project
3. A review of data collection and monitoring systems and associated gap analysis.

The following methods were used to conduct the evaluation framework, including:

- A literature review on implementing and evaluating complex, systems change projects
- Consultation with key stakeholders
- Review of Irish health datasets, with a focus on falls and bone health datasets
- Review of population-level approaches to collecting falls and bone health data from several other jurisdictions
- Analysis of primary and secondary data gathered during the consultation
- Triangulation and integration of the findings.

The key messages emerging from the development of this evaluation framework show that while evaluation can happen at time in the implementation of an initiative, planning for an evaluation should begin as early possible, preferably at the design stage of any initiative or project. It is important to recognise that no one evaluation study is ever likely to be able to answer the myriad of potential questions that a project's range of stakeholders may want answered. It is therefore critical that there is clarity about the audience for, purpose of and key questions in the evaluation. Carefully considering the timing of any evaluation and the stage of implementation for the project is also critical. While it is likely new data will also need to be collected to answer the specific questions that

any future evaluation(s) is intended to address, existing monitoring data and KPIs can and should be used in any evaluation(s) of the AFFINITY Project.

1.1 Background to the development of the evaluation framework

The HSE is committed to conducting an evaluation of the AFFINITY Project. As part of this commitment, the HSE conducted a market sounding exercise in February 2019 to secure support to inform the evaluation procurement process for the evaluation of the project at a later date. The key needs identified were as follows:

- To prepare an evaluation framework
    - Against which the AFFINITY project can be evaluated
    - To ensure that the supports needed to sustain and evolve the work are in place at local and national levels
    - That considered how an evaluation of budgetary impact/cost effectiveness of the project outcomes might be realisable.
- Data collection and monitoring systems
    - To identify existing data sources relevant to the processes, outcomes and impacts of the AFFINITY project as set out in the logic document
    - To assess the match between available existing data collection and monitoring systems and those required to measure and monitor the integrated falls and fracture prevention system set out in the logic document, to identify gaps and recommend additional data requirements.
- To support the drafting of evaluation procurement documentation.

In response to this market sounding exercise, the Centre for Effective Services (CES) was contracted to work with and support the AFFINITY Project team to address these needs.

The evaluation framework developed for the AFFINITY Project is based on the following principles that it:

- Aligns with the principles underpinning the AFFINITY Project
- Is applicable to the AFFINITY Project as a whole, or its constituent elements
- Can be applied flexibly and in response to changing circumstances, priorities, opportunities and challenges

- Supports learning
- Covers all stages of the evaluation process, from inception to communication of the findings
- Helps to generate useful findings for stakeholders at every level.

1.2 The AFFINITY Project

In 2008 the HSE launched the Strategy to Prevent Falls and Fractures in Ireland's Ageing Population. The AFFINITY Project was initially launched in 2013 to implement the strategy. It was agreed in 2016 that the Project needed to be refocused to take account of various structural changes in the HSE. In 2017 the AFFINITY National Falls and Bone Health Project (2018-2023) was established. HSE is leading the project, in collaboration with the State Claims Agency (SCA).

Falls are the leading cause of injury in people over 65 and can result in fractures, including hip fractures, loss of confidence and independence, and in some cases death. The estimated cost of falls related injuries to the economy is projected to reach €1.07 billion in 2020 rising to €2.04 billion by 2030 based on a scenario of a constant increase in the number of people with falls and fractures (Gannon et al., 2007). The aim of the AFFINITY National Falls and Bone Health Project[2] (2018-2023) is to coordinate the development of a comprehensive, nationwide evidence-informed approach to reducing harm from falls for older persons in Ireland. This involves all parties focusing on a common agenda of reducing falls and fractures by integrating primary prevention, secondary prevention and rehabilitation, as well as measuring outcomes collectively.

The aim of the Project is (1) to increase awareness of the preventable nature of falls and (2) to empower older persons, communities and health and social care providers to reduce the risk and rate of falling where possible, (3) to reduce the severity of injuries and (4) to promote the best possible outcomes for people who have suffered a falls-related injury. It seeks to bring renewed focus, coordination and clear direction to the spectrum of falls and fracture prevention service improvement initiatives currently underway across the country.

The AFFINITY Project intends to achieve its aims by providing an overarching framework for the implementation of a system-wide approach to prevention of falls and harm from falls in Ireland. This implementation framework seeks to: respond to the significant variations in content, governance and reach of programmes to prevent harm from falls around Ireland; implement a standardised approach to evaluating impact and outcomes; introduce a standardised suite of data that captures

[2] For the remainder of this document the term 'AFFINITY Project' or 'Project' is used for brevity.

process and outcomes across the system; and shift efforts to prevention of, rather than reaction to, falls.

Work under the AFFINITY Project focuses on:

- Promotion of falls prevention activities in well older persons, e.g. evidence-informed community-based exercise programmes that address balance and strength.
- Building community capacity for identifying and responding to those people within or moving into the at-risk group for falls.
- Supporting local areas to develop integrated clinical care pathways for assessment and treatment of those who have fallen.
- Evidence of prevention for older persons at high risk of falls such as in continuing care / residential and acute services.
- Lifelong optimisation of bone health and fracture liaison services for secondary fracture prevention.

The following principles underpin the AFFINITY project and implementation framework:

- Person-centred approach
- Aligned with the Integrated Care Framework for Older Persons
- System-wide approach
- Informed by implementation science
- Evidence in multiple forms, including clinical research evidence, the experience of service users and service providers, and data and learning from international implementation
- Evaluation
- Co-design
- Continuous improvement supported by data.

To date, the following progress has been made under the AFFINITY project:

- Governance structures have been established under the Integrated Care Programme for Older Persons (ICPOP)
- A working group has been established, and the group has developed a project plan including deliverables, work break down structure, timelines, etc.
- The programme of work is being progressed through AFFINITY work streams
- A Stakeholder Analysis & Communication Plan has been developed

- Links and collaborations have been established both nationally and internationally, e.g. Age Friendly Ireland; clinical programmes, including NCPOP; trauma & orthopaedics; emergency medicine; rheumatology, and falls prevention initiatives in New Zealand and Scotland
- A logic model for the Project has been developed
- A Service User panel has been established to ensure co-design.

1.3 About this evaluation framework

This evaluation framework is a practical, nonprescriptive tool that can be used to better understand evaluation and facilitate the integration of evaluation into the work of the AFFINITY Project. The purposes of the evaluation framework are to:

1. Summarise the essential elements of project[3] evaluation
2. Provide a framework for conducting effective project evaluations
3. Clarify the steps in project evaluation
4. Consider communication and dissemination strategies for sharing learning.

Following the steps of this framework will improve how evaluations are conceived and conducted (CDC, 1999).

This evaluation framework does not prescribe the types of evaluations to be conducted, instead it provides information on evaluation processes and prompts the reader to consider a range of important issues that will influence the evaluation approach adopted. In this way, the framework does not limit or compromise the potential for externally commissioned evaluation teams to offer creative evaluation design solutions to specific evaluation questions that are of interest to the AFFINITY Project.

1.4 The process of developing the evaluation framework for the AFFINITY Project

CES were commissioned by the HSE to work with the AFFINITY Project team[4] to:

1. Prepare an evaluation framework for the AFFINITY Project
2. Review existing and potential data collection and monitoring systems
3. Support the HSE in the drafting of the evaluation procurement document.

[3] The term 'project' is used to describe the object of the evaluation and includes programmes, services, interventions, initiatives or policies. The term 'Project' is used to describe the AFFINITY Project.
[4] The AFFINITY Project team includes the SCA-HSE collaboration; members of the National Working Group; members of the Work Stream Groups; and the Age Friendly partnerships.

The CES team undertook a range of activities to meet these three objectives, including:

- A literature review on implementing and evaluating complex, systems change projects
- Consultation with key stakeholders
- Review of Irish health datasets, with a focus on falls and bone health datasets
- Review of population-level approaches to collecting falls and bone health data from several other jurisdictions
- Analysis of primary and secondary data gathered during the consultation
- Triangulation and integration of the findings.

1.4.1 Data Collection

Data was collected using three methods: focus groups, one-to-one interviews and surveys. These methods were chosen to ensure that as many voices were included in the consultation process as possible. The CES team used existing meeting structures, such as the National Working Group and Work Stream Group meetings, to consult with their respective representatives and maximise participation. One-to-one telephone interviews were held with those stakeholders for whom group-based engagement was not possible. The written survey was used to gather the views of stakeholders unable to engage with the CES team through the workshops or interviews.

Focus Groups

Two focus groups were held with key stakeholders; participants included representatives from the Residential Workstream, Independent Living/Community Supported Workstream, Older Persons Service Improvement Team, Health and Wellbeing, Quality Improvement, the National Working Group, Primary Care Strategy and Planning, and Age Friendly Ireland. The first focus group took place on 16th April 2019 with members of the AFFINITY National Working Group. Seven members were in attendance. The second focus group was held on the 1st May 2019 with members of the Independent Living/Community Supported and Community Residential Work Streams. Six members were in attendance. The topics covered in both focus groups included:

- Overview of evaluation approaches
- Discussing audience & purpose for AFFINITY Project evaluation(s)
- Prioritising outcomes and identifying data types and sources.

Worksheets were filled out by the participants and findings described in this document were generated based on the discussion on the day and the worksheets.

Stakeholder Interviews

An interview guide was developed to ensure consistency between the separate stakeholder interviews. The choice of issues explored in the interviews was informed by Davies' (2013) Evaluability Assessment Checklist. Potential interviewees were identified in consultation with the HSE and SCA, and the invitations to participate were sent out through the HSE. Eleven telephone interviews were conducted at the end of May and beginning of June 2019. Interviewees included those with specific relevant expertise (for example relating to the Irish Hip Fracture Database & Major Trauma Audit, fracture liaison services, public health or local integrated falls services), and those in relevant high-level roles (in strategy and planning, older persons; the indemnifiers; and quality).

Interviews lasted approximately 20 minutes. Interviewees were provided with the interview guide in advance of the interview to give them time to consider their responses. The interview guide contained some information on the AFFINITY Project, the ongoing work to develop an evaluation framework and questions on the following themes:

1. Context and understanding of the stakeholder's role vis a vis the AFFINITY Project
2. Evaluation interests
3. Focus and purpose of the evaluation
4. Availability of data and capacity of monitoring and evaluation (M&E) systems to support the evaluation process
5. Wider system considerations.

Surveys

A small number of stakeholders were unable to participate in the workshops and/or interviews and it was agreed that they would be invited to respond in writing, using a structured survey. The survey included mainly open-ended questions and covered the same themes and issues as the questions used in the one-to-one interviews and workshops. A total of 9 surveys were issued and two completed surveys were returned and included in this analysis.

This evaluation framework is intended as a useful resource to support all staff, working on interventions supported by the AFFINITY Project, to better understand evaluation processes and in this context every effort was made to consult with as wide a range of stakeholders as possible. However, it is important to note that there are some limitations to the consultation process, including under-representation from certain stakeholders, e.g. acute hospital settings and indirect engagement with service users via the participation of Age Friendly Ireland. In addition, while the

framework document is intended to provide information on a range of evaluation designs and other evaluation-related issues, any future evaluation(s) of the AFFINITY Project will need to prioritise a core set of audiences, purposes and questions, and this is likely to require further consultation.

1.4.2 Data analysis

A thematic analysis approach was used to analyse consultation responses. Thematic analysis is a method for identifying, analysing and reporting patterns within qualitative data (Braun and Clarke, 2006). Interviewers made notes on responses during the interviews. Following the interview, the interview notes were analysed and collated by the CES team. The process of analysis involved three main stages:

- Initial coding of all transcribed data organised by topic
- Generation of organising constructs that cluster the initial codes according to meaning
- Identification of key elements of the evaluation framework for each topic, based on the implications of the organising constructs.

The analysis took a top-down approach, with coding focusing explicitly on the areas of interest highlighted in the interview guide. The analysis adopted a semantic approach, whereby the themes were identified within the explicit or surface meanings of the data. The analytic process involved a progression from a description of the data generated (where the data were organised to show patterns in semantic content and summarised) to interpretation, where there was an attempt to theorise the significance of the patterns and their broader meanings and implications (Patton, 1990) for the development of an evaluation framework for the AFFINITY Project. The organising constructs were discussed and interrogated to identify implications for the development of the evaluation framework.

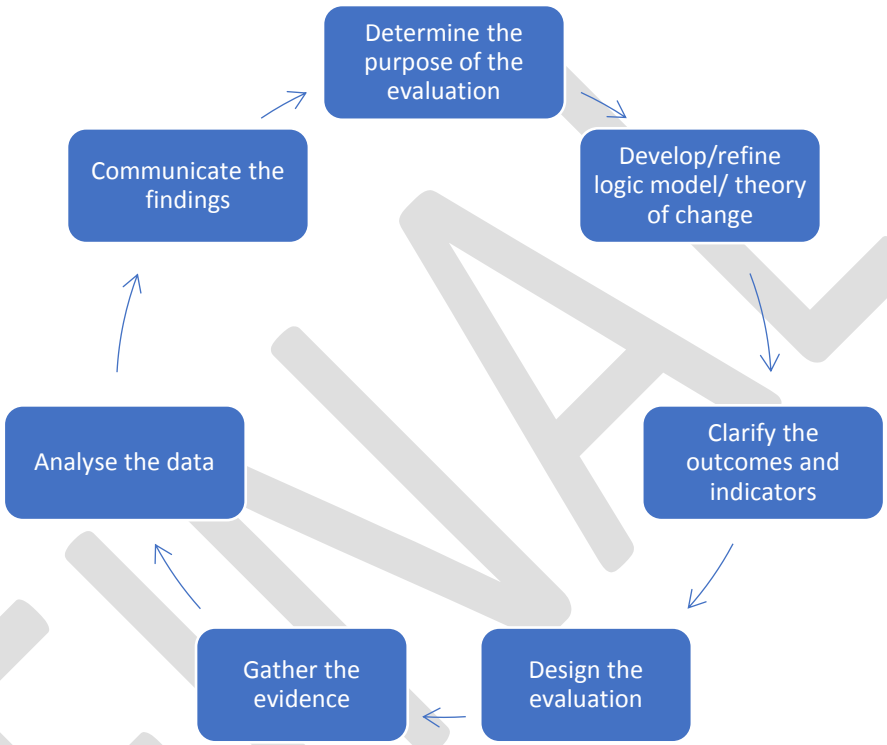
The findings from the interviews were then compared to the findings from the workshops and the survey data, and the over-arching implications for the development of an evaluation framework for the AFFINITY Project were identified.

Section 2: Evaluation Concepts

2.1 The Evaluation cycle

The evaluation framework is composed of seven stages, as shown in Figure 2. The framework can be used to inform any evaluation of the AFFINITY Project, or its constituent elements.

Figure 2: The Evaluation Cycle



Each stage represents a jumping off point where an evaluation of the AFFINITY Project can be tailored to meet a specified area of interest, at a certain point in time.

The stages are interdependent but are set out sequentially as earlier stages build the foundation for later stages. Decisions on how to address a stage are iterative and do not need to be confirmed until preceding stages have been comprehensively addressed. The stages have been designed on the basis that there is a good understanding of the programme outlined in the logic model. Working through these stages ensures that evaluations are both useful and used.

Each of these stages is discussed in turn in Section 3.

2.2 What is evaluation?

At its core, an evaluation is a judgement about the success (or otherwise) of something. In practice, evaluation involves the systematic comparison of project objectives to outcomes to determine the extent to which a project or initiative has achieved its aims.

Evaluation involves making assessments about what has led to observed changes over time, the significance of those changes and the potential consequences of those changes. Monitoring is the regular collection and analysis of agreed sets of data. The purpose of monitoring is to keep abreast of how a project is developing or performing, and to respond to arising issues or concerns. Monitoring should be undertaken as a part of good practice whether an evaluation is planned or not. Ongoing monitoring can provide useful data for an evaluation.

Evaluation reflects the judgement on project success, whereas monitoring is part of the process that can help to inform the judgement by providing ongoing feedback through regular data collection, review and analysis.

Good evaluation can support:

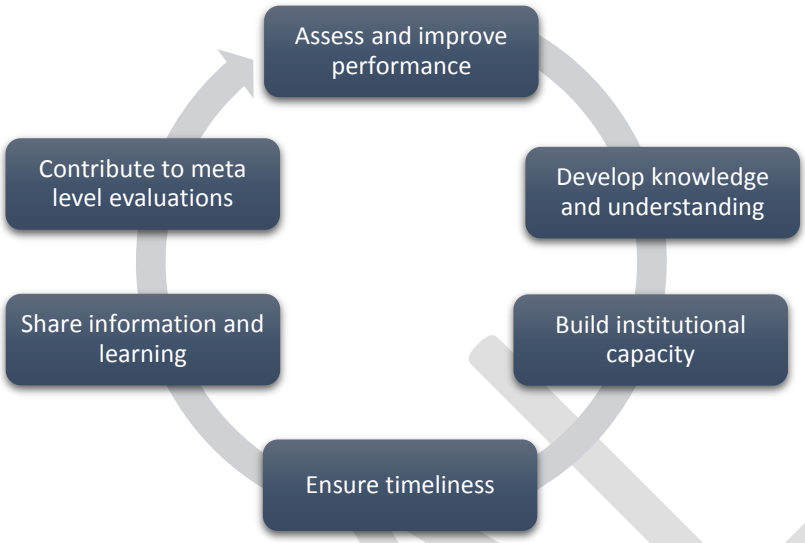
Accountability: Organisations can use the findings to demonstrate to funders, and other stakeholders, what they are doing and how well they are doing it.

Decision-making: Organisations can use the findings to decide if projects should be continued, improved, expanded or curtailed.

Learning and continuous improvement: An evaluation can answer questions about what works and why it works.

Other reasons for conducting an evaluation are provided in Figure 3.

Figure 3: Reasons for Evaluation



Evaluation can happen at the beginning, during or at the end of a project. While evaluation can happen at any time, planning for it should ideally be done at the start of a project and it should inform a continuous cycle of action, reflection and development.

2.3 Types of evaluation

A **process (or implementation) evaluation** is an assessment of how a project was delivered, i.e. administrative or systems processes; it *"verifies what the programme is and whether or not it is delivered as intended to the targeted recipients"* (Scheirer, 1994). Process evaluations:

- Focus on the implementation of a project
- Explore project purpose - what is it supposed to do, has it done it?
- Explore the internal and external assumptions made in project delivery.

Process evaluations are about the function of a service rather than about the outcomes achieved. Process evaluations can be undertaken when no outcomes data are yet available because a project has not been underway for very long, or when it would likely take a long time for changes to be seen in the target outcome.

Outcome evaluations look at the difference a service has made for the target group or for the system. Outcomes may be clinical, skills-based, behavioural or attitudinal, or relate to changed structures, processes and ways of interacting. An outcomes evaluation seeks to determine whether a project has resulted in targeted changes in the short- or medium-term. Outcome evaluations are concerned with:

- Finding out what, if any, intended or unintended outcomes have occurred for the target population as a result of a project
- Assessing if it was the project that made the difference to outcomes
- Assessing the observed characteristics of the target population; they are not concerned with assessing the characteristics of the project.

An **impact evaluation** is an assessment of whether a project resulted in targeted changes in the longer-term. Impact evaluations are concerned with:

- Longer-term consequences of the project
- Have the benefits been sustained?
- Have the benefits been experienced beyond the original target population?
- Finding out whether the AFFINITY Project actually produced the intended effects over and above what would have occurred without the project.

A **cost evaluation** is an assessment of how a project's costs relate to programme results. There are different types of cost evaluations including cost-benefit and cost-effectiveness evaluations. Cost evaluations are useful for making decisions on the allocation of resources and for gaining support; they help to inform decision-makers about the cost of project outcomes and whether the benefits achieved justify those costs. Cost-benefit evaluations express outcomes in monetary terms; while cost-effectiveness evaluations express outcomes, not just monetary terms but in terms of the overall contribution that the project makes to the achievement of a particular strategy or policy goal (Rossi et al, 2004). There is a growing interest (and requirement) from policy-makers, funders, managers and others in evaluating costs of new innovations/initiatives. Conducting cost-effectiveness or cost-benefit evaluations requires specialist skills.

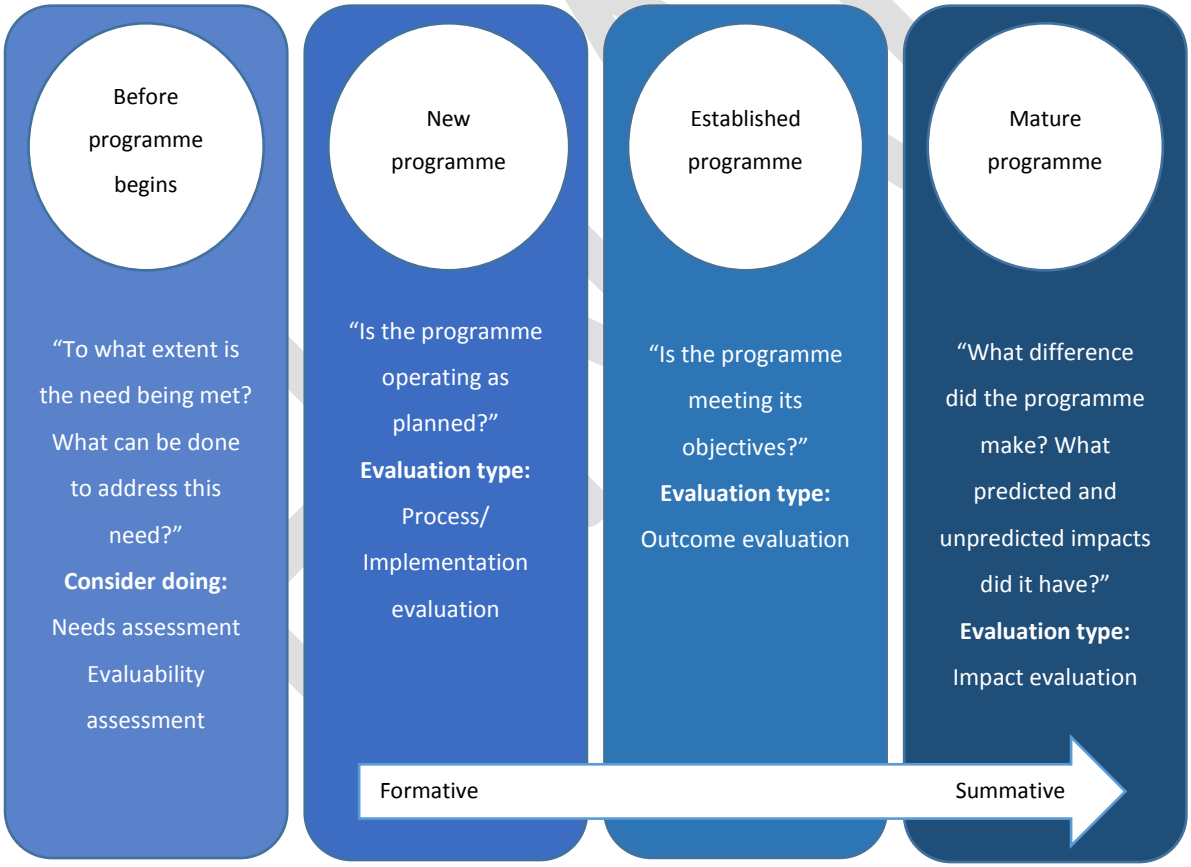
An evaluation may consider the AFFFINITY Project as a whole or an aspect of one of the constituent elements of the AFFINITY Project, for instance a process evaluation looking at how falls prevention education is delivered and who is accessing it.

An evaluation study may focus on processes, outcomes and costs within a single study design.

Evaluations conducted at the beginning of a project or when a new initiative is just starting are sometimes called **formative evaluations.** Formative evaluations are about taking stock of progress as the project progresses. Formative evaluations engage with the range of stakeholders involved in a project and can take account of the service user experience. A formative evaluation can provide information on how a project can be developed or improved.

Evaluations that take place at the end of a project or when a project is concluding are sometimes called **summative evaluations.** Summative evaluations are about *summing up* what was achieved. A summative evaluation should only be considered when a project has been running long enough to be properly implemented and can demonstrate results.

Figure 4: Types and Timings of Evaluations



While initially launched in 2013, the 2016 refocusing of the project means that the AFFINITY Project is in the early stages of development and in implementation cycle and evaluation terms, a new programme. This suggests that any evaluation of the AFFINITY Project as a whole conducted in the near future will likely be formative in nature.

2.4 Assessing evaluation readiness

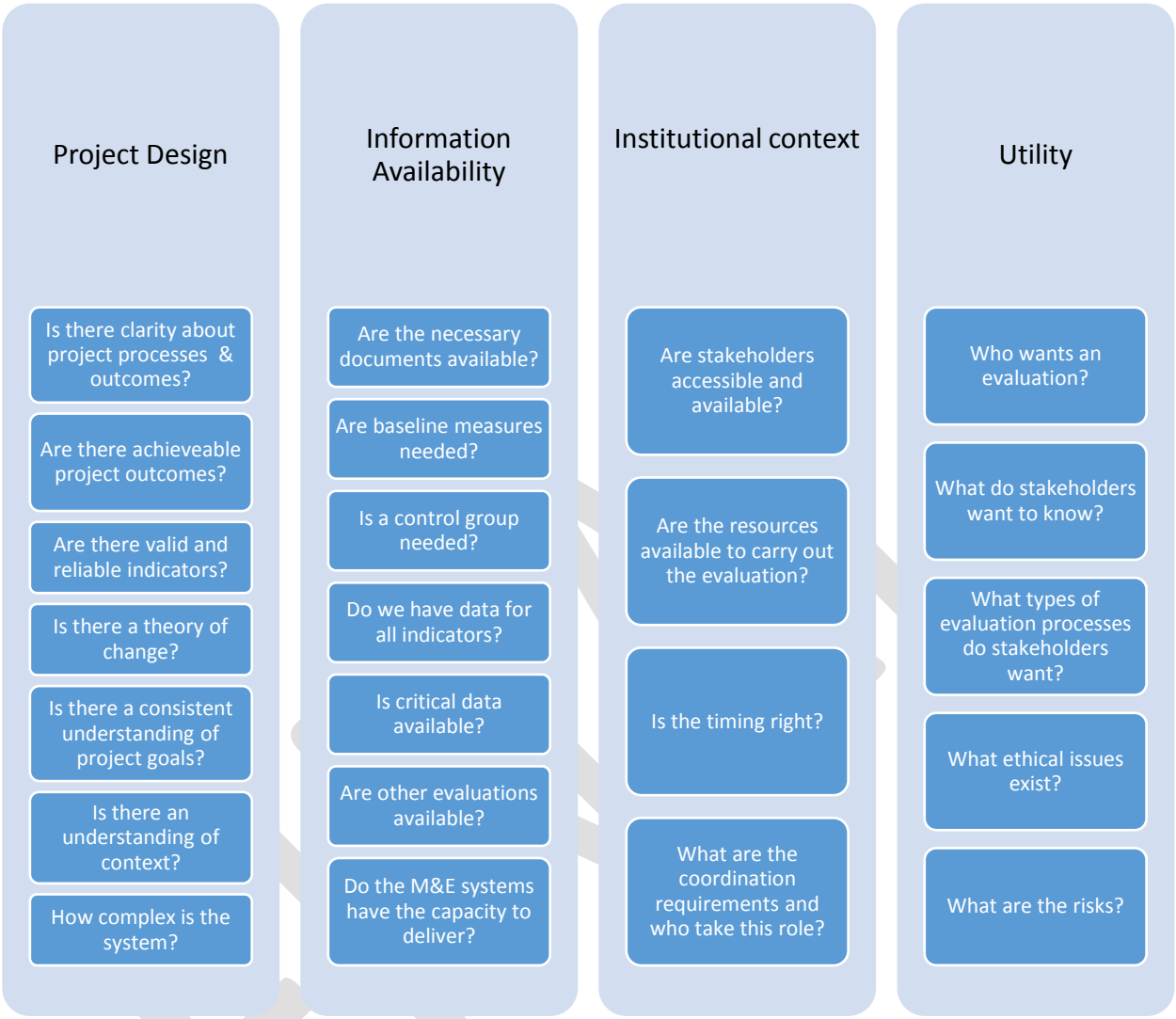
An **Evaluability Assessment** is a systematic approach to planning evaluation projects; an evaluability assessment can be used to assess evaluation readiness and can help to identify the type of evaluation to be carried out. It involves structured engagement with stakeholders to clarify project goals and how they are expected to be achieved, development and evaluation of a logic model or theory of change, identification of existing data sources, and provision of advice on whether an evaluation can be carried out at reasonable cost or whether further development work on the project should be completed first (Brunner et al, 2019). The most relevant issues typically considered in evaluability assessments are also included this evaluation framework.

The evaluation of the AFFINITY project as a whole will differ from the evaluation of its individual components in terms of scale. Whether the whole AFFINITY Project or its individual components are evaluated, the same set of approaches and methods are likely to be used. Evaluations of individual components of the AFFINITY Project will be more focused on a single activity, process or outcome. Whereas, an evaluation of the AFFINITY Project as a whole may be more complex and look at a wide range of objectives, activities and outcomes. This framework can be applied to both the AFFINITY Project as a whole and to its constituent parts.

In thinking about whether an evaluation of the AFFINITY Project as whole or its individual components is required and/or appropriate, it is important to consider whether the project is suitable or 'ready' for an evaluation to be conducted on it. There are a number of tools and checklists that can be used to assess the evaluability of a project. Evaluability assessment tools typically include a series of questions that facilitate reflection and consideration of a range of issues that affect the feasibility of conducting an evaluation and support decision-making about what, if any, type of evaluation should be conducted.

Typical issues for consideration in evaluability assessments are included in Figure 5.

Figure 5: Assessing the Evaluability of the Project



Adapted from Davies, R., 2013. *Planning Evaluability Assessments: A Synthesis of the Literature with Recommendations*. Report of a Study Commissioned by the Department for International Development: London. Available at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/248656/wp40-planning-eval-assessments.pdf

In considering the evaluability and scope and scale of the evaluation, it important to remember that, as the literature suggests, "no evaluation will ever be able to address the almost infinite number of uncertainties posed by the introduction of change into a complex system" (Moore et al, 2019).

2.5 Governance arrangements for evaluations

Once it has been agreed to proceed with an evaluation, it is important to consider the types of decision-making and/or governance arrangements that might be needed to monitor and support the evaluation process. Deciding on the scope and responsibilities of the(se) groups and/or structures is important. Should they:

- Provide **advice** to the project team, by reviewing material and making suggestions to others who make the decisions?
- Make **recommendations** to the project team by reviewing materials and suggestions and making recommendations to others who make the decisions?
- Make **decisions** by having final control over decisions in the evaluation?

An expert or technical reference group with specific content or evaluation methodological expertise could be established to provide targeted advice. Project stakeholders, with different perspectives, might be invited to join a structure or group to inform the scope of the evaluation or advise or make recommendations about specific issues, such as the interpretation of findings. (https://www.betterevaluation.org/en/rainbow_framework/manage/establish_decision_making_processes)

More than one type of group may need to be established. Whatever the arrangements and however many structures/groups are put in place, clarity about role and purpose is critical. It is important, therefore, to have in place clear and agreed terms of reference (ToR) for each governance group/structure. Regular review of the groups/structures to ensure that their ToR remain relevant and appropriate is important, particularly for evaluation projects carried out over longer timeframes.

2.6 Commissioning an evaluation team

Once it has been decided to proceed with carrying out an evaluation, consideration will need to be given to who will conduct the evaluation and how can they be commissioned to carry out the evaluation. When considering if, and when, to commission an external team to conduct the evaluation, the following are useful questions to consider:

- What is the significance of the Project to the HSEs wider strategic goals?
- Who is the audience for the evaluation and what are their interests?
- Is there benefit to having independent results available to stakeholders?
- At what stage of the implementation cycle is the AFFINITY Project, or the element of the AFFINITY Project being evaluated?

- What type of evaluation is required- outcomes, process, cost or a combination of all three?
- The scale of the project: large scale projects may require a lot of resources and skills to evaluate them.
- What skills will be needed to design the evaluation and to collect, analyse and interpret the evaluation data; where are those skills available?
- What resources, e.g. personnel, financial, time, etc., are needed to manage the evaluation process, and are they available?
- Is there a budget available to commission an evaluation?
- Whether academic or other commissioned evaluations are appropriate to the project's needs?
- The degree of familiarity with the project that is necessary to conduct a meaningful evaluation.

These questions and others will be answered as the evaluation cycle is worked through, discussed in Section 3 below.

If the decision is made to pursue an external evaluation of the AFFINITY Project, the following issues/ questions need to be considered:

- What procurement processes should be used? The budget will be a key consideration, as the procurement of services in excess of €25,000 will need to be tendered publicly through the e-tenders process. It is important to note that tenders issued via e-tenders must be advertised for a minimum of 28 days and that a further 14-day standstill period must be observed once the evaluation team has been selected. For further advice and information on procurement policies and procedures, contact the HSE procurement office.
- What governance and oversight structures are needed to support the evaluation? For example, is technical expertise in the form of an expert advisory group, or internal governance and leadership in the form of a steering/oversight group?
- Consideration needs to be given to contractual arrangements. Are there existing contracts or service level agreements that can be adapted or used for the purpose of the evaluation?
- Who will retain the Intellectual Property Rights (IPR) emerging from the evaluation?
- What outputs are required from the evaluation, e.g. interim report, final report, summary report, briefing papers, etc.?
- Agree in advance whether the evaluation report should make recommendations, identify learning or both.

2.7 Key Messages

- **Evaluation is a judgement about the success (or otherwise) of a project/initiative. Monitoring is not the same as evaluation, but monitoring can be used to inform and support the evaluation process.**
- **Evaluation planning should start as early as possible, preferably as the project/initiative is being designed.**
- **Evaluations can happen at any stage of a project.**
- **There are different types of evaluation: implementation (process), outcomes, impact and cost – a single evaluation study can focus on one or all of these elements.**
- **In thinking about the scale and scope of the evaluation, remember that no one evaluation will be able to address the almost endless number of uncertainties that come with implementing complex system change initiatives.**

Section 3: The AFFINITY Project Evaluation Framework

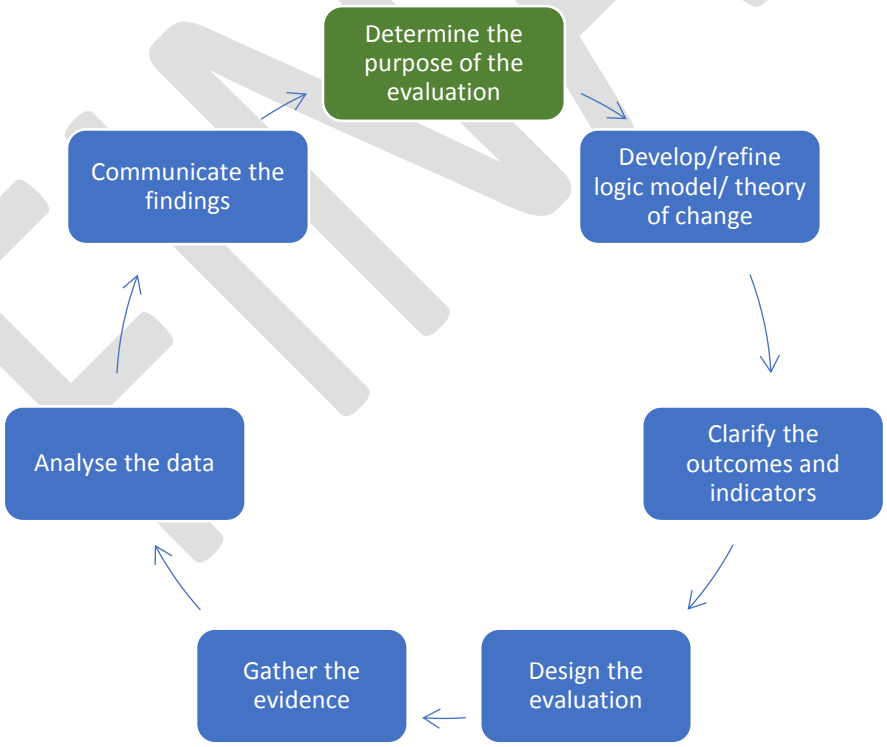
3.1 Introduction

The following sections set out the suggested evaluation framework for the AFFINITY Project based on the findings from the review of the literature on evaluating complex system-change initiatives; the gap analysis of falls and bone health datasets currently available in Ireland and learning from international efforts in this regard; and the consultation with stakeholders. Each part of the evaluation cycle is discussed in turn in Section 3.

3.2 Determine the purpose and focus of the evaluation

Evaluation is undertaken for a range of purposes, but the aim is usually to determine if a project or initiative is working as well as is possible.

Figure 6: The Evaluation Cycle – Step 1



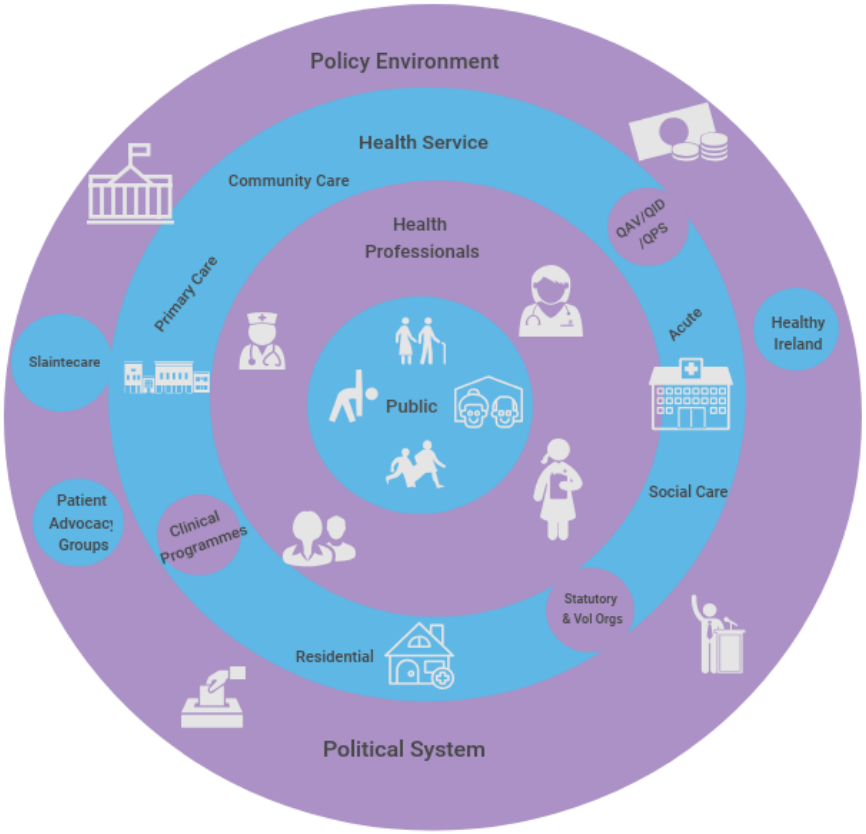
The AFFINITY Project is a complex project involving a range of contexts, actors and processes. It is composed of a range of actions in various settings, each of which could be individually evaluated, in addition to evaluating the Project as a whole.

3.2.1 AFFINITY Project evaluation audiences

Many people can be interested in and affected by the findings of an evaluation. It is important to be clear about the audience(s) for the evaluation. Identifying who the evaluation is aimed at goes hand-in-hand with clarifying the evaluation purpose. The first step in agreeing the purpose and focus of the evaluation(s) is to identify the likely key audiences and stakeholders of any evaluation process and their likely evaluation interests.

The participants who engaged in the consultation process for the development of this framework identified a number of potential audiences for an evaluation of the AFFINITY Project with both overlapping and unique interests in any potential evaluations. The audiences identified by stakeholders are reflected in Figure 7:

Figure 7: Range of Potential Audiences for an Evaluation of the AFFINITY Project



For a detailed description of the audiences identified, see Appendix 2.

3.2.2 Purpose and focus of the AFFINITY Project evaluation

Evaluation works best when all stakeholders are clear about the purpose and how the evaluation will be conducted. Evaluation can take many forms, but in all cases, information needs to be gathered in a timely and reliable way.

Evaluation can be about one or a combination of the following things:

- **Process/approach:** Is the project delivered as planned; was the approach beneficial?
- **Outcomes/Impact:** Is the project achieving its aims and objectives; is the project effective?
- **Value:** How much does it cost to deliver the project; is the project being delivered efficiently/ is the project making the best use of resources; is the project value for money?
- **Relevance:** What is the (continuing) need for this project?
- **Contribution to the evidence base**: Do the findings from the evaluation contribute to our understanding of what works, and how and why it works?

Stakeholders that engaged in the consultation process identified each of the above as important potential foci for the evaluation(s) of the AFFINITY Project. The areas of interest and purposes of the evaluation considered important to the variety of stakeholders consulted and the audiences identified are summarised in Table 1 and are mapped onto the types of evaluation that best address those interests/purposes.

Table 1: Audiences, Stakeholders, Evaluation Interests and Evaluation Purposes: Identified by Stakeholders Taking Part in the Consultation Process

Who are the audiences/ stakeholders?	Evaluation interests	Evaluation type	Evaluation purpose(s)
Older persons and their families/carers	• How best to reduce the risk of falls and harm from falls for older persons • What services are available and how best to access to them • What works/what supports older persons	Process Outcomes	• Information on Healthy Ageing, Falls & Bone Health • Raising awareness • Implementing advice and practices • Advocating for access to services that demonstrate achievement of outcomes
General public	• Maintenance of health and wellbeing • Awareness of health behaviours • What services – preventative and treatment – are available and how best to access them • Government spending on the Project	Process Outcomes Cost-Benefit/ effectiveness	• Information • Raising awareness • Implementing advice • Advocating for access to services that demonstrate achievement of outcomes
Health professionals	• Whether and what difference the AFFINITY Project is making • Learning about and demonstrating best practice, and implementing evidence-based practice • Processes and structures needed to support and achieve change • If, and in what ways and why, have referral pathways and service integration changed? • Risk reduction within settings • Prevention of falls within settings	Process Outcomes	• Informing frontline practice • Informing changes to service delivery • Informing changes to referral pathways • Demonstrating effectiveness
HSE	• Evidence-based best practice • Are resources being used effectively? • Cost effectiveness • Outcomes for citizens	Outcomes Cost effectiveness	• Funding and resource allocation • Quality improvement • Fostering a learning organisation • Planning for the future

Who are the audiences/ stakeholders?	Evaluation interests	Evaluation type	Evaluation purpose(s)
Project sponsor and strategic partners	• Cost effectiveness • Impact of the AFFINITY Project • Outcomes for patients • Alignment with HSE strategy and service development/improvement plans • Quality of care	Process Outcomes Cost-Benefit	• Funding and resource allocation • Priority actions/projects/programmes of work • Advocating for funding and resources from central government • Scalability and replicability of implementation approaches
QAV, National QI	• How best to support frontline management of services? • Increased quality/improving service quality • Alignment with service development/improvement plans • Patient safety • Reduction in harm from falls within settings	Process Outcomes	• Informing practice • Informing training and professional supports to improve practice • Supporting evidence-informed implementation of changes in service delivery • Prioritise/re-prioritise effective strategies for patient safety
Other statutory, and community & voluntary sector organisations	• Resource allocation for the common good • Integration of services • Strategies and interventions that achieve outcomes for patients • Accountability • Understanding the AFFINITY Project better, e.g. impact and relevance	Process Outcomes Cost effectiveness	• Advocacy • Information sharing • Informing own practice and strategies • Collective working and shared resource allocation
Related programmes of work	• Working together to support the achievement of mutual goals • How initiatives/interventions relate to each other • Unique contribution of the AFFINITY Project	Process Outcomes	• Informing own practice • Advocating for change • Empowering citizens
Regulatory and/or professional bodies	• Working together to support the achievement of mutual goals • How initiatives/interventions relate to each other	Process Outcomes	• Informing own practice • Advocating for change

Who are the audiences/ stakeholders?	Evaluation interests	Evaluation type	Evaluation purpose(s)
Political system and policy makers	• Strategic planning • Policy development • Funding decisions • Scalability of interventions/approaches • Accountability • Demonstrate results • Financial implications • Implications for health of future populations	Outcomes Process Cost-Benefit	• Strategic planning • Policy development • Replication of approach • Advocacy • Scale-ability

3.2.3 What is (are) the evaluation question(s)?

Given the various interests noted above, it is important to be clear about the purpose(s) of the evaluation. This comes down to the specific question or questions that the evaluation should answer. For example, if knowing about how well a project is being implemented, as opposed to its impact, is of interest, then the types of questions will be different. The more specific and well-crafted the question(s), the easier it will be to conduct the evaluation. Specific, well-crafted questions will also enhance the effectiveness and efficiency of the evaluation process, minimising the potential of participants experiencing 'evaluation fatigue' by having to answer too many questions and/or questions that are vague and lacking in relevancy.

Evaluation questions that emerged from the analysis of the consultation data included the following:

Table 2: Examples of Evaluation Questions Emerging from the Consultation Process

Evaluation purposes	Evaluation questions
Implementation (process)	• What is the AFFINITY Project and how is it being implemented? • What processes and structures are needed to support and achieve change?
Outcomes	**Implementation outcomes:** • Has professional practice(s) changed, if so, in what ways and why? • Has awareness been raised among staff as to their role in reducing harm from falls? • Have referral pathways and service integration changed, if so, in what ways and why? **Service outcomes:** • Has the quality of care for clients improved? • Has patient safety improved? • Has there been a change in the reported number of falls? • Has there been a reduction in harm from falls in health and other settings? • Is the Project contributing to equitable access to falls services? • What is the contribution of the AFFINITY Project to the achievement of client outcomes? **Client outcomes:** • Has awareness been raised among older people and the wider population about key messages to reduce harm from falls? • Is the general public more empowered to maintain their health and wellbeing?
Relevance	• Is the Project aligned with HSE strategy and service development/improvement plans? • What services are available and how best can clients access

Evaluation purposes	Evaluation questions
	them?
Cost	• Is the Project cost-effective? • Are resources optimally allocated?

3.2.4 Next steps in determining evaluation purpose and evaluation questions

The questions included in Table 2 are examples of the types of the evaluation questions that could address stakeholder interests identified through the consultation process. It is therefore important to note that further discussion and refinement of these questions is required to consider the:

- Alignment/compatibility of audience/stakeholder interests/purposes with the outcomes specified in the AFFINITY Project logic model
- Ways in which the questions could be equally asked of the AFFINITY Project as whole as well as the individual strands of work within the AFFINITY Project
- Timing and pace of implementation/change
- Resources needed to conduct an evaluation(s)
- AFFINITY Project priorities

The following tools may be helpful when further refining and defining the purpose(s) of the evaluation and the evaluation questions to be answered:

Table 3: Refining the Evaluation Purpose & the Evaluation Questions

If the purpose of the evaluation is to investigate…	Then the following examples of evaluation questions identified through the consultation process are relevant…
Process/implementation	• How is the AFFINITY Project being implemented; what are the enablers and barriers to implementation? • What processes and structures are needed to support and achieve change?
Outcomes/Impact	**Implementation Outcomes:** • Has awareness been raised among staff about their role in reducing harms from falls? • Has professional practice changed, if so, in what ways and why? • Have referral pathways and service integration changed, if so, in what ways and why? **Service Outcomes:** • Has the quality of care for clients improved?

If the purpose of the evaluation is to investigate…	Then the following examples of evaluation questions identified through the consultation process are relevant…
	• Has patient safety improved? • Has there been a change in the reported number of falls? • Has there been a reduction in harm from falls in health and other settings? **Client Outcomes:** • Has awareness been raised among older people and the wider population about key messages to reduce harm from falls, such as the role of exercise and optimising bone health? • Is the general public more empowered to maintain their health and wellbeing?
Value	• Is the Project cost effective? • Are resources optimally allocated?
Relevance	• Is the Project aligned with HSE strategy and service development/improvement plans? • What services are available and how can clients best access them?
Contribute to the evidence base	• What is the contribution of the AFFINITY Project to the achievement of client outcomes?

Table 4: Identifying the Elements of the AFFINITY Project to be evaluated

If the research question relates to…	Then the following elements of the AFFINITY Project should be evaluated…
How is the AFFINITY Project being implemented; what are enablers and barriers to implementation?	• Implementation approach, e.g. implementation framework; use of implementation teams; use of implementation plans • Collaborative, multidisciplinary working practices • Governance, support and other change management structures
Has professional practice changed, is so, in what ways and why?	• Practice on the wards and in EDs and in community settings • Referral pathways • Assessment processes
Has there been a change in then number of falls in health and other care settings?	• Policy and practice in public and private health care, community care and residential settings • Rates and types of falls in public and private health care, community care and residential settings
Is the general public more empowered to maintain their health and wellbeing?	• Client/general public knowledge, behaviours and attitudes • Awareness raising campaigns and activities

If the research question relates to…	Then the following elements of the AFFINITY Project should be evaluated…
	• Community-based prevention and early intervention activities

Table 5: Identifying Outcomes to be Achieved

If the research question relates to the following settings/target groups…	Then the following examples of outcomes from the AFFINITY Project logic model are expected…
Community-based projects	• Increased awareness across the board that preventing harm from falls is a key aspect of healthy ageing • Improved public awareness • Increased attendance at classes • Reduced rates of ED attendances with falls-related injuries • Greater inclusion of bone health and fracture liaison services
ED	• Increased awareness across the board that preventing harm from falls is a key aspect of healthy ageing • Reduced variation in access to quality evidence-based and sustainable services • Clarity on points of access to required services • Improved access to fracture liaison services
Residential settings	• Increased awareness across the board that preventing harm from falls is a key aspect of healthy ageing • Increased staff capability and capacity to prevent and manage harmful falls (a) to make every contact count and (b) to optimise their own health in this area
AFFINITY Project	• Increased awareness across the board that preventing harm from falls is a key aspect of healthy ageing • Improved integrated care pathways • Systems integration

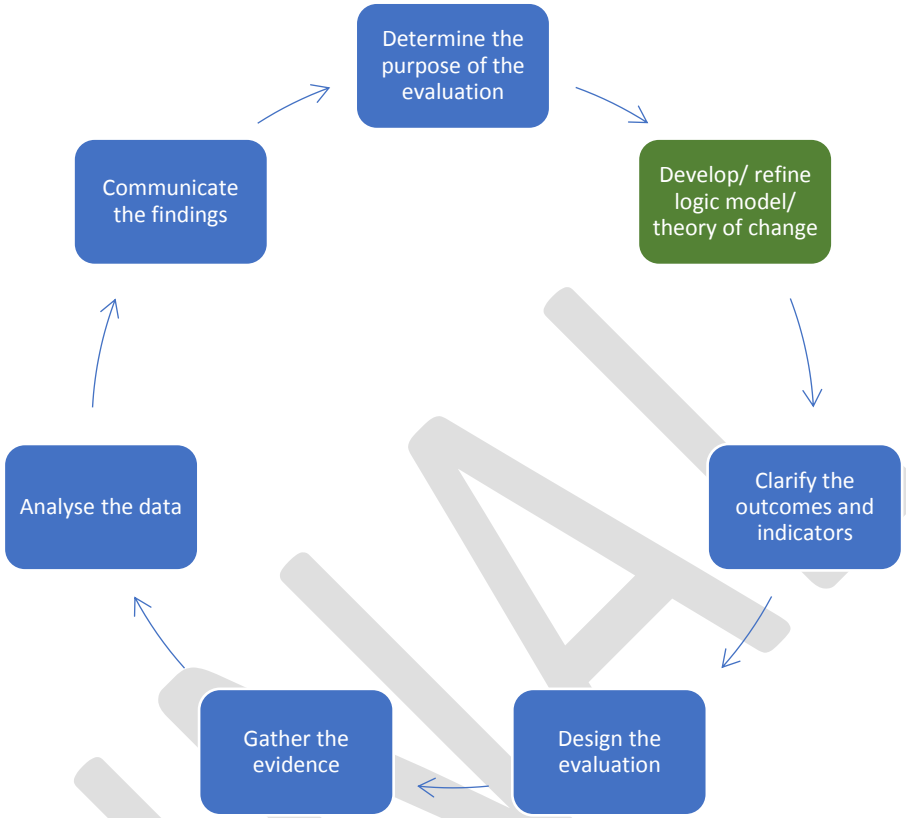
Once the evaluation questions have been agreed, decisions about the type of evaluation needed can be made. It is important to note that the different types of evaluation are not mutually exclusive, and it is perfectly possible to assess the achievement of outcomes, issues of implementation and cost in one evaluation study. There is also a need to consider tailored messaging for high risk populations including people with intellectual disabilities and Irish Travellers.

3.2.5 Key Messages

1. Clarifying the audience for the evaluation, and the evaluation purpose and questions with the stakeholders are critical; evaluation works best when all stakeholders are clear and have a shared understanding of the evaluation to be conducted.
2. Specific, well-crafted questions, agreed with key stakeholders, will make the evaluation easier to conduct, more effective and more efficient.
3. Prioritising who the key audiences are, clarifying the purpose(s) of the evaluation and identifying key evaluation questions is important, taking account of:
    - The alignment of stakeholder evaluation interests, aims and questions with the AFFINITY Project logic model
    - AFFINITY and HSE strategic, policy and operational priorities
    - The stage(s) of implementation of the Project and its constituent parts
    - The resources needed to carry out an evaluation(s).
4. Establishing governance arrangements early in the evaluation project and developing clear terms of reference for any governance groups/structures is critical.

3.3 Develop/refine project logic model for the evaluation

Figure 8: The Evaluation Cycle – Step 2



Before commencing an evaluation, clarity is needed on what the project is, how it works, what it aims to achieve and the context in which it is delivered. The nature of a project and the context in which it is delivered both influence the evaluation. A logic model is one visual tool that can articulate what the project is, how it works and what it aims to achieve. A logic model is not a static document, rather it can and should be reviewed and updated as a project evolves. The core elements of a logic model are shown in
Figure 9 below.

Figure 9: Core Elements of a Logic Model

A brief explanation of each component of the logic model template is provided below.

Situation analysis

Situation analysis refers to the project context of a project and the need it intends to meet. It may consider the problems and issues of a population group and/or the local or wider causes of problems and issues.

Outcomes

Outcomes are the specific ***changes*** the initiative aims to achieve in the short- and long-term. These can include changes in knowledge, behaviour, practice, decision-making, policies, social action, condition, status etc.

Outputs / Activities

Outputs and activities are key areas of work that will help to achieve the desired outcomes. They describe what will be done with whom, how many, where, when, how and how often. Specific outputs can be included here, such as numbers of people trained or qualified, tools and resources produced, and development and use of processes and structures.

Inputs

Inputs refers to the resources that go into delivering a project. Inputs essentially enable outputs/activities. Resources can include staff, equipment, buildings, technology, information systems, and support structures.

Developing a logic model is particularly helpful for determining evaluation purposes, as it helps to ensure that the causal relationships between inputs, outputs, outcomes and impacts are thought through carefully. A logic model also supports evaluation as it helps to identify:

- What is important to measure
- Evaluation questions
- Indicators that help to answer these questions.

3.3.1 Development of the AFFINITY logic model

The AFFINITY project has developed a logic model. The logic model for the AFFINITY project can be used to:

- Match the evaluation aims to the anticipated outcomes of the project
- Understand what it to be measured and when it is to be measured depending on the focus of the evaluation (e.g. process, outcomes or both)
- Bring focus to the evaluation to guide the collection and analysis of relevant information by helping to prioritise where evaluation resources are spent.

The logic model for the AFFINITY Project is presented below in Figure 10.

Figure 10: AFFINITY Project Logic Model

Situation Analysis	Inputs	Activities/Outputs	Short-term Outcomes	Long-term Outcomes
• The risk of falls increases with age • Est. 60,000 people in Ireland require medical attention for falls each year. • Falls leading cause of injury in older people, resulting in fractures head injuries and death-193 people over 65 died in falls in 2015. • Falls account for 77% major trauma presentations in this age group. • Economic cost of falls predicted to be €1b by 2020 and €2b by 2030 in the absence of implementation of National Falls & Bone Health Strategy. • Harm from falls is a major cost driver for ED attendances, hospital and continuing care admissions. • Accumulation of research evidence that falls can be prevented but implementation gap.	• National Working Group & Work streams to coordinate development of necessary enablers to reduce harm from falls (including guidance framework, evaluation framework and resources for service users and clinicians). • ICPOP National Steering Group for high level sponsorship. • Advisory group - subject matter and other relevant experts. • Service user input for co-design. • Evidence including the experience of service users, the wisdom of people on the front line, good quality data and the learning emerging from research and international implementation. • Clinical Champions/Leaders.	• Develop a stakeholder analysis and engagement plan. • Engage with stakeholders including service users to ensure co-design. • Coordinate a high-level scoping / gap analysis of existing services. • Facilitate partnerships and integration within and between health and social care services and across the wider system. • Develop the Framework for Prevention of falls and harm from falls for CHO's and Hospital Groups. • Identify key development priorities for falls and bone health nationally for 2019-2023 incorporating: analysis of cost effectiveness of proposed models.	**Implementation Outcomes** • Increased awareness across the board that preventing harm from falls is a key aspect of healthy ageing. • Collective vision on falls & fracture prevention system for Ireland achieved through partnership in co-design. • National framework/ Guidance on integrated falls and fracture prevention system for CHO & Hospital level cross sectorial partnerships. • National evaluation framework/ dashboard & KPIs for integrated falls & fracture systems. • Awareness raising & technical guidance on Age Friendly Housing & Public Realm Design Principles (Including Safety). **Service Outcomes** • Integrated Governance structures at local partnership level. • Local implementation groups to develop CHO & Hospital level plans in line with the national framework.	**Implementation Outcomes** • Reducing falls & harm from falls embedded in all health and social care services and wider community. • A falls and fracture prevention system that integrates primary & secondary prevention and rehabilitation through sustainable partnerships at national and CHO/Hospital/Local community partnership levels. • Reduced variation in access to quality evidence based and sustainable services to reduce harm from falls. • Improved access to Fracture Liaison Services. • Value for money through increased focus to prevention. **Service Outcomes** • Reduced rates of ED attendances with falls related injuries. • Reduced prevalence of hip fractures across settings. • Primary and Secondary fragility fracture prevention. • Clarity on points of access to required services. • Equity of access regardless of geographical location.

Situation Analysis	Inputs	Activities/Outputs	Short-term Outcomes	Long-term Outcomes
• Lack of awareness among the public and service providers that many falls are preventable. • Missed opportunities for prevention. • Pockets of good practice but significant, geographic variation in terms of availability, content, quality and levels of integration of services for reducing harm from falls in Ireland- a geographic lottery. • Nationally very limited access to Fracture Liaison services across the country for secondary fracture prevention. • Demographic trend will drive increased demand for unscheduled care if we do not act now in a coordinated, collaborative and systematic way to prevent falls and harm from falls.	• Existing exemplar sites already providing services to reduce harm from falls. • Existing cross sectorial collaborations to provide community-based exercise opportunities. • Partnerships with Age Friendly Ireland and SCA. • HSE Strategies -Falls, Healthy Ageing, Frameworks for Quality Improvement & Integrated Care (ICPOP), Sláintecare. • Existing data e.g. Irish Hip fracture database & National Trauma Audit, NIMS. TILDA etc. • International collaboration - New Zealand, Scotland, European Innovation Partnership Around Active & Healthy Ageing (EIPAHA). • HSE Communications & IT.	• Budgetary impact of national prioritised plan. • Recommend an evaluation framework to include a recommended dashboard / data set for measuring and monitoring processes, outcomes and impacts of falls and bone health services. • Engage Service Users in the design of information resources that are acceptable and attractive to the intended target group. • Support service providers through access to high quality summaries of current evidence, webinars, toolkits and educational resources.	• Investment in clinical coordinator roles for development of community exercise opportunities/development of integrated falls prevention pathways & fracture liaison pathways. • Integrated pathways at CHO/Hospital Group level which are evidence & data-informed including clinical pathways & pathways for community supports e.g. exercise opportunities. **<u>Client Outcomes</u>** • Consultation and involvement in co-design of services to reduce harm from falls. • People well informed & engaged in remaining healthy, independent & active as they age. • Awareness that many falls & fractures can be prevented. • Awareness of bone health and how to optimise this through the life span. • Awareness of need for follow-up of possible fragility fractures to reduce the risk of subsequent fracture. • Awareness of how to access pathways when required.	• Increased staff capability and capacity to prevent and manage harmful falls (a) to make every contact count and (b) to optimise their own health in this area. • Systems integration at all levels. • Continuous service improvement cycles. **<u>Client Outcomes</u>** • Health promotion & exercise opportunity information to enable lifelong optimisation of bone health. • Access community-based exercise opportunities for strength and balance across range of functional ability. • Timely access to falls and bone health assessment & interventions, post fall rehabilitation & fracture liaison services as required. • Improved quality of life for service users and carers. • People enabled and supported to age in place. • Experience of seamless integration of care as required.

3.3.2 Developing/refining the AFFINITY Project logic model

If it is decided that evaluations of the individual strands of AFFINITY Project work are required, it would be useful to develop and/or refine any logic models for the individual components of work. These component-specific logic models would support the evaluation. The development of the individual logic models has not the only the potential to inform any individual evaluations but can be used develop a comprehensive understanding of the AFFINITY Project in its entirety and can be used to inform any overarching evaluation of the Project that is carried out.

Should individual logic models be required for the strands of work being carried out under the AFFINITY Project, the following tips for developing a logic model may be useful:

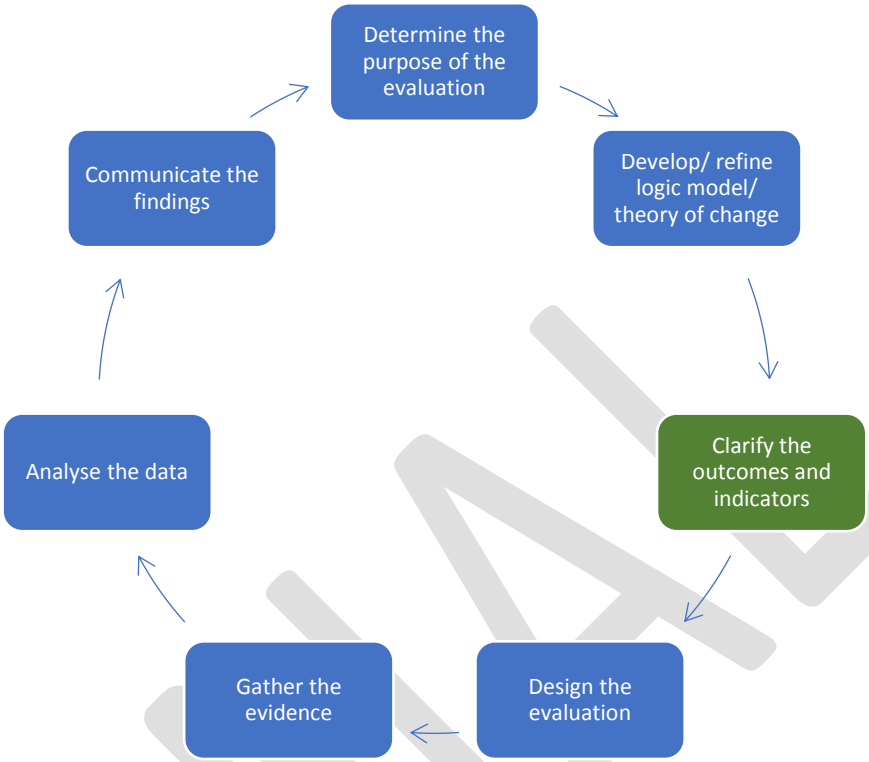
- While a logic model should be read from left to right once completed, it is mostly **developed from right to left**, beginning with outcomes (after completing the situation analysis) and working back through activities/outputs and inputs.
- Remember that outcomes should be worded as *changes*, e.g. 'improved connections, 'greater use of tools', 'higher proportion of staff'.
- Though it is often difficult to be precise, **being as concrete as possible**, in terms of figures and targets listed, is better for evaluation and other purposes.
- Ensure that there are **obvious connections between the components** of the logic model. In particular, check that there is a clear link between activities/outputs and outcomes. If not, the outcomes may need to be re-visited.

3.3.3 Key messages

1. **The AFFINITY logic model is a useful tool, used to articulate the nature of a project and provide a road map for its evaluation.**
2. **The AFFINITYY Project logic model can be used to articulate the Project as a whole; consideration should be given to developing individual logic models for its constituent parts.**
3. **The AFFINITY Project logic model is not a static document, it can and should be reviewed and updated as a project evolves, to ensure it remains relevant and accurate.**

3.4 Clarify the outcomes and indicators

Figure 11: The Evaluation Cycle – Step 3



After agreeing on the evaluation questions and deciding on the evaluation type(s), the next step in the evaluation process is to identify and clarify the outcomes and indicators that will be assessed through the evaluation.

3.4.1 Types of data

It is important that the sources of information that are needed to conduct an evaluation, often referred to simply as 'data', are agreed upon beforehand. Primary data refers to data that is collected explicitly for the purposes of the evaluation and is collected directly by the evaluator through interviews, standardised measures, surveys and so on. Secondary data has already been collected by someone else for their own purposes but can be a valuable source of information and evidence, e.g. administrative data that is collected as part of routine practice or monitoring data.

It is important at this stage of the AFFINITY Project to decide what data will be needed to evidence the achievement of outcomes at all levels of the Project. Existing monitoring data and KPIs can be used in any evaluation(s) of the AFFINITY Project. It is also likely that new data will also need to be collected to answer the specific questions that any future evaluation(s) is intended to address.

3.4.2 Indicators

An indicator is a sign that something has been carried out or achieved. An indicator is not the same as the identified outcome. Indicators are approximations, they are not perfect representations of the outcomes in question. Deciding on how to measure a desired outcome is referred to as operationalising the outcome. Available resources and capacity affect the kinds of data that can be collected for indicators. Indicators should be:

- Realistic
- Practical
- Clear
- Motivating to staff and stakeholders
- Measurable.

In conjunction with the development of the evaluation framework, a data gap analysis was undertaken to identify:

- Existing secondary data relevant to an evaluation of the AFFINITY Project; this involved examining data already collected (often for monitoring purposes, e.g., HSE Performance Reports) that could be useful to an evaluation of the AFFINITY Project
- Data, including primary data, that would be beneficial to an evaluation of AFFINITY Project but is not yet collected or is not yet collected in a standardised manner; this involved proposing illustrative indicators that could be developed for an evaluation of the AFFINITY Project.

The full report on the findings from the review of existing and potential data collection and monitoring systems is available in the 'Data Gap Analysis' report.

As noted above, existing KPI and other monitoring data may be utilised for the purposes of any evaluation of the AFFINITY Project (see the Gap Analysis report for more detail on currently available datasets). It is also likely that new process and outcomes data will need to be collected to answer specific evaluation questions.

This following section describes the kinds of data and indicators that can help answer a range of evaluation questions, using the components of the AFFINITY Project logic model to inform the selection.

Table 6 to Table 8 map the types of indicators that could be used to evidence the activities and outputs, short-term and long-term outcomes respectively, described in the AFFINITY Project logic model. The data for these types of indicators may not currently be available and consideration of the appropriateness of these types of indicators and data and the feasibility of their collection will be needed[5].

Table 6: Illustrative Types of Data to Evidence Progress Towards Achieving AFFINITY Project Logic Model Activities and Outputs

Logic Model Element: Activities and Outputs	Illustrative Indicator(s)
Develop a stakeholder analysis and engagement plan.	Engagement Plan Complete? Yes/No
Engage with stakeholders including service users to ensure co-design.	• Documented stakeholder engagement activities • Service user input is evident in design • Service user engagement mechanism is established
Coordinate a high-level scoping / gap analysis of existing services.	• Scoping / gap analysis complete? Yes/No
Facilitate partnerships and integration within and between health and social care services and across the wider system.	• Record of relevant activities • Evidence of partnership and integration
Develop the framework for prevention of falls and harm from falls for CHO's and Hospital Groups.	• Framework developed? Yes/No
Identify key development priorities for falls and bone health nationally for 2019-2023 incorporating: analysis of cost effectiveness of proposed models.	• Key priorities identified? Yes/No
Budgetary impact of national prioritised plan.	• Budgetary impact established? Yes/No
Recommend an evaluation framework.	• Evaluation framework recommended? Yes/No
Dashboard dataset for measuring and monitoring processes, outcomes and impacts of falls and bone health services.	• Data gap analysis report identifying potential indicators Yes/No • Data dashboard agreed Yes/No • Data dashboard in use Yes/No

[5] The separate '*Data Gap Analysis'* report, prepared by CES as part of the wider evaluation framework development work, considers these and other data issues for the AFFINITY Project in more detail.

Logic Model Element: Activities and Outputs	Illustrative Indicator(s)
Engage Service Users in the design of information resources that are acceptable and attractive to the intended target group.	• Service user engagement mechanism established • Process for service users sign-off on resources developed • Level of service user satisfaction with the resources developed
Support service providers through access to high quality summaries of current evidence, webinars, toolkits and educational resources.	• Resources developed? Yes/No • Percentage of service providers that access resources • Level of service provider satisfaction with resources

Table 7: Illustrative Types of Data to Evidence Progress Towards Achieving Project Logic Model Short-term Outcomes

Logic Model Element: Short-term Outcomes	Illustrative Indicator
Implementation Outcomes	
Increased awareness across the board that preventing harm from falls is a key aspect of healthy ageing.	• Attitudes, behaviours and practices.
Collective vision on falls & fracture prevention system for Ireland achieved through partnership in co-design.	• Evidenced in policy and procedures across services and organisations.
National framework/ Guidance on integrated falls and fracture prevention system for CHO & Hospital level cross sectorial partnerships.	• Is there a national framework and guidance for CHO and Hospital level cross sectoral partnerships? Yes/No
National evaluation framework/ dashboard & KPIs for integrated falls & fracture systems.	• Is there a national evaluation framework/ dashboard & KPIs for integrated falls & fracture systems? Yes/No
Awareness raising & technical guidance on Age Friendly Housing & Public Realm Design Principles (Including Safety).	• Awareness raising activities carried out • Attendance at awareness raising activities • Number of downloads of guidance • Dissemination plan implemented • Level of implementation of principles.
Service Outcomes	
Integrated Governance structures at local partnership level.	• Are there integrated Governance structures at local partnership level? Yes/No (Would need to reflect numbers here)
Local implementation groups to develop CHO & Hospital level plans in line with the national framework.	• Proportion of local implementation groups that have developed CHO & Hospital level plans in line with the national framework.

Logic Model Element: Short-term Outcomes	Illustrative Indicator
Investment in clinical coordinator roles for development of community exercise opportunities/development of integrated falls prevention pathways & fracture liaison pathways.	• Value of investment on clinical coordinator roles • Number of clinical coordinators in post.
Integrated pathways at CHO/Hospital Group level which are evidence & data-informed including clinical pathways & pathways for community supports e.g. exercise opportunities.	• Evidence base for pathways documented • Percentage of persons who fall and those at risk who access the pathway.
Client Outcomes	
Consultation and involvement in co-design of services to reduce harm from falls.	• Engagement mechanism established • Involvement evidence in service design.
People well informed & engaged in remaining healthy, independent & active as they age.	• Measures of knowledge, behaviours and attitudes. (Query covered by the HAPAI) • Engagement in health-related behaviours • Measures of independence (including self-report) • Measures of activity (including self-report).
Awareness that many falls & fractures can be prevented.	• Measures of knowledge, behaviours and attitudes • Actions taken to prevent falls.
Awareness of bone health and how to optimise this through the life span.	• Measures of knowledge, behaviours and attitudes.
Awareness of need for follow-up of possible fragility fractures to reduce the risk of subsequent fracture.	• Measures of knowledge, behaviours and attitudes.
Awareness of how to access pathways when required.	• Measures of knowledge • Number of people appropriately accessing pathways.

Table 8: Illustrative Types of Data to Evidence Progress Towards Achieving AFFINITY Project Logic Model Long-term Outcomes

Logic Model Element: Long-term Outcomes	Illustrative Indicator
Implementation Outcomes	
Reducing falls & harm from falls embedded in all health and social care services and wider community.	• Evidence in policy and procedure documents.
A falls and fracture prevention system that integrates primary & secondary prevention	• Evidence of integration • Evidence of partnerships

Logic Model Element: Long-term Outcomes	Illustrative Indicator
and rehabilitation through sustainable partnerships at national and CHO/ Hospital/Local community partnership levels.	• Source of referrals.
Reduced variation in access to quality evidence based and sustainable services to reduce harm from falls.	• Equitable access • Evidence base • Sustainability.
Improved access to Fracture Liaison Services.	• Percentage of people aged 50 and older, screened for bone health post-fracture • Proportion of the country where there is access to fracture liaison services • Proportion of the population with access to fracture liaison services.
Value for money through increased focus to prevention.	• Costs of secondary treatment due to falls.
Service Outcomes	
Reduced rates of ED attendances with falls related injuries.	• Number of persons attending ED with falls-related injury
Reduced prevalence of hip fractures across settings.	• Number of in-patient admissions due to hip fractures • Number of hip fracture injuries sustained from falls in health and social care settings.
Primary and Secondary fragility fracture prevention.	• Primary prevention activities • Secondary prevention activities.
Increased staff capability and capacity to prevent and manage harmful falls (a) to make every contact count and (b) to optimise their own health in this area.	• Staff attitudes and knowledge.
Systems integration at all levels.	• Referrals and interventions.
Continuous service improvement cycles.	
Client Outcomes	
Health promotion & exercise opportunity information to enable lifelong optimisation of bone health.	• Availability • Dissemination • Awareness.
Access community-based exercise opportunities for strength and balance across range of functional ability.	• Proportion of the population with access to / referred to evidence-informed community-based exercise.
Timely access to falls and bone health assessment & interventions, post fall rehabilitation & fracture liaison services as required.	• Access within a specified timeframe.
Improved quality of life for service users and carers.	• Health related quality of life measure.

Logic Model Element: Long-term Outcomes	Illustrative Indicator
People enabled and supported to age in place.	• Proportion of older people required to relocate following a fall/due to risk of falling.
Experience of seamless integration of care as required.	• Referral pathways.
Clarity on points of access to required services.	• Documented statement on points of access.
Equity of access regardless of geographical location.	• Proportion of population with access • Proportion of county / CHOs with access.

3.4.3 Data availability

Currently there are Irish data available about outcomes for persons who are admitted to hospital post-fall and for persons who fall as in-patients, and these data could be utilised in any evaluation of the AFFINITY Project. Some Irish data is available on outcomes, therefore, selecting and agreeing, in consultation with Project stakeholders, which of the Irish data should be used in the evaluation(s) to evidence the achievement of outcomes for the AFFINITY Project is an important next step. The availability of existing Irish data does not rule out the possibility that additional outcomes data specifically collected for the purposes of the evaluation may also need to be identified and captured.

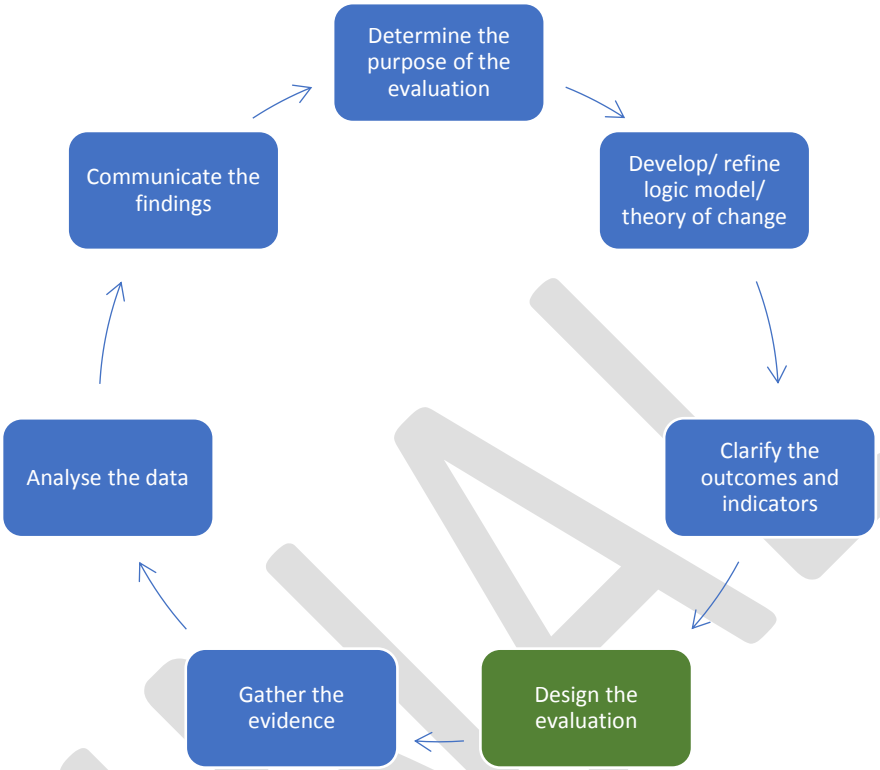
With regard to data on implementation outcomes and processes and service outcomes, there are fewer existing data to draw from for the evaluation; this is not unusual for a project at this stage of implementation. Therefore, identifying and agreeing relevant data and developing methods and mechanisms to capture these data for the evaluation, in consultation with relevant stakeholders, is an important next step for the AFFINITY Project. More information is included in the full review of existing and potential data collection and monitoring systems relevant to the AFFINITY Project (see the 'Data Gap Analysis' report for further details).

3.4.4 Key messages

1. Data on co-ordination is currently lacking, carrying out a comprehensive mapping exercise of all stakeholders and their activities would be useful.
2. Data on awareness is currently lacking.
3. Data on the risk and rate of falling is available for those who are admitted to hospital; however, data on persons who fall in the community and who are not admitted to hospital are limited; and data on the long-term impacts of falling is lacking.
4. Data on outcomes for people who have suffered a falls-related injury is available; for example, data on the ultimate negative impact (death) is available from the CSO; data on how individuals fare in the community following a fall is limited; there is a lack of standardised approach to recording who takes part in community activities following a fall or who receives other support, how long they avail of these services, and the differences it makes to their outcomes.
5. Consulting with relevant stakeholders to identify the relevant process and outcome indicators and develop methods and mechanisms to capture these, where needed, for the evaluation is an important next step.

3.5 Design the evaluation

Figure 12: The Evaluation Cycle – Step 4



3.5.1 Study designs

Once steps 1-3 have been completed, the next stage in the evaluation planning process is the design of the evaluation itself. It is important to have clarity about the type of evaluation design that will best answer the evaluation questions and that is feasible to undertake.

There are a number of different types of evaluations, for example, outcome, implementation or cost evaluations and it is possible to combine these together to develop a study a design that explores outcomes, implementation and costs. A range of different study designs can be used to answer different evaluation questions. The following list describes some of the evaluation designs that might be used, but please note this list is not exhaustive:

A **longitudinal study** is one in which data is collected on a sample at multiple time points, that is the variables for the same cohort/group are measured on at least two occasions (Bryman, 2008) and this allows for changes over time to be observed.

A **cross-sectional study** is one where data is collected is from a population or representative sub-set at a single point in time in order to collect quantifiable data in connection with two or more variables (Bryman, 2008). The benefit of a cross-sectional study is that it all allows the researcher to compare many different variables at the same time.

A **randomised control trial** (RCT) is a study in which a number of similar people are randomly assigned to one of two (or more) groups (Field, 2009); one group receives the intervention (treatment group) the other group does not receive the intervention being tested (control group). Measurements of the target outcomes are taken before the intervention, after the intervention and at some time in the future (follow-up) for both groups to establish if the intervention was effective.

A **quasi-experimental** (QE) study is one in which participants are not randomly allocated to 'treatment' or comparison groups and statistical methods are used to remove bias and establish causality.

A **case study** describes and examines specific individuals, events, or activities in detail and can be used to show particular successes and difficulties in the programme and is especially helpful in identifying aspects of provision that make a positive difference to people's lives. A case study on an individual can tell their background story before involvement, and the impact that participation has had on their lives. It is important not to generalise findings from case studies.

A **case-control study** is a type of study in which a group with an outcome of interest are matched with those who do not have the outcome; the evaluator retrospectively examines which individuals were exposed to the treatment or the prevalence of a variable in each of the study groups (Mann, 2003).

A study using **secondary data** analysis is one in which data not collected specifically for the purposes of the evaluation/research study are used to inform it nonetheless.

A **cost-benefit analysis** (CBA) study compares the total costs of a project with its benefits; it adds up the total costs of a programme or activity and compares it against its total benefits. The approach assumes that a monetary value can be placed on all the costs and benefits of a project (https://www.betterevaluation.org/evaluation-options/CostBenefitAnalysis).

A **cost-effectiveness analysis** (CEA) study estimates the costs and outcomes of alternative interventions and provides a method for prioritising investment by identifying projects that have the potential to achieve the most significant outcomes for the least resources (https://www.who.int/heli/economics/costeffanalysis/en/).

A **social return on investment** (SROI) evaluation takes accounts of the social value of investments; it goes beyond traditional economic evaluation tools, by considering the value produced for multiple

stakeholders in all three dimensions of development: economic, social and environmental (Hamelmann et al, 2017).

3.5.2 Selecting an evaluation design

The choice of study design should be informed by the evaluation questions and the context in which the project to be evaluated is being delivered. It is important therefore that the evaluation design is tailored to the specific initiative.

Choosing an evaluation design can be made more complicated by the nature and type of project that is being implemented. For example, systems change initiatives are complex and can be difficult to evaluate. Systems change is understood as *"an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions"* (Foster-Fishman et al., 2007). **Systems change initiatives therefore are typically not well-bounded, stand-alone programmes, nor do they take place in stable environments.** Systems change initiatives are instead complex, involving multiple people with different roles, and taking place in nuanced, interconnected environments. Change initiatives influence their systems, and in turn are influenced by the components of that system, including the people and contexts that comprise the system. Healthcare systems in particular have been described as being particularly complex (Braithwaite, 2018).

In this context, the AFFINITY Project is analogous to other systems change initiatives and therefore, traditional evaluation approaches, using experimental designs, are often not appropriate for evaluating systems change initiatives. Such designs are not always feasible to conduct, particularly where the intervention is designed to be open to all, as universal access does not allow for a control group. As noted by the Barry et al, (2018:4):

"The randomised control trial (RCT) as the highest guarantor of change on the basis of the strongest evidence has lost some of its positionality in a growing awareness that process, and system change does not happen on the basis of rationality or technical process alone"

Choosing an evaluation design that recognises the complexity of an initiative is therefore important and there is no 'one size fits all' evaluation design for evaluating systems change initiatives.

3.5.3 Selecting the evaluation methods

If an external evaluation team is commissioned to carry out the evaluation, the study design and the methods to be used can be teased out with them. However, it is useful to consider these in advance of any commissioning process, as it will help to inform any evaluation procurement documents, such as requests for tenders, expressions of interest, etc., that might need to be developed.

Quantitative methods include the use of numbers to describe how much has been done, and what outcomes and outputs have been achieved. Quantitative methods often:

- Examine possible relationships between variables of interest, for example the relationship between a service delivered and outcomes for people receiving the service
- Produce numerical data which can provide valuable information on trends and uncover patterns in a population, including statistics such as frequencies, means, and medians.

Qualitative methods are used to examine the nature of the topic under investigation and include interviews, focus groups, case studies and observations. Qualitative methods often:

- Focus on capturing meaning, different perspectives, perceptions and understandings
- Focus on processes as opposed to the end result
- Take the social context into account – i.e. not looking at results in isolation.

While most outcome evaluations will use quantitative methods, it is important to remember that, evaluation types are **not** the same as evaluation methods.

It is perfectly possible to **combine** methods, for example to hold focus groups or carry out in-depth interviews as part of an outcomes study; or to use surveys and other quantitative methods to explore issues of process. These types of evaluations use **mixed methods**, in other words a combination of quantitative and qualitative methods.

As noted above, it is important that the evaluation design is tailored to the specific initiative; mixed method designs, and hybrid evaluation approaches may be useful with regard[6] to AFFINITY.

3.5.4 Designing the evaluation

In designing the evaluation, following issues should be considered:

[6] See the 'Complex systems change initiatives and evaluation approaches' literature review, prepared by CES as part of the development of the AFFINITY Project Evaluation Framework.

- What time and resources, including expertise, are available?
- Who is the sample?
    - Who needs to participate in the evaluation?
    - Is it a selection or all of those involved in the project? If it's a selection, how will they be identified, randomly or otherwise?
    - Is a control group against which results can be compare needed?
- How often does the data need to be collected to answer the evaluation questions?
    - Think about the length of the project and when changes might be expected.
    - What's the capacity of evaluators and participants to engage at multiple timepoints?
    - Is follow-up data collection after the project has completed required?
- Is it the same sample at each timepoint?
    - Is the sample the same at different timepoints or are there differences? How easy will it be to find the sample over time (e.g. if people move roles, locations etc.)?
- What cost/financial data is needed to answer the cost questions?
- What kind of cost/financial data is currently available?
    - What are the existing cost/financial reporting mechanisms, e.g. how is cost data reported, by whom, and how often?
    - Is data available on the direct and indirect costs of the project?
    - Can the available data be disaggregated by the relevant unit of analysis, e.g. CHO, hospital, initiative, type of cost, etc.?
    - Is the outcomes data sufficiently robust to be used in formal CBA, CEA or SROI designs?
    - What new data collection processes are likely to be required?

As noted above, most evaluation teams commissioned to conduct the evaluation study will help to tease out these and other evaluation design and implementation issues. It is, however, important to consider them in advance of any commissioning process, as doing so will help to inform any evaluation procurement documents, such as requests for tenders, expressions of interest, etc., that might need to be developed and the subsequent selection processes.

Finally, it is important to remember that the study design chosen for the evaluation should be informed by the evaluation questions and the context in which the evaluation is being conducted. For complex, systems-change initiatives, establishing causality and attribution in the achievement of

outcomes is particularly challenging. It may not be possible to isolate the impact of a single initiative or project in a changing environment with multiple initiatives, actors and beneficiaries.

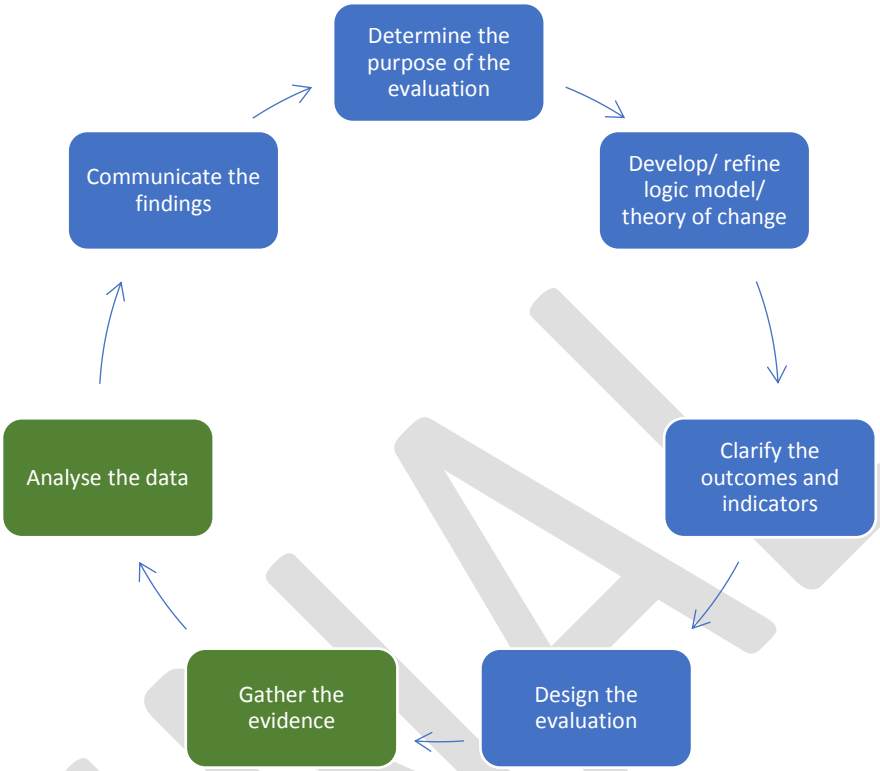
3.5.5 Key messages

The purpose(s) of the evaluation and the questions to be answered will inform the study design chosen for the evaluation. In deciding on a study design for the evaluation it is important to remember that:

1. **In complex systems change initiatives it may not be feasible to establish causality. The AFFINITY Project is being deployed into a system that is experiencing ongoing strategic and operational change and it may not be feasible to isolate and attribute changes in the system to the AFFINITY Project alone.**
2. **it is important that the evaluation design is tailored to the specific initiative; mixed method designs, and hybrid evaluation approaches may be useful with regard[1] to AFFINITY.**
3. **The AFFINITY Project coordinates activity and works to connect people and services, it does not provide services; it is important therefore, to decide the types of processes and the range of proximal outcomes that the AFFINITY Project is likely to contribute the achievement of, for the purposes of the evaluation.**
4. **The interests of the audiences and stakeholders consulted as part of the evaluation framework development process are many and varied, it may be that not all stakeholder interests are equally relevant to the aims and objectives of the AFFINITY Project.**
5. **The AFFINITY Project is made up of a number of discrete activities and initiatives which are at different stages of implementation and aim to achieve outcomes at different levels, e.g. implementation, service and client outcomes. Therefore, different approaches and different study designs may be required to answer discrete evaluation questions about particular aspects of the Project.**
6. **Considering the different study designs that might best suit the evaluation purpose and questions, in advance of any commissioning process, will help to inform the content of evaluation procurement documents.**

3.6 Gather and analyse the evidence

Figure 13: The Evaluation Cycle – Steps 5 & 6



Once steps 1-4 have been completed and there is clarity on the purpose of the evaluation, the evaluation questions have been specified, the outcomes and their associated indicators have been agreed, and the evaluation has been designed, the next step is to gather the evidence.

Developing a data plan is an important step that will support the gathering of evidence, as it helps to identify:

- The data and measures needed
- From whom the data will be collected
- Who will collect the data and how the data will be used?

3.6.1 Data collection

Data collection methods should be designed and agreed upon in advance and piloted with a small group, if possible, to ensure that the language is understandable and important questions are not missing. Piloting and testing the questionnaires, surveys, interview guides and other evaluation tools

will need time and should be considered when thinking about the timing of and timeframes for the evaluation.

Data can be collected on a 'before and after' basis, which allows for a pre- and post-project outcomes assessment. The advantage of 'before and after' data collection is that it can establish a 'baseline' or starting point, against which it is possible to measure change. 'Before and after' data collection also improves the extent to which the outcomes observed can be attributed to the initiative.

Data can also be collected at the end of a project only, which allows for an assessment of the participants' perspective of the initiative. However, in the absence of baseline data (in whatever form this takes), limited rigorous assessment of outcomes and impact can be made if data is collected at only this time point.

A range of techniques can be used for collecting data in evaluations. It is useful to see these as being on **a spectrum from the relatively casual and informal at one end, to the tightly structured and formal at the other**. Many organisations adopt a mix of the two, to yield both qualitative and quantitative information. According to the Paul Hamlyn Foundation (Thompson, 2007), for example, participative methods:

- Involve as many people as possible that wish to be involved in the evaluation process;
- Use democratic and popular ways of collecting the data
- Foster effective communication systems with opportunities for feedback
- Ensure that information in the evaluation and its recommendations are supported by the evidence base
- Use the learning from the experience of conducting the evaluation.

Standardised measures

Standardised measures are assessment instruments developed to measure a particular set of behaviours and/or attitudes. They go through a rigorous testing process to ensure they are valid, measure what they say they measure, and are appropriate for the target group. Standardised measures are especially helpful for summative and outcomes evaluations where the impact of a project on certain behaviour/attitudes is being assessed. They are also used for generating baselines, comparing individuals, establishing thresholds and in helping individuals understand their own progress.

Surveys and questionnaires

Survey and questionnaires can be used as a method to gather information from those involved in the initiative. Surveys can be administered before, during and/or after the initiative, using paper-based methods, online or by telephone. Useful advice (based on Thompson, 2007) is to:

- Keep the questions short and simple. Surveys that are too long and contain complicated questions can be confusing and make it less likely that respondents complete all questions.
- Complete the questionnaire or survey yourself to ensure that it is coherent and user-friendly.
- Time how long it takes to complete the survey and advise respondents of the estimated time.
- Provide clear instructions on how to complete the questions, especially if there are scales for responses.
- Arrange the questions so that straightforward ones come first, and more sensitive or difficult questions come later.
- Have a category of 'unsure', 'do not know' or 'not applicable' where relevant. Do not force people into providing more definite responses.
- Pilot the questionnaire or survey on a small group to ensure the language is appropriate for the target group and no questions are missing.

There are two types of questions that can be included in a questionnaire/survey.

Closed questions provide predetermined lists from which to pick a response or simply provide a yes/no answer. They take less time to answer and analyse.

Open questions allow respondents to answer the question in their own words. It is important to note that while potentially providing richer information, open questions take more time to answer and analyse.

Interviews

Interviews are a valuable way to collect rich qualitative information from service users, initiative staff, and stakeholders and are more adaptable than questionnaires. Interviews offer a range of formats: structured, semi-structured or unstructured, can involve individuals or groups, and can be conducted face-to-face, by telephone or online. When using interviews, it is preferable not to have someone associated with programme delivery as an interviewer as interviewees may be uncomfortable giving negative feedback. Interviews with a smaller number of participants might

provide enough detailed information so that collecting data from all participants may not be necessary. The following are some prompts when preparing for a semi-structured interview:

- Conduct the interview with an open style which allows for focused, conversational, two-way communication.
- Allow participants the freedom to express their views in their own terms.
- Be careful not to ask closed questions that leave respondents no room to elaborate and that can slow the interview's pace.
- Ask clear and direct questions such as how? where? when? who? what? why? how much? how many? Often the information provides not just answers, but the reasons for the answers.
- Allow the conversation to flow – don't interrupt the participant.
- Respect the respondent's pace and do not be afraid of pauses or silences for thinking.
- Do not judge what respondents say.
- Keep the interview focused on the topics of the interview guide – be sure to cover all areas of the guide – note progress on the guide as the interview proceeds.
- Refrain from suggesting answers and be careful not to ask leading questions.
- Listen carefully to all answers and ask more questions to obtain additional information (use guide prompts).
- Ensure that respondents thoroughly understand each question.
- Ask as few questions as possible; the respondent should do most of the talking.
- Consider referring (anonymously) to statements made in other interviews to encourage respondents to express themselves. Also, useful for validating information already gathered.
- Remember the aim for the semi-structured interview is to provide reliable, comparable qualitative data.

Focus groups

Focus groups involve getting a small group of participants (6-10) together to discuss their opinions and experiences on a particular topic. The success of a focus group depends on the skill of the facilitator in leading the sessions, and creating a space where participants feel comfortable sharing their views. It is also important that the facilitator ensures everyone in the group has a chance to have their say and that the discussion is not dominated by anyone. Focus groups may not be appropriate for sensitive topics, as individuals may be uncomfortable discussing them in a group setting. However, they can be less resource-intensive than one-to-one interviews.

Observations

Observations can be conducted by someone taking part in an activity or observing participants. It requires watching and listening to the individuals taking part in an activity and taking notes, either on a once-off basis or over a period of time. It is important that a framework for the observations is provided to ensure reporting is consistent among observers. Observations can provide a rich source of evidence for group processes within a programme. However, like case studies one must be careful not to try to generalise this type of research as representing the experiences of all participants. Also, awareness of being observed can change how people behave.

Whatever methods are chosen for the evaluation, consult a subject matter expert on the questions developed. Their contextual and expert knowledge is invaluable in ensuring the surveys, interviews or focus group questions are relevant to the initiative and in identifying key topics and issues to address.

3.6.2 Completing a data collection plan

It may be helpful to work through each evaluation question individually to decide what data to use and how it will be collected. The data plan table below provides a useful template to help structure thinking about the type of evaluation needed. Whilst being cognisant of the evaluation purpose and question of interest, the following should be detailed in the data plan:

- What needs to be measured to answer the evaluation question(s)?
- Who will the data be collected from?
- When will the data be collected and how often?
- What methods will be used to collect the data?
- Who will collect the data?

Table 9: Data Collection Planning Tool

The purpose of my evaluation is to:	My evaluation questions are: 1. 2. 3. 4.

What do I want to measure?	Who from?	When and how often?	Method	Who will collect the data?

3.6.3 Ethical issues

When thinking about the evaluation and the data collection plan more specifically, it is important to consider the protocols that will be needed to ensure that the data provided by participants are treated ethically and confidentially. This involves:

- Informed Consent: Ensure that the relevant personnel and authorities have been consulted and that permission for the evaluation has been obtained. Where conducting interviews or focus groups, supplying an information sheet outlining the purposes of the evaluation and a consent form is good practice. For surveys, information should be provided at the start of the survey and whether respondents will be anonymous or identifiable should be clearly stated.
- Authorisation: Participants should provide written authorisation for the use of their data for the purpose of the evaluation. Participants can provide this on a consent form which should provide an accessible outline and explanation of the evaluation process and how the data will be used.

The template below can be used to help think about the type of ethical issues that may need to be considered for the evaluation of the AFFINITY Project. Some typical ethical issues have been included by way of example, but it is important to note that the examples are not exhaustive.

Table 10: Consideration of Ethical & Data Management Issues

Data collection tools	Potential ethical issues
Survey	Use of names or other identifying information Written consent required? Retention of data Limiting access to the survey data
Focus groups	Group mix – power dynamics, ground rules, etc. Confidentiality Use of audio recording devices Managing confidential and privacy re transcription of audio recordings
Interviews	Use of audio recording devices Managing confidential and privacy re transcription of audio recordings How to report findings, use of quotes, etc. while protecting confidentiality

Adapted from Markiewicz & Patrick, 2016

3.6.4 General Data Protection Regulations

The General Data Protection Regulation (GDPR) came into effect across Europe on May 25th, 2018. This regulation strengthens the rights of individuals and increases the obligations on all organisations, as well as 'free-lance' individuals and sole traders, when it comes to the collection, holding and processing of personal data. Personal data: means information that can be used to identify a person such as their name, address, date of birth, IP address, photograph and medical history among others.

When thinking about the GDPR obligations, it is useful to consider data protection from the point of the individual whose data is being held and processed for example 'Did the individual give consent to use their data in that way?' The collection and storing of personal or sensitive data should only occur when there is a clear purpose for doing so.

- Participants must be informed of the uses to which the data they provide is being put;
- Personal data provided must be confidential and their identity protected through an anonymisation process;
- Participants have the right to prevent the use of their data if they feel it would be detrimental for them.

All data must be stored properly and securely for an agreed time period, in accordance with the most current data protection legislation. See https://www.hse.ie/eng/privacy-statement/ for the relevant HSE policy.

3.6.5 Analysing the data

While analysis and interpretation of the data is the responsibility of any evaluation team that is commissioned to conduct the evaluation, it is important to have a broad understanding of what the analytical and interpretation process involves. Interpretation of information can be especially challenging when evaluating large-scale, complex systems-change projects.

It is important to interpret results in relation to the evaluation question(s) and the intended outcomes of the project, to ascertain if the results are positive, negative or ambiguous. The quality of the evaluation will be largely influenced by the quality of the analysis conducted after data gathering has completed. Therefore, it is crucial that the evaluation team has the necessary skills to conduct the appropriate type of analysis for the study design that has been used. Below is a brief summary of the main types of analysis:

Quantitative analysis

Quantitative analysis usually involves inputting the data into a statistical software package such as Excel, SPSS (Statistical Package for the Social Sciences) or SAS (Statistical Analysis System). Free (with some limitations), easy to use survey software such as Survey Monkey, Smart Survey or Qualtrics, records responses and provides descriptive (averages etc.) analysis of responses.

Qualitative analysis

Even a small number of interviews or focus groups can generate a great deal of data. The first step in qualitative analysis is to look for recurring topics or themes in the interviewee responses and to group these themes into categories. Interpreting the recurring themes can be made easier by thinking of them in the context of the intended outcomes stated in the programme logic model or theory of change (Bond et al, 1997).

When a mixed methods design has been used (i.e. both qualitative and quantitative), illustrative quotes can be used to back up quantitative results. This can present a more vivid and robust account of a programme and the impact it is having on intended outcomes. It is advised that, where possible, more than one person conduct an analysis of interview and focus group data and compare the recurring themes observed. This is a way to 'check' for the validity of the themes extracted.

In the data analysis stage, it can be helpful to have a baseline to compare the observed results. If indicators were established at the beginning or early on in the project, there may be monitoring data available to help illustrate impact. In addition, baseline measures can also be included, such as those established in project initiation documents, research proposals or needs assessments that were conducted before the initiative was established. Other useful sources include past research reports or statistical data on the geographical area or population (Taylor et al, 2005).

Subject Matter Experts

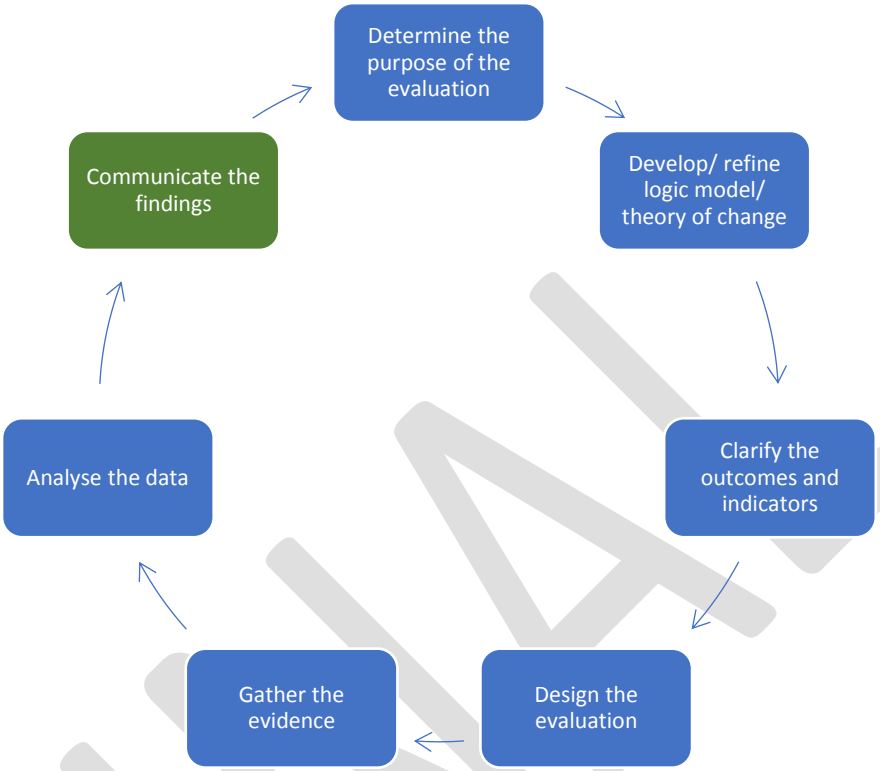
Ensure that the results are discussed with Subject Matter Experts (SMEs) which include staff, patients and their families and service users with knowledge of a specific healthcare system or service. SME's can provide context to the results and help identify significant findings.

3.6.7 Key messages

1. Decide early what data is needed to evidence the achievement of implementation, service and client outcomes and put in place processes and systems to collect the data.
2. Different types of methods require different skills to collect and analyse the resultant data.
3. The choice of methods and data collection tools should be informed by the evaluation questions to be answered.
4. Conducting evaluations with human subjects, especially with those who might be considered vulnerable, raises particular ethical issues that should be considered early and strategies to deal with such issues should be put in place.

3.7 Communicate the findings

Figure 14: The Evaluation Cycle – Step 7



3.7.1 Communicating the evaluation results

It is important that evaluation results are communicated to ensure that learning is not consigned to a filing cabinet and forgotten. Communication activities can:

- Facilitate understanding of the project and its evaluation findings among different audiences
- Help ensure high-quality services are provided through using results to inform improvements
- Support decision-making about the project, e.g. whether to scale it up
- Inform the work of similar projects.

Communication is also important for transparency and accountability purposes. Ideally, the plan for communicating results should be agreed at the evaluation planning stage.

The evaluation should be communicated in a way that is suitable for the target audience, while also ensuring that there is enough detail for audiences to make informed judgements. Formal reporting should ideally present enough detail that, if someone wished to replicate the evaluation, there would be enough information for them to do so.

The table below briefly describes some common communication tools and some of the stakeholders they are typically used with.

Table 11: Examples of Communication Tools

Tool	Description	Commonly used with…
Summary report	Summary or synopsis of project and the evaluation findings.	• Funders / commissioners • Policymakers • Public / service users
Interim or final evaluation report	Comprehensive report of evaluation, including contextual or explanatory information.	• Evaluation participants • Experts
Technical report	Details on evaluation methodology and analyses, including results from statistical analyses; it is sometimes included as an appendix to the project report.	• Experts
Policy brief	Concise summary presenting evaluation findings and offering evidence-based recommendations.	• Funders / commissioners • Policymakers • Managers
Presentation / webinar	Present a summary of evaluation findings or results relevant to particular audiences.	• Funders / commissioners • Staff • Managers • Evaluation participants • Policymakers
Journal article	Article for academic audience or practitioners, typically outlining how the findings enhance the evidence base of the field of study.	• Funders / commissioners • Academics / researchers • Staff
Infographic	Visual representation of data designed to get a key message across quickly and clearly.	• Most audiences
Poster	Summary of evaluation findings using text and visuals on single page.	• Staff • Academics / researchers
Scorecards / dashboards	Visual display of data on a single screen.	• Managers • Staff
Blog	Regularly updated website or web page, written in an informal style.	• Staff • Evaluation participants

Tool	Description	Commonly used with…
		• Public / service users
Social media	Websites or applications to create and share information, e.g. Facebook, Twitter, LinkedIn.	• Staff • Public / service users
Newsletter / magazine articles	Articles in newsletters or magazines of key organisations / professional bodies e.g. Health Matters, World of Irish Nursing.	• Staff
News media	Press releases and/or interviews with news media.	• Public / service users
Multimedia recording	Audio and/or video recording, e.g. podcast, YouTube video.	• Staff • Evaluation participants • Public / service users
Workshops	Methods (e.g. World Café) for group dialogue to facilitate reflection and discussion.	• Staff • Evaluation participants

Source: Global Mental Health Communications Toolkit (2015); Effectively Communicating Evaluation Findings (2017).

Ideally, communication efforts should be tailored to the specific stakeholders who were identified in step 1 of the evaluation cycle. They will have differing interests, information needs, and preferences for how evaluation findings are presented. The findings that are shared with them should be informed by what they want/need to know, and how they are likely to use the information. For example, funders and commissioners will want to know things like what needs the project addresses and whether this aligns with their priorities; who the project serves; was the project successful and if so, what components were successful; how much the project costs; whether the investment was worthwhile; and what opportunities are there to enhance or expand the project's success.

3.7.2 Developing a communication plan

Developing a communication plan is useful for documenting the communication activities. A communication plan outlines the evaluation stakeholders, how the findings should/might be used, the communication methods to be used, and the timing of communication activities. The budget is an important factor to consider when developing the plan, as all communication activities have cost implications.

Answering the following questions can help in considering how best to communicate with different audiences:

- How engaged are the stakeholders in this issue?
- How receptive will they be to the findings?
- What will the stakeholders/audiences do with the evaluation findings?
- What information do they already know about the issue?
- How much technical knowledge do they have?
- What information do they need?
- Where and from whom do they normally get their information from?
- How much time do they have to engage?
- What is the best way to communicate with them?
- What challenges might be faced when communicating findings and how can these be overcome?

Source: Global Mental Health Communications Toolkit (2015);

This information can be used to complete the communication plan, a template of which is provided in the table below.

Table 12: Communication Plan

Stakeholder	What do you want stakeholders to do with the findings?	What findings do you need to communicate?	Communication activities	Timeline

3.7.3 Key messages

1. **Communication planning should start early, as this will inform the type of evaluation outputs to be written/prepared.**
2. **Different evaluation outputs will be needed for different audiences.**
3. **Consideration should be given to prioritising what gets written/produced/published and in what order.**
4. **Identify early the stakeholders from whom feedback and commentary on draft reports and other draft outputs will be required; build the time needed to get this feedback into the evaluation plan.**

Resources

This section provides links to a variety of resources and materials, such as reading lists and useful tools and resources.

Suggestions for further reading

- The Irish Government advice on carrying out evaluations in the context of public spending codes: https://publicspendingcode.per.gov.ie/wp-content/uploads/2012/09/The-VFm-Code-except-D-03-Print-Version.pdf

- HM Treasury (2011, Supplements 2012). The Magenta Book: Guidance for Evaluation. United Kingdom. Useful guide from HM Treasury in the UK covering topics from the conceptual, e.g. what is evaluation, to the practical, e.g. steps in conducting evaluations. https://www.gov.uk/government/publications/the-magenta-book

- There is also a Magenta guide on different types of cost/financial evaluations: https://dera.ioe.ac.uk/10521/1/complete_Magenta_tcm6-8611.pdf

- W.K. Kellogg Foundation (2017). Evaluation Handbook. USA. This handbook provides a framework for evaluation as a useful programme tool. It covers a range of subjects including logic models, designing outcomes evaluations, engaging with stakeholders etc. https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook

- Office of Planning, Research and Evaluation Administration for Children and Families, U.S. Department of Health and Human Services (2010). The Program Manager's Guide to Evaluation. *Second edition.* A useful guide from the Office of Planning, Research and Evaluation (OPRE), a unit within the Administration for Children and Families in the United States. The Guide covers topics including how to conduct an evaluation and how to understand the results and how to report evaluation findings. https://www.acf.hhs.gov/sites/default/files/opre/program_managers_guide_to_eval2010.pdf

- Better Evaluation (Undated). Sharing information to improve evaluation. United Kingdom. A one-stop shop of resources and information on conducting evaluations, includes resources, blogs, and information on different aspects of the evaluation process. http://betterevaluation.org/

Logic Modelling

- *New Philanthropy Capital* have produced a brief Theory of Change paper to provide readers with an introduction to the concept, how it can be used to develop organisational strategy and vision, how it can be used for evaluation and to support measurement and collaboration.
- CES has completed an Introduction to Logic Modelling which addresses the principal steps which must be taken at this stage.
- A detailed Logic Model Guide with materials and resources has been developed by the University of Wisconsin Extension Programme.

Communication

- The HSE Digital Communications' section on the HSE website has a range of resources for developing communication outputs, including guides for developing content, videos and use of social media.
- The HSE's 'Guidelines for Communicating Clearly using Plain English with our Patients and Service Users'.
- The Center to Improve Project Performance (CIPP) operated by Westat for the U.S. Department of Education developed a comprehensive 'Effectively Communicating Evaluation Findings' (2017) tool.
- The London School of Hygiene and Tropical Medicine produced a practical 'Global Mental Health Communications Toolkit (2015), including a helpful perfect communications product checklist.

Data collection

A Canadian mental health services template for evaluation.

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