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Evaluation Form Guidance Notes

Last updated September 2022

This document has been written to help make the process of measuring and evaluating the outcomes of your project as straightforward and even as enjoyable as possible.

Purpose:

Measuring and evaluation is an essential part of the grants process as it allows you to determine what impact you want to have with your project and how successful you have been at the end of the project.¹ It also allows us to see the impact of the grants awarded so that we can share this with our stakeholders and those who fundraise for the Edinburgh Children's Hospital Charity and hopefully encourage others to support us by sharing stories through social media.

General advice:

Measuring and evaluation can feel like an overwhelming and sometimes boring process but it doesn't have to be and the key to undertaking time efficient and effective evaluation is to do it as you go and avoid leaving it to the end of the project. It's good practice to note down how things currently are at the beginning of the process before your project begins. Ensure that you save this document somewhere you'll remember where it is and add to it when appropriate. By doing this, when it comes to the time when Maggie, ECHC's grants administrator, contacts you to ask for your completed evaluation form it will take you minutes to complete as you'll only have to copy and paste from your document.

We require different levels of detail depending on how much funding you were awarded. Exemplar answers have been provided for Q.4 (differences made) to help guide you in writing your own answer and demonstrate the type of information we require. To read the exemplar answer relevant to your project simply choose the colour that aligns with the amount of funding received.

The colour codes are:

Under £500
£501 - £5k
£5001 - £49999
£50k+

¹ but don't worry success is measured in a number of ways and we understand that despite best efforts sometimes projects don't go to plan and that is okay as long as it is documented so everyone can learn from what didn't work as anticipated.

1.0 Grants evaluation report

As a reminder, below you will see the information that you provided in your application form.

This section of the form will already be filled in. Please read the information to remind yourself what you said in your application form.

2.0 Your project

Below you will see the project summary that you provided in your application form.

2.2 Now that your project is complete, please describe what you did with the funding.

Please describe the item(s)/services that were funded with the grant.

3.0 Social impact and beneficiaries

3.1 Below you will see the estimated beneficiaries that you provided in your application form. Please confirm that your estimates were accurate and if not provide updated numbers in the text box below.

Please check the details and provide any updates to these numbers.

4.0 Differences made

In your application you selected the following outcome(s) which you felt best fit with the aim(s) of your project.

For this section we have provided example answers of what information we'd hope to receive based on how much funding you were awarded.

4.1 Do you think your project addressed the strategic outcomes indicated above? If so please tick this box. If not, please provide more information in the text box.

4.2 With this in mind, please share a story/stories of what happened as a result of this funding?

Example story for projects under £500

These examples are based on projects we have funded but have been amended to demonstrate the level of detail and type of information we'd like to see.

Example:

We had a child who was experiencing significant anxiety after being diagnosed with type 1 diabetes. After initial diagnosis they developed a fear of needles which meant that administering insulin was extremely difficult. The child could not be discharged until they were able to have finger pricks to test their blood sugar and inject their insulin at home. The Buzzy Bee was a huge help in reducing anxiety (for both child and parent) and pain. After the first few times of using Buzzy Bee the child understood how it worked and were able to relax. A parent of this child said that their child was nervous every time a nurse/doctor came into the room in case they were going to inject them. However, after using Buzzy Bee a few times they were happy to see their nurses and doctors. The parent also said that when they were used to Buzzy Bee they were more interested in what was going on and asking about what the numbers mean and learning how their insulin works. They said that Buzzy Bee had meant that their child was much happier and feeling less frightened about their diagnosis and that they themselves were more confident in managing their child's condition at home knowing that their child was not in pain or suffering emotionally. This family went on to buy their own Buzzy Bee to have at home.

Example story for projects between £501-£5k

These examples are based on projects we have funded but have been amended to demonstrate the level of detail and type of information we'd like to see.

Example:

Child A had been coming into hospital for a number of years and through that time had been participating in memory making with their family in hospital and in the community. Memory making gave Child A's family the opportunity to participate in activities that helped them connect and bond which distracted them from their surroundings and circumstances, of being in hospital with a life limiting condition. The activities also gave the family something to keep once Child A had passed away which they said was a great source of comfort.

The family were able to make a hand cast which was framed in the Child A's room. This activity was fun to do as they all held hands while the cold casting material was poured over their hands. They then had to be very still while it set. This was great fun and everyone was smiling but trying not to laugh or move. They were then able to pour plaster into the mould and a few days later peeled the mould away to reveal their hand cast. Everyone was so pleased with how it turned out.

The family also made some hand print canvases which was another joyous activity where they all had their hands painted in their favourite colour and made pictures with their prints.

Being a child, knowing that you will die soon is unimaginably difficult. However, Child A said that they were worried about how their parents would be after they had passed. We gave Child A the opportunity to choose a charm to be given to each of their parents after they had passed. Child A chose which charms should be given to each parent. These charms are cherished and offer a real connection as the parent knows that the child wanted them to have the particular charm that they were given.

Child A also had cousins who they were close to. However, due to restrictions their contact was very limited and so we provided a scrap book in which Child A (with the help of their Mum) could write letters to their cousins and then their cousins would write replies in the same scrap book. This scrap book would go back and forth between the hospital and Child A's cousins and provided a connection through which they could still chat, have fun and be friends. This scrap book was so meaningful to Child A that it was put in their coffin with them. Child A's cousins also wrote messages and drew on a blanket for them. Child A loved this blanket and held onto it in the days leading up to their death.

When Child A passed away their family received their memory box. The box included all the things they'd made together through the memory making activities and the charms that Child A had chosen for them. The parents said that they were touched by this box and that it provided an immeasurable source of comfort to them. They also said that all the memory making activities that they had done had been so special and gave them memories of joy and fun from what was otherwise a terrible time.

Example stories for projects between £5001-£49999

These examples are based on projects we have funded but have been amended to demonstrate the level of detail and type of information we'd like to see.

Please see the appendix for ideas on how you might like to collect data on the impact of your project.

Example:

Many children, young people and staff use the music garden. Below I have included three different examples of how it has been used.

Story 1:

Child A had been in Lochranza for nearly six weeks and much of that time was spent in isolation. When they were admitted this child was very outgoing and chatty. However, as time passed they became more reserved and not so interested in chatting. It was a nice day outside a few weeks ago so I asked if they wanted to come and play in the music garden with me. They tentatively agreed but wanted their Mum to come too. When we got into the garden, I gave a demonstration of the different ways they could play with the instruments. They were looking quite shy and holding onto their Mum but when offered a beater they tapped it onto one of the chimes. When the noise rung out the biggest smile spread across their face. They then enthusiastically hit another chime and before long Child A looked more like the child who had been admitted six weeks ago. Child A's Mum joined in, and they started making a song together. Child A's Mum told me afterwards, "I had tears in my eyes there. I'm just so happy seeing [Child A] having fun and acting like a child again after having to be brave for too long."

Story 2:

One of the artists who comes in to do music sessions hosted a session in the music garden a 3 months ago. He is popular on the ward and all the children who have been in for a week or more look forward to his visits. When he came in 3 months ago, he invited children to join him in the garden to make some music as a group. Several children who had never left the ward since arriving went outside and were able to make music with other children. It was great for them to all get outside and forget that they were in hospital for a little while. Two of the children were in the same area of the ward but hadn't spoken or played together before. After being outside in the garden they met up in the playroom every day and their parents got to know each other. The social support this provided the children, and the parents was invaluable and really helped make the hospital less scary and more positive. We're so lucky to have the garden there (and people who can encourage use of it) and it will undoubtedly provide so much fun, distraction, comfort and opportunities for thousands of children and their families over to decades to come.

Story 3:

A new cohort of student doctors started at the hospital over the Summer. It's a very busy and overwhelming time of a doctor's career and the wellbeing team identified that they would benefit

from having a little break. The team organized an afternoon tea for the student doctors in the music garden. The student doctors were able to take their lunch break together, which meant they had time to talk, share stories and experiences. They brought in a musician who played music and encouraged them to play with the instruments in the garden. The feedback from the student doctors was excellent. One of them said that they find it hard to have a life outside of the hospital and usually it's too busy to just sit and talk to their colleagues so having this opportunity was really nice. They said that it was particularly nice being in the music garden because sometimes they can feel guilty just sitting whereas having a nice activity to do at the same time as chatting helped distract them from feelings of guilt and also making music helped them express themselves a bit and get out of their own head.



Example stories for projects £50k+

These examples are based on projects we have funded but have been amended to demonstrate the level of detail and type of information we'd like to see.

Please see the appendix for ideas on how you might like to collect data on the impact of your project.

Example:

The enhancement of the maternity ward has had a significant impact on the staff, mothers and families who use it. We conducted a series of focus groups with different groups of people who have used the ward over the past 12 months to find out what people think, how it compares to what was there before and the impact they have experienced or witnessed. I have provided a selection of these stories below though will attach all the data collected to this evaluation form. I have also attached the data we have on breastfeeding. You'll see that the number of Mum's breastfeeding past 6 weeks has increased by 20% since the enhancement of the feeding room.

Story 1:

One of the midwives said that in the past if an expectant Mum had to wait for more than 5 minutes in the little waiting room outside the ward there was a noticeable increase in anxiety which often lead to a slowing down of labour. The midwife said that this was likely to be due to a drop in oxytocin because of the anxiety of waiting and not knowing for sure that someone was coming for them. This same midwife said that since the enhancement she has noticed this happening a lot less. Even if an expectant Mum has to wait for 30 minutes they are usually still progressing well and not anxious beyond what would be expected. She said she think it's because the space is much more comfortable. There are chairs which enables mothers to lean on birthing partners, a bar to bear down onto, a wall mural with reassuring images and messages and very clear signage that explains why they are waiting and how long they can expect to wait but that they can press the buzzer again if they need urgent assistance. The midwife said that all of these things make the space feel safe and in turn make the mother feel cared for and reassured.

Story 2:

One of the Mum's I spoke to told me that the supportive messages and advice from other new Mum's was really helpful. She said it helped distract her, gave her tips on things to help with pain and was reassuring to see that so many people had had a positive experience. She also said that the height of the wall bar was perfect and meant she could position herself more comfortably when she was having a contraction.

Story 3:

A new Dad that I spoke to told me that when his wife had their first baby 4 years ago the waiting area was really bleak and that being first time parents they didn't know that they were supposed to be waiting and so we anxiously standing waiting for someone to come. He said that this time they

were much more at ease because they were able to see the signage that explained that this was a waiting area, and someone would come for them in the next 30 minutes. He said that knowing they could be waiting for a while was strangely reassuring because they were able to sit down and not be expecting someone to appear any second. He also commented that the furniture was much more comfortable and that he was able to sleep for an hour at one point which meant that he was much more alert and able to support his wife and new baby better.

Story 4:

One new Mum said that she had wanted to breastfeed her first baby but that she was really shy and self-conscious about not being able to get a latch and so decided to give up. She said that this time around she loved being able to go to the feeding room because she could get more privacy there and not be so self-conscious about not doing it "right". She also commented that it was great that the midwives popped in every now and then to offer guidance and support. She said she think her being able to successfully breastfeed this time is completely down to the fact she had the space to try things out in the feeding room.



4.3 Where applicable please attach any photos/videos which support or provides evidence of the positive impact this project had. Please see the guidance notes for details on recording consent.

Please attach any photos/videos which support or provide evidence of the positive impact that this project had. In order to use these photos, we will need you to fill out a media consent form which you will find at [\[Inset link\]](#). Relevant photos and videos are useful as evidence of the project and use of items/space etc. If you feel photos of children/young people/families using the items/space would help demonstrate the impact of your project please contact one of our social impact managers (denise.milne@echcharity.org or Rebecca.lee@echcharity.org) and they can arrange for someone from ECHC to come with media consent forms and take photos for you. These will be held by us and so please just write in the evaluation form the name of the person who took the photos and the month in which they were taken.

4.4 Are you happy for us to use some of the information you have given us in materials, digital channels and research? Please see the guidance notes for more information.

With your consent, the information you've given may be used on social media, printed leaflets, newsletters etc. to share the impact of the grants programme and may also be included in conference/academic papers to support relevant research. Once information has been shared/published it will be anonymized and therefore it will not be possible to revoke consent at this point, however please contact one of our social impact managers if you would like to revoke consent for the use of photos or other information and they can ensure that any raw data is destroyed and that photos are remove/destroyed where possible. Contact our social impact managers at Denise.milne@echcharity.org or Rebecca.lee@echcharity.org

5.0 Feedback

5.1 Please describe your experience with the grants programme. What was good and what could be improved? Your feedback is very valuable so that we can improve the service and help ensure that people who need funding get it as quickly and as easily as possible.

Appendix

Data Collection

We do not require you to collect or store any confidential information for the purposes of our evaluation. However, please ensure that you abide by NHS guidelines regarding how and where you collect and store information of any kind. You can find some more information on NHS guidelines here: <https://rb.gy/i1fzex>

Methods you may use for evaluation:

Informal interviewing

Informal interviewing is typically done as part of the process of observing a setting/situation. It will often simply be a conversation that you note down. You should try to remember the details of what is said and jot down notes as soon as possible afterwards. It is best practice to get verbal consent from the people you are chatting to by telling them that you will share their responses for evaluation purposes.

Consultations

Consultations are done with users or potential users of a space or service. They involve providing information, seeking participant views, generating new ideas and give participants the opportunity to influence decisions. You should also ask for feedback on the consultation process as this will enable you to adapt and improve your process in future.

Consultations can take many formats including:

Questionnaires/surveys (see last page for example)

Interviews

Group interviews/focus groups (see below for guidance on conducting focus groups.)

Engaging with people on an ad-hoc basis (e.g., waiting room at a clinic)

When planning your consultations, you should consider: who will be consulted, how will they be consulted, where and when will this happen. (You can ask questions, provide prompts, facilitate an arts activity to get conversation flowing etc.)

You should consider any social constraints (e.g., cost of travel), accessibility of venue, access to interpreters/signers if required.

Note taking for evidence

Note taking is the process of writing or recording in some format the essence of the information you have just received. It should be taken down as soon as possible after the interaction to ensure you do not forget details. Notes allow you to then reflect on the information as you write it up in your evaluation and can help tell the story and value of what you've learned.

Focus groups

A focus group is similar to a consultation but will always include several people. The benefit of a focus group over consultation is that you can observe group conversation in which people will be

prompted by each other to agree or disagree and/or provide more information. This type of conversation might provide you with confirmation of a finding, idea, insight etc. if multiple people say something.

How to conduct a focus group:

- Invite a group of people to take part at a particular place, at a particular time.
- Develop prompts/phrases or questions to give to the group.
- Have a facilitator chair the group helping to move conversation on and encourage participation.
- Ideally a focus group would be video/audio recorded but if this is not feasible simple note taking will suffice. If you would like support for videoing a focus group, please get in touch with one of our social impact managers (details above) and they may be able to help.
- You can then use the notes you've taken to fill in the evaluation form.

Observations

Observations can be structured or casual. For smaller projects casual observations will involve simply looking and watching a setting/situation and taking notes to help describe the following: who you were observing, what were they doing, how did they feel/seem to feel, who were they with (if relevant) and what is the context (e.g., a ward in a hospital where the child or young person has been an inpatient for several weeks).

For larger, longer-term projects you can do structured observation which allows you to collect more data but can also potentially be turned into quantitative data. To do this you should initially do casual observation which may give you some common patterns of behavior. For example, in your casual observation you might have noticed that children who were visibly nervous were more confident and less shy after they had engaged with the storyteller. You will likely notice a few patterns. For your structured observation you can then create a checklist along side your normal note taking. This checklist might ask you to confirm that you witnessed a child experience increased confidence, or it might ask you to keep a tally of how many children experienced an increased confidence. This then allows you and us to demonstrate with stronger evidence that this activity is worthwhile, worth funding and makes a difference.

Writing a case study

A case study is an exciting research method as the outcome is rich, engaging and accessible. A case study is simply a clear description of a 'case'. For example, if your funding was for a treasure hunt in the outpatient waiting area one of your case studies might describe how one child or young person came to the department, how they engaged in the treasure hunt, what they did, how they felt, what impact this had on their appointment (if relevant) and how this affected their overall experience. A case study is the story of how someone/a group used/interacted with your project. You can use a variety of methods to collect your information but the most common methods will be observation and informal interview.

The length of your case study will depend on your project but as a rule of thumb you should aim for 300-1000 words.

Example questionnaire:

These questions have been taken from a longer questionnaire to highlight some key things to consider when creating your own questionnaire.

Wellbeing and Resilience

We know that there are many children and young people who are struggling with their mental health. We would like to determine how we can support them and their families at this time. To do this we are hosting a series of consultation workshops to understand the experience that families are having or have had in the past to understand where we might be able to help in future. This survey is for those who want to help us by sharing their story. All information is held in the strictest of confidence and is entirely anonymous. The information provided will be used to inform a wellbeing and resilience project and all data will be permanently deleted once the evaluation of the project is completed or by 14th June 2026, whichever is earliest.

Write a little description explaining why you are doing a questionnaire.

1. I understand that the information I provide through this survey will be used to inform a Wellbeing and Resilience project by ECHC and that any information I provide will be used anonymously. I understand that I can withdraw my consent at any time until the data is being analysed (Friday 1st July 2022, 9am). You can do this by contacting denise.milne@echcharity.org. After this point, it is not possible to withdraw consent as the information will be anonymously added to a database for analysis and therefore individual responses will not be distinguishable from each other.

Make sure you ask for consent to use/share the information provided.

I do not consent

2. Can you share your story? (e.g. Has your child or young person been on the CAMHS waiting list? What has your experience been? if not, did you seek support elsewhere?)

Ask open questions so that the people answering them can give you as much information as they want.

3. How would you want a course to be delivered? (Please circle all that apply?)

- online
- face to face
- hybrid

Use multiple choice questions when there are limited answers to a question.

4. Do you have any other feedback, thoughts, ideas, comments or suggestions?

Finish with a general "anything else?" question to catch anything that you might not have thought to ask about.