

GUIDEBOOK FOR PEER SUPPORT PROGRAM SELF-EVALUATION: PRACTICAL STEPS AND TOOLS

**OUTCOMES MEASUREMENT AND QUALITY IMPROVEMENT
TOOLS BASED ON BEST PRACTICES IN EVALUATION AND
TECHNIQUES USED BY OTHER PEER SUPPORT PROGRAMS**

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Introduction

This *Guidebook for Peer Support Program Self-Evaluation: Practical Steps and Tools* can be used to document program operations and outcomes, and to build evidence for the efficacy of peer support programs. In a world of limited resources, hiring an expert or consultant to conduct an evaluation can be a challenge. We created this guidebook in response to requests from peer-run organizations for practical, low-cost, or no-cost tools they can use to evaluate their own programs.

This guidebook includes recommendations on best practices in self-evaluation and data monitoring based on techniques used by other peer support organizations and in the world of program evaluation. It provides basic, practical guidance on developing a logic model, identifying outcomes, selecting measures/indicators, collecting and analyzing data, and reporting findings.

We hope that program staff, managers, and administrators will find it helpful.

For more information about peer-run programs, visit <http://www.PeerRespite.net>

Why Self-Evaluate? Knowledge is Power!

Most funders require some kind of data collection and reporting. However, there are many more reasons for you to collect and report data about your peer support program.

Evaluations provide information about a program's impact and potential. Peer organization leadership can use this information to demonstrate that their programs are making a difference in participants' lives.

Sharing evaluation findings with the community can be a powerful way to educate the public about peer support organizations and encourage community buy-in. This information helps the community make decisions about the program.

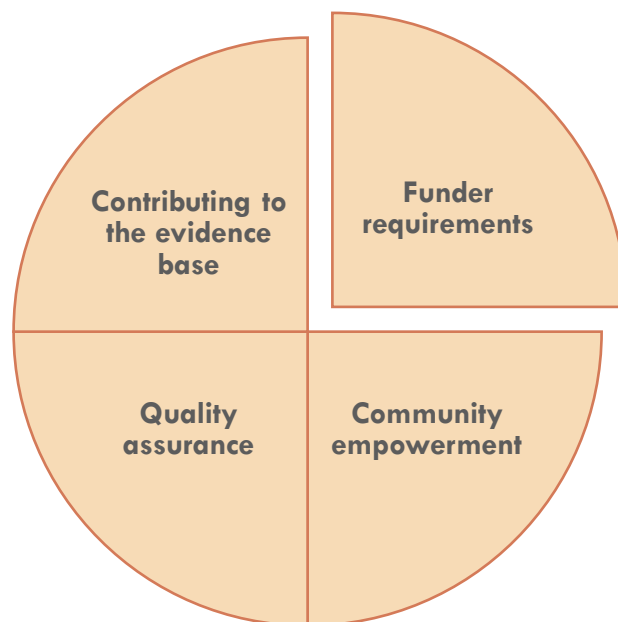
Your program's self-evaluation can also be used for quality improvement purposes: understanding what works well and what doesn't is a first step in ensuring the peer program is reaching its goals and objectives.

Finally, by documenting the impact of your program, you have a chance to contribute to the evidence base – research and results that show peer-run programs, such as peer respites, have a positive impact on peoples' lives and on the communities in which they operate. As [peer-run programs continue to expand throughout the country](#), there is an increasing need to demonstrate their impact. Information showing the effectiveness of peer programs may help lead to ongoing funding, as well as help make a case for opening new programs.

"I think evaluations are a valuable tool. They may give a voice to people who feel they've never had a voice before."

Imagine experiencing emotional crisis as an opportunity for growth and change. Imagine a homelike place where you can safely explore that opportunity. Imagine people there for you when you need their support. Imagine they understand and believe in you because they've been where you are.

Peer respite mission statement



What's New in This Version

In 2014, [Live & Learn](#) and the [Human Services Research Institute](#), with support from the [National Empowerment Center](#), published the *Guidebook for Evaluating Peer Respite*. Through our consulting and research since then, we found that programs, governments, and advocates would benefit from a version providing concrete, actionable recommendations on “best practices” in self-evaluation (or other low-cost/low-resource approaches).

Whereas the 2014 *Guidebook* explored a variety of options for formal and informal evaluation of peer respites, this version is focused on establishing a basic framework for self-evaluation that can be used by all peer ran program staff on an ongoing basis without extensive, hands-on involvement of researchers. We advocate for this framework because consistency in measurement and evaluation across peer programs helps build stronger evidence for their real-world effectiveness!

Key Considerations for Evaluation: Dos, Don'ts, and Ethics

This guidebook provides an overview of essential information for conducting simple evaluations of peer support programs. Below are a few basic pointers as you design your evaluation.



DO!	DON'T!
<ul style="list-style-type: none">• Build evaluation into the very beginning of the project if possible• Bring stakeholders together to agree on goals and approach• Set a budget (time and costs) for evaluation• Keep your evaluation as simple as possible	<ul style="list-style-type: none">• Try to measure everything• Have only one person responsible for all evaluation activities• Collect data that won't be used• Make claims that can't be proven based on the information you collected

Further along in this guidebook, we discuss Ethical Considerations for Evaluation in-depth. Although not a formal “step” in the evaluation process, we strongly encourage you to review these – and keep ethics in mind – at every stage of evaluation.

Step 1: Planning and Preparation

The kind of data you collect – and how you collect and analyze it – depends on what you want to know about your peer program.

Laying Out Goals

The very first step is to clearly state your program's goals. By doing so, you define what the program is meant to be doing and how it could be improved. Peer support programs' goals are wide-ranging and include fostering recovery, empowering the participants, promoting community participation and togetherness, and supporting participants in making choices.

Some goals are related to outcomes (such as improving participants' lives), and others might be related to program activities (such as providing high-quality support or reaching underrepresented groups).

Below are a set of core goals that are common to peer support programs around the country:

- Provide recovery-oriented services
- Offer high-quality peer support
- Create a safe and welcoming environment
- Ensure program participants are representative of the community in terms of race, ethnicity, culture, age, gender identity, sexual orientation, etc.
- Connect people with useful resources to support ongoing wellness and recovery
- Promote stronger grassroots advocacy and a more recovery-oriented mental health system
- Enhance self-sufficiency, engagement in self-advocacy, activation, social connectedness, physical and mental health, and quality of life
- Reduce or avoid use of psychiatric emergency services and inpatient hospitalization

Creating Your Logic Model

A logic model (an easily understood way of thinking about something) lays the groundwork for any evaluation. It should spell out your resources, activities, and anticipated outcomes (or, desired changes) based on your program's goals, along with the resources and processes needed to meet these goals.

The logic model will help you decide what you want to measure. Below is a suggested logic model for peer support programs. We started filling it in to give you an idea of some sample content. You can print it out and fill in your own ideas by downloading the [Sample Logic Model in Word](#) here.

As in the sample below, we suggest measuring outcomes at a variety of levels to capture all the different players who may be affected by your program: the participants, the staff, the program itself, the mental health system, or the community.

Resources	Activities	Short-Term Outcome	Intermediate Outcome	Long-Term Outcome
<ul style="list-style-type: none"> ▪ Funding source(s) <i>County contract</i> <i>Donations</i> <hr/> ▪ Community resources <i>Local peer-run organization</i> <i>Partnership with law enforcement</i> <hr/> <hr/> 	<ul style="list-style-type: none"> ▪ Supports provided <i>WRAP</i> <i>Meditation group</i> <i>AA/NA meetings</i> <hr/> ▪ Processes <i>Number served</i> <i>Length of stay</i> <hr/> ▪ Staff training/skill <i>Peer support certification</i> <i>Intentional Peer Support</i> <hr/> ▪ Program structure & culture <i>Consumer/survivor leadership</i> <hr/> 	<ul style="list-style-type: none"> ▪ Enhanced self-efficacy ▪ Engagement in self-advocacy ▪ <i>Improved satisfaction</i> <hr/> <hr/> <hr/> <hr/> 	<ul style="list-style-type: none"> ▪ Improved mental and physical health ▪ Social connectedness <hr/> <hr/> <hr/> <hr/> 	<ul style="list-style-type: none"> ▪ Improved quality of life ▪ Reduced inpatient and emergency room service use ▪ Reduced system costs ▪ <i>Stronger grassroots advocacy</i> <hr/> <hr/> <hr/> <hr/>



Step 2: Gathering Data

This section walks you through key activities involved in identifying data collection tools and methods, and collecting the data itself.

Timing and Measures

Some instruments used or recommended for use by peer programs include participant surveys, as well as instruments that examine processes of peer support and changes in service use.

When to Collect Information From Participants

Typically, program evaluators conduct surveys of program participants at three or more time points:

- **When the person first initiates services offered by the program (the *baseline* survey).** This survey is meant to show how the person is doing before receiving any support, and usually takes place at the program’s facilities. It is very important that it be given before or at the very start of a participant’s program involvement; otherwise, it might reflect the participant’s experiences in the program, which could lead you to underestimate the program’s impact.
- **Just before or after the person stops receiving program services (the *exit* survey).** This survey is meant to show how the participant is doing directly after receiving program support. This is also a good time to ask questions about the participant’s experience at the program. Like the baseline survey, it usually takes place at the program’s facilities, but it could also take place in the community within 48 hours of the participant’s final program involvement.
- **After some time has passed since the person received services from the program – two weeks, one month, or three months after (the *follow-up* survey).** This survey is meant to measure the longer-term impact of the peer support program on the person’s well-being and service needs. Typically, the follow-up survey is given in the community rather than at the program’s facilities, but it may also take place over the phone. (See the section on Maximizing Response Rates, below, for important considerations when planning and conducting follow-up surveys.)

Survey Type	When to Meet	What to Ask About
Baseline	Within 24 hours of when the person initiates services	Demographics Participant Outcome Measures Service Utilization
Exit	Just before or within 48 hours of when the participant stops receiving program services	Participant Outcome Measures Program Experience Peer Support Participant Contact Information

Follow-up	Two weeks, one month, or three months after the person is no longer using program services	Participant Outcome Measures Service Utilization
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Participant Demographics and Identifiers

No matter which data collection instruments you choose (below we list some that are frequently used), you will always want to collect basic participant demographic information, including race/ethnicity, age, and gender. This will help you to understand the characteristics of the people who use the program’s services and identify any groups you might not be reaching. Typically, you only need to ask a person demographic questions once, usually during the baseline survey, since responses to these questions are unlikely to change over time.

You will also need to create a unique identifying number for each participant so you can compare their responses before and after using the peer support program. By using a number unique to your evaluation (for example, not a Social Security Number) and that participant, you can protect participant confidentiality. Even if someone obtains a copy of the participant’s completed survey responses, they will not be able to tell who completed the survey if the identifying information is limited to a coded number only the evaluation team knows. You will also want to keep track of what kind of survey it is (baseline, exit, or follow-up).

[Here](#) is a simple form you can use to gather demographic information and identifiers.

Participant Outcomes and Program Experience

Recovery and well-being are highly individual. However, there are many widely-used survey instruments that can help measure important outcomes such as quality of life, housing stability, and the development of social relationships and natural supports. A peer support program’s focus is explicitly non-clinical, but it is possible that there may be measurable improvements in areas such as health status and mental health-related functioning (and your funder may require that you measure these things).

“If peer-delivered services want to change the mental health system, we will need to demonstrate that our methods and ways of doing things produce better outcomes than traditional services. It’s not enough to measure satisfaction. Measuring satisfaction is a good place to start, but are we changing people’s lives? Are people developing meaningful lives?” –Peer Respite Director

Here are some suggested data collection instruments that are frequently used in mental health services research. You can download each by clicking on the instrument’s name.

Instrument	Description	Translations	Number of questions	More information
<i>Short Form Health Survey</i>	A set of widely used health status measures for routine assessment of care outcomes.	Available in over 170 languages	36	http://www.rand.org/health/surveys_tools/mos/36-item-short-form.html
<i>Empowerment Scale</i>	A scale measuring perceptions of choice related to events, assurance of living conditions,	Available in English, Swedish,	20	http://www.naric.com/?q=en/content/making-decisions-

	and likelihood of good or bad things happening.	Japanese, Dutch, Portuguese		%E2%80%93empowerment-scale
<i>Sense of Community Index (SCI)</i>	Sense of community with four elements: membership, influence, meeting needs, and shared emotional connection.	Available in English, French, Spanish, and Portuguese	12	http://www.senseofcommunity.com/show-files.php?category=11
<i>Sense of Community Index-Disability</i>	A version of the SCI specifically adapted for people labeled with mental disorders	English only	11	http://www.senseofcommunity.com/files/Townley%20Kloos%20(2009)%20BSCI-D.pdf
<i>World Health Organization Quality of Life (WHOQOL)-BREF</i>	A widely used cross-cultural quality of life measure that addresses physical and psychological health, social relationships, and environment	Available in over 20 languages	26	http://www.who.int/substance_abuse/research_tools/whoqolbr/ef/en/
<i>Hope Scale</i>				
<i>Berkman-Syme Social Network Index</i>	A scale used to categorize an individual's level of social connection by looking at frequency and perceived closeness in several community circles.	English only	11	https://www.phenxtoolkit.org/protocols/view/211101
<i>Health and Retirement Survey</i>				
<i>Kemp Quality of Life Scale</i>	A single item, seven point scale that asks people to rate the overall quality of their entire life.		1	https://spauldingrehab.org/assets/Spaulding/pdfs/conditions-services/polio/kemp-quality-of-life-scale-ircp-download.pdf
<i>UCLA Loneliness Scale</i>	A scale designed to measure a person's feelings of loneliness and feelings of social isolation.		20	https://fetzer.org/sites/default/files/images/stories/pdf/selfmeasures/Self Measures for Loneliness and Interpersonal Problems VERSION 3 UCLA LONELINESS.pdf
<i>History with the Mental Health System</i>				

If you would like more information on how any of these instruments have been tested, please [click here](#). This information may be useful if you are writing a grant application or when reporting results.

Many peer support programs have developed their own survey measures, which may be useful to you and promote consistency in measurement.

Here is a list with downloadable links:

- Afiya Peer Respite Impact [Survey](#)

- **2nd Story Anonymous Guest Feedback [Survey](#)**
- **Georgia Peer Support and Wellness Center [Feedback Form](#)**
- **Rose House [Survey](#)**
- **Wisconsin Peer Run Respite [Arrival Survey](#)**

Be sure to use the same instruments at baseline, exit, and follow-up so that you can document changes over time.

Peer Support

Measuring the process of peer support is important in demonstrating that peer support programs are fundamentally different than other crisis services. It can also help you learn more about how peer support is being provided in your program, which in turn can be used to help describe program activities and areas of peer support strength to funders and other stakeholders. Just as importantly, it can help you understand areas where staff training might be needed.

Information about the process of peer support can also help you interpret the outcomes you are seeing in your evaluation; for example, you may find that the degree of change for participants is related to the type and amount of peer support they received.

Many peer support programs nationwide use Intentional Peer Support (IPS), a trauma-informed model that emphasizes holistic wellness and personal growth within the context of healing relationships. The IPS Core Competencies measure can be used to measure how service users experience peer support in your program, even if the staff are not trained in IPS.

Download the IPS Core Competencies Measure [here](#).

Service Utilization & Cost

Public systems have a strong cost emphasis. Policymakers and other funders frequently want to see cost savings from new programs (or at least costs that are on par with existing programs) to justify the investment. Peer support programs may save money by preventing expensive psychiatric emergency service and inpatient use.

One way to understand your peer program's impact on cost is to understand whether people use it instead of other services, like emergency rooms or inpatient hospitalization. If you notice that people are using fewer inpatient and emergency services after receiving services from your program compared to before, you can make a case that the peer program may be cost-effective. **[Here is a basic set of questions you might use to ask participants about the services they used before and after their involvement in the program \(at baseline and follow-up\).](#)**

Because of the complex processes around understanding whether (or why) an individual uses the peer support program vs. other acute or emergency services, it is not always accurate to compare the cost of a peer program day to the cost of a hospital day in a budget or billing statement. There are also other factors to consider. For example, people may use peer programs differently than they use other crisis services, and they may use a combination of peer support services and other inpatient or emergency services depending on their situation.

Cost and cost-effectiveness research and analysis is a specialized type of research. You may need access to confidential or sensitive data from your local public health system. If you want to demonstrate costs and outcomes in this kind of relationship, it is advisable that you consult with an expert in these methods.

Considerations for Data Collection

This section covers different considerations for collecting your data. Many of these considerations involve trade-offs between ease of collection and data quality. Your decisions should ultimately be made based on the resources you are able to commit to the evaluation (time and funding). The goal is as strong an evaluation as possible given the available resources.

Open-Ended vs. Closed-Ended Questions

Open-ended questions allow participants more freedom in answering, which can help you uncover or identify information and topics you might not have thought about. However, answers to open-ended questions can be more difficult to analyze, due to the amount of time it can take to interpret and organize the responses.

Closed-ended questions are easier to analyze in large quantities, but they limit the type and amount of information that participants can provide, as answers must fit into the predetermined response categories.

We discuss how to work with both open-ended and close-ended data in the next section.

Self-Administered Questionnaires vs. Using an Interviewer

A self-administered questionnaire is a survey instrument that has been designed specifically to be completed by a participant without an interviewer reading the questions and marking their responses. Questionnaires can be printed, or they can be administered on a computer or website like SurveyMonkey. If questionnaires are collected on paper, the participant may have the choice to return the completed questionnaire by mail (usually with a postage-paid envelope) or deposit it at a secure location at the peer support program (such as a locked box).

Participants may be more likely to report sensitive or personal information in a self-administered format than in an in-person meeting. Therefore, this might be a preferred method for data collection with participants to protect anonymity. During in-person meetings, some service users may want to present themselves in the best possible light and make a good impression on the interviewer by being “agreeable.” Self-administered questionnaires, therefore, might result in more honest feedback, particularly if the interviewers are staff members.

There are also drawbacks for self-administered questionnaires. They require higher levels of literacy, and web surveys require internet access. There may also be lower response rates without an interviewer. In-person surveys may be more appropriate if you want to ask participants more complicated questions, collect open-ended and in-depth data about program experiences, or ensure more complete responses.

Face-to-Face vs. Telephone

Face-to-face surveys only require that the participant and interviewer speak the same language, and have basic verbal and listening skills. No literacy is required. A personable and conscientious interviewer can increase response rates, maintain motivation with longer questionnaires, follow-up about responses, clarify questions, and help participants remember their experiences.

Although telephone surveys make demands on a person's listening and require access to a telephone, these types of surveys are less resource-intensive for peer support programs. Because traveling to meet participants is unnecessary, you may be able to reach more former participants particularly for follow-up surveys after participants have left the program.

Maximizing Response Rates

It is important that as many program participants as possible are involved in the surveys. A higher number of survey participants increases confidence that the results reflect all participants' experiences and not just those surveyed. The number of participants in a survey divided by the total number of participants who use the peer support program is called the response rate.

For baseline and exit surveys, it will be easiest to ask participants to take part in the surveys while they are at the peer program's facilities. However, there may be instances where it is not appropriate to gather data from a participant while they are at the program, so you may want to arrange for them to take a survey before they begin or after they conclude receiving services.

Once a participant has left the program, it can be a challenge to get back in touch with them to complete a follow-up survey. A simple form that collects participant contact information and preferences is essential for maximizing follow-up survey responses. You can download a sample **Peer Support Program Participant Contact Form** [here](#).

The longer the period between when the participant leaves the program and the follow-up, the more difficult it might be to connect. If you are only able to survey a small number of former participants, the information you collect may not be useful because the group you were able to follow-up with may have different outcomes than the people who did not stay in touch. In addition, conducting follow-up surveys can take a significant amount of staff time.

Below are some tips for increasing participation in follow-up surveys:

Have all consenting participants complete a Participant Contact Form before they leave the program

Be persistent (but respectful) in reaching out to service users

Be flexible, e.g. call at different times of day and reach out using multiple methods (text, email, phone)

Work with the program participant to find the most convenient time and location for an interview

Keep track of efforts to contact the service user

Remember privacy when leaving voice messages, emails, and texts

If you conduct the survey in a public place, double-check that the participant is comfortable

Send a reminder text or make a reminder call the day before or morning of interviews

Always keep your appointments and be on time

Peer Interviewers

If you have the resources, you may want to consider hiring paid or volunteer interviewers who have lived experience with the mental health system – peer interviewers – to survey participants.

The shared lived experience can help participants feel more comfortable being involved in and providing answers to the survey, and lead to a higher response rate.

Peer interviewers should be focused on mutuality, connection, and respect. They can meet with participants regularly to educate them about the study, explain and ensure informed consent, and administer surveys. The job requires training and orientation to the project, coordination with peer support program staff, and regular contact with anyone else working on the evaluation.

In addition to lived experience with mental health issues or services, peer interviewers should also have a combination of experience and training or education in health services research or a related field. They should also have the interpersonal skills needed to establish and maintain effective working relationships with diverse groups of people. The job description can require that peer interviewers have knowledge of research methods, data collection, and program evaluation. However, you will also want to offer a basic overview of these topics in the orientation training. You can also provide peer interviewers ongoing support to ensure they understand how their activities fit within the overall research process.

To reduce bias in data collection, a peer interviewer role should be separate from a peer supporter role. If peer interviewers were to hold dual roles as peer supporters, it could create a conflict of interest that could lead to peer interviewers intentionally or unintentionally introducing bias into the research process. For example, participants might not feel comfortable reporting negative outcomes or dissatisfaction with the program to individuals they have worked with as peer support staff.

If you're interested in more information about peer interviewers, [here is an article](#) describing how the peer interviewer process worked at a peer respite.

Survey Incentives

You do not necessarily have to provide financial incentives for program participants to participate in data collection, and you may not have the resources to do so. Luckily, many people are attracted to research and want to participate for other reasons, including a desire to contribute to science, and to see programs improve, succeed, and spread.

However, payments to survey participants – referred to as "incentives" or "stipends" – are frequently used to encourage participation. These incentives improve the likelihood of participation and they express appreciation for the participants' time and attention. There are several ways to provide incentives:

1. Participants are paid cash after they complete a survey
2. Participants are given a gift card after they complete a survey
3. Participant names are entered into a "lottery" where some randomly receive a payment for their participation (either cash or gift card)
4. Participants are given either cash or a gift card before they complete a survey to motivate participation (more frequently used with mail or web-based data collection)

In a basic peer support program evaluation that involves a brief participant survey, these stipends can range between \$5 and \$20, depending on the time it takes to complete the survey, whether the participant had to travel for the survey,, and the type of survey being conducted (sometimes larger incentives are offered for follow-up surveys to promote participation).

There may be concerns that these types of payments could be coercive – and may be seen as strong-arming participants, especially for those who have limited financial resources. However, financial incentives demonstrate respect by recognizing participants' time, effort, and contributions to science.

Step 3: Working With the Data

How you work with the data depends on the types of data you collected and how you collected it. This section covers basic information on how to work with both close-ended and open-ended data. It also describes resources that may help you analyze the data you collect.

Here are some examples of how peer support programs work with data using some of the goals and measures we discuss in this guide:

Goal	Data Source	Analytic Approach
Offer high-quality peer support	IPS Core Competencies measure	Compare average scores over time
Ensure the people who use the program services are representative of the community in terms of race, ethnicity, culture, age, gender identity, sexual orientation, etc.	Participant demographics	Compare participant demographics to the demographics of the population in your area (find demographics for your area at https://www.census.gov/data.html) or demographics of the target population (for example, demographics of people served by the County or State mental health agency)
Enhance self-sufficiency, engagement in self-advocacy, social connectedness, physical and mental health, and quality of life	Participant survey	Compare overall survey scores and responses to individual items at baseline, exit, and follow-up
Reduce or avoid use of psychiatric emergency services and inpatient hospitalization	Participant survey and local service utilization data (if available)	Compare participant responses related to psychiatric emergency services and inpatient hospitalization at baseline and follow-up. You may also work with your local mental health authority to examine rates of service use at hospitals and other facilities before and after peer program use

Entering Data

After you have collected the survey data, you will need to put it into a format that can be analyzed. For close-ended data, this means converting survey answers into numbers. Most instruments – such as those we recommend in this guide – include this information. For example, the Sense of Community Index instructs you to code answers as follows: True=1, False=0. Many survey

instruments use response options that range from 1 to 5 (or 1 to some other number). These are called Likert Scales.

The numbers can be entered into a simple spreadsheet to create a database that you can then use to analyze the data. Microsoft Excel is commonly used for this purpose, or you could use a free program, such as [Google Sheets](#) or [Open Office](#).

Typically, databases have the names of each survey question in columns along the top row, and each individual's survey response is entered as a row. We created an [example template for the Sense of Community Index here](#).

Open-ended data can also be entered into a spreadsheet in the same format, with wider columns to make space for larger amounts of text. Alternatively, you could type survey responses into a text document (such as through Microsoft Word, Google Docs, or Open Office) and organize them there. When you are typing written survey responses, be sure to type the responses exactly as they are written to preserve the participant's intended meaning. If you cannot read a participant's writing, you can indicate that in the document using brackets or notes.

Analyzing Closed-Ended Data

Once you have entered closed-ended survey responses into a spreadsheet, you can use the basic spreadsheet functions to analyze the data.

Scoring Data

Most instruments – including the surveys we recommend in this guide – come with scoring information that is a first step in analyzing data. Typically, this involves adding up the responses to create a total score. This scale is then used to compare responses between participants or for the same participant over time. You may also be able to add up responses to particular questions to generate a sub-scale that tells you about a particular aspect of what you are trying to measure. For example, the Sense of Community index generates a total score (the sum of the answers from questions 1 to 12) as well as four sub-scales: Membership, Influence, Reinforcement of Needs, and Shared Emotional Connection. These sub-scales are the sum of a subset of questions and can provide information on particular aspects of community connectedness.

Generating Summary Statistics

For surveys that involve scales and sub-scales, you will want to create summary statistics such as the minimum, maximum, and mean (average) at each point in time (baseline, exit, follow-up). You can also compare responses from the same participant to see if scores change after utilizing the peer support services. You can create new variables for the amount of change experienced by each participant, and then also create summary statistics to look at the average change experienced across participants.

You can use spreadsheets to calculate summary statistics. There are many tutorials and resources available online that provide step-by-step guidance and tools, depending on the type of spreadsheet you are using.

If you are using a survey software like SurveyMonkey, you can also create simple summaries within the web browser. You can also download your data in a spreadsheet format and work with it yourself.

Analyzing Open-Ended Data

Open-ended survey questions can be very useful for flagging issues or concepts that you might not have covered in your closed-ended survey questions. They are an opportunity for participants to provide a range of feedback and information through the survey process. Open-ended responses can help you identify new and different ways of thinking about topics. For these same reasons, working with open-ended data can be challenging.

One way to organize open-ended responses is to sort them into themes – or common threads - among different responses. How you determine your themes depends on the original question and what you want to do with the data. Take the following scenario as an example:

You want to know what aspects of the peer program are important to participants and you have a survey question that reads: “What did you like best about the peer support program?” (Note: This example is based on a peer respite, where participants reside at the program facilities).

You receive ten responses:

1. Getting to know Shari [another participant]
2. Meeting new friends
3. Meditation group
4. Having dinner with staff and other participants each night
5. Vegetarian options
6. Taking a break
7. Restful
8. WRAP group
9. Meditating with Tyler [staff person who leads the meditation group]
10. The groups

You might divide the responses into the following themes:

- Connecting with others (1, 2, 4)
- Groups (3, 8, 9, 10)
- Meditation (9, 3)
- Food (4, 5)
- Rest/taking a break (6, 7)

Note that some responses were included in multiple themes. For example, “Having dinner with staff and other participants each night” was grouped into “Connecting with others” and “Groups.” You may also want to create an “Other” theme to encompass responses that are difficult to categorize.

Once you have created a list of themes, you can count them to see how many times an issue or concept came up. This will give you a general sense of how many participants responded to a question in a particular way.

Although counts can be useful to see how most participants feel about the peer support program, it may be that only one participant responded to a question in a way that you feel is particularly important. These responses could be pulled out – or even quoted – to highlight one person’s unique experience. If you use quotes, however, please be sure that the person cannot be identified by their response.

Outsourcing Your Analysis

Oftentimes, students at local colleges or universities are required to conduct data analysis as part of their coursework, or for a thesis or practicum. For students interested in program evaluation, analyzing your data could be a worthwhile project. Before you hand over any program data though, it is essential that the data do not have any information that could be used to identify a person. It is also important that the students have [training in human subjects protection](#). You will also want to carefully review the students' work for accuracy before reporting the results.

Step 4: Reporting Evaluation Data

Many programs collect and report data for a simple reason: the funder requires it. This is common for most peer programs. You might also be conducting an evaluation or monitoring data to keep the community informed, or to contribute to the evidence about peer support programs (or any combination of these things). How you report your data will depend on why you are collecting it in the first place.

If your program's funding is contingent on certain types of data reporting, it is important to respond to those requirements. However, data that gets reported to funders may or may not be the kind of information the community is interested in, or that you are interested in knowing about your program. And these data are often not shared with the public - they can't contribute to the evidence base if no one knows the evaluation was conducted. One way to think about data reported to funders is that those basic efforts represent the "floor" that you can build upon to support additional evaluation goals. Even if results do not indicate that the program has been working the way you hoped it would, the results can be used to support efforts for program improvement.

Sharing Results with the Public

Providing members of the community – including participants, their families and friends, staff, other mental health system stakeholders, elected officials, and the public in general – with information about the peer support program promotes openness and transparency and may lead to greater community buy-in for your program.

By publicly sharing your findings, you are also contributing to the evidence base for peer support programs. It may be important to you to publish papers in peer-reviewed journals, share press releases with the media, or report to a larger stakeholder base (local or national advocates). You might want to present your results at a local or national conference. These forums each have different requirements for the types of information you present, the level of detail in describing your results, and the format of presentation.

When possible, consider involving key stakeholders in the reporting process. This may involve sharing preliminary results with program staff, participants, local advocates, or others who have an interest in the peer program. These individuals can review your work and comment on whether your work makes sense. They may also be able to offer alternative interpretations of the results. They can help identify things you may have overlooked or lend insights to complex findings. Make sure to build in time for stakeholder review to ensure that you are characterizing the program and its impact fully and appropriately.

However you decide to share your results, it is important that you make them available in multiple formats so they are accessible to diverse audiences – including peers, advocates, providers, program participants, and the general public. For example, if you create a technical report for a funder, you could also create a one-page summary or infographic that highlights the most important points using simple language that can be shared with elected officials or the public. Producing materials in multiple formats increases the impact of your evaluation work by helping reach a wider audience in different ways, and ensures that all who contributed to the evaluation process can see the results.

Ethical Considerations

Although conducting self-evaluation of a peer support program means that community members have the power to decide what questions are explored and have control over collecting and reporting data, there are still several ethical issues to consider. Ultimately, you should use your judgment, and consult with trusted advisors when needed.

It is very unlikely that you need approval from an institutional review board (IRB; or an independent research ethics committee) to conduct a self-evaluation. However, you may be interested in taking the free online training from the National Institutes of Health on protecting human research participants. This training will teach you about research ethics (and also provide you with an official certificate): <https://phrp.nihtraining.com/users/login.php>

Below, we highlight some common ethical issues to watch for in your self-evaluation:

Taking Part in Research and Evaluation is Always Voluntary

- Service users can refuse to participate altogether
- Service users can skip questions
- Service users can participate in some parts of the evaluation but not others
- Service users can withdraw their consent to participate at any time
- Refusing to, withholding, or withdrawing consent will in no way impact the relationship between service user and staff or the support the person receives at the program

Service Users Must Always Provide True Informed Consent Before Participating

- Service users must understand why you are collecting information and what you will do with the information you collect
- Staff should make sure service users understand the risks associated with participation. One potential risk is they may experience discomfort or stress
- Staff can talk to the person about risks and provide support in the event of a negative experience with evaluation

Data Provided by Service Users Will Be Kept Confidential

- To the extent possible, keep evaluation and support separate
- Do not discuss individual service users' survey responses and whether or not individual service users consent to participate
- Use unique identification numbers rather than names in data collection
- Do not use names or other identifying information in any reports or data summaries

1. Be Sensitive in Your Plans to Collect Data

Evaluations and data collection techniques must be sensitive to program and participant values, as well as the potential time and energy burden on participants and program staff. The work of the evaluation should not be greater than the value your program gets from it. Data collection may be

experienced as intrusive or present an undue burden to participants and staff. Just as peer program staff work to ensure that their practices reflect the program's mission, you should ensure that any evaluation-related activities reflect the peer program values of mutuality and shared power.

2. Plan to Use Your Data and Make It Meaningful

If you are going to collect data, the data should be as meaningful as possible to inform ongoing program and community needs and resources, and to help others start or sustain peer support programs. There is a whole spectrum of perspectives on what is important and why. You do not have to be committed to traditional or formal evaluation to be able to report something that is meaningful.

While it may seem relatively easy to collect any data you might want, it is important to use data collection efficiently and consistently with your analysis plan to reduce the burden on program participants and contain the costs of the project.

3. Consider Conflicts of Interest Between Those Working on the Evaluation and Other Staff and Program Participants

People working on the evaluation need to balance honoring the confidentiality of the research participants with being part of an endeavor that is inclusive and community-focused by definition. For example, although peer interviewers may technically be employees of the peer program, they should not attend regular team meetings of the peer supporters. This can be challenging, as team meetings at peer programs are often - by nature - open to all members of the community, and some interviewers will be interested in attending due to personal relationships with staff and participants.

4. Follow Standards for Informed Consent and Lack of Coercion

Although you may not have to document formal informed consent by participants you are collecting data from (that is, having an Institutional Review Board-approved form that participants sign to acknowledge their rights), you should be aware of what typically goes into the informed consent process. All informed consent in research involving human subjects must include descriptions of:

- What the project is about
- Why the individual is eligible for the study
- What risks, benefits, and alternatives are associated with the research
- What rights they have as research participants

At *minimum*, interviewers and others conducting any evaluation project must make it clear to program participants that involvement in the evaluation is voluntary. They have the right not to participate at all or to stop participating at any time, and deciding not to participate will not result in any loss of services or supports, or hurt their relationship with the peer program. You may also want to have a protocol in place in case a person becomes uncomfortable or upset as a result of participating in the evaluation.

5. Always Maintain Confidentiality and Privacy of Evaluation Data

Some participants may also feel that confidentiality and privacy could be potentially violated based on the kind of data collected. It is important to secure privacy no matter what information is

documented, and to ensure that people are contributing data voluntarily. Throughout this guide we have discussed ways to maintain confidentiality. They are summarized here:

- Make sure all staff working on the evaluation have completed training on human subjects in research. A basic, free, widely used online training can be accessed here: <https://phrp.nihtraining.com/users/login.php>
- Use a unique “Participant ID” rather than names or initials on all surveys. These ID numbers can be linked with a participant’s name in a separate file that is password-protected and accessible only to key evaluation staff
- If using peer interviewers, work to minimize conflicts of interest and keep interviewer and staff roles separate
- If staff are participating in data collection, do not discuss a participant’s involvement in the evaluation or responses to survey questions with other staff
- After data have been entered into a spreadsheet or organized into a file, check to make sure no identifying information has been retained. This is particularly important if you’re outsourcing your analysis to someone outside the program
- When reporting results, take care that individual participants cannot be identified based on responses

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