

LONG TERM OUTCOMES TOOL



Summary

The *Long Term Outcomes Tool* is an online survey for young people who have completed a program. It can also be customised for young people who may still be involved in the program as a peer supporter or peer educator. The tool explores long term changes in attitudes, employment/study, knowledge, support, mental health, problem solving, and optimism.



Keywords

Cross sectional data
Longitudinal (trend analysis)
Quantitative data (frequency)
Qualitative data (descriptive, explanatory)
Survey
Evidence
Reporting



Participant Use



Participant Evaluation



Resources

Computer and internet access
1 x facilitator
Online survey account (for example www.surveymonkey.com; free trial, AUS\$19.95 per month or approx. AUS\$200 per annum).



Individual Activity



Time

Set up: N/A
Implementation: 10 minutes
Analysis: 1-2 hours (depending on number of participants)



Frequency of use

Pre/Post
Periodically (e.g. four-monthly)



How to Use This Tool

The *Long Term Outcomes Tool* includes a series of questions and validated scales to explore the following 6 dimensions for young people who participated in a program 3-6 months previously:

- Attitudes
- Employment/study
- Social support
- Mental health
- Problem solving
- Optimism.

The aim of the tool is to capture long-term changes that take place at a group level and to provide agencies with a measuring tool that can demonstrate that their program had a positive impact on the development and mental well-being of program participants.

The tool has been created using Survey Monkey. Survey Monkey is a website which allows users to create and edit surveys, collect and analyse results quickly and easily. It enables users to view their results as they are collected, and allows users to create graphs and charts to obtain overall group responses as well as individual answers. The software is easy to use even for those with little or no experience in evaluation. The software has a privacy policy which states that all the data collected remains absolutely confidential.

Survey participants are given access to the survey through the Survey Monkey website www.surveymonkey.com or can be sent a link to the survey via email or sms. The survey guides participants through the survey which includes a range of response types – comments, scales, multiple choice, tick boxes.



Suggested Uses of the Tool

The *Long Term Outcomes Tool* is intended to be completed by program participants 3-6 months after completing a program. Some questions are identical to those used in the *Short Term Impacts Tool* enabling a comparison of results.



Complementary Tools

Long term outcomes for participants resulting from the program are difficult to assess. Complex research designs are needed to isolate the effects resulting from the program and those associated with maturity or other influences from school, family, etc. External evaluator support may be required if programs do not have research and evaluation skills.

A version of this tool was trialed within a peer education program for young mothers and is available at the end of this User Guide.



Implementation Tips

- Using online evaluation tools has been found to be a time efficient and favourable method of data collection among agencies, as it facilitates the process of data collection, evaluation and reporting, as well as data storage for trends analysis. Visually, online tools can be made appealing by branding them with the agency's colours, styles and logos.
- If not all dimensions are relevant for a program wishing to use the tool, the survey can be adapted to encompass only those scales that suit the program's needs.
- If programs do not have email details for past participants but are able to maintain a contact telephone number, the questions within the *Long Term Outcomes Tool* could be used to conduct a short telephone follow-up to find out what participants do after the program.
- Participants need to be clearly informed about how their information will be used.
- Be prepared to change the survey as the target group or program changes. All evaluation tools should be reviewed and may need to be refined if used over a long period of time.



Links

[Short Term Impacts Tool](#)

[Long Term Outcomes Tool](#)



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Long Term Outcomes Tool - Peer Educators

1. INTRODUCTION

This questionnaire is for young people who have completed the (name of program) or who have carried out the roles of a peer supporter/educators in the (name of program). You will be asked some questions about your general health and your attitudes, feelings and beliefs, and we are interested in finding out what has changed for you since graduating from the program.

This is not a test. There are no right or wrong answers.

Please answer all questions as truthfully as you can. Use the mouse to scroll down the questions on each screen.

If you are unsure of an answer, please give the best answer you can or choose the closest response. If you have any questions, please ask your program facilitator.

Your answers are confidential and anonymous. They will not be shown to your friends, family or any health workers.

Thank you for completing this questionnaire, your time is greatly appreciated.

(Name of program coordinator)

2. INFORMATION ABOUT YOU

Please tell us about yourself

1. How old are you?

Years

Age

2. What is your gender?

Male

Female

Other (please specify)

3. What postcode do you live in?

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4. What are your current living arrangements?

- On my own
- With friends
- With housemate/s
- Temporary
- With my partner
- With parents
- With family
- Homeless
- Other (please specify)

5. How long have you been a peer educator?

- 0-3 months
- 3-6 months
- 6+ months

6. Please tell us what you have been doing since you completed the program?

You may tick all that apply.

- Working
- Volunteering
- Studying
- Working
- Internship

Other (please specify)

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7. What is the highest level of education you have completed?

Primary School

High School

TAFE

Trade Certificate

Diploma

Tertiary Degree

Other (please specify)

3. FEELINGS

These questions will ask about your feelings and how you feel about yourself.

1. In the past two weeks, how often have you felt like this? (Please tick one circle for each statement)

	Not at all	Sometimes	Often	Not sure
I felt miserable or unhappy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt so tired I just sat around and did nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was very restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I cried a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I found it hard to think properly or concentrate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hated myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was a bad person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought I could never be as good as other mums	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I did everything wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt I was no good any more	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I thought nobody really loved me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I didn't enjoy anything at all	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Hargreaves J, O'Brien M, Bond L, Forer D, Basile A, Davies L & Patton G 2005, Paying Attention to Self PATS: an evaluation of the PATS program for young people who have a parent with a mental illness - Participant Survey. Centre for Adolescent Health, Melbourne.

4. SOCIAL SUPPORT

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These next few questions will ask you about your friendships and relationships.

1. How much do you agree or disagree with these statements about you?
(Please tick one circle for each statement)

	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
There is a special person who is around me when I am in need.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family really tries to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I get the emotional help and support I need from my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a special person who is a real source of comfort to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My friends really try to help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can count on my friends when things go wrong.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my family.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have friends with whom I can share my joys and sorrows.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a special person in my life who cares about my feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family is willing to help me make decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can talk about my problems with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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5. FUTURE THINKING

The following questions will ask you how you feel about yourself and your future goals.

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1. How true do you feel these statements are about you personally?
 (Please tick one circle for each statement)

	Not At All True	A Little True	Pretty Much True	Very Much True
I have goals and plans for the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know where to go for help with a problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to work out problems by talking or writing about them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can work out my own problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can do most things if I try.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can work with someone who has different opinions than mine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are many things that I do well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel bad when someone gets their feelings hurt.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to understand what other people go through.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I need help, I find someone to talk with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I stand up for myself without putting others down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I try to understand how other people feel and think.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There is a purpose to my life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand my moods and feelings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I understand why I do what I do.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

California Healthy Kids Survey 2008, California Department of Education.

6. HANDLING PROBLEMS

A problem is something important to you that bothers you a lot and that is difficult to resolve. The following questions will ask you how you typically handle problems.

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1. How true are these statements about you? (Please tick one circle for each statement)

	Not at all	Moderately	Very
When my first efforts to solve a problem fail, I believe that if I keep trying I will eventually succeed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult problems make me very upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When making decisions, I try to predict the good points and the bad points of each option.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to deal with problems as soon as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I spend more time avoiding my problems than solving them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When solving problems, I go with the first good idea that comes to my mind.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I put off solving problems until it is too late to do anything about them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have a problem, I get as many facts about it as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I put off solving problems for as long as possible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe I can solve difficult problems on my own if I try hard enough.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When solving problems, I think of many different options.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am too quick to act when making decisions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When making decisions, I go with my "gut feeling" without thinking about what will happen.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Adapted from: Hargreaves J, O'Brien M, Bond L, Forer D, Basile A, Davies L & Patton G 2005, Paying Attention to Self PATS: an evaluation of the PATS program for young people who have a parent with a mental illness - Participant Survey. Centre for Adolescent Health, Melbourne.

7. PROGRAM IMPACT

1. Please describe in your own words how you feel that being a peer supporter in this program has impacted on your life since you completed the program?

For example, which areas of your life did it influence in particular, what has changed for you since (relationships, knowledge, attitudes, behaviours, skills, opportunities etc.), what would be different if you hadn't participated in the program, how will the skills/knowledge you gained help you in the future etc.

8. FEEDBACK

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Please tell us what you thought about the survey! Your opinion is very valuable to us as it will help us to further improve the survey and inform our research.

1. Please tell us how you liked the survey overall?

Satisfied

Unsure

Unsatisfied

Please explain briefly why

2. What did you think about the survey length? Did you find it was...

too long

not sure

okay

3. Was there anything in the survey that you didn't like (e.g. particular sections, not being able to skip questions, wording, etc.)?

4. Were there any questions you did not understand or wondered why you had to answer these type of questions? If yes, please tell us which questions/sections and how you felt about them.

5. Is there anything you would suggest to improve the survey?

6. If you wish to make any other comments about the survey, please write in the box below.