WHAT IS THE PURPOSE OF THIS GUIDE?: This is the first in a series of Evaluation Guides designed to support improvements in practice. Individuals and organisations are increasingly called upon to evaluate the services they provide for drug users. This is a sensible approach because good evaluation has the potential to improve drug services. It can help to identify what works, what needs to be improved and what is ineffective. However, evaluation needs to be useful, practical and realistic. From the beginning, the process and purpose of the evaluation need to be clearly understood by all parties involved. Evaluation can be a positive learning experience if there is a willingness to look for better ways of designing and delivering interventions. To help improve understanding of these issues this Guide brings together our preferred definitions of commonly used terms and concepts.

WHO SHOULD READ IT?: anyone involved in planning, developing, delivering and evaluating services for drug users.

What is Evaluation?

- An evaluation is a systematic assessment of whether the stated aims and objectives of an intervention have been met. Evaluations allow questions about the effectiveness, efficiency and acceptability (to clients and to the community) of projects and programmes to be answered.
- Evaluation can consider the context and process of implementation as well as the outcomes achieved.
- Evaluation involves the collection and analysis of reliable, relevant and valid data.
- Evaluation should allow better and more informed decisions to be made about the future of an intervention. For example, when to use a particular treatment type, how to improve a service, or whether to expand, reduce or discontinue a project.

What is Monitoring?

- Monitoring is linked to, but not the same as, evaluation. Monitoring is an ongoing process involving the continuous or regular collection of key information about an intervention’s inputs, outputs and outcomes. For example, routine collection of information about numbers of clients accessing a service.
- The main aim of monitoring is to assess whether an intervention is going as planned, and whether any change in focus and/or activity is necessary. Having a comprehensive monitoring system in place helps to ensure that evaluations are robust and cost effective. Monitoring data often provides at least some data towards evaluation.
- Monitoring should not be confused with ‘audit’. Audit is a quality assurance process that checks actions and procedures against established guidelines and standards.

<table>
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<th>evaluation and monitoring understood as a journey by car</th>
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<td>Monitoring involves a flow of information on matters such as average speed, distance travelled, fuel consumption and whether the journey is following the pre-planned route and is on time. Evaluation addresses questions such as whether the route followed was the best one and, indeed, whether the journey was worth undertaking at all. (Scottish Homes, 1991)</td>
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What is an Intervention?

- An intervention is a policy, programme, service or project designed to bring about specified change to target areas or groups. For example, a drug education programme, a drug treatment service for young people or a peer-education project. Interventions are often planned and implemented by several agencies working together.
- There are also organisational interventions. For example, a training programme for staff on counselling drug users and their families.

What is Assessment?

In these Guides, we define assessment as an individual-focussed activity. This generally involves working with the client, and relevant others, to collect key information. This material, and other relevant information, is then considered to allow decisions to be made about what service is appropriate. Client assessments can also form an important part of a wider service evaluation. In the drug misuse field, assessment is often conducted at first contact, then at regular intervals, often using standard tools. Examples of these assessment tools include the Maudsley Addiction Profile (MAP), the Addiction Severity Index (ASI), the PLOT, CRISTO or the Rickter scale.
What is an **Aim**?
An aim describes the overall result that the intervention is intended to achieve. An evaluation will assess whether the stated aims have been achieved.

What is an **Objective**?
Objectives give the intervention a tighter focus than the broad aim. Objectives are directly linked to the aims, and have the same intention, but they refer to the more specific results of the intervention. The objectives should ideally be specific, measurable, achievable, realistic and have an indication of the timescale. An evaluation will assess whether the objectives have been achieved. If your objectives are measurable and have a date attached then it should be possible to express them as **targets**.

What is the **Rationale**?
For an evaluation to be feasible and useful, an intervention should have clear aims and objectives and be based on a clear logic or rationale. The ‘rationale’ should allow you to answer the question: **what leads you to expect that this particular type of intervention will have the desired impact?** To be able to evaluate an intervention it is crucial to understand exactly how and why the intervention can be expected to achieve its aims and objectives. This underlying rationale can be described in different ways: as the project ‘assumptions’ or ‘mechanism’, or as a ‘chain of reasoning’ or ‘logic model’. The assumptions may be based on previous experience or common sense, or they may be drawn from published research evidence. Whatever the basis of the reasoning, it is useful to spend time setting this out explicitly as the evaluation will need to test these assumptions.

**EXAMPLES OF AIMS, OBJECTIVES AND RATIONALE**

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<th>AIM</th>
<th>OBJECTIVE</th>
<th>RATIONALE / ASSUMPTIONS</th>
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<tr>
<td>To reintegrate recovering drug users into society by getting them into training and employment.</td>
<td>To recruit and retain 50 recovering drug users in a 12 week programme designed to improve employability by the end of 2002.</td>
<td>Research shows that employment can improve the recovery process. Programmes designed to improve employability of clients enhance their chances of getting a job.</td>
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<tr>
<td>To reduce risk behaviour among injecting drug users.</td>
<td>To provide needle exchange services in order to reduce the sharing of injecting equipment among drug users in Area A by 20% by the end of 2002.</td>
<td>Evidence shows that there is an association between sharing injecting equipment and injecting related harm including HCV and HIV. Needle exchanges appear to be an effective means of distributing clean injecting equipment. Higher availability of needles reduces sharing.</td>
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What is a **Baseline**?
The baseline aims to establish the status of a target area or group before an intervention starts. It usually sets out a replicable range of measures on various characteristics of the area or group that the intervention hopes to change. Without baseline measures it is virtually impossible to establish whether any change has occurred. At programme level, it is sometimes possible to collect this information retrospectively. For example, finding information on the unemployment rate in an area. However, collecting information retrospectively on individual clients is very difficult and data such as a client’s pattern of drug use or risk behaviour is best collected at first contact.

What are **Inputs and Outputs**?
Inputs refer to the resources needed to provide an intervention. For example: the amount of funding, the numbers and types of staff required, the buildings etc. Outputs are the activities involved in actually delivering the service. For example, staff contacts with clients as part of an outreach service, the level of occupancy in a residential service, leaflets and posters providing information on drug services. Outputs are often measures of ‘throughput’ and so can be distinguished from outcomes. For example, a treatment service may see a large number of clients: the treatment is the immediate output but the outcome should be an improved state of health.
What is an **Outcome**?
The results of the intervention. Outcomes can be understood as a ‘hierarchy’ that includes immediate impacts, intermediate outcomes and long term goals. For example, the outcomes of harm reduction services may range from decreasing the amount of needle sharing amongst their client group to increasing the numbers of clients who have become drug free. Outcomes can be ‘soft’ (e.g. improvements in self-esteem and family relationships) as well as ‘hard’ (e.g. getting into employment). There may be a difference between the **intended** outcome, as set out in the project objectives, and the **actual** outcome, established through a process of evaluation and monitoring.

**TYPES OF EVALUATION**

A number of evaluation ‘types’ are commonly used in evaluation textbooks and frameworks. The most appropriate type of evaluation will depend upon the evaluation question(s) that you wish to answer. Some evaluations will encompass more than one ‘type’ but these broad categories are useful to know and to bear in mind when planning and designing an evaluation.

**Needs Assessment:** The aim of a needs assessment is to work out the current and future level of drug misuse in specific populations (e.g. geographical areas, age categories, employment categories). A needs assessment could be done to establish the nature and extent of drug use in an area and to assess whether the currently available services address that need. This information helps to plan and implement services. In some cases, this information may be available from existing information sources. Ideally, needs assessment should be a continuous and flexible process.

- Scottish Crime Survey (includes drug prevalence information) [www.scotland.gov.uk/cru/pub.asp](http://www.scotland.gov.uk/cru/pub.asp)
- World Health Organisation: Rapid Appraisal

**Formative Evaluation:** This is a type of ‘developmental’ evaluation that feeds information and guidance back into an intervention so that improvements can be made. This type of evaluation is most useful when an intervention is at an early stage, or at a point of crisis or transition. The results of a formative evaluation can also help inform the next stage of the evaluation process, for example, an outcome evaluation can follow a formative evaluation. Formative evaluations often use qualitative methods of evaluation.

- Do it yourself: the process of developing a drugs information resource for children [http://www.homeoffice.gov.uk/dpas/diycon.htm](http://www.homeoffice.gov.uk/dpas/diycon.htm)

**Process Evaluation:** The aim of this type of evaluation is to find out exactly how an intervention works. Key issues for a process evaluation may include the nature and characteristics of clients, case management procedures, discharge, aftercare and referral, accessibility of the service, client retention, intra-agency co-ordination and an analysis of the underlying rationale and logic of the project. This type of evaluation can be useful if you wish to repeat an intervention somewhere else because it helps to identify why something worked. Case studies, descriptive designs and client satisfaction surveys are often used in process evaluation.

Outcome Evaluation: This type of evaluation focuses on the final results of the intervention. For drug services this usually means identifying whether the client has changed, and how far the intervention is responsible for this change. A typical question for an outcome evaluation to address would be whether the intervention has made significant improvements in the client’s life. For example, decrease in illicit drug use, decrease in risk behaviour, improvement in general health and employment status. These are often described as ‘hard’ outcomes. It is also important to recognise the importance of ‘softer’ outcomes in the drugs field. For example, measures of self-esteem, confidence, attitudes and motivation. The outcomes will vary according to the aims of the intervention. These evaluations sometimes have a comparative element. For example, comparing the results of a standard intervention with a new approach.

- National Treatment Outcomes Research Study: http://www.ntors.org.uk

SELECTED EVALUATION RESOURCES

Please contact the EIU if you have any problems accessing these resources.

General Websites & Texts

- UK Evaluation Society www.evaluation.org.uk
- European Evaluation Society (with international links) www.europeanevaluation.org
- Health Education Board for Scotland Toolkit www.hebs.scot.nhs.uk/
- Colin Robson, Small scale evaluation; principles and practice (1999).
- Evaluation Journal www.sagepub.co.uk/journals/details/j0137.html
- The American Journal of Evaluation www.elsevier.nl/locate/jnlnr/07405

Drug Specific Evaluation Websites & Texts

- EMCDDA evaluation instruments bank http://www.emcdda.org/eib/databases_eib.shtml
- WHO evaluation workbooks www.who.int/substance_abuse/pubsPsychoactive_drugs.htm
- EMCDDA (forthcoming 2001) Guidelines for the evaluation of outreach work
- Drug and Alcohol Research Findings (including back page evaluation glossaries)