

# Nutrition in Older People Programme

## Guide to evaluating nutrition initiatives V1.0

### Introduction

This guide has been developed by those working on the Wessex Academic Health Science Network (Wessex AHSN) Nutrition in Older People Programme in collaboration with a number of partners across health and social care (see appendix 1). It will help you to:

- consider how to go about doing a robust evaluation of an intervention to address aspects of nutrition;
- build and create your own bespoke evaluation and signpost to useful sources of help should you need it.

It is not intended to be a prescriptive, step-by-step instruction manual on how to do a perfect evaluation as no such thing exists, as anyone who has ever done an evaluation will testify. Each and every intervention will start from a different point, have different contextual variables, different staff capability and capacity as well as different levels of resourcing. This is in addition to the fact that each intervention may well have different things that are important to know and so measure, in terms of outcomes or impact. As such, there are always pragmatic decisions to be made when planning for and undertaking an evaluation.

Although this framework is specifically written with the evaluation of nutrition initiatives in mind, it is very generic and can be used for projects in many areas of healthcare.

### What is an evaluation?

In its simplest form, evaluation is about judging the value of an intervention and assessing whether or not it achieved what it set out to do. It should not be seen as some sort of complex academic exercise but more as a basic part to demonstrate quality improvements. Thus an evaluation can help work out what difference you or others are making through your services or activities.

It can be a challenge to know what and when to evaluate. One approach that can help with these challenges is '**logic modelling**' (see page 5). A **logic model** tells the story of your project or programme in a diagram and a few simple words. It shows a causal connection between the need you have identified, what you do and how this makes a difference for individuals and communities.

Ultimately, any evaluation should, as a minimum, be able to answer the following questions (and possibly a lot more):

- **Did it achieve what it set out to achieve / the projects objectives?** (i.e. what outcomes were achieved?)

How were those outcomes achieved, for whom and what was the impact? Evaluation is subtly different from other forms of measurement such as 'audit' and 'performance measurement' as it is generally less about strict protocols, predetermined standards or routine day-to-day management and more about a practical assessment of the implementation and impact of an intervention. It is more about discovery than management or monitoring and is concerned with developing understanding and supporting more strategic judgement and decision making, such as whether and how an intervention should continue and continue to be funded. An evaluation which demonstrates a positive change will support a case of ongoing funding or other resource allocation. Remember some evaluations will show no evidence for improvement.

The idea of 'evaluability' can be helpful when designing the evaluation, to help understand the nature of the intervention and how to approach it. Some indications that an intervention is ready to be evaluated include:

- Being very clear on what change you are trying to achieve
- Assessing that the intervention methods and implementation plan are realistic and acceptable to the people involved.

You should ask yourself about the ‘evaluability’ *before* the start of an intervention and again after any major changes. If the answers show that the implementation is still in development, a carefully planned study to monitor the piloting of the intervention may provide more useful, timely information to further develop the intervention.

- **What are we comparing the intervention with?**

At its heart, evaluation is a process of comparison. Hence the question is “did the intervention lead to improved outcomes compared to what?” The design of your evaluation will be informed by what you decide to compare your intervention with e.g. itself over time, a comparator group, an existing benchmark or standard.

Comparing the intervention with itself over time in a before-and-after analysis is relatively straightforward to do as long as the ‘before’ or baseline data is collected prior to the start of the intervention. It is important to be aware that before-and-after evaluations can give misleading results for a number of reasons (e.g. other changes taking place). However, given often practical issues such as time, staffing, resources etc., it is one of the most common forms of evaluation. Hence although it has its limitations, it is still worthwhile undertaking a before-and-after evaluation as it can still give you a useful insight into what has happened as a result of an intervention.

The key aspects of what we need in an evaluation are the following:

- **Baseline data** – this captures what is current practice in terms of what data will be collected to produce indicators (e.g. number of people screened; percentage of total population) on those involved in the interventions where changes are expected including staff, carers, patients. End points may include change in MUST, weight, nutritional status, change in practice,
- **Process Evaluation** - measures what was done i.e. the intervention itself and recording what was delivered. It documents the process of an intervention's implementation and helps stakeholders see *how* an intervention's outcome or impact was achieved. It is also important in terms of being able to replicate the intervention. The focus of a process evaluation is on the types and quantities of services delivered, the beneficiaries of those services, the resources used to deliver the services, the practical problems encountered and the ways such problems were resolved. Evaluating the “input” (the very first column in a logic model) is just as valid as evaluating the last columns about outcomes. It is called a “logic” model after all – and logically there is a chain of cause and effect which means, if we have the right resources at the very beginning of the chain (inputs) than we assume we will be able to get to the outcomes to which we aspire. (for more information on logic models see page 5).
- **Impact evaluation** - captures changes in aspects related to the intervention which may be intended or unintended consequence eg change in awareness, attitudes, knowledge, numbers of MUST scores, numbers of care plans produced.
- **Outcome evaluation** - assesses the effectiveness of a programme in producing the intended outcomes/change. Outcome evaluation focuses on difficult questions that ask what happened to programme participants and how much of a difference the programme made for them eg impact on nutritional and/or health outcomes of the patients. The main challenge with outcome evaluation is being able to say with confidence that any changes observed were likely to be a direct result of the project and were not due to other factors.

### Developing an evaluation framework:

There are a number of publications and trusted websites that detail how to go about evaluating an intervention, including those with a focus on nutrition. It is not our intention to repeat this work here. However, we will draw on some of these guides, as well as learning from local projects/initiatives, to outline some of the key steps you will need to consider in doing an evaluation.

#### 1. Getting started – the scoping phase:

Evaluation should be considered and planned for well in advance of the start of an intervention as there will be a need to build in data collection, feedback on early findings, and measurement of outcomes and impact as part of the

intervention design and implementation. This avoids the evaluation being seen as an ‘add-on’ and competing for tight resources. A suggested project development cycle is shown below (fig 1) to show the steps you might take in planning an evaluation.

Remember to involve the relevant stakeholders early enough in the process to make sure you have taken into consideration what evaluation designs will be suitable to address their needs. For example ask yourself:

- Who is affected by the intervention (patients / service users, colleagues in one department or many departments, people in other organisations)?
- Who involved in the intervention’s implementation will be interested in the evaluation (leadership of your organisation, commissioners of the service, funders, front-line staff, patients / service users, implementation team)?
- Who else might find the results of the evaluation useful (people running similar services, policy makers, academic researchers)?
- What format of the evaluation is suitable for different audiences (e.g. formal report; presentation; news item).

Figure 1:- project development cycle



[Source: *Evaluation of weight management, physical activity and dietary interventions: an introductory guide 2015*]

N.B.: Steps might be sequential but the relationship between them is likely to be dynamic if modifications are made due to the process evaluation.

Whilst time is often spent on thinking about some of the bigger, or what are seen as more important, elements of an evaluation, there are some ‘smaller’ but nevertheless important issues to consider. These are listed in appendix 2.

## 2. Setting SMART objectives

Before starting an intervention:

- Make sure you are clear what you are trying to achieve (ideally there should be a logic model<sup>1</sup> (see example below fig 2) that has been developed and agreed that will guide the work); have clear aims and objectives and a target group. Hence you should know what you expect to see change, by how much, in whom and by

<sup>1</sup> Logic models are usually a graphical depiction of the logical relationships between the resources, activities, outputs and outcomes of a program.

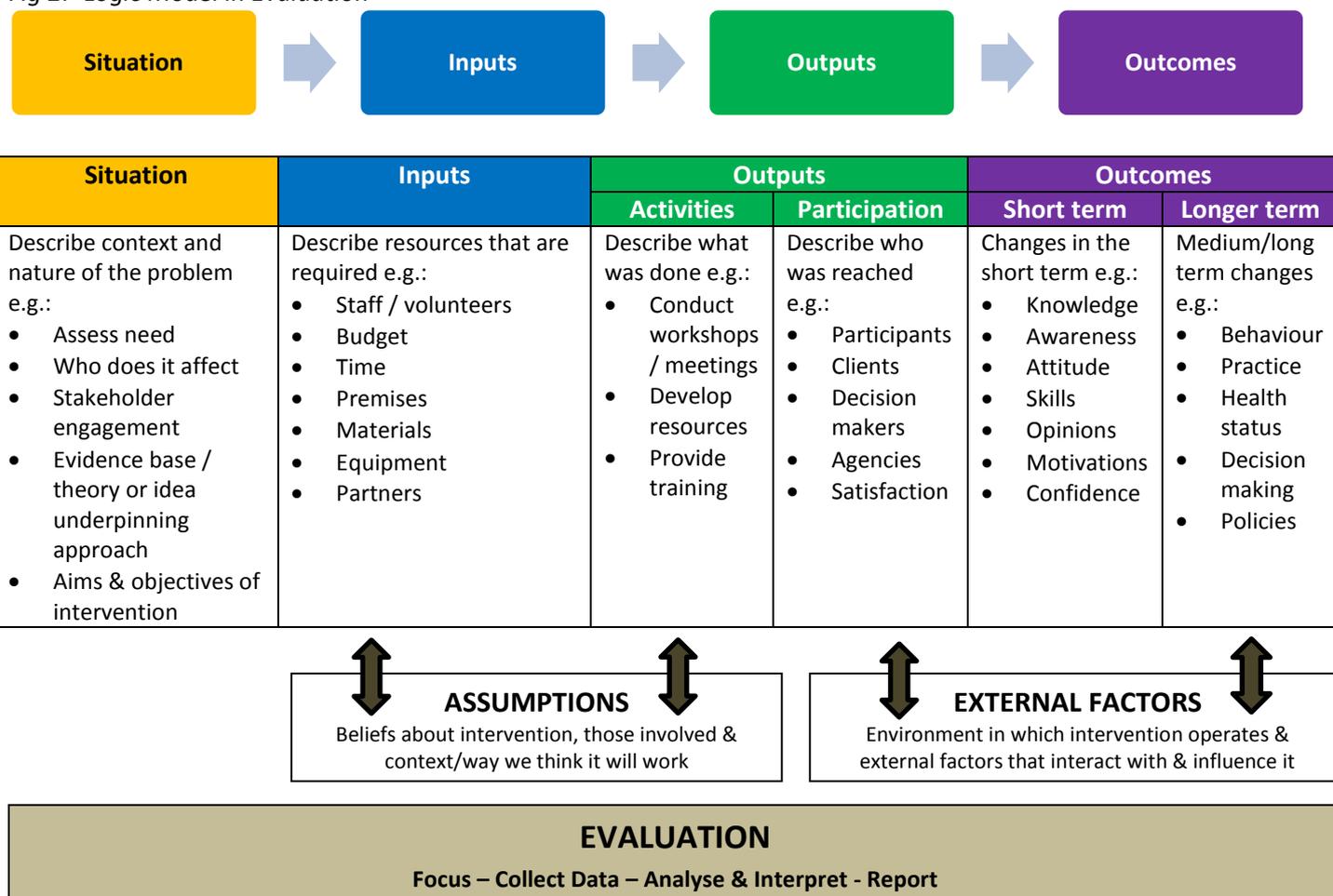
when. This should be based on some assessment of need detailing the reason for the activity. The clearer the objectives, the easier they will be to measure. If it is not clear what the project is trying to achieve, it will not be possible to measure whether or not it has been successful<sup>2</sup>. Evaluation Scotland also provides helpful resource on logic models<sup>3</sup>

- For each activity planned agree how you will evaluate whether the objectives have been achieved: measure the behaviour being targeted before the activity starts and after the activity has finished to enable you to describe the impact of the activity.

This is why evaluation needs to be considered right at the start and built into a project's logic model<sup>1</sup> (see figure below). A simple way to set objectives is to use SMART objectives:

- **Specific:** objectives should specify what you want to achieve;
- **Measureable:** measure whether or not objectives are met;
- **Achievable:** are the objectives achievable and attainable?
- **Realistic:** can the objectives be realistically achieved with the available resources?
- **Time-bound:** when should the objectives be met?

Fig 2:- Logic Model in Evaluation



See appendix 3 for a generic logic model example for nutritional care.

<sup>2</sup> Swanton, K., 2008. *Healthy Weight, Healthy Lives: a toolkit for developing local strategies*. [Online] London: The National Heart Forum in association with the Faculty of Public Health, the Department of Health, the Department for Children, Schools and Families, and Foresight, Government Office for Science.

<sup>3</sup> Evaluation Scotland provides an accessible resource on logic models

<http://www.evaluationsupportscotland.org.uk/media/uploads/resources/supportguide1.2logicmodelsjul09.pdf>

### 3. Selecting indicators

A crucial part of any evaluation is agreeing a set of core measures (or indicators). These are things that it is hoped will change following the intervention's implementation. They may be qualitative, such as satisfaction with a training session or lunch club but are often quantitative such as changes in height/weight or MUST scores. See appendix 4 for an example proforma to help process for identifying measures.

**Process indicators** need to be selected to measure progress along the way to making a difference to the headline indicator(s). Process indicators should assess the processes taking place as the intervention is implemented. It is important to make sure adequate emphasis is given to process indicators – to ensure that the intervention is being implemented as planned. Process indicators measure what happened as part of the intervention but don't really report any impacts on the target group/recipients. However they are an essential part of the evaluation. For example, if no practice nurses attended the MUST training sessions then they would not have been exposed to any of the learning about how to competently undertake a MUST score assessment and care planning.

**Short-term outcome indicators** might be measurable quite quickly (e.g. at the end of a session or programme - such as the percentage of practice nurses who increased their knowledge or confidence in doing MUST assessment and care planning) and relates to the next stage in the logic model.

**Medium-term outcome indicators** relate to outcomes such as behaviour changes (in this case changes in practice related to MUST scoring and care planning) while the **long-term outcome indicators** usually focus on a measurable health or related outcome. In this example it would be a change in MUST scoring of patients as a result of improved accurate identification and good quality care planning following training.

You will need to consider **sources of data** for your indicators as this may determine what is possible and what isn't. They can come from a variety of sources, including:

- existing sources of information e.g. attendance registers; GP practice data; local authority data; national surveys; data from hospital episode statistics; local data such as locally commissioned surveys
- new information collected for the evaluation e.g. via surveys; questionnaires to service users; interviews; focus groups; case studies; visits to projects and so on

**Indicators** can be both direct and indirect measures:

- direct or objective measures can be observed and are not open to interpretation, such as height and weight, or MUST score
- indirect measures rely more on interpretation, such as opinions about a service, self-assessment of diet or quality of care plan

The most important check when selecting indicators is to think: "does this set of indicators help me evaluate the intervention?" Refer back to the intervention's objectives and check that the indicators are focused on the objectives.

It is important to be realistic about the impact an intervention can have on key indicators. In most cases, malnutrition interventions aim to ultimately reduce or prevent the occurrence of malnutrition and its consequences. However, an intervention may be unlikely to achieve this in the short term, or at all directly, although it may change one or more of the other determinants of (contributors to) malnutrition such as cooking or eating behaviour. In this instance, while data on MUST should be collected, the key measure would be a measure of food intake or cooking skills. Another example might be if as part of the assessment of need, it is identified that training of staff is needed to improve the use of MUST and care planning. In this instance the key measures might be changes in competency and practice of staff completing the training which may well lead to an improvement in MUST scores, over time.

An evaluation can reveal unintended consequences. These are outcomes, both positive and negative, that might arise but were not originally intended. Therefore it is worthwhile considering what wider, often unplanned, possible outcomes might occur which would be worth measuring. The ability to do this will be limited by resources available but can lead to a richer understanding of an intervention's achievements e.g. attendance at a cooking group/lunch

club may lead to an improvement in dietary intake and may also lead to a reduction in social isolation or feelings of depression.

#### **4. Design methods and collect data**

In order to collect all the information, it is likely that in any evaluation there will be a mixture of methods needed, including both quantitative and qualitative. Some of the data will be objective such as height, weight and MUST score and these can be measured directly. However, some data will not be able to be collected directly or observed e.g. care plans, quality of training delivered. Therefore indirect measurements will be needed.

The most common method is a questionnaire survey, completed either by an interviewer or directly by the participants. We would strongly recommend you seek expert advice on questionnaire design, as there are many issues that can affect the quality of data collected and the ease of analysis. For example, open-ended questions can yield valuable qualitative information but can be difficult to analyse.

One of the most important issues to consider when using an indirect measurement tool, such as a questionnaire, is whether or not its reliability and validity have been tested. The tool should ideally have been tested as to the extent it measures the same thing each time it is used and the extent to which it reflects the 'truth' of what it is measuring. Valid and reliable tools can be difficult to come across and as a minimum, we would recommend seeking some advice; using a tool that has been used by others with some known level of limitations/usefulness; and/or test/pilot any tool you develop before you start using it in the evaluation study itself.

Qualitative information is usually collected through semi-structured face-to-face / telephone interviews, or focus groups. Again, it is important to seek help from someone experienced in qualitative methods before starting to collect data.

#### **5. Analysing data**

It is a good idea to think about both capacity (ability to do) and capability (amount of work and how well it is done) to undertake analysis of any data before you start collecting it. All too often lots of data is collected that is then never used/analysed and reported. Collecting more data than is needed or that can be used, can have a negative impact on the quality and quantity of responses in an evaluation. For example, a relatively simple questionnaire or telephone interview that comprises of only 8-10 carefully prioritised questions is more likely to be completed than a more in-depth set of 25 questions. Testing out the questionnaire or method you intend to use allows you to know how acceptable it is to those you are targeting as well as its likelihood of capturing the 'truth'. Although this may seem obvious, it can be very easy to collect more than you really need to answer what you have decided is the most critical questions in your evaluation.

The type of analysis needs to be closely related to the study design. For larger sets of data, you will need to consider the appropriate statistical tests (for quantitative analysis) or the appropriate analytical method (for qualitative studies). Don't be put off by what may seem like a technical and academic activity. There are a number of texts available to help choose the most appropriate analysis according to study design<sup>4</sup>. There are also lots of experts you can ask who can help you decide what is the best method and analysis for your particular evaluation.

#### **6. Reflection and sharing**

It is important to make sure that all the learning from the evaluation is captured and shared widely. Often people forget this important step in the process which means the next time someone wants to do an evaluation, they have to start at the beginning again and the learning from methods used, things that worked/didn't work and evidence base, is lost.

As already stated, there is no such thing as a perfect evaluation. However, every evaluation has valuable learning to share with a wider audience that often goes beyond merely whether the intervention worked or not. Thinking about how to structure all this learning in to a manageable format that can easily be shared and also used to produce different reports for different stakeholders, is worth considering early on. In doing so, often the report doesn't need to be produced at the end but elements of it can be populated as you go along to make it more manageable in terms of time.

A suggested outline for a report is given below. You may have your own template that you have used before or is more suitable. However, the key elements of what would be expected in a standard report should be similar.

#### EXAMPLE CONTENTS OF A TRADITIONAL EVALUATION REPORT

- **Executive summary:** a very brief overview of the intervention that was evaluated; the main findings and/or recommendations. This is very useful if you want to inform and influence a senior manager.
- **Contents or Index:** may be helpful for the reader to be able to easily find the section(s) they are particularly interested in or want to refer to. This is especially relevant for longer documents.
- **Introduction:** a description of the intervention being evaluated, what it was intended to achieve and how, along with brief information on the context where it took place; a summary of the evaluation plan, who did it, time period, funders, main research questions.
- **Background:** detail on what is being evaluated; previous evidence/ research on the area; relevant policy and practice context.
- **Method:** research questions for the evaluation; theory underpinning approach; sampling; data collection and analysis; limitations/caveats; changes in method and reasons why; theory of change visuals (these can work well in the main body of the text if they are clear); description of formula used in analysis; detailed analysis charts; example of research tools – survey, interview schedules; full description of sample.
- **Findings and discussion:** reports can present a more traditional pure description of findings in one section, followed by a discussion. Reports can flow more easily for the reader if these two elements are combined, perhaps structured around the main research questions. It is important to present all of the findings in the main body of the report, not only the positive findings.
- **Recommendations and lessons for future:** a separate section that discusses the implications of the findings for the future (sustainability and development) and may make specific recommendations.
- **Appendices:** might include a glossary if technical terms are used; list of participants; additional methods detail (as mentioned above); references; detailed budget information if relevant and so on (length will vary).
- **Thanks:** to people who have contributed to the process.

#### Further reading:

- Healthcare Quality Improvement Partnership (2010): *A Guide for Clinical Audit, Research and Service Review – An educational toolkit designed to help staff differentiate between clinical audit, research and service review activities*. Sheffield, UK
- National Obesity Observatory (2009): *Standard Evaluation Framework for weight management interventions*. London, UK.
- National Obesity Observatory (2012): *Standard Evaluation Framework for dietary interventions*. London, UK
- Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, Division of Nutrition, Physical Activity and Obesity (2013): *Developing an effective evaluation report: Setting the course for effective program evaluation*. Atlanta, Georgia
- Better evaluation <http://betterevaluation.org/>
- WHO Evaluation Practice Handbook 2013:  
[http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf)
- Evaluation Scotland:  
<http://www.evaluationsupportscotland.org.uk/media/uploads/resources/supportguide1.2logicmodelsjul09.pdf>

## Appendix 1: Acknowledgements

This **Guide to Evaluating Malnutrition Initiatives** has been produced as a result of discussions by a Wessex AHSN Nutrition Programme Task to Finish Group on Outcome Measurement, and has been trialled through application to a number of the projects supported by the programme. The people who have been involved with this work are:

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- Michelle Smith, Health Programme Advisor, Public Health Dorset
- Mike Stroud, Consultant Gastroenterologist, University Hospital Southampton; Past President BAPEN
- Kathy Wallis, Senior Programme Manager, Nutrition Programme, Wessex AHSN

## Appendix 2: Issues to consider for evaluation

Whilst time is often spent on thinking about some of the bigger, or what are seen as more important, elements of an evaluation, there are some 'smaller' but nevertheless important issues to consider

- **Establish what data is already collected, by whom and in what form.** This will help to identify what other or additional data may or may not be needed. It is best to try and keep this to a minimum where possible and consider only what you need to answer the questions that are important to influence future commissioning or changes in practice.
- **Is ethical approval needed?** Generally, if you are interviewing or observing patients or the public or looking at confidential documents such as patient records as part of the evaluation, you will need to obtain ethical approval. Evaluations of service improvements that use routine and anonymised data do not usually require ethics committee approval. You should seek guidance from your local research ethics committee if you are unsure.
- **Collecting and analysing data.** Depending on what you hope to learn from the evaluation you may have to gather a large amount of quite complex data. The time needed for collection and analysis is almost always underestimated. The data is likely to be a mix of quantitative and qualitative methods. Access to both types of data requires formal (e.g. approval from trusts, security clearance) and informal (e.g. diary time to conduct interviews) negotiation at different levels within participating organisations.
- **Data quality can be poor.** Many NHS data sets are incomplete, not well coded, not up-to-date or can be difficult to access. It will take time to access, clean and quality-assure the data and test levels of completeness and the implications of this for your analysis.
- **Doing the paperwork.** Depending on the way in which the evaluation is being undertaken and who is carrying out or funding the work, there will be different requirements for formal or informal agreements between parties. If there are many and/or different stakeholders collecting data for different purposes, it may be worth drawing up a concordat or Terms of Reference to establish clear roles and responsibilities to help manage any potential tension, duplication or uncertainty. There will also be data protection guidelines to review and adhere to, informed consent paperwork to draw up and complete. Being clear at the start can save a lot of problems later on.
- **Capacity, capability and resources.** It is worth considering from the start whether you have the right skills and or capacity for undertaking the evaluation or will you need some external or other help at different points in the process. This is particularly important to consider early on as it will have implications on the resources needed. As a crude marker, the WHO recommend approximately 10% of the budget for an intervention to be put towards evaluation. (WHO Evaluation Practice Handbook 2013 [http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf) )
- **Building a culture of learning.** All forms of evaluation have the potential to be seen as threatening to the intervention team, colleagues, stakeholders, or the service users themselves. It is beneficial if evaluation takes place in a learning climate where staff are open to constructive feedback and change and are not fearful of the consequences of negative results. Try to allay fears from the start to help improve transparency and trust in doing the evaluation and gathering insights.
- **If things don't go to plan – don't panic!** It is not unusual for the intervention to change due to practical / unforeseen issues or due to a desirable change needed as part of the learning and project monitoring process. Just remember you will need to look again at your evaluation plan and decide if this also needs to change in line with the changes in the intervention.

### Appendix 3: Logic Model – example nutritional care project

**Aim of project:** Implementation of nutritional care pathways for older people in the community setting for health and social care teams

**Participation:** GP practice staff, community nursing teams, social care teams (e.g. Reablement; day centres; social work teams)

**Population:** over 65 year olds living in the community care setting in the geography involved

Situation (context)	Inputs	Outputs		Outcomes	
		Activities	Participation	Short term	Longer term
<ul style="list-style-type: none"> <li>Assess the local prevalence of malnutrition in the geography and its associated costs;</li> <li>Identify and map key stakeholders (e.g. who will carry out screening; managers of the change);</li> <li>Review current nutritional knowledge, screening activity and recording systems among health and social care community based staff;</li> <li>Develop a plan to embed new nutritional care pathways into normal care provision;</li> <li>Develop and agree nutritional care pathways to be locally applied / meet local needs;</li> <li>Determine training approach and programme e.g. classroom; e-learning; blended</li> <li>Determine format for recording of information e.g. paper based; electronic</li> </ul>	<ul style="list-style-type: none"> <li>Management commitment and leadership from all partners (internal and external);</li> <li>User input to process design;</li> <li>Provision of training (development; provision);</li> <li>Staff time to attend training;</li> <li>Commitment by health and social care teams to deliver care as in the nutritional care pathways;</li> <li>Resources for evaluation;</li> <li>Funding for required materials and other additional costs;</li> <li>Development costs for electronic solutions (if relevant);</li> <li>Provision of training tools and awareness materials to support implementation</li> </ul>	<ul style="list-style-type: none"> <li>Establishment of a steering group to oversee the project;</li> <li>Provision of a training programme for all staff involved in community based care;</li> <li>A toolkit of nutritional care materials;</li> <li>A defined set of nutritional care pathways and data recording solution (e.g. paper based or electronic);</li> <li>Implementation of nutritional care pathways (e.g. number of people screened, number of people at risk, change in nutritional status)</li> <li>Defined approach for evaluation including agreed measures (e.g. number of people screened; number of people trained)</li> </ul>	<ul style="list-style-type: none"> <li>Number of older people over 65 years old living in the community receiving health or social care;</li> <li>Number of carers and families;</li> <li>Health and social care teams (e.g. number of people trained);</li> <li>Voluntary sector (number of people attending awareness sessions; number of events run)</li> </ul>	<ul style="list-style-type: none"> <li>Nutritional care pathways embedded into normal care provision;</li> <li>Improved integrated care;</li> <li>Increased awareness and competencies of community based health and social care teams</li> </ul>	<ul style="list-style-type: none"> <li>Good nutritional care considered basic care;</li> <li>An increase in the number of older people with an appropriate care plan for nutrition;</li> <li>Improved quality of care for older people through embedding a nutritional care pathway</li> <li>Reduction in number of malnutrition in older people in the community setting</li> </ul>

**Risks:** lack of engagement by team members; conflicting workload; lack of funding

## Appendix 4: Selecting indicators/what to measure:

Situation			
What are you trying to find out?	What might you measure to find out?	How might you measure it?	Sources of help

Inputs			
What are you trying to find out?	What might you measure to find out?	How might you measure it?	Sources of help
Details of the programme or intervention. What is to be delivered, how, with whom, at what cost etc. This enables others to see what was done and be able to apply this to their local area, as applicable.			

Outputs			
What are you trying to find out?	What might you measure to find out?	How might you measure it?	Sources of help

Outcomes			
What are you trying to find out?	What might you measure to find out?	How might you measure it?	Sources of help