Resource planning for your evaluation

It is important to think through the resource requirements for the evaluation and to plan effectively. Do not underestimate the time and cost associated with an evaluation – whether you commission an external body to undertake it or you do it in-house. The Big Lottery have suggested in the past that up to 10% of their awarded grant budget should go towards monitoring and evaluation activity.

The scale of project to be evaluated as well as scope and design of your evaluation will have resource implications, including the costs of setting up appropriate databases; methods used; how to practically monitor, track and assess impact with beneficiaries; cost of software purchase; item permission usage; undertaking ethics; impact method chosen and economic technique adopted.

Resources include anything that will contribute towards your evaluation, including staff time, potential funding, sources of data, sources of support such as academic and health sector partners. Below are some questions and pointers to ask to help you assess your resources and to provide some advice on practical ways to address potential resourcing challenges.

The RUFDATA approach is one example of thinking through the evaluation requirements. There are resource implications associated with many of these decisions.

Figure 1: The RUFDATA approach to evaluation planning

R	Reasons and purposes	What are our **Reasons** and **Purposes** for evaluation? These could be planning, managing, learning, developing, accountability.
U	Uses	What will be our **Uses** of our evaluation? They might be providing and learning from embodiments of good practice, staff development, strategic planning, PR, provision of data for management control, gaining resources.
F	Foci	What will be the **Foci** for our evaluation? These include the range of activities, aspects, emphasis to be evaluated, they should connect to the priority areas for evaluation
D	Data and evidence	What will be our **Data** and **Evidence** for our evaluation? These could be numerical, qualitative, observational, case accounts. Data are facts and figures, whereas evidence is relevant data that supports a conclusion
A	Audience	Who will be the **Audience** for our evaluation? Community of practice, commissioners, colleagues
T	Timing	What will be the **Timing** for our evaluations? When should evaluation take place, coincidence with decision-making cycles, life cycle of projects
A	Agency	Who should be the **Agency** conducting the evaluation? Ourselves, external evaluators, combination.

Adapted from Saunders, M. (2000). Beginning an evaluation with RUFDATA: Theorizing a Practical Approach to Evaluation Planning. *Evaluation*, 6(1): 7-21.

Paying for the evaluation

Ideally you will have money set aside for evaluation as part of the project budget. Otherwise, you may need to think about additional grant funding or other sources of money to cover the evaluation costs. Are there any project stakeholders that can help with this? Does your organisation or any of your partners have money available for learning from schemes and initiatives?

Common estimates of the budget required for an evaluation can range between 5 – 15% of budget costs. This will be influenced by the scale of the project, whether it has been evaluated before, the ethics requirements. The available resources (time, money, available expertise) are likely to determine the achievable scope of the evaluation (how many questions, sample size, how data is collected, approach to analysis) and the evaluation design.

Be clear on your timescale

Your timescale will shape what can be realistically achieved, so that the evaluation findings are available in time to be considered at key decision points for the scheme and/or the wider organisation.

When does the scheme start (if it hasn't already started) and finish? Is there time to set up the systems you need to collect the evaluation data? For effective evaluation of heating and energy efficiency measures, a winter needs to pass to evaluate what difference the scheme has made to health and wellbeing of the intended beneficiaries.

Identify who will conduct the evaluation

Who will lead the evaluation work? Who else will work on it? And how much time do they all have available?

At the planning stage, make sure that staff will have time to undertake evaluation tasks, participate in key activities and reflect on the results. It is also important to make sure that evaluation doesn't take a disproportionate amount of resource away from delivery. If you identify this as a risk, you may want to think about outsourcing all or some of the tasks.

A local university, specialist research organisation or freelance evaluation specialist may be able to conduct the evaluation or take on more specialist tasks. Those with previous experience of research involving the NHS are likely to be very helpful if you plan to use NHS health data or otherwise involve the health service.

Make use of volunteers or university students to undertake data collection, data entry and other tasks affordably.

Partner organisations may be able to contribute in kind by contacting clients, administering survey questionnaires, analysing data, reporting, or disseminating results.

Resource implications of key methodological considerations

Certain choices about scope and methodology will influence the scale of resources needed for the evaluation. Or, looked at the other way round, your available resources may influence or limit your choices. Ethics and data protection requirements and the practical implications of engaging with the health sector will also have important resource implications. Thinking these through will help you make an assessment of the scope and methods that will fit with the resources you have available.

Scope

Thinking about what you want your evaluation to cover – the number of questions you want to answer will affect resources. A tightly focused scope will help you deliver a cost-effective evaluation. Think carefully about the size of sample that will deliver a 'good enough' evidence base, but don't unnecessarily skimp if this might undermine the trustworthiness of the evaluation findings.

Data collection methods

Choices about whether survey questionnaires are administered in people's homes or over the phone or by email will affect your budget. If home visit staff can administer it during a routine visit, that will save money. Phone or email administered questionnaires can be very cost effective, if they are suitable. The length of the survey questionnaire or duration of a qualitative interview will affect costs.

Database for recording monitoring data

The amount of monitoring data that is systematically collected and recorded on clients of a scheme can quickly become too great to be easily manageable in a spreadsheet format. The set-up of a suitable database is a time-consuming and complex task. Such data is invaluable for use in an impact evaluation. But where such data has not routinely been collected and recorded, this can seriously compromise an evaluation before it has even started.

Mixed methods research

Where your evaluation includes both qualitative and quantitative data, you will need to factor in time to undertake two types of data collection and analysis.

Analysis methods: Numerical data can be relatively quick to input, quality check, analyse and generate charts and tables for use in reporting. You are likely to already have access to a spreadsheet package for analysing quantitative data. Qualitative data (e.g. from interviews) can be much more time consuming to analyse. Qualitative data analysis software can be purchased and may save on staff time. It is possible to get time-limited free trials online. However, the skills involved in undertaking good qualitative analysis should not be under-estimated. This is a task it may be best to ask a university or an experienced freelance researcher for help with.

Social return on investment

This method of analysing the economic benefits of a scheme for society – and for specific groups of stakeholders – requires stakeholder involvement throughout the process. To do this well, you need to have in place an effective means of recording staff time spent on interventions, differentiating between time with clients and time in dealing with referral and signposting agencies.

Research instrument permissions

If you choose to use a validated questionnaire, you may need to pay for permission to use it. You must make sure you follow the instructions associated with permission to use instruments, including those which do not have a financial cost.

Designs involving health data sharing

Examples of this would be number of hospital admissions, GP visits, primary care visits, or number of prescriptions over a specific period for individuals. This requires consent from clients to access their health data, data sharing measures to be agreed and may require ethics approval. It will require the participation of a health sector partner and matching up NHS data with data recorded on interventions. It will incur a serious cost in terms of both time and effort involved. You should think carefully about whether this will be achievable. The need for data sharing agreements and ethics approval may be avoidable if the health sector partner handles NHS data internally and undertakes the analysis, avoiding the need to share individual health data externally.

Data sharing permissions

You will be collecting personal data which means you have data protection responsibilities. You may already deal with data protection in the day to day running of your scheme, so should have in place robust data handling processes. However, it is important to check what permissions clients have given to the data sourcing organisation (whether your own organisation or a partner organisation) to share this information for different purposes, including for evaluation. In most cases, it is likely that suitable permissions are NOT in place already. If it is not in place already, then you need to establish a system for gaining their permissions. This is expensive and would involve an external evaluator.

Resource demands on clients

In addition to considering the resource demands for your organisation, also consider the demands on clients. This will influence your ability to get responses from a sample that reflects the variety of people in your population of interest.

You will probably be asking clients to let you into their home to do an interview (and give time to do the interview), or to give consent to access data, or both. What is it reasonable to ask of your clients? How will what you're asking clients for affect the number of responses you get, or the types of people who respond?

It is likely that even a simple evaluation will require the completion of survey questionnaires before and after the intervention. These will likely be administered in the client's home, although this depends on the client group. Will there be barriers such as language, dementia, or disability to be taken into consideration? Will suitably qualified staff be available to undertake interviews with people with additional communication needs? How much of the client's time can fairly be taken up by responding to a survey questionnaire?