

Evaluation Support Guide 3.4

Using Qualitative Information for Evaluation



Evaluation can help you to work out what difference you are making through your services or activities. **Evaluation Support Guide 1.1** helps you to clarify your aims, outcomes and activities and **Support Guides 2.1-2.5** helps you to collect and store the information you need for evaluation.

This guide helps you to think about how you can use qualitative information in evaluation. It looks at what qualitative information you might already be collecting, how you might analyse that information and how you might use it alongside quantitative information to report on your activities and outcomes.

This guide comes out of work we did to identify how voluntary and community health organisations make use of qualitative information to communicate their impact on health and wellbeing. It can be hard for these organisations to show how the changes they help to bring about for individuals and communities impact on the longer term, more quantitative health outcomes such as death rates and lifestyle risk rates (such as smoking, drinking, and exercise).

Voluntary health organisations often collect lots of qualitative information about the people they work with. But they (or their funders) do not always know how to store, analyse or report on qualitative information so that it can be used alongside quantitative information as evidence of achieving outcomes.

What is qualitative information?

Quantitative information tells us about **what** happened, **where** and **when** and **who** with. Quantitative information can be about outputs (numbers of training courses delivered for example) or outcomes (numbers who stop smoking).

Qualitative information helps us identify the factors or reasons affecting behaviour - the **how** and **why**. 'Qualitative' is also used to describe information relating to 'soft' outcomes such as confidence or engagement. These outcomes can be measured, but not by counting things! So reporting on impact can be more difficult.

Using qualitative information can help you to:

- Get to grips with outcomes that are otherwise difficult to measure.
- Understand the factors that help or hinder success. This can help you to adjust your service or share your learning with others.
- Test your understanding about how, and in what circumstances, you can make a difference.
- Identify and describe your service users' story. It is a way of giving them a collective voice, of helping others to understand what life is like for them.

Gathering qualitative information

As part of our everyday work with individuals and communities we might collect lots of information that explains how and why people behave or feel in certain ways. We might collect this information because it helps the individual or community to reflect upon where they are and where they want to go *and* because it gives feedback to workers about what's working and what isn't. But we can also use it as part of the broader evaluation of our work and its impact.

Evaluation Support Guides 2.1-2.4 describe different ways to collect information and many of these may give qualitative information. For example:

- exercises to explore perception of situation or feelings such as body maps, spider diagrams, network maps (see **Guide 2.3** *Visual Approaches*)
- personal development plans
- informal feedback from individuals, their families or other third parties
- semi-structured questionnaires (including evaluation sheets, assessment or progress forms, see **Guide 2.2: Interviews and Questionnaires**)
- Discussions (for example as part of training, focus groups)
- Observation notes

One way you can collect qualitative information systematically is to use your outcome indicators (see **Guide 2.1: Developing and Using Indicators**) to create a structured questionnaire or exercise. Scaling can also help you 'quantify' responses more easily. The box below describes this approach.

Scaled assessments

Scaled assessments are commonly used to quantify qualitative data. Typically they take one of the following forms

- Assess on a number (1-5 or marks out of 10)
- Use of icons (happy and unhappy faces, thumbs up/down etc)
- Use of words (never/a little/ often/always, fully/partially/not at all)
- Statements to agree or disagree with

Organisations tell us that using a scale isn't always plain sailing, for example

- People may answer differently on different days
- People may not always be honest (or self-aware)
- Sometimes people appear to go backwards, for example they mark their level of understanding lower after a training course, because now they now know what they don't know!

Scaling can help us to make some sense of a disparate range of experience. But we still have to explore 'how' and 'why' people give their responses. We still need to explain what statements like '8 out of 10 people increased their ability to cope' means in what context, why it is important and how it moves them onto longer term goals or outcomes.

Making sense of qualitative information



Qualitative information comes in all shapes and sizes, but typically it consists of bits of information that at first glance may seem to be unrelated. To make sense of qualitative information you ask yourself 'what does this tell us?' You need to put some structure on the information. This is not as hard as it seems.

ESS ran a workshop about qualitative information. We asked workshop delegates to imagine they had run cookery classes to improve people's cookery skills for a healthy diet. The cookery class attendees had given feedback in the form of a body map like the one on the left. We asked our delegates to come up with an approach to make sense of the qualitative information in lots of body maps.

The people on our workshop came up with the following:

1. Group the different kinds of things attendees said. For example: comments about feelings, behaviours or skills.
2. Look for themes, patterns and trends in the content of these comments. For example the types of dishes people felt confident in cooking, the impact on other family members and the impact on weight and other health factors (such as blood pressure or cholesterol)
3. Name those themes (sometimes called coding): for example 'dishes', 'impact on health', 'impact on others'.
4. Count the number of comments for each theme. For example most people could cook at least two dishes with confidence, nine out of 12 were eating more fruit and vegetables and half mentioned others in the family who were benefitting.
5. Look for relationships between different parts of the data: for example men and younger people were more likely to say they hadn't cooked before and had a more limited diet.

There are lots of ways to group information. The method you use depends upon the amount of data you have and the range of responses.

Post It[®] notes – put comments on separate Post It[®] notes, group them into different themes. If a comment fits under more than one theme, duplicate it.

Highlighter pens – use a different colour for each theme or grouping

Grid – mark comments against particular themes or outcomes. For example:

Name	Cooking experience	Number of dishes mentioned	Diet before	Diet after	Other
Carly	None	2	Pie, stew, fish and chips		
Peter	Basic heating up food	1	Pot noodles, carry outs, pop tarts	Carry outs only occasionally	Had started to walk more, was losing weight
Jane	Can cook, but wanted more variety	3	Few vegetables, lots of cakes	Put vegetables into soup	Wanted to know more about healthy snacks

You could create a table like this in a computer programme like Excel or Access. It can be helpful because it can help you to filter using those codes.

Tips

- Take a sample. You don't have to analyse every session, body map or observation if you can get enough learning from a sample of participants.
- Get a second opinion to check that you are what you are coming up with makes sense. Involve other workers, volunteers or even service users to check your groups and themes.
- Check these findings against other data (for example feedback from third parties, partners). Is there other evidence that confirms or challenges your findings? This is called *triangulation* and involves looking at something from different angles. If you find differences in perspective you will want to dig deeper and find out why.

Presenting the information

As with all writing, you need to think about your purpose for 'reporting' this information. Who will read it and what will they do with it? If this is an internal exercise for learning or checking progress you might focus just on the information from that activity. You can do this by using a narrative description or by using a table (see example on the next page).

Example: The people running a keep fit class for older women wanted to understand what motivated the women to attend the class. They asked the women what they felt were the important differences the class had made. The results are presented in two different ways below:

The biggest differences the class had made were having fun and meeting friends. More than two thirds said the class had given them more energy. About half the women lost weight. The class has achieved health outcomes but the social outcomes are more important to the women (and what keeps them coming). We have changed our marketing materials to promote the social benefits and as way of encouraging more women to join the class.

OR

What difference has the class made? (23 women gave up to 3 responses)	
I had fun	23
I met new people	16
I have more energy	15
I lost weight	9
I took up other physical activities	4
My blood pressure reduced	2

You can use your qualitative information to explain your quantitative data. You can set out the 'what, where and who' and then explain **how** and **why** something worked or did not or pick out typical cases to help make sense of the figures. You need to weave the quantitative and qualitative together to tell your story.

Example: "150 people got fitter thanks to our '*get healthy*' programme. 200 people received our user-friendly '*health MOT*' checks and afterwards 180 of them said they were going to do something different. When we followed this up 150 people had put their plans into practice such as walking to work, changing their diet, reducing alcohol intake. Those who had changed their lifestyle said that they were able to do so because of our simple, user friendly approach and because friends and family supported them."

What next?

Support Guide 4.1: *Learning from Evaluation* can help you use the information you have collected to improve your services.

This guide comes from work originally commissioned by NHS Health Scotland on behalf of the Scottish Government's Implementation Steering Group for Community-led Health Improvement.

www.healthscotland.com/scotlands-health/evaluation/planning/communityandvoluntaryoutcome.aspx

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