## **High Level Plan**

A process and outcome evaluation will be undertaken to explore development and impact of the WSS pilot. This dual focus is essential not only to establish potential for scaling up but also future 'sustain and spread'.

The evaluation will engage directly with stakeholders to explore both the process of developing the pilot and the utility of the support to clients. Because of the involvement of stakeholders it is particularly important that they feel valued as equal partners. The evaluation will therefore be done *with* participants (not imposed 'on' them) ensuring they have a say in determining the aims and objectives of the pilot and its evaluation.

Pre-implementation

1 Month

- Review documentary evidence and information
- Stakeholder engagement (to develop baseline, methods and measures)
- Ethical approval
- Embed evaluation tools

Implementation 6 months

- Set up anonymous online questionnaires
- Monthly KPI review / reporting to commissioners
- Interview key decision makers / panel members (re advertising, referral and recruitment processes)
- Initial interviews (clients)
- Interim report including guidance for roll out / secondary care shceme
- Final interviews (providers/clients) to build anonymous case studies

Post-implementation

1 Month

- Assess value for money i.e. the cost of achieving the desired / actual outcomes
- Final stakeholder event to review findings
- Final report to disseminate learning expected early 2018 but flexible. Continued engagement negotiable (up to 12 months) where case studies are ongoing

To ensure the WSS is evaluated in a reliable and credible fashion and to inform good evaluation planning at scale an Evaluability Assessment will be undertaken. The evaluators will have access to the existing qualitative and quantitative data relating to current provision for whistleblowers and will first engage with the stakeholders regarding the pilot, the proposed 'scale up' and their evaluation.

Stakeholders will be encouraged to reflect on the development of the WSS pilot (including advertising, referral and recruitment processes), clarify aims and objectives for the evaluation and review KPIs. In particular, participants will explore how individual WSS clients, providers, panel members and evaluators can unobtrusively and effectively track these indicators (from initial enquiry to completion of the programme). The aim of this process is

to both gain a mutual understanding and to orientate the evaluation team with regard to the projects in terms of context, activities and intended outcomes.

Outcomes from stakeholder engagement will feed into the evaluation tools, which will be embedded into (future) recruitment processes / Support Plans. It would be expected that, as a minimum, individual Support Plans will contain

- Intervention goals and how we (will) know the goal has been met
- Intervention activities (to be) undertaken to achieve goals
- Were the goals achieved?
- Overall, what difference has intervention made?
- Brief summative narrative

This information will be supported with qualitative data gleaned from individual project leads / panel members who will be asked to further clarify and report what they have achieved / are trying to achieve with the pilot. The initial evaluation questions with project leads / panel members will focus on:

- What is the individual context in which the WSS is being developed?
- What has worked and what has not worked and why?
- What has been learnt?
- What are the prospects for sustaining the pilot and spreading it more widely?

Because the pilot involves a number of potentially vulnerable clients, ethical approval will be sought from LIMU to safeguard both participants and evaluators. The evaluators are very familiar with this process, which is very straightforward and should be complete with the first month. Participating clients will inevitably present with unique needs and will require individualised support plans / resources. It is therefore difficult to be specific at this point but a series of case studies (involving client-provider pairings) will be developed. Initial interviews with clients and final interviews with each client-provider pairing will be able to establish what we can learn and in particular *how* local individualised support / solutions have been developed in particular contexts and if there are any common themes that emerge across them.

In addition to this, it may be appropriate to embed unobtrusive (before-after) Quality of Life, wellbeing or self-efficacy measures into the Support Plan though past experience suggests that generic rating scales are of limited value, particularly for short-term targeted interventions.

Finally, an assessment of value for money will be undertaken to establish cost of achieving intended / actual outcomes and explore how efficiencies can be made and effectiveness can be improved. Learning from the evaluation will be disseminated and reviewed in a final stakeholder event and report.