Self-evaluation: learning from experience

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Self-evaluation Dynamic Model

Self-evaluation in Shape Up is defined as critical reflection by the project participants, e.g. teachers, pupils and community partners, on processes and the expected outcomes of the local projects. The purpose of this critical reflection is to systematically document the project at local level as well as consider the relevant project implementation issues in relation to the overall aims and objectives of Shape Up.

The general definition of evaluation cited below indicates that the self-evaluation process in Shape Up is understood as a process of continuous local assessment of the project's progress towards self-determined goals and redesigning the specific project plans and strategies according to these assessments.

"Evaluation implies judgement based on careful assessment and critical appraisal of given situations, which should lead to drawing sensible conclusions and making useful proposals for future actions."

Health programme evaluation: guiding principles. World Health Organisation, Geneva. WH0, 1981: 9.

Thus, self-evaluation should serve the purpose of learning from experience and an ongoing improvement and adjustment of the project plans and practice at a school or city level. It is also a process of **document-ing** and **evaluating** the project processes as well as the achieved successes.

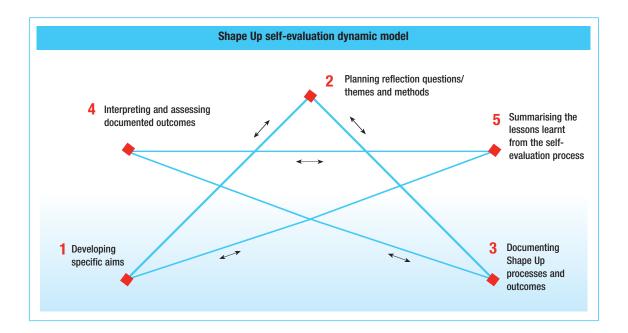
Shape Up self-evaluation dynamic model

Taking this notion of self-evaluation as a starting point, the Shape Up approach is based on the following key steps:

Developing specific (contextualised) aims and indicators (signs) of success for the project locally, consistent with the overall Shape Up philosophy, its aims and the expected outcomes. This development should take place at the very beginning of the project and all Shape Up participants at the local level should be involved in it, including children and young people.

- **2.** Planning reflection questions/themes (i.e. what do you want to know and why?) and methods (i.e. how are you going to get information?).
- **3.** Documenting Shape Up processes and outcomes at a local level by using methods and tools that are productive and fit for the purpose. Posters, videos, diaries, logbooks, reports, web materials, and quotations from different participants are just a few examples (visit the Evaluation section on the Shape Up portal for more information).
- **4** Interpreting and assessing documented outcomes and processes on a regular basis agreed among the local Shape Up partners (once a month, quarterly, six-monthly, yearly, etc). Different themes and project development issues might need different timing.
- 5. Summarising the lessons learnt from the self-evaluation process for each theme and integrating these in the planning of the next steps. Providing feedback to local project participants, including children and young people. Reporting to the Shape Up global coordinators and the global evaluation team.

The reflection model below describes the five steps in the self-evaluation process. It is a dynamic model; you can move back and forth between the different steps. This is important when self-evaluation is used as a tool to learn from your experience and accordingly adjust plans and activities as you go along.



Two evaluation examples are given at the end of this section illustrating the use of indicators, evaluation methods and tools, as well as follow up activities.

1 Developing specific aims and indicators of success for the project locally

Shape up aims to influence determinants of health, as well as enable children and young people to influence these through actions in which they are involved as agents of change. Furthermore, the Shape Up conceptual framework and values are based on the following key components: participation, collaboration, teacher competences and community involvement. Consequently, self-evaluation should focus on documenting and critically reflecting on these different forms of outcome.

The model below provides an overview of the key components of the expected Shape Up results (i.e. outcomes) and processes (i.e. strategies to reach these achievements). The specific indicators, that is, the signs to help us follow the progress in achieving the results, are not stated; they have to be developed and discussed by the project participants at a local level. Indicators are concrete formulations of the aim of the critical reflection, they give information about what to look for so that we know that we are getting closer to the expected result or have reached the aim.

Examples of indicators

A sign of a *process* aim, for example, *genuine pupil participation*, would be whether pupils are able to influence the decisions taken in the school or by the key people in the local community regarding a given health problem they are working with.

An indicator for *action competence* would be that the pupils are able to state their own ideas and understanding about health and healthy life and devise an action plan to improve the conditions for health. Critical understanding of the health issues, commitment or motivation to persist when faced with barriers, clear visions about possible solutions, etc., are some of the components of action competence that could be translated into specific indicators in each different context.

An example of an indicator for efficient *school-community collaboration* is that collaboration goes both ways, from school to community (e.g. pupils trying to put health issues on the agenda in the community) and from community to school (e.g. by involving people from the community in school-based actions and/or teaching).

As already mentioned, the idea with the Shape Up approach to self-evaluation is not to make a complete scheme with a defined number of indicators and methods for their measurement or assessment. Rather, the idea is to provide a framework that can be used by all Shape Up participants to discuss their local project and identify their own specific goals and corresponding indicators.

It is important to note, however, that the local goals and indicators need to correspond with the overall aims, objectives and criteria for the Shape Up project as a whole.

Outcomes and processes in Shape Up		
Goals	Indicators/signs	
Outcomes (i.e. what do we want to achieve?)	Are we getting closer to the goal?	
Changes of health determinants in the school or the community		
Development of young people's action competence		
Processes (i.e. how do we go about it?)		
Pupils' genuine participation and ownership		
Collaboration between school and community		
International collaboration with schools and communities		
Teacher competences, e.g. to facilitate dialogue in the project		
Community involvement, key people's views on health promotion and learning in the project		

Planning reflection questions/themes (What do you want to know and why?) and a systematic approach to gathering information about what you want to know (methods)

The self-evaluation table below outlines and describes different evaluation methods and tools that have proved useful in health promotion and education. The methods are based on: dialogue, products and actions, portfolios, observations, questionnaires and statements made by a health professional or another project partner from the community.



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Documenting Shape Up processes and outcomes at local level by using methods and tools



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Tools and methods	for self-evaluation
Evaluation tools	Descriptions
Dialogue-based evaluation: • Question sheets; • Teacher and pupil notes; • Audio recording; • E-mail/web forum communication.	Feedback in class, groups or in teacher-pupil interaction, based on reflections and documented in notes, audio recording or web-based communication.
 Product and action-based evaluation: Products – e.g. exhibits, folders, media presentations; Actions – e.g. dissemination in a folder or through media. 	Pupils are asked to work out a product (e.g. a project report, an action plan, an exhibition) or an action (e.g. dissemination of project results in a folder or through media).
Portfolio-based evaluation: Working portfolio; Presentation portfolio – physical or electronic.	The teachers describe criteria for the content of the portfolio. The pupils choose material from the working portfolio for the presentation portfolio.
 Evaluation based on observations: Observation sheets; Audio/video recording; Teacher and pupil logbook. 	Systematic observations based on described and agreed selection criteria. Documentation through recording and/or logbook.
 Evaluations based on questionnaires: Questionnaires – with open, closed or semi-structured answers. 	Teachers and pupils formulate themes and questions on the basis of project aims and indicators for success. The questionnaire is administrated in the class, and data is processed and analysed by teachers and pupils.
 Referee-based evaluation: Oral or written statement/report including a description of assessment and arguments for assessment of pupil performance in a functional (close to reality) context. 	A community project partner selects products and/or actions (see product and action-based evaluation above). Criteria: are the products/actions living up to the expectations in the context to which they are applied?

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Interpreting and assessing documented outcomes and processes

Interpreting and assessing the documented outcomes and processes is a core step in self-evaluation and includes giving value to or emphasising core project outcomes and processes. Here, the different project participants (teachers, facilitators, coordinators, pupils and other project partners) confront the outcomes and processes with the indicators in the project. On a more general level, the focus is: Which goals were met, and which goals were not met? What signs of success can we observe? On a more specific level, the focus is on the following: To what extent are the demands formulated in the indicators met?

5 Summarising the lessons learnt from the self-evaluation process

The follow up of self-evaluation is crucial, because what is the point of evaluation if it does not lead to changes? The follow up includes:

- Learning on the basis of the self-evaluation and critical reflection;
- Providing effective feedback to the pupils and all the partners in the local community;
- Adjusting the plans for the further development of Shape Up at the local level by integrating the lessons learnt.

Important questions in this respect include:

- How will we communicate and disseminate the results from the self-evaluation?
- Do we need to adjust the project methods or goals to the local conditions?
- What worked well? What did not? What can be done better?
- Is it possible? Or do we need to adjust the goals and the indicators?
- Do we need to use other tools in the self-evaluation in order to be able to observe and document changes that are not easy to observe?

Examples of self-evaluation sequences

What is health for you?

The first example is an evaluation of a project activity based on the chapter on children's ideas on what health is in this guide.

Indicators	 The teacher has discussed the aims and indicators for success with the pupils, and has planned and provided materials for teaching and reflection. The pupils can state their own ideas and understanding about health and healthy life. The pupils are participating in the group discussions and classroom evaluation.
Methods and tools	 Dialogue-based evaluation on a classroom level, group level and teacher-pupil level; tools: question sheet, audio recording and pupil notes. Product-based evaluation – based on posters.



Description	 The class works in groups with four questions on health, formulated by the teacher on a question sheet: What influences health? What can we do to influence health? What is health? Who is the healthiest person that you know and why? The pupils interview each other in the group and audio record the interview; the chairperson of the group summarises the interviews in note form, the group discusses the findings, and communicates and discusses the findings in the class. The chairperson of the group take notes and, with the help of the teacher, makes posters for the classroom, including the main points from the class level dialogue.
Follow up	 The self-evaluation provides an input for both teachers and pupils: The teacher uses the insight from the evaluation to adjust planned teaching activities based on the pupils' understanding of, and statements on, health. The pupils use the classroom posters as a source for inspiration for their future work with health topics.

Physical activity for health

The second example is an evaluation of a teaching activity based on one of the activities in the case story about physical activity for health.

Indicators	 The pupils can state the main advantages of physical activity. The pupils have had the opportunity to experience different types of physical activity. The pupils master some of these on an elementary level. The pupils can state potentials and barriers related to them engaging in different types of physical activity.
Methods and tools	 Observation-based evaluation. Tools: Observation sheets. Referee-based evaluation. Tools: Oral report including description and assessment of, and arguments for, pupil performance.
Description	 The teacher makes systematic observations based on described criteria agreed on in the class at the start of the project, but related to the indicators above. He/she documents the observation in a project logbook. One of the pupils' physical activities is chosen for referee-based evaluation, performed by a community project partner (e.g. a local football trainer) and three pupil representatives. Beforehand, the referees formulate signs of success related to mastering the activity, and they observe the same activities.
Follow up	 The teacher uses his/her logbook notes in a dialogue with the class about adjusting plans for physical activity within and outside school. In the second evaluation activity, the referees disseminate the results to the class, including their criteria, assessments and arguments for the assessment of pupil performance.

Tips and advice

For effective self-evaluation

- Include the development of goals and indicators in the project planning from the very beginning.
- Be specific: good indicators should help you decide whether or not you are getting closer to the goal; they should be simple, manageable, and easy to observe and communicate.
- Data collection methods to report on the indicators should take into consideration the available time and commitment
 of the project participants.
- Make sure that sensitivity concerning the subject matter (body weight, self image, physical activity, etc.) is respected in the selection of indicators and data collection methods.
- Select indicators that provide knowledge about the quality of the implementation of the project at the local level.
- Ensure that the project goals, expected outcomes and indicators are consistent with the overall Shape Up approach; that is, that they are focused on health determinants rather than individual behaviour.
- Involve the key local partners in the development of the local Shape Up goals and indicators.
- Document the project systematically. Document both the process and the outcomes.
- Remember that self evaluation should provide insight and information concerning the project's progress towards the self-determined goals. The aim is to learn from experience and adjust the project plans and strategies accordingly.

Communicate the self-evaluation findings and reflections with the Shape Up participants, including pupils, on a regular basis.