

Publication withdrawn

This guidance was withdrawn in August 2025. It has been superseded by the [Healthy child programme: health visitor and school nurse commissioning](#).



Public Health
England

Protecting and improving the nation's health

School nurse toolkit

Evaluation of behaviour change interventions

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Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

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Purpose of this toolkit

Do I need to evaluate?

Evidence suggests that although school nurse interventions result in a variety of positive outcomes there is a lack of formal and robust evaluation activities (1). High quality evaluation requires excellent design, collection, analysis of data and interpretation of findings. Despite this, evaluation is not just the domain of researchers and universities; health professionals are increasingly taking on the role of evaluators of public health programmes and interventions. This toolkit is for school nurses who are undertaking interventions to support behaviour change in children or young people. It takes a realistic approach that can be integrated into practice. Whilst there is no single way of doing evaluation, and there is no 'one size fits all' approach to evaluation, this toolkit provides a guide to the processes and tools to use to evaluate the work you deliver.

Introduction

School nurses are key professionals in delivering evidence-based public health programmes and interventions to support children and young people achieve best health outcomes. The School Nurse Development Programme provides school health professionals and commissioners with a framework and guidance for universal and targeted approaches to address the health and wellbeing needs of children and young people.

Commissioning arrangements require that the outcomes and impact of school nurse work must be demonstrated (2). National policy sets out the measurement of outcomes against key indicators in the NHS Outcomes Framework (3) and the Public Health Outcomes Framework (4).

However, there are no specific guidelines to support school nurses to evidence their effectiveness and manage the evaluation of their work. This toolkit aims to guide the reader through the process of evaluation and provides guidance on how to implement effective evaluation of practice interventions.

What is evaluation?

Evaluation is the process of assessing the worth or value of an intervention in a systematic way. Comparisons can be made in order to gain an understanding of outcomes, effectiveness and efficiency of an intervention. Evaluation may focus on both the extent the objectives of an intervention have been achieved and the unanticipated outcomes. The information gained from evaluation allows professionals to plan for improvements and inform decision-making about continued implementation.

Why evaluate?

The key aim of the NHS is to achieve good health outcomes for the population (3,5). Evaluation is vital to ensuring the best outcomes are achieved from the evidence-based interventions that are delivered. The findings from evaluation allow practitioners to promote learning, make improvements and demonstrate the impact of their intervention for stakeholders, such as commissioners, schools, young people, parents, their managers and themselves. It identifies whether a programme worked well (outcome), but also why it did or did not (process).

Commissioning processes require school nurse service providers to be clear about the outcomes they are expected to deliver. Performance will be monitored and reviewed in relation to outcomes. Therefore, it is important to build evaluation into everything that is delivered in order to provide evidence of successful outcomes. This record of overall outcomes and clear evaluation plans is important to support the development of future contract bids, by demonstrating a history of effectiveness that is more comprehensive than client satisfaction and selected case studies (6).

Evaluation is a fundamental element of good project management and should be planned from the outset, rather than being tagged on as an after-thought. This will allow the evaluation to be more robust. Disseminating the findings will add to the evidence base for practice and support improved quality of delivery through the identification of priorities for improvement.

Questions that evaluation can help answer:

- is the intervention being delivered as planned?
- have service users been involved in the programme design?
- are you reaching the target group?
- are you providing what service users need, when they need it, and where they need it?

- is the intervention effective?
- what happens to people who participate in the intervention?
- is it worth continuing with the intervention?

Research, clinical audit or evaluation?

The aims of evaluation differ to those of research and audit (7). Research aims to generate new generalisable knowledge in order to establish practice that could or should be delivered. Clinical audit aims to show whether the current practice meets the expected standard. Evaluation assesses the value of an intervention or service to determine how effective current practice is. In other words, it measures what standard and quality of care the service achieves.

All these types of study need permission from the NHS Trust or organisation. Only research requires formal ethical approval. Although, audit and evaluation should also follow basic ethical principles including following the professional code of conduct.

Types of evaluation

There are three main types of evaluation that may be used. Formative, process and impact (short-term effects) or outcome (longer-term effects) evaluation. Each aims to answer different questions about an intervention.

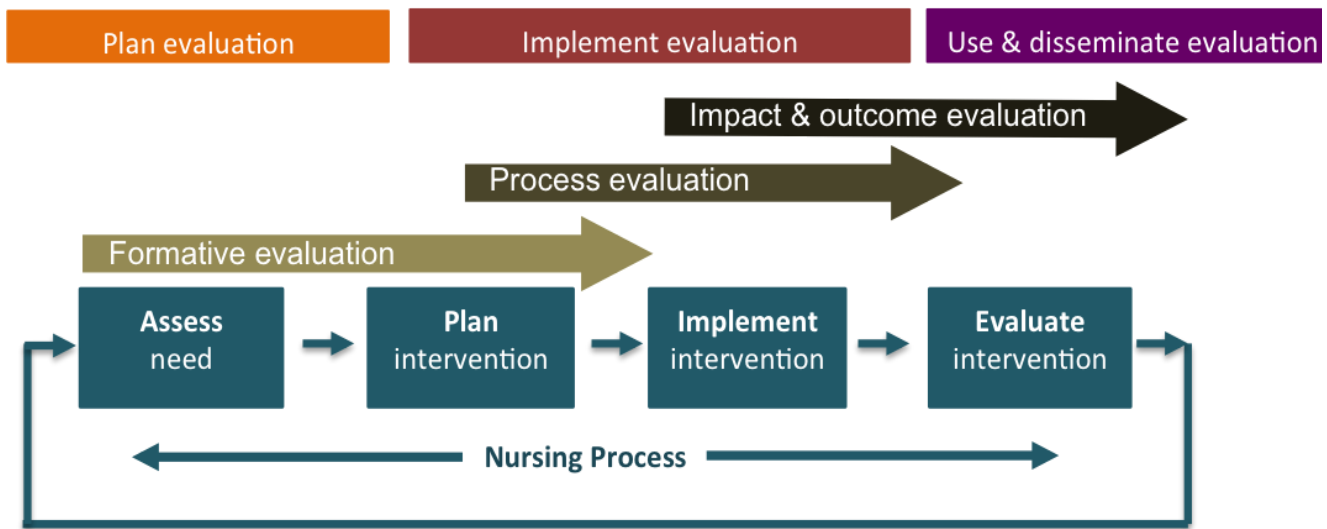
Formative	• Starts during project development and includes pilot testing to assess relevance and practicalities • Used to improve the intervention as it is being implemented
Process	• Starts when the intervention begins • Used to assess how the intervention is being implemented eg if it has been delivered as planned, if any factors are impacting delivery, whether participants are satisfied
Impact /Outcome	• Used to assess whether the aims and objectives of an intervention have been met • This may include short or long-term effects on health outcomes and health behaviours • May be positive or negative, intended or unintended

When developing the plan for evaluation of an intervention and the methods that you will use, it is important to consider the different types of evaluation and their usefulness.

Planning the evaluation

Clear aims and objectives for an intervention are necessary when planning an intervention. It is also important to document the intervention fully so that it can be implemented properly and consistently. This is essential to planning the evaluation, so that you can measure whether you have achieved what you set out to do and enable you to demonstrate the contribution to achieving the intended outcomes.

The relationship between the nursing process, types of evaluation and simple evaluation process are illustrated below:



There are some key steps and considerations when planning evaluation and these are summarised in the following table:

Steps in planning evaluation	Questions to consider
1 Purpose of the evaluation	Who is the evaluation for? What is it trying to achieve? What are the intended outcomes?
2 Types of evaluation	Will you use formative, process and impact/outcome evaluation? How have similar projects been evaluated? Do you need to do a literature review to find this out?
3 Outcome measures	What key outcomes does your intervention aim to achieve? How will you know change has happened? What indicators will you use to measure this? What about unintended consequences or outcomes?
4 Resources needed	What budget do you have? What are the potential costs? What staff do you have available? Is any staff training required? How will you involve service users and other stakeholders?

5 Method of collecting information	How can you assess the outcome measures and indicators you have identified? How will you capture any unplanned outcomes? Do you need to find out the key thoughts and views of service users? How will you gain a rich understanding of the intervention's achievements? Will you use quantitative, qualitative or mixed methods of evaluation? Are there standardised tools that you can use? Can these be adapted and piloted? Do you need to do a literature review to find out about any standardised tools? How will you gather demographic information?
6 Data collection	Who will collect the information? Who will you gather information from? When will you gather the information? Where will you gather the information? Will you include baseline and follow-up data? What about long-term follow up? Are there any logistical or timing issues?
7 Ethics	How will you ensure ethical principles and professional codes are followed? Do you need to seek permission from your organisation R&D department for the evaluation? How will you provide information to participants and ensure confidentiality? Will an 'opt out' be available? How will you reassure people that services will not be affected?
8 Analysis of findings	Who will do the analysis? How will you analyse quantitative findings? Will this include descriptive statistics such as demographics, number of attendees? How will you analyse qualitative findings? Do you have any before and after comparisons? Do you need to involve service users or stakeholders in interpreting the findings? Do you need support for the analysis? If so, can your organisation R&D department or local university help?
9 Use of results	Try to find explanations and solutions to issues for future development of the intervention. Are there any unexpected results? How does the cost of the intervention compare to the outcomes it provides? How can the intervention be more effective or efficient? Are there better ways of engaging and working with young people and families?

10 Dissemination of results

Who will write up the findings? Who needs to know about the results? How will you circulate the results? Will you use a formal report, a journal article, an Infographic, a poster or a combination? Where should you publish? Do you need support to write up the evaluation? Who can help you? Will you present the findings at a conference?

Useful resources

Undertaking a literature review for NHS staff:

www.library.sath.nhs.uk/wp-content/uploads/2013/09/researchguidance.pdf

Logic Models

You can use a Logic Model to plan the intervention and focus on the likely impact. It also supports the development of effective evaluation plans and can help you in the steps above. See Useful resources on page 13 for supporting resources to develop a Logic Model for an intervention.

Example of a simple Logic Model to Improve Sexual Health of Young People:

Input	Activity	Output	Short-term outcome	Intermediate outcome	Long-term outcome
					
School nurse time	Programme of sex and relationships education in schools	2 lessons delivered to 120 young people	Increased awareness of good sexual health, pregnancy and sexually transmitted infections	Increased use of sexual health services	Reduced sexually transmitted infection rates in young people
Education setting	Deliver young people friendly sexual health services	Clinic-in-a-Box delivered weekly	Increased access to young people friendly sexual health information and services	Increased use of contraception and protection against STIs	Reduced teenage pregnancy rates
School staff		Drop-in clinics delivered weekly	Increased knowledge about healthy relationships	Increased decision-making about sexual activity including initiation and managing situations	People have increased control over their sexual and reproductive health
Education curriculum					
Process evaluation			Outcome evaluation		

Useful resources: Developing a Logic Model

- Evaluation Support Scotland (2012) Evaluation Support Guide 1.2: Developing a Logic Model. Available at: www.evaluationsupportscotland.org.uk/resources/127/
- Community Tool Box (n.d.) Developing a Logic Model or Theory of Change. Available at: ctb.ku.edu/en/table-of-contents/overview/models-for-community-health-and-development/logic-model-development/main
- Innovation Network (2010) Logic Model Workbook. Available at: www.innonet.org/client_docs/File/logic_model_workbook.pdf

Methods

The choice of method that you select will depend upon the purpose of the evaluation, the context, what you are measuring and the resources available to you. Evaluation may involve collecting quantitative, qualitative and monitoring data:

- quantitative data provide numerical information
- qualitative data provide views and attitudes of the participants
- monitoring data provide information about implementation, outputs and attendance

Some of the main data collection methods include questionnaires, logs, interviews, focus groups and objective measures. When selecting the method for evaluation, it is necessary to consider the advantages and disadvantages each presents. Strong evaluation can be planned using methods that are complimentary.

Evaluation method	Pros (6,8)	Cons (6,8)
Questionnaires	Can collect information quickly from many participants. They allow people time to think. Open, closed and scaling questions can be used in combination.	Response rate may be low. Questions can be misinterpreted or unanswered. Response options available may not reflect participant's views.

	Quick and easy to analyse closed questions. Open questions can collect rich information. Online versions can be produced that reach a broad audience quickly and easily. Online versions can produce automatic analysis of structured questions.	Self-report questions can be subject to social desirability bias. Low literacy levels can affect responses. Qualitative questions can be time consuming to analyse. If no suitable validated tool is available, adapting an existing tool or making your own can be a lengthy process. It can be difficult to phrase questions clearly. Piloting the questionnaire required to identify any issues with validity and reliability. Online versions are not suitable for those without online access or the necessary IT skills.
Individual interviews	Provides in-depth information about a participant's views, experiences and feelings. Allows the interviewer to follow up responses to gather more detail. There are no issues with respondent literacy. Provides direct quotations.	The whole process including interview and analysis is time consuming. The interviewer can bias responses through the questioning if they are not skilled in enabling reflection and development of ideas of the participant. So, the interviewer needs to be well prepared and have clear instructions. A topic guide is required.

		Participant may not remember the subject well or responses may be subject to social desirability bias. Audio recording equipment and transcription are required. Analysis is a lengthy process.
Focus groups	Gathers a range of detailed views quickly. Less time consuming than individual interviews. Provides quotations from the group discussion.	Not suitable for sensitive topics. A topic guide is required. Interviewer needs to be well prepared and have clear instructions. It can be difficult to follow up one person's views. Individuals may feel pressure to express responses viewed as acceptable to the group. Dominant group members may bias results. Audio recording equipment and transcription are required. Analysis is a lengthy process.

Diaries and logs (eg of food intake or physical activity)	Log can be completed over number of days for greater reliability. Can reflect actual behaviour and context more precisely than other methods. Provides a chronological record.	Needs to be well structured. Self-reporting may result in recall errors and under-reporting. Reporting may be subject to social desirability bias. Needs to be regularly completed, can be time consuming and cause participant burden. Analysis can be complex.
Case studies	Provides detailed account of the participant situation, their interaction with the intervention and outcomes. Includes information from case files, interviews with the participant and staff, comments from other people who know the service user. Case can be an individual or population.	Treated with caution as a specific case study may be selected to show intervention in a good light. Can be superficial, anecdotal and not show clear outcomes. Needs to be triangulated with other sources of evidence.
Observation	Gives direct evidence of outcomes rather than reported account. Gives real example for intervention/evaluation report. Can help understanding of programme delivery.	Pre-structured observation form is required and observers need training. There may be observer bias as pre-set categories can distort what they see. The observation may influence the behaviour of participants. Open observation such as video or audio recording can influence behaviour even more than the presence of a trained observer.

Objective measures (eg BMI, pedometer)	Can provide baseline data.	Cheaper non-validated pedometers are unlikely to provide accurate measures.
	Height and weight measures are simple to collect.	Pedometers present practical issues eg forgetting to wear, loss of tool, accidental reset.
	Provides information on actual activity behaviour rather than estimate in self-reporting.	Pedometer unable to collect data during swimming and cycling.

Useful resources: Evaluation tools

- Evaluation Support Scotland (2012) Evaluation methods and tools. Available at: www.evaluationsupportscotland.org.uk/resources/evaluation-methods/ Provides information, resources and templates to support development of a variety of evaluation tools including body map, evaluation wheel, sticky wall and focus groups
- National Obesity Observatory (2009) Standard Evaluation Framework for weight management interventions. Available at: www.noo.org.uk/uploads/doc721_2_noo_SEF%20FINAL300309.pdf
- Strengths and difficulties questionnaire (SDQ): www.sdqinfo.com/py/sdqinfo/b0.py
- A collection of scales is available at: www.scalesandmeasures.net
- DH (2000) Framework for the Assessment of Children in Need and their Families: The Family Pack of Questionnaires and Scales
webarchive.nationalarchives.gov.uk/20130107105354/www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4079384.pdf
- Further reading on outcome tools is available at:
Forward, C. (2012) Measuring the effectiveness of school nursing interventions: a review of outcome tools. British Journal of School Nursing 7 (10) 490-500

Validity and reliability

Validity refers to how well an evaluation method, for example a questionnaire, measures what it is intended to measure. Face validity refers to whether the method looks like it will measure what it is intended to measure. Content validity refers to when the method actually measures what it is intended to measure.

Review by others can identify if the measure appears to ask what is required (face validity). Piloting the measure with a few participants or professionals to test and refine will test content validity. This is needed when developing a new measure or adapting an existing one.

Validity of existing tools:

- has the tool been used with a similar population?
- did it assess similar outcomes?
- do the reported outcomes match?
- what have reviews said about the tool?

Another way to increase validity is to triangulate the findings from a measure with those from other methods.

Reliability refers to when results are similar if a method is repeated soon after and conditions have not changed. Methods that test and retest responses can also indicate reliability.

Analysis

Analysis is the activity in which you inspect the data to evaluate it and identify any findings. It does require different techniques depending on the type of evaluation, but it should be logical and systematic. You should link the analysis of the evaluation findings to the original outcomes and indicators for the intervention that were agreed during the planning process.

Quantitative data, for example questionnaires

The findings from all questionnaires need to be summarised in a manual table or a computer spreadsheet. Give every questionnaire a reference number so that you can track the responses. You should record each possible response to a question, including no response or unclear answer, in a separate column. For questions that do not have a numerical response, a code can be allocated eg Yes = 1, No = 2, Unsure = 3, No answer given = 4).

If you are using a spreadsheet it will be simple to add the number of each possible response to a question – see the example below. Using a spreadsheet to collate the data also has the advantage of easily producing charts and graphs to illustrate the findings. It is good practice to check a proportion of the questionnaire entries to ensure consistency of data input.

Participant Reference Number	Question 1		Question 2		Question 3			
	Male	Female	Yes	No	1	2	3	4
01	1		1			1		
02		1		1				1
03		1	1		1			
Continued...								
Total	1	2	2	1	1	1	0	1

(Adapted from Hoggarth and Comfort (6))

Once data entry is complete, group categories together and count frequencies. Then you can start the process of interpreting the findings. You might do this with colleagues, service users and other stakeholders, which can add validity to the findings.

Qualitative data

Qualitative evidence may be in the form of audio-recording or transcribed notes from an interview or free text from a questionnaire. The material should be thoroughly reviewed in order to identify emerging themes, patterns and similarities to the indicators you identified for the intervention outcomes. Another person should review the material, followed by a discussion to agree the themes. Responses fitting the themes are highlighted on the transcript or recorded on a summary sheet or spreadsheet. You can give a frequency count for each theme, and identify any relationship between the themes. You could use software programmes to help manage or analyse the content of the material if you have access to them and the necessary support.

After thematic analysis is complete, interpretation of the findings can begin. As with quantitative findings, you could do this with colleagues, service users and other stakeholders. Use significant quotations to illustrate the findings although you must preserve anonymity. When you identify potential quotations for inclusion in the report, we recommend you keep a record of where it is located, so you can easily find it when needed later.

Interpreting findings:

- what information stands out?
- what successes are there?
- what has not worked well?
- what evidence is there that the intended outcomes have been achieved?
- are there any unexpected outcomes?
- has the intervention been delivered as planned?
- has the intervention reached the people it intended to?

Stakeholder involvement

All interventions and evaluations will have multiple stakeholders. Key stakeholders will fall into three groups. Those involved in the intervention operation or delivery, those affected by the intervention, and the primary users of the evaluation (9). This might include school nurses, school staff, commissioners, children, young people, parents/carers and other practitioners working in different areas.

Involving stakeholders:

- who are the key stakeholders?
- who needs to be involved?
- when and how do they need to be involved?
- how will you document their involvement?
- how will you communicate with them and inform them of the results?

It is important to involve service users. They are uniquely placed to provide information about their needs, experiences and interaction with practitioners and services. School nurses should involve children, young people and families in the planning, development and review of services that are young person friendly (10,11). Their involvement in evaluation may promote high standards of service user experience, which is linked to satisfaction, engagement and clinical outcomes.

Services users can be involved in designing the evaluation by giving their views on:

- what does 'good' (or 'success') look like
- which questions and who to ask
- how to engage people in the evaluations (e.g. times, methods, location)
- making sense of the findings
- how the evaluation should be presented (including quotes, pictures, title)
- how the findings could be shared to other service users

Take into account that different stakeholders have different perspectives when defining success and designing how to evaluate the intervention. Important elements of an intervention, including outcomes and interpreting findings, may be overlooked if they are not involved. So, it is important to involve stakeholders from the planning stages and throughout the evaluation process.

Useful resource: Service User involvement:

- INVOLVE support active public involvement, including children and young people, in NHS, public health and social care research. A range of resources and information is available on their website at: www.invo.org.uk

Who can help with evaluation?

Designing and implementing evaluation can be an overwhelming prospect for busy practitioners. It is unlikely there will be funding for external consultants to support evaluation. Those without experience in the practice of evaluation or research may need advice and support.

There are some good sources of support available such as your local NHS Trust Research and Development Unit, local universities, local authority or experienced colleagues. We recommend a partnership approach to build knowledge, experience and confidence for practitioners, and support continuous improvement and development of a project or intervention.

Dissemination

Sharing your results as widely as possible supports findings being translated into practice and policy. You should write reports in a style that is concise, accessible and relates to the aims of the evaluation and the needs of the intended audience. Allocate time not only for writing up but also to receive comments and amend the report if necessary.

Reporting template

These headings may be useful:

- executive summary
- introduction
- background
- method
- findings
- discussion
- conclusion and recommendations

The aims of the evaluation can help you tailor the report. For example, making a case for funding or resources. Anonymised quotes from qualitative evidence, statistical information and case studies can all be included to illustrate the benefits and challenges.

You can also communicate findings in the form of policy briefs (single page summaries) or infographics (visual representations of key findings). You may need to provide interim feedback to those concerned with the practical running of the intervention in order to adapt and improve it.

A clear dissemination strategy should be included from the start. You could use a dissemination framework to plan dissemination and overcome common challenges (12). The evaluation findings should be provided to all those involved in the intervention including internal and external stakeholders and service users.

As well as written reports or summaries provided to stakeholders, the findings may be relevant to a wider audience of practitioners, policy-makers, commissioners and your local authority public health department. You should, therefore, disseminate information about the intervention, evaluation and key findings more widely.

You could use a variety of dissemination routes:

- social media, drawing on a wide range of professional school nurse networks (eg Twitter: [@WeSchoolNurses](#), Public Health England school nurse group, School and Public Health Nurses Association)
- online via your organisation website
- local or national special interest groups via news links on their websites.
- feedback to your public health department for inclusion in local data and in your organisation annual report
- peer-reviewed journals or practitioner-focussed publications that school nurses subscribe to, have easy access to, and read regularly
- local or national practitioner or policy-based conferences (ie attended by school nurses, service managers and commissioners)

FAQs

I am worried about the time it will take to evaluate my intervention. Is it possible with a busy caseload?

The evaluation of an intervention is not about counting everything and does not always need extensive questionnaires. To be effective you cannot tag evaluation on at the end of an intervention. If you follow the steps in this toolkit, work in partnership with colleagues, and access support from experienced professionals if needed, you will be able to design and implement an evaluation plan that works.

My evaluation findings differ from what I anticipated, why has this happened?

Sometimes findings are not what we expect. If you check the literature, you can find out if your outcomes are consistent with those for other similar interventions. It is also useful to compare the strengths, limitations and successes of your approaches to those of similar projects and to the evidence base. It can be difficult to show significant change with small interventions. However, the process of implementation and the pathways to change can be analysed more easily. When producing your report, you should be honest about any limitations and unexpected results.

The evaluation has found some negative outcomes. Should I report these?

Sometimes findings can be disappointing. It is important to be realistic and report everything that you found. It is bad practice to focus only on the positive comments or good outcomes. Analysis of unfavourable findings brings benefits. For example, it will add to the evidence known about the intervention and support the development of improvements to the intervention.

When should we start and finish our evaluation?

Evaluation should begin with design and planning during the early stages of planning the intervention. This will mean that you will plan data collection and feedback from the start. This may include collection of baseline data before the intervention starts, during and at the end of the intervention. The end of the evaluation itself will be determined by the duration of follow-up to capture changes. Sometimes the evaluation will measure initial changes and again a few months later. Stakeholders such as the commissioning body may also influence the end of the evaluation, such as specifying deadlines.

Are Randomised Controlled Trials the only real source of evidence?

RCTs are often regarded as the gold standard of evaluation, where participants are randomly assigned to an experimental or control group. In this way external factors are also randomly distributed, meaning differences between groups are removed.

However, public health prevention programmes are often complex and it is difficult to identify with absolute certainty whether something works or not (13). People may tell you they have changed their views or increased their awareness and knowledge but there is no way of finding out what they do all of the time. In addition, there are often simultaneous interventions from other partners or organisations, so that it is difficult to identify which intervention generated a particular impact. Nevertheless, it is important that school nurses assess the difference their interventions are making.

I have a large sample in my evaluation and I have been asked about the correlation between age and smoking behaviour. I'm not sure what to do about this?

In a larger scale evaluation to determine correlation between factors, a statistical analysis package such as SPSS (Statistical Package for the Social Sciences) may be needed. You should seek help with this from your organisation.

Conclusion

It is important to invest in evaluation. It can make a difference to whether a programme can be improved and developed, and whether it can continue to be delivered. This document has aimed to support school nurses to raise the standard of evaluation of their interventions, by providing simple steps in the process of planning for evaluation and examining some measures that may be used. Recognition of the importance of dissemination, and the availability of support for this, should contribute to wider sharing of evidence for practice and knowledge of what works.

Top ten tips to evaluate a school nurse intervention:

1. Plan evaluation when planning the intervention
2. Link evaluation to the aims of the intervention being delivered
3. Include qualitative and quantitative measures
4. Consider the evidence base for the evaluation methods being proposed
5. Use validated tools where available
6. Pilot questionnaires before use
7. Plan how to collect the data eg online, face-to-face
8. Involve service users
9. Ensure the planned evaluation takes place
10. Ensure dissemination occurs and includes details of evaluation methods used

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