Recommendations

1. Use data and evidence to identify the need and make the case
Use national and local data sources, for example the Public Health Outcomes Framework, Health Survey for England or National Travel Survey, and a wide variety of types of evidence to understand the needs of the population, make the case for investment in programmes and design interventions.

2. Integrate evaluation into programme planning and delivery from the start
Allow time, capacity and resource for programme evaluation. Integrate evaluation into the commissioning and programme planning process to ensure appropriate evaluation can be developed and undertaken from the start to enable baseline data to be collected.

3. Engage a range of stakeholders to co-produce programmes and evaluation
Engage stakeholders (including commissioners, academics/researchers, providers, practitioners, users and non-users) early in the planning phase to assess their needs and interests and identify what they would see as a successful programme. Include stakeholders from a wide range of different sectors (e.g. public health, social care, sports and leisure industry, transport and education) and give consideration to addressing inequalities (e.g. protected groups and socio-economics). Co-producing programmes and evaluation activities, and obtaining buy-in from partners early in the process, will help to ensure acceptability and ownership both for delivery and any future scale-up if the intervention is effective.

4. Use logic or 'theory of change' models
Use logic or ‘theory of change’ models to plan programmes and their evaluation. Logic models identify the relationships among the resources within your programme, the activities you plan, and the change or results you hope to achieve. They can help understand how the programme will change behaviour and are a useful tool for engaging stakeholders in programme development.

5. Set clear, relevant aims and specific, measurable objectives
Set clear aims and objectives which are relevant and can be assessed as part of the programme. Aims are broad statements which set out what the programme hopes to achieve. Objectives are more specific and outline what will be done to achieve the aims. Aims and objectives should link clearly to the outcomes which are measured; this might include process outcomes.
6. Select and measure relevant outcomes
Keep outcomes appropriate for the aims, objectives and timescales of the programme. Health outcomes only need to be measured if they are an unproven element of ‘what works’ (i.e. if the objective is not to increase physical activity). Do not try to measure everything or outcomes which might not change within the user population or timeframe of your programme.

7. Use reliable and valid measures
Use reliable and valid measures for assessing outcomes. These can be subjective (e.g. validated questionnaires) but when possible consider using objective measures to assess physical activity (e.g. pedometers or accelerometers) in some or all of your participants.

8. Undertake process evaluation
Undertake process evaluation to help understand what works, for whom, and in what circumstances. This will help with identifying the essential features which need to be implemented when scaling-up programmes.

9. Use the most robust study design possible
Use the most robust study design possible based on resources and capacity available, and the development stage, scale and type of programme. Partner with academics to facilitate use of the best study designs.

10. Use a mixed methods approach if possible
To increase the data quality, use a mixture of methods (i.e. quantitative and qualitative) to collect different types of effectiveness data. Qualitative data adds insight into the experiences of people engaged beyond what is possible from quantitative data and is also important for understanding the context of ‘what works’ in delivery. Using a variety of approaches can help to meet the needs of different audiences for the evaluation and the preferences of a diverse group of stakeholders for different types of data and feedback.

11. Evaluate cost effectiveness or return on investment
Consider evaluating the cost effectiveness or return on investment of the programme as this helps to make the case for investment and / or continuation of programme delivery. Online tools can help with this type of evaluation.

12. Provide ongoing evaluation training for staff
Provide ongoing training on the rationale and methods for data collection for those delivering the programme who also have responsibility for undertaking evaluation activities. Undertake regular checks of processes being undertaken to ensure high quality data is being collected.

13. Build in capacity for data analysis and report writing
Ensure capacity is built in for analysing data and reporting findings. Do not underestimate the time it will take to undertake these activities.

14. Report and disseminate evaluation findings
It is important to share ‘what works’ with others. Evaluation findings should be reported in a digestible, easy-read and engaging format. Consider multiple formats and approaches to meet the needs of different audiences (e.g. academic publications, reports, infographics, and conference presentations) and disseminate these as widely as possible.
Further information and resources

Further information about the physical activity and scale-up fora are available at:  


an introductory guide

Public Health England (2014) Guide to online tools for valuing physical activity, sport and obesity programmes

Further evaluation resources are available at: www.bhfactive.org.uk/research-and-evaluation-tools