Reducing parental conflict

A practical evaluation guide for local areas

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Acknowledgments

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About EIF

The Early Intervention Foundation (EIF) and What Works for Children's Social Care (WWCSC) are merging. The newly merged organisation is operating initially under the working name of What Works for Early Intervention and Children's Social Care (WWEICSC).

To find out more, visit our websites at:

https://www.eif.org.uk

https://whatworks-csc.org.uk.

Coming together as What Works for Early Intervention & Children's Social Care

Feedback on the guide

This guide is designed to evolve and develop, and we would love to hear your views about its structure, design and content.

We would also really like to hear about what your local area has been doing to evaluate its work to reduce the impact of conflict between parents on children, including any resources which could form part of this guide and help others to evaluate their work. Please email communications@wweicsc.org.uk with your comments or suggestions.

WHAT WORKS FOR EARLY INTERVENTION AND CHILDREN'S SOCIAL CARE IS PROUD TO BE A MEMBER OF THE WHAT WORKS NETWORK

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This document is available to download as a free PDF at:
https://www.eif.org.uk/resource/reducing-parental-conflict-a-practical-evaluation-guide-for-local-areas

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KEY CONCEPT**

Key concepts

The guide provides definitions and descriptions of key concepts and terms used throughout the guide, to help readers understand important aspects of the evaluation process and the reducing parental conflict agenda.

**BOX
TEMPLATE**

Templates for you to use

The guide provides a comprehensive set of templates for key documents, along with a number of worked examples illustrating how you could complete or use the templates yourself. Many of these have been adapted from templates we have provided to local areas as part of our work to support their RPC evaluation activities.

**BOX
PRACTICAL TIP**

Practical tips

Our practical tips give additional advice and assistance on completing the guide's tasks as well as recommendations gathered from our work with local areas and our wider evaluation expertise. They may not all be applicable to the context in your local area, but we hope many will prove useful as you work through the guide.

**BOX
PRACTICE EXAMPLE**

Practice examples

The guide provides a set of practice examples drawn from our work with local areas, brought together into three structured stories, each with its own clear narrative, to illustrate how different areas can approach evaluation at different stages of their RPC journey. While the names are fictitious, the activities and experiences they recount are drawn from real examples.

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TEMPLATES & DOWNLOADS

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Module 4

EVALUATION REPORT TEMPLATE

Glossary of evaluation terms used in this guide

Below is a glossary of the evaluation terms that are used throughout this guide. They are presented in the order that they appear within the guide.

Evaluation

Evaluation is the process of examining interventions (or programmes), services and practice to determine their value, merit and worth. It ensures that the services you are providing are effective at preventing poor outcomes, supporting children's development, and achieving the benefits that they are designed to provide. It also provides vital information for improved decision-making and more effective services in the future.

Theory of change

A theory of change is an explanation of how an intervention applies a theory. It uses assumptions based on evidence to articulate why the intervention is needed, who it is for, how it will work, and the impact it intends to have.

Logic model

A logic model represents what the intervention will do to achieve the intended outcomes. It describes how the inputs (resources) required to implement your intervention will lead to specific outputs, which should in turn contribute to improving the outcomes initially identified in your intervention's theory of change. In contrast, a theory of change specifies why your outcomes are important and the evidence to support this.

Outcomes

Outcomes are measurable, and sometimes attributable, changes as a result of an intervention. This guide refers to primary outcomes as the ultimate, long-term outcomes you intend to achieve   as a result of your intervention. Short-term outcomes are the immediate outcomes as a result of your intervention's activities. These lead to your medium-term outcomes, which link the short-term outcomes to your long-term outcomes.

Impact evaluation

An impact evaluation looks at whether intended changes have occurred, the scale of those changes, and whether the changes can be attributed to the intervention. A robust study is required to understand the causal impact of an intervention: that is, whether receiving the intervention, as opposed to not receiving it, caused the change. This kind of robust impact study involves a comparison group of similar participants who do not receive the intervention.[1]

Pilot of outcomes

Prior to an impact evaluation, a pilot of outcomes should be conducted to investigate whether the intervention has the potential to improve its intended outcomes. A pilot does this by using validated measures with participants both before and after the intervention – and this is the type of impact evaluation covered in this guide.

Process evaluation

A process evaluation, sometimes referred to as an implementation evaluation, looks at whether an intervention is being implemented as intended, including whether it is practical or achievable. It is primarily used to understand how an intervention is working and why.

Quantitative research

Quantitative research involves collecting numerical data that can be counted, quantified and statistically analysed. Common quantitative research methods include validated measures, surveys or administrative data.

Qualitative research

Qualitative research involves collecting and analysing non-numerical data (generally words, in the form of text or audio) to provide meaning, understanding and insight. Qualitative research is a term used to cover a range of research methods. Common qualitative research methods used in process evaluations include interviews, focus groups and observations.

Mixed methods research

Mixed methods research combines both qualitative and quantitative data collection and analysis in the same study. In process evaluations, this might include conducting a survey and a focus group.

Validated measurement tools

Validated measurement tools are measures that have been carefully tested to make sure that they produce reliable and accurate results, and reduce the likelihood of any bias. They are an important way of determining whether an intervention is achieving its intended outcomes.

Pre-test

When validated measures are administered at or very near to when participants begin the intervention (commonly known as a baseline test).

Post-test

When the same measures used pre-test are administered again after participants have finished the intervention (commonly known as an endline test). The aim of the post-test is to document the changes in outcomes that have occurred since the baseline.

Follow-up test

When the same measures used at pre- and post-test are administered, a set period of time after the post-test (for example, at three, six or 12 months later).

Introduction

What is this guide about and why is it important?

This guide is a practical tool to support your local area to evaluate activities aimed at reducing the impact of conflict between parents on children.

Evaluation matters. It is important to know whether interventions to support parents in conflict are beneficial for the children and families who need them most. While there is growing evidence of the key risk factors and impact that parental conflict can have on children, there is currently limited evidence for the effectiveness of local activity to address parental conflict and improve outcomes for children. This means it is difficult to know which interventions are having the most difference, making it more challenging both to commission effective interventions and to advocate for more investment.

? BOX INTRO.1
KEY CONCEPT

What is parental conflict? And who does it affect?

Conflict between parents is a normal part of relationships. However, when conflict is **frequent, intense and poorly resolved** it can negatively impact on children. 'Non-abusive' but destructive conflict behaviours between adults includes verbal aggression, 'the silent treatment', lack of respect, lack of emotional control, and a lack of resolution in arguments between parents.

Conflict can affect children in all types of parental relationships, including when parents are in a relationship with each other, whether married or not; between parents who have separated or divorced; biological and step, foster and adoptive parents; and LGBTQ+ parents.

In this guide we refer to **reducing parental conflict (RPC)** as shorthand for reducing the impact of parental conflict on child outcomes.

As local areas face an ongoing pressure on services – pressure which has been exacerbated by the Covid-19 pandemic and cost of living pressures – and have to make tough funding decisions, there is a real danger that relationship support services are cut not because they don't work, but because we haven't been able to demonstrate that they do. This is where effective local evaluation can play a central role.

Yet, we know from our work with local areas, which has heavily informed this guide, that evaluation methods often feel daunting and that those commissioning or delivering RPC interventions are often uncertain about how to evaluate them.

This guide aims to address this by breaking down the process of evaluating your local RPC interventions into a series of achievable tasks, to demonstrate whether there have been changes to your intended outcomes and whether your intervention is being implemented as intended.

BOX INTRO.2
KEY CONCEPT

RPC interventions and your local RPC system-wide approach

What do we mean by 'an RPC intervention'?

For this guide, an RPC intervention is a defined group of activities, with a beginning, middle and end, a set process for the activities, and eligibility requirements, which aims to reduce the impact of parental conflict on children – that is, to achieve change. In your local area, you may use terms such as programme or support offer.

Within this, we distinguish between interventions which:

- **Directly** work with couples, individual parents, children or family groups who attend or are recipients of the intervention. This includes evidence-based interventions which have robust evidence of their impact,[1] as well as interventions, developed within locally or in other areas, which have more limited evidence of impact. We recommend that interventions working directly with families are the focus of evaluations designed to understand changes in your intended outcomes.

- **Do not directly work** with those affected by parental conflict (that is, parents and children are not the direct recipient of the intervention) but instead support local RPC work, such as practitioner training. We recommend that these indirect interventions are the subject of evaluations designed to understand issues related to implementation.

What makes up a local system to reduce parental conflict?

All these interventions are part of your local 'system-wide' RPC approach to tackling the frequently multidimensional impacts of parental conflict on children. This is often delivered by multiple agencies and ranging from evidence-based interventions to family support and practitioner training. This guide is designed to help you evaluate your interventions within your system-wide approach to RPC. Separate guidance has been published for how to evaluate training on reducing parental conflict.[2]

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[1] For information on potentially relevant programmes that have been assessed by EIF and found to have evidence of positive impact, visit the EIF Guidebook: https://guidebook.eif.org.uk/search?sets%5B%5D=%25%22improving-interparental-relationships%22%25

[2] For more information on how to evaluate practitioner training, see: https://www.eif.org.uk/resource/how-to-evaluate-training-on-reducing-parental-conflict-a-practical-guide-for-local-areas

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Who is the guide for?

The guide is written for public sector commissioners, managers, and leaders responsible for local activities to support healthy relationships and reduce parental conflict. However, you do not need to be an expert in conflict between parents to use this guide. Instead, it is intended to help all those taking a system-wide approach to their local work on reducing parental conflict by working with a range of stakeholders to evaluate their RPC interventions.

You do not need to be an expert in evaluation. In creating this guide, we have taken information and tips from our RPC evidence reviews and previous evaluation guides[1] as well as the RPC evaluation support we have provided to local areas in order to develop a step-by-step approach which includes useable templates and practical examples.

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[1] All of our RPC reviews and guides can be found on the online RPC Hub: https://reducingparentalconflict.eif.org.uk/

Together, these are designed to give you the tools you need to effectively plan and conduct evaluation of your RPC interventions.

The guide should be read as a complement to our RPC commissioner guide.[2]

How to use this guide

Understanding and measuring the impact of your local interventions to reduce parental conflict on children is a journey. No matter what progress level you are at in your RPC work – at entry level, taking your first steps, making early progress or working at a mature level – evaluation should play an integral role.[3] When interventions and their evaluations are developed together, it reduces the risk of evaluations not centring on what is important and ensures that they will be relevant and have impact.

The guide is designed to be intuitive, interactive, and as comprehensible as possible. It is structured as four modules, taking you through a series of manageable tasks.

- **Module 1** focuses on setting out your key outcomes, what your interventions do to achieve your outcomes, and what to evaluate.

- **Module 2** provides guidance on how to plan your evaluation.

- **Module 3** provides practical advice on how to undertake an evaluation exploring the impact on your intended outcomes (via a pilot for outcomes) or how your intervention has been implemented (via a process evaluation).

- **Module 4** focuses on how to report on your evaluation's findings and what to consider for further evaluation.

The step-by-step approach draws on our previous report, *10 steps for evaluation success*,[4] but is tailored to local areas at the early stages of their system-wide approach to reducing parental conflict. Each part of this evaluation guide is written so you can focus on specific elements according to where you are on your evaluation journey.

This guide does not go beyond guidance on conducting a pilot for outcomes, as in our work with local areas we have found that most are not progressing beyond this step with their RPC evaluation.[5]

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[2]   Available at: **https://www.eif.org.uk/resource/commissioner-guide-reducing-parental-conflict**

[3]   For more on assessing the maturity of your local system, see: **https://www.eif.org.uk/resource/reducing-parental-conflict-planning-tool**

[4]   *10 steps for evaluation success* is an EIF guide which describes how evaluation evidence can be used to turn a good idea into an intervention that 'works', as well as developing quality assurance systems so that interventions remain effective when offered at scale. It sets out 10 defined steps to evaluate an intervention, starting with a theory of change and working all the way up to a robust impact study and beyond. While not all 10 of these steps are necessary or practical for every children's service, together they are useful for making a good intervention even better. *10 steps* is designed not only for those who develop interventions and services for children and their families, but also for those who commission and deliver these interventions on the ground. Available at: **https://www.eif.org.uk/resource/10-steps-for-evaluation-success**

[5]   For guidance on evaluation beyond piloting for outcomes, see, *10 steps to evaluation success*, steps 6 to 10.

Navigating through the RPC evaluation guide

Modules within the guide	**Your evaluation tasks**

Introduction

INTRO

YOU ARE HERE

What is the evaluation guide, who is it for, and how to use it

Agree evaluation resourcing and project management

What to evaluate

1

GO TO ▶

Setting out your key outcomes, what you will evaluate, and what your RPC interventions do to achieve your outcomes

Write a local RPC theory of change setting out your key outcomes

Decide which RPC interventions to evaluate

Create logic models and intervention descriptions illustrating how you will achieve your outcomes

Planning how to evaluate

2

GO TO ▶

Specifying how to evaluate your RPC interventions

Write an evaluation plan specifying your research questions and methods

Undertaking an evaluation

3

GO TO ▶

Specifying the tasks to effectively undertake a:

• **Pilot for outcomes to evaluate if your RPC interventions are achieving your outcomes**

• **Process evaluation to evaluate how your RPC interventions are being implemented**

Plan, collect, analyse and interpret your evaluation data using methods based on the type of evaluation you have chosen:

• **Conduct a pilot for outcomes using validated measures**

• **Conduct a process evaluation through surveys, use of administrative data, interviews, focus groups or observations**

Reporting & further evaluation

4

GO TO ▶

Reporting on your evaluation and setting out next steps for further evaluation

Report on your evaluation findings and plan for further evaluation

Meet our practice areas

Throughout this guide, we set out practice examples drawn from our work with real local areas across England. We have identified three areas, drawing together examples from across the areas we have worked with into three structured examples, each with a clear narrative, to illustrate how different places can approach evaluation at different stages in their RPC journeys.

These areas have been given fictional names. To describe the different stages of progress, we have used the language of maturity taken from our RPC planning tool.[6]

Those undertaking their own local evaluation will need to develop their own approach to evaluation based on their local context.

**BOX INTRO.3
PRACTICE EXAMPLE**

Introducing our practice example areas

Newborough

Newborough is an area 'starting off' on their RPC system-wide approach by developing a toolkit providing resources, tools and strategies for practitioners to support parents with parental conflict. As part of this, the local area devised a child voice measure to understand the child's view on their parent's conflict and the consequences for them. The toolkit was piloted in family support and early help teams.

Oldtown

Oldtown is an area 'making good progress' on their local RPC work, having implemented and embedded the delivery of two evidence-based interventions: one universal group-based programme for couples expecting their first child[1] and an intensive intervention programme for parents experiencing difficulties as a consequence of separation or divorce.[2] The area is also focused on a number of other RPC activities, including training local practitioners across children's services, public health, schools and the voluntary and charity sector (VCS) to increase practitioner confidence in identifying and supporting healthy relationships.

Seaport

Seaport is an area that is 'becoming established' in their RPC work, having developed and implemented a locally created healthy relationships course for intact and separated parents, open to all parents but mostly attended by those identified in an early help assessment as having parental conflict. The course, delivered by local authority parenting practitioners, initially in person and then virtually throughout the pandemic, focuses on identifying destructive interparental conflict, understanding its effects on children, and supporting the development of positive strategies to deal with conflict via tailored action plans.

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[1]   Based on the Family Foundations programme. More information is available on the EIF Guidebook: **https://guidebook.eif.org.uk/programme/family-foundations**

[2]   Based on the Triple P Family Transitions programme. More information is available on the EIF Guidebook: **https://guidebook.eif.org.uk/programme/triple-p-family-transitions**

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[6]   See: **https://www.eif.org.uk/resource/reducing-parental-conflict-planning-tool**

Task: Agree evaluation resourcing and project management

Your first task should be to agree the resourcing and management of your local RPC evaluation.[7]

Conducting a robust local evaluation can feel overwhelming and be resource intense. Our aim is to show that evaluation of this nature can be undertaken by local areas. However, we also acknowledge that for some local areas undertaking an evaluation themselves (in-house) is not feasible. In these instances, we would recommend commissioning an external organisation to conduct an evaluation of your RPC interventions. If you do choose to commission an external provider, this guide will still provide a valuable guide to planning, commissioning and managing an evaluation, as well as subsequently interpreting and disseminating your evaluation findings.

> **BOX INTRO. 4**
> **PRACTICAL TIP**
>
> **Commissioning an evaluation**
> Consider commissioning an organisation that has a good understanding of your local context and population. For instance, a local university or an evaluation consultant based in your local area may be well placed to conduct the evaluation.

Who do you need on your evaluation team?

Whether you carry out your evaluation in-house or commission an external provider, it is helpful to consider who from your local area will be involved and what their roles will be. This will depend on the type and size of your local evaluation.

Evaluation leads

We recommend designating at least one named evaluation lead to be responsible for the day-to-day management of your local evaluation. Suitable candidates might include your local authority's RPC lead or key commissioners of RPC interventions.

Evaluation leads manage most of the tasks set out in this guide, such as developing the local RPC theory of change, intervention logic models and evaluation plans. They work with intervention developers or service managers to collate surveys, conduct interviews for in-house evaluations, or commission external evaluators to conduct evaluations.

It is critical that the evaluation leads are given adequate capacity to plan and conduct evaluations: this work should be an integral part of the 'day job', not an addition on top of usual duties. Evaluations often fail to make progress when those in lead roles are not given adequate capacity to deliver.

Evaluation senior responsible officer (SRO)

We also recommend nominating an SRO or named senior sponsor (such as a head of service or commissioning lead) to have senior oversight of the evaluation and to be responsible for its governance and quality assurance. They should be senior enough to sign off evaluation plans or commissioning budgets, and to present evaluation findings to senior leaders.

Evaluation steering group

Consider creating an evaluation steering group. You may already have an RPC stakeholder group, but it is important that the steering group includes a stakeholders across your local area to ensure diversity in:

- the breadth of local agencies and organisations, such children's services (including early help, Troubled Families, social care, parenting and early years), public health and NHS, police and family courts, as well as schools, in addition to relevant voluntary and community sector (VCS) organisations

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7   See also 'Considerations for your evaluation: audience, use, timeline and resources', in module 2 of this guide.

• the range of different professional perspectives, including those who are involved in the design, set-up and delivery of interventions, such as managers, external providers and practitioners, as well as intervention participants where possible (that is, the families you intend for your work to support).

How each of these are involved will be dependent on the scale of your local RPC work.

Data management and analysis support

Identify who will be able to help with the data management and analysis. This might include Early Help data analysts, public health data analysts and data leads for Start for Life and Family Hubs. It's useful to involve them from the start of the evaluation as they will be able to advise on what data is currently available and how best to manage and analyse the data.

Additional support

You should also consider additional support for specific tasks such as administration, workshop organising and data collection.

Module 1: What to evaluate

Task: Write a local RPC theory of change setting out your key outcomes

What is an evidence-based theory of change?

A fundamental first step in any effective evaluation is to identify the interventions you plan to evaluate and the outcomes you intend these interventions to achieve – and therefore the outcomes that will be evaluated. Developing an evidence-based theory of change for your local interventions (whether this is a single intervention or a range of interventions) aimed at reducing parental conflict provides a framework for this by using evidence to identify how and why your local activities are expected to achieve your intended outcomes, which gives you a basis on which to evaluate them.[8]

What is a theory in this context?

Interventions that are rooted in evidence on 'what works' have a greater chance of providing benefits to children and families. Many interventions to support families, such as those found on are our EIF Guidebook,[9] are informed by evidence-based theories that link their activities to improved outcomes. These theories are based on assumptions about children's outcomes and the factors which protect or put these outcomes at risk.

We have developed an RPC outcomes framework[10] that draws together many of these evidence-based theories related to the impact of key risk and protective factors on child outcomes (see figure 1.1).

> **? BOX 1.1**
> **KEY CONCEPT**
>
> **What is a theory of change?**
>
> A theory of change is an explanation of how an intervention applies a theory.
>
> It uses assumptions based on evidence to articulate why the intervention is needed, who it is for, how it will work and the impact it intends to have.

Constructing a theory of change

An important part of a theory of change is linking together these elements – why, who, how, and what it aims to achieve – through evidence-based assumptions, to show how one causes another.

Figure 1.2 sets out these core elements of a theory of change, with a simplified example of a theory of change for an RPC intervention.

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[8]   This is a key part of making early progress on the evaluation element, according to EIF's RPC planning tool. See: https://www.eif.org.uk/resource/reducing-parental-conflict-planning-tool

[9]   See: https://guidebook.eif.org.uk

[10] See: https://www.eif.org.uk/resource/reducing-parental-conflict-outcomes-framework

FIGURE 1.1

EIF's RPC outcomes framework diagram

Child outcomes

Social & emotional outcomes
- Internalising behaviour
- Externalising behaviour
- Physiological symptoms of distress

Cognitive outcomes
- Educational attainment and employability

Physical outcomes
- Physical health
- Risky health behaviour

Behavioural outcomes
- Behavioural self-regulation

Child's exposure to interparental conflict
- Child's exposure to conflict
- Child's processing of conflict

Parent's risk factors
- Mental health & wellbeing
- Quality of parent–child relationships
- Parenting

Economic stress, family & household factors
- Home environment
- Family income
- Parents' employment and working hours

Interparental risk factors
- Relationship quality
- Coparenting
- Interparental conflict

FIGURE 1.2

The core elements of a theory of change, with an RPC example

NEED	PARTICIPANTS	INTERVENTION	OUTCOME
WHY is the intervention needed?	**WHO** is the intervention for? What are the characteristics of those taking part?	**HOW** will the intervention work? What will the participants do?	**WHAT** is the primary outcome for the children? Why is it important to their development?

NEED	PARTICIPANTS	INTERVENTION	OUTCOME
WHY Improved parental self-regulation will help manage stresses and improve coparenting relationships	**WHO** Couples expecting their first child	**HOW** Practitioner-delivered course providing coping and coparenting strategies	**WHAT** Improved coparenting reduces the impact of parental conflict on children

Why develop an RPC theory of change?

The impact of parental conflict on children is frequently multidimensional (as shown in our outcomes framework, see figure 1.1) and support to parents can often be delivered by multiple agencies. However, most local areas who have taken a system-wide approach to tackling parental conflict have not set out their evidence-based outcomes or how they intend to evaluate whether they are achieving these outcomes. Time and again, evaluations have failed to verify effectiveness because they have not adequately tested the right assumptions or evaluated the right outcomes. Building a theory of change for that is both practical and firmly rooted in the evidence provides a way to avoid these failures.

A theory of change is also an excellent tool to support a system-wide approach to RPC by looking at interventions together and not in isolation. This helps to illustrate the interactions between them, which lays the foundation for understanding their collective impact.

**BOX 1.2
PRACTICAL TIP**

Additional benefits from developing a local RPC theory of change

Developing a local RPC theory of change can help to:

- Inform **strategic decision-making**, setting out the need for and key outcomes of your RPC interventions, and highlighting gaps or inconsistencies in provision that aims to address these outcomes. Practically, this can include informing needs assessments, business cases for new or continued funding, local strategies (such as on domestic abuse, early help or troubled families) and key documents relating to commissioning and workforce development.

- Facilitate **partnerships**, helping to build consensus on your key outcomes and a framework to understand the complexity of a systems-wide RPC approach, both within your own organisation (from senior leaders and commissioners to practitioners) as well across other organisations in the area, including the VCS.

- Move away from a focus on processes and outputs to a **focus on outcomes and evidence**.

- Enhance the **effectiveness of your interventions**, giving providers and practitioners a clear and simple illustration of their intervention for use in training or to highlight areas of development.

Using an RPC theory of change

How you use a theory of change will depend on your current context.

**BOX 1.3
PRACTICE EXAMPLE**

Using a local RPC theory of change

Oldtown, who are delivering two evidence-based interventions and a number of additional RPC activities, including RPC training to a range of local practitioners, centred their theory of change on developing a common set of evidence-based outcomes to understand how each activity intended to achieve these outcomes, providing a basis on which to develop their evaluation plans across their RPC system.

Seaport used a theory of change to set out the local area's approach to reducing parental conflict across local partners, from early help to public health and the local VCS, which helped to reaffirm RPC on the local agenda. The theory of change was then used to focus on their locally developed healthy relationships course, setting out its evidence-based assumptions and local need with parent practitioners who delivered the course. This lay the foundation for the outcomes they measured in its evaluation.

Newborough used a theory of change as a catalyst for drawing together a host of local stakeholders to be part of an RPC partnership, helping to identify need data and a key set of outcomes. The theory of change was used to help understand how to roll out and evaluate a practitioner toolkit, having identified this as a key priority for the local partnership.

Planning a theory of change for your local RPC activities

Using a theory of change to set out the key outcomes for your RPC activities can seem like a daunting exercise. But with good planning, a focus on evidence and co-creation with partners from across your local area, it can be a manageable and beneficial exercise.

To get the most out of developing your theory of change, it is important to agree what it will include and who will produce it.

Mapping local interventions aimed at reducing parental conflict

It is important to know what is being implemented in order to understand what you are aiming to achieve and therefore what and how you will evaluate. We recommend you map all interventions aimed at reducing parental conflict in your local area, whether directly working with families or indirectly, such as through training practitioners. The key is to gather information regarding interventions' target group, referral routes, intended outcomes and (if applicable) monitoring and evaluation information.

We have developed a set of mapping questions which local areas have used.

BOX 1.4
TEMPLATE

Intervention mapping template
Download from: **https://www.eif.org.uk/files/resources/rpc-eval-intervention-mapping-template.docx**

BOX 1.5
PRACTICE EXAMPLE

RPC intervention mapping

Newborough sent out a mapping survey to a range of local stakeholders, including early help services, public health, early years services, schools and VCS organisations. This identified mostly indirect work (such as parenting programmes) on healthy family relationships, with limited evaluation. Key stakeholders were brought together in a workshop to form an RPC partnership group and set out key outcomes for the RPC partnership. Here they identified a gap in basic support for practitioners to identify and address parental conflict for families who came into contact with early help. With no current resources available to commission RPC interventions, they focused instead on implementing and evaluating an RPC practitioner toolkit.

Oldtown sent an adapted survey across the local area, including its entire VCS, and included questions on practitioners' confidence in identifying and supporting RPC. This was used to reaffirm the importance of RPC in the local agenda, and to identify where further practitioner training was needed and how this could be evaluated effectively.

Deciding which activities to include in your theory of change

You can develop a theory of change for a single intervention or a range of interventions. Local areas at the early stages of developing and evaluating their 'system-wide' approach may find it helpful to first develop a theory of change for the range of interventions that are on offer locally, before then deciding to focus on a single intervention. Local areas that already have a good understanding of their 'system-wide' offer may decide to focus on a single intervention from the outset. Other reasons for focusing only on a single intervention might be because a new intervention has been commissioned in the local area.

Using information on local need and evidence of what works

It is fundamental that interventions (and their theories of change) aimed at reducing the impact of parental conflict are based on local need. However, we know from working with local areas that robust data on need is often not available. We have produced a guide on how to gather information on population needs in relation to parental conflict.[11]

It is also important to build your theory of change using evidence on what is known about the causes of interparental conflict, the impact on child outcomes and what works to reduce it.

For areas who are delivering evidence-based interventions, the theory of change underpinning these interventions is a good place to start. A number of these are listed on the EIF Guidebook of evidence-based early intervention programmes.[12]

For interventions not currently on the EIF Guidebook, a good starting point is to ask intervention developers or providers for their evidence-based theory of change. For those with locally developed interventions, it can be useful to look at the theories of change for evidence-based interventions that have similar components in terms of the target population, activities, delivery method and level of need (universal or targeted), as well as the evidence base relating to these components.[13]

BOX 1.6
PRACTICE EXAMPLE

Using evidence of what works

Newborough identified key elements of effective practitioner practice and strategies to support parents experiencing parental conflict, and this information was used to develop their practitioner toolkit and its theory of change. They identified the need to develop a child voice measure to capture the views and impact of parental conflict on children. Using both the EIF's outcomes measure report[1] and searches for other child-level measures of interparental conflict, they developed a measure (as detailed in box 3.3).

Having a locally developed a healthy relationships intervention, it was important for **Seaport** that evidence was used to inform how it intended to impact on key outcomes and what they would then be evaluating. Using similar evidence-based interventions' theories of change and our RPC evidence reviews, they identified a set of evidence-based assumptions about how strategies and tailored actions plans to deal with destructive interparental relationships can help parents to better manage destructive conflict and improve their co-parenting relationship.

[1]   See: https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes

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[11]   See: https://www.eif.org.uk/resource/conducting-a-needs-assessment-on-parental-conflict

[12]   On the EIF Guidebook, we provide a basic theory of change for each listed programme, as well as information about their underlying evidence. For programmes with evidence of improving interparental relationships, see: https://guidebook.eif.org.uk/search?sets%5B%5D=%25%22improving-interparental-relationships%22%25

[13]   Our RPC Hub – a central repository of evidence and information – is a good place to start. See: https://reducingparentalconflict.eif.org.uk/
For more detailed evidence we suggest focusing on three reports:
   • *What works to enhance interparental relationships and improve outcomes for children?* https://www.eif.org.uk/report/what-works-to-enhance-interparental-relationships-and-improve-outcomes-for-children/
   • *Interparental conflict and outcomes for children in contexts of poverty and economic pressure*: https://www.eif.org.uk/report/interparental-conflict-and-outcomes-for-children-in-the-contexts-of-poverty-and-economic-pressure/
   • *Reducing parental conflict in the context of Covid-19*: https://www.eif.org.uk/report/reducing-parental-conflict-in-the-context-of-covid-19-adapting-to-virtual-and-digital-provision-of-support

Deciding who will develop your theory of change

People feel a greater commitment to and ownership of processes they have been involved in, particularly if they are involved from the start. We recommend using your evaluation steering group (as set out in the introduction) or parts of it to help develop your theory of change.

BOX 1.7
PRACTICE EXAMPLE

Theory of change working groups

Newborough used their mapping exercise to create a partnership group of stakeholders working on local activities to support healthy relationships and reduce parental conflict, which included early help services, public health, early years services, schools and the VCS. This wider group was used to develop the theory of change together through a series of group and subgroup sessions.

The RPC lead in **Seaport** worked iteratively with their key VCS partner and RPC SRO in a number of concentrated sessions to draft an initial theory of change. This was then taken to a wider stakeholder group of senior leaders (their early help steering group), which included public health, social housing providers, the police, several agencies within the council and a number of VCS organisations. Over two sessions the group came to a consensus on the theory of change.

BOX 1.8
PRACTICAL TIP

Running a theory of change workshop

One popular and useful way of guiding the development of a theory of change is through a workshop, bringing together different voices and perspectives from across a local system or around a particular service or intervention. Workshops can be conducted in person or online.

EIF have produced a two-page reference sheet[1] which provides a session plan, tips and key links for anyone planning or running a theory of change workshop.

1   See: https://www.eif.org.uk/resource/running-a-theory-of-change-workshop-a-quick-reference-for-workshop-facilitators

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A step-by-step guide to developing an evidence-based theory of change for your RPC activities

Theories of change come in a number of different forms with a range of approaches to how they are developed. This guide uses the approach set out in our previous guide, *10 steps for evaluation success*.[14]

This approach is based on seven questions, as shown in figure 1.3. Your answers to these key questions can be input into our theory of change template linked below.

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14   https://www.eif.org.uk/resource/10-steps-for-evaluation-success

BOX 1.9
TEMPLATE

Theory of change template

Download from: https://www.eif.org.uk/files/resources/eif-theory-of-change-template.pdf

BOX 1.10
PRACTICAL TIP

Using PowerPoint to create your theory of change

You might find it helpful to create your theory of change using PowerPoint, as this will allow you to create boxes and insert arrows to show the links between planned activities, short-, medium- and long-term outcomes. You can use the layout in figure 1.3 below as a useful starting point.

BOX 1.11
KEY CONCEPT

Outcomes within a theory of change

Outcomes are measurable, and sometimes attributable, changes as a result of an intervention. This guide refers to primary outcomes as the ultimate, long-term outcomes you intend to achieve as a result of your intervention. Short-term outcomes are the immediate outcomes as a result of your intervention's activities. These lead to your medium-term outcomes, which are the intermediary outcomes linking the short-term outcomes to your long-term outcomes.[1]

[1]   For more on outcomes, see: https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes

FIGURE 1.3

Key questions to develop a theory of change

Evidence-based observation	Evidence-based need	Target population	Intervention activities that will address the need	Immediate outcomes	Intermediary outcomes	Primary outcomes
Evidence-based assumption	Evidence-based assumption	Evidence-based assumption	**INTERVENTION**	Evidence-based short-term outcomes	Evidence-based medium-term outcomes	Evidence-based long-term outcomes

Question 3: Why is the intervention necessary?

Question 4: How will it add value?

Question 5: Who is the intervention for?

Question 6: What will the intervention do?

Question 7: How much of it is required?

Question 2: Why are the primary outcomes important?

Question 1: What are the primary outcomes?

WHY

WHO

HOW

WHAT will the intervention achieve?

Seven key questions to develop a theory of change

To develop a theory of change for your local area, we recommend that these questions are answered in this order, so that you start from your primary outcomes and work or 'map' backwards. This helps to ensure that your theory of change (and ultimately your evaluation) is centred on outcomes rather than outputs, which can happen if you start with activities.

BOX 1.12
PRACTICE EXAMPLE

Theory of change examples

We have provided example theories of change drawn from the practice examples:

- Newborough: **https://www.eif.org.uk/files/pdf/rpc-eval-toc-egs-newborough.pdf**
- Oldtown: **https://www.eif.org.uk/files/pdf/rpc-eval-toc-egs-oldtown.pdf**
- Seaport: **https://www.eif.org.uk/files/pdf/rpc-eval-toc-egs-seaport.pdf**

Question 1: What are your primary intended outcomes?

Your answer should focus on the long-term outcomes – and ultimately the child outcomes – that you intend your local RPC interventions to achieve. There is good evidence that frequent, intense and poorly resolved conflict between parents – whether together or separated – can have a significantly negative impact on children's developmental outcomes as well as their mental health and long-term life-chances.[15] Reducing this impact on children is therefore a primary outcome of RPC activities, as illustrated in figure 1.4.

FIGURE 1.4

EIF RPC outcomes framework: focus on child outcomes
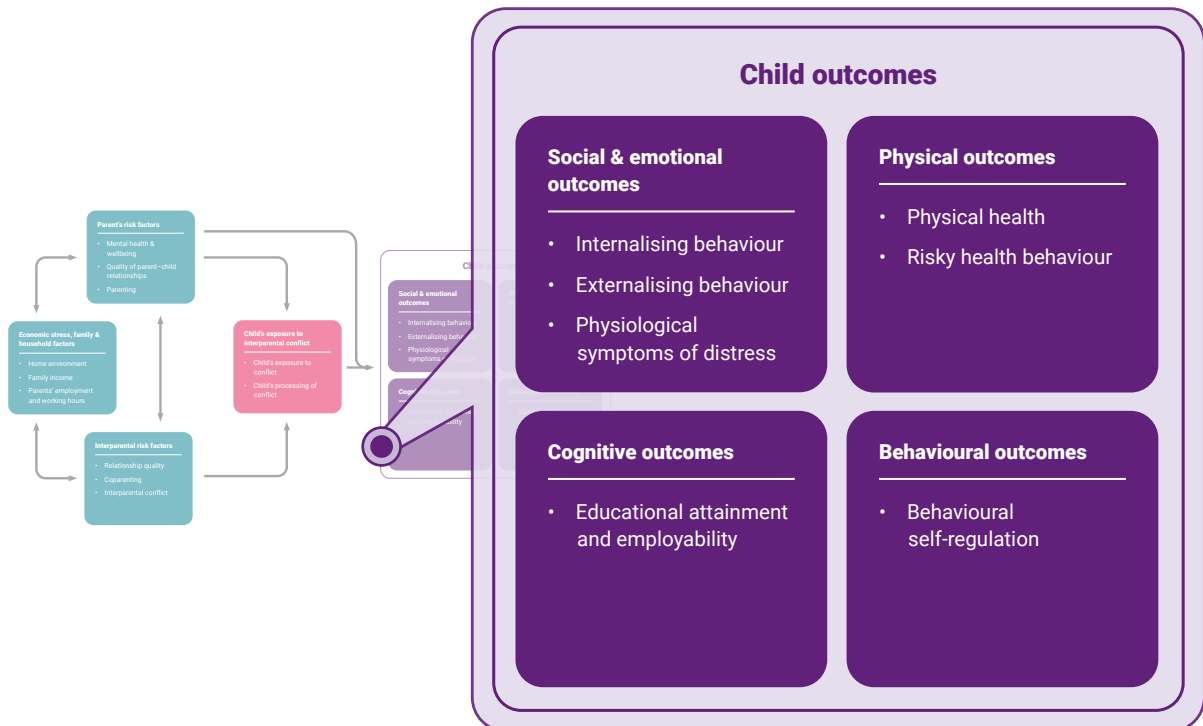
For your local theory of change, aim to build on this outcomes framework and to detail the specific outcomes you wish to achieve, and for what groups of families, based on your RPC interventions. These primary outcomes (along with your short- and medium-term outcomes) will be what you will evaluate the impact of your activities against (as detailed in module 3, piloting for outcomes).

For those delivering evidence-based interventions, these theories of change can be a good starting point to identify the primary child outcomes across your local activities.

BOX 1.13
PRACTICE EXAMPLE

Using evidence-based interventions

Oldtown is using two interventions: one universal intervention (Family Foundations) and a more targeted intervention (Family Transitions Triple P), as well as broader training of practitioners to identify and support parents in conflict. As a result, their evaluation working group agreed that a common set of child outcomes should focus on improved self-regulation and decreased emotional and behavioural problems for children where parental conflict was identified. They then devised a theory of change which explained how each intervention aimed to contribute to these outcomes.

For those not delivering evidence-based interventions with specified theories of change, a good starting point can be to look at which child outcomes the evidence shows are affected by parental conflict and the key outcomes of similar evidence-based interventions. In figure 1.5, we have listed some key types of RPC interventions along with their primary child outcomes.

FIGURE 1.5

Primary child outcomes for different types of RPC interventions

RPC intervention type	Primary child outcomes
A universal couple focused intervention aimed at new parents or those expecting their first child.	For example: Family Foundations, which includes greater attachment security, improved self-regulation, decreased emotional and behavioural problems, and increased academic adjustment.
A targeted selective intervention that is parenting-focused, with a couple component for families with toddlers and preschoolers, and who have identified parenting problems and other adult adjustment issues.	For example: Enhanced Triple P, which includes greater self-regulation and self-confidence, better school achievement, less risk of behavioural problems and/or engaging in antisocial behaviour.
A targeted selective intervention that is parenting-focused, with a couple component for families with toddlers who have identified child behavioural issues.	For example: Family Check-Up for Children, which includes improved children's self-regulatory development and minimised problem behaviour, and in the longer term, less risk of antisocial and risky behaviour.
A targeted selective intervention for divorced and separating families experiencing difficulties.	For example: New Beginnings, which includes decreased child adjustment problems (such as reduced externalising problems and internalising problems and more adaptive coping), and in the longer term, less risk of antisocial and risky behaviour and better academic outcomes. For example: Family Transitions Triple P, which includes greater self-regulator skills and self-confidence, better school achievements, less risk of behavioural problems and/or engaging in antisocial behaviour.
A universal parenting focus with couple component interventions aimed at children transitioning into primary school or secondary school.	For example: Schoolchildren and their Families, which includes better child behaviour and greater mental wellbeing.

Question 2: Why are your primary outcomes important? (And what is needed to achieve them?)

Your answer should focus on why your primary outcomes are important and centre on what short- and medium-term outcomes are needed *first* in order to achieve your long-term primary outcomes.

This involves working backwards from your primary outcomes to your medium- and short-term outcomes – and is a critical step to spend time on. All too often, those developing theories of change jump from the intervention's primary outcomes to its activities without working through the immediate and intermediary steps needed to achieve those primary outcomes.

It can be helpful to continually test whether your 'if/then' assumptions follow in the order set out in your theory of change by asking questions such as:

- Is it reasonable to assume that the medium-term outcome of improved parental relationship quality or coparenting, for example, could lead to the long-term outcome of improved child behaviour and wellbeing?

- Would your medium-term outcomes be sufficient?

- Are short-term improvements in skills and confidence in strategies to deal with interparental conflict, for example, going to lead to decreases in destructive parental conflict for new parents in the medium term?

- Could there be any unintended consequences?

? BOX 1.14
KEY CONCEPT

Focusing on outcomes for children

Evaluations repeatedly show that it is not sufficient to assume that children will automatically benefit from interventions aimed at supporting parents or practitioners. It is therefore important that your theory of change specifies how your interventions – even if they are being delivered to parents or practitioners – will impact on your primary child outcomes, even if you are not able to measure them at this time.

Your short- and medium-term outcomes also need to be ones that your interventions can change. This can define what is in and out of scope in your evaluation.

A good starting point is to look at the medium- and short-term outcomes shown in the evidence to impact on child outcomes. It can be useful to look again at the RPC outcomes framework – see figure 1.6 below for a summary of the risk and protective factors that it captures.


BOX 1.15
PRACTICAL TIP

Using your local area outcomes framework

If your local area has developed an outcomes framework, this is a good place to start to think about the outcomes that might be relevant to explore as part of your local evaluation. An advantage to using your local outcomes framework is that it will be tailored to your local population.

FIGURE 1.6

EIF RPC outcomes framework: focus on risk & protective factors
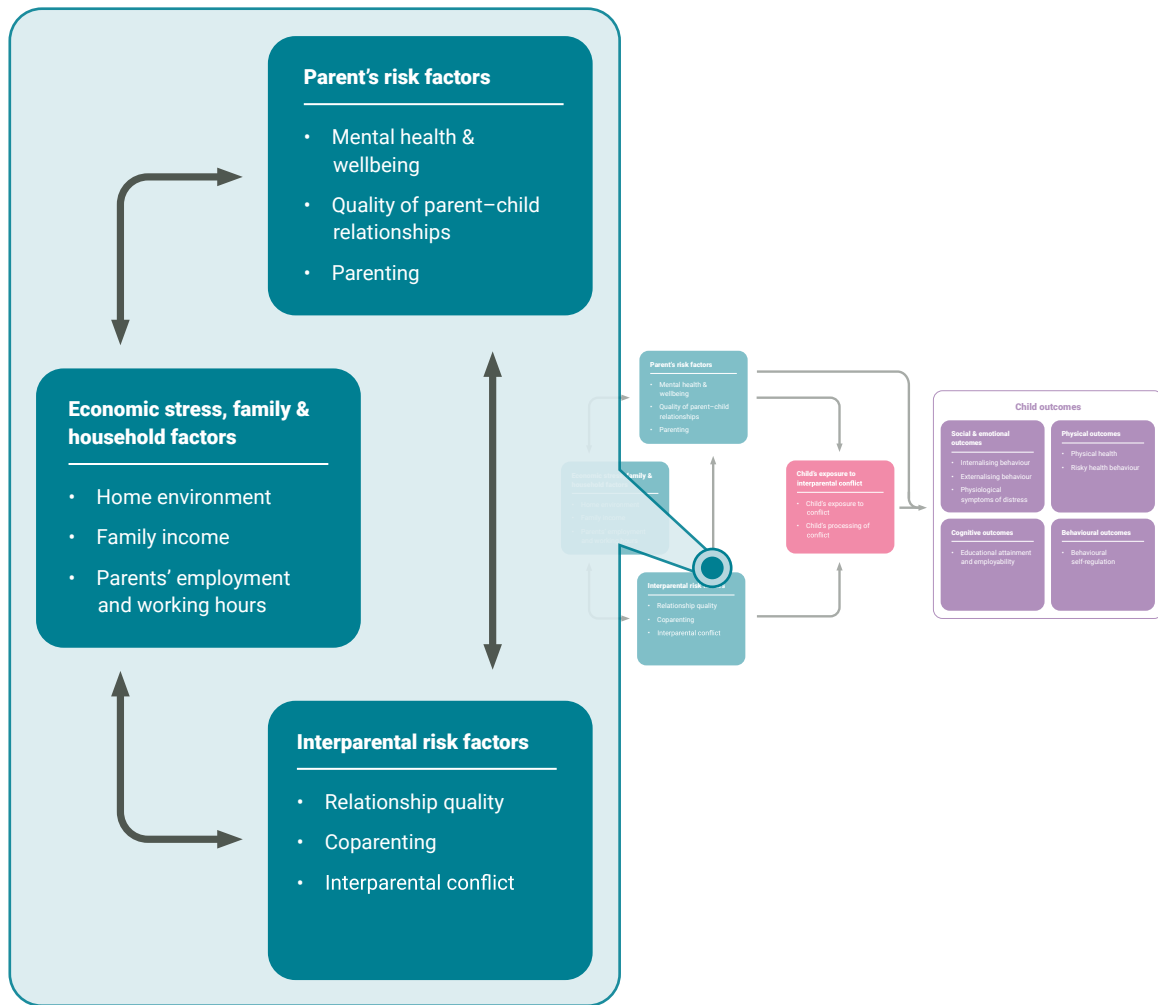
It can also be used to look at the evidence-based interventions which set out to achieve similar primary outcomes you identified. Two examples have been given in figure 1.7.

FIGURE 1.7

Short- and medium-term outcomes for two types of RPC interventions

RPC intervention type	Short-term outcomes	Medium-term outcomes
A universal couple-focused intervention aimed at new parents or those expecting their first child (Based on Family Foundations)	Improved communication and conflict resolution strategies for couples	Improved coparenting relationship and reduced family stress for couples (which in the longer term reduces the impact on children)
A targeted selective intervention for divorced and separating families experiencing difficulties (Based on Family Transitions Triple P)	Increased use of effective strategies for managing their child's behaviour for parents, which improves parents' personal coping skills and reduces stress, as well as improving coparenting	Improved mental health and coparenting couple relations (resulting in reduced impact of parental conflict on children)

Question 3: Why is your intervention necessary?

Your answer should detail the evidence-based assumptions as to why your intervention is needed to address your primary outcomes. It should also be informed by what is known about parental conflict in your local area and how the evidence supports the assumption that your interventions will address this need. Consider the types of different risk factors that are listed in the outcomes framework above (figure 1.6) which apply to your local area.

As shown in the theory of change template, it can be useful in the first column to set out the evidence-based observation for why your intervention is needed. For example:

- *Evidence shows that the birth of a first child is critical in the foundation of the coparenting relationship and a source of parental stress. The assumption is that improved parental self-regulation will help parents to better manage environmental stresses and improve the coparenting relationship, and that the best time to do this is around the birth of the child.*

In the second column, it can be useful to set out the evidence-based need – for example:

- *Local data (such as early help assessments) shows that interparental conflict is a primary need in the majority of assessments of new parents. Additionally, there is currently a high birth-rate (based on ONS statistics). Therefore, it is assumed that providing a universal intervention around the birth of new parents' first children could improve coparenting and prevent or decrease parental conflict, resulting in better outcomes for children.*

BOX 1.16
PRACTICAL TIP

Using local evidence

When thinking about why your intervention is necessary, we recommend you consult local evidence. You might already have this data available as part of your regular monitoring, or you could consult other sources, such as:

- Vulnerability estimates from the Children's Commissioner: **https://www.childrenscommissioner. gov.uk/report/childhood-vulnerability-in-england-2019/**

- Public health data: **Public health profiles – OHID (phe.org.uk)**.

Question 4: Why will your intervention add value (over current provision)?

Your answer should be included in the second column of your theory of change, setting out the evidence-based need for the intervention. For your intervention to have an impact, it needs to provide measurable value *over* current provision, thereby filling a gap.

It can be helpful to think about what is currently being delivered to address parental conflict in your local area. Using your mapping of local activities, alongside data on local need, should help to evidence how your interventions add value. For example, many local areas do not have any other universal interventions aimed at improving coparenting and reducing parental conflict for new parents.

Question 5: Who is your intervention for?

The impact of your activities to reduce parental conflict will be greatest if they are delivered to those who most need them. This should follow from your articulation of who is affected by interparental conflict (that is, the need, based on question 3) and therefore will benefit the most. Include their characteristics – for instance, are they separated couples, fathers, couples expecting their first child, or family support practitioners – as well as their type of need, such as parents in conflict due to separation or divorce, or

practitioners who lack confidence to address parental conflict. Remember that you may have several interventions within your theory of change with different target groups.[16]

Question 6: How does your intervention work?

Your theory of change should briefly explain what your intervention does to achieve its outcomes, including what level of need (universal or targeted), their format (online, in person, group-based, one-to-one), who delivers the intervention and what happens in the sessions. For now, this can be brief, as it will be developed further in your specific logic models and intervention descriptions.

Question 7: How much is required?

Lastly, your theory of change should include 'how much' of the intervention participants will receive, for example, the number of sessions, intensity and duration over time.

Reviewing your theory of change: tips and pitfalls

This brings you full circle in terms of filling out each part of your theory of change. This can be a good point to review and assess whether each component of the theory of change logically links to the preceding one.

Figure 1.8 identifies some pitfalls and provides some tips for developing a theory of change, taken from our work with local areas and guides from other organisations.[17]

FIGURE 1.8

Pitfalls to avoid and tips to keep in mind when developing a theory of change

Tips to help develop a strong theory of change	Pitfalls to avoid and be actively mitigated against
Keep it simple. Theories of change are simplifications of reality, and it is therefore impossible to capture everything. **Keep it clear.** It should be understandable and presentable to those who have not developed it, including practitioners and beneficiaries (including families).	Don't be **too ambitious** and include **too much detail**. This can go in the accompanying narrative (see box 1.13). Don't use it to provide a **retrospective justification** for your intervention which do not address areas of uncertainty and risk.
Be logical. Each element should plausibly lead to the next through a coherent causal chain ultimately leading to your primary outcomes.	Don't **ignore risks and unintended consequences**. Allow enough time to reflect on these and identify how they could be mitigated.
Use evidence to test 'if-then' assumptions. Having a 'critical friend' with good knowledge of the evidence base to help you test your assumptions can be very beneficial.	Don't **neglect context** when using evidence, focusing solely on what your interventions will do: ensure you are able to spend time addressing why the intervention is needed. This should include gathering the views of practitioners and families.
Take your time and distinguish between process and output. Much of the benefits come from the process of developing and refining your theory of change, allowing for discussion and consensus-building to **ensure co-ownership** across your RPC partnership.	Don't **be afraid of disagreement**. It is often the most valuable component of the process, as it allows for consensus. Consider co-owning the outputs, either by jointly signing up or publishing them.

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16   For example, see the Oldtown theory of change, available at: https://www.eif.org.uk/files/pdf/rpc-eval-toc-egs-oldtown.pdf

17   For more, see:
   • NPC, *Thinking big: How to use theory of change for systems change*: https://www.thinknpc.org/resource-hub/thinking-big-how-to-use-theory-of-change-for-systems-change/)
   • NPC, *Theory of change in ten steps*: https://www.thinknpc.org/resource-hub/ten-steps/
   • Aspen Institute, *The Community Builders Approach to Theory of Change*: https://www.theoryofchange.org/pdf/TOC_fac_guide.pdf

Tips to help develop a strong theory of change	Pitfalls to avoid and be actively mitigated against
Get external review and challenge and periodically review, so that it is **'live' document**. Your local RPC system is ever-evolving, and so review your theory as your RPC work develops, more external evidence becomes available, or your own evaluation activity provides challenge or support for your assumptions. This can be done organically, or more helpfully sometimes at set time points, such as key strategic decisions, recommissioning of services, or annually. This scrutiny and interrogation can help to identify avenues for further development as well as priority areas for evaluation.	Don't see it as a **fixed plan**. There is sometimes a danger that a theory of change can become a 'safety tool', reinforcing rather than challenging assumptions and providing a justification not to reassess your interventions when new evidence becomes available or other circumstances change. Refreshing your theory of change periodically can help to mitigate this. **Producing a theory of change is not the same as embedding it** throughout your work – use it in all your activities to drive your RPC agenda.

BOX 1.17
PRACTICAL TIP

Create a theory of change narrative to capture all other relevant information

A theory of change is often represented as a visual flowchart flowchart (as shown in the examples mentioned above), which should be clear and simple. Alongside this it can be useful to have a supporting narrative containing the relevant evidence and assumptions. The narrative theory of change can describe each element of the theory of change, capturing details such as the context and nuances of the approach which cannot be distilled in higher-level theory of change diagrams. This can help to challenge what you have included in the diagram, such as whether elements are necessary or missing. As with the theory of change flowchart, what you include will be determined by your needs and resources. Important elements can include: a description of the process used to create your theory of change, detail on the underlying evidence, and key assumptions to be tested out by your evaluation.

Task: Decide which RPC interventions to evaluate

You should now have an RPC theory of change (whether this is for a single intervention or a number of interventions) which sets out how your short-, medium- and long-term primary outcomes link to your interventions' activities, with an explanation as to why your interventions are needed and for whom.

The next step is to decide what to evaluate, including whether you need to prioritise, alongside considering the evaluation's audience, how it will be used, timeline and resources, and the different answers that different types of evaluation will provide.

Do you need to prioritise?

We strongly recommend that you eventually conduct an appropriately robust evaluation for all your local RPC interventions. For those with just one or two local RPC interventions, these should be the focus of your evaluation work. But for those with multiple interventions, some prioritisation may be needed: which intervention to evaluate first, for example, or which to dedicate the most resources to.

Figure 1.9 sets out a series of questions that may be useful in your prioritisation. The first three questions relate to primary factors, while the latter two relate to secondary considerations.

FIGURE 1.9

Questions to help prioritise your evaluation activity

Primary factors	
Which interventions are likely to have the most impact on your primary child outcomes?	You should focus your evaluation on interventions with the strongest evidence (and therefore theory of change) of likely impact on child outcomes. This will likely mean a focus on interventions working directly with one or both parents.
Which interventions address the most pressing need in your local area?	This should be based on your local assessment of need; such as the level of need (for example universal or targeted interventions) or for cohorts with specific characteristics (such as first-time parents, separating couples).
Which interventions are reaching the greatest number of families?	The number of families taking part in an intervention does not necessarily mean that it will have biggest impact if shown to be effective. If interventions with similar target groups and outcomes have different numbers of participants you could consider exploring the *outcomes* of interventions with larger numbers to understand if they are having an effect (via a pilot of outcomes), and the *implementation* (via a process evaluation) of those with smaller numbers to explore any implementation issues.
Secondary considerations	
Which interventions currently have local evaluation?	It may be more efficient to focus on evaluations of interventions which locally have not previously be subject to a rigorous evaluation.
Which interventions are currently more amenable to evaluate?	Interventions which are more clearly defined or have been running for an extended period ('in steady state') may be easier to evaluate first. Clearly defined means having a beginning, middle and end, a set process for the activities, and eligibility requirements.
	Consider focusing on exploring the outcomes of these intervention (via a pilot for outcomes), and the implementation of new or re-designed/adapted interventions (via a process evaluation).

Audience, use, timeline and resources

Before planning how you will evaluate your interventions, it is useful to consider who your audience is, how your evaluation will be used, and the timeline and resources you have available. Figure1.10 sets out a series of considerations for you to take into account.

FIGURE 1.10

Considerations for your evaluation: audience, use, timeline and resources

Who is the audience for your evaluation?	
Consider all users of your evaluation's findings individually as different key stakeholder groups will have very different needs.	

Key stakeholders	Considerations
Senior decision-makers	• How you will ensure they understand your RPC evaluation including what it covers, and what questions it will and will not be able to answer and when? • How you will keep them updated on the evaluation progress, including interim findings?
Partners across your local area (including VCS)	• How you will the evaluation relate to a wide range of partners from different local agencies including within the local authority children's services (such as early help, Troubled Families, social care, parenting and early years) and public health (such as health visiting and school nursing), as well as other RPC partners including the NHS, police and family courts, schools and early years settings, and relevant VCS organisations.
Practitioners delivering RPC interventions on the ground	• How will you ensure they are bought into the evaluation process, including designing data collection materials, collecting data and aiding interpretation of findings? • How findings will be disseminated to them and how will they be able to act on the findings?
Beneficiaries, including families	• How will findings be made available and accessible to them? • How will they be able to engage and follow up on findings and next steps.

How will the evaluation be used?	

• What information is needed by each group? This should inform the evaluation questions posed.
• When is it needed? Knowing these time-points can allow your data collection plans to be designed to meet these.
• What purpose? Evaluation evidence can be used for various purposes, which will impact on the type of evidence generated and how it is used and disseminated.

Types of use	Considerations
Strategic decision-making (including accountability and future funding decisions)	How will the findings be used, for example, to inform: • local area needs assessments and other intelligence, which could be informed by findings on reach, take-up and satisfaction with the interventions, as well as indications of impact on intended outcomes • local strategies and documents, for specific services (such as early help, Troubled Families, domestic abuse, children's services etc) as well as for specific areas such as workforce development, inclusion and commissioning • funding and commissioning processes, such as business cases for future RPC funding • accountability processes, such as quality assurance reports, public consultations and governance or accountability boards?
Improving intervention effectiveness	How will findings be used to help improve delivery of interventions, including wider family support, for example to inform: • how services identify, support and refer families with destructive parental conflict • delivery of non-RPC interventions with families, such as using general findings on referral pathways, take-up, attrition, and user participation and satisfaction • joint commissioning decisions for interventions?
Stakeholder buy-in and partnership development	How will findings be used to build your RPC partnership and support for the importance of RPC, such as the need for RPC interventions and possible outcomes from these interventions, and to achieve agreement on gaps in provision and local knowledge on RPC.

Over what time period will your evaluation be conducted?	
Timelines	Considerations
Intervention timeline	How will the intervention timeline impact on your evaluation, for example, on recruitment of participants into the intervention or staff capacity to support the evaluation?
Evaluation timeline	How much time can be dedicated to evaluation planning, data collection, analysis, write-up and dissemination? How long can the evaluation run, in terms of resources available? For instance, is there an opportunity for a follow-up measurement of outcome to increase your understanding of whether any outcomes have been sustained over time?

| Context timelines | How will opportunities to share findings align with key milestones or outputs? For example, is the evaluation linked to funding or re-/decommissioning decisions, end-of-year reviews, governance or partnership boards, or steering/advisory groups or communities of practice? |

What resources do you have for the evaluation?	
Resources	**Considerations**
Proportionality	Are your resources proportionate to the kind of evaluation you want to do, and is the overall cost of the evaluation proportionate to the cost of the intervention?
Who will conduct the evaluation?	Will you commission the evaluation externally or self-evaluate (within your organisation or across your partnership)?
Assistance	What resources are available to support intervention providers and practitioners to collect evaluation data?

At this time it can also be useful to think about how your evaluation findings will be disseminated, in terms of what format and in what timeline. This is covered in more detail in module 2, on evaluation project management and reporting.

What type of evaluation should you do?

Different types of evaluation can tell you different things about your RPC interventions. In all cases, more information on appropriate methods is provided in module 3.

? BOX 1.18
KEY CONCEPT

Types of evaluation

- An **impact evaluation** looks at whether intended changes have occurred, the scale of those changes, and whether the changes can be attributed to the intervention. A robust study is required to understand the causal impact of an intervention: that is, whether receiving the intervention, as opposed to not receiving it, caused the change. This kind of robust impact study involves a comparison group of similar participants who do not receive the intervention.[1]

  Prior to this, a **pilot of outcomes** should be conducted to investigate whether the intervention *has the potential* to improve its intended outcomes. A pilot does this by using validated measures with participants both before and after the intervention – and this is the type of impact evaluation covered in this guide.

- A **process evaluation**, sometimes referred to as an implementation evaluation, looks at whether an intervention is being implemented as intended, including whether it is practical or achievable. It is primarily used to understand *how* an intervention is working and *why*.

[1] For more information on robust impact evaluation, see steps 5–7 of *10 steps for evaluation success*: https://www.eif.org.uk/resource/10-steps-for-evaluation-success

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For interventions where you are working directly with families to reduce the impact of parental conflict on children, we recommend that you conduct a pilot for outcomes.[18] In some cases, finding limited evidence of positive impact on outcomes can be the result of an intervention not being implemented as intended. For this reason, conducting a process evaluation alongside a pilot for outcomes will help to explore how well an intervention has been implemented and potentially explain why it has not been effective.

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[18] This is unless you have already conducted a robust impact evaluation. In this case, refer to *10 steps for evaluation success* to identify the next steps in your evaluation journey.

For interventions where you are not working directly with those affected by parental conflict, such as training or peer-to-peer support for practitioners, understanding the impact on child outcomes will require advanced evaluation. We therefore recommend that areas focus primarily on evaluating their implementation via a process evaluation, before considering how to evaluate interventions' impact on child outcomes.

The next task is to take your theory of change and develop individual logic models for each intervention you plan to evaluate. Developing these will allow you to set out each intervention's inputs and outputs, so that you can examine its implementation through a process evaluation, as well as how these components are intended to affect the intended outcomes, which you will use as the basis for conducting a pilot of outcomes.

Task: Create logic models and intervention descriptions illustrating how you will achieve your outcomes

What is a logic model?

It is not uncommon for people to use the terms theory of change and logic model interchangeably. In reality, they serve two separate but important purposes.

**? BOX 1.19
KEY CONCEPT**

What is a logic model?

A theory of change specifies *why* your outcomes are important and the evidence to support this.

A logic model represents *what the intervention will do* to achieve these intended outcomes.

It describes how the inputs (resources) required to implement your intervention will lead to specific outputs, which should in turn contribute to improving the outcomes initially identified in your intervention's theory of change.

Figure 1.11 shows the outline of a logic model. Your intervention's information can be input into our logic model template.

**✎ BOX 1.20
TEMPLATE**

Logic model template
Download from: https://www.eif.org.uk/files/resources/eif-logic-model-template.pdf

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Creating your logic model: turning your theory of change into logic models

Similar to creating a theory of change, there are a variety of ways to develop a logic model. We use the method set out in *10 steps for evaluation success*[19] and recommend a process that is co-created by the intervention's primary stakeholders to ensure that the logic model is relevant and used.

In developing a logic model, you should use the elements of your RPC theory of change which relate to the intervention, including who the intervention is for, what the intervention does, and its short-, medium- and long-term outcomes.

If you have based your theory of change on just one intervention, then this should be the basis of your logic model. If, however, your theory of change covers multiple interventions, the relevant sections can be used to create logic models for each intervention.

It is important that your logic model is well thought through and comprehensive. However, much of the detail can be placed in your intervention description (see below).

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[19] See step 2: https://www.eif.org.uk/resource/10-steps-for-evaluation-success. This approach follows a method developed by University of Wisconsin Extension (UWEX) – see: https://fyi.extension.wisc.edu/programdevelopment/files/2016/03/lmcourseall.pdf

FIGURE 1.11

Logic model template

Inputs	Outputs		Outcomes		
	Activities	**Participation**	**Short term**	**Medium term**	**Long term**
What resources do we need?	What do we need to do in order for those individuals/groups to accomplish the short-term outcomes?	What must be reached for the short-term outcomes to be achieved?	What preconditions must be met for the medium-term outcomes to be achieved?	What preconditions must be met for the ultimate goal to be achieved?	What are the long-term outcomes?

ADD YOUR OWN ARROWS TO CONNECT THE BOXES

ADD YOUR OWN ARROWS TO CONNECT THE BOXES

ASSUMPTIONS   AND   EXTERNAL FACTORS

Download a template that you can fill out yourself: https://www.eif.org.uk/files/resources/eif-logic-model-template.pdf

BOX 1.21
PRACTICAL TIP

Logic model working groups

If possible, re-engage the relevant members of the evaluating steering group you used to develop your theory of change. In some instances, it may be possible to confirm an intervention's logic model during a workshop that takes place subsequent to the theory of change workshops. However, do leave suitable time between the two workshops, so that those preparing the logic model can gather information to ensure that the model accurately identifies the intervention's inputs, outputs, assumptions and external enablers.

BOX 1.22
PRACTICE EXAMPLE

Logic model examples

We have provided example logic models drawn from the practice examples:

- Newborough: **https://www.eif.org.uk/files/pdf/rpc-eval-logic-egs-newborough.pdf**

- Oldtown: **https://www.eif.org.uk/files/pdf/rpc-eval-logic-egs-oldtown.pdf**

- Seaport: **https://www.eif.org.uk/files/pdf/rpc-eval-logic-egs-seaport.pdf**

Outcomes

You should already have well-specified outcomes from your theory of change.

The key for your logic model is to ensure that your key outcomes are sufficiently well specified that you can measure them through validated outcome measures as part of your pilot for outcomes.

BOX 1.23
KEY CONCEPT

Outcomes within a logic model

To reiterate:

- **Short-term outcomes are the immediate result of the intervention.** For example: 'couples improve their coparenting relationship through improved communication and conflict resolution strategies'.

- **Medium-term outcomes are the more intermediary intervention outcomes.** For example, 'couples will experience an improved coparenting relationship and reduced family stress'.

- **Long-term outcomes describe the primary intended outcomes of the intervention.** For example: 'children will experience greater attachment security, improved self-regulation, and decreased emotional and behavioural problems'.

You also need to ensure that there is a logical flow from each outcome to the next. Specifically, your short- and medium-term outcomes should explain the changes needed to lead to your primary (long-term) outcomes. There may be a number of short- and medium-term steps that need to occur before a change will be seen in your primary outcome, which can be set out in the logic model template.

It can be useful to ensure your outcomes are 'SMART'.[20]

Figure 1.12 shows a useful format for writing outcome statements.

BOX 1.24
PRACTICAL TIP

Developing SMART outcomes to evaluate

Specific: It is not uncommon for outcomes to be too broad or poorly specified to be evaluable. For example, for children or families, 'flourishing' or 'thriving' are concepts that are difficult to define. Focus on what your intervention will do to reduce parental conflict and its impact on children.

Having too broad a set of multiple outcomes will also make evaluating them impossible. Limit yourself to a manageable number of outcomes.

Measurable: What gets measured gets managed, and therefore your outcomes need to form the basis of your evaluation. Avoid being imprecise. Use language such as 'greater', 'improved' or 'increased', which can be quantified and measured.

Achievable: Your outcomes should only include outcomes which your intervention can plausibly achieve. It is also worth considering whether your short- and medium-term outcomes might be necessary but not sufficient to achieve your primary outcome.

Relevant: Focus on the outcomes you are accountable for.

Time-bound: You should ensure that your outcomes have a set time when they will be achieved, making them trackable – even if this is beyond the lifetime of your intervention.

FIGURE 1.12
Outcomes statement example

Who (the target group)	Intended change (action verb)	In what (intended primary outcome)
Infants of parents with relationship conflict who identify as needing relationship support	have improved	self-regulation, and internalising and externalising behaviours
Young children separating or divorced parents with identified destructive relationship conflict have both:	a reduced risk of	behavioural problems and/or engage in antisocial behaviour
...and:	greater	self-regulator skills and self-confidence

Outputs

Build on the 'what' and 'who' parts of your theory of change to identify the intervention's outputs – its deliverables – to specify in your logic model:

- **Activities:** What do we need to do in order for those individuals/groups to accomplish the short-term outcomes?

- **Participation:** Who must be reached for the short-term outcomes to be achieved?

This enables you to set out the activities and participation milestones that need to be achieved in order for your intervention to be delivered successfully. It can also be useful to think about the specific outputs and sequence of changes for participants, and link these to specific short-term outcomes. These factors include the intervention's intensity and duration, and the specific activities required to achieve your immediate outcomes. These will form part of the research questions of your process evaluation,

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to understand whether your intervention is being implemented as intended – for example, to assess whether the intervention provides adequate opportunities for parents to understand, practise and apply new conflict resolution strategies.

Inputs

In your logic model, inputs are the resources required to implement the intervention. This can include the practitioners who will deliver the intervention, their training and qualification levels, the time required to deliver the intervention, staff or volunteer supervision, quality assurance processes, data monitoring, and materials, equipment and running costs (such as for technology, transport or venue hire). Detailing any possible implementation risks, for example around recruitment or families dropping out, will highlight important areas to investigate through your process evaluation.

Assumptions and external factors

Your logic model should also identify the additional conditions that enable your intervention to work effectively, and which can be tested in your evaluation. This includes:

- **Assumptions**, sometimes referred to as internal enablers: These are expectations, independent of the intervention, about what should be in place for the intervention to be successful. This could include 'harder' assumptions about, for example, the ongoing availability of various resources, including funding, data systems, and an appropriately trained and qualified workforce, as well as 'softer' assumptions about the relationships, values and attitudes of staff. You can also include what is required from local leaders, alignment with local drivers and priorities (including various strategies), and the quality of interagency relationships, quality assurance mechanisms and referral systems for the intervention to work.

- **External factors**, sometimes referred to as external enablers: As with assumptions, these are conditions that are independent of the intervention that may affect its success – but unlike assumptions, they exist in the wider system and are usually seen as beyond your immediate control. This could include, for example, local priorities and infrastructures, funding cycles, national policies, partnership working and other contextual factors that may positively or negatively affect an intervention's long-term impact.

Writing an intervention description

In many cases, it will be impractical to include in your logic model all of the detail needed to understand the key elements of your intervention without it becoming confusing or unwieldy. However, this detail is still essential when it comes to deciding what and how to evaluate specific aspects of your intervention.

We have created an intervention description template for this purpose, to sit alongside your logic model diagram.[21] By detailing the intervention's activities and materials, the intervention description can also be used in other ways, including training and quality assurance.

> **BOX 1.25**
> **TEMPLATE**
>
> ### Intervention description template & example
> Download from: **https://www.eif.org.uk/files/resources/rpc-eval-intervention-description-template.docx**

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[21] This template is based on a checklist developed by Hoffmann et al. to help improve completeness in the reporting of interventions in research studies. See: **https://www.bmj.com/content/348/bmj.g1687**

Module 1: Summary checklist

The checklist below sets out the important points for the three tasks in this module to help you create a comprehensive local RPC theory of change, decide what to evaluate, and create logic models and intervention descriptions for each intervention you will be evaluating.

Task: Write a local RPC theory of change setting out your key outcomes

You theory of change should:

- be coproduced by your RPC partnership to ensure consensus on your key outcomes

- include a clear set of evidence-based short-, medium- and long-term primary outcomes aimed at reducing the impact of parental conflict on children, linked to what your interventions will do and for whom

- include all relevant RPC interventions (both directly and indirectly working with parents) in your local area, and provide an articulation as to why they are necessary for your target population in terms of meeting identified local need

- be actively maintained as a 'live' document that is reviewed periodically, and have a 'narrative' that sits alongside it providing further detail.

Task: Decide which interventions to evaluate

You should have considered:

- your evaluation's audience, use, timeline and resources

- whether you need to prioritise

- what kinds of questions your evaluation will seek to answer.

Task: Create logic models and intervention descriptions illustrating how you will achieve your outcomes

Your logic model should specify, for each RPC intervention:

- the relationship between the intervention's short-, medium- and longer-term outcomes and its outputs

- the intervention's inputs, wider assumptions and external factors.

The description should clearly set out the intervention's core activities, including what it does, how, who provides it, when, and how much, in a level of detail that will allow you to evaluate the intervention.

Module 2: Planning how to evaluate

Task: Write an evaluation plan specifying research questions and your methods

This section describes the task of specifying your research questions and your evaluation methods to provide a plan for how you will evaluate your RPC interventions. It also includes advice on data protection and ethics as well as evaluation project management and reporting.

We have produced an evaluation plan template and recommend you use it to record the key decisions you make during the planning phase.

> **BOX 2.1**
> **TEMPLATE**
>
> **Evaluation plan template**
> Download from: **https://www.eif.org.uk/files/resources/rpc-eval-evaluation-plan-template.docx**

Specify your research questions

Having clarified what type of evaluation you are conducting – pilot for outcomes and/or process evaluation – you will need to write specific research questions. These will set out the questions your evaluation intends to answer and will guide the design of your research, including what data is needed and how it will be analysed.

> **BOX 2.2**
> **KEY CONCEPT**
>
> **Research methods**
> - **Quantitative research** involves collecting numerical data that can be counted, quantified and statistically analysed. Common quantitative research methods include validated measures, surveys or administrative data.
>
> - **Qualitative research** involves collecting and analysing non-numerical data (generally words, in the form of text or audio) to provide meaning, understanding and insight. Qualitative research is a term used to cover a range of research methods. Common qualitative research methods used in process evaluations include interviews, focus groups and observations.
>
> - **Mixed methods research** combines both qualitative and quantitative data collection and analysis in the same study. In process evaluations, this might include conducting a survey and a focus group.

Your evaluation questions will help to focus your evaluation and should reflect what you are trying to find out. We advise against including research questions that are either not relevant to your evaluation or that you do not have the resources to explore fully.

Figure 2.1 provides examples of research questions for each of the possible domains and subdomains of your pilot for outcomes and/or process evaluation, and suggested methods to explore each area. You do not need to explore every possible domain and subdomain. Instead, select the domains and subdomains relevant to your evaluation.

FIGURE 2.1
Domains and subdomains that might be considered in a pilot for outcomes or process evaluation

Domain	Subdomain	Definition	Possible research questions	Suggested methods
Pilot for outcomes				
Outcomes	Overall outcomes	Outcomes from taking part in the intervention.	Is there preliminary evidence that the [the intervention] improves [intended outcomes] for [participant group]?	• Quantitative assessment using validated measurement tools
	Subgroup outcomes	Outcomes that differ across participant groups, to provide a deeper understanding of for whom the intervention works best.	Is there preliminary evidence that the [the intervention] improves [intended outcomes] differently for [participant groups]?	• Quantitative assessment using validated measurement tools
Process evaluation				
Implementation	Fidelity	Degree to which an intervention was implemented as it was intended (ie, as outlined in your theory of change, intervention logic model and/or intervention description).	How was the intervention delivered? What resources are necessary to implement the intervention? What are the facilitators and barriers to delivery?	• Quantitative surveys • Qualitative interviews/focus groups or Observations
	Adaptation	Changes made to the intervention during the process of implementation.	Were any adaptations made to delivery?	• Quantitative surveys • Qualitative interviews/focus groups or Observations
	Dosage	Amount of an intervention that has been implemented.	How much of the intervention has been delivered, and reasons why?	• Quantitative surveys • Administrative data
	Quality	How well the intervention was implemented.	How well were the intervention activities implemented?	• Quantitative surveys • Qualitative interviews/focus groups or Observations
	Participant responsiveness	Extent to which intended recipients are engaged by the activities and content that are delivered during implementation.	Are recipients engaged during the delivery of the intervention? What do participants like and dislike about the intervention?	• Quantitative surveys • Qualitative interviews/focus groups or Observations
	Reach	Extent to which the intended recipients receive the intervention.	Is the intervention reaching its intended target population?	• Quantitative surveys • Administrative data
	Intervention differentiation	Extent to which activities can be distinguished from existing provision.	To what extent can the intervention activities be distinguished from existing practice?	• Theory of change development • Qualitative interviews/focus groups
Implementation costs	Start-up costs	Resources necessary to begin implementation, which would generally include training costs and other materials purchased.	What are the start-up costs?	• Administrative data

	Running costs	Resources (as per your logic model and intervention description) that are needed every time an intervention is implemented, which may include recurring costs to run the intervention, such as staff time, access to programme materials or print-outs.	What are the running costs?	• Administrative data
Perceived effects	Positive effects	Perceived benefits or positive effects of taking part in the intervention.	What do participants perceive to be the positive impact of taking part in the intervention?	• Quantitative surveys • Qualitative interviews/focus groups
	Unintended effects	Perceived negative consequences of taking part in the intervention.	Do there appear to be any unintended consequences or negative effects?	• Quantitative surveys • Qualitative interviews/focus groups

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🔨 BOX 2.3
PRACTICAL TIP

How to write outcomes evaluation research questions

Research questions for your pilot for outcomes should encompass the following three elements:

- **Intervention:** the intervention that is being evaluated.

- **Outcome:** the outcome that will be measured (taken from your intervention logic model)

- **Context:** the participant group and context (taken from your intervention logic model).

Overall impact: Is there preliminary evidence of the impact of [the intervention] on [intended outcomes, such as improved relationship quality] for [participant group and context]?

If you are also exploring whether the impacts differ across participant groups, you should write a similar research question but specify the participant demographic or characteristics you are comparing.

Subgroup impact: Is there preliminary evidence that the impact of [the intervention] on [intended outcomes, such as improved relationship quality] differs for [demographic or baseline characteristics (such as age, gender, couple status etc)]?

★ BOX 2.4
PRACTICE EXAMPLE

Developing outcomes evaluation research questions

Newborough wanted to assess whether a practitioner toolkit (the intervention) improved children's perception of parental conflict (the outcome) among children whose parents have received support from the RPC practitioner toolkit (the population). Their research question was:
• **Overall impact:** Is there preliminary evidence that the practitioner toolkit improves children's perception of parental conflict for children taking part in the pilot?

Seaport intended to explore whether the virtual relationship support sessions (the intervention) improved relationship quality (the outcome) among parents who attended the sessions (the population), and whether outcomes differed for intact and separated parents. They developed the following research questions:
• **Overall impact:** Is there preliminary evidence that the virtual relationship support sessions improve relationship quality for parents who attend the sessions?
• **Subgroup impact:** Is there preliminary evidence that improvement to relationship quality from attending the virtual relationship support sessions differs for intact versus separated parents?

Determine your research methods

You will need to plan which methods you will use in your evaluation to answer your research questions. As shown in figure 2.1, a pilot for outcomes evaluation will need to use quantitative methods, involving validated measurement tools, while a process evaluation can use quantitative (such as surveys or administrative data) and/or qualitative methods (such as interviews, focus groups or observations).[22]

We recommend mapping out which methods and participant groups will be used to answer your research questions in an 'evaluation crosswalk', as shown in the evaluation plan template. This helps to ensure that the methods you have selected comprehensively answer your research questions. You will be able to refer to the evaluation crosswalk when designing your data collection instruments.

You should aim to answer each of your research questions using at least one method, but you may decide to use multiple research methods to answer an individual research question.

Once you have selected which methods you are using, you will need to decide the specifics details for each method, as set out in figure 2.2. For further information, refer to the relevant section on each method you are using in module 3.

FIGURE 2.2

Key methodological considerations

Element of study deign	Considerations
Population and sample	• Who will be invited to take part? • What are the eligibility criteria? (eg, 'parents who attended the intervention') • What number of participants are you aiming to recruit? • How high is the risk of participants dropping out? • What strategies can be used to retain participants?
Mode of administration	• What mode of data collection will be used? (eg, online or face-to-face) • Who will be involved in data collection?
Timing of data collection	• How many times will you collect data? • When will you collect data? (eg, at set-up, pre-intervention, early implementation, 'steady state', post-intervention, follow-up)

Data protection and ethical approval

According to the General Data Protection Regulation (GDPR)[23] there are several legal requirements that must be adhered to when collecting and processing personal data. Before undertaking any evaluation, we advise you to contact your local data protection officer (DPO) or alternative data protection representative, as well as engaging with relevant GDPR guidance.

You may also need to gain ethical approval to undertake your evaluation. In this context, ethics refers to understanding the issues that come up when practitioners and families are involved as participants in your evaluation. Things to consider include informed consent and sensitive personal data (set out in more detail below), ensuring voluntary participation (participants understand they do not have to participate and can withdraw at any time), the extent to which data collection is not overly burdensome, the risk of unintended or negative consequences, safeguarding considerations, and compliance with data protection standards.

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[22]   For more information about different methods used in pilot for outcomes and process evaluations, refer to module 3.

[23]   For more information and resources on GDPR, see: https://ico.org.uk/for-organisations/gdpr-resources/

Informed consent

Prior to data collection, you must gain informed consent from participants.[24] This is an additional consent to an agreement for participation in the intervention, and relates specifically to the collection, use and sharing of data collected as part of the evaluation.

Before participants sign, you must ensure that participants understand the purpose of the evaluation, including why data is being collected and how it will be used. Participants should also be made aware that they are providing their data voluntarily and can withdraw their consent, and ask for the deletion of their data, at any time, without any impact on the support they receive.

We recommend that you use evaluation information sheets, a privacy notice and consent forms during the recruitment process. Each should be written in language that is clear and easy to understand, and be designed to serve specific purposes:

- **Evaluation information sheet:** To explain what taking part in the evaluation will involve. The information sheet should provide sufficient and appropriate information on which basis participants can make an informed decision about whether they would like to participate in the evaluation or not.

- **Consent form:** To gather consent for taking part in the evaluation. The consent form should include explicit statements about what the taking part involves and how the data collected will be used, with tick boxes to allow the participant to consent to each statement, and where appropriate, to decide not to take part in certain aspects of the study.

- **Privacy notice:** To explain how their personal data will be managed[25] – that is, how it will be stored, destroyed or shared, and what it will be used for.

★ BOX 2.5
PRACTICE EXAMPLE

Recruiting participants and obtaining consent

Newborough

Potential families were identified by their family support worker and introduced to the practitioner toolkit evaluation during a regular face-to-face meeting. To ensure all those who were invited to take part had sufficient information to make an informed decision about their participation, the family support worker gave a verbal description of the research and provided a participant information sheet and a privacy notice. A consent form was used to record the participant's decision to take part.

The local area reflected that it was beneficial for families to be recruited into the study by a practitioner they already knew and trusted.

Seaport

Parents who were taking part in the virtual sessions were sent an email invitation to take part in the evaluation. The email invitation outlined a brief summary of the research and included a link to the privacy notice. The initial page before the survey contained further information about the research, a statement about how their personal data would be treated, and contact details for the team running the survey. Consent to take part was obtained by including a consent statement ('I consent to take part in the survey') which respondents were required to agree to before answering the survey questions.

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[24] If participants are children under the age of 13, consent must be gained from whoever holds parental responsibility. For more information on guidance for processing children's data, see: https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/children-and-the-uk-gdpr/

[25] For a privacy notice template, see: https://ico.org.uk/media/for-organisations/documents/2259798/pn-template-microbusiness-201908.docx

Sensitive personal data

Data collected from participants, particularly when it is in an identifiable form, including names, dates of birth and home addresses, for example, is considered 'sensitive personal data'. This kind of data should be stored and shared in line with data protection principles.[26]

**BOX 2.6
PRACTICAL TIP**

Minimise the amount of sensitive data collected

You should not collect more personal data than you need. To minimise the amount of sensitive personal data, you could:

• Avoid collecting identifiable information. For instance, instead of recording respondents' full names, you could issue unique ID numbers for the duration of the intervention or evaluation.

• Reduce the precision of variables you are collecting. For instance, ask participants for their age group instead of their exact date of birth.

Evaluation project management and reporting

Once you have decided on the design of your evaluation and before you start to undertake your evaluation, you should consider your project management approach by reviewing the **Task: Agree evaluation resourcing and project management** set out in the introduction.

It may be helpful to create a timeline that details the completion dates for key evaluation tasks, and a risk table that identifies key risks to the project and the strategies that can be used to mitigate or minimise the impact of the risks occurring. There is space in the evaluation plan template to record this information.

You should also consider now, before you begin, how you will report and disseminate your evaluation. The value of your evaluation will be through its use and influence. Planning for this in advance and throughout your evaluation will improve its usability and impact. Look again at the **Task: Decide which RPC interventions to evaluate**, especially the section on your evaluation audience, use, timeline and resources, to help you work through who will use the evaluation findings, how they will use them, and what resources you have available for reporting and dissemination. Consider how you will tailor your outputs to meet these needs and include this in your evaluation plan. Include what outputs you will produce (evaluation report, summaries, presentations etc) as well as what evidence will be available and when. This should include how you are feeding into specific decision points (strategies, commissioning plans, consultations etc) and how the findings will inform future evaluation of your RPC interventions. For more detail on this, see module 4, on reporting and further evaluation.

**BOX 2.7
PRACTICAL TIP**

Securing senior support for your evaluation project

To gain buy-in to the evaluation project, we recommend that your evaluation plan should be agreed by your evaluation steering group, evaluation SRO and/or as wide a range of stakeholders as possible. This can also help to prioritise and manage expectations, as it is unlikely that all stakeholders' needs will be met by your evaluation at this stage.

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[26] For more information on data sharing, see: https://ico.org.uk/for-organisations/data-sharing-a-code-of-practice/

Module 2: Summary checklist

Task: Write an evaluation plan specifying your research questions and methods

Remember to:

• Record key decisions you make during the planning phase in your evaluation plan.

• Write research questions to set out exactly what your evaluation intends to answer.

• Select appropriate methods to answer your research questions.

• For each method, decide who will take part, and how and when data will be collected.

• Ensure your evaluation follows data protection policies and ethical guidelines, considering informed consent, voluntary participation and compliance with data protection standards.

• Consider project management, including creating a timeline, risk register and plan for reporting and dissemination.

Module 3: Undertaking an evaluation

Task: Plan, collect, analyse and interpret your evaluation data based on the type of evaluation you have chosen

- **Conduct a pilot for outcomes through validated outcome measures**
- **Conduct a process evaluation through surveys, use of administrative data, interviews, focus groups or observations** `GO TO ▶`

Pilot for outcomes through validated outcome measures

The purpose of a pilot for outcomes evaluation is to test an intervention's potential for improving outcomes. As covered in module 1 (see box 1.18), a pilot for outcomes study is usually conducted as an initial step prior to a larger-scale impact evaluation capable of assessing causality.[27]

Plan your pilot for outcomes

Define who will take part

For your pilot of outcomes evaluation, at this stage we suggest you concentrate on collecting data only from those receiving the intervention. This is known as a within-groups research design. We suggest conducting a between-groups design, which involves a control group (participants who are not taking part in the intervention), once you have successfully carried out a within-groups research design evaluation.

? BOX 3.1
KEY CONCEPT

Within-groups research design

Advantages

- Because there is no control group, fewer participants are required, which saves time and costs.

- As the target outcome is measured twice among the same individuals, background factors (such as demographics) are kept constant. This minimises random 'noise' in the data, which can bias findings.

Disadvantages

- This design cannot be used to determine causality – whether the change in the outcome is caused by the intervention – because it is impossible to understand what might have happened in the absence of the intervention. You should remember that it is not uncommon for participant outcomes to improve even when they do not participate in interventions.

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27   For more, see steps 5 and 6 of our *10 steps for evaluation success*: https://www.eif.org.uk/resource/10-steps-for-evaluation-success

In the context of interventions which work to address interparental conflict, you should consider assessing child outcomes – even if children do not directly receive the intervention – in addition to parent or couple outcomes. This is because the primary outcomes as set out in your intervention logic model should be child outcomes.

**BOX 3.2
PRACTICE EXAMPLE**

Listening to the child's voice: Newborough

Newborough wanted to use an outcome measure that gave children the opportunity to describe their views and feelings about parental conflict. This helps to ensures children feel listened to, as well as being able to measure the impact on child outcomes.

**BOX 3.3
PRACTICAL TIP**

Selecting suitable outcome measures for different groups

You should ensure the measures you select are suitable for the population receiving the intervention. EIF has developed a series of evidence guides which includes recommendations suitable for different groups, including separating and separated parents, minority ethnic parents, parents of children with behaviours that challenge, parents with mental health difficulties, and new parents.[1]

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1   See: https://www.eif.org.uk/resource/series-reducing-parental-conflict-evidence-guides

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Data can be collected either from all those who are receiving the intervention (the population) or from a sample (a smaller subgroup). We recommended you collect data from at least 20 participants, representing at least 60% of the total number of intervention recipients.[28] Larger sample sizes improve the likelihood of observing a statistically significant change in outcomes. If the number of intervention recipients is relatively small, you should aim to collect outcomes data from all those who are taking part. If you are collecting outcomes data from a sample of participants, you must ensure the sample is representative of the full population who are receiving the intervention.[29]

The findings of the pilot for outcomes can be undermined if there are high levels of participant dropout, known as study attrition. This is because high levels of attrition can substantially reduce the sample size and introduce bias, as attrition is frequently associated with certain participant characteristics.[30]

Select appropriate outcome measures

To explore an intervention's potential for improving outcomes, you need to measure change in your intended outcomes using appropriate outcome measures. You should:

- Select validated measurement tools (see box 3.2).

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28   This is one criterion for evaluation studies to gain a rating of 'Level 2: Preliminary evidence' against our EIF evidence standards: 'The programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.' For more details, see: https://guidebook.eif.org.uk/eif-evidence-standards

29   For more on recruiting a sufficiently large and representative sample, see step 5 of *10 steps for evaluation success*: https://www.eif.org.uk/resource/10-steps-for-evaluation-success

30   For more on encouraging parents to take up and engage in RPC and parenting interventions, see *Engaging disadvantaged and vulnerable parents: An evidence review*: https://www.eif.org.uk/reports/engaging-disadvantaged-and-vulnerable-parents-an-evidence-review

- Select measures that are consistent with the intervention's logic model and capable of assessing at least one of the intended outcomes; statistically significant evaluation results are highly unlikely when there is a poor fit between the intervention's logic model and the measures chosen.

- Consider measures that are appropriate for the target population, paying special attention to participant age, level of need, capability (such as literacy levels) and preferred language.

- Select an adequate number and appropriate combination of measures that will not overburden participants and will take into consideration the time, cost, ease of scoring and training requirements of each measure.

**BOX 3.4
PRACTICAL TIP**

Using subscales

Although it can be tempting to remove items to reduce the measures length and shorten its completion time, modifying a validated measure may compromise its ability to detect changes accurately and reliably. A better solution is to use only the subscale of the validated measure which is more relevant for your context.

Resources on selecting appropriate measures

EIF has produced a number of resources to help you select appropriate measures:

- *Measuring parental conflict and its impact on child outcomes*, which provides recommendations on selecting and using valid, reliable and practical measures to evaluate interventions targeting the interparental relationship: https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes

- *Using validated tools to measure parental conflict and its impact on children*, which provides a concise introduction and practical tips on selecting and using validated measures in services designed to help reduce the impact of harmful parental conflict: https://www.eif.org.uk/resource/using-validated-tools-to-measure-parental-conflict-and-its-impact-on-children

- The RPC Measures Selector is a tool which identifies the measures that are most likely to suit your needs, based on five or six key questions: https://www.eif.org.uk/resource/rpc-measures-selector

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**BOX 3.5
KEY CONCEPT**

Validated measurement tools

Validated measurement tools are measures that have been carefully tested to make sure that they produce reliable and accurate results, and reduce the likelihood of any bias. They are an important way of determining whether an intervention is achieving its intended outcomes.

Validated measures have four key features:

- **Validity:** The extent to which a tool measures what it claims to.

? BOX 3.5 (CONT)
KEY CONCEPT

- **Internal consistency:** The degree to which items designed to measure the same outcome relate to one another.

- **Reliability:** The extent to which the conclusions of a measurement tool are stable over time (known as 'test-retest reliability'), or when used by different practitioners (known as 'inter-rater reliability').

- **Sensitivity to change:** The degree to which a measurement tool is able to detect change within the timeframe of the intervention.

★ BOX 3.6
PRACTICE EXAMPLE

Selecting outcome measures: Newborough

In line with **Newborough's** key primary outcome set out in their logic model, the area wanted to assess whether the use of their practitioner toolkit with parents resulted in a decreased impact of parental conflict on children. They reviewed a range of different measures, including the Children's Perception of Interparental Conflict Scale (CPIC).[1] To decide on the best measure to use, they considered the following questions:

Is the measure…	The CPIC…
a validated measurement tool?	…has good internal consistency and is reliable. However, EIF's assessment of the CPIC found limited evidence to suggest it is sensitive to change for short interventions and is valid.
consistent with the intervention's theory of change?	…has been designed to assess children's views of multiple dimensions of parental conflict and child adjustment which are primary outcome specified in the intervention's logic model and their local RPC theory of change.
appropriate for the target population?	• is designed for children aged 9–17 years • has 48 items and may require more than 15 minutes to complete.

The local area decided the CPIC was a suitable measure to use, however had concerns the measure would be too burdensome because of its length. Therefore, they decided to use a subscale from the CPIC: the Conflict Properties subscale, which has 19 items. This subscale was selected because it measures the frequency, intensity and resolution of parental conflict, which are outcomes specified in the intervention's logic model.

[1] See: https://www.eif.org.uk/files/resources/measure-report-ipr-cpic.pdf

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- A summary of measurement tools that are suitable for use with different groups of families are available in EIF's evidence guides: **https://www.eif.org.uk/resource/series-reducing-parental-conflict-evidence-guides**.

**BOX 3.7
PRACTICE EXAMPLE**

Selecting outcome measures: Seaport

Seaport wanted to assess whether taking part in virtual healthy relationships sessions improved relationship quality among parents (a medium-term outcome specified in its logic model). They reviewed the Relationship Quality Index (RQI)[1] by considering the following questions:

Is the measure…	The RQI…
…a validated measurement tool?	…has good internal consistency, is valid, and is sensitive to change in short interventions. However, EIF's assessment of the RQI noted that there is limited information on test-retest reliability.
…consistent with the intervention's theory of change?	…assesses relationship quality, which is a medium-term outcome specified in the intervention's logic model and their local RPC theory of change.
…appropriate for the target population?	…is a short (six-item) measure written in plain language and therefore suitable for respondents with limited literacy, as found in Seaport's population. It takes around 10 minutes to complete, so would not overburden participants.

Based on the answers to the three questions, they decided the RQI was a suitable measure to use. To not overburden participants, they decided not to use any other measures.

[1] See: https://www.eif.org.uk/files/resources/measure-report-ipr-rqi.pdf

---

Decide timing of data collection

Pilot for outcomes evaluations involve collecting data using validated measurement tools at least twice:

- once before participants receive the intervention

- again after they have received the intervention – for example, after they have completed a relationship course or a training session.

We recommend a follow-up test is conducted to see whether and for how long the observed outcomes are sustained.

**BOX 3.8
KEY CONCEPT**

Pre-test, post-test and follow-up test

- **Pre-test:** the measure should be administered at or very near to when participants begin the intervention (commonly known as a baseline test).

- **Post-test:** the same measure should be administered again after participants have finished the intervention (commonly known as an endline test). The aim of the post-test is to document the changes in outcomes that have occurred since the baseline.

- **Follow-up test:** where the measure is administered a set period of time after the post-test (for example, at three, six or 12 months later).

BOX 3.9
PRACTICE EXAMPLE

Timing of data collection

Newborough

To assess whether their practitioner toolkit was showing promise of impact, children taking part in the pilot evaluation were asked to complete the CPIC at three time points. The intervention did not have a clear end date, as the number of sessions parents received was dependent on their needs. It was expected that parents would complete at least six sessions, so it was decided the post-test would be administered to children after their parents had completed six sessions, and a follow-up test administered four months later.

Seaport

To explore whether the virtual sessions improved relationship quality among parents, the parenting team issued three rounds of the Relationship Quality Index (RQI) measure. Parents were asked to complete the RQI measure before they attended the first virtual session workshops, immediately after the last session, and three months after finishing the sessions.

There may be cases where your intervention does not have clear start and end dates – for example, if you are evaluating an intervention in which the number of sessions is tailored to participants needs. In this instance, a pre-test should be completed before participants receive the intervention. Then, a post-test could be completed after a certain number of sessions or after a set period of time.

BOX 3.10
PRACTICAL TIP

Issuing a measure in person

If the measure is being issued in person, consider who is best placed to collect the data. Most practitioners working with families already have the necessary skills to introduce the measure in an appropriate and sensitive manner. Participants may also be more willing to take part if they already have an existing relationship with the practitioner who is issuing the measure.

Decide mode of data collection

The way you collect the data should be suitable for the measures you select. While some measures are flexible in terms of how they can be administered (for instance, CPIC can be completed in person or online), others specify a single mode of administration.[31]

Standardised measures are sometimes administered in person by a practitioner who has undergone training to do so. Less burdensome measures include short-item questionnaires that can be completed by study participants independently (such as the RQI).

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[31]   EIF's measurement review includes information on the mode of administration for each of the measures that have been reviewed. See https://www.eif.org.uk/ resource/measuring-parental-conflict-and-its-impact-on-child-outcomes

> ### BOX 3.11
> **PRACTICE EXAMPLE**
>
> ### Deciding how to collect data
>
> In **Newborough**, the CPIC measure was administered face-to-face by a family support worker to all children in each family who were aged between 9 and 17 years old and taking part in the pilot. The local area felt it was important for the family worker to have an existing relationship with the family, as it led to children feeling more comfortable answering sensitive questions. The family support worker was also in a better position to respond if the data highlighted any safeguarding concerns or other issues that came up during collection.
>
> In **Seaport**, the RQI measure was administered as an online survey. At each data collection timepoint, parents taking part in the virtual sessions were emailed a link to the survey alongside instructions for how to complete the measure.
>
> The local area decided to issue the RQI as an online survey because it is a short-item questionnaire which is suitable for self-completion. As parents were taking part in virtual sessions, it was assumed they would be able to access an online survey.

Collect your pilot for outcomes data

Prepare data collection tool

You will need to prepare the outcome measures you are using so they are in a format that participants can complete (such as an online or paper form). The process for preparing a survey is covered in section below on process evaluation methods.

It is recommended that you use outcome measures in their entirety, without changing, adding, deleting, or altering them or how they are ordered.[32] Modifying sets of questions will significantly reduce the measure's validity, reliability and sensitivity. If you are using an outcome measure with multiple subscales (sets of questions) then you can, if necessary, remove subscales sets which aren't needed in their entirety. See box 3.3 for a practice example.

We recommend that, where possible, you collect data on the implementation of your intervention (for your process evaluation) alongside data for your pilot for outcomes. This will help to reduce the burden on participants, as well as the time and costs associated with data collection.

Train the data collection team

In cases where the measure is being issued in person, you must ensure those involved with data collection have received training. This should cover relevant background information about the evaluation; the importance of collecting data; how data will be used; how data should be collected; how data should be stored; and how safeguarding concerns or other issues should be addressed. Providing clear guidance on how to administer the measure ensures that data is collected accurately and reliably.

Administer the measure

During data collection for your pilot evaluation, the measure will be administered at two or three different times (pre-test, post-test and follow-up test). Measures should be administered in a standardised way across participants, as results are more valid when a measure has been administered in the same way every time.

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[32] For more information on using measures appropriately, see section 5.2 in https://www.eif.org.uk/resource/measuring-parental-conflict-and-its-impact-on-child-outcomes

Analyse and interpret your pilot for outcomes data

Data management

Once you have completed data collection, you will need to prepare your data for analysis. The process for preparing quantitative data for analysis is covered in the section below on analysing and interpreting your survey data.

Descriptive analysis

Your analysis should include any relevant descriptive statistics, such as response rate and analysis of categorical variables (such as age, gender). See the section below on analysing and interpreting your survey data for more information on how to conduct this type of analysis.

Statistical analysis

The main part of your pilot for outcomes analysis will be to explore whether there are any changes in scores from pre-test (baseline) to post-test (endline), and also – if you conducted a follow-up test – from pre-test to follow-up. If you find any changes, you will want to know whether these are statistically significant.

> **?** BOX 3.12
> **KEY CONCEPT**
>
> ### Statistical significance
> A change between scores is statistically significant if it is not likely to have occurred by chance, but instead is likely to be attributable to a specific cause (such as taking part in the intervention).

A variety of statistical analyses are appropriate for investigating whether a change in pre/post (and follow-up) scores is statistically significant. We advise that it is kept as simple as possible for the pilot evaluation, keeping in mind that the analyses must be appropriate for the nature of the data and the size of the sample.

A paired sample t-test is an ideal analysis for pilot evaluations where you wish to compare pre- and post-scores among the same participants.[33] You might find it helpful to consult with a data analyst at this stage for guidance on how to complete analysis of your data.

> **?** BOX 3.13
> **KEY CONCEPT**
>
> ### Paired sample t-test
> A paired sample t-test (also called a matched sample or dependent sample t-test) is used to investigate whether there is a statistically significant difference between two sets of scores (such as scores collected before and after an intervention).

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[33] Further guidance around how to complete this type of data analysis is provided in appendix D of *10 steps for evaluation success*:
https://www.eif.org.uk/resource/10-steps-for-evaluation-success

Interpreting significant findings

Obtaining a statistically significant improvement in pre/post scores is viewed as a preliminary indicator that the intervention will be found to have a positive impact on the outcomes measured after more rigorous evaluation has occurred.

Positive findings from a pilot for outcomes evaluation should never be interpreted to mean that the intervention is effective. This is because pre/post test findings are subject to high levels of bias, due to the lack of an equivalent comparison group, which makes it impossible to know what might have happened in the absence of the intervention. Remember it is not uncommon for participant outcomes to improve even when they do not participate in interventions.

Interpreting non-significant findings

A lack of a statistically significant result should not necessarily be interpreted to mean that the intervention is ineffective. It may mean there were issues with the implementation of the intervention, or with its evaluation.

Implementation issues may relate to several of the characteristics set out in figure 2.1 (on domains and subdomains to be considered for evaluation), including:

- **Fidelity**, where the intervention was not implemented as it was intended, that is, as set out in its intervention logic model and intervention description.

- **Adaptation**, where changes were made to the intervention during its implementation and delivery.

- **Dosage**, where the amount (the number or intensity of the sessions) was not enough to change the outcomes you were measuring.

- **Quality** and **participant responsiveness**, including how well the intervention was implemented in terms of the quality of and engagement with intervention activities, practitioners and materials.

- **Intervention differentiation**, where the intervention was not sufficiently different from existing provision to create a change in the intended outcomes.

These are the central elements of a process evaluation, and is the reason why we recommend both a pilot of outcomes and process evaluation are conducted alongside each other.

It is also not uncommon for interventions to increase participants' awareness of the issues being addressed, which may result in increased reports of problems or negative perceptions.

Non-significant findings can also occur because of issues in the design of the pilot evaluation, such as:

- **Measurement:** For example, the measures may not have been sensitive enough to observe changes between the pre and post data. We suggest testing the same measures again alongside other measures with a small group of participants to see if any differences can be seen.

- **Small sample size:** It is worth keeping in mind that small to moderate impacts often become statistically significant once the sample size is increased.

These design issues may arise alongside issues with the evaluation itself, such as **attrition** (dropout), where high levels can substantially reduce the sample size and introduce bias, as it is frequently associated with participant characteristics.[34]

Process evaluation through surveys, use of administrative data, interviews, focus groups or observations

A process evaluation, sometimes called an implementation evaluation, aims to understand whether the intervention has been implemented as intended. It focuses on the first three segments of the logic model – inputs, activities and outputs – and the content of the intervention description. It usually includes exploring who participated in the intervention, the extent of their participation, how much resource was needed, and the barriers and enablers to implementation.

Process evaluations can also be used to explore the *perceived* effects of the intervention from the perspective of those delivering or participating in the intervention (such as practitioners or parents respectively). These perceived effects are different to the measured changes in outcomes that might be demonstrated as part of a pilot for outcomes impact evaluation.

For any pilot for outcomes evaluation, we recommend that that you also conduct some form of process evaluation, to understand *how* and *why* the intervention is working, which will complement your impact data on whether there has been change in your intended outcomes.

There are a range of different types of qualitative and quantitative methods that you could use for your process evaluation. Common methods include surveys, use of administrative data, interviews/focus groups and observations. A process evaluation can use a single method or a combination methods (that is, a mixed-methods design).

The type and number of methods you select will depend on the research questions you developed in your evaluation plan (module 2), and the items you considered in Task: Decide which RPC interventions to evaluate, such as your resources, timeline and users' needs. You should use your intervention's logic model as well as your intervention description as the basis to plan what elements of the intervention you will explore in your process evaluation.

The rest of this module provides an overview of each method, alongside a description of the tasks you will need to complete in each case.

Surveys

A survey is a way to collect information directly from people in a systematic and standardised way, and can be used to explore implementation and perceived effects (see box 3.11).

Surveys typically collect quantitative data, which means they can be used to establish quantities and magnitude: questions like 'how many', 'how much', 'to what extent'. Surveys can, however, also include open-ended questions, which are typically used to collect qualitative data.

Before you start conducting survey research, you should have already developed a set of research questions (in module 2), which should be used to design your survey research, including what data is needed and how responses will be analysed.

If you are conducting a pilot of outcomes evaluation using validated outcome measures at the same time as a survey for your process evaluation, you should consider incorporating them together, to minimise the burden on participants by reducing the number of data collection activities.

Plan your survey
Defining who you will survey
Based on your research questions, you will need to determine who will take part in your survey. This will likely be one or both of:

- those involved in the delivery of the intervention, such as managers and practitioners

- those who are receiving or participating in the intervention, such as parents.

**? BOX 3.14
KEY CONCEPT**

Survey domains and subdomains

In a process evaluation, a survey can be used to explore:

Domain	Subdomain	Definition
Implementation	Fidelity	Degree to which an intervention was implemented as it was intended (ie, as outlined in your theory of change, intervention logic model and/or intervention description).
	Adaptation	Changes made to the intervention during the process of implementation.
	Dosage	Amount of an intervention that has been implemented.
	Quality	How well the intervention was implemented.
	Participant responsiveness	Extent to which intended recipients are engaged by the activities and content that are delivered during implementation.
	Reach	Extent to which the intended recipients receive the intervention.
Perceived effects	Positive effects	Perceived benefits or positive effects of taking part in the intervention.
	Unintended effects	Perceived negative consequences of taking part in the intervention.

The number of people in each group, of deliverers or participants, will determine whether to include everyone in the survey (called a census) or to select a sample (a subgroup). Given that most interventions aimed at reducing parental conflict have a relatively small number of people involved in delivering the intervention, we recommend that you survey all of them. We also recommend, if possible, that you survey all those participating in the intervention.[35]

Decide how your survey will be administered

Participants can either complete the survey independently (for instance, where participants are emailed a link to an online form) or with assistance from a practitioner (such as where a practitioner asks questions in person and records participants' answers on an electronic form). Both approaches have benefits. Self-completion encourages participants to respond to questions honestly. Assisted modes can be beneficial for participants with language or communication needs, who may need help to understand or interpret the questions.

**⚒ BOX 3.15
PRACTICAL TIP**

Using online survey platforms

There are a range of different platforms available to create online surveys, including Microsoft Teams Forms and Survey Monkey. Using an electronic survey platform can also make it easier to analyse your data, by producing tables and graphical representations of the data automatically. However, it is important to check that the platform complies with your organisation's data protection policies, including how it processes and stores data (see module 2). You should also ensure the platform you are using can be accessed from all devices, including smartphones, tablets and desktop or laptop computers.

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35 If you are including a sample of participants, try to ensure the group of participants is representative of all participants taking part in the intervention, which means they are similar in terms of key demographic characteristics, such as age, gender, relationship status, or number of children.

Decide the mode of your survey

Surveys can either be administered electronically or by pen and paper. Electronic completion is more cost-effective, as there are no printing or materials costs and data is recorded automatically. However, it is important that your survey is inclusive to all your intended respondents. There may be some people who prefer or need a paper questionnaire, so consider making paper forms available on request.

Decide the timing of your survey

Consider how the data collection stage fits into your intervention delivery timeline, as well as your wider evaluation. To increase participant response rate you could incorporate data collection with intervention activities, for example, by issuing the survey at the beginning of the first session and at the end of the final session.

If you are administering your process evaluation at the same time as a pilot for outcomes using a pre/post design, your survey will need to be administered twice: once before participants start the intervention and again once they have completed the intervention.

**BOX 3.16
PRACTICE EXAMPLE**

Administering a survey

As part of their process evaluation exploring the implementation of practitioner training, **Oldtown** conducted an online practitioner survey. The survey was administered before and after training to investigate changes in perceived practitioner knowledge, skills and confidence (ie, perceived effects). The post-intervention survey also aimed to gather data on the implementation of the training. Practitioners were asked to give their views on the quality of the training and their satisfaction with the course.

In their pilot for outcomes, **Seaport** assessed whether taking part in virtual parenting sessions improved relationship quality among parents via a validated outcome measure (the RQI – see box 3.4). As part of their process evaluation, they wanted to explore whether sessions were being implemented with fidelity, and how satisfied parents were with the sessions. To minimise the burden on participants, they incorporated these implementation questions and the validated outcome measures (the RQI, which had been administered by itself prior to the intervention) into a single online survey administered after the intervention.

Collect your survey data

Develop a data collection tool

You will need to decide what questions to ask and how to ask them in your survey. The process of developing a survey can be quite time-consuming, so make sure you begin this step with plenty of time before you plan to issue your survey.

Content of the questions

You should use to your research questions to set out what the survey will ask. A common pitfall is to include too many questions, on a wide range of topics, in the hope of collecting as much information as possible. However, this can reduce the response rate and make analysis of your data more challenging.

Question phrasing

The survey questions and answers should be written carefully to ensure high-quality data. When writing your own survey questions, you should:

- **Select the most appropriate question type** and consider using a mix of different types (see box 3.15).
- **Ensure the language is clear and easy to understand.** Avoid using jargon, technical terms and acronyms, and use language that respondents are likely to be familiar with. For example, one local

area decided to use the term 'arguing' rather than 'conflict', as they felt respondents would be more familiar with this term.

- **Avoid leading questions**, as this can influence the way the respondent answers the question and bias the data. For example, asking *'How has your relationship with your partner improved?'* assumes respondents benefitted from taking part. Instead, you could ask *'In what ways, if any, has as your relationship with your partner changed?'*.

- **Avoid asking more than one item in a question**, as the respondent may want to answer each component differently. It is also difficult to analyse answers with multiple parts to the question. For instance, rather than asking *'What, if anything, did you dislike and what, if anything, could be improved about the intervention?'*, you should ask this as two separate questions: *'What, if anything, did you dislike about the intervention?'* and *'What, if anything, could be improved?'*.

- **Include a non-response for each item** (such as 'Don't know' or 'Prefer not to say'). It is useful to differentiate between reasons for a non-answer, such as between those who did not respond because they did not want to or because they did not know the information.

BOX 3.17
TEMPLATE

Survey templates

We have produced a set of templates which can be adapted to suit your needs, alongside some general guidance on how to prepare your survey.

- Practitioner receiving training: **https://www.eif.org.uk/files/resources/rpc-eval-survey-practitioner-training.docx**

- Practitioner delivering intervention: **https://www.eif.org.uk/files/resources/rpc-eval-survey-practitioner-delivering.docx**

- Parent receiving intervention: **https://www.eif.org.uk/files/resources/rpc-eval-survey-parent-receiving.docx**

BOX 3.18
KEY CONCEPT

Types of survey questions

Closed-ended questions require respondents to select one or more answers from a predefined list, and produce categorical data: that is, data that can be divided into groups, such as relationship status or sex. They are simple and quick to answer, and produce data that is easier to quantify and analyse than open-ended questions. They can be used to explore changes over time by repeating questions with the same group of participants.

Numerical questions require a specific numerical answer, either by respondents selecting from a predefined list (closed-ended questions) or typing their own answers (open-ended questions). They are used to gather numerical data, such as the number of sessions that have been delivered.

Open-ended questions allow respondents to reply to questions using their own words, and produce qualitative data. They are useful as follow-up questions on closed responses, for instance to ask for a more detailed explanation, or when you aren't confident on the range of likely responses. They should be used sparingly, as they require more time, thought and effort from respondents to complete, and they can produce large amounts of data to analyse.

For each question type, there are certain things you should bear in mind when writing your survey questions.

FIGURE 3.1

Considerations for different survey question types

Question type	Definition	Things to remember
Closed questions		
Single-code	A question where only one answer option can be selected (eg, age groups, yes/no questions).	Avoid long lists of response options, as there can be a tendency to only look at the first or last items in the list.
Multi-code	A question where multiple answer options can be selected (eg, reasons for non-attendance).	Ensure response options are comprehensive, mutually exclusive (no overlapping categories) and exhaustive (every possible response is covered).
		Provide specific instructions, such as how the question should be answered (*'Please select all that apply'*)
		Consider including an 'Other' option in case the response options do not apply to a respondent.
Likert-scale	A survey scale designed to measure respondent's attitudes, beliefs or behaviours, by rating the extent to which they agree or disagree with the question or statement.	Include an equal number of positive and negative statements and a neutral mid-point (eg, a scale with five points ranging from strongly disagree to strongly agree).
		Use consistent answer options for each Likert question.
Numerical questions		
Numerical question	A question which requires a specific numerical answer.	Provide specific instructions, such as whether respondents should estimate their answer if they do not know the exact figure.
Open questions		
Open question	A question where respondents reply to questions using their own words.	Specify a maximum word count to give respondents an idea of how much you expect them to write. This also helps to minimise the amount of data you will need to analyse.
		Provide specific instructions, such as what should/should not be included (*'To answer this question, you might want to consider...'*).

Ordering and layout

The survey should begin with an introduction and end with a closing section. Example text for both sections is given in the templates provided (see box 3.14).

The questions in the survey should be arranged in a logical order. If the survey covers several different topics, group together related questions, and divide the survey into sections to help respondents understand what is being asked in each part.

BOX 3.19
PRACTICAL TIP

Using ID numbers in a survey

If you are issuing a survey at two or more time points, you will need to make sure an individual's responses in the pre-test can be linked to their responses in the post-test.

One potential method is to create ID codes or use existing codes (such as a practitioner ID number). You should create a master sample file which matches respondents to their ID numbers. As this file will contain sensitive personal data, it should be stored securely in line with data protection principles (see module 2). For help generating ID numbers and managing sample files, you could consult with someone from your data team.

Pre-test your survey

The final stage of survey development should involve pre-testing with the target group of respondents (intervention participants or practitioners who are delivering the intervention). You should gather their feedback on not only the questions and the response options but also the clarity of the instructions you have provided.

Pre-testing will also give a good indication about the time it will take respondents to answer the survey, and therefore whether the survey needs to be shortened or there is space to add additional questions. If you are conducting an online survey, ensure the survey has been completed a couple of times so you can check the dataset is being saved in the correct format and location.

**BOX 3.20
PRACTICE EXAMPLE**

Conducting a focus group to test a survey

Newborough developed a survey to explore children's perceptions of parental conflict before and after their parents had received support through an RPC toolkit.

Before the survey was used to collect data, the local RPC evaluation lead conducted an online focus group with five practitioners aimed at gathering their views on the content of the survey. This included questions on the clarity of questions, logic and flow, acceptability of topics, and survey length.

This helped to identify a number of errors in the sequencing of the survey and two questions that could be cut from the survey, as practitioners felt parents would not be able to answer them.

Administer your survey

When collecting data, it is essential to consider issues of ethics and data protection.

**BOX 3.21
PRACTICAL TIP**

Check respondents' data

Once a small proportion of respondents have completed the survey, check the data to ensure it is being recorded in the right format. If a large proportion are selecting 'Other', this might suggest you have missed a common response option. If a large proportion are selecting 'Don't know' or leaving questions blank, this might suggest the question is unclear. In these instances, you should revise the survey questions and/or answer options if possible.

Analyse and interpret your survey data

Create a dataset

All the survey data (the 'raw data') should be entered into a spreadsheet. If a survey was issued at two time points, include the pre/post scores in the same dataset.

To comply with data protection standards, you should anonymise the survey responses by removing participants' names or other personal details and assigning them with a unique identification number (see box 3.16).

BOX 3.22
PRACTICE EXAMPLE

Structuring a spreadsheet dataset

The table below illustrates how **Seaport** structured the data they collected from a survey issued to practitioners before and after training.

What is your ID number?	What team do you work for?	Who delivered the training?	'Overall, I was satisfied with the training.'	'I understand risk factors for parental conflict.'	
ID	Team	Trainer	Satisfaction 1 = strongly disagree 5 = strongly agree	Knowledge (pre) 1 = strongly disagree 5 = strongly agree	Knowledge (post) 1 = strongly disagree 5 = strongly agree
P101	Children's services	Local authority trainer	5	2	4
P102	Social care	Local authority trainer	4	2	2
P103	Voluntary sector	Local authority trainer	4	4	3

BOX 3.23
PRACTICAL TIP

How to clean your data

Once you have organised the data into a spreadsheet, check the dataset for errors. You will need to:

- **Remove any test cases**, which should be indicated by the ID number or date of completion.

- **Remove any duplicated responses.** If a respondent has completed the survey twice at a single point in time, select the most complete version, or if they have both been completed, select the most recent version.

- **Check the dataset matches the raw data** by randomly selecting a couple of respondents in the spreadsheet and comparing their survey responses to the raw data.

- **Check for obvious errors**, such as where the data does not match the possible response options (for instance, where scores are higher than the highest possible score).

Analyse your data

In this section we explain the different types of analysis you could complete.

Calculate the response rate

The response rate is the proportion of people who answered your survey. It is calculated by dividing the number of people who answered the survey by the number of people who were sampled (who were asked to fill out the survey). The larger the response rate, the more confident you can be that the results are representative and can be generalised, which means the findings can be applied to the target population.

Analyse closed questions

Begin by putting together a table that shows how many people chose each response option (the frequency) then calculate the percentage of people who chose each option. When calculating percentages, use the total number of respondents for each question rather than the total number

who responded to the survey as a whole. The final row of the table should include the total number of responses to the question (known as the 'base').

If you have asked the same questions before and after your intervention, both sets of responses can be presented in a frequency and percentage table, as shown in box 3.21. This will allow you to see whether there has been a change across the group of respondents.

BOX 3.24
PRACTICE EXAMPLE

Compiling frequency and percentage tables

The table below illustrates how **Seaport** created a frequency and percentage table for one of the questions in their practitioner survey.

Question:
To what extent do you agree or disagree with the following statement: '*I understand risk factors for parental conflict.*'

	Pre-intervention (knowledge)		Post-intervention (knowledge)	
	Frequency	Percentage	Frequency	Percentage
Strongly disagree	12	27	6	15
Disagree	10	23	7	17
Neither agree nor disagree	8	18	7	17
Agree	8	18	9	22
Strongly agree	4	9	11	27
Don't know	2	5	1	2
Base	*44*		*41*	

For certain questions, you may also decide to complete subgroup analysis for categorical data, to explore how responses vary across groups. This involves subdividing survey respondents into groups on the basis of background characteristics (such as age, sex, relationship status or number of children for parents, or professional background for practitioners). Box 3.22 shows a frequency and percentage subgroup analysis table for perceived impact on relationship with child, split by intact versus separated parents.

Analyse numerical questions

Two types of statistics are commonly used to describe numerical data:

• the measure of central tendency, or the average

• measure of dispersion, or the amount of variation.

There are three measures of central tendency: mean (commonly known as the average), median and mode. The mean is calculated by adding up the values and dividing by the total number of values. The median is the middle number in a dataset, while the mode is the most frequent response.

The measure of dispersion can be understood by calculating the range (the lowest and highest values in a dataset), the interquartile range (the difference between the upper and lower quartile, that is, between the top 25% and the bottom 25%) or the standard deviation (the spread of data, with a higher standard deviation indicating a greater spread). See box 3.23 for tips on using Excel to calculate these values.

BOX 3.25
PRACTICE EXAMPLE

Frequency and percentage tables for subgroup analysis

The table below illustrates how **Seaport** completed subgroup analysis for one of the questions in their parent survey.

Question:
To what extent do you agree or disagree with the following statement: '*Overall I was satisfied with the virtual relationship support course.*'

	Intact couples		Separated couples	
	Frequency	**Percentage**	**Frequency**	**Percentage**
Strongly disagree	2	6	2	6
Disagree	2	6	7	23
Neither agree nor disagree	6	18	9	29
Agree	9	26	5	16
Strongly agree	14	41	7	23
Don't know	1	3	1	3
Base	*34*		*31*	

BOX 3.26
PRACTICAL TIP

Analysing numerical values in Excel

Excel is an ideal programme if you need to conduct analysis of numerical values. There are a range of built-in functions which you can use to analyse your data:

- Mean: AVERAGE
- Median: MEDIAN
- Mode: MODE
- Range, minimum value: MAX
- Range, maximum value: MIN
- Standard deviation: STDEV

To conduct analysis, select the cell where you want to enter the formula, type the equals sign, and write the desired function. Then write the range of numbers across which the new value needs to be calculated.

For example, if you were calculating the standard deviation across data in column X from row 1 to 20, you would enter: =STDEV(X1:X20)

Analyse open questions

There are two different approaches to analysing open questions. First, you might decide to code responses into distinct categories, which can then be analysed as categorical or quantitative data. This approach tends to work best for short open-text answers (such as job title, organisation etc).

If responses to open-text questions are longer and more detailed, it might be best to take a *qualitative* approach to analysing the data. Read through all the responses and organise them into similar themes or categories. Then, look for patterns within the data, focusing on the range and diversity of responses, rather than trying to categorise and count the different types of responses.

For more information about qualitative analysis, refer to the analysis section below for interview/focus group data.

Use of administrative data

Administrative data refers to data that is collected primarily for administrative purposes and can be used to understand implementation and implementation costs. Similar to surveys, administrative data can be used to establish quantities and magnitude, to answer quantitative research questions like 'how many', 'how much', or 'to what extent'.

Using existing datasets minimises the cost and time required to obtain data. However, if the data has been collected for other purposes, it may not contain the range of information required for the evaluation, or there may be limitations on its use due to data protection and GDPR issues (module 2).

You should have already developed a set of research questions in module 2, which will provide the basis for how you might use administrative data in your evaluation.

**? BOX 3.27
KEY CONCEPT**

Administrative data domains and subdomains

In a process evaluation, administrative data can be used to explore:

Domain	Subdomain	Definition
Implementation	Dosage	Amount of an intervention that has been implemented.
	Reach	Extent to which the intended recipients receive the intervention.
Implementation costs	Start-up costs	Resources necessary to begin implementation, which would generally include training costs and other materials purchased.
	Running costs	Resources (as per your logic model and intervention description) that are needed every time an intervention is implemented, which may include recurring costs to run the intervention, such as staff time, access to programme materials or print-outs.

Plan your use of administrative data

Map out available data

The first task is to map out what data is available for your evaluation. Administrative data might include:

- **details about those taking part in the intervention**, including basic demographics, such as age and sex, or more targeted data, such as relationship status and number of children.

- **information about the running of the intervention**, such as the number of sessions that have been delivered or cancelled, or the number of practitioners who have been trained.

- **costs involved to set up and/or deliver the intervention**, ie running costs.[36]

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[36] For further information on documenting costs for delivering an intervention, see step 4 in *10 steps for evaluation success*: https://www.eif.org.uk/resource/10-steps-for-evaluation-success

Collect your administrative data

Gaining access to administrative data may require coordination with other teams (such as your local data team) or organisations (such as intervention providers). When obtaining the data, you should request additional information so that you understand how the data was collected, to ensure it is fit for your purpose. You should ask, for example, what the method for data collection was, as well as about the features of the dataset, such as variable definitions and codes.

**BOX 3.28
PRACTICE EXAMPLE**

Using administrative data in a process study

In their evaluation of virtual relationship support courses, **Seaport** made use of data that was already being collected for administrative purposes to explore the reach and dosage of the intervention. Information collected at the time of enrolment about the parents' sex, age and relationship status provided data on the characteristics of those attending the intervention (reach). Attendance records provided information on attendance throughout the duration of the intervention (dosage).

To understand the cost of implementing the virtual relationship support courses, Seaport obtained data which was already being collected for financial purposes, including the cost of staff training, the staff time required to deliver each workshop, and the cost to develop and print materials.

This administrative data was useful because it reduced the cost and time associated with developing research instruments and collecting data. However, as the data was collected for administrative purposes rather than specifically for the evaluation, it did not contain the range of information Seaport needed to fully answer their research questions. For instance, although the data provided insight into attendance throughout the duration of the intervention, it did not include reasons for non-attendance. Questions on non-attendance were therefore included in their survey data collection.

Analyse and interpret your administrative data

The most appropriate approach to analysing your administrative data will depend on the type of data you have. It is important to bear in mind that the accuracy of the values calculated in your analysis will depend on the quality of the data to begin with.

Analyse numerical variables

Administrative data is likely to be numerical, for example, reporting on the number of participants who completed an intervention, number of sessions that were cancelled etc. To analyse numerical data, you can calculate measures of central tendency (mean, median or mode) and dispersion (range or standard deviation).

For more information about numerical analysis, refer to the analysis section above for survey data.

Analyse cost data

Consider the questions that need to be answered through cost analysis (such as the costs of providing an intervention) and how the information will be used. Working with someone who is experienced in the analysis of cost data (such as a member of your finance team) may be beneficial.

Different types of analysis could include:

- Total cost of delivering the intervention: sum together total costs.
- Average cost per time period: sum together total costs and divide by a set time period (day, week, month, year).

- Average cost per session: sum together total costs and divide by the number of sessions.

- Average cost per participant: sum together total costs and divide by the number of participants who took part in the intervention.

Calculating the average cost per period, session or participant (unit costs) means you can compare the costs of one intervention to alternative options.[37]

BOX 3.29
PRACTICE EXAMPLE

Analysing cost data

Seaport wanted to understand the cost of delivering a virtual relationship support course consisting of four sessions. First, they summed together the costs for staff training (£500), materials (£300) and staff time (£30 x 4 sessions = £120) to produce a total cost figure of £920.

Cost per session was calculated as £230, by dividing the total cost by the number of sessions (£920/4). To estimate the cost per participant, the total cost was divided by the total number of parents who attended (£920/18) to produce a figure of £51.11 per person.

Interviews and focus groups

Interviews and focus groups are common methods of data collection used in qualitative research . Although interviews and focus groups are distinct methods, the process for conducting them is broadly similar, so the guidance for both is presented together in this section.

Interview/focus group data may be used in a process evaluation to explore implementation and perceived effects.

BOX 3.30
KEY CONCEPT

Interview/focus group domains and subdomains

In a process evaluation, interviews and focus groups can be used to explore:

Domain	Subdomain	Definition
Implementation	Fidelity	Degree to which an intervention was implemented as it was intended (ie, as outlined in your theory of change, intervention logic model and/or intervention description).
	Adaptation	Changes made to the intervention during the process of implementation.
	Quality	How well the intervention was implemented.
	Participant responsiveness	Extent to which intended recipients are engaged by the activities and content that are delivered during implementation.
	Intervention differentiation	Extent to which activities can be distinguished from existing provision.
Perceived effects	Positive effects	Perceived benefits or positive effects of taking part in the intervention.
	Unintended effects	Perceived negative consequences of taking part in the intervention.

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[37] For further information on interpreting the costs associated with delivering an intervention, see step 4 in *10 steps for evaluation success*: https://www.eif.org.uk/resource/10-steps-for-evaluation-success

When deciding between interviews or focus groups, you should consider these following key factors.

FIGURE 3.2

Key differences between interviews and focus groups

	Interviews	Focus groups
Breadth/depth	Provide individual experiences in depth.	Provide breadth of experiences across a group.
Comparison of experiences	Areas of consensus and difference can only be explored at the analysis stage.	Areas of consensus and difference can be explored both during focus groups and at the analysis stage.
Topics	Can include: • sensitive topics which participants may not feel comfortable discussing in a group setting • complex topics which require detailed answers.	Can include: • topics which participants are comfortable discussing in a group setting • topics which benefit from shared ideas.
Participant group	Are most appropriate for participants who: • have specific needs (such as language and communication needs) or vulnerabilities. • have a diverse backgrounds, experience or viewpoints • might be dominated in a group setting (for instance, by their manager).	Are most appropriate for participants who: • are comfortable interacting in a group environment • have a shared background, experience or viewpoint • are known to each other.
Practicalities	Flexible scheduling means they are easier to arrange.	Group format means they are a more efficient way to gather views from multiple participants.

⬤ **BOX 3.31**
PRACTICE EXAMPLE

Deciding between interviews and focus groups

Newborough wanted to gather feedback from parents about their views on the RPC practitioner toolkit used by early help staff. They decided to use short 20-minute interviews with parents conducted by the family support worker who had been delivering the toolkit. They felt that interviews were more appropriate than focus groups because the discussions needed to cover perceived effects on relationship quality, which parents may not have felt comfortable discussing in a group setting. However, this meant that only a small number of parents were interviewed.

As part of their process evaluation exploring the implementation of practitioner training, **Oldtown** wanted to gather practitioners' views on the quality of the training, their satisfaction with the different elements, and how it could be improved (participant responsiveness). They decided to conduct an online focus group because it was an efficient way to gather the views of multiple practitioners and explore areas of consensus and difference. The group setting also meant that practitioners were able to build on each other's responses. However, this meant that focus groups could not go into great detail on the specific experiences of each practitioner.

Plan your interviews/focus groups

Define who will take part in interviews/focus groups

In module 2, you will have decided who you will invite to take part in your qualitative research. This will likely either be those involved in the delivery of the intervention or those who are receiving or participating in the intervention.

When undertaking qualitative research, it is not necessary to gather data from as many participants as possible. What is more important is to ensure that the sample is generally representative of the wider group you wish to study, and that it is sufficiently comprehensive and diverse to capture the full range of views and experiences. Consider key characteristics which may contribute to different experiences of the intervention, such as age, sex or relationship status, or professional background for practitioners.

BOX 3.32
PRACTICAL TIP

Sampling for focus groups

The ideal size for face-to-face focus groups is usually between five and eight participants. Too few participants can make it harder to provoke a discussion, while too many participants can make it more difficult to ensure all views are heard. For online focus groups, we suggest limiting the number of participants to four or five, to ensure there is an opportunity for participants to give their views and remain engaged.

Groups of participants with a shared common experience or viewpoint tend to work better and are easier to facilitate. Furthermore, groups where participants already know each other may provide a more comfortable setting to discuss sensitive topics.

BOX 3.33
PRACTICE EXAMPLE

Sampling for interviews/focus groups

In **Newtown**, each family support worker conducted three interviews with parents who had accessed support from the RPC practitioner toolkit. They asked family support workers to select participants with diverse background characteristics – including a mix of age, sex and relationship status – as these factors may have contributed to differing experiences of the toolkit.

When sampling for their focus group, **Oldtown** made an effort to ensure that the sample of practitioners involved was representative of the wider group of practitioners who had attended the training. This was achieved by ensuring the final sample of six practitioners was diverse in terms of basic professional experience, which team they worked in, and what previous RPC training they had received. The focus group practitioners had attended the same training course: this meant they had a shared experience and were familiar with each other prior to the focus group, which helped to promote an open discussion.

Decide on the mode of data collection

Interviews/focus groups can be conducted in person or over telephone or video call. When deciding which mode is most suitable, you should consider:

- **Subject matter:** If you are discussing sensitive topics, you might feel better equipped to support participants when data is collected face-to-face (in person or using video call). Virtual interviews/ focus groups may facilitate a more honest or open discussion of personal topics because some level of anonymity is maintained.

- **Participant needs:** Ensure the mode of data collection is accessible to, and inclusive of, participants with different needs (such as language and communication needs, disability or vulnerability). You might need to make adjustments for participants with specific needs, such as using an interpreter or including prompts in other languages.

- **Barriers to attendance:** Online interviews/focus groups are useful if it is not feasible to meet participants in person, for instance, groups that are geographically dispersed or people who have other commitments that make it difficult to travel for a face-to-face meeting (such as parents with young children).

- **Technology:** Online interviews/focus groups are feasible when participants have access to and understanding of the appropriate technology. An in-person format is better suited for populations with limited access to or less familiarity with using online tools.

BOX 3.34
PRACTICAL TIP

Conducting data collection online

The software you use should allow face-to-face interaction with participants and video/audio recording. Ideally, participants should be able to access the session without needing to install any software.

Prior to the interview/focus group session, test that the technology works and check that participants are able to use the platform by sending them a link to try beforehand.

Decide on the timing of data collection

When and how many times data should be collected will depend on the aim of the interviews/focus groups. Data can be collected during different phases of intervention delivery, including set-up of the intervention, early implementation, 'steady state' of delivery, at the end of the intervention, or after some time has passed, to allow participants the opportunity to reflect on their experience.

You may decide to collect data at one or several time points. If you are collecting data at multiple time points, consider collecting data on the same participants to track changes over time (longitudinal data).

Collect your interview/focus group data

Develop a data collection tool

The content of each interview or focus group should be based on a topic guide to ensure there is systematic coverage of key issues.

BOX 3.35
TEMPLATE

Topic guide templates

We have produced a set of templates which can be adapted to suit your needs, alongside some general guidance on how to prepare for an interview/focus group.

- Practitioner topic guide: **https://www.eif.org.uk/files/resources/rpc-eval-topic-guide-practitioner.docx**

- Parent topic guide: **https://www.eif.org.uk/files/resources/rpc-eval-topic-guide-parent.docx**

Content of the topic guide

You should use your research questions (module 2) when designing your topic guide. Try to keep the topic guide focused on around three to five key topics, so there is enough time to discuss each one.

Phrasing of the topic guide

The topic guide should be flexible and interactive, so try to avoid pre-determining specific questions. Instead, list key topics that are relevant to your research questions, with prompts and probes to ensure you gather further detail. The topic guide should specify which prompts or probes should definitely be covered during the interview/focus group and which are optional.

Structure

- Start your topic guide with a **clear introduction**, in which you outline the aims of the research, the topics that will be covered, a statement about data protection, details about recording, an estimation of how long the interview/focus group will take, and any relevant instructions. For example, in a focus group, you might want to remind participants that only one person should speak at a time, views or opinions should be kept confidential, and participants should not share responses outside the focus group.

- Follow the introduction with an **opportunity for participants to introduce themselves**. This allows participants to get used to the interview/focus group environment and gives the interviewer/ facilitator the opportunity to learn any contextual details that may be relevant.

- Divide the guide into **sections on each of the key themes** relevant to your research questions.

- Clearly **define the aim of each section** for the interviewer/facilitator to refer to.

- Include a final **'concluding thoughts'** section, to signal that the session is coming to an end and give participants a final opportunity to offer their reflections.

- Include details of the **closing statement**, which should give participants the opportunity to ask questions, and for the interviewer/facilitator to reiterate information presented during the introduction and provide their contact details, in case participants have any follow-up queries.

Organising interviews/focus groups

It is typical for interviews to last from 20 minutes to one hour, and for focus groups to last one to two hours. If the focus group is too short, the discussion might feel rushed and not everyone will have the opportunity to express their view. However, if it is too long participants may become disengaged or be deterred from attending.

Recording the interviews/focus group

With informed consent from participants (see module 2: Ensure data protection and ethics guidelines have been met), interviews/focus groups can be audio-recorded using a recording device (such as a dictaphone) or through computer software, to ensure there is an accurate record of what was said.

BOX 3.36
PRACTICAL TIP

How to conduct interviews/focus groups

Introducing the interview/focus group

The beginning of the interview/focus group is critical for putting your participants at ease. Use simple and clear language to explain the key points of the introduction as outlined in the topic guide.

At the end of the introduction, give participants the opportunity to ask any questions. Then (if applicable) ask for their permission to begin recording.

Framing questions

Keep in mind:

- **Refer to the topic guide** to structure questions and ensure the discussion remains focused on your research questions.

- **Use your topic guide flexibly** in response to the discussion. For example, questions might need to be asked in a different order.

- **Ask short, clear questions**, and avoid asking about more than one concept in a single question, as this puts a demand on participants to remember the different elements of the question.

- **Use open-ended questions** to encourage participants to give in-depth and reflective answers. Open-ended questions might start with what, where, who, why or how.

- **Use probes and follow-up questions** once participants have responded to elicit further detail about their initial responses and to explore related issues. For example: *'Could you tell me more about that?'* or *'Why do you think that?'*.

- **Use prompts if there are specific topics that aren't being discussed naturally** to promote discussion.

- **Remain neutral in your tone throughout.** Avoid asking leading questions or giving your own opinion as this can influence the way participants respond and bias the data.

- **Ensure the language you use is clear and easy to understand.** Use language participants are likely to be familiar with and reflect participants' own terminology where appropriate.

- **Give your participants some thinking time.** Make sure you give participants enough time to consider their answer before clarifying your question or moving on to the next topic.

In focus groups particularly, also remember to:

- **Manage group dynamics.** You may need to develop certain strategies for managing the group, for instance if one person is dominating the group or someone else is not speaking at all.

- **Explore areas of consensus or differences** by gathering the views of different participants on the same topic. For example: *'Has anyone else in the group had that experience?'* or *'Do others agree with that viewpoint?'*

Ending the interview/focus group

End by thanking participants for taking part, asking if they have any questions, and reiterating the objectives of the data collection and any relevant information about data protection. Provide contact details in case participants would like to follow up with additional questions or requests (for instance, to withdraw their data).

Analyse and interpret your interview/focus group data

Transcribe your data

Data gathered from interviews and focus groups is often recorded as audio files but is generally easier to analyse in a written format. We recommend creating transcripts of your data in order to have a verbatim account of what was said, which you can then use in the analysis. However, if it is not feasible to create a transcript, do ensure that you have a set of detailed and accurate notes to use for the analysis.

BOX 3.37
PRACTICAL TIP

Get an automated transcript

Microsoft Teams allows you to record calls and provides an option to have an automatic transcription of the recording.

Categorise the data

In this section, we outline two commonly used approaches to categorising qualitative research – from sources such as interviews and focus groups – to ensure the data remains focused on what is relevant to your research questions.

BOX 3.38
PRACTICE EXAMPLE

Using thematic analysis

In **Newborough,** the data collected from interviews with parents was grouped according to the different themes that were covered during the interview.

Delivery of the toolkit
- One-to-one sessions with practitioners took place either in home, online or a blended approach (at home and online)
- Mixed experiences depending on whether partner/co-parent was present or not:
  – partner was present
  – partner was present for some sessions
  – co-parent not present but received same support.

Enablers to delivery
- Resources from the toolkit were easy to understand
- Practitioner was sensitive to needs
- Convenient not having to travel to sessions as they took place online
- Online sessions meant partner was able to attend
- Helpful that co-parent also received support.

Barriers to delivery
- Partner was not able to attend face-to-face sessions
- Difficult to build rapport with practitioner during online sessions
- Had to miss sessions due to childcare commitments
- Resources were more targeted towards intact couples.

Thematic analysis

By this approach, information is grouped into themes and subthemes to help answer the research questions. The themes will be based on the topic guide used during data collection (deductive analysis) or emerge from the data naturally (inductive analysis) – or more likely a combination of both.

See box 3.35 for an example of thematic analysis.

Framework analysis

By this approach, data from each participant is coded into key themes using a framework. Horizontal rows indicate all information from one participant, and the vertical columns show the data collected for each theme. Similar to thematic analysis, the key themes can be generated using a deductive and/or inductive approach.

See box 3.36 for an example of framework analysis.

⊙ BOX 3.39
PRACTICE EXAMPLE

Using framework analysis

The **Newborough** from each interview has been categorised according to the different themes that were covered during the interview. Because the data has been grouped separately for each participant, it is possible to explore how different characteristics relate to delivery of the toolkit and views on enablers and barriers to delivery.

ID	Characteristics	Delivery of the toolkit	Enablers to delivery	Barriers to delivery
P01	Gender: Female Age: 28 Relationship: intact	• One-to-one sessions with practitioner • Sessions took place at home • Partner was not present	• Resources from toolkit were easy to understand. • Practitioner was sensitive to needs.	• Partner was not able to attend sessions which made it more difficult to make changes.
P02	Gender: Male Age: 30 Relationship: intact	• One-to-one sessions with practitioner. • Sessions took place over video call. • Partner was present for some sessions.	• Resources were easy to understand. • Convenient not having to travel for sessions. • Partner was able to attend some of the sessions.	• Difficult to build rapport with practitioner due to online sessions.
P03	Gender: Female Age: 25 Relationship: separated	• One-to-one sessions with practitioner. • Blended mode of delivery (online and face-to-face at home). • Co-parent also received support from same practitioner.	• Helpful that co-parent also received support as helped to ensure consistency. • Practitioner was sensitive to needs.	• Had to miss some sessions due to childcare commitments. • Resources were more targeted towards intact couples.

Analyse your interview/focus group data

Once data has been coded, you can continue to explore and analyse the data in more depth. Your qualitative analysis should not aim to quantify how many participants expressed various views. Instead, you should attempt to identify patterns or associations within the data. During analysis look for similarities and differences, considering the range of viewpoints and any reasons for variation, to help draw out the key messages from your data in order to answer your research questions.

Observation

Observation research is a qualitative research method where an observer watches and records the behaviour of participants. Observations are useful to view the operations of an intervention activity as it is occurring to understand how it is being implemented.

**? BOX 3.40
KEY CONCEPT**

Observation research domains and subdomains

In a process evaluation, observation research can be used to explore:

Domain	Subdomain	Definition
Implementation	Fidelity	Degree to which an intervention was implemented as it was intended (ie, as outlined in your theory of change, intervention logic model and/or intervention description).
	Adaptation	Changes made to the intervention during the process of implementation.
	Quality	How well the intervention was implemented.
	Participant responsiveness	Extent to which intended recipients are engaged by the activities and content that are delivered during implementation.

**★ BOX 3.41
PRACTICE EXAMPLE**

Conducting an observation

In **Seaport**, to explore how relationship support sessions were being implemented, an observer conducted a virtual observation for two of the sessions. During the observation, the observer used an observation guide to take notes to record:

- **Fidelity and adaptation:** how the intervention was delivered, including the materials and procedures used, and whether there were any barriers or facilitators to using the material.

- **Quality:** the quality of delivery by the practitioner.

- **Participant responsiveness:** how engaged participants appeared to be, such as whether they appeared be actively listening, contributed to the discussion, and asked relevant questions.

By conducting the observation, Seaport was able to gather information about the implementation of the sessions without having to depend on practitioners' or parents' willingness or ability to participate in a survey or interview/focus groups.

However, the area noted that a major limitation of using this method was that it was not possible to gather the views of practitioners and parents. As a result, surveys were also used to collect this data as part of their process evaluation.

Plan your observation

Define the sample

In module 2, you will have decided what intervention activity to observe. The number of observations you conduct will depend on what you are observing and what you intend to find out. For example, if you intend to explore differences in how an intervention is being implemented (such as online versus face-to-face), you will need to conduct multiple observations.

Decide the timing of data collection

The observation will take place during the activity that is being observed. You may decide it would be useful to gather information during the early stages of implementation, or you may decide to delay data collection until the intervention has reached a 'steady state' of delivery.

Collect your observation data

Develop data collection tool

The observations you make should be noted in an observation guide. This is a form which provides space to record observations and helps to ensure consistency if multiple observations are being conducted. The observation guide should set out the themes and topics to be noted during the observation, which should be based on the research questions the observation is intended to answer.

BOX 3.42
TEMPLATE

Observation guide template

We have produced a template which can be adapted to suit your needs, alongside some general guidance on how to prepare for an observation.

- Download from: **https://www.eif.org.uk/files/resources/rpc-eval-observation-guide-template.docx**

Conduct your observation

At the start of the observation, the observer should briefly introduce themselves to participants. They should explain the purpose of the observation and emphasise that they are there to observe what happens, rather than to make judgments. It is important the observation does not influence participants' behaviour. It will not be possible to record everything, so the observer should focus on the themes outlined in the observation guide.

Analyse and interpret your observation data

As with interview/focus group data, we suggest taking either a thematic or framework analysis approach to analysing observation data. Please refer to the analysis section above for interview/focus group data.

Interpreting findings from your process evaluation

Once you have finished data collection and analysis for each method, you will need to interpret the data. Interpretation moves beyond description and involves careful examination of your analysis to understand what it means in relation to your research questions. If you have collected data from different sources and methods, compare the data collected from each of these (a process known as triangulation).

If you conducted a pilot for outcomes evaluation, you should use your process evaluation findings to understand the results and to explain, for example, why an intervention has or has not been successful in changing outcomes.

Whether you conducted a process and/or pilot for outcomes evaluation, consider the extent to which your findings are consistent with the intervention's logic model and description, and decide whether any revisions are needed.

Extracting meaningful conclusions can be straightforward if the data provides clear answers to your research questions. In other cases it may be challenging if the answers are less apparent. Do consider different explanations for the results in order to draw accurate conclusions from the data.

BOX 3.43
PRACTICAL TIP

Getting feedback on your findings and interpretation

Involving members of your evaluation steering group and other stakeholders (such as practitioners) will help with interpretation of the data. Consider presenting findings and your interpretation, as well as tone and format and any recommendations, to gain initial feedback. This could be done via a presentation or workshop, and should help to inform the formal write-up of final findings in your evaluation report (see module 4).

Module 3: Summary checklist

Task: Conduct a pilot for outcomes evaluation through validated measures

- Plan to collect data from all intervention participants pre- and post-intervention, and at a follow-up point if possible.

- Select appropriate validated measurement tools by taking into account the properties of the measure, fit with the intervention's logic model, and suitability for the target population.

- When preparing your data collection tool, avoid changing the validated measure. Consider combining the data collection with your process evaluation survey if you are conducting one.

- Ensure those involved with data collection have received sufficient training on how to administer the measure.

- Administer the measure in a standardised way across all participants at each time point.

- Prepare your data for analysis by entering it into a spreadsheet and cleaning the data.

- Complete descriptive analysis by calculating the response rate and analysing any categorical variables.

- Use statistical analysis to investigate whether any changes in scores from pre-test to post-test (and if applicable, from pre-test to follow-up).

- Use the results of your statistical analysis to answer your research questions.

Task: Conduct a process evaluation through surveys, use of administrative data, interviews, focus groups or observations

- For each method, plan who will take part, what the mode of data collection will be, and when data will be collected.

- Develop a data collection tool (survey, topic guide, observation schedule) and collect data in a suitable manner.

- Once data has been collected, complete data management. Prepare quantitative data for analysis by entering it into a spreadsheet and cleaning the data. For qualitative data, categorise the data using a thematic or framework approach.

- Analyse and interpret quantitative data by calculating frequencies, percentages, and measures of central tendency and dispersion. Identify patterns or associations within qualitative data to draw out key messages.

- Examine all your findings together to understand what it means in relation to your research questions. Consider presenting findings to stakeholders to gain initial feedback.

Module 4:
Reporting & further evaluation

Task: Report on your evaluation findings and plan for further evaluation

Reporting and disseminating evaluation findings

Now that you have a set of findings, you can focus on how you will communicate them.

In module 2, you should have considered how you will report and disseminate your findings, including who your audience is, how they will use your evaluation findings and when. Planning for this in advance of undertaking your evaluation will ensure it is more likely to meet the requirements of all those who you want to use the evaluation findings. You should have also already engaged your evaluation steering group and other relevant stakeholders in the course of interpreting your evaluation data.

We recommend writing an evaluation report as an initial, primary evaluation output, so that you have your findings and recommendations in one place.

We have produced an evaluation report template that sets out key content and advice to ensure your findings are structured and easily accessible.

**BOX 4.1
TEMPLATE**

Evaluation report template
Download from: **https://www.eif.org.uk/files/resources/rpc-eval-evaluation-report-template.docx**

This report can then be used as a basis to produce further outputs such as briefing summaries, newsletters, consultation documents, presentations, audio or visual outputs (such as video or animation) and infographics.

**BOX 4.2
PRACTICAL TIP**

Making your evaluation data available
It is good practice to make the data you have collected as part of your evaluation available for others to use and analyse. However, this must be done in line with how participants have agreed for their data to be used (module 2).

One way to do this is to make available anonymised datasets (with no identifiable data, such as names or addresses) from your quantitative analysis and your thematic or framework analysis of your qualitative data. One approach may be to include text in your evaluation outputs, for instance 'Anonymised data is available upon request'.

To maximise the impact of your evaluation, it is important to develop the most appropriate outputs and use the most effective communication channels for your audiences. Co-producing outputs with your various audiences, and designing outputs that are tailored to their needs, is likely to be the most beneficial approach.

FIGURE 4.1

Considerations for disseminating evaluation outputs

Audience	Considerations
Evaluation steering group	This group will be critical in disseminating your findings and should already have been part of the process of interpreting your findings. This group should also be helpful in knowing who and how to present findings to other audiences. Consider how this group can take forward your findings, for example in advocating for more resources for further evaluation.
Decision-makers in key agencies	Consider which of your findings and which format or presentation would work best to inform and influence work in your local area. This could include: • needs assessments – whether this is a specific RPC needs assessment or wider assessment of family needs • strategies and documents – both for specific services (such as early help, Troubled Families, domestic abuse, children's services etc) and for areas such as workforce development, inclusion and commissioning • funding and commissioning processes – such as business cases for future RPC funding • accountability processes – such as quality assurance reports, public consultations and governance or accountability boards.
Practitioners delivering RPC interventions	Consider how to make findings accessible and useable, particularly in terms of findings which could help to improve the delivery of RPC intervention – for example relating to referral pathways, take-up, attrition, participation and satisfaction – and to improve future evaluation data collection.
Partners across your local area	Consider which of your findings and in what format would be most useful for your partners in terms of: • presenting the evaluation findings to their respective audiences (such as their senior leaders, providers, practitioners etc) • helping them to make the case for further local RPC provision • what they can learn about the cohort of families they and your RPC interventions support, and how they can identify, support and refer families experiencing destructive parental conflict • what can help to improve the delivery of non-RPC interventions with families, such as findings on referral pathways, take-up, attrition and participation • how your evaluation findings relate to their own evaluations or evaluation plans • their funding or commissioning decisions.
Families and other beneficiaries	Consider how to engage families with the evaluation findings. This might be through including them in public consultations or publishing brief and simple summaries of your findings, as well as working with intermediaries, such as practitioners and volunteers, to disseminate the results more informally.

Next steps for continued and further evaluation

This will be dependent on the type of evaluation you have conducted as well as its findings. The main focus should be on **continued and improved** evaluation of your RPC interventions. This could be in terms of:

• **Continuing data collection:** for example, by administering a follow-up test of validated outcome measures as part of your pilot for outcomes if you have not already done so, or a further follow-up test if you have conducted one already. Another example would be to conduct follow-up interviews with practitioners on intervention implementation, focusing on previous enablers and barriers to delivery, for example, in order to explore any changes.

- **Collecting additional data:** for example, by including RPC interventions you have not previously evaluated due to prioritisation decisions. While the same design and data collection tools (such as validated outcome measures and topic guides) might be appropriate, these aspects of your evaluation should be specific to each individual intervention's logic model, and so may need adaptation.

- **Evaluating causal impact:** this could include collecting data using additional methods or measures, or from additional groups of participants. For example, if you have only used a survey to answer your process evaluation research questions, consider using interviews/focus groups or observations to triangulate your data. Another example could be, if you have only used part of a validated outcome measure or one which only looks at a certain outcome, to consider using the full measure or another measure to capture additional outcome data. If you have collected process evaluation data only from those involved in the delivery of the intervention (managers and practitioners), you could also collect data from those who are receiving the intervention (intervention participants, such as parents).

- **Evaluating additional RPC interventions:** for example, by including interventions you have not previously evaluated due to decisions about priorities. While the same design and data collection tools (such as the validated outcome measures and topic guides you have already chosen or developed) might be appropriate, these should be specific to each individual intervention's logic model and so may need adaptation. We strongly recommend that you eventually conduct an appropriately robust evaluation for all your local RPC interventions.

You should review module 2 and particularly Task: Decide which RPC interventions to evaluate to help make these decisions on how to continue your RPC evaluation.

We know that evaluation and its methods can often feel daunting to those commissioning or delivering RPC interventions, but we hope this guide has helped to make the practical process of deciding, planning, conducting and reporting on an RPC evaluation feel more manageable and achievable.

We strongly recommend that you continue to evaluate and expand on your evaluation. Only with robust evaluation can we know whether interventions to support parents experiencing conflict are beneficial for the children and families who need them most.

There are a number of additional EIF evaluation resources which may also be helpful in planning the next steps in your RPC evaluation, including moving on to evaluate the causal impact of your interventions.

- *10 steps for evaluation success*: https://www.eif.org.uk/resource/10-steps-for-evaluation-success

  This RPC evaluation guide has covered steps 1 to 5 of the *10 steps* guide, but has not covered the subsequent steps you can take to enhance the robustness of your evaluation.

- *Evaluating early help: A guide to evaluation of complex local early help systems*: https://www.eif.org.uk/resource/evaluating-early-help-a-guide-to-evaluation-of-complex-local-early-help-systems

  Evaluating early help provides advice for service managers and commissioners on how to apply the principles of good impact evaluation to complex local systems, to find out what difference their local system is making for families. This is particularly helpful when considering your RPC evaluation alongside other evaluations of your early help offer. The guide provides tips on how to embed evaluation in commissioning and practice, using comparison data, and being open and transparent with findings.

- *Evaluating early intervention programmes: Six common pitfalls, and how to avoid them*: https://www.eif.org.uk/resource/evaluating-early-intervention-programmes-six-common-pitfalls-and-how-to-avoid-them

  Six common pitfalls provides guidance on some of the most common issues we see in our assessments of intervention evaluations, including explanations of how these problems undermine confidence in a study's findings, pointers on how they can be avoided or rectified, case studies, and a list of useful resources in each case. This is a good guide for helping to think through taking forward your impact evaluation.