



Introduction to measuring outcomes

1. Introduction to monitoring and evaluation

Monitoring: the routine, systematic collection of information for the purpose of checking your project's progress against your project's plans.

Evaluation: using monitoring and other information to make judgements on how you are doing.

It is important to have a good understanding of the purpose of monitoring and evaluation and how it can be used. Below are some examples of what monitoring and evaluation can achieve:

- Shows what has been achieved
- Enables effective planning
- Improves services
- Empowers and involves users
- Motivates staff and volunteers
- Provides credibility for the organisation e.g. when applying for future funding

Monitoring and evaluation is essential to any organisation and can be incredibly beneficial. It shouldn't just be about collecting what is necessary to fulfil demands from funders, but also about how it benefits the organisation and all its stakeholders (services users, staff, funders, trustees, volunteers, statutory bodies).

There are a number of terms involved in monitoring and evaluation. Confusingly, different funders and organisations use different terms and different definitions (i.e. aims are sometimes goals), but in this handout, we will be using the following definitions:

Aims: the changes you are trying to achieve. They describe the difference you hope to make in the lives of the people or organisations you work with

Objectives: the **planned** activities by which you are going to achieve your aims

Outputs: the detailed activities services and products your organisation **actually** does or provides i.e. what is on the 'menu' for service users, what services they are able to access

Outcomes: the changes, benefits, learning or other effects that **actually** occur as a result of your activities. They can be expected or unexpected, positive or negative

Indicators: things you can assess and measure to tell whether the expected outputs or outcomes are occurring. The things you measure can be quantitative or qualitative.

The diagram below is a visual representation of the relationship between all these different terms:

CES Planning Triangle ©



This shows the planning stage of developing a monitoring and evaluation system. From the aims come the outcomes (i.e. what actually changes as a result of your activities) and from the objectives come the outputs (i.e. the services offered to clients, a 'menu' of services).

Below is a specific example which will hopefully make the relationship and process clearer, as well as showing the kind of language associated with the different terms. This example of the women's centre is taken from CES.

Aims

- To increase mental and physical wellbeing
- To increase confidence
- To increase career-related skills
- To improve childcare provision on the estate
- To increase interaction between women on the estate

Objectives

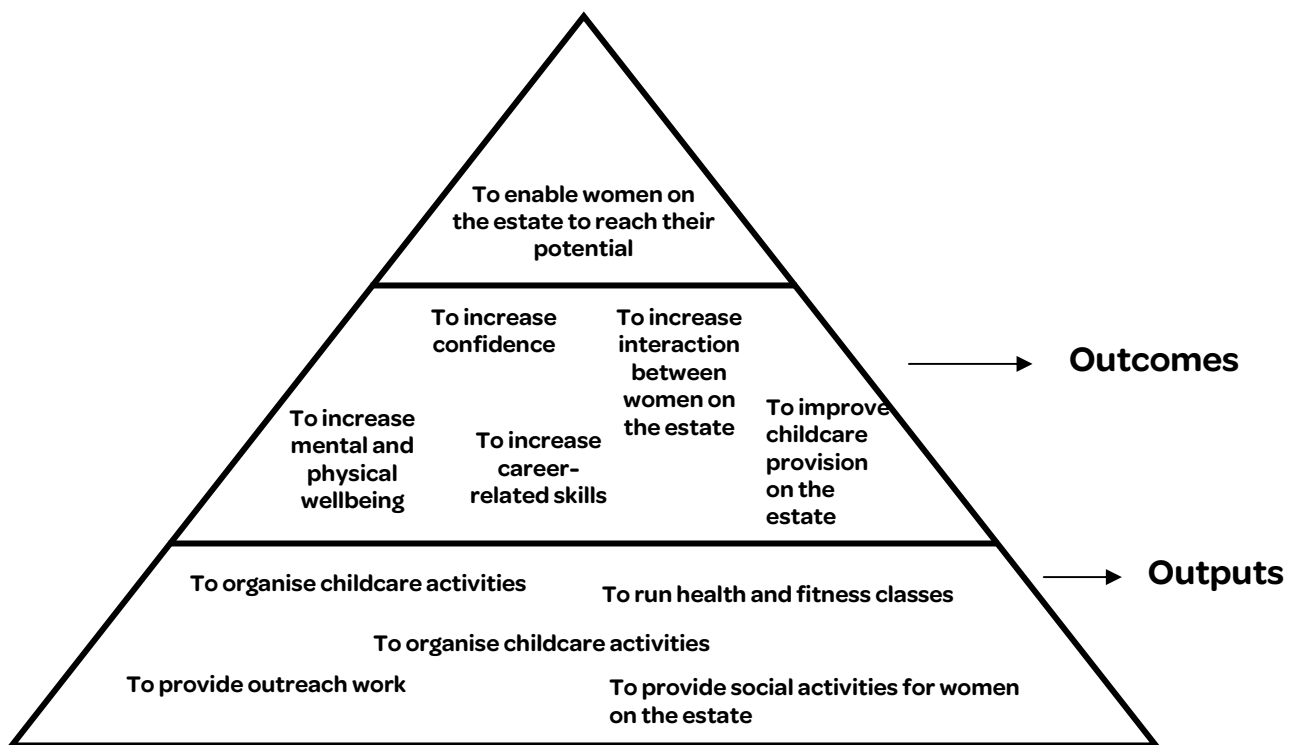
- To provide outreach work
- To provide learning opportunities
- To run health and fitness classes
- To organise childcare activities
- To provide social activities for women on the estate

Outputs Outreach visits

Literacy, numeracy and IT classes
 Aerobics classes
 Crèche
 Lunchtime club for women

Outcomes Increased confidence
 Increased career-related skills
 Increased mental health and physical wellbeing
 Women have more stable childcare arrangements
 More women offer and provide support to each other

Indicators Level of confidence reported by women
 Number of children enrolled in crèche
 Level of skills in literacy, numeracy and IT
 Attendance at fitness classes
 Level of alcohol intake
 Level of isolation expressed by women



2. Introduction to outcomes

As stated above, outcomes are the changes, benefits, learning or other effects that occur as a result of your activities. They are NOT the same as outputs, which are the services which are offered to clients, rather than the changes these services achieve.

In order to decide on outcomes, you need to look at your planned activities (i.e. objectives and outputs) and ask “what will be different, what will change as a result of our activities?”.

Words associated with outcomes

Outcomes are easily identified by words which suggest some kind of change, such as:

- Increased
- Decreased
- Improved
- Enabled
- Reduced

Below are some examples of outcomes, which could result from a variety of different projects and activities:

- Increased self confidence
- Decreased acts of violence
- Improved communication skills
- Women are enabled to participate in public life

Outcomes can take place in a number of areas and contexts and on a number of scales:

- Individuals
- Families
- Communities
- Environment
- Organisations
- Policy

Outcomes in individuals

The work of women's organisations often focuses on outcomes in individuals and there are a number of different aspects of an individual where changes can take place. The table below shows different aspects of an individual where changes can take places and examples of these outcomes.

Where?	Example outcomes
Health	Reduction in mental health problems Reduction in physical trauma
Behaviour	Reduction in violent behaviour Reduced use of drugs
Attitude and self-perception	Increased motivation to find housing Increased self-confidence
Knowledge and skills	Increased knowledge of advocacy services Increased parenting skills
Circumstance	Women secure permanent housing
Relationships	Women improve relationships with children

Hard and soft outcomes

Outcomes can be classified into two different types: hard and soft.

Hard outcomes are those which are easily quantifiable, such as the number of clients securing accommodation, the achievement of a qualification or getting a job. An example of a hard outcome for a domestic violence outreach service:

e.g. Increased number of women and children at risk of violence securing temporary or permanent accommodation after a stay at the refuge

This outcome could be expressed as a number or a percentage of the women and children accessing the service who secure accommodation, e.g. 10% more women and children at risk of violence securing temporary or permanent accommodation after a stay at the refuge

Soft outcomes are those which are less quantifiable, more qualitative outcomes, which are not so conventionally measurable. However, they can be just as measurable as hard outcomes and the basic principles of monitoring stay the same – you still need to be **routine and systematic** about collecting data. It's just that you might need to think differently about how you go about collecting this data.

With many projects and activities, it is likely that you'll be collecting data on both hard and soft outcomes.

Some funders will give you specific outcomes to work towards, whereas others will expect you to come up with your own outcomes for your project

An example of a project's outcomes

Below is an example where the funder (in this case London Councils) has come up with a set of outcomes which need to be met through delivery of a particular project, funded under the funding stream 'service 60'

Service No 60 - Counselling & psychotherapy support for those affected by domestic violence, rape or sexual abuse to improve safety, confidence, emotional health & wellbeing and promotion of safe choices

Outcome 1: Increased confidence, self-esteem and motivation

Outcome 2: Improved health and well-being

Outcome 3: Reduced violence and abuse and enhanced ability to make safe choices

Outcome 4: Increased access to other support services

Outcome 5: Enable those affected by domestic violence, rape or sexual abuse to achieve long-term improvements in their lives

Four out of the five outcomes can be classified as soft outcomes, as they relate to changes in individuals which are hard to measure, such as self-esteem and improved health and wellbeing. However, outcome 4 is a hard outcome, as it relates to something quantitative, i.e. the level of access to services, which would be measured by the number of hours spent engaging with other support services, the length of opening hours of drop-in centres or the number of referrals to appropriate support services.

3. Outcomes – pros and cons

Why are outcomes and their measurement important?

Outcomes:

- Tell you the actual effect of the work you are doing
- Enable you to track gradual change
- Make your work more effective
- Help you to report to funders and attract further funding (helps to show that you are a learning organisation)
- Provide motivation for staff and users
- Enable more useful information systems – can integrate case management/recording systems into your monitoring systems. **This is especially relevant to soft outcomes.**

So, we can see that measuring outcomes can be very useful, but it is not always straightforward and easy, especially when it comes to measuring soft outcomes.

Problems with measuring outcomes

Have a look at the following two outcomes for a project:

Outcome 3: Reduced violence and abuse and enhanced ability to make safe choices

Outcome 5: Enable those affected by domestic violence, rape or sexual abuse to achieve long-term improvements in their lives

There are a number of problems that you might come across when trying to measure these outcomes, such as:

1. How do you demonstrate the effect of prevention work (e.g. reduced violence)?
2. How can you quantify small steps?
3. What if someone goes backwards?
4. What if outcomes take longer than the lifetime of the project to be achieved?
5. Attribution of outcomes – how can we be sure that the positive outcome was down to our work (rather than the work of another organisation)?

N.B. **Proof** is never possible in these kinds of circumstances; we can only use our judgement and what other evidence we have to make a decision about what all of this information represents.

1. Prevention work

You can deal with this challenge by using evidence which shows what would happen to people if they were not able to access your service. For example, in order to demonstrate the effect of a domestic violence outreach service in preventing future violence, you could compare the incidents of domestic violence in your community before your service is up and running with rates after its effects could have been felt (see <http://www.homeoffice.gov.uk/rds/soti.html> for statistics for your local area and <http://www.statistics.gov.uk> for national statistics).

Alternatively, the client can provide you with a lot of evidence: they might tell you that they have experienced less violence after engaging with your service or they might express concerns about what might have happened to them if they had not engaged with the service. This can all serve as evidence for the impact of the work you do around prevention.

2. Small steps

See intermediate outcomes (below)

3. Moving backwards

This is a common problem, especially with therapeutic work, where clients often feel worse towards the end of their contact with the service, sometimes due to anxiety about the support coming to an end. This can be overcome by measuring progress at a number of different points, not just at the end. This will give a more nuanced picture of progress and any anomalies can be explained when reporting to funders.

4. Outcomes take longer than project to achieve

Intermediate outcomes (below) can be useful in this situation. Even if a client has not reached the final outcome, you can show that they have made some progress towards it.

5. Attribution of outcomes

You can never be sure who is responsible for a positive outcome, but the best way of dealing with it is to acknowledge the other possible influences. Again, it can be beneficial to ask clients who they feel had the biggest influence on their positive change. They might mention something you had not previously thought of!

4. Intermediate outcomes

The achievement of an outcome is the achievement of a particular change, whether in individuals, organisations or communities. In order to work out if progress towards the outcome is being made, we need to be able to measure **change**.

In order to measure change, we need to have **at least 2 measurements** – the **baseline** (before the intervention) and at least one afterwards. To tell if something's improved, we need to know what something was like before the intervention and what it's like afterwards.

One of the common problems when measuring outcomes is that progress towards an outcome can be slow and the outcome might not have been reached by a particular client by the end of the project concerned. However, this doesn't mean that no progress has been made, as the client may have benefited greatly from the intervention, even if they haven't yet reached the desired outcome.

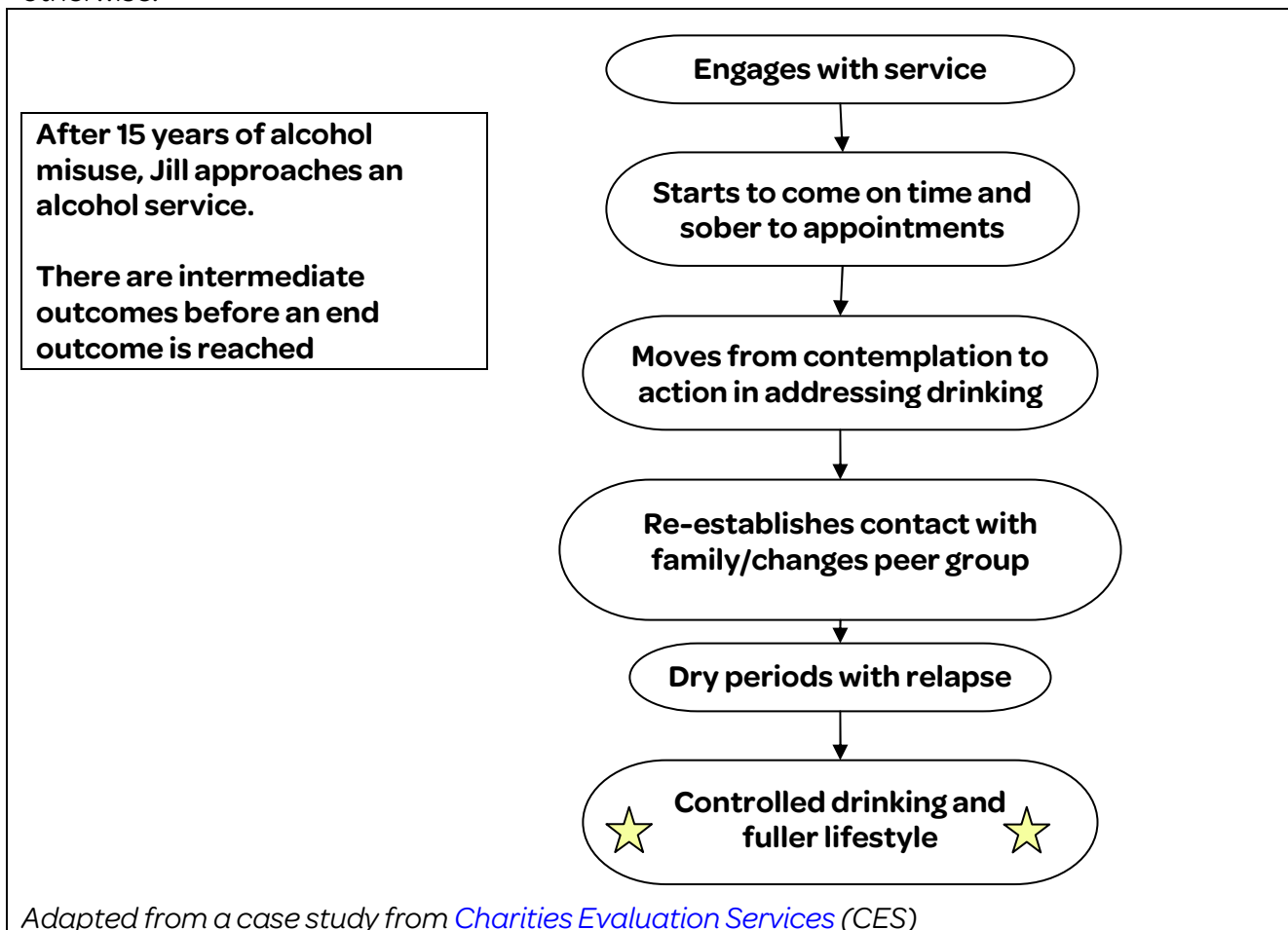
However, the nature of outcomes is that they are often the idealised version of events, the best possible result for a client. This means that achieving the outcome can represent a huge change for service users, a change which can take months, years or a lifetime to achieve, depending on a whole host of factors.

When dealing with this potential problem, the concept of **intermediate outcomes** is key. This concept enables you to decide on the smaller, intermediate steps between the first contact with the client and achieving the final outcome. It means that the progress made on the way to the outcome is not discounted, even if the final outcome is never actually reached. These small steps are sometimes referred to by funders as milestones.

Intermediate outcomes case study

A case study of an alcohol misuse service will help to demonstrate this. One of the outcomes of the alcohol misuse service is that clients control their drinking and lead a fuller lifestyle. However, the rate at which clients achieve this outcome varies dramatically, with some responding very quickly and effectively to the service, while others take years to achieve this outcome, if at all.

However, just because the final, ideal outcome has not been reached, it does not mean that no positive change has occurred in the client's life. There are signs along the way that the service is having a positive effect, in small steps, which means that even in cases of relapse and 'bad weeks' when the service is not engaged with, you can still capture the progress, small or otherwise.



Steps to identifying intermediate outcomes:

- Look at the main outcome and list the stages which form the journey to achieving the outcome

- It can help if you think about what steps you think are key to a clients' progress – what achievements do you see as accomplishments when working with a client?
- Put these into the order in which they usually take place

This approach is perfectly valid and in fact can give much more accurate results, because it takes account of smaller changes. Again, it's very important that you keep an **accurate record** of the process of how you came up with your intermediate outcomes and your reasoning behind your decisions.

Not all outcomes will have intermediate outcomes, so if you're happy to measure your outcomes without any intermediate steps, then move on to deciding on your indicators.

5. Indicators

Once you have your outcomes and intermediate outcomes in place, you need to then decide on your indicators.

Sometime people can get mixed up between outcomes and indicators. It can be useful to see the distinction like this:

- **Outcomes are what success would look like for your project**
- **Indicators are measures or signs which show to what extent you are achieving your outcomes**

While hard outcomes can often be measured with one simple indicator, soft outcomes often require a number of different indicators to paint the full picture.

Indicators

You need at least one indicator for each outcome or intermediate outcome. To help you to identify indicators, think about your clients and ask these questions:

- What would they be doing differently that would indicate this change was happening or had happened?
- What would they tell you?
- How would they behave differently?
- Would they look any different?
- What would you see or hear that would suggest to you that the individuals were making progress?

Examples of indicators

- Level of confidence reported by women
- Attendance at counselling appointments
- Amount of alcohol intake
- Level of isolation expressed by women
- Number of children enrolled in crèche

- Level of skills in literacy, numeracy and IT

The table below shows the kinds of indicators which might suggest an increase in self esteem:

Outcome	Indicator
Increased self esteem	Level of self esteem reported by client Number of negative comments about self Amount of care taken over personal appearance Amount of time spent on the enjoyable activities

You can also use the same structure when identifying indicators for intermediate outcomes. The below example is based on the alcohol misuse service discussed above:

Outcome	Intermediate outcome	Indicator
Controlled drinking and fuller lifestyle	Engages with service	Number of requests for help Number of times actively engages with service
	Starts to come on time and sober to appointments	Level of punctuality Level of sobriety

When planning for measuring your outcomes, brainstorm as many indicators as you can think of for each outcome/intermediate outcome (you won't be measuring them all, but this way you may hit upon things that you don't normally measure). Then, once you have them all in front of you, you can prioritise and decide which are the most important and practical for you to measure, taking into account the resources you have available and the practicalities of measurement. You don't want too many to measure - 2 or 3 for each outcome is normally plenty. Often, one indicator may relate to more than one outcome and if you can measure indicators which relate to more than one outcome, then this will make your life much easier!

This is a process of prioritisation. Some things will be more important and some things will be more measurable than others. While you shouldn't shy away from indicators which are less easy to measure in a more conventional way, neither should you give yourself an impossible mountain to climb.

6. Data collection methods

At this stage, you know what change you are looking out for (your outcomes and intermediate outcomes), what you will be measuring to see if this change has happened (indicators), you now need to work out how you will measure your indicators i.e. your data collection methods.

When looking at the indicators you have chosen as most important, you need to ask the following questions:

Questions to ask your indicators

1. **Are we already collecting data on these indicators?**

If you're already collecting this data, then that's great and you can continue to use this. It's worth thinking carefully about **all** the data you collect, which you might not necessarily see as traditional monitoring and evaluation data. For example, case notes contain an awful lot of information, and maybe you can think about how this can be used? Perhaps there are judgements from counsellors which equate to evidence of improvement, or comments from service users. **N.B.** If using this kind of data, you need to be careful about confidentiality – you may need to get permission to use this data beforehand or make sure that it's anonymised.

2. **Can we collect the desired information just by adapting our current system?**

E.g. do you need to just add an extra question onto the survey that all clients are requested to fill in? Simple adaptations to existing data collection methods are an effective and efficient way of collecting the necessary data.

3. **Do we need a new method for collecting this information?** If this is the case, then you need to take time choosing which method(s) you will use to collect all the information you need.

You now need to decide **how** to collect the information that you need.

There is a huge range of data collection methods available, but they can be put into two broad categories: quantitative and qualitative methods.

Quantitative data collection methods

Quantitative data consists of numbers and anything that can be easily counted e.g. how often a client attends an appointment. Examples of quantitative data collection methods:

- Registers
- Distance travelled /user satisfaction forms

Qualitative data collection methods

Qualitative data normally consists of words rather than numbers and gives a greater depth of detail than simple numerical statistics e.g. how a client feels about their experience of the service. Examples of qualitative data collection methods:

- Interviews
- Focus groups
- Case notes
- Diaries
- Pictures

It can be useful to collect data on one indicator in more than one way, as this can produce more robust evidence. A combination of qualitative and quantitative data collected on one indicator can be even more effective.

Scales

Scales can be very useful, as they are easy to design, use and analyse. They are a way of getting qualitative data into quantitative form and so are very appropriate for measuring outcomes.

Most scales ask about the following:

- **Frequency** (how often something happens)
- **Severity** (how good or bad something is)
- **Satisfaction** (how satisfied a client is with a service)
- **Ability** (how able a client is to perform certain tasks)
- **Agreement** (how strongly a client agrees with a statement)

Some tips:

- Try and stick to the same scale within a questionnaire to avoid confusion
- Scales should have a minimum of 4 points and maximum of 10
- Using an odd number of points enables people to pick the middle if they do not have an opinion. An even number of points forces people to express an opinion one way or another. It's worth thinking about which of these is preferable. You could always have a separate option for 'don't know' to give those completing the scale an opportunity to offer no opinion.
- All the points should be labelled with descriptive words or phrases
- You can even use pictures (this can help to increase accessibility of a document - see appendix for an example).

Scales do not only have to be used with questionnaires, you can be imaginative with them, e.g.

- Outcomes star
- Targets
- Physical movement (e.g. standing in a line)

More details on these different options for using scales and distance-travelled tools are available in the appendix.

These scales can be filled in by either the client themselves or an observer (i.e. staff member). You can get both client and staff to fill in a scale relating to the same outcome, so they can be compared (e.g. a client may view themselves differently from how a counsellor does, so it's useful to have both points of view). You could then combine these two bits of data with some qualitative data (e.g. from an interview), which you could then use to triangulate¹ your data and strengthen it further.

So, there are many different methods of data collection, but here is a brief overview of the different categories and options (further details are given in the appendix):

Directly from individuals

¹ Triangulation is when you use more than two research techniques to collect data on a particular issue (in this case, on one particular outcome). If you have a number of different data collection methods telling you the same thing, then this strengthens your argument. At the same time, if different methods present conflicting information on the same outcome, then the reasons for this should be investigated to make any necessary changes to data collection systems.

- diaries and anecdotes
- questionnaires
- interviews
- participatory methods

Using an independent observer

- written accounts
- observation forms

Documentary sources

- existing project information
- public documents (e.g. research)
- personal files or case notes
- existing databases

Audio-visual methods

- audio recording
- video diary
- photographs
- drawings

Some key points about data collection:

- **Be creative with your methods, but remember to be consistent:** i.e. you can use creative methods such as participatory tools, but you need to use them consistently, just as you would use a traditional survey consistently i.e. you must make sure you ask the **same question** at the start and end of an intervention, although you can use different tools to ask that same question if you wish.
- **Data can come from both service users and staff:** Staff collection can be especially useful for intermediate outcomes, one-off or anonymous service users. It can take the form of observation e.g. punctuality, ability to talk about self in a positive manner, interest in participating in given service, ability to deal with unexpected events/situations.
- **Sampling and snapshots can make life a lot easier.** A 10% sample is very common – it's better to collect less data well than lots of data badly. Snapshots can be useful for things like help lines, where you might nominate two weeks every 6 months when you carry out a monitoring exercise on all callers, or perhaps every 10th caller. **N.B.** for some data and for some funders, you need to collect a complete set of data and sampling is not appropriate in every circumstance e.g. equalities monitoring information.

If nothing else, remember to be **consistent**.

7. When to collect the data

So, once you've decided on how to collect the information on your indicators, you then need to decide when and how often to collect the information.

While this is relatively flexible, you need to keep to some basic principles:

- Measure a baseline and **at least** one other point
- The same questions should be asked
- Data should be collected in the same way (if possible)
- Data should be recorded in the same way

The definition of monitoring at the start of this guide included reference to the **regular** collection of data, so you need to make sure that you have a proper plan in place about when you are going to collect all your data.

For soft outcomes, the **baseline** data is especially important. You need to collect this data as early as possible, as this gives you something to compare your later results against.

Tips for measuring baselines:

- Take your time to measure them thoroughly– this means that the results will be more useful!
- Carry out assessments somewhere comfortable for both the client and the assessor (if possible)
- Combine baseline measurement with activities that are already part of the project (e.g. initial needs assessment) to reduce the workload.

The question of when to collect data is often obvious, e.g. if you are measuring level of knowledge gained from a training, you would measure the level at the start of the training and then at the end of the training. You might then do some follow-up interviews with attendees to find out the longer-term impact of the training and whether they had put their knowledge to use.

When would collection of complete data not be possible?

- Anonymous services (e.g. helpline)
- One-off users of a service
- Those who don't want to be contacted any further

How could you adapt your system to accommodate these changes?

- Observation/judgement of the counsellor (rather than relying on self-assessment by the client)
- Only surveying a snap-shot (e.g. all those who call over 2 weeks every 6 months)
- Use intermediate outcomes, as accessing the service is itself a move towards the desired outcome.
- Survey more people than your sample size, so that the sample size is not adversely affected by drop-outs or non-responses

8. Pulling it all together






Once you've come up with your outcomes, intermediate outcomes, indicators and data collection methods and when it's going to be collected, you then have to decide who will be responsible for collecting it. You can then put this into a framework which looks something like this:

Outcome	Intermediate outcome	Indicator	Data Collection method	When?	By whom?
Controlled drinking and fuller lifestyle	Starts to come on time and sober to appointments	• Level of punctuality	Register	Every appointment	Receptionist
		• Level of sobriety	Observations of counsellor	Every appointment	Counsellor
Increased self esteem	N/A	• Level of self esteem reported by client	Outcomes star	Every month	Counsellor
		• Number of negative comments about self	Observations of counsellor	Every appointment	Counsellor
		• Amount of care taken over personal appearance	Observations of counsellor	Every appointment	Counsellor

9. Appendix

(a) Scales and different ways of representing them

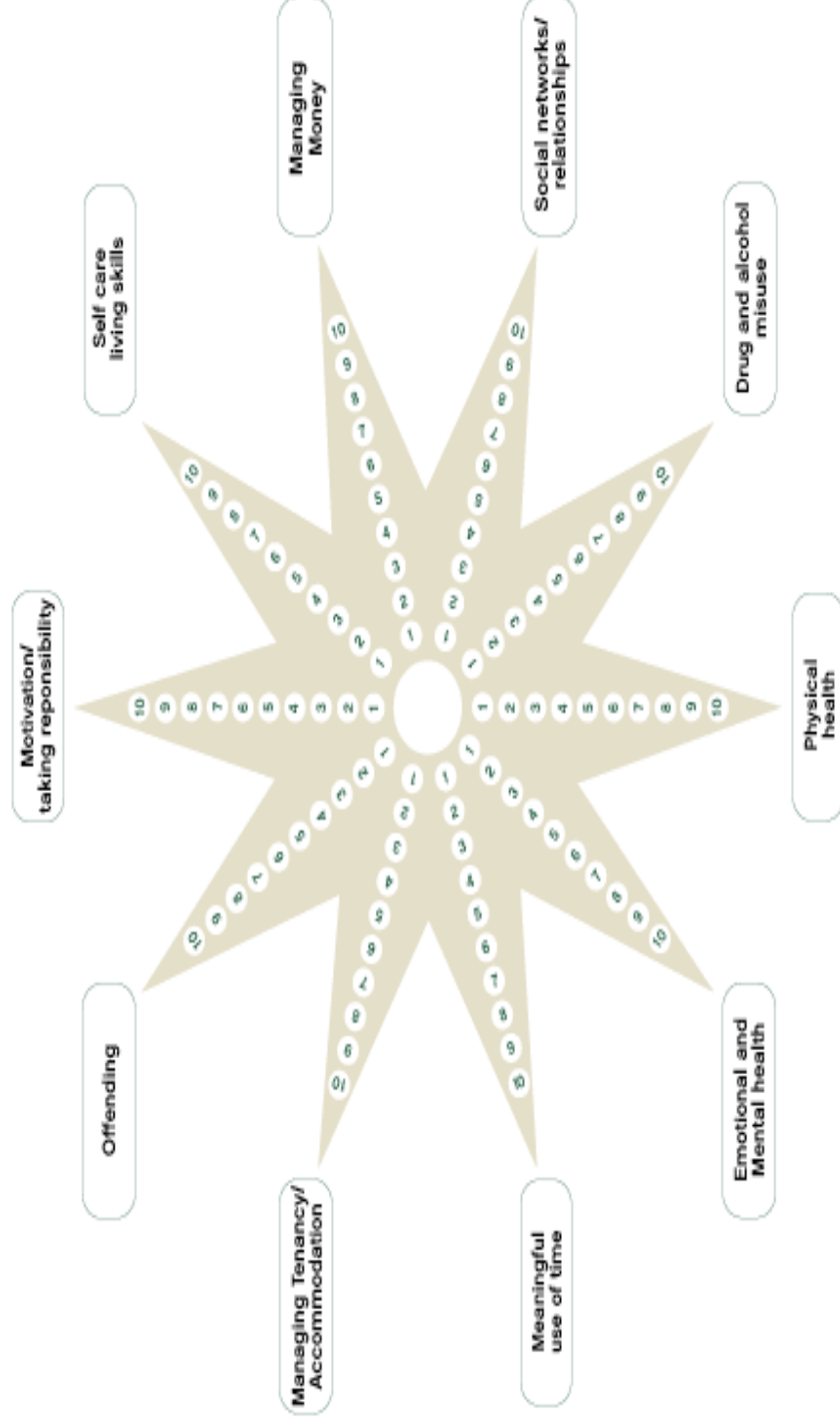
Below is an example of different ways of representing the same scale, using both words and images to describe the points on the scale:

1	2	3	4	5
Very good	Good	Average	Bad	Very bad
				

(b) The Outcomes Star

This outcome assessment tool developed in the homelessness sector uses scales represented visually. The ten main outcome scales are arranged in a star shape, on scales of one to ten. It can be completed either by staff and clients discussing the scale and agreeing an appropriate score, or clients and staff could complete the star separately.

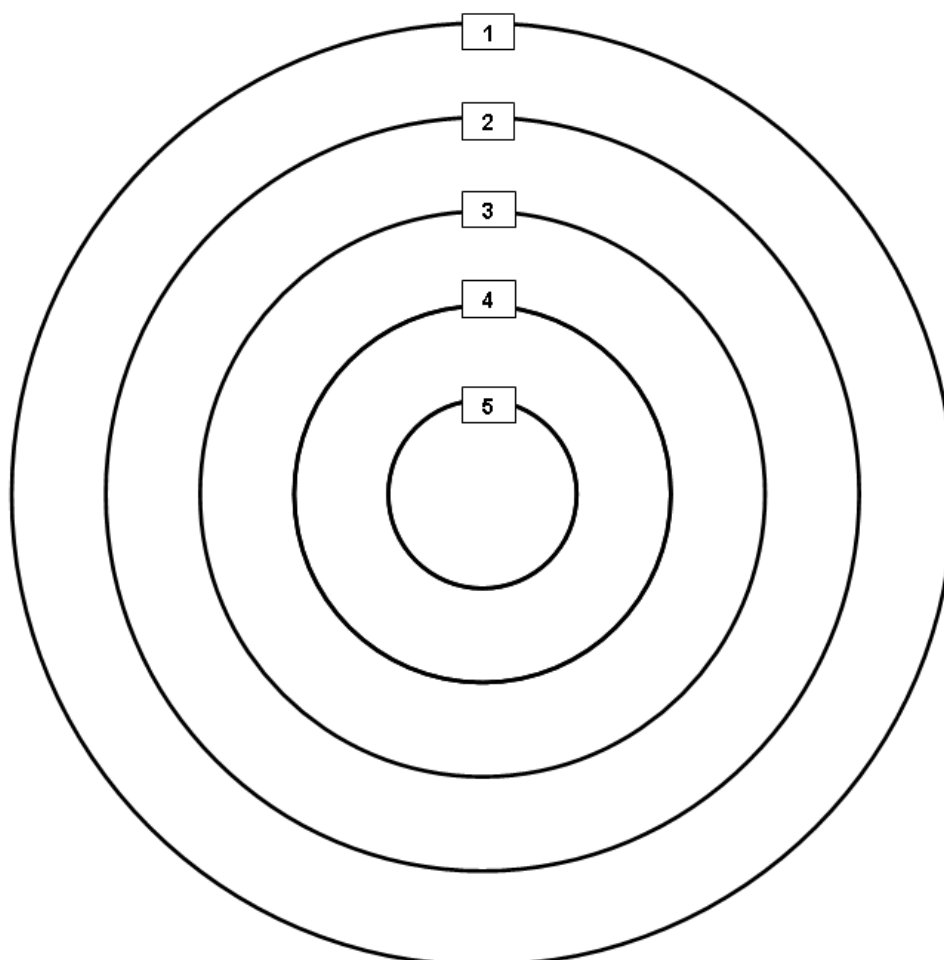
Copyright (CC) 2008 London Housing Foundation and Triangle Consulting. See http://www.homelessoutcomes.org.uk/The_Outcomes_Star.aspx for more information.



(c) Distance Travelled Target

Below is a target which can be used to measure distance travelled. WRC use it to measure the change in knowledge/understanding/ability etc. after a training session. The process is as follows:

1. Label the target with a question (e.g. how would you rate your understanding of social enterprise?)
2. Provide a key which explains that 1=low and 5=high
3. Before the training starts, ask participants to rate their knowledge/understanding/ability etc. by sticking a coloured sticker in the appropriate ring of the target.
4. At the end of the training, ask participants to answer the question again and this will show any change in knowledge/understanding/ability etc. Don't be alarmed if a few people move backwards, as this is often an anomaly



(d) Participatory methods of evaluation

Participatory tools, such as the outcomes star and the distance travelled target, are tools which help people express themselves, by making the process of using tools more interesting or making it easier to understand how to use them. These tools are often characterised by writing statements on post-its, cards or posters (instead of a4 paper), using images and colour and can sometimes involve physical movement.

The results of these tools are often very visual (photos of the tools can be used when reporting to funders) and the response rate is often higher than traditional paper-based questionnaires. The visual nature of the tools can also serve as motivation for clients, as they can actually see their progress (see (b) The Outcomes Star).

There are many different participatory tools, first used in the international development sector, but now being used very widely, as they are a way of making evaluation accessible and fun. Please see the resources list for further information.

(e) Resources List

Charities Evaluation Services: Excellent training provision and a number of publications available to download for free. www.ces-vol.org.uk

'Your project and its outcomes', Sally Cupitt and Jean Ellis, CES (2007) (available to download for free at <http://www.ces-vol.org.uk/index.cfm?pg=165>)

'Managing outcomes: a guide for homelessness organisations', Sara Burns and Sally Cupitt, CES (2003) (available to download for free at <http://www.ces-vol.org.uk/index.cfm?pg=171>)

'A Practical Guide to Measuring Soft Outcomes and Distance Travelled' Welsh European Funding Office, (2003) (available to download for free http://www.wefo.wales.gov.uk/resource/Soft_Outcomes_Leavers_Study_E7217.pdf).