



Sharing your Impact – Monitoring and Evaluation

Parent Champions National
Network webinar



Monitoring

Involves observing and checking the progress or quality of (something) over a period of time

Evaluation

Goes a step further and tells us how a policy or intervention was implemented, what effects it had, for whom, how and why. It weighs up the pros and cons of the intervention and tells us how to improve it

All of this monitoring and evaluation produces **evidence**:

This can take the form of facts, figures, ideas, analysis and research

Definitions

Why is Monitoring & Evaluation important?

- Identify groups and communities that may need more support
- Demonstrate the positive changes your Parent Champions are making to local communities
- Find out if the programme is working well
- Evidence for procurement or funding bids to support your scheme

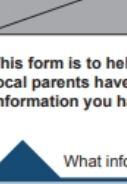


Monitoring Impact

In order to monitor the success of your scheme, you might collect data on:

- Parent Champions' engagements with parents
- Subsequent take up of local services, for example free childcare places for young children
- The impact that volunteering has had on your Parent Champion





Contact Form

This form is to help us keep track of how many local parents have been spoken to and what information you have shared.

Parent Champions volunteer details

Name: _____

Date: _____


What information did you share with a parent? *Please tick all that apply.*

	Family Information Service	Children's centre services	Other nursery/childcare	2 year old free hours	3-4 year old free hours	30 hours free childcare	Health services	Volunteering opportunities	Home learning	Does the parent come from an ethnic minority?	Do you have a child with SEND?	Something else (write below)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
13	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

PC10

Individual form

A look at our Monitoring Forms


Parent Champions

This form is to help us find out how well the Parent Champions scheme is working for local parents, and to help us improve our services.

Individual form

Parent Champions volunteer details
 Name: _____
 Date: _____

What information did a Parent Champion share with you? *Please tick all that apply.*

<input type="checkbox"/> Family Information Service (FIS)	<input type="checkbox"/> 2 year old free hours	<input type="checkbox"/> Health services
<input type="checkbox"/> Children's centre services	<input type="checkbox"/> 3-4 year old free hours	<input type="checkbox"/> Volunteering opportunities
<input type="checkbox"/> Other nursery/childcare	<input type="checkbox"/> 30 hours free childcare	<input type="checkbox"/> Home learning
<input type="checkbox"/> Something else (write below)		

About you and your family. *Please tick all that apply.*

We ask for information about you so we can check whether our Parent Champions scheme is helping different groups in the area. All shared information will be kept confidential and only used anonymously for the monitoring purposes.

☐ I have a child with a disability
☐ I consider myself to be from an ethnic minority
☐ Prefer not to say

By providing your contact details, you give permission to be followed up after about a month to find out if the information shared with you has made a difference. Your contact details will then be deleted.

First name: _____ Phone number: _____
 Email address: _____

I would also like information about: _____
If you request further information, your contact details will be shared with the relevant service.

PC7

Group Outreach Form

A look at our
Monitoring
Forms



**Parent
Champions**

Group Outreach Form

This form is to be used when you talk to more than one parent e.g. giving a talk to a group at a children's centre. All one-to-one contact with parents should be recorded on the Individual form

Event:

Number of people present:

What information did you give to the parent?

Please tick all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Family Information Service | <input type="checkbox"/> 2 year old free hours | <input type="checkbox"/> Health services |
| <input type="checkbox"/> Children's centre services | <input type="checkbox"/> 3-4 year old free hours | <input type="checkbox"/> Volunteering opportunities |
| <input type="checkbox"/> Other nursery/childcare | <input type="checkbox"/> 30 hours free childcare | <input type="checkbox"/> Home learning |
| <input type="checkbox"/> Something else (write below) | | |


Use the space below to record any observations or comments

Parent Champions volunteer details


Name:

Date:

Online monitoring forms

 Duplicate this form to use as your own.

Duplicate it

 **Parent
Champions**

Form Menu

...

Parent Champions data monitoring form

This form is to help us find out how well the Parent Champions scheme is working for local parents, and to help us improve our services.

Please use this form for individual and group contacts


* Required

1. Parent Champion details

Your name *

Enter your answer

2. Date of outreach *

Please input date (M/d/yyyy) 

3. What information did you share? *Please tick all that apply* *

☐ Family Information Service (FIS)

We now have some feedback
from Jaz in Norfolk.

What is
working for
you?



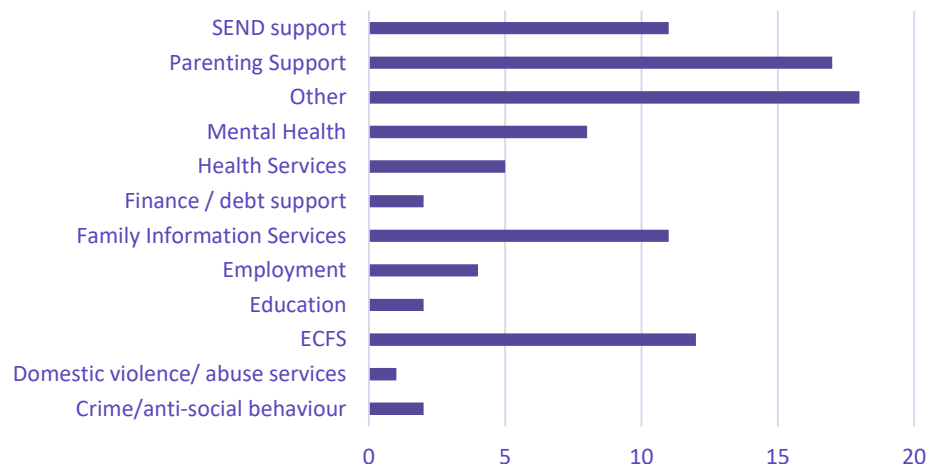
Parent Champions

April – June 2024

Q1 data



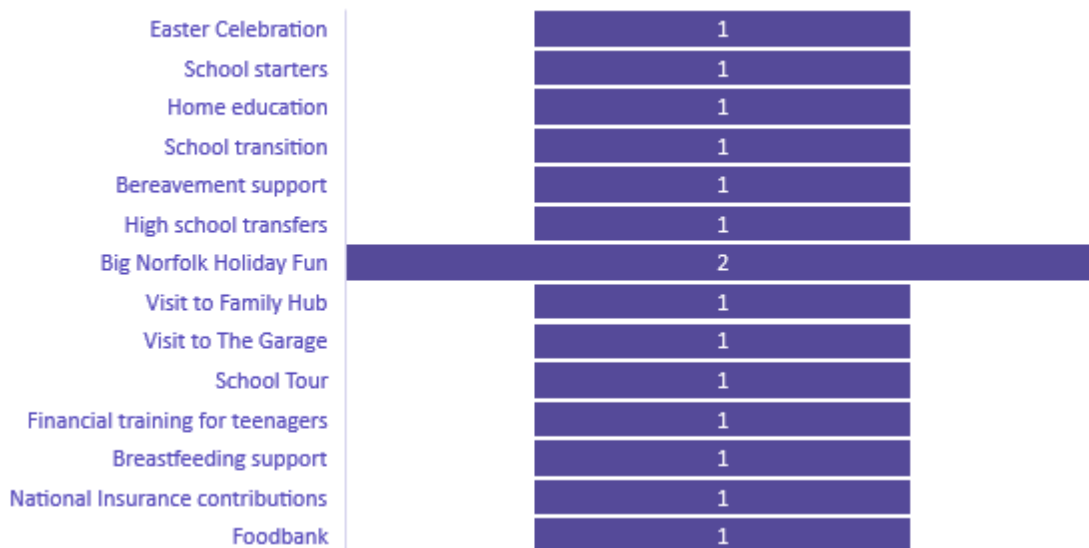
What information did you share?



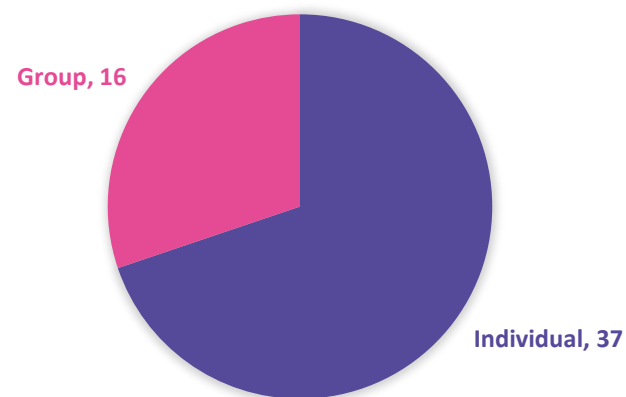
Where did the outreach take place?



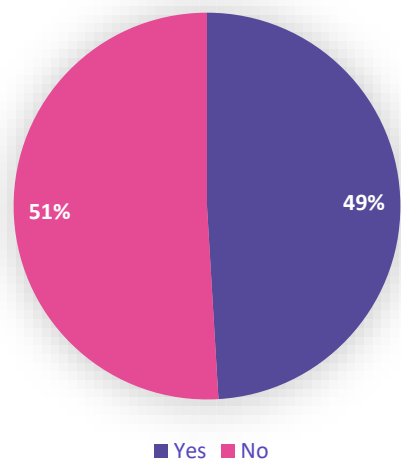
What information did you share? Other



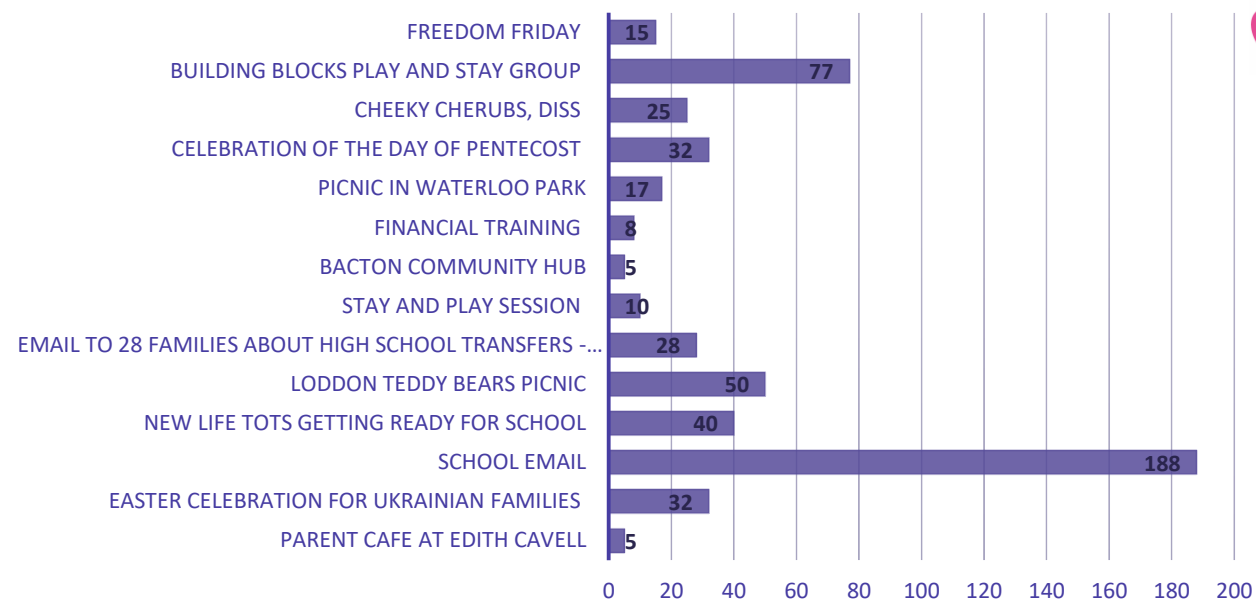
Individual or group contact?



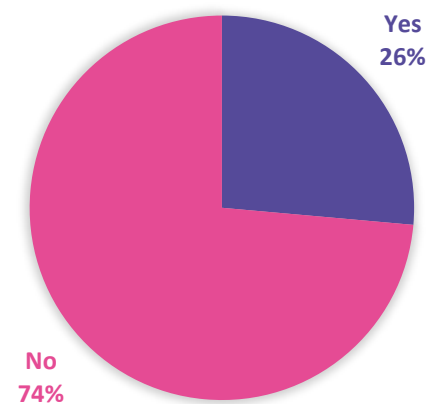
Does this parent come from an ethnic minority?



What group was this contact?



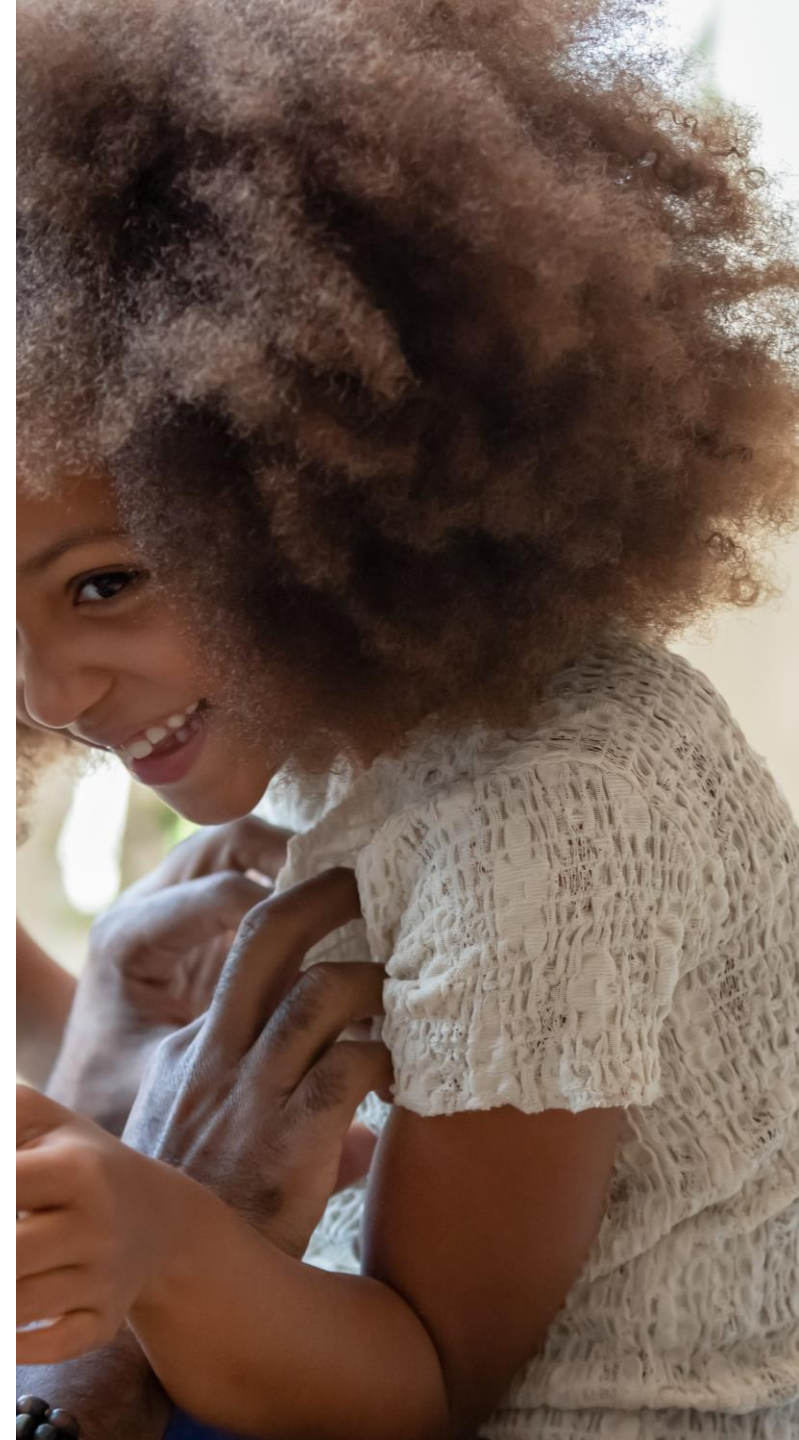
Does this parent have a child with SEND?



What is
working for
you?

Would anyone like to share some of the successes they have had in data collation?

What have your challenges been?



Ideas

- Involving your volunteers
- Making it easy
- Highlight the importance
- Creating good habits
- Feeding back results
- Share impact locally
- Record Qualitative data – Case studies

Any
questions?



