



Designing an Effective Evaluation Plan

There are a number of factors that need to be taken into consideration when developing your evaluation plan. Once you are clear about the purpose of your evaluation, you can begin prioritising your evaluation questions and develop an evaluation plan that will provide you with those answers as efficiently as possible. Firstly, ask yourself the following questions:

- What is the purpose of your evaluation? What do you really need to know?
- Who is going to use your evaluation information and how will it be used?
- What resources do you have available for evaluation? (staff, access to clients / stakeholders, time, tools / equipment and finances).
- When is the information needed?

The most important factor to designing an effective evaluation however, is to design your evaluation early. It is essential to consider your evaluation as part of your initial program planning phase, this will not only ensure you are collecting relevant information, but also ensure that you are asking the right questions in the first place and that your program is set up to be able to answer those questions.

¹ Quality Indicators

You need to be very clear about what you will be evaluating, while staff often describe the desire to evaluate the quality of their program, this needs to be further explored in order to design the appropriate evaluation methodology. The following quality indicators (based on those developed by the VQC) are useful to consider:

Acceptability : The degree to which a service meets or exceeds the expectations of informed consumers

Accessibility: The extent to which a population or individual can obtain health services at the right place and right time irrespective of income, physical location and cultural background.

Appropriateness: The intervention is relevant to the client/population's needs, based on established standards and most likely to produce the desired outcome

Client Centred: Ensuring the needs, goals and expertise of clients is central to all aspects of planning, implementation and evaluation of service delivery. Includes respect for dignity, confidentiality, promptness, quality of amenities / infrastructure, access to social support networks and the client maintaining the ability to make choices about the care they receive.

Effectiveness: The extent to which a treatment, intervention or action has achieved the desired outcomes.

Efficiency: The intervention / action delivered achieves the desired results while deriving the maximum benefit from available resources (e.g. staff time and skills, equipment and venues, funds)

Equity: Ensuring that all people have the supports that they need to access, participate and achieve to the same level.

Safety: Services are delivered while avoiding or appropriately reducing potential harm

Data Collection Methodologies

There are a number of ways to collect information for your evaluation. The data collection methodologies you choose may be largely dependent on access to expertise and resources, however it is important to ensure that your method/s meet your needs and enable you to answer your questions effectively and efficiently. It is often most useful to consider collecting information from a range of sources to ensure that you have a balance between the depth and breadth of information you collect. Consider:

- What kind of information is needed? (do you need to understand the processes involved (inputs, activities and outputs), the experience and impressions of those involved or the impact on certain audiences?)
- Who will you collect information from? (clients, staff, key stakeholders, the broader community)
- How can the information be collected in a way that is respectful, reasonable, efficient and to minimise bias?
- When is the information needed?

The answers to these questions, should guide the data collection methodologies you use. The following table outlines a range of data collection methodologies and how they can be best used to support effective evaluation.

Methodology	Quality Indicator ¹	Strengths	Weaknesses	Dependencies/Notes
Survey / Questionnaire (clients, staff, stakeholders, community members)	Appropriateness Accessibility Acceptability Client Centred	Can be anonymous Non - threatening Inexpensive to develop and administer Easy to compare and analyse Can measure change over time (i.e. pre and post questionnaires) Able to gather qualitative and quantitative data	Often brief / vague answers Wording can be misinterpreted No opportunity to 'probe' participant for clarification / expansion. Impersonal Requires adequate level of literacy / health literacy to participate.	Often low proportion of questionnaires returned. Important to use the right question and answer format (e.g. open ended, tick box or likert scales). Likert scales are a simple way to measure attitudes / knowledge etc. A larger scale enables greater and more sensitive measurement (e.g. using 1-10 scale versus 1-4 scale).



Methodology	Quality Indicator ¹	Strengths	Weaknesses	Dependencies/Notes
Interviews (clients, staff, stakeholders, community members)	Appropriateness Accessibility Acceptability Client Centred Equity	Enable collection of full range and depth of information. Can maintain a flexible and participant-driven approach. Develops rapport with participant. Can probe and explore responses. Requires lower level of literacy and additional time and support can be provided to ensure participant comprehension.	Labour intensive and costly to set-up, complete and analyse. Requires expertise to conduct effective interviews and analyse qualitative data. Interviewer (or interviewer/participant relationship) can bias results.	Useful for independent person to conduct interviews. Useful to pilot questions first to ensure an independent person interprets your intent correctly.
Focus Group (clients, staff, stakeholders, community members)	Appropriateness Accessibility Acceptability Client Centred	Allows you to explore a topic in-depth through group discussion. Quickly identify common themes / thoughts and impressions. Efficient Build participant confidence to contribute in group environment.	Scheduling difficulties Requires expert facilitator Complex data analysis Results can be skewed by opinions/views of particularly vocal and/or passionate group members.	Need to be well facilitated Ability to schedule all relevant participants (include those directly and indirectly involved). Need to consider group dynamics and support active participation of all group members.



Methodology	Quality Indicator ¹	Strengths	Weaknesses	Dependencies/Notes
Document Review (e.g. client file audit, financial records, existing data management systems, review of process documents such as meeting minutes, client feedback such as complaints and compliments)	Efficiency Effectiveness Accessibility Client-centred Equity Safety	Minimal disruption Enables collection of comprehensive historical information Utilises existing information – efficient Minimal bias Ease of random sampling Can measure change over time (i.e. via pre and post audit)	Time consuming Information may be inaccurate or incomplete. Reliant on existing information (therefore unable to be flexible). Restricted by data extraction / analysis systems capability (electronic data).	Access to documentation Need to be considerate of the ethical issues related to confidentiality in use of client information.
Case Studies (can include client-written stories)	Appropriateness Accessibility Client-centred Equity	Facilitates reflective practice - understand practice, explore strengths and weaknesses of approach and examine or compare cases. Useful to portray real-world experience to 'outsiders'.	Time consuming to collect, organise and describe. Complex data comparison. Often provides information about only a small number / proportion of cases.	Anonymity important
Observation	Effectiveness Client-centred Safety	Enables you to understand the 'real life' experience within the given context (particularly relevant to understand processes). Timely information collection Flexible	Difficult to interpret behaviours / responses accurately. Complex data analysis Can bias participant's behaviour. Time consuming – expensive.	Authenticity enhanced with direction quotations.



Methodology	Quality Indicator ¹	Strengths	Weaknesses	Dependencies/Notes
Literature Review	Appropriateness Acceptability	Efficient collection of broad base of information for comparison. Provides best practice theory and evidence.	Dependent on quality of existing literature. Need to carefully consider transferability of data.	Useful to support the rationale of your approach

