EDU-MENT Project Final External Evaluation Using a Logical Framework Approach

Project: Education in Mental Health for Nurses in Home and Residential Care (EDU-MENT)

Report prepared by Dr Suzanne Denieffe and Dr Margaret Denny

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Executive Summary

This final external evaluation uses the same Logical Framework (Logframe) approach as the EDU-MENT Interim Process Evaluation. It assesses progress from inputs and activities through outputs, purpose-level outcomes, and the project's longer-term goal. Evidence is drawn from the interim evaluation, project documentation made available to the evaluators, and anonymised stakeholder interviews with project representatives in Cyprus, Slovenia (Maribor), and Austria. Overall, the available evidence indicates that EDU-MENT has achieved its central project purpose: to develop and pilot innovative digital and blended-learning resources to strengthen nurses' capacity to recognise and respond to mental health needs in home and residential care. Outputs that were incomplete or delayed at the interim stage were subsequently developed, piloted, and refined. The digital screening tool, blended-learning programme, curriculum, training handbook, translations, and supporting educational resources constitute the principal tangible outputs.

The strongest outcome evidence relates to professional learning, increased awareness of integrated mental health care, improved confidence in addressing mental health needs, and institutional uptake of the blended-learning approach. There is also evidence of early curriculum integration and interest in continuing professional education. Evidence of sustained change in routine clinical practice is promising but remains preliminary and should not be overstated. Sustainability is credible but conditional. Continued platform maintenance, institutional integration, accreditation or continuing professional development (CPD) recognition, staff capacity, technical security, and future funding were consistently identified as important determinants of longer-term use. Large-scale implementation will require movement beyond proof of principle and pilot delivery towards integration within institutional systems and workflows. The overall evaluative judgement is that EDU-MENT has delivered a coherent and potentially transferable package of digital, educational, and professional resources. The project has demonstrated feasibility and early value.



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Its longer-term impact will depend on sustained implementation, formal validation, continued educational embedding, technical stewardship, and systematic follow-up.

1. Introduction

The EDU-MENT project aims to strengthen mental health competencies among registered nurses working in home and residential care and to improve early recognition, monitoring, and care for people experiencing mental health difficulties. The Interim Evaluation applied a Logical Framework approach, linking project inputs and activities to outputs, purpose-level outcomes, and the longer-term goal.

This final evaluation retains that framework to ensure continuity between the interim and final assessments. It considers not only whether deliverables were produced, but whether the project logic progressed from development to use, learning, institutional uptake, and a credible pathway to sustainability.

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2. Evaluation Approach and Evidence Base

The evaluation uses the five-level Logframe structure established in the Interim Evaluation: Goal, Purpose, Outputs, Activities, and Inputs. The original indicators, means of verification, and assumptions are retained as the organising framework. Qualitative evidence was synthesised from anonymised stakeholder interviews with representatives from Cyprus, Slovenia (Maribor), and Austria. Interviewees represented technical development, education, and training, clinical and implementation, and project management and evaluation perspectives. To preserve confidentiality, no individual names are reported, and findings are presented at project or country/partner level only. A limitation is that some quantitative indicators were still being finalised at the time of interview. Interview estimates of participant numbers, platform use or other key performance indicators (KPIs) are therefore treated as contextual evidence rather than definitive final counts. Final KPI figures should be verified against completed Work Package (WP) reports and final project reporting data.

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3. Logical Framework Matrix

Level	Objective	Indicators	Means of Verification	Assumptions
Goal	Improved mental health care in home/residential settings	Nurse competency scores; patient outcomes (long-term)	Final evaluation; post-training assessments	Continued stakeholder engagement and funding support
Purpose	Enhanced training and tools for nurses	Delivery of blended module and tool usage	Course completion rates; tool adoption reports	Effective integration into care routines
Outputs	WP deliverables: tools, curricula, audits	Number and quality of deliverables completed	Internal evaluation; partner reports; piloting feedback	Timely completion of interdependent WPs
Activities	Research, tool development, training design	Meeting logs; piloting records; stakeholder interviews	Document review; process evaluation	Stable staffing; responsive communication
Inputs	Funding, staff, expertise, digital tools	Budget utilisation; partner work plans	Financial reports; coordination notes	Institutional support and inter-partner collaboration

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4. Final Assessment Against the Logical Framework

4.1 Goal: Improved Mental Health Care in Home and Residential Settings

Evaluative judgement: Progress demonstrated; longer-term impact not yet fully measurable.

The project provides credible early evidence of increased professional awareness, knowledge and confidence relating to mental health and integrated care. Across settings, stakeholders described the project as helping nurses and care staff consider mental health alongside physical, social, sensory, nutritional, environmental, and other factors. Participants were reported to have reflected on real cases and, in some settings, to have used or considered the digital tool in practice. The Logframe goal is intentionally longer term. The available evidence does not yet establish sustained changes in patient outcomes or routine clinical practice at scale. The evaluation therefore distinguishes between demonstrated learning and early behavioural change, on the one hand, and longer-term clinical impact that will require follow-up, on the other.

4.2 Purpose: Enhanced Training and Tools for Nurses

Evaluative judgement: Achieved.

The core purpose has been met through the development and piloting of the digital screening tool and blended-learning programme. Stakeholders regarded these as practical outputs that translate research and theoretical work into usable educational and clinical resources. The blended-learning approach generated institutional value. In Maribor, project learning was reported as being incorporated into curriculum activity. In Austria, the approach stimulated discussion about wider use within existing courses and continuing education. The online and multilingual nature of the programme was identified as supporting accessibility and future use. The screening tool was regarded as a significant output. Technical evidence indicates that the tool had been completed within the

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funded project scope after refinement and testing. Further validation and large-scale implementation are appropriately viewed as future-stage activities.

4.3 Outputs: Work Package Deliverables

Evaluative judgement: Core outputs achieved, with further refinement and validation appropriate beyond the funded project.

- Digital screening tool and associated technical functionality;
- Blended-learning programme and educational content;
- Curriculum and training materials;
- Training handbook and implementation guidance;
- Translations supporting transnational accessibility;
- Pilot evaluation instruments and feedback processes;
- Organisational and implementation learning generated through piloting.

At the interim stage, delays in WP3 and WP4 were affecting subsequent activity. Final interview evidence indicates that the consortium subsequently progressed these areas: technical tools were completed, piloted, and refined, while the blended-learning programme was delivered and evaluated. This represents a material improvement from the interim position. Suggested future developments include enhanced dashboards and reporting, integration into institutional IT systems, interface refinement, expanded applications, and formal psychometric validation. These are best understood as scale-up and development opportunities rather than evidence of failure to deliver the core prototype.

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4.4 Activities

Evaluative judgement: Implemented with adaptation to delays and staffing challenges.

The principal activity pathway progressed from needs analysis and research through co-development, technical build, curriculum design, training, and piloting. Participant engagement during pilots was described as strong, with user feedback informing refinement. Technical development was delayed while theoretical and functional requirements were clarified. Staff illness, turnover, and changes in project management also affected continuity. Partners responded through intensified technical work, flexible communication, and prioritisation of pilot readiness. The evidence supports the interim finding that work-package interdependencies were a material implementation issue and shows that corrective action enabled later-stage delivery.

4.5 Inputs

Evaluative judgement: Inputs were sufficient for project delivery, but sustainability requires continuing institutional resources.

The consortium combined academic, clinical, educational, and technical expertise. This complementarity was repeatedly identified as central to delivery. The principal vulnerabilities were staff turnover, illness, gaps in continuity of responsibility, and limited time for end-stage reflection.

For sustainability, continued technical maintenance, data protection and security updates, user support, educational delivery, and institutional coordination will require ongoing staff time and, in some cases, additional funding.

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5. Outcomes and Emerging Impact

5.1 Knowledge, Skills, Awareness and Confidence

The most consistent outcome across the interviews was increased awareness of mental health needs and of the importance of integrated assessment. Stakeholders reported that participants developed a broader understanding of factors affecting mental health and were provided with practical resources to support recognition and response. Educational stakeholders also described increased confidence or willingness to address mental health issues with patients and clients. Participant reflections linked the programme to clinical and personal situations, suggesting that the learning was perceived as relevant beyond the training environment. These findings constitute credible qualitative evidence of learning and attitudinal change. They do not, by themselves, establish sustained competency gains; where available, pre- and post-assessment data should be used to quantify these effects.

5.2 Professional Practice

There are early indications of practice-level impact. In Cyprus, participants were reported to have used the tool with additional cases and to have applied project-generated reports or resources. Across other settings, stakeholders considered that the programme had increased professionals' ability and confidence to recognise mental health needs. The evidence remains preliminary. A stronger claim of clinical practice change requires follow-up evidence showing continued tool use, retained learning, and the incorporation of EDU-MENT approaches into routine care.

5.3 Institutional and Educational Impact

Institutional embedding is one of the clearest emerging sustainability outcomes. Partners in Maribor reported the incorporation of blended-learning content into curriculum activity. In Austria,

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the project prompted consideration of broader applications in blended learning and continuing education. These developments indicate that project influence extends beyond individual pilot participants. The project also appears to have contributed to organisational learning about digital education, interdisciplinary collaboration, and the practical requirements of implementing digital tools.

5.4 Participant Engagement and Transferability

In Cyprus, participant interest extended beyond the original cohort, with trained nurses recommending the programme to colleagues and additional professionals seeking access. This provides a useful qualitative indicator of acceptability and perceived relevance. The multilingual resources and online delivery model strengthen transferability, although adaptation to national professional, institutional, and cultural contexts remains necessary.

6. Partnership and Collaboration

Collaboration was assessed positively across the evidence base. Several partners had worked together previously, creating established professional relationships and awareness of complementary strengths. The consortium's combination of technical, clinical, and educational expertise supported multidisciplinary problem-solving. The interviews also confirm challenges identified at the interim stage. Staff turnover, illness, project management changes, and uneven continuity affected some phases. These difficulties did not appear to reflect a fundamental breakdown in the partnership; rather, they exposed the vulnerability of long-running projects when knowledge or responsibility is concentrated in individual staff members. A key lesson is the need for explicit succession arrangements. Future projects should designate deputies for critical roles, document key processes, and ensure that institutional knowledge is not dependent on a single individual.

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7. Sustainability and Legacy

7.1 Educational Sustainability

The blended-learning programme has strong sustainability potential because it can remain accessible online, is available in multiple languages, and can be incorporated into university curricula or continuing professional education. Curriculum embedding reported in Maribor provides concrete evidence of early institutional sustainability. Professional accreditation or CPD recognition was identified as a mechanism that could support uptake among practising nurses. Flexible delivery will be important where staffing constraints make it difficult to release staff for multi-day education.

7.2 Technical Sustainability

The technical platform can remain available beyond project completion, but availability alone should not be equated with sustainability. Long-term use requires maintenance, cybersecurity and privacy updates, user support, and, for larger-scale implementation, integration with institutional IT and care management systems. The current platform provides proof of principle for implementation. Sustainable organisation-wide use would be strengthened by interoperability with existing institutional systems, reducing duplication of data entry and the need for staff to use multiple disconnected platforms.

7.3 Organisational Sustainability

Sustainability plans are likely to differ by country and institution. Potential mechanisms identified across the interviews include curriculum integration, continuing education, professional accreditation, recurring training models, and institutional adoption of the tools. A significant risk is reliance

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on highly committed individuals. Institutional ownership, documented responsibilities, and succession planning are therefore important components of sustainability.

7.4 Research and Innovation Legacy

Future research priorities include formal validation and psychometric evaluation of the screening tool, larger-scale implementation studies, and evaluation of sustained professional and patient-level outcomes. Technical extensions may include enhanced dashboards, reporting and data aggregation. Any future data-driven or artificial-intelligence functionality would require appropriate clinical validation, ethical oversight, transparency, governance, and data-protection safeguards.

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8. Review of Interim Evaluation Findings

Interim Finding	Final Evidence	Final Assessment
WP3 digital tool developed but platform not finalised	Technical development subsequently completed within project scope, followed by piloting and refinement.	Resolved within funded scope; future validation and integration remain.
WP4 blended module drafted; e-learning platform delayed	Programme subsequently delivered, piloted, and used; evidence of curriculum/educational embedding.	Substantially resolved.
WP5 dependent on WP3/WP4	Later delivery of technical and educational outputs enabled progression of implementation activity.	Dependency managed, though final WP evidence should be checked against final deliverables.
Effective communication and complementary expertise	Final interviews broadly confirm strong multidisciplinary collaboration and mutual learning.	Confirmed.
Staff turnover affecting continuity	Final interviews confirm turnover, illness, and personnel changes as recurring risks.	Confirmed; succession planning recommended.
Communication/task clarity challenges	Later evidence suggests adaptation and improved coordination, but continuity remained vulnerable.	Partially mitigated.
Need for earlier end-user testing	Pilot feedback proved valuable for refinement; stakeholders would still favour more testing time.	Recommendation remains relevant.

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9. Evaluation Framework and Measurement

The final interviews identify an important methodological lesson. The project would have benefited from a more explicit internal logic model and KPI framework established at inception, with clearly defined indicators, baselines, targets, responsibilities, data sources, and reporting points. The Logical Framework introduced through the external interim evaluation provides a useful structure for retrospective assessment, but an external evaluation framework should not substitute for an internal project monitoring system. Future projects should clearly distinguish among internal monitoring, quality management, and independent external evaluation. This limitation should be acknowledged when interpreting final performance: the project produced substantial qualitative and output evidence, but some outcome and impact indicators are less consistently specified or measured than would be ideal.

10. Overall Evaluative Conclusions

The evidence indicates that EDU-MENT has achieved its project purpose and delivered its principal digital and educational outputs. The project progressed from research and needs analysis to functioning tools, training resources, piloting, and early institutional use. The strongest demonstrated effects are at the output and early outcome levels: usable resources were created; participants engaged with the programme; awareness, knowledge, and confidence appear to have increased; and there is evidence of educational embedding and early application in professional practice. The longer-term Logframe goal, improved mental health care and patient outcomes in home and residential settings, cannot yet be conclusively assessed. This is appropriate given the timing of the evaluation and the time required for educational interventions to become embedded in routine practice.

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EDU-MENT should therefore be regarded as having established a credible proof of principle and implementation foundation. The next phase is not simply further product development; it is sustained implementation, validation, integration, scale-up, and evaluation of longer-term outcomes. The transnational partnership itself represents an additional legacy of the project. The consortium developed multidisciplinary working relationships, shared expertise, and capacity for future collaboration. This qualitative impact should be recognised alongside formal deliverables and KPIs.

11. Recommendations

1. Complete and verify the final KPI matrix against Work Package reports, participant data, and final project reporting before report sign-off.

2. Undertake follow-up evaluation to determine whether knowledge, confidence, tool use, and practice changes are sustained after project completion.

3. Develop or finalise country, and institution-specific sustainability plans identifying responsibility for training, platform maintenance, user support, and dissemination.

4. Explore professional accreditation and CPD recognition for the EDU-MENT training in participating countries.

5. Support continued curriculum integration and flexible continuing education models suitable for working professionals.

6. Maintain and periodically review the technical platform, including cybersecurity, privacy, compatibility, and user support.

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7. For organisation-wide scale-up, explore integration or interoperability with existing institutional IT and care-management systems.

8. Undertake formal validation and psychometric evaluation of the screening tool before making stronger claims regarding diagnostic or screening performance.

9. Seek further funding for scale-up, implementation research, technical development, and evaluation of longer-term outcomes.

10. In future collaborative projects, establish a project-owned logic model and KPI framework at inception, with baselines, targets, responsibilities, and scheduled data collection.

11. Establish succession arrangements and designated deputies for critical project roles, supported by documented procedures and handover processes.

12. Retain the transnational consortium network and use the accumulated technical, educational, and clinical expertise to support future implementation and research.

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12. Final Evaluative Statement

EDU-MENT has moved from concept and needs analysis to a functioning package of digital and educational resources with evidence of pilot use, participant engagement, and early institutional embedding. The project has delivered the purpose set out in its Logical Framework. The available evidence supports a positive assessment of relevance, delivery, and early effectiveness, while also requiring appropriate caution regarding longer-term clinical impact. Sustainability will depend on active institutional ownership rather than passive availability of project outputs. The principal priority after project completion is therefore to consolidate what has been achieved; maintain and validate the tools, embed training within education and professional development, integrate resources into real-world organisational systems where feasible, and measure whether early improvements in awareness, knowledge, and confidence translate into sustained changes in professional practice and care.

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