

# **Impact Assessment of the Mental Health Improvement Evaluation Plus Training Courses**

**Final Report by**



**November 2006**

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# Extended Summary

## Introduction

This report presents the findings of an evaluation of a training course commissioned by NHS Health Scotland to build up skills, competencies and capability in the planning and implementation of the evaluation of mental health improvement interventions. The Mental Health Improvement Plus Training Course forms part of a wider series of workshops, courses and training on mental health improvement evidence and evaluation.

NHS Health Scotland commissioned the Scottish Development Centre for Mental Health and the Research Unit for Health and Behaviour Change at the University of Edinburgh to develop and deliver the training course. The training course was designed to provide an opportunity for participants to gain a knowledge and understanding of the practical application of the material covered in the Mental Health Improvement Evidence and Practice Evaluation Guides produced by NHS Health Scotland on programme development and evaluation design, data collection methods and the selection of evaluation tools and performance indicators.

Health Scotland via The Scottish Development Centre for Mental Health (SDC) and the Research Unit for Health Behaviour and Change, University of Edinburgh commissioned Hexagon Research and Consulting to conduct an independent evaluation and impact assessment of the initial training courses. The overall aim of the evaluation was to evaluate the course content, delivery and the impact of the course on participants' knowledge understanding and working practices.

## Methodology

The evaluation used a variety of different tools and methods to gather both quantitative and qualitative evidence from participants in the training courses.

- A **pre-course self assessment questionnaire** designed by the course organisers and returned directly to them by potential participants.
- Analysis of the **course feedback** forms returned by participants at the end of each training course
- A **course evaluation questionnaire** completed by participants immediately following the training.
- A **post course impact assessment questionnaire** sent to participants approximately one month after they had completed the course to assess how the course had impacted on their knowledge, skills and how they intend to utilise their learning in the future.
- Follow up **telephone interviews** conducted with a sample of course participants approximately twenty weeks after they had completed the training.
- Analysis of **case studies** which demonstrate how participants have been able to put the learning gained through the training into practice in a variety of different environments. These case studies were based on 'real life'

interventions that participants in the training had identified as being areas of activity where they could potentially apply the skills and learning gained during the training.

## **Key Findings**

### **The Participants**

- A total of 157 participants took part in the training in 15 different locations during the period of the evaluation. Participants came from a range of different backgrounds. The majority of participants (53%) worked in the health sector in some form or other. Of the remainder, just over 30% worked in the voluntary sector and 14% said they worked in local government.
- Prior to taking part in the training, two-thirds (67%) of respondents said that they had some experience or were experienced in conducting evaluations. A further 5% of respondents said they were very experienced. However, 27% of respondents said they had little or no experience.
- Prior to taking part in the training, 46% of participants stated that they felt reasonably confident in their ability to plan the evaluation of mental health improvement projects. However, 42% said they felt only a little confident and 12% that they were not at all confident in their ability to plan an evaluation of a mental health improvement programme.
- Prior to taking part in the training, a small majority (51%) of participants said they thought they were fairly knowledgeable or knowledgeable about the evidence of the effectiveness of mental health promotion interventions. However, none of the participants who responded to the survey said they felt they were very knowledgeable. 45% of respondents said they felt they had a little knowledge and 4% said they felt they were not at all knowledgeable about the evidence for the effectiveness of mental health improvement.

### **Course Evaluation**

- The vast majority of participants stated that they felt the course had fully met all of its objectives. The highest satisfaction rate was for the objective of providing participants with an opportunity to 'work through the key stages involved in planning, implementing and disseminating an evaluation'. The lowest satisfaction rating was for the objective of helping participants to 'use evidence to analyse and interpret the results of an evaluation'. However, almost six out of every 10 participants said they felt that this objective had been fully met.
- Over half of the participants (53%) stated that the pre-course materials made it very clear what the course was about; over 90% of respondents allocated the materials a 3 or 4 on the scale, 4 representing 'Very clear'.
- 40% of those who responded stated that the course reading list and materials circulated in advance were very useful and more than a quarter (27%) gave them a grade 3, with 4 being very useful. However, over a quarter of all participants stated that they did not have time to look at the materials or resources prior to coming on the course.
- Nearly two-thirds of participants rated the difficulty of the course as about right: complex but not too difficult. When asked to assess the course as whole, more

than three-quarters of participants (77%) rated the trainers' delivery and facilitation as excellent.

- 71% of the participants rated the course materials as excellent, and over half (57%) rated the activities and methods as excellent. The pacing and timing of the training was rated as excellent by 45% of participants, and received a grade of 3 out of 4 by another 45% of participants.

### **Post Training Evaluation of Participants Learning**

- Following the training, 54% of respondents said that they were familiar or very familiar with the 'debates about the evidence of effectiveness and their relevance to mental health improvement'. However, only 10% said they were very familiar and 46% rated their knowledge below 4 on the five point scale.
- Following the training, almost 80% of respondents said that they were aware or very aware of the key stages in planning, implementing and disseminating an evaluation.
- Following the training, a majority of respondents rated their confidence following the training as either 4 or 5 on the five point scale.
- The highest levels of confidence amongst participants following the training related to their ability to 'make the case for evaluation in their regular practice context'. 77% of participants said they were confident or very confident about this, including almost a third who said they were very confident.
- The lowest levels of confidence amongst participants following the training related to participants' perception of their ability to use 'the evidence base to design interventions'. 58% of respondents gave this a rating of 4 or 5 but only 6% said they were very confident.
- The vast majority of participants said they intended to take some form of practical action following their participation in the training. The most commonly mentioned forms of action were altering the approach to evaluating an existing project (56%), and seeking additional training and changing the way participants commission and use evaluations (44%).

### **Impact of Training on Participants Practice**

The final part of the evaluation involved conducting a series of semi-structured interviews with participants approximately 20 weeks after they had completed the training. These interviews were designed to explore participants' perceptions in more depth but also to examine what action, if any, they had been able to take to put the knowledge and skills they had developed into practice.

The key findings arising from this element of the evaluation were:

- While many participants said that they had not had sufficient time to put all of the skills and knowledge into practice and very few had actually completed a full evaluation into practice almost all remained committed to the principles that underpinned the training.

- The vast majority of the participants were determined to improve the way they approached evaluating mental health and wellbeing initiatives to reflect the good practice they had learnt about during the training. Significantly, in this context, the most important learning points mentioned by participants included the importance of building evaluation into the planning of projects and having a structured evaluation framework.
- Many participants emphasised the importance of making use of risk and protective factors and expressed confidence in their ability to use a range of different indicators to measure the impact of projects or initiatives.
- Participants were able to describe specific projects or initiatives where they had used elements of the learning they had gained from the training in planning and implementing an evaluation. The range and extent of the case studies described demonstrates the fact that the content and structure of the training can be applied in a range of different circumstances and environments.
- The main barriers that participants cited as preventing them from taking action to implement the learning they had gained from the training related to a lack of time or resources. Although, significantly a number of participants said they were so committed to putting their learning into practice that they were looking at ways in which they could release time and/or resources to allow them to plan and implement more effective approaches to evaluating projects they were involved with.
- Some participants would have liked to have seen more time for the group work and case study elements of the training, but many recognised that this would have to be at the expense of other important aspects of the training.
- There were some minor criticisms of some of the materials that were used e.g. different handouts from the slides being used by the trainers and more basic information for those with less direct experience of dealing with mental health improvement issues.
- The main issue that came up from participants during the post training telephone interviews was the desire for some form of refresher events or more formalised networking amongst participants. While this is clearly happening in some areas it appears to be very much dependent on the enthusiasm and capacity of individuals. Many participants said they felt that this was something that they thought should be organised on a more formal basis at either a regional or national level.
- The final issue raised by participants in terms of future support was putting in place some mechanism to allow them to update their knowledge and awareness of issues relating to evaluating mental health improvement projects and initiatives.

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# 1. Introduction

## Background

This report presents the findings of an evaluation of a training course commissioned by NHS Health Scotland to build up skills, competencies and capability in the planning and implementation of the evaluation of mental health improvement interventions. NHS Health Scotland commissioned the Scottish Development Centre for Mental Health and the Research Unit for Health and Behaviour Change at the University of Edinburgh to develop and deliver this training course.

The Mental Health Improvement Plus Training Course forms part of a wider series of workshops, courses and training on mental health improvement evidence and evaluation. It was also designed to complement and support the Mental Health Improvement Evidence and Practice Guides produced by Health Scotland. Taken together, these materials are part of a national programme of work to build capacity and capability for mental health improvement practice across Scotland, supported by the Scottish Executive's National Programme for Improving Mental Health and Well Being.

In order to build up skills, competencies and capability, a training course in the planning and evaluation of Mental Health Improvement (MHI) interventions was developed and delivered in fourteen of the fifteen Health Board areas across Scotland. (The course was not run in Shetland but some individuals from the area did participate in other training courses). In addition a specific course was organised from the State Hospital following an expression of interest in being involved in the training.

The training course was designed to provide an opportunity for participants to gain a knowledge and understanding of the practical application of the material covered in the Mental Health Improvement Evidence and Practice Evaluation Guides on programme development and evaluation design, data collection methods and the selection of evaluation tools and performance indicators.

The course draws on programme theory, the evidence base for MHI and evaluation design and methodology. The focus is intended to be on the practical application of learning to equip participants with the skills, confidence and knowledge to develop, commission and undertake evaluations of their own projects and programmes. Priority in recruitment has been given to those who can demonstrate they have the opportunity to evaluate a 'live' project.

On completion of the course it is anticipated that participants will be able to:

- critically assess current debates about evidence of effectiveness and their relevance to mental health improvement;
- use the evidence base to design interventions;
- develop indicators to assess problems and to measure success;
- work through the key stages involved in planning, implementing and disseminating an evaluation;
- use, analyse and interpret the results of the evaluation;

- make the case for evaluation in their regular context and;
- use their own experience to contribute to the evidence base for mental health improvement.

## **Aims and Objectives of the Evaluation**

Health Scotland via The Scottish Development Centre for Mental Health (SDC) and the Research Unit for Health Behaviour and Change, University of Edinburgh commissioned Hexagon Research and Consulting to conduct an independent evaluation and impact assessment of the initial training courses.

The overall aim of the evaluation was to evaluate the course content, delivery and the impact of the course on participants' knowledge understanding and working practices. To achieve this aim the evaluation included an assessment of:

- course content and delivery (pacing and timing, training methods, materials etc)
- learning outcomes and level of application of learning;
- targeting to identify whether participants' expectations have been met and to review marketing presentation of the course and selection of participants and;
- further support needs (both individual support needs and perceptions of wider organisational support and influencing required)

Further to this, the evaluation also aimed to identify the potential for:

- cascade training via the development of a training for trainers course;
- follow on support to enable training course participants to apply their learning in practice e.g. through advisory or consulting support and the development of practice networks and;
- what needs to be done at an organisational level to support improved evaluation in mental health improvement.

This report presents the key findings from this evaluation.

## **Evaluation Methodology**

The evaluation used a variety of different tools and methods to gather both quantitative and qualitative evidence from participants in the training courses.

- A **pre-course self assessment questionnaire** designed by the course organisers and returned directly to them by potential participants. Copies of the forms completed by participants have been provided to Hexagon Research and Consulting by the Scottish Development Centre for Mental Health (SDC); (A copy of this questionnaire is attached as Appendix 1 to this report)
- Analysis of the **course feedback** forms produced by the Trainer and returned by participants at the end of each training course. (A copy of the course feedback questionnaire is attached as Appendix 2 to this report).

- A **course evaluation questionnaire** designed by Hexagon Research and Consulting. A paper copy of this form was placed in each of the participant's training packs, along with a brief flyer explaining the purpose of the evaluation and their role/contribution. An email was also sent to participants with the option to complete the questionnaire online, by email or freepost. The trainer was asked to encourage participants to complete these questionnaires and return them to Hexagon Research and Consulting. (A copy of this questionnaire is attached as Appendix 3 to this report)
- A **post course impact assessment questionnaire** was then sent to participants approximately one month after they had completed the course. The questionnaires were sent by email and participants were given the options of completing the questionnaire online, returning it by email or sending a 'hard copy' using a FreePost address. The purpose of this questionnaire is to begin to assess how the course has impacted on their working practices and how they intend to utilise their learning in the future. (A Copy of this questionnaire is attached as Appendix 4 to this report)
- Follow up **telephone interviews** were conducted with a sample of course participants approximately twenty weeks after they had completed the training. (A copy of the interview script used by the researchers conducting these interviews is attached as Appendix 5 to this report).
- Analysis of **case studies** which demonstrate how participants have been able to put the learning gained through the training into practice in a variety of different environments. These case studies were based on 'real life' interventions that participants in the training had identified as being areas of activity where they could potentially apply the skills and learning gained during the training. The extent to which this happened in practice was explored with participants in the post course impact assessment questionnaire and the follow up telephone interviews.

This range of methods of gathering evidence has allowed both quantitative and qualitative analysis to be undertaken in order to address the aims and objectives of the evaluation.

Table 1 below shows the response rates to the various questionnaires that were sent to participants at different stages of the evaluation process.

Table 1 – Participants and Response Rates

Course Location	Participants	Questionnaire Response Rates			
		Instructor Feedback Forms	Pre-course Assessment	Course Evaluation Responses	Impact Assessment
Grampian	9	88%	78%	100%	89%
Western Isles	11	78%	64%	91%	45%
Lanarkshire	13	100%	92%	69%	69%
Tayside	10	100%	100%	80%	70%
State Hospital	14	100%	100%	14%	29%
Forth Valley	16	78%	100%	75%	63%
Glasgow	11	60%	91%	73%	64
Argyll & Clyde	11	100%	100%	82%	64%
Lothian	14	100%	100%	64%	71%
Highlands	5	100%	100%	60%	60%
Ayrshire & Arran	9	79%	100%	56%	78%
Orkney	9	100%	100%	89%	67%
Borders	4	79%	100%	25%	50%
Fife	12	100%	100%	67%	67%
Dumfries	9	78%	100%	22%	89%
<b>Total</b>	<b>157</b>	<b>96%</b>	<b>95%</b>	<b>66%</b>	<b>62%</b>

As can be seen response rates were relatively high ranging from 95% of respondents returning pre-course self assessment forms to 62% of respondents returning all forms. Based on experience of undertaking similar evaluations these response rates are typical, if not higher than expected. There is inevitably a fall off in response rates following training events, but we are confident that the responses represent a sufficiently robust sample to allow findings to be drawn from the feedback received.

## Report Structure

This report is structured as follows:

- Section 2** Presents the interim findings from the analysis of the Self Assessment Questionnaire that was sent to participants before they took part in the training.
- Section 3** Presents the interim findings from the analysis of the Course Evaluation Questionnaires that have been returned by participants who completed the training.
- Section 4** Outlines the interim findings from an initial analysis of the Post Course Impact Questionnaire that was sent to participants after they had participated in the training.
- Section 5** Describes the evidence gathered from a sample of participants during the course of semi-structured telephone interviews.
- Section 6** Presents a summary of key findings emerging from the analysis of the evidence presented in this Interim Report.

## 2. Participants' Pre-Course Self Assessment

This section of the report presents top line findings based on an initial analysis of the Pre-Course Assessment Questionnaires returned by participants. This includes information on:

- Participant characteristics
- Prior experience, knowledge and confidence of mental health improvement and evaluation
- Perceptions of the main challenges involved in undertaking evaluations of mental health improvement programmes
- Participants' expectations of the course
- The type of project to which participants felt they could apply their learning.

### Participant Characteristics

Participants came from a range of different backgrounds. The majority of participants (53%) worked in the health sector in some form or other. Of the remainder, just over 30% worked in the voluntary sector and 14% said they worked in local government.

Although the majority of participants worked in the health service, they came from a wide range of different professional and organisational backgrounds. The largest proportion (26%) came from the health promotion field but 18% worked in the acute sector and 17% in primary care. Only 16% of participants said they had a specific professional background in mental health related issues.

The number of participants taking part in individual training courses was significantly different in different areas, ranging from only 4 in the Borders to 16 in the Forth Valley area. The mixture of participants on individual courses in terms of their levels of prior experience and professional backgrounds was also different in different courses and this is reflected in some of the comments received from participants about their experience and perceptions of the training. (The one exception to this was the course that was organised for the State Hospital, where all the participants came from a health service background, although they were from a range of different professional backgrounds).

### Participant's Experience

Participants were asked how much experience they had in evaluating projects, either in the field of mental health improvement or in any other area. Participants were asked to rank their experience on a scale of 1-10, with 1 being 'no experience' and 10 being 'very experienced'. The responses received to this question are shown in Table 2 below.

About two-thirds (67%) of respondents said that they had some experience or were experienced in conducting evaluations (i.e. they rated their experience between 5 and 8). A further 5% of respondents said they were very experienced. However, 27% of respondents said they had little or no experience (i.e. they rated their experience below 5).

Table 2 – Experience of evaluating projects in mental health improvement or other areas

	Participants' Rating	Percentage
No experience	1	2%
	2	3%
A little experience	3	7%
	4	15%
Some experience	5	19%
	6	15%
Experienced	7	21%
	8	12%
Very experienced	9	4%
	10	1%

Base 145 Participants

### Levels of knowledge and confidence

Participants were asked to rate their current levels of knowledge and confidence in relation to mental health issues on a one to ten scale. The following tables show how participants assessed their own levels of confidence and knowledge prior to taking part in the training.

#### Knowledge

Participants were asked to rate how knowledgeable they felt about the available evidence for mental health improvement. Respondents were again asked to rate their perceived levels of knowledge prior to taking part in the course on a scale of 1-10. The responses received from participants are summarised in Table 4 below.

Table 3 - How knowledgeable do you feel about evidence of effectiveness for Mental Health Improvement?

	Rating	Percentage
Not at all knowledgeable	1	1%
	2	3%
A little knowledgeable	3	19%
	4	26%
Fairly knowledgeable	5	20%
	6	17%
Knowledgeable	7	11%
	8	3%
Very knowledgeable	9	0%
	10	0%

Base 143 Participants

A small majority (51%) of participants said they thought they were fairly knowledgeable or knowledgeable about the evidence of the effectiveness of mental

health promotion interventions. None of the participants who responded to the survey said they felt they were very knowledgeable. 45% of respondents said they felt they had a little knowledge and 4% said they felt they were not at all knowledgeable about the evidence for the effectiveness of mental health improvement.

Participants were also asked to rank their own perceptions of their level of knowledge about the risk and protective factors for mental health.

**Table 4 - How knowledgeable are you of the risk and protective factors for mental health?**

	Participants' Rating	Percentage
Not at all knowledgeable	1	2%
	2	6%
A little knowledgeable	3	9%
	4	18%
Fairly knowledgeable	5	15%
	6	14%
Knowledgeable	7	16%
	8	15%
Very knowledgeable	9	4%
	10	0

Base 143 Participants

Just under 50% of respondents said they felt they had at least fairly good knowledge of the risk and protective factors for mental health. However, over a third (35%) of participants said they had only a little or no prior knowledge about these risk and protective factors.

**Table 5 - Familiarity with Developing Indicators**

	Participants' Rating	Percentage
Not at all familiar	1	5%
	2	10%
A little familiar	3	19%
	4	24%
Fairly familiar	5	14%
	6	13%
Familiar	7	10%
	8	3%
Very familiar	9	1%
	10	0%

Base 145 Participants

Almost six out of ten participants (58%) said they were not at all familiar or only a little familiar with the indicators that could be used to monitor and evaluate the impact of mental health promotion projects and initiatives. Just over a quarter (27%) of participants said they were fairly familiar but only 14% of participants said they thought they were familiar or very familiar with the indicators that can be used to evaluate mental health projects or initiatives

### Confidence

46% of participants stated that they felt reasonably confident in their ability to plan the evaluation of mental health improvement projects i.e. they rated their level of confidence between 1 and 5. However, 42% said they felt only a little confident and 12% that they were not at all confident in their ability to plan an evaluation of a mental health improvement programme.

Table 6 - How confident are you in planning the evaluation of mental health improvement projects?

	Participants' Rating	Percentage
Not at all confident	1	3%
	2	9%
A little confident	3	17%
	4	25%
Fairly confident	5	16%
	6	12%
Confident	7	12%
	8	5%
Very confident	9	1%
	10	0%

Base 141 Participants

### Participants' Expectations

Based on the comments received from participants prior to them participating in the training the main expectations people had related to:

- Enhancing their skills and knowledge generally;
- Getting more information on how to measure impact and develop appropriate indicators;
- Raising their levels of confidence in undertaking evaluations;
- Developing robust evidence that can help inform future planning and service development.

### Enhancing skills and knowledge

The majority of participants wanted the course to enhance and broaden their existing knowledge and skills base. Typical of this was the response of one participant:

*"...I wish to improve my knowledge of evaluation options to fit different targets. I wish to improve my understanding of evaluation processes and how to put an evaluation programme together. I wish to improve my ability to engage in critical analysis of the methods/relevance etc of evaluation outcomes in respect of set targets..."*

Another participant said that they wanted

*"...a clearer idea of an appropriate system for evaluating what we do so that I can embed this in the delivery and management of the projects, I would like to have an idea of the pitfalls, but particularly with some practical ideas for things that we can actually do..."*

Even those participants with experience in carrying out evaluations wanted the opportunity to develop their skills further.

*"...I have evaluated projects before, but I think that it is easy to get stuck in a rut using the same tools and reporting it in the same way, I'd like to learn about different tools..."*

Some participants wanted to refresh their knowledge and skills while others wanted to learn how to apply their knowledge about evaluation methods and approaches to mental health related projects and initiatives. As one participant said:

*"I want to ensure my basic knowledge and skills in evaluation are updated to include mental health so I can ensure future projects I will be involved in have factored these outcomes into the project and evaluation".*

### **Measuring impact and developing indicators**

A substantial proportion of participants made specific reference to wanting to develop their skills in terms of measuring the impact of different interventions and using appropriate indicators to assess the effectiveness of mental health improvement projects/programmes.

Many participants placed specific emphasis on the course providing them with practical tools they can use in relation to their own work. In some cases, this means seeking advice on specific methods, for example:

*"...I would like to learn about possible indicators which can be used to assess mental health improvement, including possible examples of pre and post questionnaires which can be used with groups to measure improvement..."*

Another participant said they hoped that:

*"...following completion of this course it will enhance my practice to take forward further projects using an evidence based approach which will include using indicators to measure success..."*

Many participants were clearly looking for research methods and tools that they could use to evaluate projects and indicators that have been demonstrated to work effectively.

As one participant said:

*"I would like to learn about possible indicators which can be used to assess mental health improvement. Also I would like to find out about how*

*it can be identified/evidenced that if there is improvement in participants' mental health, how can that be attributed to their involvement in a group/learning activities."*

**Comment [N1]:** The bit deleted below is mentioned in the quote above – didn't think you'd want it twice?

### **Raising levels of confidence**

A number of participants said that the main purpose for taking part in the training was to increase their confidence in carrying out evaluations. In particular, many participants said they wanted to gain more confidence in developing and implementing an evaluation and to apply any new knowledge they gained to a specific project or initiative that they were involved with. As one participant put it:

*"I want to have the confidence to be able to demonstrate that much of what I and others do, does contribute to mental health and well-being..."*

Another participant said:

*"I would like to develop a greater understanding and develop skills in mental health evaluation. I would like to become more confident in the whole process. I would like to be sure that the ways in which I measure impact/success will provide that 'robust' evaluation which can live up to scrutiny."*

### **Informing service planning and development**

Many participants clearly saw evaluation as an important aspect of the service planning and development cycle and were keen to ensure that effective evaluation could be built into the planning process and help inform future decision making. Typical comments that sum up this approach to integrating evaluation into day to day planning and service delivery arrangements included the following:

*"I would like to learn how to build evaluation into any programme right at the outset and not leave it as an afterthought. We are in the process of writing our new mental health and well being strategy so I would like to learn how evaluation can be considered throughout the entire process. Ultimately, I would personally like to be more effective in my job by using effective evaluation to assess current effectiveness and shape future work".*

*"I would like to gain a better understanding of the obstacles involved in the planning phase of mental health research and appropriate ways to overcome these challenges".*

*"I want to learn more about tools to put evidence into practice as well as feeling more certain of outcomes/impacts of what we aim to achieve. Funders also need this but more importantly, practitioners and beneficiaries need most suitable intervention. Can't improve or develop practice without experience or knowledge of what works or doesn't work in mental health improvement".*

### **Challenges in undertaking evaluations of mental health improvement programmes**

Participants were asked to identify the main challenges facing them when evaluating mental health improvement programmes. Based on the responses received from

participants the main issues that were identified can be grouped under the following themes.

- Measuring outcomes and effectiveness
- Lack of capacity
- Lack of skills and knowledge on part of other stakeholders
- Using qualitative methods/evidence

### **Measuring outcomes and effectiveness**

The majority of participants stated that the main challenge for them is how to measure outcomes and effectiveness of interventions, the principle element of which is how to develop appropriate indicators and establish adequate baseline data. A number of participants wrote about the difficulty of choosing suitable indicators of progress or achievement and

*“...being able to demonstrate that the programme has made a difference and is worthwhile..”*

Many of the concerns raised by the participants are concerns about the fundamental principles and foundations of the evaluation process in terms of what information is gathered, how it is gathered and to what end.

*“I think the main challenges are to ensure that the ‘right’ information is gathered. We need to ensure that we ask the right questions..”*

Participants demonstrated awareness that measuring the effectiveness of mental health improvement projects/programmes is complex and, in particular, that it is difficult to isolate the specific impact of the project or programme. One participant commented that their work was ultimately about reducing suicide rates but it is difficult to evidence the direct impact of their work.

Another participant commented:

*“..if there appears to be improvement to individuals/groups mental health whilst taking part in an activity, how can this be attributed to involvement in the group activity whilst taking into account other possible attributing factors relevant to individuals/groups. How is this evidenced and reported?”*

Participants acknowledged that a variety of factors impact on a person’s mental health and well-being but it is difficult to evaluate these not least of all because relevant services are likely to be delivered by agencies whose primary purpose is not mental health and well-being. Therefore, the challenge facing those working in mental health improvement is to design

*“...an evaluation process which will capture the impact of work being done which doesn’t have a direct mental health and well-being label, for example, work done which promotes inclusion, improves communication skills etc but isn’t being commissioned or facilitated by an agency whose primary purpose is mental health and well-being...”*

A number of participants stated that a significant challenge for them was to produce evidence that was thought to be sufficiently robust to convince a third party of the effectiveness of the project/programme. People stated they found it challenging to produce ‘measurable outcomes’ that meet the requirements of commissioners and funders and also offer accurate data in terms of impact on the patient.

There was some concern expressed about producing robust enough evidence that would convince clinical staff, and in particular trying to convince this group of the

validity of qualitative outcomes in comparison with quantitative outcomes. One participant expressed their dilemma in the following terms

*“...work with individuals can be dismissed by senior members of staff or staff working from a medical model of health or from a local authority culture, as having not overall impact on general well-being or it is not of any significant interest/importance...”*

### **Lack of Capacity**

Participants talked about lack of capacity, mainly in relation to time and resources and in particular:

- lack of time to plan evaluations properly and to ensure that sufficient time is devoted to designing the evaluation tools and building evaluation into the process;
- lack of time in participants working lives to carry out evaluations
- lack of time in the sense of planners and project funders wanting to see ‘quick results’ in an area where the benefits of intervention are most likely to be long term rather than short term. One participant expressed it thus:

*“...linking long term outcomes to short term project timescales..”*

While another commented

*“...time pressures from committee planning cycles who need quick results and returns and are sometimes unwilling/unable to take a long term view/prospect, due to short term political expediency..”*

### **Lack of appropriate skills and knowledge on part of other stakeholders**

A particular challenge for a minority of participants was their lack of experience, skills and knowledge in relation to evaluation. Many participants wrote in general terms about their limited knowledge of and access to evaluation tools. One participant referred to their

*“...limited theoretical knowledge and practical experience of planning and implementing an evaluation...”*

While another spoke of their

*“...lack of understanding and knowledge...”*

Some participants wrote of their specific lack of experience in relation to mental health improvement evaluation, for example, of developing appropriate indicators and tools. One of the participants said that a key challenge they faced was:

*“...making connections between inputs and outcomes for mental health improvement – having knowledge of pathways – learning about the evidence base – having appropriate language to evaluate for mental health improvement – being clear about the spectrum of mental health improvement...”*

### **Using qualitative methods/evidence**

Mental health improvement covers a very broad range of activities, organisations and professions, some of which are more accustomed to using ‘hard’ or quantitative outcomes (for example, RCT). Given this context, it is not surprising that some

participants said that a major challenge is convincing colleagues of the merits of qualitative methods and evidence.

For example, participants spoke of the problem of

*“Developing ‘measurable’ outcomes which satisfy both clinical staff and the project board. Trying to emphasise the value of qualitative outcomes rather than quantitative outcomes..”*

While another commented that a major challenge remained

*“...convincing funders that qualitative (and subjective) evaluation is not just valid, but critical in assessing the case for further funding..”*

## **Summary of Key Findings**

- A total of 157 participants took part in the training in 15 different locations during the period of the evaluation.
- Participants came from a range of different backgrounds. The majority of participants (53%) worked in the health sector in some form or other. Of the remainder, just over 30% worked in the voluntary sector and 14% said they worked in local government.
- Prior to taking part in the training, two-thirds (67%) of respondents said that they had some experience or were experienced in conducting evaluations. A further 5% of respondents said they were very experienced. However, 27% of respondents said they had little or no experience.
- Prior to taking part in the training, 46% of participants stated that they felt reasonably confident in their ability to plan the evaluation of mental health improvement projects. However, 42% said they felt only a little confident and 12% that they were not at all confident in their ability to plan an evaluation of a mental health improvement programme.
- Prior to taking part in the training, a small majority (51%) of participants said they thought they were fairly knowledgeable or knowledgeable about the evidence of the effectiveness of mental health promotion interventions. However, none of the participants who responded to the survey said they felt they were very knowledgeable. 45% of respondents said they felt they had a little knowledge and 4% said they felt they were not at all knowledgeable about the evidence for the effectiveness of mental health improvement.

### 3. Course Evaluation Feedback from Participants

A total of 97 participants returned course evaluation forms to Hexagon Research and Consulting, representing a response rate of 66%.

What follows is a qualitative and quantitative analysis of the responses, starting with an overall assessment of the course as a whole followed by more detailed assessments of each of the two days of the training. More detailed analysis of the feedback received from participants about each of the two sessions is attached as an Appendix to this report.

#### Overall Assessment of the Training

##### Meeting the course objectives

Participants were initially asked to state the extent to which they thought that the course objectives had been actually met. The responses from participants are analysed in Table 7 below.

Table 7 Do you feel the course met the following objectives?

	Fully met	Partly met	Not met
To critically assess debates about evidence of effectiveness and their relevance to mental health improvement	71%	29%	0%
Illustrate how to use the evidence base to design interventions	79%	21%	0%
Develop indicators to assess problems and to measure success	75%	24%	1%
To work through the key stages involved in planning, implementing and disseminating an evaluation	84%	16%	0%
Use evidence to analyse and interpret the results of an evaluation	59%	38%	3%
Make the case for evaluation in your regular practice context	83%	16%	1%
To use your own experience to contribute to the evidence base for mental health improvement	74%	25%	1%

Base 94 Respondents

An overwhelming majority of participants stated that they felt the course had fully met all of its objectives. The highest satisfaction rate was for the objective of providing participants with an opportunity to 'work through the key stages involved in planning, implementing and disseminating an evaluation'. 84% of respondents said they felt this objective had been fully met. The lowest satisfaction rating was for the objective of helping participants to 'use evidence to analyse and interpret the results of an evaluation'. However, almost six out of every 10 participants said they felt that this objective had been fully met.

There were some objectives that a significant minority of respondents said had only been partially achieved. For example, almost 40% said that they felt the objective of using evidence to analyse and interpret the results of the evaluation had only been partially achieved. Similarly, just under 30% of respondents said that the objective of critically assessing debates about evidence of effectiveness and their relevance to mental health improvement had only been partially achieved.

In the course evaluation feedback sheets that participants were asked to complete by the trainers, participants were asked which aspects of the course they found most useful. The most commonly mentioned aspects of the training mentioned in this context were:

- The case studies
- Discussion of evaluation frameworks and key stages in the process
- Identifying risk factors and determinants of mental wellbeing
- The quality of the presentations and materials
- Opportunities to network with others with similar interests
- Group work on practical examples/real life projects.

### Preparing for the course

Over half of the participants (53%) stated that the pre-course materials made it very clear what the course was about and over 90% of respondents allocated the materials a 3 or 4 on the scale, 4 representing 'Very clear'.

Table 8 How would you rate the pre-course materials?

	Response
1 Not clear	0%
2	2.2%
3	45.2%
4 Very clear	52.7%

**Base 93 Respondents**

40% of those who responded stated that the course reading list and materials circulated in advance were very useful and more than a quarter (27%) gave them a grade 3, with 4 being very useful. However, over a quarter of all participants stated that they did not have time to look at the materials or resources prior to coming on the course.

Table 9 How useful did you find the course reading and resource list and the materials circulated in advance?

	Response
I did not have time to look at it	27.4%
1 Not useful	0%
2	5.3%
3	27.4%
4 Very useful	40%

**Base 95 Respondents**

The majority of participants said they found the course reading and the pre-course materials useful. Some participants offered some comments about how they could be improved. For example one participant said:

*“The handouts didn’t always match those used in the presentation, which would be easy to rectify. We were also given lots of reading but not clear why or how it related to the training”*

Another participant said that they felt that:

*“Power Point slide handouts could have been backed up with more detailed handouts and I would have liked to have got a copy of the worksheets from the group activity that was feedback to the class”*

One particular criticism made by a number of participants related to the value and timing of the reading and resources that were circulated in advance. One participant summed up a general view by saying:

*“Further prior reading & time to do it before the session would have made the learning easier and more useful for practice”.*

Another participant commented that:

*“The literature we were sent in advance of the course was very dry and not referred to much on course”*

However, some participants clearly appreciated the fact that they were able to review material before the course commenced. As one participant commented:

*“It was really useful to have the information beforehand. This was an immense help in shaping thinking when the course started”.*

## Overall Assessment of the Course Content

Participants were asked how difficult they found the content of the course.

Table 10 How difficult was the course content?

	Response
1 Too basic	2.2%
2	25.8%
3	64.5%
4 Too Difficult	7.5%

Base 93 Respondents

While less than 10% of participants said the course content was either too difficult or too basic. Almost 65% of participants rated it as 3 on a scale of one to 4 with 4 representing too difficult compared to only a quarter who gave it a rating of 2. This suggests that some of the course content may have been too difficult for some participants, particularly those with limited prior knowledge or experience of mental health issues.

Some participants recognised that it was difficult to pitch the content and materials at the appropriate level for groups of participants with different levels of knowledge and experience. As one participant stated:

*"It was a really complex task to present the material to a group of differing experience".*

A number of participants said the facilitators did really well to try and recognise the different levels of prior knowledge and experience of participants. As one participant said:

*"The course content and the presentations coped really well with the breadth of knowledge and experience in the group and the diverse background of the participants".*

However, there were some participants who felt that it had been really difficult to cope with the different learning needs of individuals, given their different levels of prior knowledge. They commented that:

*"I think the course made too many assumptions about the prior knowledge of participants and a number of the group seemed to be struggling".*

Table 11 How much learning did you gain from the course?

	Response
1 None at all	0%
2	6.2%
3	41.2%
4 A great deal	52.6%

**Base 97 Respondents**

Participants were asked how much learning they gained from the course. The responses indicate that over half of the participants (53%) felt gained a great deal from the course, and an additional 41% rated the amount of learning they gained at 3 on a scale of 1-4. None of the respondents felt that they had learnt nothing at all.

The vast majority of participants were very positive about the learning they had gained from their participation in the course. Some typical comments made by participants included:

*“The course offered a warm welcome, and a collection of stimulating, meaty material that easily held my attention. The size of the group and variety create from having two presenters made for an effective learning environment”.*

*“A Really useful course. It made the principles of evaluation very clear and helped me to clarify the process of good evaluation and designing performance indicators”.*

*“The course was excellent, I am now back at work and want to pursue some of the course work and relate it too my daily job”.*

*“The course delivery was excellent. Facilitators were very knowledgeable. I learned a lot from it”.*

Table 12 How helpful did you find the group work activity?

	Response
1 Not useful	0%
2	7.2%
3	34%
4 Highly Useful	58.8%

**Base 97 Respondents**

Group work activity proved popular with the participants, with 59% rating this method as very helpful, and more than a third rating it 3 on a scale of 1-4. This confirms the feedback given by participants about the aspects of the training that they found most useful.

The fact that many participants felt that the group work was the most popular aspect of the course was reflected in some of the comments received from participants, which included:

*“It was useful to have ‘time out’ to work in local projects and see if ideas correspond with the training input. Is it just a ‘good idea’ or does it have merit in evaluation terms? Good to work together with new people and share ideas and expertise”.*

*“It was a fantastic exercise: it helped me think though a project I had in mind and educated me about other projects that other groups were working on”.*

*“The opportunity to reflect on a real example was good, especially when the presenters had personal knowledge of the project concerned. The chance to interact with other group members was enjoyable. The particular project brought out the complexity of evaluating mental health projects”.*

Table 13 Assess the course as a whole in terms of its delivery and structure

	1 very poor	2	3	4 Excellent
Activities/methods	0%	1%	42%	57%
Pacing/timing	0%	9%	45%	45%
Trainers’ delivery/facilitation	0%	0%	23%	77%
Materials	0%	1%	28%	71%

**Base 94 Respondents**

When asked to assess the course as whole, more than three-quarters of participants (77%) rated the trainers’ delivery and facilitation as excellent. Similarly, 71% of the participants rated the course materials as excellent, and over half (57%) rated the activities and methods as excellent. The pacing and timing of the training was rated as excellent by 45% of participants, and received a grade of 3 out of 4 by another 45% of participants.

The vast majority of participants were very positive about the delivery and structure of the course. Some typical comments made by participants were as follows:

*“Overall excellent and very useful. Will influence my practice positively.”*

*“Really excellent course overall, and great trainers who created a very positive and participative atmosphere. Enjoyed it and will certainly help with how I think about/plan evaluations as well as the design of interventions.”*

*“Meeting with colleagues who face the same challenges proved to be very beneficial and I am hoping that someone I met on the course will join one of my evaluations. This simply wouldn’t have happened without the course”.*

*“The trainer’s commitment to and passion for the subject came across and enthused me. Their manner was just right - eliciting responses from participants and ensuring that everyone had a chance to input”.*

## Overall Assessment of Day One

Table 14 Which session did you find the MOST useful and which did you find LEAST useful?

	Most Useful	Least Useful
Session 1: Current debates about evidence of effectiveness	6.5%	22.7%
Session 2: In practice: group work on programme design	10.4%	31.8%
Session 3: Using evidence base: risk and protective factors	28.6%	6.8%
Session 4: In practice: designing an intervention to solve a problem	37.7%	11.4%
Session 5: Introduction to indicators	16.9%	27.3%

### Base 77 Respondents

Session 4 (In practice: designing an intervention to solve a problem) was rated as the most useful session by 38% of participants. The second most useful session was Session 3 (Using evidence base: risk and protective factors) which was viewed as being most useful by 29% of participants.

Session 4 appears to have been perceived as being most useful by participants because it gave them an opportunity to reflect on the knowledge they had gained during the day and to consider how this could be applied to their own project/organisation. The words participants used to describe the session are indicative of this: 'practical challenge', 'gaining practical experience' and 'putting learning into practice'.

The views of one participant are typical of many others:

*"I find doing activities a more effective way to learn. I find if I can put into practice what I am being taught I can retain the information more readily."*

Participants rated the least useful session as Session 2 (In practice: group work on programme design). This was seen as being least useful by almost a third of participants. It appears that for some participants this session was perceived to be the least satisfactory because of the group dynamic, rather than the structure or content of the session itself. Some participants commented that their group failed to achieve a consensus around the task.

## Overall Assessment of Day Two

Over half of the respondents rated Session 1 (Group work on local projects) as the most useful session. The usefulness of this session seems to derive from its practical nature ('doing' rather than 'discussing') and the opportunity for people to apply what they had learnt from other elements of the training.

Table 15 Which session did you find the MOST useful and which did you find LEAST useful?

	Most Useful	Least Useful
Session 1: Group work on local project	61.1%	14%
Session 2: Collecting data and interpreting results – methodological challenges	19.4%	18%
Session 3: Case Study: JOBS programme	12.5%	28%
Session 4: Debate: moving evaluation up the agenda	6.9%	40%

Base 72 Respondents

One participant commented:

*“This really gave us a chance to put some of the techniques we had been introduced to the previous day into practice.”*

While another commented that this had been the most useful session because

*“...I was able to reflect on what I had learned and applied it to a real piece of work.”*

Participants rated Session 4 (Debate: moving evaluation up the agenda) as the least useful session. Several participants commented that this session had not taken place on their course and some said they got the least out of this session because it was the last event in a very busy two days.

### Summary of Key Findings

- The vast majority of participants stated that they felt the course had fully met all of its objectives.
- The highest satisfaction rate was for the objective of providing participants with an opportunity to ‘work through the key stages involved in planning, implementing and disseminating an evaluation’. 84% of respondents said they felt this objective had been fully met.
- The lowest satisfaction rating was for the objective of helping participants to ‘use evidence to analyse and interpret the results of an evaluation’. However, almost six out of every 10 participants said they felt that this objective had been fully met.
- Over half of the participants (53%) stated that the pre-course materials made it very clear what the course was about; over 90% of respondents allocated the materials a 3 or 4 on the scale, 4 representing ‘Very clear’.
- 40% of those who responded stated that the course reading list and materials circulated in advance were very useful and more than a quarter (27%) gave them a grade 3, with 4 being very useful. However, over a quarter of all participants stated that they did not have time to look at the materials or resources prior to coming on the course.

- Nearly two-thirds of participants rated the difficulty of the course as about right: complex but not too difficult.
- When asked to assess the course as whole, more than three-quarters of participants (77%) rated the trainers' delivery and facilitation as excellent.
- 71% of the participants rated the course materials as excellent, and over half (57%) rated the activities and methods as excellent.
- The pacing and timing of the training was rated as excellent by 45% of participants, and received a grade of 3 out of 4 by another 45% of participants.
- On day one of the course, Session 4 (In practice: designing an intervention to solve a problem) was rated as the most useful session by 38% of participants. The second most useful session was Session 3 (Using evidence base: risk and protective factors)
- On day two of the course, over half of the respondents rated Session 1 (Group work on local projects) as the most useful session. The usefulness of this session seems to derive from its practical nature and the opportunity for people to apply what they had learnt from other elements of the training.
- On day two of the course, participants rate Session 4 (Debate: moving evaluation up the agenda) as the least useful session. Several participants commented that this session had not taken place on their course and some said they got the least out of this session because it was the last event in a very busy two days.

## 4. Impact Assessment – One Month Post Training

Participants were sent a questionnaire approximately one month after they had completed the training. This was to assess their perceptions having had an opportunity to reflect on the training and how they might be able to apply the learning in their work context.

A total of 97 Post Course Impact Assessment questionnaires were returned from participants representing a response rate of 62%. An initial analysis of the responses received from participants, one month after they had completed the training is presented in this section of the report.

### Course Expectations

One month after completing the course the vast majority of respondents felt the course had met their expectations well or very well. The detailed responses to the question about how well the course met participants' expectations were met by the training are shown in Table 16 below.

Table 16 – Extent to which participants expectations were met?

	Not at all well 1	2	3	4	Very well 5
A better understanding of evidence of effectiveness for Mental Health Improvement	0%	1%	19%	48%	32%
A better understanding of the risk and protective factors for mental health	0%	3%	20%	48%	29%
More information about developing indicators to measure the success of Mental Health Improvement projects/programmes	0%	2%	24%	47%	27%
Information to allow you to plan the evaluation of Mental Health Improvement projects/programmes	0%	0%	22%	53%	24%

Base 97 Respondents

Over 70% of participants rated the extent to which the course objectives had been met as 4 or 5 i.e. well or very well. The highest levels of satisfaction were for the objective of providing participants with 'a better understanding of evidence of the effectiveness for mental health improvement'. 80% of participants said this objective had been met well or very well, including almost a third who said it had been met very well.

The lowest level of satisfaction was with the objective of providing participants with 'more information about developing indicators to measure the success of mental

health improvement projects/programmes'. However, even for this objective almost three quarters (74%) of participants said this objective had been met well or very well.

Participants were also asked a series of questions about their knowledge, understanding and confidence about the key issues covered by the training. In particular, they were asked about:

- Their familiarity with the debates about the effectiveness and their relevance to mental health improvement;
- Their awareness of the key stages involved in planning, implementing and disseminating evaluation evidence;
- Their confidence in using the learning they had gained from the training.

The table below shows the responses from participants to the question about the extent to which they felt they were familiar with the debates about the evidence of effectiveness and their relevance to mental health improvement.

Table 17 Familiarity with debates about evidence

	Not Familiar at all				Very Familiar
	1	2	3	4	5
Following the training how familiar are you with the debates about the evidence of effectiveness and their relevance to mental health improvement	1%	6%	39%	44%	10%

Base 97 Respondents

As can be seen from the table, 54% of respondents said that they were familiar or very familiar with the 'debates about the evidence of effectiveness and their relevance to mental health improvement'. However, only 10% said they were very familiar and 46% rated their knowledge below 4 on the five point scale.

Table 18 – Awareness of key stages involved in planning, implementing and disseminating an evaluation

	Not Aware at all				Very Aware
	1	2	3	4	5
Following the training how aware are you of the key stages involved in planning, implementing and disseminating an evaluation?	0%	1%	19%	59%	20%

Base 97 Respondents

Almost 80% of respondents said that they were aware or very aware of the key stages in planning, implementing and disseminating an evaluation.

These findings compare very favourably with the responses to the same questions from participants before they took part in the training. The table below shows that there were substantial increases in participant's perceived knowledge and confidence. The figures relate to the percentage of respondents that said they were very knowledgeable/aware or knowledgeable/aware.

Table 19 – Change in Knowledge and Awareness

	Pre-Training	Post-Training	Change
Knowledge about the evidence of effectiveness in relation to mental health improvement	24%	54%	+ 30%
Awareness of the key stages involved in planning and implementing an evaluation	18%	79%	+ 61%

Participants from the health service were most likely to say that they were very reasonably knowledgeable or very knowledgeable about the evidence of effectiveness for mental health improvement (85%). However, while a majority of participants from local government and the voluntary sectors said they felt they were reasonably or very knowledgeable following the training, there was a significant minority of participants from these sectors (42% on average) who said they still felt they were not knowledgeable about the evidence of effectiveness in relation to mental health improvement.

Again participants from the health service were most likely to say that they had a good awareness of the key stages involved in planning and implementing an evaluation following the training. (83% rated their awareness as being good or very good following the training). However, other participants were almost as likely to say that their awareness of the key stages involved in planning and implementing an evaluation was good or very good (81%).

Participants that had said before the training that they had a lot of experience in conducting evaluations were understandably more likely to say that their knowledge about the evidence of effectiveness in relation to mental health improvement was good or very good following the training (82%). However, a majority of those who said they had some experience prior to the training also rated their knowledge as good or very good following the training. In addition 80% of those who had said they had no experience of evaluation prior to taking part in the training said they felt their knowledge was at least average following the training.

Interestingly, those who said that they had no experience of evaluation prior to taking part in the training were most likely to say that they felt that their awareness of the key stages involved in planning, implementing and disseminating an evaluation was good or very good following the training (90%) However, a substantial majority of participants who had said they were more experienced also said that they felt that their knowledge about planning an evaluation was good or very good following the training (82% of those who said they had a lot of experience and 77% of those who said they had some experience).

Table 20 – Confidence following the Training

	Not Confident at all	1	2	3	4	5	Very Confident
Using the evidence base to design interventions	0%	6%	36%	52%	6%		
Analysing and interpreting the results of the evaluation	0%	7%	40%	39%	14%		
Making the case for evaluation in your regular practice context	0%	1%	22%	43%	34%		
Using your own experience to contribute to the evidence base for mental health improvement	0%	5%	33%	50%	12%		

Base 97 Respondents

A majority of respondents rated their confidence following the training as either 4 or 5 on the five point scale. The highest levels of confidence related to participants ability to 'make the case for evaluation in their regular practice context'. 77% of participants said they were confident or very confident about this, including almost a third who said they were very confident. The lowest levels of confidence related to participants' perception of their ability to use 'the evidence base to design interventions'. 58% of respondents gave this a rating of 4 or 5 but only 6% said they were very confident.

### Participants' Comments on their Personal Learning

The most common comment made by participants about their own personal learning following the training was that they felt they would require time to practice and embed knowledge. Some typical quotes that sum up this perception are as follows:

*"As this subject is new to me it has taken me a while to get my head around it. I find that I have not had the time to take it all in properly."*

*"Feel I need to invest in more time understanding techniques, analysis and interpretation of evaluations... Need time and plenty of practical experience of designing interventions ... possible mentoring support?"*

*"The course was excellent... However, there was a lot to take in and personally I need time to study and reflect to integrate the learning that was offered."*

*"Course helped to understand why funding bodies require specific information for their evaluation."*

Another comment made by a substantial number of participants was that they felt they would be able to apply the learning they had gained in a number of different contexts and not just in relation to mental health projects. As one participant stated:

*“My responses are based around my work area of domestic abuse and not mental health as such.... However I will be able to employ the strategies learned and adapt them to whatever projects I intend to develop.”*

### Impact – Learning in Action

The Impact Assessment Questionnaire asked participants whether they thought they would be taking any further action or change their existing ways of working as a result of participating in the training.

**Table 21 Further action as a result of the training**

Further Action	%
I intend to plan a new Mental Health Improvement project/programme	41%
I intend to alter what I am doing in terms of an existing project	56%
I intend to secure additional resources for evaluating Mental Health Improvement projects/programmes	30%
I intend to change the way in which I commission and/or use evaluations	44%
I intend to seek out additional training/learning	47%
I do not intend to take any further action	3%
Other action	14%

\*Numbers do not add up to 100% as respondents were able to select more than one response.

Many participants said they felt they would be able to take more effective action in the future because the training increased their self-confidence. Some typical comments were as follows:

*“the training gave me information, language and confidence”*

*“I feel more able to indicate areas that require evaluation and feel more confident in pointing out areas where current evaluation is missing”*

This increased confidence amongst participants is reflected in a general feeling of better understanding. In particular participants noted an appreciation for need of a structured approach:

*“Hope to be more structured in my approach to new pieces of work”*

*“Plan to develop intervention and plan evaluation in a more systematic way”*

*“Having a firm plan in place saves time in the long run”*

*“The training gave me certain tools I can use and the enthusiasm to engage the process to a deeper level than I had previously.”*

One participant felt they had particularly benefited from informal discussions with the tutors and other participants

*“A lot came from discussions with participants within the training sessions. Informal chats with the tutors also inspired me to read further into the topic.”*

### **Potential Barriers to Future Action**

Lack of time was the most commonly stated potential barrier to further action:

*“These could incur additional costs and require more time. Not yet sure how these may be overcome.”*

*“lack of time is the main factor which affects my working week”*

*“Physical time!! swamped by therapy work leaving little time for the above.”*

*“lack of time to carry out own quality evaluation within current remit”*

Although this is a pertinent issue, a few participants expressed a commitment to try and overcome this barrier. One participant called for the need to

*“plan to commit the time to integrate changes.”*

While another said:

*“I need to make sure I set aside appropriate time for planning etc (this can be difficult).”*

Other suggestions included:

*“I am not sure yet how to overcome this [time] barrier. Discussions with management may provide some solutions but shortage of staff is not an easy problem to solve overnight.”*

*“No sections in my job plan relate to research and evaluation. I might try to change this in forthcoming job planning cycle.”*

Some participants said that participating in the course had given them the confidence to approach others for assistance in conducting an evaluation. One such participant commented.

*“I found the training really useful but a bit overwhelming. I'm currently setting up a new project... I want to have a robust evaluation of the service but the reality is I don't have the time to design and implement the kind of system I would like. I've therefore modified my aspirations and plan to contact the clinical effectiveness department for help”*

The lack of financial resources to fund evaluations was another significant barrier raised by a substantial number of participants. Typical responses by respondents who raised this issue included the following:

*“Financial restrictions within the services. “*

*“lack of finance to commission external evaluation”*

*“Convincing funders that a larger evaluation and funding for the evaluation is important”*

*“Who funds projects can often determine what is possible and not what is desirable.”*

Many participants said that a reluctance to change amongst other key stakeholders was often a significant barrier to implementing effective evaluation systems. Again, some typical comments from participants included the following:

*“The main barriers to change are a lack of vision and a reluctance to change with in the services that I work in. From the training I have learnt that the most effective way to change is by evidence and having a clear plan to argue with.”*

*“May be difficult to get staff running project to take on need for further monitoring.”*

*“I have encountered polarised professional points of view about evaluation. I think that it will be vital to get them to move together. If they can't this will be a major barrier”*

*“mental health and well being is still perceived as a low priority in the minds of many senior managers, they see it as a soft option within a medical model of health delivery”.*

## **Summary of Key Findings**

- Over 70% of participants rated the extent to which the course objectives had been met as 4 or 5 i.e. well or very well.
- The highest levels of satisfaction were for the objective of providing participants with 'a better understanding of evidence of the effectiveness for mental health improvement'. 80% of participants said this objective had been met well or very well, including almost a third who said it had been met very well.
- The lowest level of satisfaction was with the objective of providing participants with 'more information about developing indicators to measure the success of mental health improvement projects/programmes. However, even for this objective almost three quarters (74%) of participants said this objective had been met well or very well.
- Following the training, 54% of respondents said that they were familiar or very familiar with the 'debates about the evidence of effectiveness and their relevance to mental health improvement'. However, only 10% said they were very familiar and 46% rated their knowledge below 4 on the five point scale.
- Following the training, almost 80% of respondents said that they were aware or very aware of the key stages in planning, implementing and disseminating an evaluation.
- Following the training, a majority of respondents rated their confidence following the training as either 4 or 5 on the five point scale.
- The highest levels of confidence amongst participants following the training related to their ability to 'make the case for evaluation in their regular practice

context'. 77% of participants said they were confident or very confident about this, including almost a third who said they were very confident.

- The lowest levels of confidence amongst participants following the training related to participants' perception of their ability to use 'the evidence base to design interventions'. 58% of respondents gave this a rating of 4 or 5 but only 6% said they were very confident.
- The vast majority of participants said they intended to take some form of practical action following their participation in the training. The most commonly mentioned forms of action were altering the approach to evaluating an existing project (56%), and seeking additional training and changing the way participants commission and use evaluations (44%).

## 5. Follow Up Interviews with Participants

The final part of the research involved conducting a series of semi-structured interviews with participants approximately 20 weeks after they had completed the training. These interviews were designed to test participants' perceptions about the training after they had had an opportunity to reflect upon the learning in a practical work context and to explore what action, if any they had taken to implement the learning they had gained.

A total of 65 interviews were conducted with participants and this included participants from all 15 of the training courses that were included in the evaluation. The interviews were semi-structured in format but the main topics that were covered were:

- Participant's main learning points;
- How has the learning been put into action?
- Has the learning helped participants make the case for more effective evaluations?
- How could the training be improved?
- How could participants be supported after they have completed the training?

The following sections of this report present key findings arising from participant feedback gained during telephone interviews.

### Main Learning Points

Participants that were interviewed were asked what had been the main learning points that they felt they had gained from their participation in the training. The most frequently mentioned issues were:

- The Importance of Planning in Advance
- Confidence to Use a Range of Different Indicators
- Having a Structured Evaluation Framework
- Making Use of Risk and Protective Factors

### Planning in Advance

The most frequently mentioned learning point raised by participants was the need to think about evaluation from the early stages of developing a project or initiative and ensuring that it is built into the design and implementation stages rather than as an afterthought towards the end of a project. Many participants said this was the key learning point for them. Some typical comments were as follows:

*"I am much more aware of planning work in order that it can be evaluated – seems obvious but the training made me much more aware of the necessity for knowing what it is you want to evaluate before you start the project!"*

*“Mainly I would say that the training enforced my view that evaluation should not be a retrospective activity, but should be incorporated into a project from the very beginning. I think that this was something that we were resistant to in Mental Health Improvement fields as evaluation is often perceived as a threat.”*

*“For me it really highlighted the importance of evaluation – this is the first bit of training that I have done on evaluation specifically and it really made me aware of the importance of it – I had always thought of it as something to be done at the end of a project”.*

*“Planning things before you start doing them. Thinking through what you are trying to address. Where I work evaluations are often done at the end. Course taught me the importance of thinking about evaluation from the start”.*

### **Using a Range of Different Indicators**

The second main issue identified by participants as a main learning point was the fact that the training gave them the confidence to use a range of different indicators. In particular, participants identified the need to link the indicators to the objectives of the project or initiative being evaluated as well as having the confidence to use soft indicators as well as hard data. Some of the comments that illustrate these issues were as follows:

*“For me it was mainly things to do with outcomes and outputs – getting them sorted out in my own head, and also learning the definitions and getting confidence in making use of the official lingo. Also the focus on mental health was useful because I am interested in learning more about mental health evaluation – at the moment I don’t necessarily focus on that at all”.*

*“The most positive aspects for me were the investigations into indicators and risk factors in a social context”.*

*“I got better understanding of the kind of indicators to look for in a project. I got a greater awareness of issues around protective factors and the risk. This involved new terminology for me. I didn’t know about this before the course”.*

### **Having a Structured Framework**

Another frequently mentioned important learning point raised by a significant number of participants was the insight the course had given them in developing a structured framework for planning and conducting an evaluation. Many participants said they found the model used during the course extremely useful and that it could be adapted to be used in a number of different settings and contexts. Some of the comments concerning the model included the following:

*“The main learning for me was the model for using when doing evaluations, especially the risk and protective factors. I really love this model, especially its adaptability”.*

*“I learnt a more holistic way of approaching evaluation. It encouraged me to think about evaluation from a number of different perspectives, not just ‘what do I want to know’”*

## **Risk and Protective Factors**

The final key learning point mentioned by many participants was the greater understanding of the risk and protective factors associated with mental health and well being and how to use them in the context of evaluating interventions. Typical comments relating to this aspect of the training included:

*“The biggest learning point for me was probably making use of risk and protect factors to base evaluation on. The training made me realise how important it is to be very clear in the initial stages regarding what risk factors you aim to reduce and the protection factors you aim to increase.”*

*“I was fascinated by the risk and protective factors, thinking about what mental health issues might protect a person’s mental health and make them flourish, and also about what factors might be detrimental. This was a new concept to me and I really am grateful to have been there to hear about it”*

## **Applying the Learning**

It is clear from the feedback received from participants that many have been able to apply the learning they gained during the training to adapt the way they are approaching evaluating existing projects and initiatives. Participant’s in particular commented upon how they were able to draw on the case studies and the course materials to reconsider the way they were approaching existing evaluations. Some examples given by participants included:

*“I have been able to apply the learning to an evaluation which was in the pipeline prior to the training, and I am grateful for the additional knowledge that I got from participating in the training”*

*“Since the training I have made monitoring forms more structured than it was by using slightly more closed questions. In the past we have been afraid of asking people how much better they feel because it is such a short term thing, but after the training I realised that it is ok to ask this and it is a valuable thing to collect”.*

*“I have been struggling with an ongoing problem where I have been trying to decide the best way to evaluate a project – either by taking a snapshot approach or by implementing an ongoing evaluation. One of the case studies on the course was broadly similar to my project, so I was very grateful to have been able to pinch some ideas”.*

*“One of the sessions used an example from my work. This was around NHS QIS Management Databases to monitor documents coming from NHS Quality Improvement Scotland. Work has been carried out since the course to progress this. The course gave relevant staff the opportunity to meet up and discuss ideas. From that session a paper was written that has since been sent to various committees for rubber stamping”.*

It is also clear that a substantial number of participants have used their experience by taking part in training courses to encourage colleagues to adapt their approaches to evaluation and to take on board some of the issues raised during the training. Some comments made by participants that illustrate this approach include:

*“Within the Health Promotion Department I have been able to encouraging other staff to use course material. The material is good for drawing people’s attention to issues. Gives people confidence to encourage people to think about how initiatives contribute to mental health and wellbeing”.*

*“As a manager of others I found the broad learning and skills helpful, rather than anything specific. I manage the homeless outreach team, which are involved in an evaluation at the moment”.*

*“Yes, in terms of how I’m thinking about evaluations. As part of my job I give advice on evaluation. The course has given me more confidence to do this better”.*

### **Barriers to Applying the Learning**

While the majority of participants said that they had been able to apply their learning in their workplace environment a minority said they had not because of a number of external barriers. The main type of barriers that were cited included lack of time and resources, a lack of a commitment to robust evaluation of projects and initiatives, organisational changes and difficulty in convincing senior stakeholders of the value of adopting a rigorous approach to evaluation. Amongst the comments from participants that reflect these concerns were the following:

*“The charge nurses and clinical staff have been too busy to implement the evaluation. There are too many other pressures and priorities. Staff need direction, which I was able to give due to the course, but they have not bought into putting the evaluation framework into practice. My fear is that staff will trundle along doing things as before”.*

*“We have lots of good ideas, but a lack of time, money and resources means that it isn’t feasible to implement the training at the moment”*

*“My job changed soon after taking part in the training, and I am not longer involved with service delivery which means that I no longer have the opportunity to be involved so much in evaluation”.*

*“There are obviously time limits, so can’t go into as much detail as on the course. There are also some people that don’t want to put in so much effort before the funding is secured”.*

*“We’re a Local Authority and interested in education, and as such evaluation isn’t so ingrained in our culture. We are doing our best to change this, but this is a gradual process and in education it is a new area, though we recognise its importance”.*

### **Case Studies**

A number of participants were able to describe specific projects or initiatives where they had applied the learning they had gained from the training to plan and implement an evaluation. Many of these case studies related to the projects the participants had used during the training courses but other participants said they found that the learning they had gained allowed them to apply good practice in other areas.

Given the relatively limited time that had passed since some of the training courses when the telephone interviews were undertaken, it is inevitable that many of these evaluations have not yet been completed and that the results have yet to be

published. However, it does demonstrate a substantial body of evidence that the training has been put into practice and that it has had a positive impact on the way many participants are now approaching evaluations.

The following illustrate some of the practical case studies described by participants where the training has been useful. The range of different projects and initiatives described also demonstrates the fact that the learning from the training can be applied in a wide range of different settings and environments.

***I manage a counselling service. I have applied the model in terms of our approach to our waiting list. How do we meet the demand for long term counselling, what are the risk and protective factors. I have also used the model with my counsellors to use when thinking about individual counselling sessions and writing up client notes, what are risk/protective factors, what are the desired outcomes.***

***I've also used to look at possible future development of counselling service for men. I've started scoping study identifying gaps and how to integrate a new service for men into our existing counselling services. The tools from course have been incredibly useful to structure my work in this area, and give me confidence to put across the case for the need for service for men.***

(Counselling Staff Manager, Glasgow)

***I put forward a project for one of the course workshops: Meaningful Day Project – Activity programme targeting patients with acute mental health problems within psychiatric hospital, who are feeling bored and frustrated. I designed an evaluation which covered protective factors and risk factors, and what success would look like. I wrote up the work from the workshop and fed back to staff. But the charge nurses and clinical staff have been too busy to implement the evaluation. There are too many other pressures and priorities.***

***Staff need direction, which I was able to give due to the course, but they have not bought into putting the evaluation framework into practice. My fear is that staff will trundle along doing things as before, but putting into practice what I learnt on the course. So the evaluation will end up old and retrospective, and will not have the same impact as the framework I developed on the course.***

(Clinical Governance Co-ordinator, Lanarkshire)

***The evaluation of the Brain Injury Service had been in gestation prior to my going on the course, and we'd had a psychologist in to design some questionnaires – with the knowledge from the course I had the confidence to reject the design, and organise a literature review. In doing the review we very quickly identified a similar project that had happened in East Ayrshire, and so we got permission to use their questionnaire. We are now building in some more elements relating to service users and their carers, and we are in the process of training a service user and a carer to be able to conduct interviews with others affected and using the service. We are using a local social research firm to carry out the research.***

(Strategy and Training officer, Argyle & Clyde)

***One project that I am involved in is writing a booklet that is to be used by the public about organisations that are there to support you if you are feeling suicidal. I will be using the learning from the Evaluation Plus training to help me build in indicators to the project so that we can measure the effectiveness of the booklet on the community. Another really worthwhile outcome of the course for myself was the case study element: one of the case studies was actually mine – See Me – and it was really useful to have a group discussion about it as it showed me where I should be going next etc.***

(Health Improvement Officer, Mental Health, Dumfries & Galloway)

***Around two years ago our support workers were trained in Emotional Freedom Technique (EFT). This is a non-invasive, safe intervention, which taps on energy points and is intended to relax the client. Research has been done to show this is particularly beneficial to treat anxiety and phobias. Our support workers have been using this technique with some clients on an ad hoc, informal basis where they think it may be beneficial and some clients do feel they get some benefits from the technique. It is a bit hit or miss, and it is not always easy to know when best to make use of EFT.***

***The Evaluation Plus training made me think this would be a good opportunity to evaluate the EFT in practice in more details. Firstly see if it really is having a benefit to clients and also to see if we can improve the service we provide and maybe make it more streamlined and better targeted. There is advanced training on EFT now being offered. A formal evaluation will also help me decide if it is worth sending staff on this course.***

(Home Support Service Coordinator, Forth Valley)

***I'm involved in an evaluation of Mental Health Education for secondary school pupils – this is a one year project, and I am also evaluating a programme for troubled pupils. When I went on the training day I was not approaching it as a theoretical day – I was and still am constantly putting the learning into practice in my everyday work. The results will be published primarily on the Renfrewshire council website, and in glossy summary style for stakeholders and later in professional journals.***

(Depute Principle Psychologist, Glasgow)

***The project is a transitional employment project for people with substance abuse problems. We are at the exit stage of the project in terms of the Lottery Funding is coming to an end this year. The training course has helped me better interpret evaluation information to help support the case for sustaining the project. Help with using evaluation to show how the project is working (especially in relation to soft indicators/outcomes), and that the project is worthy of funding beyond seed corn lottery funding. The work is going to be presented to the Drugs Action Committee to seek further funding for project. Out data is required for Lottery funding. In addition we have developed Health Improvement measures, which are soft indicators based on self-perception, for example increased self-esteem, self-confidence, or more confident working/ interacting with people.***

(Strategic Development Officer, Community Care, Grampian)

***We have just finished a project up here called Fitclub Orkney Style: this was a competition that was run by NHS Orkney, the local newspaper and the local sports club. It was based on the Celebrity Fitclub on the telly though rather than using the telly to advertise it and report to the community what was going on, we used the local***

***paper. We got 70 applicants who were whittled down to 12. There was dietary advice, fitness coaches and lifestyle coaches involved, and each participant had to state some personal goals. The pounds lost were reported in the paper over 10 weeks and we had plenty of solid indicators for how the people were getting on.***

***I was amazed though at how people's mental health improved as they lost the weight and got involved in physical activities – self confidence and self esteem soared and although the project was mainly about physical health, I am intending to mention the mental health benefits in the evaluation. It was really spectacular, and the training has helped me realise how to show the softer indicators of mental health improvement and really focus and draw attention to them in the evaluation.***

(Health Promotions Officer, Dietician, Orkney)

***The indicators which we traditionally use are random urine and sweat tests to detect the use of drugs in in-patients, as well as monitoring the number of staff absences (staff moral before this scheme started was very low, and there was a high rate of burn out – this has radically decreased), the monitoring of incident reporting, which has also radically dropped, as well as inappropriate admissions. All of these things are very solid indicators, but we are also interested in the anecdotal evidence and the Evaluation Plus training course really showed me the importance of anecdotal evidence.***

(Team Leader, Adult Mental Health, Ayrshire & Arran)

***We will use the model from the course in relation to thinking through risk and protective factors. This is for further down the line in the project, but course material will be useful. At the moment it is about a culture change and thinking about “will this work”.***

***We need to measure and collect evidence to show whether the new community service is better than before. For example the group is proposing to develop an outreach service for patients in rural areas. They currently have to travel into urban centre for the service. We need to drill down and look at whether the outreach approach is better than the current central service. This will include looking at protective and risk factors. If patients have to travel into town this may mean they will also meet up with other people while they are there, whereas they will be more isolated if an outreach services comes to their home.***

(Consultant Nurse, State Hospital)

***I am doing a Best Value review for the Children and Disability team and I have been able to make use of the training day as a way of designing the review and to ensure that I look more at evidence I work for both the NHS and the Social Work Department and think that the NHS is much more in tune with the ethos of the training than the Social Work Department. Social work is much more reliant on anecdotal evidence and this needs to change if we are to develop a more robust approach to demonstrating ‘what works’ in practice.***

(Strategy and Training Officer, Argyll and Clyde)

***The project that I am currently doing is about developing services to look after patients' physical health – patients with mental health problems often have their physical health neglected. The evaluation plus training encouraged me to look into the community development side of the project, and this has been very useful.***

***Since the training I have also been looking into what I have done in the past year and ensuring that it marries up with the training. I am hoping to get the results of the evaluation published in a mental health nursing journal in the future, but the evaluation isn't finished yet.***

(Co-ordinator Well Persons Service, Argyll and Clyde)

***We are planning to set up a self-evaluation of a group set Arts Groups as a pilot exercise in the next few months. I have just finished writing up a research project to take this forward. IT will focus on 6 existing Art Groups across Scotland all with a focus on mental health, but each having to deal with different issues such as BME, social inclusion, rural issues etc.***

***The evaluation will use SCDC LEAP model but will fully involve those participating in the art groups themselves. The idea is that self-evaluation can focus on capacity building and use the evaluation as a learning opportunity, to learn about their project, to help promote it and influence policy. It will have a more action research dimension. We hope that this pilot exercise will produce a small handbook, developed by participants, to assist future evaluations. The training has helped and will help in this work in terms of reinforcing my ideas about evaluation and giving my confidence to articulate more clearly about what we are trying to achieve.***

(Arts Creativity and Mental Health Worker, Glasgow)

***A Public Health Resource Unit has been established in Glasgow which will provide core services including a mental health improvement network. A subset of this will be devoted to research and evaluation. It will be for anyone involved in MH improvement and with an interest in evaluation and evidence. The network will be have an electronic presence and involve face to face events. The electronic part will include how to design an evaluation, guidance around ethics and other guidance. Guidance will cover tips on how to develop indicators to measure the impact of MH improvement projects; will try to building awareness around the importance of building evaluation into design stages of any MH improvement project.***

***The training was useful for us in terms of getting an insight into what other people working in the field are doing and who within Greater Glasgow might be interested in being involved in the network.***

Senior Researcher, Greater Glasgow NHS Board

***If I hadn't been on the training, I wouldn't have been so sure about evaluating the Mental Health Day Care Service. As a result a database has been developed to record outcome measures. So we will be able to track outcomes over time. The aim of the hospital is to minimise re-admissions to hospital. But before the database there was no way of quickly reporting this. For the evaluation just complete we had to do a trawl of***

**old paper records. All information is now recorded on the database and is kept up to date as a live system. The database records re-admissions, reasons for re-admission and any interventions.**

**Questionnaires were developed for services users, carers and referrers using material from the course, such as included quality of life indicators. The questionnaire included indicators around independence and social relationships. The evaluation was endorsed by managers and staff had time out to go through everything. Staff had ownership so it worked well and will contribute towards the work being carried out in Lanarkshire about the future of NHS Mental health Services.**

Clinical Governance Co-ordinator, Lanarkshire NHS

## **Potential Improvements**

As has been previously described, the vast majority of participants were extremely positive about the training. This was reflected in the comments received from participants in the follow up telephone calls with the majority of those who were interviewed remaining positive about the quality and content of the training. Two typical comments from participants were:

*"I thought it was a grounded course. It was good having multidisciplinary participants on the course with a range of experience in research and evaluations. It would be good if all courses were run like this as it added a lot of value to the learning experience".*

*"It was really useful. It met our needs and training objectives. Came away feeling more confident about the way we are working. I feel more confident defending the need for quality evaluation when others are questioning me."*

Participants had very few suggestions for ways in which the course could be improved. The most general comments related to having more time in general and more time for group work/case studies in particular. Others felt that the quality of the materials could be improved with more detailed information about specific indicators and measures of mental health and well being.

Some more specific comments made by individual participants included the following:

*"It would have been useful to have some training on how to undertake quality literature searching. Also would be useful to have bit on critical analysis –how do you decide to adopt or reject what you are reading."*

*"I came out quite enthused. Good if a bit longer – more sessions. More case studies/practical sessions. Maybe a follow-up session about 6 months after to demonstrate how or if the training has been used".*

*"More examples that we can get our teeth into and work around. Would be good to pick some case studies in the local area. It's difficult when we're in rural area and case studies are in urban context".*

## **Ongoing Support for Participants**

The vast majority of participants felt that some form of ongoing networking was vital to ensure that people kept their skills and knowledge up to date and were able to

exchange examples of good practice. This is clearly happening in some areas, as one participant stated:

*“In Lothian what we have done is establish a meeting for all of delegates – kind of like a forum – and we’re going to do it quarterly. I think that this is very useful because even if, like me, you aren’t getting the opportunity to make use of the training, it is refreshing to hear what others are doing and how they are making use of the training and putting the learning into practice. I would recommend that other training areas do the same thing”.*

However, in other areas local networks appear not to have got well established or rely heavily on individuals who may not always have the time to devote to organising networking events. Two comments from participants that reflect this concern were as follows:

*“On the course we all had great intentions of meeting up and keeping in touch, but this has never materialised – which is a shame – I suppose we all have different work priorities, and this didn’t have the same immediacy as work issues. Perhaps a definite date being set for a refresher course or something would be good?”*

*“Down here the Mental Health Improvement League manager is going to start a forum for mental health evaluation locally. I think that this is going to be very useful because I would really appreciate knowing where to go to access help for various different projects. Will be very useful to have a local network”.*

Some other participants thought there should be ongoing support from trainers rather than participants having to organise these events themselves. Some comments that reflected this view included the following:

*“There could be networking days run after the courses for the people who took part in them to discuss what kind of thing they are doing and if they are using the course or perhaps a chat room on the Internet where participants can exchange ideas”.*

*“Grampian can be isolated for people working on MH promotion if there is no-one else in their workplace with an understanding of the issues. And there is often a culture of people doing mental health promotion without the discipline of carrying out evaluation in this structured way. I’ve tried to set this up, but so far have been let down by technical problems. But I still hope to get this up and running for people who have attended the training in Grampian”.*

*“A network for people in Scotland involved in evaluation would be useful –local ones are fine, but a national one would be really helpful”*

*I think that continual half day refresher courses would be useful because when you aren’t using a particular bit of knowledge often you forget it – there are probably some things from the course that have been hammered home to me through practice but I am sure that there’s plenty more that has been forgotten”*

Another common comment made by a substantial number of participants was that more courses should be arranged to allow a wider group of stakeholders to become involved. Some participants specifically said they would like to have seen more senior managers and project funders attending the training so that they could gain a better understanding of the value of adopting a robust evaluation methodology to projects. Some specific comments relating to this issue were as follows:

*“I would have appreciated my manager to have been there so that we were both singing off the same hymn sheet – feel that it would have been a real advantage.”*

*“As I have already said, it would have been useful if another person from the same organisation was to have been there. Or perhaps some form of questionnaire that you and a manager could fill in to establish what kind of scope there is for implementing the training when one gets back to work. This would prevent disillusionment. It’s important that the whole organisation and partnering organisations buy into the evaluation initiative.”*

*“Having funding bodies go on it so that they can have an understanding would be a real advantage”*

A substantial number of participants said they would like to have some way of being kept up to date with new developments and approaches to be used in evaluating mental health related projects. A number of participants made specific reference to the work NHS Health Scotland is currently undertaking to **pilot** mental health and well being indicators and the need for better information about the status of these indicators and how they could help inform the development of local indicators that could be used to help evaluate the effectiveness of mental health improvement projects.

## 6. Summary of Key Findings and Conclusions

### The Participants and their Expectations

While a small majority of the participants came from the health sector the remaining participants came from a wide range of different backgrounds and professional disciplines. This suggests that the course appealed to participants engaged in work related to promoting positive mental health and wellbeing in its widest sense and not just those dealing with mental illness.

Some of the courses attracted substantially more participants than others. This may be due to the fact that there are more developed networks in some areas and that there are more people interested in evaluating the impact of mental health interventions. However, it also suggests that careful consideration should be given to how the training can be most effectively marketed, particularly in areas where there are less developed networks.

Two-thirds of participants said they had experience of evaluating mental health or similar projects. This is understandable since the course was targeted at participants who could demonstrate that they had a live project they could apply their learning to. However, over a quarter of the participants said they had little or no experience of evaluation. This begs the question as to which level of experience the training should be aimed at. Should it be people with some experience who want to build upon this experience and further develop their skills or those with little or no experience who are looking for a more basic introduction to the topic?

Almost half of the participants said before the training they had only a little or no prior knowledge about the evidence of the effectiveness of mental health improvement and an even higher percentage said they had little or no knowledge about indicators that can be used to evaluate mental health improvement projects or interventions. This suggests that the training was successful in attracting participants who would benefit from increasing their knowledge of these two key areas relating to evaluating mental health improvement activities.

A majority of participants said that they were only a little or not at all confident in planning and implementing an evaluation prior to taking part in the training. Again, this suggests that the training courses were successful in attracting a substantial number of participants who would benefit most from the confidence building objective of the training.

Prior to the training commencing participants identified a number of challenges that they faced when undertaking evaluations of mental health improvement activities. The training was clearly designed to address some of these challenges e.g. how to measure outcomes and using qualitative measures of effectiveness. However, it was not designed and could not be expected to directly address some of the other challenges identified by participants such as the attitudes of colleagues and the lack of capacity and resources to undertake effective evaluations of projects. Interestingly, these issues came up repeatedly when participants were asked what barriers they had faced in putting the learning they had gained from the training into practice.

Interestingly, one of the key expectations that participants had prior to the training was to gain a better understanding of the role of evaluation in helping to inform service planning and development. Again, it is significant that following the training a number of participants suggested that it would be useful for senior managers and external funders to participate in the training as they clearly felt that they lacked the knowledge and experience to support evidence based evaluations as a integral part of the service planning and development process.

## **Delivery of the Training**

A total of 157 participants took part in the training and 97 returned Course Evaluation Forms, representing a response rate of 66%.

A majority of participants said they felt all of the objectives of the training had been fully met. The highest level of satisfaction was with the objective of providing participants the opportunity to work through the key stages involved in planning, implementing and disseminating an evaluation. The next highest level of satisfaction was with the objective of making the case for evaluation in the context of participants regular practice context. Interestingly, these are both process related issues and are highly practical in their applicability. This suggests that the aspects of the course that participants felt most satisfied with related to the elements that they felt gave them practical skills and 'hands on' experience that they could apply within their work context.

There were some objectives that a significant minority of respondents said had only been partially achieved. For example, almost 40% said that they felt the objective of using evidence to analyse and interpret the results of an evaluation had only been partially achieved. Similarly, 30% of participants said that they felt the objective of critically assessing the debates about evidence of effectiveness and their relevance to mental health improvement had only been partially achieved. This may in part reflect the different levels of prior knowledge and experience of participants but some of the comments received from participants also suggest that these aspects of the training were sometimes perceived as being "too academic".

While a substantial majority of participants said that the course reading list and the materials circulated in advance of the training were very useful, it is significant that over 27% of respondents said that they did not have time to look at the materials prior to coming on the course. This may be because participants all have busy professional and personal lives but it could also suggest that some of the material could be reviewed and sent to participants further in advance of the training.

The course content appears to have been pitched at the right level given that very few participants said it was either too basic or too difficult. This is an impressive finding given the range of different levels of prior experience of participants and suggests that the content was overall appropriate. However, slightly more participants rated the content as being "difficult" than those who felt it was "easy" and this may suggest that some of the content could be reviewed, particularly in relation to participants who may be less experienced or knowledgeable.

The vast majority of participants were very positive about the learning they had gained from their participation in the training. Most participants also said they had gained most from the group work aspects of the training with over 60% saying that this had been 'highly useful' to them.

Overall, participants tended to rate the delivery of the training as being excellent. The trainers' delivery and facilitation skills were particularly singled out for praise by a large number of participants. The fact that many of the courses were co-delivered was also seen as being a particular strength as this allowed participants to benefit from a combination of skills and training styles.

The session that was clearly rated as being the most useful by participants was the group work on a local project session at the start of day two of the training. The session that was rated as being the least useful was the final session on day two relating to moving evaluation up the agenda. This reflects what participants said about the objectives they learnt least about. However, from some of the comments received from participants this session may have suffered from being the final session on day two and a number of participants felt that it had been too hurried. This may have implications for the extent of the content that the training attempts to cover in two days as well as the pace and timing of the delivery of the training.

The feedback from participants provided detailed comments and ratings of each of the Sessions on both of the training days. This should provide evidence of any areas where either the content or the delivery of the training could be improved in the future.

### **Impact on Participant's Knowledge and Confidence**

All participants were sent a questionnaire approximately one month after they had completed the training. The purpose of this questionnaire was to assess their perceptions, having had an opportunity to reflect on the training, and to ask how they thought they might be able to apply the training in practice.

A total of 97 Post Course Questionnaires were received representing a response rate of 62%.

Having had the opportunity to reflect on the training and how they might apply it in practice over 70% of respondents said they felt that the training had achieved its objectives well or very well.

The highest levels of satisfaction with the course objectives was for the objective of giving participants a better understanding of the evidence for mental health improvement. The lowest levels of satisfaction were for the objective of developing indicators to measure the success of mental health improvement programmes or interventions. These findings, to a certain extent, reflect the feedback from participants about the aspects of the training course from which they felt they had gained the most personal learning.

Comparing the responses received from participants before and after they had completed the training suggests that the training had a significant impact on the self perceived knowledge and awareness of participants.

For example, 54% of participants said they were very knowledgeable about the evidence and effectiveness in relation to mental health improvement after they had completed the training compared to only 24% who said they were very knowledgeable before the training.

Even more impressively, 79% of participants said they were very aware of the key stages involved in planning and implementing an evaluation after they had completed

the training compared to only 18% who said they felt very aware prior to taking part in the training.

These results suggest that the training has been successful in increasing the knowledge and awareness of participants in two key areas relating to planning and implementing mental health improvement projects. This confirms that the training has achieved its objectives in relation to increasing the knowledge and skills of participants.

Comparing the post and pre training responses from participants also shows that their overall confidence levels increased substantially. However, there were still some aspects of the evaluation process that significant number of participants exhibited a lack of confidence in. These primarily relate to analysing and interpreting the results of an evaluation and using the evidence base to design interventions. It is significant that these are areas where participants may not have had much experience and where they would need to engage a range of other stakeholders and decision makers.

This may suggest that there is a need for some other form of training or development intervention that is about using evaluation evidence to inform service planning and delivery decisions. This may need to be aimed at more senior managers and decision makers than those who are likely to be involved in the actual mechanics of delivering an evaluation programme.

The enthusiasm of participants for using the learning they had gained to improve their own practice and improve service delivery was apparent from the responses received following the training. Many participants had clearly been motivated by the training experience and were committed to putting the learning into action. It is significant that only 3% of participants said they were not intending to take any action. A substantial number of participants, on the other hand, said they were intending to either alter what they were doing in relation to an existing project or use their learning in planning a new project or programme.

Interestingly, almost half of participants said that they intended to seek out additional training or learning opportunities. This raises the issue of ongoing support for participants. This is discussed further below in the section dealing with the six month telephone follow up interviews with participants.

The main barriers to taking further action that were identified by participants were all generally out with their direct control. They generally related to a lack of time, lack of financial resources or the reluctance of other stakeholders to take on board the need for a rigorous approach to evaluating mental health improvement initiatives. While these are issues that are out with the scope of this evaluation, there is clearly an issue that people who have participated in the training may have their initial enthusiasm reduced as they face barriers out with their control when they return to their work place.

### **Impact of the Training in Action**

The final part of the evaluation involved conducting a series of semi-structured interviews with participants approximately 20 weeks after they had completed the training. These interviews were designed to explore participants' perceptions in more depth but also to examine what action, if any, they had been able to take to put the knowledge and skills they had developed into practice.

A total of 65 individual, semi-structured, interviews were conducted with participants from all 15 of the courses that formed part of the evaluation.

While many participants said that they had not had sufficient time to put all of the skills and knowledge into practice and very few had actually completed a full evaluation into practice almost all remained committed to the principles that underpinned the training.

It was also clear that the vast majority of the participants were determined to improve the way they approached evaluating mental health and wellbeing initiatives to reflect the good practice they had learnt about during the training. Significantly, in this context, the most important learning points mentioned by participants included the importance of building evaluation into the planning of projects and having a structured evaluation framework.

Many participants emphasised the importance of making use of risk and protective factors and expressed confidence in their ability to use a range of different indicators to measure the impact of projects or initiatives. This suggests that some of the key learning points from the training had been retained by participants and that they were starting to think about how they could apply the knowledge they had gained.

Participants were also able to describe specific projects or initiatives where they had used elements of the learning they had gained from the training in planning and implementing an evaluation. The range and extent of the case studies described in this report demonstrates the fact that the content and structure of the training can be applied in a range of different circumstances and environments. They also demonstrate that participants clearly feel that they have gained more confidence and experience as a result of the training and that this has helped them plan and implement their evaluations more effectively.

The main barriers that participants cited as preventing them from taking action to implement the learning they had gained from the training again related to a lack of time or resources. Although, significantly a number of participants said they were so committed to putting their learning into practice that they were looking at ways in which they could release time and/or resources to allow them to plan and implement more effective approaches to evaluating projects they were involved with.

### **Potential Improvements**

The vast majority of respondents were extremely positive about both the content and structure of the training as well as the way it had been delivered. As a result, there were very few suggestions about how the training could be improved.

The most general comment was that participants would have liked to have seen more time for the group work and case study elements of the training, but many recognised that this would have to be at the expense of other important aspects of the training. Some participants did say that there was perhaps too much material to deliver in two days. While others said that a half day follow up session a few weeks after the two main training days would be valuable to give participants an opportunity to discuss issues once they had had an opportunity to reflect on the training.

There were also some minor criticisms of some of the materials that were used e.g. different handouts from the slides being used by the trainers and more basic information for those with less direct experience of dealing with mental health improvement issues.

The main issue that came up from participants during the telephone interviews was the desire for some form of refresher events or more formalised networking amongst participants. While this is clearly happening in some areas e.g. Lothian it appears to be very much dependent on the enthusiasm and capacity of individuals. Many participants said they felt that this was something that they thought should be organised on a more formal basis at either a regional or national level.

The final issue raised by participants in terms of future support was putting in place some mechanism to allow them to update their knowledge and awareness of issues relating to evaluating mental health improvement projects and initiatives. One suggestion made by a number of participants was the development of a 'knowledge bank' that could be placed on the Internet combined with an on-line discussion forum for participants to share experiences and exchange good practice examples.

## Appendix 1 – Course Programme

### Mental Health Improvement Evaluation Training Plus

#### Course Programme

##### *Aims*

This two day course aims to give participants skills in the development, implementation and dissemination of mental health improvement evaluation. The course will cover theory, the evidence base, evaluation design and methodology. The focus will be on:

- the practical application of learning
- building the skills, confidence and knowledge to develop, commission and undertake evaluation of local mental health improvement projects.

Participants will have an opportunity to work on a local example of mental health improvement activity, to examine how this has been, might have been (or will be!) evaluated.

**Learning outcomes:** by the end of the course participants will be able to:

- critically assess current debates about evidence of effectiveness and their relevance to mental health improvement
- use the evidence base to design interventions
- develop indicators to assess problems and to measure success
- work through the key stages involved in planning and implementing an evaluation
- use, analyse and interpret the results of an evaluation
- use their own experience to contribute to the evidence base for mental health improvement

#### Day One

<b>9.30 – 10.30</b>	<b>Introductions, aims and objectives</b>
<b>10.30 – 11.30</b>	<b>Current debates about evidence of effectiveness</b>
<b>12.00 – 13.00</b>	<b>In practice: group work</b> <ul style="list-style-type: none"><li>• agreeing what counts as success: a case study</li></ul>
<b>14.00 – 14.45</b>	<b>Using the evidence base: risk and protective factors</b>
<b>14.45 – 15.45</b>	<b>In practice: group exercises to build evaluation skills</b> <ul style="list-style-type: none"><li>• designing an intervention to solve a problem</li></ul>
<b>16.00 – 16.30</b>	<b>Introduction to indicators</b>
<b>16.30 – 17.00</b>	<b>Group discussion and brief evaluation of day one</b>

## Day Two

<b>9.30 – 10.00</b>	<b>Recap</b>
<b>10.00 – 12.00</b>	<b>Group work on local projects:</b> working through the key stages involved in planning and implementing an evaluation for a specific project
<b>12.00 – 13.00</b>	<b>Feedback and discussion</b>
<b>14.00 – 15.00</b>	<b>Collecting data and interpreting results – methodological challenges: Case study</b>
<b>15.00 – 15.30</b>	<b>Feedback and discussion</b>
<b>15.45 – 16.30</b>	<b>Debate: moving evaluation up the agenda – opportunities and challenges</b>
<b>16.30 – 17.00</b>	<b>Group discussion and brief evaluation of course</b>

## Appendix 2 – Pre-Course Self Assessment Questionnaire

### Application form and Pre-Course Self-Assessment for Participants

*This questionnaire will help us to ensure that the course meets your training needs and builds on your existing skills and expertise and gives you an opportunity to identify a specific project that you would like to work on as an evaluation 'case study' during the course.*

*It will also help us to ensure that participants on the course come from a wide range of different settings, sectors and disciplines. Some courses may be oversubscribed and we cannot guarantee that everyone who wants to attend will be able to do so. We will let you know as soon as possible if your application has been successful.*

**Name**

**Role and Organisation**

**Address**

**Phone no and email**

**Health board area**

*The workshop will focus on improving your knowledge, skills and expertise in evaluating mental health improvement programmes. Please describe below where evaluation fits into your current role e.g. commissioning projects, designing systems for evaluation or involvement in monitoring or undertaking evaluation.*

**1. Where does evaluation fit into your current role?**

--

*Thinking about your current experience, knowledge and confidence of mental health improvement and evaluation please mark the number that most closely represents how you feel at the moment.*

**2. How knowledgeable do you feel about evidence of effectiveness for mental health improvement?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10  
not at all knowledgeable                      reasonably knowledgeable                      very knowledgeable



**8. What would you particularly like to get out of this course?**

**9. Any other comments?**

**10. If there is a project you would like to work on as an evaluation case study during the course, please describe using the headings below. You may choose a project that has already been evaluated, or a project that you are still planning or hoping to plan**

Aims and objectives

Rationale (why is/was the project set up?)

Description of activities

Has the project been evaluated? If so, please describe the evaluation and any outcomes to date:

What are the key issues in evaluating this project that you would like to focus on

## Appendix 3 – Participant Feedback Form

### Mental Health Improvement: Evaluation Plus Training Course Evaluation Form: Trainer's assessment of course

Quality and appropriateness of venue

Group dynamics

Which sessions were most successful and why?

Which sessions were least successful and why?



**Session 2: In practice: group work on programme design  
(Imagine East Greenwich)**

<b>Content</b>	not useful	1-----2-----3-----4	highly useful
<b>Learning</b>	none at all	1-----2-----3-----4	a great deal
<b>Presentation:</b>			
Activities/methods	Very poor	1-----2-----3-----4	Excellent
Pacing/timing	Very poor	1-----2-----3-----4	Excellent
Trainers' facilitation	Very poor	1-----2-----3-----4	Excellent
Materials	Very poor	1-----2-----3-----4	Excellent

Any comments?	Suggestions for improvement?

**Session 3: Using evidence base: risk and protective factors**

<b>Content</b> useful	not useful	1-----2-----3-----4	highly
<b>Learning</b> deal	none at all	1-----2-----3-----4	a great
<b>Presentation:</b>			
Activities/methods	Very poor	1-----2-----3-----4	Excellent
Pacing/timing	Very poor	1-----2-----3-----4	Excellent
Trainers' delivery	Very poor	1-----2-----3-----4	Excellent
Materials	Very poor	1-----2-----3-----4	Excellent

Any comments?	Suggestions for improvement?

#### Session 4: In practice: designing an intervention to solve a problem

<b>Content</b>	not useful	1-----2-----3-----4	highly useful
<b>Learning</b>	none at all	1-----2-----3-----4	a great deal
<b>Presentation:</b>			
Activities/methods	Very poor	1-----2-----3-----4	Excellent
Pacing/timing	Very poor	1-----2-----3-----4	Excellent
Trainers' facilitation	Very poor	1-----2-----3-----4	Excellent
Materials	Very poor	1-----2-----3-----4	Excellent

Any comments?	Suggestions for improvement?

#### Session 5: Introduction to indicators

<b>Content</b>	not useful	1-----2-----3-----4	highly useful
<b>Learning</b>	none at all	1-----2-----3-----4	a great deal
<b>Presentation:</b>			
Activities/methods	Very poor	1-----2-----3-----4	Excellent
Pacing/timing	Very poor	1-----2-----3-----4	Excellent
Trainers' delivery	Very poor	1-----2-----3-----4	Excellent
Materials	Very poor	1-----2-----3-----4	Excellent

Any comments?	Suggestions for improvement?

**Overall Assessment of Day One**

4. Which session did you find **most** useful and why?

3. Which session did you find **least** useful and why?

## DAY TWO

### Detailed Assessment

We would like you to assess each section of the course in terms of its:

**Content** – how useful/useful this was to you

**Learning** – whether you learned useful or important information.

**Presentation** – the delivery and structure of the section in terms of the

- Activities/methods
- The pacing/timing
- The trainers' delivery style

Please indicate how you would rate these elements by circling a number on the scales provided.

Finally, please give any comments you may have on each section of the course

### Session 1: Group work on local projects

<b>Content</b>	not useful	1-----2-----3-----4	highly useful
<b>Learning</b>	none at all	1-----2-----3-----4	a great deal
<b>Presentation:</b>			
Activities/methods	Very poor	1-----2-----3-----4	Excellent
Pacing/timing	Very poor	1-----2-----3-----4	Excellent
Trainers' facilitation	Very poor	1-----2-----3-----4	Excellent
Materials	Very poor	1-----2-----3-----4	Excellent

Any comments?	Suggestions for improvement?

**Session 2: Collecting data and interpreting results – methodological challenges**

<b>Content</b>	not useful	1-----2-----3-----4	highly useful
<b>Learning</b>	none at all	1-----2-----3-----4	a great deal
<b>Presentation:</b>			
Activities/methods	Very poor	1-----2-----3-----4	Excellent
Pacing/timing	Very poor	1-----2-----3-----4	Excellent
Trainers' delivery	Very poor	1-----2-----3-----4	Excellent
Materials	Very poor	1-----2-----3-----4	Excellent

Any comments?	Suggestions for improvement?

**Session 3: Case study:**

<b>Content</b>	not useful	1-----2-----3-----4	highly useful
<b>Learning</b>	none at all	1-----2-----3-----4	a great deal
<b>Presentation:</b>			
Activities/methods	Very poor	1-----2-----3-----4	Excellent
Pacing/timing	Very poor	1-----2-----3-----4	Excellent
Trainers' facilitation	Very poor	1-----2-----3-----4	Excellent
Materials	Very poor	1-----2-----3-----4	Excellent

Any comments?	Suggestions for improvement?

**Session 4: Debate: moving evaluation up the agenda**

**Learning**                      none at all    1-----2-----3-----4                      a great deal

**Activities/methods**        Very poor      1-----2-----3-----4                      Excellent

**Trainers' facilitation** Very poor      1-----2-----3-----4                      Excellent

Any comments?	Suggestions for improvement?

**Overall Assessment of Day Two**

2. Which session did you find **most** useful and why?

1. Which session did you find **least** useful and why?

## OVERALL EVALUATION OF DAY ONE AND DAY TWO

### Overall assessment

1) Do you feel the course met the following objectives?

<b>Objective:</b>	<b>Fully Met</b>	<b>Partly Met</b>	<b>Not Met</b>
To critically assess debates about evidence of effectiveness and their relevance to mental health improvement.			
Illustrate how to use the evidence base to design interventions.			
Develop indicators to assess problems and to measure success			
To work through the key stages involved in planning, implementing and disseminating an evaluation			
Use to analyse and interpret the results of an evaluation			
Make the case for evaluation in your regular practice context			
To use your own experience to contribute to the evidence base for mental health improvement			

2) How would you rate the pre-course materials? Were they useful and did they make it clear what the course was about?

Not clear      1-----2-----3-----4      very clear

3) How useful did you find the course reading and resource list and the materials circulated in advance?

Not useful      1-----2-----3-----4      very useful

I did not have time to look at it.

4) How appropriate/suitable was the training venue?

5) How appropriate was the size of the group?

6) Do you have any comments on the delivery and presentation of the course as a whole?

<b>Content</b>	too basic	1-----2-----3-----4	too difficult
<b>Learning</b>	none at all	1-----2-----3-----4	a great deal
<b>Group work activities</b>	not helpful	1-----2-----3-----4v	Very helpful
<b>Presentation:</b>			
Activities/methods	Very poor	1-----2-----3-----4	Excellent
Pacing/timing	Very poor	1-----2-----3-----4	Excellent
Trainers' delivery	Very poor	1-----2-----3-----4	Excellent
Trainers' facilitation	Very poor	1-----2-----3-----4	Excellent

Any comments?	Suggestions for improvement?

**7) Do you have any other comments to make?**

## Impact

Thinking about your current experience, knowledge and confidence of mental health improvement and evaluation, please mark the number that most closely represents how you feel at the moment. (1 is low and 10 is high)

**1. How knowledgeable do you feel about evidence of effectiveness for mental health improvement?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**2. How knowledgeable are you about risk and protective factors for mental health?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**3. How familiar are you with developing indicators to measure the success of mental health improvement projects/programmes?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**4. How confident are you in planning the evaluation of mental health improvement projects?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

**5. How much experience do you have in evaluating projects (either mental health improvement or in any other area)?**

1-----2-----3-----4-----5-----6-----7-----8-----9-----10

## **Putting your learning into action**

**What do you intend to do with the learning from the course?**

**Action point 1:**

**Action point 2:**

**Action point 3:**

**Action point: 4**

## Appendix 5 – Impact Assessment Questionnaire

# MENTAL HEALTH IMPROVEMENT EVALUATION TRAINING (PLUS!)

## Impact Assessment Evaluation Questionnaire

*Thank you for taking time to complete this questionnaire.*

*In this questionnaire we follow up on the course evaluation form by looking at the extent to which the course matched your expectations, what you have learnt and how you intend to deploy that learning.*

*If you have any difficulty in answering a question, please skip it if you wish. We would prefer to have an incomplete response than no response.*

*If you have any questions or would like further information, please contact Pamela Johnstone on 0131 221 5212 or by email on [pamela@hexagonresearch.co.uk](mailto:pamela@hexagonresearch.co.uk).*

### ABOUT YOU

<b>Name:</b>	
<b>Job Title:</b>	
<b>Phone No.</b>	
<b>Email:</b>	
<b>Course Location and Dates:</b>	

### YOUR EXPECTATIONS OF THE COURSE

Having the opportunity of reflecting on the training within a work context we would like you to consider the follow questions relating to the original objectives of the course. Please mark the number that most closely represents how you feel at the moment.

<b>1. How well did the course meet your expectations in terms of providing...</b>	Not at all well 1	2	3	4	Very well 5
A better understanding of evidence of effectiveness for Mental Health Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A better understanding of the risk and protective factors for mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More information about developing indicators to measure the success of Mental Health Improvement projects/programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information to allow you to plan the evaluation of Mental Health Improvement projects/programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. Following the training how familiar are you with the debates about evidence of effectiveness and their relevance to Mental Health Improvement?**

Not familiar at all Very familiar

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**3. Following the training how aware are you of the key stages involved in planning, implementing an disseminating an evaluation?**

Not aware at all Very Aware

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

**4. Following the training how confident do you feel in terms of...**

Not confident at all Very confident

	Not confident at all <span style="float: right;">Very confident</span>				
	1	2	3	4	5
Using the evidence base to design interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analysing and interpreting the results of an evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making the case for evaluation in your regular practice context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using your own experiences to contribute to the evidence base for Mental Health Improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. Please feel free to add any comment about your personal learning.**

## PUTTING YOUR LEARNING INTO ACTION

**6. On the basis of participating in the training, are you likely to take any further action or change your existing ways of working?** (please tick all that apply to you)

- I intend to plan a new Mental Health Improvement project/programme
- I intend to alter what I am doing in terms of an existing project
- I intend to secure additional resources for evaluating Mental Health Improvement projects/programmes
- I intend to change the way in which I commission and/or use evaluations
- I intend to seek out additional training/learning
- I do not intend to take any further action
- Other (please specify)

**7. If you are planning further action or to change the way in which you work, what has influenced your decision?**

--

**8. If you are planning further action, do you anticipate any potential barriers and how might you overcome these?**

--

**9. Have you had the opportunity to establish a network or to keep in touch with other people from the course?**

**10. If you are not currently planning to take further action or change the way in which you work, what has influenced your decision?**

**FINALLY...**

**Thank you very much for completing this impact assessment questionnaire.**

**We will be carrying out a series of short telephone interviews with participants four to six months after completing the course to look at the longer term impact.**

**Please indicate whether or not you are willing to participate in an interview**

**YES**

**NO**

## Appendix 6 – Telephone Interviews Topic Guide

### Mental Health Improvement – Evaluation Plus Training Participant Interviews – Question Sheet

Course Location:	Phone attempts (date/time/outcome)
Name:	1 <sup>st</sup> Attempt:
Phone Number:	2 <sup>nd</sup> Attempt:
Interview Date/Time:	3 <sup>rd</sup> Attempt:
Organisation:	
Job:	

1. What would you say were the main learning points you gained from your participation in the training?

2. **A.** Have you been able to put this learning into practice?  
 YES **go to 2B**       NO **go to 2C**

- B.** How have you applied the learning and with what results?

**C.** What would you say are the main reasons why you have not been able to put the learning into practice?

**E.** Have you experienced any particular barriers that have prevented you applying the learning?

**I'd now like to talk about how you've applied your learning in a bit more detail. We're particularly interested if you have any specific examples that demonstrate how the training course has impacted on your working practice.**

3. **A.** Have you been able to apply the skills and knowledge you gained from the training in **planning or undertaking an evaluation** of a mental health project or initiative?

Or do you have **any plans to undertake an evaluation in the future**? If so, can you give me more details about your plans?

YES *go to 3B*       NO *go to 3D*

**B.** Can you tell me a bit more about the project/initiative and how it will be/has been/is being evaluated? How have the results of the evaluation been used?

C. Have the results of the evaluation been published?

- Yes     Not yet. When will result be published if known?  
\_\_\_\_\_  Not going to be published  Other Answer  
\_\_\_\_\_

4. A. Has your participation in the training helped you **develop indicators to measure the impact of a mental health improvement project or intervention?**

- YES     NO

*If YES go to 4B. If NO go to 4C.*

B. Can you give me some more details of how you have done this?

C. Are there any particular reasons why not?

5. A. Has your participation in the training helped you **make the case for building evaluation into the design and planning of any mental health improvement projects or initiatives?**

- YES     NO

*If YES go to 5B. If NO go to 5C.*

B. Can you give me some more details of how you have done this?

C. Are there any particular reasons why not?

6. A. Has your participation in the training helped you **evaluate the evidence to support the need for any new mental health projects or initiatives?**  YES  NO

*If YES go to 6B. If NO go to 6C.*

B. Can you give me some more details of how you have done this?

C. Are there any particular reasons why not?

7. Based on your experience since participating in the training **is there anything that wasn't covered in the training** that you think should be included in the future?

8. **Is there anything else that could be done to support training course participants** apply the skills and knowledge they gain from the training in a practical way in their day to day activities?

9. **Are there any other comments** you would like to make that would help improve the mental health improvement evaluation plus training in the future?

10. As part of the evaluation we plan to organise a half day workshop for people who have participated in the training. This is likely to take place in September and will be held in either Glasgow or Edinburgh. Would you be interested in being invited to participate in this workshop?

YES       No

***Thank you for taking the time to answer these questions.***

***Your contribution to this evaluation is appreciated greatly.***

## Appendix 7 – Detailed Analysis of Course Evaluation Forms

### Detailed Assessment of Day One Sessions

#### Session 1: Current debates about evidence of effectiveness

Table 1 How useful was the content of this session?

	Response
1 Not useful	1%
2	4.1%
3	39.2%
4 Highly Useful	55.7%

Base 97 Respondents

A majority of participants (56%) rated the content of this session as highly useful. A further 39% rated the usefulness of the content as 3 on a scale of 1-4. Only 1% of respondents said the content of this session was not useful.

Table 22 How much useful or important information did you learn from this session?

	Response
1 None at all	1%
2	5.2%
3	47.9%
4 A great deal	45.8%

Base 97 Respondents

46% of respondents said they learnt a great deal of useful or important information during this session. A further 48% of respondents rated this aspect of the session at 3 on a scale of 1-4. Only 6% gave this aspect of the session a 1 or 2 and only 1% of respondents said they did not learn any useful or important information.

Table 3 - 23 Delivery and Structure of the Session

	1 very poor	2	3	4 Excellent
Activities/methods	0%	3%	49%	47%
Pacing/timing	0%	9%	45%	45%
Trainers' delivery/facilitation	0%	2%	28%	70%
Materials	0%	7%	52%	41%

Base 97 Respondents

Participants were particularly impressed with the trainers' delivery and facilitation, with 70% rating this as excellent. Over 90% of participants rated the other aspects of the delivery and structure of the session as good or excellent.

Suggestions for improvement

Suggestions for improvement included providing more information on soft indicators, providing a follow up course and allowing participants more time for discussion.

Comments

Any comments are positive in tone, with people asserting that they have learnt a lot or have consolidated their existing knowledge. Some participants commented that that there was a lot to cover in a short space of time, and that the pace of delivery was quite 'fast'.

Typical are the comments of one participant:

*“The session offered a warm welcome and a collection of stimulating, meaty material that easily held my attention. The size of the group and the variety created by having two presenters made for an effective learning environment.”*

**Session 2: In practice – group work on programme design**

Table 4 - How useful was the content of this session?

	Response
1 Not useful	0%
2	6.2%
3	51%
4 Highly Useful	42.7%

**Base 96 Respondents**

The content of this session was assessed by 43% of participants as excellent, with a further 51% grading the session with a 3 on the 1-4 scale. None of the participants felt that session 2 was not useful

Table 5 - How much useful or important information did you learn from this session?

	Response
1 None at all	0%
2	9.4%
3	54.2%
4 A great deal	36.5%

**Base 96 Respondents**

More than 90% of the participants graded this session either a 3 or a 4 on the scale and more than a third (36.5%) said that they had learnt a great deal from it. Again, no respondents felt that they had learnt nothing at all.

Table 6 Assess the delivery and structure of the session in terms of the presentation:

	1 very poor	2	3	4 Excellent
Activities/methods	0%	3%	59%	38%
Pacing/timing	1%	10%	47%	42%
Trainers' delivery/facilitation	0%	2%	38%	60%
Materials	0%	6%	57%	37%

**Base 96 Respondents**

The majority of participants assessed the delivery and structure of the session as 3 on the scale or Excellent (4). The highest 'excellent' rating is to be found in relation to the trainers' delivery and facilitation. The pacing and timing of the session was rated as a 3 or 4 (excellent) by just under 90% of participants. This option has the lowest amount of participants rating it as either 3 out of 4 or 4 out of 4 (excellent), with 1% of participants rating it as 'very poor'.

#### Comments

The response to this session was positive, with participants finding the activities and presentation informative and relevant. They appreciated the use of a 'real life' example, and found it a helpful exercise in highlighting the strengths and weaknesses of evaluation design. Some participants found this exercise complex, though the general consensus was that it was "thought provoking".

*"This particular project brought out the complexity of evaluating mental health projects."*

#### Suggestions for improvement

Suggestions for improvement were limited: one or two participants indicating that additional background material would have been helpful, while others acknowledged that they should have read the material prior to the course. One or two people suggested distributing written details of the case study to refer back to, in preference to the verbal information provided by the trainers.

### Session 3: Using evidence base: risk and protective factors

Table 7 How useful was the content of this session?

	Response
1 Not useful	0%
2	3.2%
3	24.5%
4 Highly Useful	72.3%

Base 94 Respondents

The response to this session was extremely positive, with nearly three-quarters of participants (72%) rating the content as highly useful.

Table 8 How much useful or important information did you learn from this session?

	Response
1 None at all	0%
2	3.2%
3	36.2%
4 A great deal	60.6%

Base 94 Respondents

More than 60% of participants felt that they had learnt a great deal from Session 3, and an additional 36% graded the session 3 out of 4 (4 being 'A great deal'), suggesting that more than 95% felt they had learnt a significant amount. No participants felt that they had learnt nothing at all.

Table 9 Assess the delivery and structure of the session in terms of the presentation:

	1 very poor	2	3	4 Excellent
Activities/methods	0%	2%	51%	47%
Pacing/timing	0%	5%	49%	45%
Trainers' delivery/facilitation	0%	1%	32%	67%
Materials	0%	4%	45%	51%

Base 94 Respondents

The majority of participants rated all aspects of the course as either '4' (Excellent) or '3', with the highest ratings attached to the trainers delivery and facilitation and the materials: 67% of participants felt that this was Excellent.

### Comments

Comments relating to this session were all positive with a particular emphasis on the usefulness of the learning. One participant commented:

*“The handout will be utilised on a regular basis”*

While another stated that the content was

*“...useful and I have integrated these factors into team info packs...”*

Participants relatively new to the area of mental health found this session extremely valuable and many wanted additional information on this subject.

### **Session 4: In practice: designing an intervention to solve a problem**

Table 10 How useful was the content of this session?

	Response
1 Not useful	0%
2	3.2%
3	37.6%
4 Highly Useful	59.1%

**Base 93 Respondents**

A clear majority found the session highly useful with an additional 38% grading the session 3 on the 1-4 scale.

Table 11 How much useful or important information did you learn from this session?

	Response
1 None at all	0%
2	4.3%
3	37.6%
4 A great deal	58.1%

**Base 93 Respondents**

Well over half of the participants (58%) said that they had learnt a great deal from this session, and an additional 38% graded the session a 3 on the 1-4 scale. No participants felt that they had learnt no useful or important information in Session 4.

Table 12 Assess the delivery and structure of the session in terms of the presentation:

	1 very poor	2	3	4 Excellent
Activities/methods	0%	6%	45%	48%
Pacing/timing	0%	10%	46%	45%
Trainers' delivery/facilitation	1%	1%	39%	69%
Materials	0%	2%	55%	43%

**Base 93 Participants**

When asked to assess the delivery and structure of Session 4, nearly 70% of participants rated the trainers' delivery/facilitation as 'excellent', and nearly half of them rated the 'activities/methods' as 'excellent'. The 'pacing/timing' was usually ranked 3 or 4 on the 1-4 scale, however 10% of participants only ranked it '2'. The majority of those who responded rated the materials as a 3 on the scale, suggesting room for improvement in this element of Session 4.

Comments

Overall comments were very positive, although it was acknowledged that the task was quite complex. Comments suggest that this session's usefulness is influenced by participants' professional background. For example:

*"Keeping the activities anchored to the work we do was very useful and enabled us to activate the theory."*

And

*"Hard work! Difficult when you don't know the service or the background."*

Suggestions for improvement

Suggestions for improvements were limited to a request for the facilitators to be with the group during the activity to help participants grasp the processes/techniques the group should have been using.

**Session 5: Introduction to Indicators**

Table 13 How useful was the content of this session?

	Response
1 Not useful	0%
2	3.3%
3	31.1%
4 Highly Useful	65.6%

**Base 90 Respondents**

Nearly two thirds of participants felt that this Session was Highly Useful, and 31% rated it 3 on the 1-4 scale.

Table 14 How much useful or important information did you learn from this session?

	Response
1 None at all	0%
2	3.3%
3	43.3%
4 A great deal	53.3%

**Base 90 Respondents**

More than half of the participants said that they had learnt a 'great deal' from this Session, and 43% graded the Session a '3' out of '4' on the scale.

Table 15 Assess the delivery and structure of the session in terms of the presentation:

	1 very poor	2	3	4 Excellent
Activities/methods	0%	1%	51%	48%
Pacing/timing	0%	8%	41%	51%
Trainers' delivery/facilitation	0%	1%	31%	68%
Materials	0%	4%	47%	49%

**Base 91 Respondents**

When asked to assess the delivery and structure of the course participants were most likely to describe it as either 3 out of 4 or 4 out of 4 (Excellent) on the 1-4 scale. The highest rating overall was given to the trainers' delivery/facilitation, over two-thirds of respondents allocating an 'Excellent' rating.

### Comments

Overall comments suggest that participants found this session interesting, useful and relevant to their day to day practice.

*"It was refreshingly reassuring to have 'indicators' presented in a way that kept it uncomplicated, sensible, realistic and understandable."*

Several participants commented that they probably needed more time to absorb the information. The sense of being rushed seems to have been exacerbated by the fact that this was the last session of the day.

## Detailed Assessment of Day Two Sessions:

### Session 1: Group work on local projects

Table 16 How useful was the content of this session?

	Response
1 Not useful	2.1
2	7.4
3	34.7
4 Highly Useful	55.8

Base 95 Respondents

The content of this session was rated as highly useful by over half of participants (56%), with an additional 35% grading the session 3 out of 4 on the scale. 2% of respondents did not find Session 1 useful at all.

Table 17 How much useful or important information did you learn from this session?

	Response
1 None at all	0
2	11.6
3	35.8
4 A great deal	52.6

Base 95 Respondents

Nearly 53% of participants stated that they had learnt a great deal from the session, and a further 36% awarded the session a 3 out of 4. Although nearly 12% felt that they had not learnt much (grading the session 2 out of 4), no respondents felt that they had learnt nothing at all.

Table 18 Assess the delivery and structure of the session in terms of the presentation:

	1 very poor	2	3	4 Excellent
Activities/methods	0%	7%	43%	49%
Pacing/timing	1%	9%	47%	42%
Trainers' delivery/facilitation	0%	4%	40%	56%
Materials	1%	6%	55%	38%

Base 95 Respondents

When assessing the delivery and structure of the session, participants most often described aspects as either good or excellent, the highest 'Excellent' majority being 56% for the Trainers' delivery/facilitation. As shown in previous tables, the Pacing/timing element of the training elicited the lowest grading, 10% of participants awarding either 1 out of 4 or 2 out of 4 on the 1-4 scale.

Comments

Overall the comments on this session were positive, with participants welcoming the opportunity to work on 'real life' examples and learn from the experiences of others. Typical of this strand of thought was one participant who stated:

*“Excellent. Again grounded in the real work which goes a long way to clarifying how all of this works.”*

Those people for whom this was an opportunity to discuss their own projects valued this session highly:

*“My group worked on a project I had offered. It's very complex and so it proved very challenging to find a workable focus. At the same time, I really appreciated the idea of getting the chance to have input to help me think about a project for which I hold responsibility.”*

Those participants who enjoyed the session would have appreciated more time to discuss the projects.

Suggestions for improvement

The main suggestions for improvement were in terms of allowing participants additional time to think about the project before launching into the group discussion and providing some form of briefing paper to give some background material to the project.

**Session 2: Collecting data and interpreting results – methodological challenges**

Table 19 How useful was the content of this session?

	Response
1 Not useful	0%
2	4.2%
3	49.5%
4 Highly Useful	46.3%

Base 95 Respondents

A clear majority of respondents rate this session at the useful end of the 1 – 4 scale, nearly 50% grading it 3 out of 4, and 46% stating that it was 'highly useful'.

Table 20 How much useful or important information did you learn from this session?

	Response
1 None at all	0%
2	10.6%
3	47.9%
4 A great deal	41.5%

Base 94 Respondents

Almost half of the participants (48%) graded the session as 3 on the 1 – 4 scale, and 41.5% stated that they had learnt a great deal in Session 2

Table 21 Assess the delivery and structure of the session in terms of the presentation:

	1 very poor	2	3	4 Excellent
Activities/methods	0%	5%	60%	35%
Pacing/timing	0%	10%	53%	38%
Trainers' delivery/facilitation	0%	4%	43%	53%
Materials	0%	8%	52%	40%

Base 94 Respondents

Participants assessed the delivery and structure of the session as either a 3 or 4 on the 1-4 scale, indicating that a large majority thought that the session was good or excellent. Again the trainers' delivery/facilitation elicited the highest proportion of 'Excellent' ratings. The Pacing/timing elicited the lower grades with 10% of participants allocating it 2 out of 4.

### Comments

Comments were positive. One respondent stated that:

*"The information received will be invaluable to my everyday practice."*

However, several people commented that they felt rushed and would have liked additional time.

### Suggestions for improvements

Suggestions for improvements centred on having additional time to discuss. One participant commented that the session was

*"too fast. Not enough time to assimilate."*

The most common suggestion was the allocation of more time to discuss the session and for trainers to respond to questions from the delegates.

### Session 3: Case Study

Table 22 How useful was the content of this session?

	Response
1 Not useful	3.4%
2	10.2%
3	52.5%
4 Highly Useful	33.9%

Base 59 Respondents

Over half of those who responded to this question (53%) graded the content in Session 3 as 3 out of 4 in terms of usefulness, and a further 34% rated the content as Highly Useful. In contrast to other sessions, more respondents graded the session 2 out of 4 (10%), and 3% said that the session was not useful at all.

Table 23 How much useful or important information did you learn from this session?

	Response
1 None at all	3.4%
2	17.2%
3	51.7%
4 A great deal	27.6%

Base 58 Respondents

52% of participants graded this session as 3 out of 4 with regards to how much useful information they learnt, and 28% felt that they learnt a great deal. However, over 20% graded the session at 2 out of 4, suggesting that they did not learn as much as they had hoped, and 3% of these participants felt that they had not learnt anything at all.

Table 24 Assess the delivery and structure of the session in terms of the presentation:

	1 very poor	2	3	4 Excellent
Activities/methods	2%	12%	47%	39%
Pacing/timing	2%	9%	55%	34%
Trainers' delivery/facilitation	0%	7%	41%	53%
Materials	4%	11%	47%	39%

Base 59 Respondents

When asked to assess the delivery and structure of this session, the majority of participants rated it as either 3 or 4 (excellent) on the scale: again the trainers' delivery/facilitation received the highest proportion of 'excellent' gradings.

### Comments

Several participants stated that Session 3 had not been covered on their course. Those who did take part in the session suggested that more time was needed to discuss the relevant issues. Two people commented that the trainers needed more in-depth knowledge of the project to answer delegates' questions.

### Suggestions for improvement

Suggestions for improvement reflected a general concern about time constraints and trying to cover a lot of material in a relatively short time frame.

### **Session 4: Debate: moving evaluation up the agenda**

Table 25 How much useful or important information did you learn from this session?

	Response
1 None at all	1.2%
2	14.3%
3	51.2%
4 A great deal	33.3%

Base 84 Respondents

Just over half of all those who responded (51%) graded the session as a 3 out of 4 on the scale, indicating that they learnt quite a lot of useful or important information. A third of participants stated that they had learnt a great deal.

Table 26 Assess the delivery and structure of the session in terms of the presentation:

	1 very poor	2	3	4 Excellent
Activities/methods	0%	10%	51%	39%
Trainers' delivery/facilitation	0%	4%	45%	52%

Base 86 Respondents

More than half of the participants (51%) graded the Activities/methods used in Session 4 as 3 on the 4 point scale, and a further 39% stated that they were 'Excellent' (4). 52% of those who responded rated the trainers' delivery and facilitation of the session as excellent, with an additional 45% allocating this a 3 out of 4.

### Comments

Overall comments were positive. Participants found the sessions "...realistic and helpful.." and "...helped clarify need and framework for evaluation..."