

Commissioning for Compassionate Community Bereavement Support

Are we getting it right? Guidance for evaluation

This guide is about developing assessment and evaluation frameworks in bereavement services.

It forms part of a suite of resources for commissioners and providers of bereavement services. These resources are intended to build on the opportunities in the Health and Care Act 2022 and the UK Commission on Bereavement. These provide new structures and ways of working for local people, communities and services to collaborate to set out a vision for bereavement support in the local area, and to work together to make this vision a reality.

Overall, these will help communities, providers and commissioners collaborate to ensure that the full range of bereavement support is in place and integrated, following expected and unexpected deaths across an Integrated Care System or place-based partnership.

To see the full suite of resources, visit

<https://nationalbereavementalliance.org.uk/ourpublications/commissioning/>

How do we know if we are getting it right? What is the evidence?

Whether you are a bereaved person, practitioner, service provider, commissioner, or funder these sorts of questions are of great importance and interest. Building an evidence base for bereavement support is critical. Effective evaluation through the use of outcome measures and assessment and evaluation tools is integral to achieving this.

This practice guidance aims to help support the development of good bereavement assessment and evaluation frameworks to begin to answer these important questions. It is relevant for practitioners, service managers, commissioners and other funders involved in providing any type of bereavement support to anyone (people of all ages), facing or following any type of bereavement. Although not written specifically for bereaved people it offers insight into understanding safe and ethical evaluation which may be helpful. In recognition of, and to cover, the wide variety of formal and informal interventions we have chosen to use the term bereavement support/service(s) to cover the many different types of help available to bereaved people.

This guidance was developed following engagement with individual practitioners, service providers and commissioners. It builds upon the original 'Choosing and using assessment and

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evaluation tools guidance', published by the Bereavement Evaluation Forum, a specialist interest group of the National Bereavement Alliance. It also draws heavily on [Evaluating Local Bereavement Services](#) published by the National Suicide Prevention Alliance.

The guidance has seven sections:

1. Introduction and background to developing an assessment and evaluation framework.
2. Level 1 evaluation: informed monitoring and feedback.
3. The role of assessment in evaluation
4. Level 2 evaluation: measuring outcomes: choosing and using assessment and outcome tools.
5. Level 3 evaluation: building a theory of change.
6. Principles, challenges and next steps.
7. Useful links and resources.

Section 1: Introduction and background to developing an assessment and evaluation framework

Bereavement support involves the provision of services or interventions to help individuals and families of all ages to cope practically and emotionally when facing or following the death of someone significant in their life. The UK Commission on Bereavement (2022) recognises the unique and individual responses following bereavement and advocates the need for a broad menu of bereavement support to meet the varied and unpredictable needs of bereaved people of all ages. Research has identified three distinct key phases, pre death, at the time of death and following the death (Hewison, et al., 2020; Efstathiou et al., 2018). This has led to the development of a broad range of bereavement support. The NICE (2004) three component model, alongside the public health model of bereavement (Aoun et al 2014) provides a recognised framework which practitioners, service providers, commissioners and funders work within. The need for a systematic approach to assessing the bereavement support needs of bereaved people of all ages underpins this. However, the diverse nature of bereavement support/service commissioned and provided through a mixture of charitable and statutory funding creates challenges for developing a consistent approach to assessing need and evaluating the outcomes and impact of a service or intervention.

There remain many unanswered questions about what types of support are effective, when and for whom. Working together to develop a more consistent understanding of, and approach to, assessment, evaluation and data collection across different organisations will support building the evidence base for the impact different types of bereavement support are having at an individual, service, and wider system level.

What is evaluation?

"We've agreed the data which we need to collect, we worked together on it .. it was useful because I could see why they wanted to know that but I wanted to know different things .. it will help us all I think."

"I know that it is important but often it is the last thing on the list especially when you are so busy. We collect data and send the stats off but we don't really use it"

Whether you see evaluation as an exciting opportunity or something to be approached as a chore, integrating evaluation data collection into bereavement support and service delivery is crucial, whatever type of support or service is provided. Evaluation is often perceived as, 'the way in which we prove our worth.' Whilst this may be one aspect of evaluation it is more helpful

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to think about evaluation in terms of helping us understand what is going on and what might need to change.

Evaluation is a series of activities where information (or data) is systematically collected and analysed with the aim of gaining insight into how a service, project, programme or, practitioner is performing and using the information to inform change.

In this context it can be helpful to think about evaluation in the terms of an evaluation framework consisting of different levels, different aims, different types of data collection and a variety of evaluation tools. As there is no singular consistent approach to evaluation, each organisation should develop a robust plan and rationale for their approach to their evaluation framework. The scope of this will be influenced by the resources available, the nature of the support being offered and the size of the service. The National Suicide Prevention Alliance (NSPA) [guide to evaluating local suicide bereavement support services](#) (2016) sets out a useful 12-step toolkit to planning evaluations. This describes three levels of evaluation, outlined in table one along with the different types of approaches or tools commonly used.

As a minimum it is recommended that all providers of bereavement support or services should undertake level 1 evaluation.

Table one: Levels of evaluation (adapted from NSPA, 2016)

Level of evaluation	Approach to data collection	Types of tools
Level 1	Informed data monitoring information and client feedback	Data monitoring tools, case studies, feedback questionnaires
Level 2	Level 1 plus: Measuring Outcomes: individual client/service/system outcomes	Validated individual assessment and outcome tools Bespoke outcome tools
Level 3	Level 1 and Level 2 plus: Building a theory for change	Logic model

It is important to ensure your evaluation framework speaks to the purposes of the services you offer and align with the aims and nature of the support and services being delivered. The NICE (2004) guidance three-component framework can be used to inform decision making about the level of evaluation required.

Table 2: levels of evaluation appropriate for each component of bereavement support

Service provision component	Example of bereavement support / service	Minimal level of service evaluation
Component 1	Community Information 'drop in' service. Memorial event.	Level 1
Component 2	Informal 1:1 befriending support. Informal peer social support group or activity.	Level 1 - possible Level 2
Component 2	1:1 bereavement support, provided within a formal relationship with strong boundaries.	Level 1 - preferable Level 2

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	Facilitated, formal, time limited group support.	
Component 3	1:1 counselling or group therapy facilitated by qualified practitioner.	Level 2 - potential level 3

Organisations may be providing a number of projects or services, offering different types of support and have different focuses for the evaluation. This is where it is important to outline the aims and scope of the evaluation. Is it covering:

- A single practitioner, a group or everyone
- A single intervention/activity, a set of defined interventions/activities or, all interventions/activities.

Where multiple evaluations are undertaken annual reports or theory of change level 3 evaluations are useful to pull together evaluation data providing a broader evaluation.

Making the case for developing an evaluation framework

Whilst for some evaluation comes naturally, others may perceive it as onerous, time consuming and a task, sometimes imposed as a funding requirement. Poor evaluation rarely benefits anyone and may cause harm. However, good evaluation benefits everyone who interacts with bereavement support/services. This includes individual practitioners, staff and volunteers, service managers, commissioners, and funders but most importantly of all bereaved people and families of all ages. Evaluation can focus on the individual, service, community, or system. Benefits include:

- **For the bereaved individual / family:** evaluation enables people to express if their needs are being met and provides a voice for shaping the development and delivery of support. Some types of evaluation also enable individuals/families to see how things have changed for them following an intervention or support.
- **For the individual practitioner / staff / volunteer:** evaluation enables practitioners to understand whether the interventions or support provided helps achieve the needs, goals and expectations of the individual or family.
- **For the service:** evaluation enables managers to understand what the service is delivering, who to and the impact and efficacy of different interventions and approaches. It can provide evidence to demonstrate quality improvements and value for money. It also helps to systematically build an evidence base and understanding of the needs of bereaved people.
- **For the wider community / system:** evaluation enables commissioners and funders to understand and compare the role an organisation has in meeting the needs of bereaved people of all ages within a geographical area. Evaluation provides understanding of what the service is delivering, who to and the impact and efficacy of different interventions and approaches. It helps to evidence quality improvements and value for money across the local community and the wider health and social care systems. Evaluation also helps to systematically build the evidence base for understanding the needs of all bereaved people and identifying gaps within a specific geography.

Whose responsibility is evaluation?

An organisation's culture will influence its approach to evaluation and the use of evidence informed practice. Integrating evaluation data collection within service delivery is crucial. It should form part of the core business of providing any type of bereavement support, therefore

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everyone will share responsibility for ensuring good evaluation practice. Ensuring organisational buy in is essential for successful evaluation. Interest and strong support, including resource allocation from organisational leadership is required to ensure it is prioritised and embedded as part of core business.

Good evaluation relies upon adequate resources being available, including relevant experience and knowledge. You may wish to consider bringing in an experienced external advisor, linking in with colleagues who have expertise in this area or partnering with other organisations, including local universities to support you in planning and implementing your evaluation framework.

What type of evaluation data do you collect?

Data collection and analysis is fundamental to evaluation. As part of planning of your evaluation you will need to consider what type of data you are going to collect and how you are going to analyse it. Generally, the data which you collect will either be quantitative or qualitative. The questions you are looking to answer will influence the type of data collection required. You will need to decide which type of data provides the best evidence and consider how you are going to analyse it as this requires different skill sets. Quantitative data analysis usually requires data entry into a spreadsheet, for example in excel which can also be used to analyse the data. Analysis of qualitative text data is subjective. It is important not to cherry pick but to include the whole data set which can be coded into different themes and then entered into a spreadsheet alongside any quantitative data to enable patterns and connections to be identified. Getting the most out of the data you have collected requires critical thinking and interrogation of the data to look for patterns, connections, gaps and relationships.

Table 3: comparing quantitative and qualitative evaluation data

	Quantitative data – numbers	Qualitative data - words
Type	Counts, measures – e.g. the number of referrals, or proportion that are men	Describes, explores why , e.g. clients sharing their thoughts on how support could be improved
Useful to answer	What? Who? Where? How many?	Why? How?
Requires	Statistical analysis e.g. use of excel spreadsheet or other software for data entry, and analysis	Themes in the data to be identified and coded, whole data set needs to be included
Results presented	numerically, as graphs and charts	As themes,
Can be linked and used...	... to support qualitative data	... to illustrate quantitative data
Advantages	Quick to gather a lot of data Easy to analyse and display Scientific and objective	Detailed findings. Small sample size. Captures context
Disadvantages	Lacks detail of individual nuance, often requires a large dataset, ignores the context of data analysis	Resource intensive, time consuming to analyse, can be subjective

Section 2: Level 1 evaluation: informed monitoring and client feedback

Understanding who is accessing support and finding out about their experience of using it is the minimum level of evaluation which should be undertaken by anyone providing bereavement support/services.

What data should we collect?

Deciding what questions to ask and what data to collect can be a challenge. Often there are many questions of interest which can be explored through evaluation but these need to be prioritised dependent upon the focus of the evaluation, the nature of the support being provided and resources available. It is important to ensure there is a balanced approach to data collection which does not overwhelm the value of the support being provided. Thinking through what you need to know; what others need to know and what it would be useful to know helps inform decisions about the questions you ask and therefore the data collected.

Table 4: an overview of the types of data monitoring

Nature of data	Examples
Overall service level operational data	NUMBERS: of calls to a helpline, people attending a group session, new referrals, leaflets provided.
Individual service level operational data	FOR EACH CLIENT/PARTICIPANT: types of support received, length of contact, sources of referral, other services involved, referrals made to other services, reason for referral.
Demographic data	Age, gender, ethnicity, sexual orientation, place of residency, relationship to the deceased, nature of the death, length of time since the death.
Client experience	Feedback on how useful the support / service has been. What was good about the service, what could be improved? Would they recommend the service to others? What would have happened if the support had not been available?

Collecting and managing data ethically and sensitively

How you plan to collect, store, and use monitoring and evaluation data requires thought and planning. Whether you collect anonymous data (data which is not personally identifiable), or personally identifiable data it needs to be collected sensitively with transparency and informed consent. This includes any limits to confidentiality. It is the basis of ethical informed monitoring evaluation practice. If you are collecting data on and from children and young people you will need to follow your organisations policy regarding gaining consent for under 18's.

It is possible to undertake basic monitoring and evaluation without the need to routinely collect and store personally identifiable information. For example, the case study below shows a level 1 evaluation framework for a NICE component 2 intervention where no personal data is collected.

Case study example: Framework for monitoring and evaluation of community drop in bereavement help point and peer support group

Monitoring on first visit:

"I hope you don't mind but I would just like to ask you a few brief questions to help us keep track of who has visited the help point. We don't collect your name but can I just ask you your age category, gender and ethnicity, the first part of postcode, how did you hear about the Help Point and what would you have done if the help point was not available today?"

At each session:

- Number of attendees at each session
- Feedback cards available to be completed for any suggestions or comments

Twice yearly:

- Formal evaluation questionnaires comprising four questions, with a mixture of quantitative and qualitative data collected

There are however obvious benefits to being able to link identifiable pieces of information with outcomes and feedback. It allows for more detailed analysis and scrutiny of the data available enabling greater understanding. For example, exploring if a particular intervention achieves better outcomes for certain people.

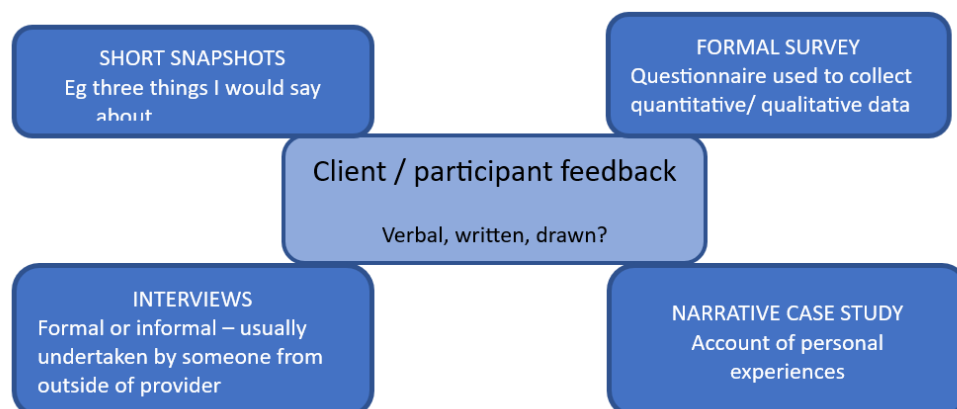
Creating any sort of record (either electronically or on paper) containing sensitive and personally identifiable data to monitor and record activity, evaluation or outcome data requires careful consideration. Under GDPR (General Data Protection Regulation) law not only do organisations need to have a lawful basis for the collection, storage, and usage of such personal data but people have rights to know about how their data is being stored and used.

Transparency and informed consent for the storage of personal data is required. If you are storing or using any personal data it is important to ensure that you are adhering to GDPR requirements. Further information is available from the Information Commissioners ICO link. Local support and advice will be available from your organisational Data Protection Officer, senior leadership or trustee board.

Collecting client/participant evaluation feedback data

Surveys or questionnaires are the most popular way of collecting client/participant evaluation feedback data. However, there are numerous ways in which it can be collected, some of which are outlined in diagram 1 below.

Diagram 1: How client or participant feedback data can be collected



Designing formal feedback survey questionnaires

When designing your feedback survey, it is important to be open to and encourage both positive and negative feedback. There are lots of examples of feedback questionnaires available online which will help you to develop an effective feedback survey questionnaire, with an example from Birmingham [here](#).

Guidance for developing a bespoke survey questionnaire is given below, and further advice and information from NHS England is available [here](#).

Key principles for designing client/participant feedback questionnaires

Define your aims and identify the key areas you want the questionnaire to cover. Areas you may wish to include are:

- How useful did you find the service / support you received?
- Did the service / intervention meet your expectations?
- Did the service address your needs?
- What was good? What could be improved?
- Where would you have gone if the service / support was not available?

Think about how you frame the questions you wish to ask

- Are the questions worded sensitively? Are they clear and easy to understand?
- Do they introduce assumption or bias? For example: asking questions such as 'what helped you most? What did you enjoy the most?' assumes that this has been a positive experience.
- Will they give you the type of data you are seeking? Identify what type of data will be most useful for you to collect – you may need to reframe the question to achieve this.
- Consider using rating scales / multiple choice for quantitative data collection and analysis.
- Consider using open questions for qualitative data collection and analysis.

Identify how you will analyse and use any data before you start collecting it

- Are you collecting data which is not required, or will not be analysed and used as part of the evaluation? It is unethical to collect unnecessary data.

Adapting for inclusivity

- Consider the adjustments which are required to take into account the specific needs of children, young people and those with any communication difficulties, language barriers or other challenges such as learning or physical disabilities (for example non visual).

Stakeholders and Partnerships

- Have you considered partnership approaches?
- Have you piloted with key stakeholders, including clients, staff and commissioners / funders, and made any necessary changes?

Section 3: The role of assessment in evaluation

Effective assessment

- is key to the delivery of good bereavement care and is an integral component of the evaluation framework

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- is a continuous process which enables bereaved people, bereavement support practitioners and service managers to observe and monitor the effectiveness of the support and interventions provided.
- is a systematic approach to making a judgement which aims to
 - identify the risk of complexity and complicated grief
 - match the right intervention that would best support the individual's needs and preferences
 - observe and monitor effectiveness, capturing and using comparable information

Regardless of whether initial contact is before a death, at the time of death or following death assessment, as an ongoing process within the evaluation process occurs:

At initial contact	As time goes on	When support ends
<ul style="list-style-type: none"> • From their initial contact with a bereaved person or family bereavement support practitioners will work to understand what that person is experiencing and what type of immediate and/or ongoing support they would benefit from. An agreed set of hopes, expectations and goals may be set to monitor progress. • At the same time managers will be exploring the best way to deliver services and interventions to meet the needs of bereaved people within the resources available. 	<ul style="list-style-type: none"> • In collaboration with the bereaved person or family practitioners will monitor and evaluate how the bereaved person is responding to support, and how effective the support is in meeting their goals and expectations. Sometime this will require a re-evaluation and a change in the nature of bereavement support. An agreed set of hopes, expectations and goals may be set to monitor progress. • Similarly, managers will evaluate how well the service is doing against its objectives. 	<ul style="list-style-type: none"> • Practitioners will, in partnership with the bereaved person or family, wish to assess and evaluate what has changed for them over the period of support and the role and effectiveness of the support provided in achieving any change. This in turn may inform future support for the bereaved person. • Managers will want to evaluate the efficacy and resource-effectiveness of any support provided. This information can be used to inform changes in service development and as evidence for service effectiveness

An **initial assessment of need** is often undertaken through a conversation with the bereaved person or family.

Assessment tools provide objective frameworks for systematically collecting information about an individual or family to inform judgement or decision making about nature of bereavement needs within the evaluation framework. Organisations may use a validated tool or develop their own assessment framework.

Embedding a formal approach to assessing individual need

- enables collection of information and helps support decision making
- helps to support a consistent approach and shared understanding to assessment
- improves the use of resources by supporting allocation of the right level of resource based upon the assessed level of need
- enables consistent collection of data and information enabling identification of trends.

Monitoring and evaluation of the outcome from the initial assessment should highlight

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- if the right interventions are being offered (you will know this because you will have outcome and evaluation data on your interventions)
- if the right resources are in place
- how trends and gaps are managed.

Section 4: Level 2 evaluation: measuring outcome: using assessment and outcome tools to measure individual outcomes

Level 2 evaluation involves the measurement of outcomes. Organisations will benefit from building on their level 1 monitoring and feedback data and the accuracy of the assessment of need by using outcome measure to monitor the difference being made and to use this evidence to inform the development of practice. This can be monitored at a broad organisational or system level and for the bereaved individual or their family at an individual level.

Using outcome measures alongside effective assessment is fundamental to the development of evidenced based bereavement support.

What are outcomes and outcome measurement tools?

Outcomes are the difference, impact or consequence of a specific intervention such as a practitioner, project or service makes.

Outcomes can be measured at an individual, service or system level. Measurement of outcomes at an individual level can be combined to provide service and system level data, understanding the outcomes for individuals is therefore key.

Outcome measurement tools provide data (often numerical), which allows exploration of the identified impact or outcome. Data is collected at a minimum of two different points in time so that change over time can be measured and explored. Baseline assessment data is collected at the beginning or before intervention. This is then compared to data at other specific times which may include during, at the end of or, a period of time following any intervention.

Outcome measurement tools may be

- Self reported, for example a questionnaire completed by the individual either independently or with an evaluator. These are often known as patient (or person)-reported outcome measures (PROMs)
- Performer, for example measurement of tasks such as attending school
- Observer, for example observations from parents on the behaviour of a child
- Clinician/practitioner reported.

Outcome tools may be validated or bespoke (self-designed).

Choosing the right tool is critical. Deciding which outcome measurement tool to use will depend upon which outcome change you want to monitor.

Outcomes for bereaved people of all ages which are commonly measured in research and practice include:

- Wellbeing
- Grief

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- Mental health problems including anxiety and depression
- Self harm, suicidal ideation
- Coping skills
- Engagement in occupation or school
- Loneliness

Given the breadth of these outcomes there is no one tool which measures the range of outcomes which have been identified for bereavement support/services. Different outcome measurement tools aligned to the different outcomes are required. Some outcome measures have been designed specifically for families or children.

Careful consideration should be given to the choice of outcome measures. Feedback from practitioners, bereavement service managers, commissioners and funders indicate confusion about which outcomes and tools are most suitable to use (Harrop et al, 2020). Frequently issues of ineffective outcome measurement arise because the chosen outcome is not relevant or appropriate to the setting or client group. Recent reorientation of bereavement support and services which has seen a shift away from the focus on a medicalised pathologizing approach to aligning more closely with notions of resilience coping and public health approaches has led to recommendations that bereavement services in palliative care consider focusing on two main outcomes (Harrop et al, 2020):

- Ability to cope with grief
- Quality of life and mental wellbeing.

As well as helping to evidence impact, some outcome measurement tools have therapeutic and practice value and align back to the initial bereavement needs assessment. They can

- provide an opportunity for collaborative assessment, and goal setting
- support practitioners and clients to actively engage and track progress.

For example, the Adult Attitude to Grief (AAG) and the Range of Response to loss model provide a framework for considering appropriately focused interventions and measuring outcomes. Further information is available [here](#).

In some less formal settings, or for one off assessment sessions it may not be feasible to measure outcomes at two or more time points.

Collecting outcome data: choosing and using assessment and outcome tools

With so many outcome tools available choosing which one to use and deciding how to use it can seem daunting. It may be helpful to follow the framework outlined in Diagram 2 below.

Choosing a validated measure

Consider the following to help guide your choice.

- What outcomes do you want to measure? How do these outcomes match to the organisational aims or setting?
- How do you want this to be measured? Do you prefer a tool which is administered:
 - Independently. By the individual (self-reporting) before, during or after the intervention

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- in person. Either with the practitioner, a member of the organisations staff/volunteer team or by an external consultant external / as part of a therapeutic intervention?
- **What are the available validated measures of this outcome?** Who have they been validated for? What are others using? Some outcome measures have only been validated for use amongst certain groups or populations of people.
- **How acceptable and meaningful is the measure to the setting?** To the client group? Are there validated adapted versions available to ensure all groups are included? It is important to consider the adjustments which are required within the evaluation process in order to take into account the specific needs of children, young people and those with any communication difficulties, language barriers or other challenges such as learning or physical disabilities (for example non visual).

However, remember it is important that you administer, use and score the outcome measure as intended. Adapting an outcome measure to suit your own needs invalidates its measurement properties, which loses the main advantage of using a validated measure.

- **What are the resources required?** Are there any licence costs? Any equipment required? What are the implementation and ongoing costs of using the tool? Consider time required to complete the tool, and time for data input analysis and reporting. What are the costs against the potential benefits?
- **What are the practice implications?** Is it important to have a tool which can be used therapeutically in practice to set goals, for example The Outcome Star to measure wellbeing or the Adult Attitude to Grief (and other versions) to explore and measure the experience of grief.
- **How do you introduce an outcome measure or assessment tool?** Supporting practitioners to think about how they will introduce the use of a formal tool within practice helps them build the confidence and competence to sensitively embed it into their everyday work.

Remember that as there is no singular consistent approach to evaluation and the use of outcome tools: the aim is to support you to develop a robust plan with a clear rationale to underpin your chosen approach. Too often a lack of planning and understanding leads to poor quality and unsuccessful use of outcome measures within evaluation frameworks.

Developing a bespoke measure

Whenever possible we would advocate utilising a validated tool, as described above. If you are looking to create a bespoke measure it is important that:

- it collects data that directly addresses the evaluation process
- you pilot and test the measure with a broad group of people.

Implementing assessment and outcome measures

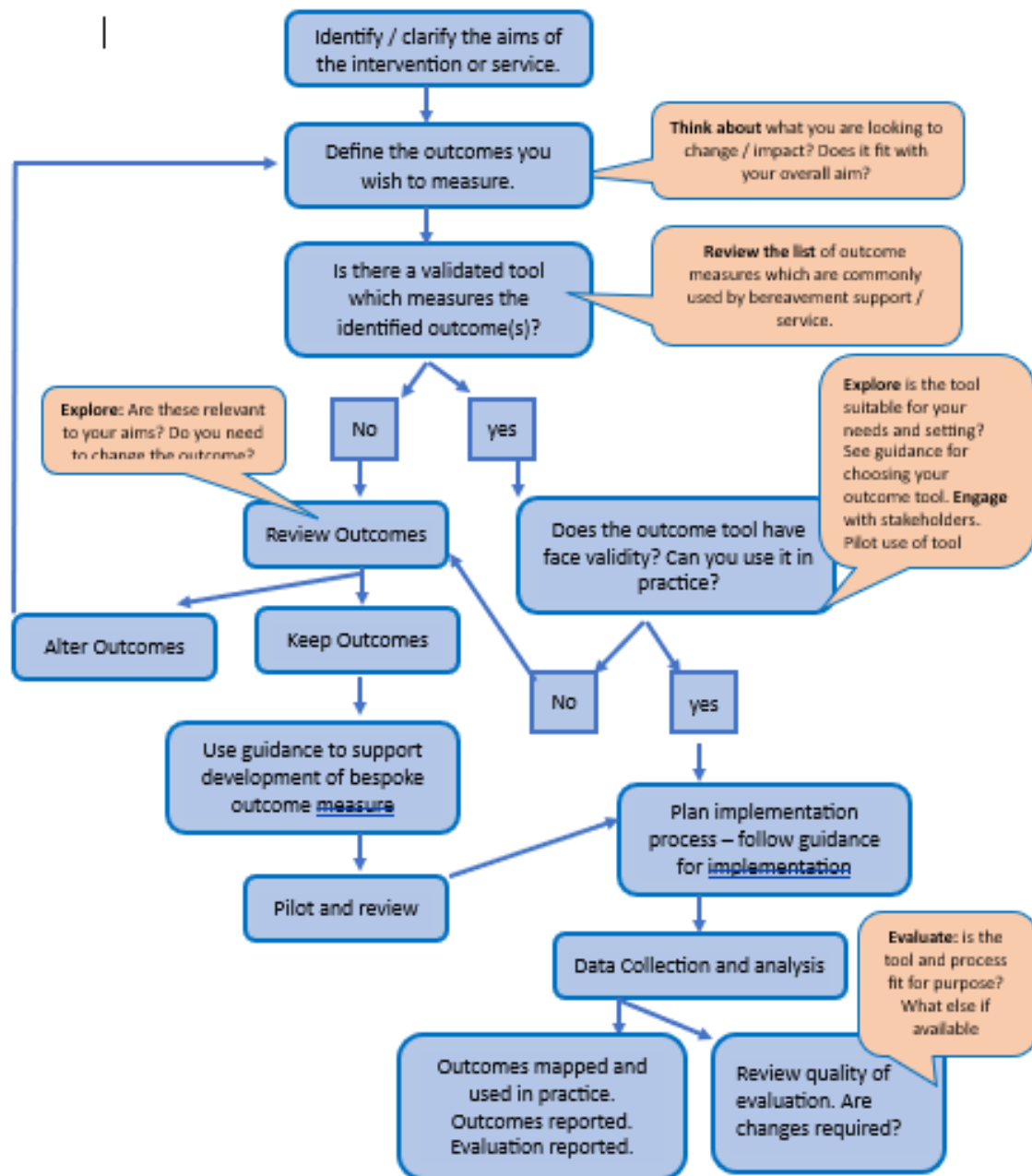
Once you have decided which outcome measures you wish to use you will need to develop your plans for implementing and using it in practice. Good implementation helps to avoid many of the challenges to good evaluation practice.

- **Developing and agreeing your framework.** How do you balance the need for a systematic process of data collection with a sensitive approach?
 - **Who do you need to involve in the implementation process?**
 - **When and how will tools be used to collect data?** Think about the points at which the tool will be used – is there any flexibility built in?

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- **Will the tools be used independently or collaboratively?** Will practitioners have a choice or will they be required to use the chosen measure or tool?
 - **Will you use pen and paper or will they be completed electronically?**
 - **How are you going to collect, manage, store and use the data collected?** You will need to plan how you are ethically and transparently collecting, storing, and using the assessment and outcome data
 - **When and how will data be analysed and reported on?**
- **How will you introduce and integrate the tool into practice?** Most practitioners will have the foundations of good interpersonal skills, however if they have never used a tool before they may lack confidence in using the tool in practice. Building confidence through training and support is essential.
- **Training and support needs:** Excellent interpersonal skills will be required to successfully integrate outcome measure tools into practice. Most bereavement support practitioners will already have these. However many will not have used a tool before excellent interpersonal skills.
- **Managing the change, overcoming resistance and sabotage.**
- **Review.** How are you planning to review your use of assessment and outcome measures? Plan and agree a timeframe, who and how you will undertake to evaluate the impact of using assessment and outcome measures? You may want to explore:
 - What is working well? What is not?
 - How effective is the framework?
 - Is data useful and meaningful? Is it being used?
 - Have there been any unforeseen benefits or consequences?
- Keep abreast of new developments in this field and link in with colleagues.

Diagram 2: framework for choosing and implementing assessment and outcome tools



Section 5: Level 3 evaluation: Building a theory of change

A Theory of Change is a specific and measurable description of a social change, that forms the basis for planning, ongoing decision-making and evaluation. It can be used in evaluation as a tool to help you to evaluate, learn and improve which can be used at organisational level, programme or project level.

A theory of change is an interpretation or map of what we believe but based on evidence and experience expressing the likely course of change. It is particularly useful at the start of a project when thinking about evaluation especially as this should involve all stakeholders but, can be useful as a process for pulling together data in established projects.

The process of developing a theory of change (see box below) involves identifying and describing what changes you wish to achieve, how and for whom and, what will be measured to understand whether the changes are happening. It can be represented in a change map (a visual representation of the change you want to see and how you expect it to come about), as a narrative (a spoken or written account of connected events; a story), or both. The theory of change can then be used as a framework against which progress is monitored and evaluation data is mapped. Changes which are required to the programme as a result of evaluation data can be mapped into the theory of change framework over time.

For a worked example of a theory of change see pages 27-29 of the National Suicide Prevention Alliance's [guide](#) to evaluating local suicide bereavement support services.

Further information about using a theory of change in evaluation is available from [NCVO](#).

The steps to build a theory of change

- **Agree the long-term intended impact.** What is the big long term change you want to see?
- **Map outcomes.** What are the changes which will happen as a result of the activities you deliver? These are the pre-conditions to achieving the long-term change.
- **Identify activities.** What are the things we do (e.g. services, products, campaigns) which are necessary to achieve outcomes
- **Identify assumptions.** What are the key assumptions you have made between the work delivered and the difference you want to make, and about the overall rationale and context.
- **Establish a timeline.** Plan resources and data collection required.
- **Produce a diagram and narrative** of the planned change.
- **Map evaluation data** against the planned change and incorporate learning reporting against theory of change framework.

Section 6: Principles for implementation

Whatever the level or type of evaluation you are engaging in, the following principles will help you to demonstrate good practice and a solid rationale for your evaluation.

- **Develop your plan:** Good planning helps to avoid poor data collection and evaluation. Consider: What level of evaluation are you planning? What tools are you using? Be clear on the aims of your evaluation. What questions are you asking? Are you using the most effective tools? Are you collecting the most appropriate type of data? How will you analyse the data? Who have you consulted with? Have you piloted any tools? What

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training and support is required? Use a checklist in the planning of your evaluation (see appendix)

- **What resources are required and available to support the planned evaluation?** This might include
 - Someone responsible with time to manage the evaluation process
 - Budget to cover the costs of
 - staff time
 - any licenses required for the use of tools
 - staff and volunteer training and support
 - any printing and postage
 - IT equipment/systems for collecting, storing, analysing data.
- **What is your process for the evaluation?** Map out and agree a systematic process for data collection. What, how, when, who. Ensure that there is consistency in data collection.
- **Training and ongoing support.** Achieving organisational support and buy in is key to successful evaluation. People are more engaged when they understand the why, when and how of evaluation and have insight into the underpinning theory and how the results are used. Developing training and ongoing support programmes will help meet this need. This will help to address many of the challenges to implementation, summarised below in table 5.
- **Ethics.** How have you addressed issues of transparency/confidentiality/ consent?
- **How are you managing data collection/usage and storage?** GDPR can feel scary and it is important to get it right. If data are collected or stored inappropriately, this can put you and your organisation at risk, as well as being unethical to your clients and participants. You need a lawful basis for collecting and storing data. Transparency and informed consent are key. Discuss with your organisation's Data Protection Officer, leadership team or board of trustees for further support.

Additional considerations when evaluating work with children and young people

The principles underpinning good evaluation practice are relevant to all bereavement support services. However, when working with children and young people there are extra things to consider.

- Adapting approaches to obtaining informed consent to ensure these are aligned to organisational approaches and policies.
- Ensuring any outcome measure tools are age-appropriate.
- Ensuring children and young people have a voice which is heard. Involving them in the design and development of evaluation frameworks is fundamental.
- How to encourage children and young people to share negative as well as positive experiences.
- How to ensure that children and young people have a voice as well as that of their parent or carer.

- **How will you present your results?** What will be the format and frequency? Sharing findings with all key stakeholders is key to good evaluation practice. Adjusting the presentation for different audiences will help you avoid the risk of overwhelming people with realms of statistical data or underwhelming them by sharing no data at all. You can be creative in the how you format your presentation. You may choose to use infographics, a film, a presentation or a written report. A basic structure could be:
 - Background: including aims and objectives
 - How: the methods you used
 - Findings: the results you found and how you interpreted these
 - Discussion and implications.

Table 5: commonly encountered challenges in implementing evaluation frameworks, and ways of addressing them

Challenges	Potential ways of addressing and overcoming them
Data collection / outcome tools are perceived to impact negatively on the support offered or the therapeutic relationship with the bereaved person	Evidence suggests that when implemented with sensitivity, many people actually find benefit in using outcome measures. Balancing systematic data collection with a sensitive supportive approach is key.
Poor appetite from organisational leadership. Service delivery is prioritised and evaluation is seen as onerous and challenging	Consider partnering with others who have experience in this area. Is there anyone else in the organisation who may have a natural instinct and is able to take the lead?
Evaluation framework and /or outcome measures are imposed (by commissioners/funders) leading to duplication and poor resource utilisation.	Explore the potential for a partnership approach Explore rationale for imposition, is there potential for adjustment? Are these the right outcomes?
Organisational development and implementation of evaluation, data collection, outcome measures is undertaken within a transactional and tick box approach, leading to a negative client experience.	Using good interpersonal skills to sensitively introduce the collection of data and using outcome tools supports client experience. Most people understand and many actually find using appropriate outcome tools is helpful.
People in our organisation don't like change. They won't want to do it. It will just be a fight.	Most people, when they understand the reason and relevance for a change will be open to adopting it. Training which explores the value of the change, coupled with ongoing dialogue and support is key.

Are we getting it right? Guidance for evaluation

But it is confidential – we can't share the information or data from our sessions.

With informed consent, data can be shared. Ensuring transparency and robust data storage and management policies are in place is key to addressing this concern.

Next steps

Below are our top tips for beginning to develop good, ethical and effective evaluation frameworks incorporating assessment and outcome tools.

- Planning is key to successful evaluation. Ensure the aim and scope of the evaluation are clear.
- Don't feel you need to work alone. Explore the resources (people/groups) which may exist locally or within your organisation. Explore the possibility of linking in with a local university. You may want to consider working with an external consultant to support you in developing your evaluation framework and use of tools.
- Don't reinvent the wheel. Using established approaches and standardised tools enhances validity and saves time.
- Ensure that you are using the correct tool for the job. For example, if you are looking to measure coping with grief use a tool such as the Adult Attitude to Grief scale, not an anxiety/depression tool.
- Ensure that you share your findings and act upon them.

Section 7: Useful links and resources

There are many resources available to help you develop your evaluation framework and choose your assessment and evaluation tools.

- [Evaluation Works](#) is an online toolkit for providers and commissioners of health and care services.
- [NCVO Charities Evaluation Service](#) provides a number of helpful resources including step by step guides to evaluation and impact assessment, and information about [developing a Theory of Change](#).
- More information about the Range of Response to Loss Model and the Adult Attitude to Grief and other measures, widely used in palliative care bereavement services is available [here](#).
- The National Suicide Prevention Alliance has produced a [guide](#) to evaluating local suicide bereavement support services.

The National Bereavement Alliance is hosted by the National Children's Bureau, registered charity no 258825

www.nationalbereavementalliance.org.uk

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