

Section 10.

Monitoring and Evaluation

Index

Monitoring and Evaluation	2
A Guide to Self Evaluation for Paths to Health Projects	3
What Information Should I Collect?	3
How Do I Collect Information About The Project?	3
How Can I Use This Information?	3
Research Coordinated by Paths to Health	5
Executive Summary	5

Monitoring and Evaluation

An Overview

What is monitoring and evaluation?

- **Monitoring** is about collecting information that will help you answer questions about your project. It is important that this information is collected in a planned, organised and routine way. You can use this information to report on your project and to help you evaluate.
- **Evaluation** is about using monitoring and other information you collect to make judgements about your project. It is also about using the information to make changes and improvements.

Why should you evaluate?

Monitoring and evaluation are important for two main reasons:

1. **For learning and development**
Monitoring and evaluating your services will help you assess how well you are doing in order to help you do it better. It is about asking what has happened and why - what is and what is not working. It is about using evaluation to learn more about an organisation's activities, and then using that information to change things for the better.
2. **For accountability - to show others that you are effective**
Funders and other 'stakeholders' want to know whether a project has spent its money in the right way. There is pressure from funders to provide them with 'proof' of success. Many projects have to respond to this demand in order to survive.

What is self-evaluation?

When an organisation uses its own people and their skills to carry out evaluation (as opposed to hiring an external agency to carry out the evaluation) this is known as self-evaluation. Monitoring and evaluation is built into the everyday activities of the project so that it becomes part of what you do.

(Source: Charities Evaluation Service (2002) *First Steps in Monitoring and Evaluation*, London, Charities Evaluation Service) available at www.ces-vol.org.uk

A Guide to Self Evaluation for Paths to Health Projects

Very simply monitoring is about collecting information. Evaluation is about using this information to demonstrate the value of your project and learn whether your project is achieving what it sets out to do.

What information should I collect?

The information you should collect should be linked to the aims and objectives of the project. Some of this information will be linked to the objectives of the project and will be concerned with the projects activities. This would include things like the number of walks undertaken or the number of walkers attending a walk. This type of information is concerned with what the project does and is also known as an 'output indicator.'

Other information that will be important will be linked to the aims of the project and will be concerned with the effects or impacts that the projects activities are having. This will include things like what the levels of physical activity achieved by walkers six months after they have attended their first led walk. This type of information is concerned with why the project exists and is also known as an 'outcome indicator.'

How do I collect information about the project?

Paths to health have developed a series of tools which can be used to collect some of this monitoring information. The questionnaires in the toolkit are only one way in which information about your project can be collected. Think about using interviews, case studies, group meetings, diaries, comments books and more creative approaches such as photographs or poetry. Contact your Paths to Health Development Officer for more details.

For more information and links to training on using alternative approaches contact Evaluation Support Scotland www.evaluationsupportscotland.org.uk

How can I use this information?

This is the stage where you are evaluating your project. Evaluating your project requires you to make a judgement about the activities you have been carrying out based on the information you have collected. It might be useful to consider a number of questions to help guide you in the process of evaluating your project.

Has the project achieved its aims and objectives? If not, why not?
What worked well and why? What didn't work and why not?
What have we learned and what could we do differently?

Evaluation doesn't have to be complicated and there is help available. Contact your Paths to Health Development Officer for further advice and support. The following links might also be useful.

The Charities Evaluation Service contains a number of useful guides to evaluation. www.ces-vol.org.uk

Evaluation Support Scotland is a key site for support with monitoring and evaluation in Scotland. Contains links to guides, toolkits and training.
www.evaluationsupportscotland.org.uk

Scottish Community Development Centre - LEAP Support Unit contains contact information to get advice and support in using the Learning Evaluation and Planning (L.E.A.P.) approach to participatory planning and evaluation. www.scdc.org.uk

Research Coordinated by Paths to Health

In 2004, Paths to Health commissioned a researcher to design a monitoring and evaluation framework. The researcher worked with selected schemes to understand their information needs, and then designed a framework around this. We have been tracking selected schemes over the last few years to evaluate what worked and what didn't work in setting up a new scheme. An executive summary of this work is available below, for a full copy, contact Paths to Health.

Executive Summary

Paths to Health funded schemes – first evaluation report (August 2005)

This report summarises the key issues experienced in setting up and supporting health walk schemes in Scotland. Information was gathered from a range of people involved in a sample of fifteen schemes. All fifteen had started health walk schemes over the last two years. Although the local reality of each scheme is different, many common issues exist. These common issues are explored in the report and key lessons are drawn out. 'Criteria for success' based on real examples are described and these criteria will be used in future evaluations to measure change. This report focuses mainly on the qualitative aspects of setting up health walk schemes – the experiences and processes. In the next evaluation report, we will report on experiences from the schemes as they become more established.

The full report is divided into fourteen main sections:

1. Why Paths to Health?
2. Raising the profile
3. Use of volunteers
4. Getting the walkers
5. Managing the walking groups
6. Creating the walks
7. The role of the steering group
8. Partnership working
9. Sustainability
10. The surprises
11. The lessons
12. Criteria for success
13. Key Development themes
14. Conclusions

This executive summary highlights the key messages under each section.

Why Paths to Health? Why was the Paths to Health approach used? A range of factors are described relating to walking as an activity in itself and walking as part of wider community development. The idea of helping local people connect with their own environment and perhaps contribute to it emerged - creating opportunities for local people.

Awareness raising. Different methods and rationales for awareness raising are presented, e.g. leaflets and posters, independent walking packs, using the media (particularly local newspapers), using existing organisational networks to promote the message, 'road-shows' to target key professional and lay groups within the community. Using the existing walkers to raise awareness was seen as a high priority, as was the visibility of the



walking group during led walks. Some schemes have been successful in tapping into partner organisation's publicity departments, for advice and support on raising awareness of their scheme.

Volunteers. The report describes the type of volunteers the schemes are attracting, in particular the balance between 'community volunteers' and 'professional' volunteers who take part in the scheme as part of their paid job., e.g. park rangers, access officers, community development workers, and health service employees. On the whole there were more 'community' volunteers than 'professional' ones. Some of the practicalities of the delivering walks via volunteers are described i.e. the timing and availability of walks need to suit the volunteer walk leader and the walkers. For 'professional' volunteers issues arose over how much time could be dedicated to this work. Many schemes have experienced problems relating to some volunteers attending Walk Leader training but not then leading walks. Schemes have reported on a range of different roles a volunteer can adopt, i.e. not only leading walks but also assisting with logistics and preparation.

Walkers. The number of walkers on each scheme varied enormously between the schemes. Many schemes commented on how long it takes to attract walkers in the beginning. By the end of the first year most schemes had begun to flourish. Schemes described challenges around 'targeting' and some felt they were not attracting enough inactive people. Many schemes reported that they had attracted an 'active' elderly group and on the whole, more women than men. A number of schemes had started to target specific groups within their community e.g. mothers groups, instead of only recruiting in an open manner. Schemes reported on a range of benefits their walkers and leaders had noticed e.g. increased walking capabilities and the increased social interaction that walking provides.



Managing the walking groups. On average, each scheme ran three different walking groups. Around 18 different routes are used per scheme, usually made up of a range of different walks for differing abilities. Many schemes discussed the difficulties of providing appropriate walks for groups of mixed levels of ability. There were also issues relating to the balance between existing walkers in a group and new people joining – relating to abilities and also integrating new people socially into a group. Many schemes reported that the walking groups were a useful target group for other messages (in addition to active living) e.g. introducing ideas on nutrition or the environment.

Role of the steering group. Most schemes have a steering group or an advisory group. The role of the steering group varied across the schemes, e.g.

- Provision of a management function,
- Provision of internal contacts and practical support to the coordinator,

- Helped link the coordinators to local communities,
- Facilitated the flow of useful information between schemes, communities and their target group/s,
- Stimulated new ideas in relation to the scope of the walking project and its potential clientele,
- Worked on the future sustainability of the scheme.

Schemes reported on the challenges around steering groups e.g. the size of the steering group, attendance, expectations, roles and responsibilities.

Partnership working. Partners presented a range of reasons for their involvement in a scheme - to promote health improvement, community safety aspects, better promotion of path networks, helping people reclaim and take more ownership of their community. Some partners reported that their involvement had enabled their agencies to both extend and provide a better balance to existing work. This resulted in more choice for their clients. Partners also reported that the Paths to Health model functioned as a 'lifestyle change tool' for health and community workers. It also functioned as a 'community development tool' to engage new client groups and build closer communities. Where a number of schemes exist in one area, they have been able to work together to share resources e.g. sharing training.



Sustainability. A range of different ideas exist around sustaining the schemes. In some schemes, a strong enough core of volunteers exist, who can become more and more independent at leading the walks. Other ideas centred around supporting core groups in the community to take responsibility for the health walks. Some schemes were doubtful that the 'volunteer model' would work in their area. This was due to low volunteer numbers and/or the high dependency of volunteers for support. A number of schemes have made organisational links which they hope will secure the future of health walks e.g. linking with a Physical Activity Schemes or referrals schemes. Some of the Scheme Coordinators had joint posts and would simply try to carry on the scheme as best they can within their other job. Many schemes had attempted to influence policy makers to ensure that their work was written into strategic plans e.g. Joint Health Improvement Plan (Council and NHS): Physical Activity Plans (Council, Health Promotion): community planning. Some schemes have started to apply for new funding and/or try and get a post 'adopted' long term into an organisation through core funding.

Surprises and Lessons. Schemes were asked if anything about the development and/or operation of the Paths to Health scheme had surprised them and also to highlight key lessons learnt. Some of the main points were:

- Need to have a clear vision of what was to be achieved in practical terms.
- Developing and implementing the scheme takes time and requires patience - need to be realistic about what can be achieved within the time-scales.

- Importance of getting to know the local community and getting local people involved in planning the scheme.
- Be clear about the monies available and realise that no matter how much is given 'in kind' by other organisations, it cannot wholly substitute for hard cash.
- Have an exit strategy for the scheme.
- Be realistic about partnership working and who to involve.
- Be realistic about the number of walkers expected on a walk
- Create a positive atmosphere within the groups, encouraging the walkers and ensuring new walkers were welcomed into existing walking groups.
- Try to engage the walkers more fully within the scheme 'to take more responsibility'.
- Volunteer walk leaders - need to get the right type of volunteer for the walk group.
- Ensure that the coordinator post had sufficient hours for the demands of the role- be clear about the skills required for the post. Make sure coordinators get the right training.
- Need for good administrative back up.

Criteria for success. Schemes were asked to state their criteria for success for the Paths to Health schemes – what was required in order to run a good health walk scheme? These criteria will form the basis of the Scottish evaluation final assessment of the Paths to Health scheme. The complete criteria are listed in the full report.

Key development themes. A range of different development themes are presented in the report relating to the different stages of setting up a health walk scheme e.g. 'the rhythm of a scheme (starting slow and steadily growing), flexible partnerships etc.

Conclusions. The evaluation has highlighted the importance of good planning, a patient approach and the need for flexibility in setting up the schemes. It also emphasizes the range of different experiences across Scotland relating to walker numbers, volunteers and the diversity of partnerships.