

**Tackling Serious Stress in Veterans, Families and Carers**

**Evaluation guidance**



**This document describes the role of the University of Chester amd the overarching evaluation to provide information for organisations applying for the Tackling Serious Stress in Veterans, Carers and Families Programme.**

**Serious Stress in Veterans, their Carers and Families Programme**

**Summary of the Role of the University of Chester**

**Background.** The Serious Stress in Veterans, their Carers and Families Programme will be underpinned by empirical evidence. All of the initiatives funded under this programme will be independently evaluated by academics at the University of Chester (UoC). It is of paramount importance that the collected data is accurate, authentic, and reliable so that the results inform future clinical practice, education and policy. This brief guide will provide an overview of the role of the UoC, grant holders and delivery partners.

**Aim**. Successful grant holders and delivery partners will be responsible for the collection of standardised, valid and reliable information.

**Methods**. The evaluation framework will use core questionnaires to capture key information on entry and exit from the programme initiatives. If required, additional questionnaires may be added depending on the requirement and complexity of the scheme. These factors should be acknowledged when submitting an application.

**Outcomes**. The results will determine cost effectiveness and extra-financial value measured by health, environmental and social outcomes. A key element in this programme is to build collaborations across leading authorities and organisations, governmental agencies, professional bodies, charities, business, and appropriate networks. This could provide a gateway to other national and international committees under the same jurisdiction.

**Role of the University of Chester**

Liaise with the grant holder (the lead organisation) and their nominated lead for the evaluation.

Complete literature reviews to facilitate insight and understanding of existing research, relevant reports, policy and on-going studies.

Consider the ethical implications of any level of initiative. Evaluations will be reviewed via UoC Faculty of Health and Social Care Research Ethics Committee.

Provide training to the grant holder on how to: complete a questionnaire, anonymise personal information, storage, back-up and data transfer; and disclosure of personal or sensitive material.

Produce an accompanying reference/guidance material in the form of a booklet and online educational tutorial that complements the training.

Face to face meeting/s with the grant holders to discuss the project with their nominated lead for the evaluation and other key personnel. To confirm the consent and data collection method, and ensure a process for the secure transfer of information.

Provide data storage, data management and data analysis and embed governance structures to ensure the veracity, protection and confidentiality of the data is not compromised.

Provide a data custodian to ensure that information is received in the correct format and test the communication link with the grant holder.

Provide e-Bulletins, internal documents, external reports, peer review publications and media releases.

**Role of the Lead Organisation (the Grant Holder)**

Nominate a lead for the evaluation, who will be the point of contact with the delivery partners and the UoC.

Ensure compliance of the delivery partner for data collection which will be monitored against contractual agreements and performance indicators. This includes ensuring study questionnaires are submitted in a timely fashion.

Complete a consultation period with delivery partners and ensure consistency in the interpretation of questions sets and associated forms.

Ensure delivery partners are aware of how to: complete a survey, anonymise personal identification, local storage, back-up and data transfer; and disclosure of personal or sensitive information.

Collect and store participant consent forms.

Provide a weekly summary to the UoC of delivery partner activity. In particular: new participants; those exiting the initiative and any other relevant information.

**Role of the Delivery Partner**

Nominate a primary data collector to be the point of contact for the Grant Holder.

To lead data collection by: providing participants with evaluation information sheets, discussing any issues and gaining consent. This ensures that a participant is aware that he / she can voluntarily opt into providing information.

For consenting participants, to ensure that they complete study questionnaires. These consist of core data collection at access and exit from the initiative. This may also include other questionnaires at set time intervals such as 1 month, 3 months, 6 months and /or 12 months.

On a weekly basis, send to a) the grant holder the completed consent forms and a summary of activity including the number of new participants; those exiting the initiative and any other relevant information and b) to the UoC the completed questionnaires.

**Questionnaires**

Table 1 outlines the data collection model. The successful grant holders and their delivery partners will be provided with the questionnaires after notification of the award.

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| LAYER | REQUIREMENT | EXAMPLE | DATA | RESULTS | COMMENT |
| 1a | Demographic & Population Specific Detail | Age, gender, length of occupation.  | Quantitative – Entry & Exit Questionnaire.  | Mean, spread and distribution of results in areas such as ethnicity, gender and age. Include Likert Scales.  | Provide baseline data and measure quality of intervention – may indicate statistical significance. Can include written text for content analysis. Individual beneficiary’s specific intervention and the benefits gained.  |
| 1b | Specific population stressors | Housing, accommodation, education, finance and employment |
| 1c | Current situational stressors (empirical basis) | Relationship, family problems, occupational stressors |
| 1d | Exit Data | To include evaluation and satisfaction |
| 2a | Psychometric Questionnaires | Mental and Physical Health. Quality of Life & Wellbeing.  | Validated such as: GHQ, AUDIT, WEMWES  | Annotate measures of improvement / deterioration  | Can be applied at times along the different times (pre and post) for longitudinal analysis.  |
| 2b | Health Programme | Weight, blood pressure , alcohol consumption | Primary and Secondary measurements |
| 3a | Commissioner’s Performance Indicators | Defined per grants programme | Quantitative | Measure of success against stated criteria. | Can be captured at other periods such as monthly.  |
| 3b | Advanced Audit | Consideration of existing data sets, research | Quantitative | Retrospective measurement of data.  | Can provide legacy detail and pointers for development. Lessons learnt.  |
| 4a | Self-Declarations & Ripple Effects | Benefits for the whole family or close friends / relations. Highlight areas for development.  | Qualitative | Personal qualitative interview such as case study. Indicators of wider beneficiary improvements.  | Determine the influence of the local medical services, lifetime stresses, stigma and help seekingbehavior.  |
| 4b | Focus Groups | Group discussion. |
| 4c | Journey Mapping – Veterans Voice | Customer journey mapping technique | View of the beneficiary’s journey.  | Process of tracking and describing all of the experiences that customers have as they encounter a service or set of services. |
| 5 | Cost Benefits Analysis  | Use of medication, resolution of health issues, beneficiary specific detail such as return to employment | Quantitative | Determine extra-financial value measured by health, environmental and social outcomes, relative to the resources invested. | Calculating the social, environmental and economic impacts. |
| 6 | Research Specific – Randomised Control Trials | Allocation a number of personnel to a control group which could be standard practice or no intervention | Quantitative | Inferential statistical calculation and indicated of transferability of results  | Power calculation for defined sample size. |

 Table 1. COMMON MEASUREMENT FRAMEWORK - DATA COLLECTION MODE 