State of Israel
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Myers-JDC- Brookdale Institute

DEVELOPING THE CONCEPT AND PRACTICE OF ONGOING OUTCOME MEASUREMENT IN SERVICE SYSTEMS

Lessons and Guidelines from Relevant Literature

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INTRODUCTION

Outcome Measurement (OM) is the regular, systematic tracking of the extent to which program participants experience the benefits or changes intended by various social interventions. More broadly, OM provides an opportunity to assess the extent to which social interventions are making progress in meeting the goals of the organization. The process of ongoing OM is not a replacement for formal program evaluation, as it cannot generally prove the extent to which a program *caused* specific outcomes due to the lack of an experimental design. Nevertheless, OM provides an important and ongoing framework for exploring the progress being made with staff, board members, funders, community members and program participants.

The motivation to engage in OM may come from external demands and pressures, or be internally motivated. Governments and philanthropic organizations (prominent among them the United Way system in the U.S.) have an interest in enhancing quality assurance, ongoing quality improvement, and learning processes in organizations by strengthening the role of OM in these efforts.

Furthermore, Government authorities have an increasing interest in basing their allocations on outcome data. Therefore, they are increasingly demanding OM from governmental units, or from units providing services through government contracts. Beyond this, governments are introducing performance-based reimbursement, requiring ongoing measurement of outcomes as a way of contracting with providers.

Motivation for engaging in OM may also emerge internally in organizations that have an interest in ongoing improvement, and in communicating the value of their programs and services as part of ongoing efforts to increase support.

OM can develop at the level of individual organizations, or at the level of regional or national governmental or non-governmental entities introducing a system of OM across a range of entities. If initiated by a national government, the OM system may include the entire regional or national government, selected ministries, a single ministry, or one aspect of work within a ministry. The system may also incorporate direct service providers, which may also require the involvement of municipal or regional government in the design of the OM system.

This document provides guidance that will be useful to both individual providers and to national entities launching OM systems. However, it does not address how to organize the division of labor among levels of government in promoting such systems.

This document draws best practice information on OM from numerous sources in order to achieve the following goals:

- To convey an understanding of Outcome Measurement and its potential uses, as well as the broad issues in designing an OM effort
- To define the steps in an OM process and provide practical guidelines on how to implement each
- To offer cross-cutting guidelines for implementing the OM process as a whole

The document also includes:

- Case studies of specific international experience with outcome measurement that illustrate some of the problems and solutions encountered in an OM process. The case

studies relate to both the level of national government and the level of specific provider organizations.

- Practical implementation tools
- Extensive annotated bibliography for further reading

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A. Introduction to Outcome Measurement

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This section provides general background on Outcome Measurement, and introduces and defines key terms.

1. What is Outcome Measurement?

Outcome Measurement is the regular, systematic tracking of the extent to which the users of a program or service (individuals, families, communities or organizations) experience the intended benefits or changes. These benefits or changes are known as outcomes.

Whereas in the past organizations collected data on the inputs invested or the activities carried out and numbers of participants and at times client satisfaction, the measurement of outcomes was quite rare. OM puts the emphasize on the question, *has there been progress in meeting the goals of the organization?*

2. What are the Goals and Uses of Outcome Measurement?

The motivation to engage in OM may come from external demands and pressures, or be internally motivated. Government authorities have an increasing interest in basing their allocations on outcome data. Therefore, they are increasingly demanding OM from governmental units, or from units providing services through government contracts. Beyond this, governments are introducing performance-based reimbursement that requires ongoing measurement of outcomes as a way of contracting with providers. Furthermore, governments and foundations have an interest in enhancing quality assurance, ongoing quality improvement, and learning processes in organizations by strengthening the role of OM in these efforts.

Various philanthropic organizations are also making greater demands in the nonprofit sector; one of the prominent examples is the United Way system in the U.S.

These demands can be distinguished at several levels:

a. The funding organization (philanthropic or governmental) requires simply that a system be in place for measuring outcomes.

b. The funding organization requires the regular reporting of outcomes, but does not use them as a basis for resource allocation among programs. Instead, it uses them in regulation and quality assurance.

c. The funding organization requires that outcomes be reported, and uses the information as input into decisions about resource allocation among programs.

d. The funding organization links reimbursements to the achievement of specific outcomes.

Motivation for engaging in OM may also emerge internally in organizations that have an interest in the ongoing improvement of their programs and in strengthening processes of organization learning. In addition, they may use outcomes to communicate the value of their programs as part of ongoing efforts to increase support. Furthermore, in many countries, there are voluntary accreditation systems for service organizations that increasingly require OM. Organization may be interested in receiving such accreditation in order to market their programs to both potential consumers and to funders. see diagram 1.

2.1 General Goals and Uses of Outcomes Measurement

Below are some of the goals and uses common to both governmental and non-governmental organizations:

a. Ongoing program improvement – identifying problem areas and successful practices

- OM can be used to improve the planning and design of a service by:
  - Clearly defining the intended purpose of a program
  - Identifying how success will be defined and how it will be attained
  - Insuring that the staff has shared goals
- OM can be used to improve a current program's effectiveness by:
  - Providing "a learning loop that feeds information back into programs on how well they are doing" and to identify problem areas, see diagram 2
  - Identifying approaches that are more effective at achieving outcomes
  - Assessing program performance by making comparisons across programs or regions
  - Motivating staff who can see the progress they are making with participants
  - Assessing staff performance by permitting comparisons across workers or units
  - Recognizing/rewarding high performing employees
  - Assessing staff training needs
  - Increasing the investment of clients in achieving positive outcomes
  - Supporting efforts to introduce continuous quality improvement within the organization, serving as a basis for collaborative learning among staff

b. Enhancing the data base for the purpose of resource allocation within the program and between programs

c. To compete successfully for financial and staff resources by:

- Communicating to funders and other stakeholders information about services that merit support
- Establishing credibility as an organization by having a careful plan for monitoring program improvement
- Developing appropriate expectations as to what can be achieved

- Meeting conditions of external funders
- Communicating program value to prospective paid and volunteer staff

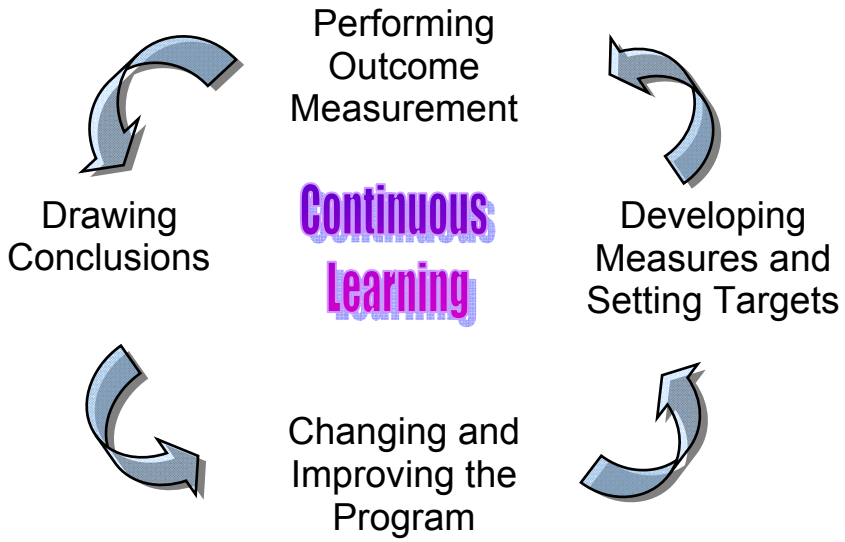
[Ref 11] [ref 16].

d. Recruiting and motivating clients

e. Meeting requirements and expectations for providing reports.

Diagram 1: The Goals of Outcome Measurement by the Potential User

Diagram 2: The Dynamic between the Measurement and the Improvement Processes



2.2 Goals and Uses of Outcomes from the Perspective of Government Entities

The previous section includes goals and uses for OM common to both governmental and non-governmental organizations providing services. Below is a framework developed by Harry Hatry at the Urban Institute, based on his study of actual uses, which reviews some possible uses of outcomes from the perspective of government entities.

Uses of Outcome Information by Federal Agencies	
Trigger Corrective Action	• Identify problem areas and modify service provision/operational practices (present in numerous examples) • Identify root causes of problems and develop action plans to address them • Trigger enforcement activities • Identify grantee technical assistance and compliance assistance needs • Develop training or guidelines for regulated entities • Identify staff training needs and provide training • Reduce or de-fund poor performers (grantees or contractors) • Require grantees to provide corrective action plans • Evaluate the extent to which changes in practices and policies have led to improvements in outcomes • Identify the need for policy or legislative changes • Identify underserved "client" groups
Identify and Encourage "Best Practices"	• Identify successful grantee practices • Disseminate good practices information
Motivate	• Motivate staff (present in numerous examples) • Develop employee performance agreements • Use as basis for "How are we doing?" meetings • Recognize and reward high-performing offices or employees • Recognize and reward high-performing grantees • Motivate grantees or regulated entities
Plan and Budget	• Allocate resources and set priorities • Develop plans and set targets • Justify requests for funds • Determine grantee funding • Inform budget projections

Source: Ref 9.

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3. How Does Ongoing Outcome Measurement Differ from One-Time Program Evaluation?

3.1 A Comparison between Ideal Evaluation Model and Common Outcome Measurement

Each approach has its own advantages and disadvantages. These vary in the different subjects. Moreover, there is a sequence of evaluation levels and of continuous systems' levels. Therefore, differences/gaps can be bigger or smaller.

It should be noted, that research and ongoing outcomes measurement are closely inter-related:

- Should an ongoing measurement system exist, it is possible to use its data in order to deepen the evaluation researches.
- The evaluation research poses an opportunity to develop tools and benchmarks to serve the development of an ongoing outcomes measurement system.

3.2 Advantages of Ongoing Outcomes Measurement as Opposed to Evaluation – Examples:

- In outcomes measurement the measurement is continuous over time as opposed to one-time research
- The measurement process often has a faster implementation ability of the conclusions
- At times the staff is more actively cooperative

3.3 Issues in Which at Times Ongoing Outcomes Measurement has an Advantage and at Times, Evaluation Research has an Advantage:

- The cost
- The time that takes for initial results to be achieved
- Credibility of the data and the nature of its collection
- Type of data that can be collected

3.4 Disadvantages of Ongoing Outcome Measurement as Opposed to Evaluation:

- Performance mainly by internal personnel and not by outside elements and therefore smaller extent of objectivity
- Usually there is no control group
- Measurement scope is more limited
- Less effort on validating the measures
- Less complex and wide analysis
- Lesser ability to explain the outcomes
- Less updating of the relevant literature
- More open to manipulations on the data

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4. Key Terms

A terminology has developed that today guides many OM efforts. Therefore, before turning to the "nuts and bolts" of how to do outcome measurement, it will be helpful to be familiar with its basic vocabulary.

4.1 What are Needs?

Problems identified among the target population. Defining the needs poses the basis for defining the goals and choosing the programs.

> *Examples of needs: a child that does not attend school regularly, an elderly person that cannot bathe by himself, an unemployed head of house-hold , social workers that lack updated knowledge.*

4.2 What are Goals?

The desired situation we wish to promote as determined by the needs.

> *Examples of goals: reducing violence towards children, securing an appropriate living environment in a community for disabled adults*

4.3 What are Programs?

The activities that are aimed at achieving the goals and addressing the clients' needs.

4.4 Who are the Participants / Direct Clients?

Participants of a program can be individuals, families or communities that participate in the program. In addition, organizations and workers can also be the participants of a program.

> *Examples: children at risk, elderly men that live alone, families suffering from violence…*

4.5 What is Target Population?

The ultimate group to which the program is targeted. Sometimes the direct participants are also the ultimate target population and sometimes not.

4.6 What are Inputs?

Inputs are the resources invested in a program or service.

> *Examples of inputs: number of employees, staff time, number of volunteers, money, equipment, supplies, building space*

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4.7 What are Outputs?

Outputs are what a program does with the inputs to fulfill its mission. Outputs include both ***activities*** and ***participation*** [ref 39].

> *Examples of activities: case management services, assessments, training or education sessions, counseling, mentoring, internships, support groups, health screenings and advocacy services. It may also include dissemination of information, such as brochures, websites or newsletters.*
>
> *Examples of participation: number of participants served and number of participants reached via outreach activities. Participants may include not only numbers of individuals or families, but also broader units of analysis, such as participating institutions or community groups.*

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4.8 What are Outcomes?

Outcomes are the benefits, changes and improvements ensuing from a program or service. They may relate to an increase in participants' knowledge or skills; changes in attitudes or behavior; or changes in condition or status. [Ref 42].

> *Examples of outcomes: new knowledge, changed attitudes (e.g., opinions, aspirations, motivations), new skills (e.g., improved literacy), changed behavior (e.g., new practices, decisions, policies, social actions), altered status, improved condition (e.g., successfully holding a job, reduced incidence of child abuse)*

a. Two important elaborations on outcomes

(1) The timeframe for achieving the outcomes

Some programs will find it helpful to define a sequence of outcomes. Short-term (or Initial), medium-term & long-term outcomes are used when outcomes are defined in relation to how quickly during or after a service or program is implemented that we expect them to be achieved. Often short-term outcomes lead to medium-term outcomes which, in turn, lead to long-term outcomes. The length of time required to achieve these outcomes can however vary greatly, depending on the service or program.

PROGRAM EXAMPLE: Job development services

- Short-term outcome: Improved job search skills
- Medium-term outcome: Finding a job or a better-paying job
- Long-term outcomes: Retaining the job over time; advancing in the job

(2) Intermediate versus final outcomes

A final outcome is a result that we care about in and of itself – and not because it leads to something else. An Intermediate outcome is a result that represents an important step towards achieving a final outcome. Intermediate outcomes often relate to changes in attitudes & knowledge, rather than to changes in an individual's behavior, status or condition.

PROGRAM EXAMPLE: Family support services

- Intermediate outcome: Increased parental self esteem
- Final outcomes: Reduced child abuse and neglect

b. Some of the complexities in defining outcomes

Some Caveats:

Caveat One: Sometimes, one final outcome may lead to another:

PROGRAM EXAMPLE: Child Abuse Prevention Program

- Final Outcome: Reduced parental abuse of children
  - BUT: Reduced parental abuse may also lead to children's improved school performance.
  - Both are final outcomes as they are results that we care about in and of themselves.

Caveat Two: Sometimes it is difficult to distinguish between outputs and outcomes.

PROGRAM EXAMPLE: Teen Volunteering Initiative

- An increase in teen volunteering may be viewed as an output; however, it may also be viewed as an outcome because it is an aspect of community involvement and commitment, which is considered important in and of itself.

- Other outcomes may include increased and ongoing involvement in community activities, and increased ability to deliver communal services due to increased numbers of volunteers.

Caveat Three: Depending on the service, outcomes may refer to the benefits ensuing at the individual client level, at the level of an agency or system, or at the community level.

At the Individual Level: At this level, outcomes refer to the benefits ensuing to individual clients.

PROGRAM EXAMPLE: Case management services for individuals with disabilities

Intermediate Outcome: Improved access to range of needed services for individuals with disabilities

Final Outcome: Able to live more independently; Basic care needs (food, clothing, hygiene, shelter) are met

At the System or Organizational Level: An outcome may also refer to the benefits ensuing to an entire agency or system.

PROGRAM EXAMPLE: Initiative to enhance training of case workers

Intermediate outcome: Case workers improve their knowledge of effective family crisis intervention methods

Final outcome: Quality of services offered by the organization improves

At the Community Level: Finally, an outcome may refer to the benefits to an entire community of a program.

PROGRAM EXAMPLE: Community volunteer policing initiative

Intermediate outcome: Volunteer "police" take responsibility and develop an active interest in the safety of their communities. Professional police force can devote more time to preventing serious crime.

Final outcome: People feel safer in their community. There are fewer victims of crime.

4.9 What are Measurable Outcomes?

It is important to note that not all outcomes can realistically be measured. For example, an outcome of a social service to strengthen families may be the improved ability to weather a family crisis. However, such a crisis may never occur, or may occur long after the program has lost contact with the family. (For more on characteristics of measurable outcomes, see Task Four– Selecting Outcomes to Measure)

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4.10 What is a Logic Model?

The OM process requires careful consideration of what a program does and what it achieves. Sometimes a simple visual representation, highlighting a program's key features, can be helpful for a group of people working together to manage an OM process. A logic model (also sometimes called an "Outcomes Sequence Chart" or, in the Evaluation field, the "Program Theory") is a "systematic, visual way to present a planned program with its underlying assumptions and theoretical framework. It is a picture of why and how you believe a program will work" [ref 30].

*A logic model worksheet may be found here or here . * More information on logic models may be found here.*

The logic model provides a picture or diagram of a program that, guided by overall needs, links Inputs, outputs and outcomes in a logical sequence. Underlying the model is the definition of the needs to be addressed. It can be a powerful tool that, using a simply format can convey:

- The fundamental purpose of a program or service (its outcomes),
- The theory of what inputs and outputs are necessary to achieve that purpose,
- The chain of events that link inputs to outputs,
- The distinction between "what we do" (outputs) and "what results" (outcomes), and provides
- The basis for developing plans for measuring outcomes.

A logic model can be used as a tool for program planning. Building a logic model requires that planners examine research on best practice and seek input from practitioners to identify exactly what inputs and outputs are most likely to yield the desired program outcomes [ref 31]. Subsequently, the logic model helps to guide the outcome measurement process – from program planning and development to the reporting of outcome measurements.

In addition to the components of the logic model, there are two more factors that affect the process: environmental factors and characteristics of clients.

***Environmental Factors**:* Conditions in the broader environment, wholly beyond the control of a given program, will influence the outcomes achieved. For example, a program that aims to help participants find and keep a job, should take into account the unemployment rate when defining the expected outcome – an environmental factor beyond the control of the program. If, during the implementation of the program there is a recession, than this will affect how successful the program was.

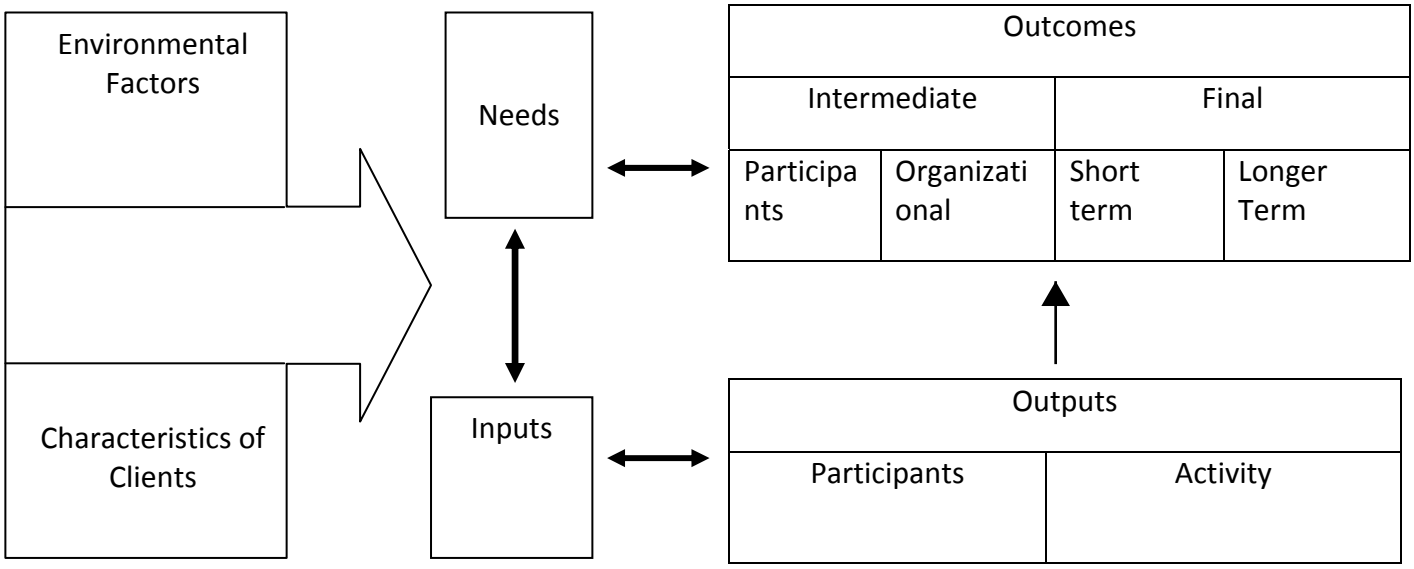
Characteristics of Clients: Client characters may affect the expected outcomes. Using the above example to illustrate this, the outcome targets and analysis will be influenced by the level of education among the program's participants

There are a number of different versions of the logic model. Later on, we will present the model used by the Ministry of Social Affairs in order to organize the development of the topic in the ministry.

The name of the program: _____

The unit responsible for the program: _____

Population of participants: _____



[Additional references on developing Logic Models]
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4.11 What are Outcome Measures?

Outcome measures are the specific ways that an outcome is measured to determine if a program has been successful.

Once outcomes have been identified, there is a need to determine the specific measurable measures that will be used to determine whether the program is making progress on the outcomes. The quantitative measures that are used to measure outcomes are known as Outcome Measures.

Examples of Outcome Measures: Scores on a literacy test may be an Outcome Measure for the Outcome of "Increased Literacy". Improved blood sugar levels may be an Outcome Measure for the Outcome of Increased Ability to Self-Manage Diabetes.

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4.12 What is an Outcome Target (or Performance Indicator)?

An Outcome Target is a numerical objective for examining the level of achieving the outcomes of the program on its outcomes.

Example of a Target: Participants in an adult literacy course will increase their scores on a literacy test by 15% (or by 15 percentage points) after completing the course.

The full OM model includes the delineation of specific quantitative targets; however, this is not always the case, and may depend on the culture of the system in which the service or organization functions. The alternative to setting a specific target is to measure the extent of change and to attempt to assess it in relation to various benchmarks . (For further discussion, see Task Eleven - Analyzing Outcome Information

Sometimes the development of outcome targets can be a process: at the beginning phase, targets are not defined outcomes that can be expected from projects in the specific field?
Further, targets may be defined at various levels of desegregation – i.e., for the total client population or for subgroups within a target population.

4.13 What is an Actual Outcome?

An actual outcome is the actual change in the value of the measurement**.**

4.14 What is a Benchmark?

A benchmark is a standard used for comparison by which something can be judged. Benchmarks are often used in setting the target to be improved upon. A benchmark may be the level of an outcome achieved by the same program in a previous year, or the level achieved by a similar program.

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4.15 Who are the Clients?

The clients or beneficiaries of a service or program may include individuals, families or communities. In addition, organizations may also be clients for the purposes of OM.

4.16 What is Performance-based Reimbursement?

Performance-based reimbursement involves reimbursing providers of services on the basis of achieved outcomes, rather than on the basis of inputs and outputs.

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B. GETTING READY: PREPARING ORGANIZATIONS FOR OUTCOME MEASUREMENT

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This section reviews the preliminary planning steps that help prepare an organization to engage in Outcome Measurement. The key initial decision requires determining whether to engage in the OM process at all. This decision needs to be based on several factors, including requirements from funders or regulatory bodies; the availability of resources; ability to free up the organization's agenda; and the support of key stakeholders. It is worth considering to delay the introduction of OM if the "organization is in crisis" or is "in severe financial trouble" [ref 8].

Given that a decision to move forward has been taken, the next key step in preparing the organization for OM is to convene a planning group. This section discusses the functions of the group, important issues around determining the participants, and its key roles at this early planning stage.

- Convening an Outcome Planning Group
- Addressing Key Issues
  - Achieving Stakeholder Buy-in
  - Identifying Needed Organizational Resources
  - Planning an Integrated Information Strategy

Key references for this section include: [ref 9] [ref 39] [ref 8]

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Pitfall to Avoid

Avoid imposing an OM process on staff that will ultimately be responsible for collecting, reporting and using outcome data.

Solution

Involve direct care staff from the beginning.

1. Convening an Outcome Planning Group

A planning group or task force should be convened early on to direct and oversee the OM process. OM will require, at a minimum, a "review of clinical, business and Information Technology (IT) practices and will require a broad and sustained dialogue with internal (staff) and external stakeholders in order to educate all parties about key aspects of outcome measurement" [ref 10]. Involving a diverse array of participants is therefore important. Membership may be drawn from:

- senior management, administration, marketing, and (very important) data processing
- Program staff (especially those involved in direct care)
- Current or former clients (either as members of the Planning Group or indirectly via focus groups)
- Staff from other organizations or programs working with the target program or service
- An expert in OM or data management and analysis
- Funders
- Members of the board

2. Addressing Key Issues

The following sections address some the key roles of the planning group at this early planning stage.

2.1 Achieving Stakeholder Buy-in

Involving a diverse membership also helps to achieve one of the most critical initial tasks of the Planning Group: to prepare stakeholders, at all levels, ensuring their buy-in and monitoring their expectations of the process. Stakeholders need to be aware that OM is not a panacea, that not everything can be known from an OM process. They need to know, further, what expectations about the impacts of social programs are reasonable, to prepare them for "the moment of truth" when OM results are made available. They need also to understand some of the subtleties of outcome analysis – that, for example, if the external environment deteriorates during program implementation, no change in outcomes could be considered a success.

For sample meeting agendas and a time line for conducting OM of a single program, see Urban Institute, Exhibits 3 and 4 [ref 9].

Finally, they need to be aware that launching an OM process takes time. A nonprofit service organization may require from two to three years to plan and test an OM system. Launching an OM process in the public sector may require even more time, particularly if multiple levels of government are involved.

2.2 Identifying Needed Organizational Resources

The planning group is responsible for working out the details of the OM process and overseeing its implementation. Among its tasks may be to identify the resources needed to launch the OM process. Among the initial costs are staff time, supplies and equipment, and, if necessary, consultants. In addition, initial staff training is required to prepare staff for the process and again later to prepare staff to engage in the nuts and bolts of outcome measurement. A significant component is the ongoing cost of data collection.

"Outcome measurement is more difficult to implement successfully when it is an unbudgeted add-on to a staff person's full-time job."
[ref 8:]

Estimates vary about how much to budget for OM activities. The U.S. Department of Health and Human Services suggests that a standard estimate is 5% of a program's budget, but notes that the system costs less to maintain over time.

2.3 Planning an Integrated Information Strategy

It is necessary to begin considering what information will need to be collected, analyzed and used as part of the OM process at this stage. Will the existing information system be adequate, or will it need to be expanded or replaced? How will data collection be managed? Will staff have enough time, expertise, and technical support to accurately collect the needed data? Will existing software permit multiple users to ask and answer a variety of questions in analyzing the data? Will the system permit the preparation of user-friendly reports that can be delivered to staff and others in a timely way? Resolving the issues reflected in these questions form the basis of an integrated information strategy.

C. Conducting Outcome Measurement

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After fully engaging stakeholders, securing resources for conducting outcome measurement and considering the information needs of the organization, the organization may begin actually conducting OM. This section moves beyond these initial planning activities to consider the practical steps for actually conducting outcome measurement. There are many ways in which to conduct an OM process. Recognizing that there is no "gold standard", we nevertheless share eleven frequently cited steps. The planning group, after completing its initial planning activities, may serve as the ongoing steering committee for this stage of OM process as well.

- Task 1: Selecting Program(s) for OM
- Task 2: Identifying Outcomes
- Task 3: Defining the inputs, outputs and the results of the program/ fulfilling the Logic Model Framework
- Task 4: Selecting Outcomes to measure
- Task 5: Selecting Outcome Measures
- Task 6: Selecting Outcome Targets/Performance Indicators
- Task 7: Selecting Data Sources and Instruments
- Task 8: Developing a Data Collection Plan
- Task 9: Planning a Computerized System for Storing, Analyzing and Reporting the Data
- Task 10: Testing the Outcome Measurement System
- Task 11: Analyzing Outcome Information
- Task 12: Using Outcome Information
- Task 13: Documenting all the tasks and drawing lessons for the future

Task 1: Selecting the Program(s) or Service(s) for OM

Selecting a program or service area for OM requires a number of considerations.

1. **It is possible to identify and measure the outcome of the program at a reasonable effort and cost**.
   Since OM is primarily a tool for program or service improvement, the primary selection criteria should be whether outcomes for the particular program/service area can be identified and measured at a reasonable effort and cost. Typically, this is true of programs/services that have defined missions, objectives and clients.

2. **OM can be a useful tool for informing funders and other stakeholders about the services that are worthy of their support.**
   For this reason, it is important to consider a program for OM by asking the following questions:
   a. Does the program represent a substantial portion of the agency's activity
   b. Has the program attracted the attention of funders or other stakeholders, or those with other interests
   c. Is there a lack of knowledge regarding the programs' influence
   d. Is there a special interest in marketing the program to stakeholders
   e. Is there a perceive need to introduce improvements in the program

3. **Choosing the OM program that will receive the most support from supervisors and direct care staff**
   The day-to-day success of OM will depend on the support of supervisors and direct care staff. Particularly at the beginning of an OM process, this support is very important.

4. **There is a basis for comparison and for setting quantitative targets**

5. **The results can most likely be attributed to the program**

[ref 39]. [Ref 8]

Task 2: Identifying Outcomes

1. **Begin by identifying the *goals*, the *means* and the clients or target populations of the program.**

   Goal: What are you trying to accomplish? *{To ___}*

   Target population: Who or what is going to change as a result of the program?

   Means: What are you doing to accomplish the mission? *{By doing____}*

   To identify each, try filling the blanks in the following sentence:

   "The goal of our program is **TO** improve (reduce, enable, etc.) *{what condition}* **FOR** *{whom/what}* **BY** *{doing what}*"

   a. Example for a youth development program:
   *The goal of our program is **TO** improve self esteem and reduce negative behavior **FOR** youths age 10 to 14 **BY** providing a variety of social and educational activities in the program's facilities."*

   [Ref 9]

2. **Next, consider what specific outcomes (*the benefits, changes or improvements that derive from a program*) would indicate that the program's goal has been achieved.** Think about words describing what conditions will *increase, decrease, stay the same (instead of getting worse), be reduced, improve, or be enabled*. Or ask and answer the following questions: Who or what will be changed? What is the nature of the change?

   a. Examples of outcome for the Individual:
   - *Adults increase their literacy*
   - *Teenage pregnancy is reduced.*

   b. Examples of outcomes for Service Units or Organizations:
   - *Service providers improve the timeliness with which they address specific client concerns.*
   - *Community organizations improve their ability to collaborate.*
   - *District offices increase financial management expertise.*

   [Ref 8]

   Ideas on Outcomes: A project of the Urban League and the Center for What Works produced a common outcomes framework for 14 broad nonprofit program areas. For more information, see [Ref 12]

3. **Often there will be more than one outcome**. Furthermore, the outcomes maybe linked to one another in a logical sequence. For example:

   If a program provides mentoring support to at-risk teens, then the teens have increased awareness of alternative life choices. If teens have increased awareness of alternative life choices, then they will be less likely to engage in unruly behavior in school or criminal activity in the community and more likely to focus on academic achievement. If they focus on academic achievement, then they are more likely to be successful in finding employment.

4. **Ensure that the list of possible outcomes is manageable and best reflects the values and priorities of the program and its service mission by:**
   - **a.** Talking to program or service managers in other organizations or areas about outcomes they have identified for similar programs
   - **b.** Asking current or former clients, consider conducting focus groups or interviews to solicit information.
   - **c.** Talking to direct care staff and ask them what they think clients need and want from a program or service and how they benefit

5. **Important Aspects of Defining Outcomes**

The world of outcomes is much more varied and complex than is suggested by the simple model. We elaborate below on some of these complexities.

a. Intermediate outcomes on the level of the clients and on the level of the organization versus final outcomes

i. *Final outcomes are important in themselves and not merely as leading to something else.*

ii. *Intermediate outcomes constitute a major step toward the obtainment of a final outcome.*

1) Intermediate outcomes for the clients: intermediate outcomes are often connected to changes in the client's attitudes approach, knowledge and skills which can lead to changes in their behavior or status.

2) Organizational intermediate outcomes: these refer to changes in the patterns or the quality of service, which can lead to better outcomes for the client. Such changes can take place in a single organization or in an array of organizations. Sometimes organizational outcomes refer to changes among the staff, for example: improving the skills of the staff or enhancing inter-organizational cooperation.

3) Note also that there is an additional unit to defining outcomes – a geographical unit. This unit can be a city or a neighborhood, for example: neighborhood characteristics in terms of safety or cleanliness. It is also possible to define outcomes on the level of belonging to a community which is defined in terms of religion or ethnicity etc, for example: the way the Ethiopian community is perceived in society. Furthermore, the public or sections of it can also constitute a unit. For example: improving the general public's attitude towards the disabled or improving the way employers view hiring people with disabilities.

b. Outcomes that can serve both as a final product and as an intermediate outcome for another outcome

At times, a final outcome may produce another outcome,

i. Example: program to prevent child abuse.

1) Final outcome: reducing abuse of children by their parents

a) But: this could lead to improving the child's functioning at school

b) Both these outcomes are final, since each is important in itself and not only because it leads to something else.

c. Outcomes on the individual and community levels, or on the level of an organization or organizational system

Outcomes may relate to benefits for the individual client, to the program manager (organization or system) or to the community, depending on the type of service.

i. On the individual level: The outcomes relate to the benefits that the participants derive from the program
   For example: case management for people with disabilities
   1) Intermediate outcome: improving the access of people with disabilities to a variety of essential services
   2) Final outcome: ability to live independently, clients' basic needs are met (food, clothing, hygiene, sheltered housing)

ii. On the systemic or organizational level: an outcome may also relate to the benefits to the entire organization or system
   For example: initiative to expand the training for social workers
   1) Intermediate outcome: social workers improved their level of knowledge about intervention methods for families in crisis
   2) Final outcome: improvement in the quality of services supplied by the organizations

iii. On the community level: the result may relate to the benefits that the entire community derives from the program
   For example: initiative for community volunteering for police work
   1) Intermediate outcomes: a volunteer policing force takes responsibility for the safety of all members of the community, allowing the professional police force to spend more time on preventing serious crimes.
   2) Final outcome: people will feel safer in their community. The number of victims of crimes will decrease.

d. Outcomes on the level of the direct participant versus the final client

i. The differentiation between intermediate and final outcomes is also related to the distinction between the direct participant and the final client.
ii. The direct participants may be the client, someone to do with service supply, or someone else who has an effect on the client. For example: in a program for training care-giving personnel in an organization, the participant is the caregiver but the final clients are those receiving care from him or her.
iii. Other examples of the immediate participant are fundraisers in an organization, employers or the public.
iv. Sometimes when the final client is not the direct participant, the actual measurement stops at the participant level. That is to say the most final outcomes are not always measured at the client level and instead and intermediate outcome is measured at the level of the immediate participants.

e. The timeframe for outcomes

i. The terms short (initial) – intermediate- or long-term outcomes referred to the length of time in which we expect to achieve the outcome.
ii. For certain programs, there is a continuum of outcomes in that the short-term outcomes lead to intermediate outcomes and ultimately to long-term outcomes.
iii. The length of time required to achieve outcomes and the meaning of short or long-term may differ between programs.

f. Absolute and relative outcomes

i. An absolute outcome is defined in terms of the level of the outcome at a point in time. For example: 50% found employment, 20% completed matriculation exams.
ii. A relative outcome is defined in terms of the improvement compared to the previous year. For example: the percentage of students completing matriculation increased from 15% to 20%, i.e. an increase of 5 percentage points.

How far to go in the chain of implications

There is no single correct answer to this question. We need to be guided by practical considerations, including the time span of the expected effect and whether the circumstances allow for measuring long-term outcomes.

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Task 3: Defining the Inputs, Outputs and the Outcomes of the Program:

Filling in the Logic Model Framework

As we indicated, the logic model is based on the answer to the question: "The goal of our program is **TO** improve (reduce, enable, etc.) *{what condition}* **FOR** *{whom/what}* **BY** *{doing what}*"

Using a logic model to structure the OM process at this point helps in numerous ways. Recall that a logic model is a "systematic, visual way to present a planned program with its underlying assumptions and theoretical framework" [ref 30]. Using a logic model can help focus the oversight group on the fundamental purposes (or outcomes) of a program or service. The logic model can help structure thinking about what the literature and/or program experience reveal about the inputs and outputs needed to achieve the intended outcomes, and the logical sequence between them.

> *"It is impossible to interpret outcome findings without a clear understanding of program goals, implementation sequences, and the expected links between them and expected program benefits. Expectations about these linkages are made explicit by developing a logic model" [ref3].*

Logic models may also incorporate important additional information and assumptions to help planners select appropriate targets and later, to analyze outcome information. When developing the logic model, it is especially important to clarify characteristics of the clients to be served by a program and to explicitly state assumptions about conditions in the broader environment. Both are factors that may be beyond the program's control; yet, both are likely to affect the outcomes of a program or service.

> Logic models may appear in a variety of forms and incorporate more or less detail. For information helpful in selecting a framework appropriate for your program or service, See tools

1. Environmental Factors:

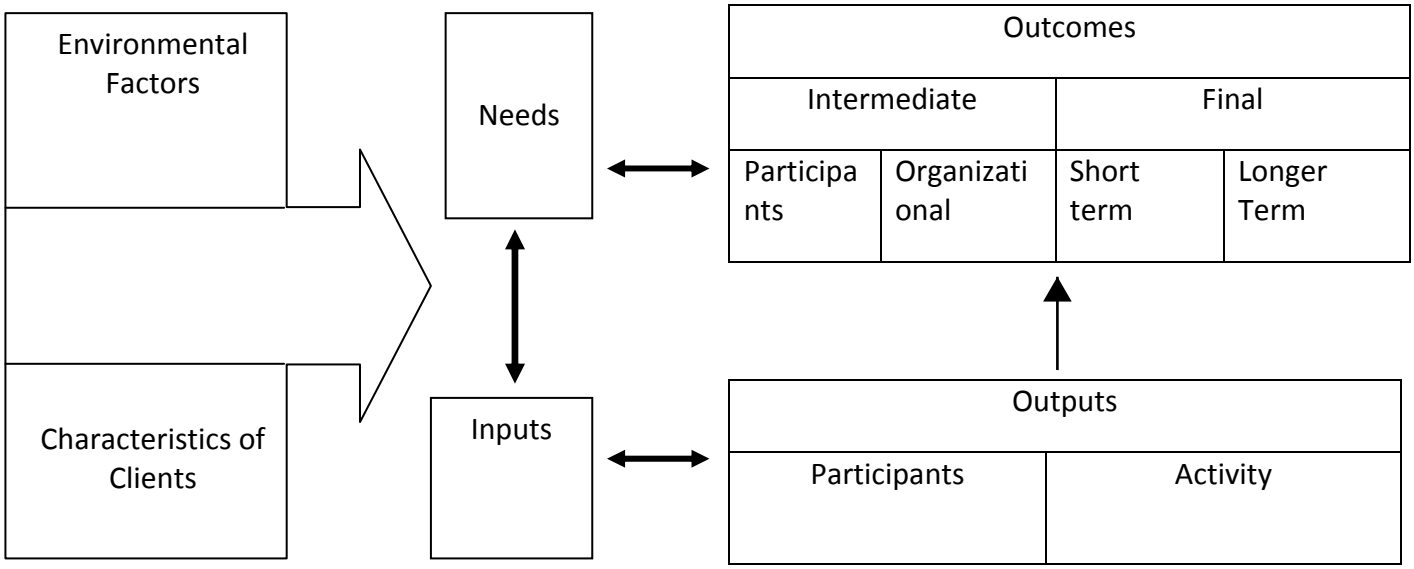
It is nearly always true that conditions in the broader environment, wholly beyond the control of a given program, will influence the outcomes achieved. Including these assumptions in the logic model will help planners in selecting appropriate Outcome Targets and, later, in analyzing OM results . For example, a program that aims to help participants find and keep a job, should identify its expected outcomes given a specific unemployment rate – an environmental factor beyond the control of the program. If, during the program implementation period, a recession reduces available jobs, program participants may experience no improvement at all in their employment levels. This

may, however, be considered a success: without participating in the program, participants' levels of unemployment could have increased.

2. Characteristics of Clients:

In addition to environmental conditions, reasonable outcome targets and analysis of outcome information will be influenced by characteristics of program participants. Using the above example to illustrate this, the outcome targets and analysis will be very different if participants are high school drop-outs than if they are college graduates.

The Logic Model Framework



Task 4: Selecting Outcomes to Measure

To select which outcomes to actually measure from the list of possible outcomes, it is helpful to consider the following:

1. In most cases, it will not be possible (or desirable) to measure all of the outcomes that have been identified. Some outcomes are only tangentially related to a program; others are so intangible that they are very difficult to measure. Still other outcomes occur so long after a program or service has been terminated that they are simply not practical to measure. Finally, because measuring outcomes requires organizational resources, it will be necessary to prioritize.
2. Before developing entirely new systems for collecting data to measure outcomes (although in some cases this may be necessary), it is very important to consider what outcomes measures may be already available from the existing data-systems.
3. **Criteria for choosing the outcomes to measure**:
   Usually, the Outcomes with the following characteristics are the most useful as a basis for program improvement:
   a. Measurability – there is an empirical way to measure the outcomes
   b. Low development and measurement cost
   c. Can be measured in a reasonable timeframe

d. Use of measures that have already been used in similar programs or that have been validated in the professional literature.
e. Proven reliability from past experience or from the literature or a preposition of reliability
f. The meaning of the measure is unambiguous
g. The collection of the Data requires the involvement of a regional or local staff
h. Acceptable among stakeholders
i. Acceptable among the team members and will have their support
j. Willingness of the team to collect the data
k. Important to the client's welfare
l. The Outcomes reflect the goals of the program
m. There is a basis for making a comparison and for defining quantitative targets (over time, to other programs etc.)
n. The outcomes can be reasonably attributed to the program itself
o. Outcomes that can help to identify by identifying the strengths and the weaknesses of the program
p. The effectiveness of the program could be evaluated using these outcomes

4. Before finalizing the list of outcomes, ask the following broad questions:
   a. Do these outcomes capture what the program aims to achieve?
   b. Are we comfortable basing an evaluation of our effectiveness on these outcomes?

5. The list of the outcomes should not be too long so that it will be manageable and still reflect the values and the aims of the program in the best possible way

[Ref 1] [3. Conducting OM]
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Task 5: Selecting Outcome Measures (Outcome Indicators)

1. After selecting one or more outcomes for measurement, ways of measuring the outcomes must be identified. These measures represent the ways in which an outcome is quantified so that it can be measured. Outcome measures typically use absolute numbers and/or percentages.
2. The following table, based on a presentation prepared by United Way, may be helpful in thinking about outcome measures.

Desired Change	Outcomes	Who or What	Outcome Measures
FILL IN:			
To ____	***the ____***	***among ___***	***as measured by __***
EXAMPLES			
To increase	the ability to____	among clients	as measured by improved test scores ___.
To decrease	the incidence of ____	among individuals	as measured by decreasing rates of ____.
To maintain	the knowledge of ____	among children	as measured by the number who ____.
To reduce	the likelihood of____	among older people	as measured by numbers identified with ___
To improve	the compliance with in ____	among neighborhood organizations	as measured by the frequency of ____.
To acquire	the skills for ____	among agencies	as measured by total ____.
To impart	the understanding of ____	among families	as measured by incidence of ___.

Source: United Way of Silicon Valley

3. Outcome measures with the following characteristics are considered particularly useful:
   a. Measurability – there is an empirical way to measure the outcomes
   b. Low development and measurement cost
   c. Can be measured in a reasonable timeframe
   d. Use of measures that have already been used in similar programs or that have been validated in the professional literature.
   e. Proven reliability from past experience or from the literature or a preposition of reliability
   f. The meaning of the measure is unambiguous
   g. The collection of the Data requires the involvement of a regional or local staff
   h. Acceptable among stakeholders
   i. Acceptable among the team members and will have their support
   j. Willingness of the team to collect the data
   k. Important to the client's welfare
   l. The Outcomes reflect the goals of the program
   m. There is a basis for making a comparison and for defining quantitative targets (over time, to other programs etc.)
   n. The outcomes can be reasonably attributed to the program itself
   o. Outcomes that can help to identify by identifying the strengths and the weaknesses of the program
   p. The effectiveness of the program could be evaluated using these outcomes
   q. The change can be recognized- it applies to a sufficient number of participants so that it may be statistically significant

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[3. Conducting OM]

Task 6: Selecting Outcome Targets/Performance Indicators

1. In addition to identifying the Outcome Measures that a program or service will use to measure changes in the outcomes, it may also set a goal for the expected change within a specified period of time.

A worksheet for recording outcomes, outcome measures, performance indicators & data sources is available [here]

2. The full model of OM includes setting quantitative targets. However, this is not always done. It may depend upon the nature of the service or organization. The alternative to setting a quantitative target is measuring the scope of change and trying to asses it in comparison to different benchmarks. For an elaboration on this point see task 11.

3. Targets can be defined in different level of desegregation. For example, for the total target population or for sub-groups in the target population

4. In selecting outcome targets, it is necessary to consider what outcome levels are most probable based on both existing research on similar programs and the experience of practitioners. [ref 17].

"Programs generally should not set targets for their outcomes until at least one round of data has been collected. Without baseline data, a sound basis doesn't exist for establishing realistic targets." [ref 23]

5. Developing outcome targets can sometimes be a process: in the initial phase of OM we don't necessarily define targets, until we learn more about the outcomes that can be expected.

6. There are two main approaches for selecting quantitative targets:
   a. ***The absolute approach*** sets a target in terms of an absolute level. For example, 50% of the disabled participants in a rehabilitation program are placed in jobs. The source for this standard may be a percentage that is acceptable among other organizations or in the literature.
   b. ***The relative approach*** sets a target in terms of the improvement in the outcome compared to last year or compared to an earlier version of the program. For example the target is to increase the placement rate from 50-60%. When there are no previous programs, it is not possible to set a relative target in the first year of outcome measurement.

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[3. Conducting OM]

Task 7: Selecting Data Sources and the Methods and Instruments for Collecting Data

After identifying outcome measures, it is necessary to determine what data sources to use and what specific instruments (such as questionnaires) will be used for collecting the information. Both will need to be appropriate for the outcomes that have been selected and appropriate for the staff and financial resources of the organization. Some information may be available from existing administrative data sets, and other information may not yet be collected and a measurement instrument will need to be developed.

In general, data sources typically include:

1. Administrative National Databases, and Databases of other Organizations
2. National Surveys
3. Organizational/ Administrative Records
4. Staff Evaluation of the Clients
5. Client/ Costumer surveys
6. Focus Groups or In-depth Interviews
7. Ratings By Trained Observers
8. Tests of clients

[ref 9] [ref 28]

¤ *A checklist to help select data collection methods may be found here.*

¤ *An sample worksheet on Foster Home Services linking outcomes to measures to data sources may be found in [ref 9-]*

The data sources and data collection methods can serve both outcome testing and gathering data, which *relates* to program outcomes. As mentioned earlier, data on inputs, outputs, environmental factors and characteristics of clients should also be collected. [ref 9]

1. Administrative National Databases and Databases of other Organizations

Databases such as Ministry of Education pool of matriculation results, the National Insurance Institute files of wage, or the police database of criminal records.

2. National Surveys

Sample surveys, which are usually being conducted by the Central Bureau of Statistics, or by other authorities.

3. Organizational/Administrative Records

Most organizations collect information that may be related to at least some program or service outcomes. A careful review of what information is already available in an updated paper-based or (hopefully) electronic record-keeping system is a critical important step. [ref 9]

4. Staff Evaluation of the Clients

It is possible to ask the field workers, such as social workers or teachers to fill in questionnaires about the clients' or pupils situation. The staff can use the information they already have such as test results, recorded notes or impressions.

5. Client/Customer Surveys

Most program outcomes for social service providers will be related to clients. Such information may not be part of the organization's records in a systematic way or may be available only in a very limited way. As a result, it may be necessary to ask clients directly about outcomes. Surveys are one way to do this. Surveys can supplement information that is not in the administrative system. Surveys can also obtain clients' perspectives on outcomes. In addition, client satisfaction is an important variable for understanding outcomes.

A Checklist for Selecting Data Collection Methods is helpful in thinking about whether or not to develop a survey.

Surveys involve developing a set of standard questions that are asked of a group of clients – by telephone, mail, email, or in-person. In general, surveys are valuable for collecting information about behavior, conditions or perceptions, and about satisfaction

For more information on surveys, see [ref 9] and [ref 24]. Additional information is also available in the reference section on writing [ref 25] and designing [ref 26] surveys.

6. Focus Groups or In-depth Interviews

In-depth interviews and focus groups also use sets of open questions that are presented to individuals or small groups. However, in both cases, clients have the opportunity to express complex thoughts more easily than can often be done in a survey [ref 9].

[Back to Task Three]
[Back to Task Seven]

7. Ratings by Trained Observers

Sometimes information is not available in official records and it is difficult to collect information by asking clients directly (through surveys, interviews or focus groups). If resources permit, consider using a trained observer to record individual behaviors, interactions among individuals, skill competencies, or conditions of people or places. It should be noted that this means is not appropriate or feasible for every type of data. [ref 9].

For more information on conducting Focus Groups, see [ref 29].

8. Tests of clients

If acquiring a specific skill is the desired program outcome, in some cases formally testing clients may be possible [ref 28]

[3. Conducting OM]

Task 8: Developing a Data Collection Plan

After selecting data sources and agreeing on ways to collect the data, a data collection plan needs to be developed.

1. An important decision is the timing and the frequency of data collection

There are a number of options for when and how often to collect data ranging from collecting at a single point in time, collecting before and after a program, collecting on an ongoing basis, and collecting from a comparison group at several times. When determining which timing make most sense, it is useful to consider how rapidly the outcomes are expected to occur (e.g.,

immediately, over a long period of time), whether there are milestones to be achieved along the way, when data will be available, [ref 21].

2. Data collection method

The decision about the data collecting method is a very strategic one, and has implications not only at the cost of the process but also at the possibility to apply the program at all. It combines technical considerations with considerations of creating the willingness of the organization to perform the data collection in a complete and reliable way, and by planned schedule. When revising the strategy there is a series of questions need to be answered:

- Will new staff responsible for data collection need to be recruited?
- Is it possible to combine the information in existing data collection processes to avoid duplications and unnecessary effort? Can it be combined in the existing data collection system?
- What kind of additional staff training will be required?
- Who will be responsible for data collection regarding schedule and quality?
- Do clients need to be prepared for the data collection?

[3. Conducting OM]
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Task 9: Planning a Computerized System for Storing, Analyzing and Reporting the Data

In the initial planning and further along the way, it is important to define the desirable characteristics of data strategy. These characteristics may include:

1. To make an appropriate and user-friendly computer technology available for OM
   - Having the computer technology to process, tabulate, and report on outcome data, and the staff who can make use of that technology, will increase the likelihood that outcomes are analyzed and reported on a regular basis.
   - "Without these resources, collecting and analyzing data is much more time consuming and difficult, which ultimately makes the use of outcome data difficult, if not impossible."
   - Some of the technology barriers that may need to be overcome to achieve this goal include:
     - Insufficient numbers of computers
     - Outdated computer systems
     - Computers that are not connected to a network and/or the internet
     - complex system
     - Software/database incompatibility between offices/departments/locations
     - Lack of software for analyzing and interpreting outcome data
     - Poor computer literacy skills
     - Unclear instructions
   - Poor technological support not only affects the quality of the outcome data, but reduces staff confidence that the findings will "reasonably represent their program"

2. To provide software that makes it possible to aggregate data across clients in order to examine client sub-groups (e.g., by age, gender, race, specific caseworker, service branch or office); and to display trends over time.
   - The software must enable the staff to evaluate a range of questions about their program or service and to explore a variety of possible explanations for the outcome findings.

3. To provide frequent and timely feedback in user-friendly reports
   - "The use of outcome data appears to grow considerably when there is regular and timely feedback among users of data." Data should be useful to management as well as supervisors and caseworkers or frontline staff. For this reason, it needs to be reported frequently, so that it is not outdated for the people actually working with clients.
   - "Whether outcome data is used often depends on whether it reaches the potential user in an easy-to-use format… Sheets of raw disaggregated data are of little utility to program managers who do not have the time to perform the calculations needed to see trends in the outcome data."
   - "Dissemination of outcome information should include communications among users at the same hierarchical level and communication between supervisors and their staff."

4. To train staff to use the technology and to make technical assistance available
    - In addition to providing staff training on the OM process more generally, staff needs to know how to use the computer system – not only for data entry, but also for data analysis.

[ref 11]

[2. Getting Ready]
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Task 10: Testing the Outcome Measurement System

Any new OM system must be tested as part of its development. Not only will the OM system not work completely smoothly initially, but also testing provides an opportunity to discover problems with data collection and reporting procedures. Some of these problems may be sufficiently serious to invalidate the data collected. It is therefore important to make trial runs of the whole OM system to discover and correct problems [ref 9].

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Task 11: Analyzing Outcome Information

After organizing the OM system and regularly collecting outcome data, Tasks 10 and 11 describe some typical steps for analyzing the information and for putting it to use in organizations.

See for example
The Urban Institute, 2004 *[ref 23].*

There are numerous resources in the literature that are available to help in understanding how to analyze outcome data as referred to in the references. The reference section will point to several. Here we rely primarily on one important source [see text box], which may be consulted for further details on the following recommended basic steps for analyzing outcome information:

1. It is important to make an analysis program in advance, but eventually the analysis program would be extremely effected by the findings.

2. It is possible to arrange the planning of the analysis around a number of tasks:

   Step 1. Mapping the outcomes – what and how much for whom. What and how much for whom – the outcome among overall clients and among sub-groups of clients by type of outcome.

   Step 2. Evaluating the outcomes - Compare the latest overall outcomes with outcomes from previous periods, to results from the literature or from other programs (benchmarks), and to pre-established targets

Step 3. Understanding why and explaining the outcomes – There are a number of analyses that can provide insight in this process. One is to Link the scope of the inputs and outputs to the scope of the outcomes overall and for sub-groups. The second is to examine the differences in outcomes by individual staff members, teams, units or geographic areas. Finally, analyze the changes in environmental factors or in the characteristics of the client that may affect the outcomes.

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Step 4. Drawing lessons for improving the program –identifying problems in the implementation, or in the strategy (the scope and the character of the investment), for the overall program and for specific sub-groups. Furthermore, there may be implications with respect to the quality of staff or of other resources. Finding out in which of the stages of the logic model there have been malfunctions that made the outcomes limited.

Step 5. Developing the ability to formulate expectations, standards and quantitative targets – using the findings to update and develop a better understanding of what can be achieved and to develop more realistic targets.

It is very important at this stage to remember that outcome data represent the beginning of the story. *The data serve as a trigger for a series of exploratory questions about the program or service – questions whose answers form the basis of the program improvement process.*

For example, a number of factors can influence program outcomes – many of which are not under the control of the program. These external factors may include changes in economic conditions that may "affect employment opportunities for graduates of a job training program, or changes in the mix of clients entering a program…[that] can affect program results" [ref 22]. Internal factors are also important, such as "personnel turnover, facility conditions, and changes in program funding [ref 22].

The data collection process may include not only quantitative data collection but also more in-depth qualitative data collection. For example the data collection process may include feedback from the employees or clients in relation to the weaknesses and strengths of the program or responses to open -ended questions with respect to the reasons for satisfaction or lack of satisfaction. Thus, beyond the quantitative analysis of the data, the process of understanding and drawing conclusions should also include opportunities for linking the qualitative and quantitative data.

Furthermore, it is important to utilize the outcome measurement process to create opportunities for peer learning and discussion.

Task 12: Using Outcome Information

After putting regular OM into practice, the focus shifts to actually using the information generated by outcome measurement. Generally, a number of outcomes will be examined for a given program. As reviewed earlier, a range of internal and external uses of outcome information is possible. Internal uses related to this post-planning stage of the OM process include Improving Program/Service Effectiveness, and a key external use is Competing Successfully for Program/Service Support. Each is described below.

For further information, see: [ref 22].

1. Improving Program/Service Effectiveness

The goal here is to identify outcomes among all participants or participant sub-groups that need attention, in order to improve the means to achieve them and to identify possible improvements.

"Like the score of a baseball game, outcome information by itself rarely identifies specific improvement actions, but it can indicate when improvement is needed….The actual choices of what actions [to take], if any, depends on what explanations are found…." [ref 22].

For example, to identify needed program improvements, look for:

- Outcome targets that have been significantly missed;
- Client age, gender, race, income or geographic groups that are doing better or worse than expected;
- Differences in outcomes may be used by managers and supervisors to make such adjustments as altering service delivery practices, changing the way clients are recruited, addressing issues related to problematic service delivery sites, etc..

Users of outcome information may also include direct care service workers. *"Efforts by those on the front line of program delivery are the key to achieve good outcomes. Outcome information can help them identify what works for their clients…to learn about effective practices…and to support modifications that may help their clients" [ref 22].*

To motivate and help staff and volunteers, it is important to:

Best Practice Reminder: "Involve service workers in developing the outcome measurement process and selecting the outcome measures – so [they] feel comfortable with the outcome information collected" [ref 22].

1. Prepare reports that provide staff with "feedback on both the conditions of clients after receiving service and the quality of service delivery".
2. Conduct regular reviews of programs in which managers and service workers discuss results and explanations for results.
3. Respond to outcome findings by providing appropriate measures, such as additional staff training or technical assistance.
4. Motivate staff to continue to seek better program outcomes by recognizing or rewarding sustained achievement of positive outcomes.

Although we are focused here on staff, it is important to note, as well that outcome data may also be helpful in motivating clients [ref 22].

2. Developing the Database for Directing Resources to Programs and between Programs

Although there are reasons to be cautious in using OM to allocate resources to effective programs and services, this is another use of outcome data. For example, outcome data may be used for "planning and budgeting for programs, expanding or contracting programs, setting priorities, developing plans and setting targets; improving budget projections; and providing a basis for long-term strategic planning" [ref 22].

3. Competing Successfully for Program/Service Support

In addition to the role OM plays within an organization or program, outcome data are also often of interest to and even required by many other external entities. Boards of nonprofit organizations may request clear and concise program outcome reports. Similarly, funders increasingly require a description of the OM process, the outcomes to be measured, and outcome targets, as a part of grant requests and post-funding reporting requirements. Such reports also provide opportunities for review and comment on the OM system. Finally, in addition to communicating the value of the service/program, outcome reports also establish the credibility of an organization and help to ensure support.

Among the external entities with which outcome data may be communicated are members of the broader community – interested community members, volunteers, as well as possible clients. Communicating outcomes may help to increase the visibility, support, and good will for the organization, and recruit not only new clients and customers for programs and services, but volunteers as well [ref 22].

Task 13: Documenting all the Tasks and Drawing Lessons for the Future

Documenting all the tasks during the process of OM is important for the success of the process.

1. Documentation may serve different goals such as:
   a. Creating a joint knowledge basis of those involved
   b. Promoting an exchange of experience
   c. Serving a basis for monitoring changes from year to year
   d. Serving as a basis for drawing lessons for the improvement of the program.

2. It is desirable that each stage of the process be documented and that a framework be established to structure the documentation in a consistent way.

Outcome Measurement Process Planning and Assessment Tool

Auxiliary Table for Describing the Outcome Measurement System

D. Overall Lessons for Success

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The following, drawn primarily from a publication of the Outcome Measurement Resource Network of United Way of America [ref 15] and the Urban Institute [ref 22], are important cross-cutting lessons for success in conducting outcome measurement.

1. Pay attention to the process
   a. Commitment of leadership – managers, directors and funders – is essential.
      - Leadership must recognize that resources will need to be diverted to an outcomes measurement process
      - Leadership may help by:
        - Reducing paperwork and reporting requirements that are unrelated to outcome measurement
        - Allocating resources to OM, including providing training support to develop the capacity for outcome measurement
        - Focusing, first, on whether a program is making a solid effort to implement an outcomes measurement process, rather than on the outcome findings themselves
   b. Demonstrating understanding of the limitations of ongoing outcome measurement as well as its potential contribution
      It is important to document of all the definitions, methods of data collection and analysis of the data.

2. Participation of staff in the process is critical for its success
   a. Staff is the final arbiter of service quality. If program staff is expected to collect and use outcomes findings to improve the programs for which they provide services, they must not only understand the value of the process, but also be involved in identifying outcomes and relevant measurement processes. Imposing outcomes from outside the program or agency is counterproductive [ref 15].
   b. Involve staff in setting annual targets

3. In national public systems, the division of labor and the involvement of the national, district and local levels needs to be given careful consideration.

4. Keep expectations modest
   a. The process of identifying, measuring and using outcomes to improve programs may be lengthy; a phased implementation may be useful.
   b. Outcome measurement is not a substitute for program evaluation. Ongoing outcomes Measurement does not necessarily provide the basis for determining whether the program caused the outcomes. Similarly, it cannot also explain why a particular level of outcome was achieved, or tell us what to change to improve the outcome [ref 2].
   c. Be wary of excessively high expectations. Because there often are no clear criteria defining how much improvement is good enough, it is useful to consider various ways of defining success in achieving outcomes. When considering outcome findings, it is helpful to compare a program to itself and ask: Is the program improving? Is it learning from earlier outcome findings?
   d. If at all possible, try to use information and data that the organization already collects.

5. Use outcome findings to actually improve programs
    a. Setting up an outcomes measurement process – identifying and measuring outcomes – are only the first steps. Staff and management processes must be put in place to support the ongoing use of the outcome findings to improve programs.
    b. Improving outcomes may require changes at multiple organizational levels. Staff, management, directors and funders all must be flexible in their willingness to consider a range of ongoing changes in order to improve outcomes.
    c. Outcome findings should be distributed to multiple users, "including the frontline staff that actually collects the data".

6. Recognize and try to avert the potential for harm
    a. "Don't jump to conclusions based solely on the data" [ref 22]. Before discontinuing a program or firing personnel, it is important to double check the accuracy of the data, to look for explanations outside the control of the program, to consider whether the problem may be insufficient resources, and to give changes a chance to improve outcomes [ref 22].
    b. If an outcomes measurement process is being imposed on staff and managers or if it is used to allocate resources, any of the following unintended consequences may result:
        i. Managers may shift resources to programs that have outcomes that are more easily measured. This may short-change important prevention programs, for example, for which outcomes are more difficult to measure.
        ii. Staff may select clients who are more likely to succeed – a process known as "creaming" – avoiding the more difficult, and neediest, clients.
        iii. Staff and managers, alike may in general avoid risk taking and innovation.
    c. "Emphasize service improvement rather than resource allocation is the only primary goal for outcomes measurement" [ref 15]. "View the outcome measurement process as a way to help the care service workers, not as a way to cast the blame if the outcomes are not as good as hoped. It is important to share the reports with the staff early on…so that there will be an opportunity…to review the information and attempt to explain the results" [ref 22].

E. TOOLS

In this part, we present a number of auxiliary tools, which can assist in the implementation of Outcome Measurement.

1. Auxiliary Tool for Selecting Data Collection Methods
2. Outcome Measurement Process Planning and Assessment Tool
3. Logic Model Structure
4. Auxiliary Table for Describing the Outcome Measurement System

[back to Task Seven: Selecting Data Sources]

1. Auxiliary Tool for Selecting Data Collection Methods

[ref 28]

1. Surveys – If you answer YES to the following questions, surveys may be appropriate for collecting data on your outcomes and measures	
1. Do I need data from the perspective of the participant, client, beneficiary or customer?	Yes/No
2. Do I have a way to get it from these individuals in a systematic way?	Yes/No
3. Do I need data that are standardized so that statistical comparisons can be made? (For example, will I need to report percents or other statistics?)	Yes/No
4. Will participants be able to understand the survey questions? (Consider age, cultural backgrounds, etc.)	Yes/No
5. Do participants have the necessary knowledge or awareness to accurately answer questions about the outcomes?	Yes/No
2. In-depth Interviews - If you answer YES to the following questions, In-depth Interviews may be appropriate for collecting data on your outcomes and measures	
6. Are more in-depth answers necessary to adequately measure the measures or to get information on what is needed or what should change?	Yes/No
3. Observations – If you answer YES to the following questions, Observations may be appropriate for collecting data on your outcomes and measures	
7. Is it difficult to accurately measure the measures by asking people questions about opinions or perceptions?	Yes/No
8. Can this outcome or measure be assessed accurately by someone trained to observe it in action — can something actually be observed?	Yes/No
9. Do you have the staff resources for someone to observe events, conditions, interactions or behaviors?	Yes/No
4. Internal Records – If you answer YES to the following questions, Internal Record Review may be appropriate for collecting data on your outcomes and measures	
10. Do you have individualized records, reports, logs or other systematic ways that you track things in your program or services?	Yes/No
11. If an information system exists, are the data consistently entered into it in a timely and reliable way?	Yes/No
12. If a system exists, can information be extracted from it easily?	Yes/No
5. Official Records from external sources – If you answer YES to the following questions, Official Record Review may be appropriate for collecting data on your outcomes and measures	
13. Do official external records exist which track the data you need on your outcomes and measures?	Yes/No
14. Are the data accessible to you — will it be possible to get the cooperation of outside agencies or institutions in order to get access to official records?	Yes/No

2. Outcome Measurement Process Planning and Assessment Tool

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Prepared by Andrew Lewis, Nonprofit Management Education Center, University of Wisconsin Extension, http://www.uwex.edu/ces/cced/nonprofits/management/assess_outcome.cfm

Measure	Done?	Needs Improvement?		
		None/NA	Some	Much
GETTING READY				
1. The executive director/president and board of directors are committed to the process of outcome measurement.				
2. The executive director/president and board of directors are committed to participating in whatever parts of the process relate to their responsibilities.				
3. The organization has clearly stated why it is going to measure outcomes.				
4. A plan has been developed to clearly communicate the importance of outcome measurement to all important publics, including staff (volunteers and paid staff).				
5. Adequate resources for planning and implementing outcome measurement have been allocated.				
6. An outcome measurement manager has been designated and adequate time from other responsibilities have been freed up.				
7. An outcome measurement work group has been formed.				
8. The outcome measurement work group has been provided orientation on the outcome measurement process.				
9. A plan has been established for keeping the board of directors and other stakeholders informed of progress being made on the outcome measurement system.				
10. A decision has been made whether to apply outcome measurement initially to all existing programs or only to one or a few programs.				
11. Programs identified for initial outcome measurement represent a substantial portion of the organization's activity.				
12. A timeline for major implementation steps has been completed.				
- The timeline takes into consideration existing organizational deadlines and events.				
- The timeline takes into consideration the length of the typical course of service (e.g., weekly meetings for one month; weekly				

Measure	Done?	Needs Improvement?		
		None/NA	Some	Much
activities for one year).				
- The timeline takes into consideration the length of time after the start of the program/service that you would expect to see at least initial outcomes.				
- The timeline takes into consideration the time schedules of external resources that you may need (volunteers, students, consultants, etc.).				
13. An outcome measurement plan with the elements mentioned above is distributed to key players (all levels of paid staff, volunteers, funders, board members, and committee members that will have a role in outcome measurement.				
14. The organization has allowed adequate time for review and modification of the outcome measurement plan.				
Choosing The Outcome You Want To Measure				
1. Ideas about your program outcomes have been collected from a variety of sources.				
2. A logic model for your program has been constructed.				
3. The organization has selected the outcomes that are important to measure.				
4. Feedback has been gathered on your logic model and the outcomes selected for measurement.				
Specifying Measures For Your Outcomes				
1. One or more measures for each outcome have been identified.				
2. Factors that could influence each outcome have been determined				
Preparing to Collect Data On Your Measures				
1. Data sources for your measures have been identified.				
2. Data collection methods have been designed.				
3. Data collection instruments and procedures have been pre-tested.				
Testing Your Outcome Measurement System				
1. A trial strategy has been developed (e.g., a trial at one of many sites; with staff in one of many units; with one of many participant groups).				
2. Data collectors have been identified and prepared.				

Measure	Done?	Needs Improvement?		
		None/NA	Some	Much
3. Outcome data have been collected and tracked by assigned persons.				
4. The outcome measurement process has been monitored.				
Analyzing and Reporting Your Findings				
1. Collected data have been entered and checked for errors.				
2. The data have been tabulated.				
3. The data have been broken down into key characteristics for analysis.				
4. Explanatory information has been developed for findings.				
5. The data have been presented in clear and understandable form.				
Improvement of the Outcome Measurement System				
1. The organization's trial-run experience has been reviewed and necessary adjustments have been made before starting full-scale implementation.				
2. Following full-scale implementation, the outcome measurement system is monitored and reviewed periodically by the outcome measurement work group, executive director, and board.				
Using Outcome Measurement Findings				
1. Findings are used to provide direction for staff.				
2. Findings are used to identify staff (paid and volunteer) training and technical assistance needs.				
3. Findings are used to identify opportunities for program improvement.				
4. Findings are used to identify effective practices.				
5. Findings are used to guide budgets and resource allocations.				
6. Findings are used to support annual and long-range planning.				
7. Findings are presented regularly to the board to help board members focus on programmatic issues.				
8. Use of findings to suggest outcome targets has been discussed.				
9. Findings are used to recruit talented staff and volunteers.				
10. Findings are used to promote the program to potential referral sources.				

Measure	Done?	Needs Improvement?		
		None/NA	Some	Much
11. Findings are used to promote programs to potential participants.				
12. Findings are used to identify partners for collaboration.				
13. Findings are used to enhance the program's public image.				
14. Findings are used to communicate program results to stakeholders.				
15. Findings are used to demonstrate accountability for results to current and prospective donors.				

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[Return to Task Two: Identifying Outcomes]

3. Logic Model Structure

Agency: _____ Version Date:____/____/_____

Program: _____

Needs:

Inputs	Outputs		Outcomes		
	Activities	Participation	Intermediate	Final	
				Short-term	Longer-term

4. Auxiliary Table for Describing the Outcome Measurement System

Agency: _____ Version Date: ____/____/_____

Program: _____

Outcomes	Outcome Measure(s)	Performance Indicator(s)	Data Source(s)	Data Collection Method

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F. ANNOTATED REFERENCES & FURTHER READING

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1. Introductions and Practical Advice

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1. The Power of Evaluation: Achieving Service Excellence
Mindel, C., 2002, Presentation to the Nonprofit Leadership Institute, Fort Worth Texas. Center for Research, Evaluation and Technology. University of Texas at Austin. www2.uta.edu/sswmindel/Presentations/outcomeswhatarethey.PPT (accessed 11th August 2009).
Forty-four-page PowerPoint presentation introducing outcome measurement and focusing on the development of logic models.

2. An Overview: Outcome Measurement: What and Why?
United Way of America, http://national.unitedway.org/outcomes/resources/What/OM_What.cfm (accessed 11th August 2009).
Introduces basic outcome measurement concepts.

3. Evaluation Strategies for Human Service Programs
Harrell, A., et al., A Guide for Policymakers and Providers, Urban Institute, http://www.urban.org/publications/306619.html (accessed 11th August 2009).
"This report lays out the basic principles of program evaluation design. It signals common pitfalls, identifies constraints that need to be considered, and presents ideas for solving potential problems. These principles are general and can be applied to a wide range of human services programs."

4. Outcome Measurement Training
United Way of Metropolitan Atlanta, OM102: Choosing Indicators and Tools,
For link, see: http://www.unitedwayatlanta.org/GranteePartners/Outcomemeasurement.asp (accessed 11th August 2009).
Introductory PowerPoint presentation used for training.

5. Implementing Outcome Planning – Making it Manageable
Habib, J. and Elster, S., Myers-JDC-Brookdale Institute, PowerPoint Presentation to the Jewish Community Federation of Baltimore, 19 November 2004.

6. Outcomes Planning – Measurement
Habib, J. and Elster, S., Myers-JDC-Brookdale Institute, PowerPoint Presentation to the Jewish Community Federation of Baltimore, May 2005.

7. ACF – Guidebook on Outcome Measurement – Table of Contents

Clegg, J.; Smart, D., 2003, U.S. Department of Health and Human Services, Administration of Children & Families, ACF Compassion Capital Fund, "Outcomes Measurement," Table of Contents: http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/gbk_om/om_gbk_toc.html (accessed 11th August 2009).

A guidebook for "intermediary organizations and the faith-based and community-based organizations they work with," intended to increase "their capacity to evaluate the extent to which they are achieving their intended results and to conduct outcome measurement by creating and implementing an outcome measurement plan for their program." The document includes practical suggestions on how to: Define realistic program outcomes; Create a logic model to identify resources and activities necessary to accomplish these outcomes; Identify specific measures to examine in order to determine the extent to which an organization achieves its outcomes; and Design a practical and sustainable plan for collecting data on these measures.

8. ACF - Outcome Measurement – Getting Started

http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/gbk_om/om_gbk_gs.html

9. Key Steps in Outcome Management

Hatry, H. and Lampkin, L., editors, Urban Institute, 2003, Series on Outcome Management for Nonprofit Organizations, http://www.urban.org/UploadedPDF/310776_KeySteps.pdf (accessed 11th August 2009).

"Provides an overview of the outcome management process, identifying specific steps and providing suggestions for examining and using the outcome information."

10. Measuring Consumer Outcomes in Clinical Mental Health Services

Department of Human Services (2nd edition—2003), A training manual for services in Victoria, http://www.health.vic.gov.au/mentalhealth/outcomes/training/general/man_pt1.doc (accessed 11th August 2009).

The regular assessment of consumer outcomes has been an aim of Australia's National Mental Health Strategy since 1992 and all states and territories have agreed to provide outcomes data to the national government annually. "This manual is a guide and source book for trainers in Victoria who help prepare clinicians for collecting outcome measures in accordance with the National Outcomes and Casemix Collection. The manual commences with background and rationale and provides an overview for trainers about the protocol and key concepts. This is followed by color-coded sections for each age grouping which include detailed descriptions of the outcome measures and suites with glossaries and age-specific material."

11. Making Use of Outcome Information for Improving Services – Recommendations for Nonprofit Organizations

Morley, E., Hatry, H. and Cowan, J. 2002, The Urban Institute, http://www.urban.org/UploadedPDF/310572_OutcomeInformation.pdf (accessed 11th August 2009).

Using interviews with eight nonprofit health and human service organizations in the Washington-Baltimore area, the authors examine how outcome information is used internally and identify factors that affect use of outcome information. The report concludes with 19 suggestions for "how the usefulness of outcome information could be improved" in nonprofit organizations.

12. Building a Common Framework to Measure Nonprofit Performance

The Urban Institute and the Center for What Works, 2006, http://www.urban.org/UploadedPDF/411404_Nonprofit_Performance.pdf (accessed 11th August 2009).

Recognizing the limited nonprofit capacity for collecting, analyzing and using data, this report identifies "a set of common outcomes and outcome indicators or 'common framework' in the measurement of performance for nonprofits" in 14 different program areas. The proposed common framework for outcomes is intended to "provide other programs with a starting point for identifying outcomes and outcome indicators for themselves." For a separate list of the 14 project areas, see: http://www.urban.org/center/cnp/projects/outcomeindicators.cfm

13. Outcome Measurement in Nonprofit Organizations: Current Practices and Recommendations

Morley, E.; Vinson, E.; and Hatry , H., 2001. Independent Sector and The Urban Institute. http://www.independentsector.org/programs/research/outcomes.pdf , (accessed 11th August 2009).

In collaboration with the Urban Institute, the Independent Sector surveyed 36 organizations involved in outcome measurement. This report summarizes their experiences and concludes with a series of practical recommendations and best practices regarding: the kinds of outcome information collected by nonprofit organizations; data collection procedures for measuring outcomes; analysis of outcome information; and reporting and use of outcome information.

14. Effective Practice: Implementing Outcome Measurement: Ten Tips

National Service Resource Center. 2000, Ten key recommendations for implementing outcome measurement drawn from Plantz, Greenway and Hendricks, "Outcome Measurement: Showing Results in the Nonprofit Sector," United Way of America.

15. Outcome Measurement: Showing Results in the Nonprofit Sector

Plantz, Meg C., Greenway, M.T. and Hendricks, M., 1997, United Way of America, Outcome Measurement Resource Network. http://national.unitedway.org/outcomes/resources/What/ndpaper.cfm (accessed 11th August 2009).

"This article summarizes the history of performance measurement in the nonprofit health and human services sector and defines key concepts in outcome measurement. Next, it reports on activities in five key areas and describes 30 lessons the field has learned from those who have led the way. Finally it identifies seven pressing challenges that lie ahead."

16. Measuring Program Outcomes: A Practical Approach

United Way of America. 1996, "Measuring Program Outcomes: A Practical Approach," Outcome Measurement Resource Network. To order, see http://national.unitedway.org/outcomes/resources/mpo/ (accessed 11th August 2009).

"A step-by-step manual for health, human service, and youth- and family-serving agencies on: Specifying program outcomes; Developing measurable indicators; Identifying data sources and data collection methods; Analyzing and reporting findings; and Using outcome information."

17. ACF – Performance Indicators

Clegg, J.; Smart, D., 2003, U.S. Department of Health and Human Services, Administration of Children & Families, ACF Compassion Capital Fund, http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/gbk_om/om_gbk_pi.html (accessed 11th August 2009).

A guidebook for "intermediary organizations and the faith-based and community-based organizations they work with," intended to increase "their capacity to evaluate the extent to which they are achieving their intended results and to conduct outcome measurement by creating and implementing an outcome measurement plan for their program." This section focuses on selection of performance indicators.

18. Developing Community-Wide Outcome Indicators for Specific Services

Urban Institute, 2003, Series on Outcome Management for Nonprofit Organizations, http://www.urban.org/UploadedPDF/310813_OutcomeIndicators.pdf (accessed 11th August 2009).

"This guide focuses on how local community funders and service providers can work together to develop a common core set of indicators that each provider would regularly collect data on, for its own use and to provide to funders."

19. Nonprofit Organizational Assessment Tool: Outcome Measurement

Lewis, Andrew, University of Wisconsin Anex, Nonprofit Management Education Center, For the checklist with additional instructions: http://www.uwex.edu/ces/cced/nonprofits/management/assess_outcome.cfm

For easy-to-print version of the checklist, click here .

The checklist covers the following areas: Getting Ready; Choosing the Outcome(s) to Measure; Specifying Indicators for the Outcomes; Preparing to Collect Data on the Indicators; Testing the Outcome Measurement System; Analyzing and Reporting Findings; Improvement of the Outcome Measurement System; Using Outcome Measurement Findings

20. Planning/Organizing Your Performance Measurement System

Mental Health Statistics Improvement Program (MHSIP), Chapter 2, http://www.mhsip.org/toolkit (accessed 11th August 2009).

Details the major steps needed in planning for organizing an outcome measurement system.

2. Data Collection and Analysis

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21. ACF - Creating a Plan for your Outcome Measurement System

Clegg, J.; Smart, D., 2003, U.S. Department of Health and Human Services, Administration of Children & Families, ACF Compassion Capital Fund, http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/gbk_om/om_gbk_plan.html (accessed 11th August 2009).

22. Using Outcome Information, Making Data Pay Off

Urban Institute, 2004, Series on Outcome Management for Nonprofit Organizations, http://www.urban.org/UploadedPDF/311040_OutcomeInformation.pdf (accessed 11th August 2009).

"This guide offers practical advice to help other nonprofits take full advantage of outcome data, identifying a variety of ways to use the data and describing specific methods for pursuing each use."

23. Analyzing Outcome Information, Getting the Most out of Data

The Urban Institute, 2004, http://www.urban.org/UploadedPDF/310973_OutcomeInformation.pdf

This guide offers "suggestions to nonprofits for analyzing regularly collected outcome data. The guide focuses on those basic analysis activities that nearly all programs, whether large or small, can do themselves. It offers straightforward, common-sense suggestions." (accessed 11th August 2009).

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24. Surveying Clients about Outcomes

Urban Institute, 2003, Series on Outcome Management for Nonprofit Organizations, http://www.urban.org/UploadedPDF/310840_surveying_clients.pdf (accessed 11th August 2009).

"This guide provides detailed information about developing and using client surveys, one very important method that nonprofit organizations can use to assess service outcomes."

[back to client/customer surveys]

25. Developing Written Questionnaires: Writing Questionnaires

Zalles, D. R., Online Evaluation Resource Library, http://oerl.sri.com/module/mod2/m2_p1.html (accessed 11th August 2009).

"Written questionnaires systematically gather information about a particular phenomenon from a population of people. Writing questions that respondents will understand correctly and answer honestly, and whose answers will permit precise data analysis, leads to an effective questionnaire. This module provides a strategy for writing effective questions."

[back to client/customer surveys]

26. Developing Written Questionnaires: Questionnaire Design

Mitman Colker, A., Online Evaluation Resource Library, http://oerl.sri.com/module/mod3/m3_p1.html .
(accessed 11th August 2009).

"Good questionnaire …will encourage participants to answer … fully and accurately and will provide information that can be analyzed to generate real knowledge. Conversely, a poor design will discourage participants, reduce response rates, and provide information that is either confusing or useless. In this module, you will learn concrete tips on how to structure questionnaires for evaluative success."

[back to client/customer surveys]

27. ACF - Instrument Development and Pre-Testing

Clegg, J.; Smart, D., 2003, U.S. Department of Health and Human Services, Administration of Children & Families, ACF Compassion Capital Fund, http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/gbk_om/om_gbk_dcm_p2.html (accessed 11th August 2009).

28. ACF - Data Collection Methods

Clegg, J.; Smart, D., 2003, U.S. Department of Health and Human Services, Administration of Children & Families, ACF Compassion Capital Fund, http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/gbk_om/om_gbk_dcm.html (accessed 11th August 2009).

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29. Basics of Conducting Focus Groups

McNamara, C., Authenticity Consulting, Copyright 1997-2006, The Free Management Library, http://www.managementhelp.org/evaluatn/focusgrp.htm (accessed 11th August 2009).

Guide to on preparing for focus groups, developing focus group questions, planning focus group sessions, and facilitating sessions.

[back to Focus Groups]

3. Logic Models

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30. Introducing Program Logic Models, Executive Summary

Produced by the W.W. Kellogg Foundation, http://www2.uta.edu/sswmindel/S6324/Class%20Materials/Program%20Evaluation/Executiv.pdf (accessed 11th August 2009).

31. Logic Model Development Guide

W.K. Kellogg Foundation, Updated January 2004, http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf (accessed 11th August 2009).

This 72-page guide "focuses on the development and use of the program logic model" as a process that facilitates "thinking, planning, and communications about program objectives and actual accomplishments". The guide describes the "underlying principles and language of the program logic model so it can be effectively used in program planning, implementation, and dissemination of results."

32. Web Course: Enhancing Program Performance with Logic Models

Taylor-Powell, E., Jones, L., & Henert, E. (2002) Enhancing Program Performance with Logic Models. University of Wisconsin-Extension, http://www1.uwex.edu/ces/lmcourse/ (accessed 11th August 2009).

A web-based course on how to develop logic models and use them for planning and evaluating education and outreach programs. Uses a community nutrition program as an example.

33. Logic Models

University of Wisconsin-Extension, Program Development and Evaluation
http://www.uwex.edu/ces/pdande/evaluation/evallogicmodel.html
(accessed 11th August 2009).

Brief introduction to logic models.

34. Logic Model Instructions: Depicting a theory of change

University of Wisconsin-Extension,
http://www.uwex.edu/ces/pdande/evaluation/pdf/LMinstructions.pdf
(accessed 11th August 2009).

Instructions for making logic models.

35. ACF-Logic Models and Program Theory

Clegg, J.; Smart, D., 2003, U.S. Department of Health and Human Services, Administration of Children & Families, ACF Compassion Capital Fund,
http://www.acf.hhs.gov/programs/ocs/ccf/about_ccf/gbk_om/om_gbk_lmpt.html (accessed 11th August 2009).

36. Logic Model Worksheets

University of Wisconsin Annex, Logic Model Worksheets,
http://www.uwex.edu/ces/pdande/evaluation/evallogicmodelworksheets.html (accessed 11th August 2009).

Six logic model worksheets.

37. Logic Model Examples

University of Wisconsin-Extension,
http://www.uwex.edu/ces/pdande/evaluation/evallogicmodelexamples.html
(accessed 11th August 2009).

Ten sample logic models.

38. Logic Model Bibliography

University of Wisconsin-Extension, Logic Model Bibliography, Program Development and Evaluation http://www.uwex.edu/ces/pdande/evaluation/evallogicbiblio.html
(accessed 11th August 2009).

39. An Introduction to the United Way of America Logic Model

United Way of Miami,.
http://www.unitedwaymiami.org/files/UWA%20Outcome%20Measurement%20Overheads%20for%20Impact%20Partners.pdf

A 217-page power point presentation intended to guide United Way Agencies in planning and implementing systems for measuring program outcomes

4. Cross-cutting, Overall Lessons for Success

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40. A Critical Assessment of Outcome Measurement

Fischer, R. L. 2001. The Sea Change in Nonprofit Human Services: A Critical Assessment of Outcome Measurement. Families in Society: The Journal of Contemporary Human Services 82(6): 561-568, http://www.familiesinsociety.org/search.asp (accessed 11th August 2009).

Fischer asserts that the 1996 United Way of America promotion of outcome measurement was part of a trend towards evaluation of social interventions that began in the 1960s and emerged not only from public sector demands "for outcome-focused evidence on the effectiveness of social interventions," but also from the research and foundation communities and private donors. Fischer, drawing upon his experience as an outcomes trainer from the United Way of Metropolitan Atlanta, reviews the United Way of America approach to outcome measurement and highlights a number of "threats to the success of outcome measurement" that arise from "the agency context for evaluation" and from limitations of the outcome measurement model itself.

41. Peter Frumkin, Managing for Outcomes

Frumkin, P. 2001. Managing for Outcomes: Milestone Contracting in Oklahoma, Endowment Report. The PricewaterhouseCoopers Endowment for the Business of Government. Arlington, VA: PricewaterhouseCoopers, http://www.businessofgovernment.org/pdfs/FrumkinReport.pdf (accessed 11th August 2009).

This report explores the tension between nonprofit autonomy (which can yield "new and innovative solutions to long-standing public problems") and public accountability, particularly when nonprofits are the recipients of public funds. Using a case study approach, Frumkin provides insight into some of the problems with requiring outcome measurement "as a means of eliciting better accountability and more effective program evaluation of nonprofit organizations".

42. Outcome Measurement: Showing Results in the Nonprofit Sector

Plantz, M.C., Greenway, M.T. and Hendricks, M. 1997, United Way of America, Outcome Measurement Resource Network, http://national.unitedway.org/outcomes/resources/What/ndpaper.cfm (accessed 11th August 2009).

Provides introductory material on approaches to performance measurement in the nonprofit sector, and within these, documents the rapid growth in the use of outcome measurement. The document concludes with a list of 30 lessons learned about the value of outcome measurement, effective implementation, useful roles for funders, using outcome findings in resource allocation, and about limitations of outcome measurement.

43. Achieving and Measuring Community Outcomes

United Way of America. 1999. Challenges, Issues, Some Approaches, http://www.unitedway.org/_cs_upload/Outcomes/Library/4158_1.pdf (accessed 11th August 2009).

This report summarizes some of the lessons learned by the seven United Ways that participated in the initial United Way of America pilot project on "Using Outcome Data to Create Measurable Change." The report summarizes six major challenges to measuring community outcomes as well as a set of recommendations (called "key issues" in the document) for addressing them.

44. Agency Experiences with Outcome Measurement

United Way of America, 2000, Survey Findings, http://www.unitedway.org/Outcomes/Resources/upload/agencyom2.pdf (accessed 11th August 2009).

This report summarizes a United Way of America survey of the executives of 298 programs concerning their opinions about: the benefits of outcome measurement, their experiences with implementation (positive and negative), and their assessment of the barriers to measuring program outcomes.

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G. Outcome Measurement Case Studies

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G.1 Outcome Measurement Case Study – With Illustration from the Sure Start Program in the UK

Table of Contents

I. Case Overview

1. Reasons for Selecting Case

Outcome measurement, known as *performance measurement",* began in the UK more than 25 years ago. Its most recent variation, under the direction of the New Labour party elected in 1997, is the focus on this case study. There are three important reasons for including this case in the present review. First, this case is included as an example of a detailed, national process that applies to national government and to local areas. In addition, because the OM process has been underway for so many years, with ministries and local governments regularly collecting and using outcome data, this case study can draw on several in-depth evaluations of the system's strengths and weaknesses. Finally, numerous details are available about a social welfare application of performance measurement in the Sure Start Program – a national set of social services and early education programs for children under five years of age and their families.[1]

2. Background and Goals of the Outcome Measurement System

Government in the UK has used various forms of outcome measurement since the early 1980s. Known almost universally in the UK as Performance Measurement, efforts to identify and measure outcomes began in the National Health Service in the 1980s, and by the 1990s included all public services, except the central government ministries. Legislation in as early as 1992 compelled local governments to "report against a set of performance indicators determined by the Audit Commission" [ref 21].

When the New Labour political party was elected to the government in 1997, it introduced a variation of outcome measurement as part of a new budget allocation process, called the "Comprehensive Spending Review" (CSR) process. In the CSR process, "spending was (purportedly) linked to performance by government departments" [ref 21] and required to be consistent with New Labour's increased emphasis on health and education priorities. Unlike previous performance measurement, the CSR process extended outcome measurement requirements to the central government ministries and was "linked to modernisation and reform to raise standards and improve the quality of public services" [ref 18].

Among many purposes of the OM system, the following are frequently highlighted:

- to "inform management decisions"
- to "help in deciding how to allocate resources"
- to help "make public services accountable to stakeholders, including the public and Parliament"
- to "measure progress towards achieving corporate objectives and targets"
- to "promote the accountability of service providers to the public and other stakeholders"
- to "compare performance to identify opportunities for improvement"
- to "promote service improvement by publicizing performance levels" [ref's 19, 20]
- to "improve the coordination of priority setting where policy or deliver issues cut across departmental boundaries [ref 23].

[1] Due to the trend (beginning in the late 1990s and continuing until today) of "devolving" some legislative powers from the UK Parliament in Westminster to the Scottish Parliament, the National Assembly for Wales, and the Northern Ireland Assembly, these three countries have their own outcome measurement systems. For this reason, this case here focuses only on OM in England.

Direct users may include members of the central government, politicians (local and central), local councilors, directors of trusts and health authorities, auditors and inspectors, managers at all levels in government service organizations, and staff. In addition, the information may be used by consumers of government services, the general public, interest groups, and media [ref 20].

II. Selecting Outcomes and Outcome Indicators

The set of outcomes selected during New Labour's initial CSR process conformed to three overarching goals:

- to increase sustainable growth and employment
- to promote fairness and opportunity and
- to deliver efficient and modern public services.

Each ministry and its local government partners define their specific aims and objectives in light of these overall, government-wide goals, which then became "the starting point for decisions on the allocation of resources and … the basis for setting performance and efficiency targets" [ref 18]. The, ministries then defined a set of outcome indicators – called *Public Service Agreements (PSA's)* – and processes – called *Service Delivery Agreements (SDAs)* – for achieving the outcomes. Both are described below.

1. Public Service Agreements

Under the CSR process, performance is measured by "targets for the full range of the Government's objectives for public services" [ref 18]. These measurable performance targets (or outcome indicators) are known as Public Service Agreements (PSAs). PSAs consist of "demonstrable milestones towards a program's long-term aims and objectives" [ref 5] for which the central government and its local government partners intend to hold themselves accountable" [ref 9].

At the local government level, PSAs consist of "objectives and targets for national priorities relating to individual local authorities' work in education, social services, transport and the cost effectiveness of their activities" [ref 23]. In addition to their intended role in encouraging performance improvement, PSAs at both the national and local levels aim to "improve the coordination of priority setting where policy or delivery issues cut across departmental boundaries [ref 23].

PSAs can apply both to client outcomes ("the end results that taxpayers' money is intended to deliver – for example, improvements in health and educational achievement and reductions in crime"), and to service outcomes (such as "smaller class sizes, reduced waiting lists, swifter justice") [ref 18].

PSA's are the product of tri-annual negotiations between central government departments and the Treasury Department during the spending review process [ref 9]. This longer, three-year timeframe was specifically chosen in order "to give departments greater stability with which to plan and manage their spending' [ref 18]. The PSAs are updated twice a year and are published in Departmental Annual Reports, along with an introduction stating which ministry (or ministries) is accountable, a broad statement about the goals or objectives of the ministry, the

resources allocated to the goal, the performance targets and any relevant, related policy initiatives [ref 18]. More specifically, PSAs should provide a:

- clear statement of what the Government is trying to achieve
- clear sense of direction and ambition
- focus on delivering results
- basis for what is and is not working and
- better accountability.

[ref 24]

Nevertheless, the government recognized that "setting targets and performance management calls for skill, care and continuous learning from experience", leading to "a flow of guidance from central departments and others" on how to select such indicators [ref 24], paragraph 87]. For example, a 1998 set of guidelines from the Treasury Department indicates that PSAs should be, "wherever possible, *"SMART"* – **S**pecific, **M**easurable, **A**chievable, **R**elevant and **T**imed" [ref 18]. Similarly, in a 2002 Treasury document, those selecting PSAs are advised to consider only those that are:

"***Relevant*** to what the organisation is aiming to achieve

Attributable – the activity measured must be capable of being influenced by actions which can be attributed to the organisation, and it should be clear where accountability lies

Well-defined - with a clear, unambiguous definition so that data will be collected consistently, and the measure is easy to understand and use

Timely, producing data frequently enough to track progress, and quickly enough for the data to still be useful

Reliable - accurate enough for its intended use, and responsive to change

Comparable with either past periods or similar programmes elsewhere

Verifiable, with clear documentation behind it, so that the processes which produce the measure can be validated", and that

Avoid perverse incentives – not encourage unwanted or wasteful behaviour."
[ref 19].

The first Comprehensive Spending Review in 1997-98 resulted in the selection of 630 PSAs, which were reduced to 160 by the second CSR round in 2005. There was wide agreement regarding the need for a more manageable number of PSAs; and yet, the reduced number meant that it was not possible to compare outcomes over the period, as "there were no points of comparison over time and many objectives were altered before they could be reported on" [ref 22]. The OM process as initiated by New Labour in 1997 is still ongoing and continually evolving. Clearly, the OM process initiated by New Labour in 1997 is still ongoing and continually evolving.

2. Service Delivery Agreements

In addition to establishing PSA's, government units examine research and best practice information to identify the specific steps or actions which are likely to contribute to achieving the PSAs. These specific steps or actions are framed as Service Delivery Agreements (SDAs), which include measures of outputs, processes and inputs which are seen as necessary for delivering the intended outcomes [ref 19]. SDAs were added to the outcome measurement process in 2000, partially in response to the fact that an evaluation of the initial round of 1998 PSAs found that most government units included relatively more process, input and output measures, and relatively few outcome measures. The SDAs allow units to continue to capture inputs and outputs, but to focus on true outcomes in the PSAs [ref 17]. "In some cases, the SDA also includes details of factors outside the control of the department that will affect the delivery of the outcome specified in the PSA" [ref 17].

There are PSAs and SDAs at every level of government – and some that are shared across departments where issues are "cross-cutting" [ref 18]. Not only are there broad PSA's related to service outcomes, but there are also "targets for internal management, linked to the PSA and SDA targets [that] measure a variety of outcomes, outputs, and inputs. Individual members of staff will [also] have targets which link to the targets of government departments" [ref 19]. Similarly, local public sector organizations are expected to identify their own targets in concert with the national targets [ref 20].

3. Local Public Service Agreements (LPSAs) and Local Area Agreements (LAAs)

New Labour's OM process was extended from central government departments to local levels of government beginning in 2000 in the form of Local Public Service Agreements (LPSAs) and, in 2005, in the form of Local Area Agreements (LAAs).

Local Public Service Agreements are voluntary agreements negotiated between a local authority and the central government [ref 29] that specify the performance targets the local authority will aim to reach. The targets include a mix of local and national priorities, but there must be at least one target in each of the following areas: education, social services, education or social services, transport, and cost effectiveness [ref 31].

Negotiation of LPSAs is currently carried out by the Office of the Deputy Prime Minister (ODPM) in liaison with other government departments. Achieving these targets is associated with "financial rewards paid directly by the government" [ref 26]. Nevertheless, decisions about how to deliver the targets detailed in the LPSAs are made by the local area.

A related set of agreements are known as Local Area Agreements (LAAs), which are three year agreements between Central Government and a local area (represented by the local authority and other key partners) that set out the priorities for a local area [ref 27]. The policy areas (called "blocks") that are the focus of LAAs include children and young people, safer and stronger communities, healthier communities and older people, and economic development and enterprise [ref 27]. The LAA contains the priorities in each policy area, as well as the associated outcomes and targets to be achieved [ref 28].

The LAAs cover "the area of one or more local authorities, which focus on a collection of goals across a range of services and which can relate to either national or local priorities. The local authority liaises with a range of bodies with an interest in joined up delivery to set these priorities. …Funding for achieving these priorities comes from the respective bodies involved, through the pooling or alignment of existing budgets. The relevant government office for the region…handles the negotiation of the LAA with the local authority and partners….Once agreement is reached, the LAA is sent to ministers in central departments for sign-off" [ref 26]. LAAs were first implemented on a pilot basis in 2005 involving 20 local authorities, and, as of 2007 now include all local authorities.

III. Developing Information Systems

The collection and use of outcome data presented a significant challenge. A 2001 report by the National Audit Commission found that, "acquiring data to measure performance was seen as a 'great' or 'very great' problem by over 50 per cent of senior officials" [ref 23].

To facilitate collection of appropriate data, the National Audit Office, the Audit Commission and the Office for National Statistics, together with the Treasury Department, prepared guidance in 2001 on what constitutes high quality information "to measure an organisation's progress towards its objectives" [ref 19]. The guidance notes that it is:

> *"rarely possible to have the perfect performance measure – defining measures, setting targets and collecting performance information is a balancing act between using the ideal information and using what is possible, available, affordable, and most appropriate to the particular circumstances" [ref 19; see also ref 24, paragraph 91].*

The Audit Commission describes the properties of a good outcomes information system [similar in some ways to characteristics of outcome indicators, described above] using the acronym "FABRIC":

- **F**ocused on the organisation's aims and objectives
- **A**ppropriate to, and useful for, the stakeholders who are likely to use it
- **B**alanced, giving a picture of what the organisation is doing, covering all significant areas of work
- **R**obust in order to withstand organizational changes or individuals leaving
- **I**ntegrated into the organisation, being part of the business planning and management processes
- **C**ost Effective, balancing the benefits of the information against the costs.

[ref 19].

Information for measuring outcomes may come from a variety of sources, including "national statistics, researchers, public bodies subject to targets [e.g., administrative data sources], and from the army of organizations monitoring the performance of the public sector whose ranks have been further swelled since 1997" [ref 23]. Some of these data are collected and monitored by the independent Statistics Commission, "to ensure that the statistics are both of appropriate quality and trustworthy" [ref 23].

IV. Utilizing Outcome Data

1. Reporting and Monitoring

Performance information is provided by departments four times a year and held in databases maintained both by the Treasury Department and by a special Prime Minister's Delivery Unit set up in 2001 "to ensure that the Government achieved its key delivery priorities across the key areas of health, education, crime and asylum, and transport" [ref 23]. An oversight committee, the "Public Services and Public Expenditure Cabinet Committee" (called the PSX), meets about twice a year to discuss each major department.

As part of the performance measurement system, performance results and rankings are published in what are called "league tables" that permit comparisons across units of government.

The minister of each of the Departments is responsible for performance against the PSA targets which "includes accountability entailing justifying activity, providing information about performance, and explaining levels of performance to interested parties….The system does not state that ministers should resign if targets are not met. However, at the very least, assessment of performance would appear to have implications for ministers wanting to progress their careers…." [ref 23].

As part of the spending review process, there is an implicit link between achieving targets and allocations. However, there has not been "an attempt to develop a full system of performance budgeting, linking allocations to desired outcomes…." [ref 23]. Poor performers ostensibly receive 'support and advice' rather than reductions in their budgets. Blurring the distinction, the current practice is to transfer to local authorities a 'pump priming' grant upon their "signing up to the targets and a performance reward grant linked to achieving targets up to a maximum of 2.5 per cent of the body's net budget" [ref 23].

A 2004 review article noted that "there has been considerable ambiguity about the implications of failing to meet targets, in part, because of uncertainty about whether targets were set at a level to 'stretch' and challenge ministers and departments to improve performance, such that circumstances outside of their direct control might mean that they should not always be blamed for failing to meet them, or at a level that should be achievable and should be thought of as a 'pledge' of a minimum level of acceptable performance" [ref 23].

Aside from impact on a minister's reputation (information about targets is published in various reports and on the Treasury Department's website and is reported by the media), there have been few consequences for failing to meet targets. In particularly, there has been "little direct budgetary or other sanctioning of poorly performing bodies and few attempts to reward good performers. The PSX committee does not have formal powers to impose sanctions and the Head of the Delivery Unit described its approach as 'collaborative'" [ref 23].

At the local level, Local Area Agreements "only involve the alignment or pooling of funds already in existence, the financial agreements within the first round of LAAs were concerned with these budgets" whereas achieving Local Public Service Agreements provide additional funds including, "*Pump Priming Grants*" and *Performance Reward Grants*" [ref 26].

Pump Priming Grants are allocated to local authorities at the beginning of programs specified in the Local Public Service Agreement to improve services. For example, a grant could be provided in order to train staff to deliver a particular program. "The need for a Pump Priming Grant is assessed for each component of the LPSA and an overall Pump Priming Figure is agreed" [ref 26].

Performance Reward Grants "are the main financial reward for achievement of the agreed outcomes, and are worth 2.5% of one year's net revenue expenditure of the local authority [distributed evenly across all targets]….Allocation … is based on the number of targets achieved' [ref 26].

1.1 Reporting Challenges

The use of outcome information and, especially its reporting, has not been without challenge and controversy, related both to data quality and to concerns about how the public interprets outcome reports.

Regarding data quality, the "National Audit Office [NAO], in two studies of the data quality of PSA reporting, concluded that a significant number of PSAs were either not being reported on at all or were not fit for purpose – specifically 20 percent in 2005 and 18 percent in 2006. In their 2006 study, NAO concluded that only 30 percent of PSA reporting was fully 'fit for purpose' with disclosure of system issues affecting a further 47 percent" [ref 21].

Regarding outcome reports, the Public Administration Select Committee of the Parliament noted that, particularly for local service providers,

> *"When government chooses extremely ambitious targets, there is the danger … that any achievement short of 100% success is classified as failure. Simplistic approaches of this kind, with political and media charges about failures fully to meet targets, can be profoundly demoralising to school heads and classroom teachers, police officers and hospital staff who have worked hard to achieve progress in the face of local difficulties. Crude league tables and star ratings can be particularly misleading and demotivating. They tend to make everybody except the 'league champions' look and feel like a failure. They offer only a simple snapshot when the reality is much more complex" [ref 24].*

V. Example of OM Process in Social Service Delivery: The Sure Start Program in England

Sure Start is a national early childhood and family support initiative launched in 1998 and operated through local programs that aims to achieve "better outcomes for children, parents and communities by increasing the availability of childcare for all children, improving health and emotional development for young children, and supporting parents as parents and in their aspirations towards employment" [ref 1]. Modeled initially on the U.S. Head Start Program, Sure Start is now an "umbrella" term for a wide range of programs and services for children under five and their families [ref 15]. Sure Start is considered to be "the cornerstone" of efforts to address the problems of child poverty and social exclusion in the UK [ref 16].

Operated jointly by the Department for Education and Skills (DfES) and the Department for Work and Pensions, a national Sure Start unit is responsible for: (a) managing local programs

that focus on providing integrated childcare, early education, social and health services to babies and young children ages 0-5 and their families, and (b) "mainstreaming" its service delivery approach, so that all services to children and families reflect the core Sure Start principles [ref 2], which include the following:

- Working with parents and children
- Services for everyone [not just those considered to be at-risk]
- Flexibility at point of delivery
- Starting very early
- Respectful and transparent
- Community driven and professionally coordinated
- Outcome driven [ref 8].

The program was supported by a budget of more than £1.5 billion in 2005-06 which is expected to increase to more than £2 billion by 2007-08. The funding supports 520 local programs in England and has resulted in 100,000 new childcare places [ref 16].

Regional Sure Start Units monitor work at the local level and involve a number of organizations and levels of government [ref 16]. Each local program "is managed by a partnership of statutory agencies (including health and education professionals), childcare professionals and voluntary and community groups, as well as parents, who work together to develop an integrated approach to services for families" [ref 16]. "Local authorities (sometimes Local Education Authorities, Children's Trusts[2] or other entities) are responsible for implementation in each area and are specifically responsible for strategic planning, consultation and partnership, supporting service delivery, financial accountability, monitoring performance, and promoting children's development (improving service quality, professional training, ensuring services for early identification and intervention)" [ref 6].

The following was the first Public Service Agreement for the Sure Start Program published for 1999-2002 [ref 1]:

- Aim
  - "To work with parents and children to promote the physical, intellectual and social development of pre-school children – particularly those who are disadvantaged – to ensure they are ready to thrive when they get to school."
- Objectives: Sure Start programmes will work efficiently and effectively to achieve this in areas of significant unmet need by:
  - "Improving social and emotional development: In particular, by supporting bonding between parents and children, family functioning and through early identification and support of children with emotional and behavioural difficulties."
  - "Improving health: In particular by supporting parents in caring for their children and promoting healthy development."
  - "Improving the ability to learn: In particular by encouraging stimulating and enjoyable play, improving language skills and through early identification and support of children with learning difficulties."

[2] Children's trusts are a set of local partnership arrangements led by the local authority, which bring together all services for children and young people at all levels in a local authority area and focus on improving outcomes through integrated delivery [ref 28].

The initial set of measurable outcomes primarily included outputs and process outcomes:

- "The development of 250 local Sure Start programmes in England; and in each Sure Start area:
  - measurable improvements in the early development of children
  - a home visit to each family with a new born baby within three months of the birth to give them details of the services and support available
  - local services which work together in the interests of families and children
  - better access to a range of early support, toddler groups, toy libraries, family
  - nurturing and volunteer support schemes" [ref 1].

In 2003, a government policy paper called, Every Child Matters (ECM), identified five overarching goals for children. These include:

- be healthy
- stay safe
- enjoy and achieve through learning
- make a positive contribution to society
- achieve economic wellbeing

The Children Act of 2004 required that providers of services to children and families cooperate to improve services and to meet a broad set of national outcomes and PSA's for all children (not just at risk children) [ref 7]. In addition to mandating cooperation (within frameworks to be determined at the local level), The Children Act permits pooling of funds across organizations to better meet children's needs. In addition, it sets up local and national administrative structures to not only assist with the new organization of services, but also to make it possible for the government to evaluate a region's progress towards meeting the PSA's.

As a result of the Children Act, the Sure Start Program became part of a larger "outcomes framework" for all services aimed at all children, youth and their families, and the Sure Start was required to identify PSAs that furthered the five general goals listed above. This means that at the local level, the targets reflected in Local Area Agreements (LAAs) for children and young people "will usually be drawn from the locally measurable performance indicators identified against the 'Every Child Matters' (ECM) outcomes framework [ref 28]. Local authority performance is thus “measured against those agreed targets and criteria“ and subject to periodic reviews [ref 28].

The following are examples of 2004 PSAs that followed the release of *Every Child Matters* and the passage of Children Act.

"**Aim:** To help build a competitive economy and inclusive society by: creating opportunities for everyone to develop their learning; releasing potential in people to make the most of themselves; achieving excellence in standards of education and levels of skills.

Objective I: Safeguard children and young people, improve their life outcomes and general well-being, and break cycles of deprivation.

1. **Target:** Improve children's communication, social and emotional development so that by 2008 50% of children reach a good level of development at the end of the Foundation Stage and reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and the rest of England. [Sure Start Unit target, joint with the Department for Work and Pensions].
2. **Target**: As a contribution to reducing the proportion of children living in households where no-one is working, by 2008:
    a. increase the stock of Ofsted-registered childcare by 10%;
    b. increase the take-up of formal childcare by lower income working families by 50%; and
    c. introduce by April 2005, a successful light-touch childcare approval scheme. [Sure Start Unit target, joint with the Department for Work and Pensions" [ref 32].

The Sure Start Unit's PSAs for the period 2003-04 to 2005-06 were:

- *Improving social and emotional development*: "In fully operational programmes, achieve by 2005-06 an ***X*** per cent increase in the proportion of babies and young children aged 0-5 with normal levels of personal, social and emotional development for their age" (Target level will be set to narrow gap among groups of children and awaits data due at the end of 2004) [ref 5].

- *Improving health:* "In fully operational programmes, achieve by 2005-06 a 6 percentage point reduction in the proportion of mothers who continue to smoke during pregnancy" [ref 5].

- *Improving learning:* "In fully operational programmes, achieve by 2005-06 an ***X*** per cent increase in the proportion of children having normal levels of communication, language and literacy at the end of the Foundation Stage and an increase in the proportion of young children with satisfactory speech and language development at age 2 years" [ref 5].

- *Strengthening families and communities:* "In fully operational programmes, to achieve by 2005-06 a 12 per cent reduction in the proportion of young children (aged 0-4) living in households where no one is working" [ref 5].

Recent PSAs were further influenced by the passage of the Childcare Act of 2006, although the Act's full regulatory authority will not come into effect until 2008. The Act deals exclusively with early childhood years and with childcare and requires local authorities to:

- "Improve the five Every Child Matters outcomes for all pre-school children and reduce inequalities in these outcomes
- Secure sufficient childcare for working parents
- Provide a better parental information service"
  [ref 34].

The regulations in the Act set out the process to be followed by the Secretary of State in setting targets. The Act, further, gives the Secretary of State "power to set a target for a local authority no more frequently than once a year. S/he must give notice to the authority, use specific assessment scales, have regard for any target proposed by the local authority, and offer an explanation to the local authority" [ref 35].

The eleven assessment scales which are now used to measure progress and set targets deal with the following areas of development of young children:

- Personal, social and emotional development (Dispositions and attitudes, Social development, Emotional development);
- Communication, language and literacy (Language for communication and thinking, Linking sounds and letters, Reading, Writing);
- Mathematical development (Numbers as labels and for counting, Calculating, Shape, space and measures);
- Knowledge and understanding of the world;
- Physical development;
- Creative development [ref 36].

Incorporating these changes, the most recent PSAs and targets through 2008 include the following:

Objective I: Safeguard children and young people, improve their life outcomes and general wellbeing, and break cycles of deprivation

1. **Target:** Improve children's communication, social and emotional development so that by 2008 50% of children reach a good level of development at the end of the Foundation Stage and reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and the rest of England. (Sure Start Unit target, joint with the Department for Work and Pensions.)
2. **Target:** As a contribution to reducing the proportion of children living in households where no one is working, by 2008:
    a. increase the stock of Ofsted-registered childcare by 10%
    b. increase the take-up of formal childcare by lower income working families by 50%
    c. introduce, by April 2005, a succesful light-touch childcare approval scheme [These are Sure Start Unit targets that are joint with the Department for Work and Pensions.]
3. **Target**: Reduce the under-18 conception rate by 50% by 2010 as part of a broader strategy to improve sexual health. [Joint with the Department of Health.]
4. **Target:** Halt the year-on-year rise in obesity among children under 11 by 2010 in the context of a broader strategy to tackle obesity in the population as a whole. [Joint with the Department of Health and the Department for Culture, Media and Sport.]
5. **Target:** Narrow the gap in educational achievement between looked after children and that of their peers, and improve their educational support and the stability of their lives so that by 2008, 80% of children under 16 who have been looked after for 2.5 or more years will have been living in the same placement for at least 2 years, or are placed for adoption."
   [ref 33].

It has taken a number of years for Sure Start programs to become operational. Over time, the OM process moved gradually from examining process and implementation steps to focus increasingly on measuring progress towards meeting outcome-oriented PSA's and SDA's. The changes have occurred as England became more experienced at the OM process overtime, and

in response to legislation specific to children (e.g., The Children Act of 2004 and the Childcare Act of 2006), to the ongoing development of the relationship between central and local government, and to efforts to improve the quality of the public sector more generally.

The outcome measurement process that initially applied only to the Sure Start program has evolved over time, as has the program itself. Sure Start is now an umbrella term for a wide variety of early childhood and family support services and the outcomes which apply to it are seen as applying to all of England's children and not only those living in disadvantaged circumstances.

VI. Challenges and Lessons

New Labour's efforts to implement its own variation of outcome measurement is now 10 years old – old enough to provide information on the challenges, the strengths and weaknesses of the process. The most comprehensive critique of the process was produced in 2003 by the Public Administration Select Committee of the House of Commons of the UK Parliament. The report is based on information collected from 11 evidence sessions, 39 witnesses and from 63 memoranda [ref 24].

The Committee, a legislative body comprised of members of multiple political parties, understandably focuses on the shortcomings of the current outcome measurement system. Nevertheless, despite this orientation, the Select Committee recommended that the country continue to engage in outcome measurement and, further, points out areas of progress. In particular, in its key findings the report notes that

> *"[t]here has been progress in the relations between central and local government through the introduction of Local Public Service Agreements [see above] with targets which reflect a mixture of central and local priorities, though the numerical targets are set by central government, and are backed up by grants to help achieve the targets and by extra freedoms or flexibilities".*

In addition, the report points out, favorably, a greater willingness on the part of the central government departments to allow local service providers to become more fully involved in determining their own targets [ref 24, paragraphs 91, 93].

In keeping with the critical tone of the report, the text below focuses on those aspects of the OM system that are, from the Committee's perspective, in need of improvement. Following a detailed lists of areas for improvement, we summarize below some of the Committee's key recommendations.

1. Areas for Improvement

(1) There has been a lack of clarity about what the Government is trying to achieve, and "a failure to provide a clear sense of direction and ambition and to help plan resources, as well as a failure to communicate a clear message to staff". Some specific issues related to this overall critique include the following:

   a. Difficulty agencies have seeing "any real link between the services they deliver and the needs of the [central government ministry]" despite the fact that local targets are intended to relate to national targets

b. Concern that too many targets came from the central government and not enough from the local area

c. Concern that central government departments at time "appear to pluck targets out of the air in support of the latest initiative"

d. Concern that targets can become ends in themselves rather "than providing an accurate measure of progress towards the organization's goals and objectives" (i.e., targets may not reflect real progress)

e. Problem that the "the national target was set first" with the result "that the profession feels no ownership of the targets" – exacerbated by a belief at the local level that "central departments often do not understand what life is like for those who deliver services"; the targets are, therefore, seen as unrealistic.

f. Insufficient consultation with experts or professional groups in determining targets

[ref 24, paragraphs 31-44]

(2) There has been a failure to focus on delivering results.

a. While there is a hope "that target setting will encourage service providers to apply creativity in making their activities contribute effectively to delivery,… in some cases creativity is being directed more to ensuring that the figures are right than to improving services."

b. "The danger with a measurement culture is that excessive attention is given to what can be easily measured, at the expense of what is difficult or impossible to measure quantitatively even though this may be fundamental to the service provided….There is the further danger that the demands of measurement may be so consuming of time and effort that they detract from the pursuit of a service's underlying purpose."

c. The Statistics Commission reported, that in some areas, "Targets have been set without consideration of the practicalities of monitoring and what data already exist. Sometimes this simply results in the need to collect additional data, potentially diverting resources from other priorities, but setting targets without baseline information runs the risk that targets are set at levels which are unrealistic (or undemanding) or which may be difficult to monitor effectively."

[ref 24, paragraphs 47-48, 63]

(3) There have been unintended, even perverse, consequences of OM.

a. There have been examples in which achieving a target became more important than clinical need. For example, "The waiting time targets for new outpatient appointments [in hospitals]… have been achieved at the expense of cancellation and delay of follow-up appointments…."

[ref 24, paragraphs 52-55]

(4) There have been difficulties defining, measuring and tracking cross-cutting PSAs, i.e., those that are shared between departments.

a. Sometimes targets are shared by government services when there is an overlap of clientele, or to encourage better coordination and collaboration between providers (in English parlance, a "joined-up" approach). There have been problems "because either

targets for individual departments needed to be balanced with priorities in other departments or, more simply, [because] they were incompatible…."

b. In addition, "It becomes difficult to prioritise in cases where targets are shared by more than one department or agency, or where the department is reliant on others to contribute toward meeting the targets…."

c. "It has sometimes been difficult to follow progress against cross-cutting PSA targets, where the relevant departments all share responsibility for the targets, but where in practice accountability for them might slip between the interdepartmental cracks …."
[ref 24, paragraphs 55, 65].

(5) There have been failures in monitoring.

a. There have been reports of "the deliberate falsification of information and failure to follow proper procedures, amounting at times to cheating."

b. Responsibility for auditing performance reports rests with the National Audit Office (NAO). "Many of the NAO …reports have examined departments' performance measurement systems or validated performance data" [and found] "that in over 80% of such 'first time' validations, … the organisation had materially misstated their achievements or had failed to disclose potentially material weaknesses with their data. In over 70% of validations, there were material inaccuracies in performance data used to track progress against one or more key targets. Taking a different frame of analysis, there were problems with the reporting of around 20% of targets examined.

c. Reasons for the inaccuracies or omissions included "lack of attention to, or expertise in, performance measurement and reporting techniques…. ", in addition to "absence of any routine external validation of the measures,… no external discipline on trust reporting, and no routine independent review of the quality of information…." All of these are seen to raise "the larger question of whether performance against targets needs to be independently validated. At the moment, all such assessments are based on departments' own judgements of how well they have performed against their targets…"

[ref 24, paragraphs 56, 61-2, 65-6]

(6) There have been problems with methods of reporting results.

a. As discussed above in the "Utilizing Outcome Data" section, performance results and rankings are published in what are called "league tables". In its report, the Public Administration Select Committee notes that, "When government chooses extremely ambitious targets, there is the danger … that any achievement short of 100% success is classified as failure. Simplistic approaches of this kind, with political and media charges about failures fully to meet targets, can be profoundly demoralising to school heads and classroom teachers, police officers and hospital staff who have worked hard to achieve progress in the face of local difficulties. Crude league tables and star ratings can be particularly misleading and demotivating. They tend to make everybody except the 'league champions' look and feel like a failure. They offer only a simple snapshot when the reality is much more complex."

b. "Whereas improvement requires knowledge and awareness of where best practice can be found, simplistic interpretation, by the media among others, distorts this objective, emphasising a crude form of accountability rather than helping to improve services."

c. "There is also a need for greater clarity about what (and whom) the publication of performance data is for, and therefore the form that it should take. Is it to enable citizens to choose? Or to spur providers to do better? Or to offer reassurance about the spending of public money? Or to provide the basis for either the grant of greater freedoms or the imposition of greater controls? There can, of course, be more than one purpose, but in each case it is important to be clear what these are and, therefore, what is the most appropriate form of publication of performance information."
[ref 24, paragraphs 76,81, 86]

2. The Select Committee's Recommendations

The Public Administration Select Committee's recommendations are summarized below (from report summary), followed by more detailed information from the report and other relevant sources.

(1) *More autonomy for those delivering services:*

a. Ensure "greater local autonomy to construct more meaningful and relevant targets", reducing their number and focusing on key outcomes.

b. Ministers should "accept that targets will sometimes be missed and that local service providers should set most of their own targets…. If public services are to improve substantially and sustainably, ministers will have to let the new localism work…. Equally, service providers will have to acquire new skills so that ministers—and the public—can safely trust them with new freedoms"

c. "Front line deliverers should … be given much more freedom to set their own targets. Appropriate monitoring is needed to ensure that basic standards are maintained, targets are sufficiently stretching and proper consultation has taken place. Consultation should be used to establish a consensus about what constitutes evidence of success in relation to a target. If service-deliverers are directly involved in the setting and measurement of targets, they can discuss with departments what types and amounts of change are realistic within a given time scale"
[ref 24, paragraphs 101, 104].

(2) *Greater involvement of service users and staff in setting targets:*

a. Widen "the targets consultation process to involve professionals, service users and, as part of the Spending Review process, select committees and Parliament.

b. "The Government should explain how front line staff and management, along with service users, will be consulted and how their views will be taken into account… [ref 24, paragraph 102].

c. "There is also far too little attention to the interests and views of users…. there is very little serious attempt to involve them in the measurement culture…" [ref 24, paragraph 113].

(3) *Performance measurement should focus more on progress rather than meeting absolute targets:*

a. Reform "the way in which targets are set, to move away from a simplistic hit or miss approach towards measures of progress which will enable better and more intelligent comparisons by managers and users alike."… "[T]here should be a shift in emphasis …. showing clearly and graphically whether service providers are making progress, standing still or going in the wrong direction [ref 24, paragraph 124].

b. "Public services need to be seen as learning organisations, with learning aimed at improvement. This puts the apparatus of measurement, including targets and league tables, into its proper context. A target may be missed, but if learning takes place in the process then that is a gain. …In the public sector a missed target is likely to be the object of political and media attack. This is both foolish and damaging, and prevents target-setting playing its proper role in helping public sector organisations learn how to improve" [ref 24, paragraph 118].

c. Make "better and more intelligent comparisons. Effective benchmarking, for example, sees service providers being compared with other providers working in a similar environment or with similar groups of clients or users" [ref 24, paragraph 117].

d. "[G]ood managers see [OM] as a means of asking the right questions. …Effective benchmarking allows managers to ask themselves useful and realistic questions about performance. When targets are interrelated, for instance, they can be reviewed in 'clusters'. The number of measures required should be as many or few as suit the problem at hand…. …. Qualitative measurement … is essential. Complex measures can therefore, in internal discussion, help to tackle complex issues" [ref 24, paragraph 119].

e. "Much more recognition also needs to be given to progress made by those on the front line…. Measures of progress focus on trends: they compare current performance with past position. Thus, all service providers can make progress, whether their starting point is above average, average, or below average…. Focusing attention on the degree of progress immediately turns the spotlight on services that are going nowhere or going backward" [ref 24, paragraph 121].

(4) Improve reporting framework by establishing a simple reporting framework that, nevertheless, recognizes the complexity of OM.

a. "The Scottish Executive has published a consolidated performance report which sets out all of the Executive's targets in one document. It contains a short progress report on each target, as well as summary totals of how many targets have been met, are on track, are delayed or which may not be achieved….It is unsatisfactory that the citizen is forced to wade through twenty or thirty departmental reports to find out how services are doing [ref 24, paragraph 137].

b. "An alternative model of parliamentary, media and public oversight of targets would assess the levels of performance against targets rather than concentrating on the dichotomy of hitting or missing targets. It might examine performance levels in the light of an assessment about the ambition of the original target and developments affecting progress during the period. Such a model might suggest that a certain proportion of targets for a department could be missed without invoking strong

criticism, with the proportion perhaps depending on the ambition of the level of the target" [ref 23].

(5) Provide better oversight of the quality of outcome data.

a. Establish "common reporting standards on PSA targets [and] independent assessment by the National Audit Office (NAO) of whether and how far targets have been met… with the information independently validated by the NAO, National Statistics and the Audit Commission as appropriate; and an action plan to enhance performance management skills locally and at the centre".

b. Independent validation of information and judgements about performance based on the data might bolster the credibility of the reporting systems" as "selective presentation of performance against targets has been used by central government to suggest a more favourable pattern of performance than that suggested by opposition parties" [ref 23].

c. A solution may be in "Comprehensive Performance Assessments (CPA), which the Audit Commission has introduced into local government. Using a degree of self-assessment and striving to put the raw data in the broader context of performance, they seek to evaluate the capacity and skills of local authorities" [ref 24, paragraph 85]. (For more information on CPAs, see ref 37.)

d. The "system for reporting progress against PSA targets [should] be made more consistent and comprehensive, with detailed reporting requirements to be issued by the Treasury. The reporting guidance should set common reporting categories so that it is clear whether a target has been judged as met, not met, partly met, or if there is insufficient data to make an assessment. For current targets, the guidance might introduce different reporting categories such as those that the Scottish Executive uses: achieved, ongoing, on track, delayed and may not be achieved" [ref 24, paragraph 129].

e. "There should be thorough monitoring of how adequately each individual department has discharged its reporting requirements before reports are released, to ensure that all departments provide relevant performance information for both improvement and accountability purposes" [ref 24, paragraph 130].

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G.2 Outcome Measurement Case Study - The U.S. Government Performance and Results Act (GPRA)

I. Case Overview

1. Reasons for Selecting Case

The Government Performance and Results Act (GPRA) provides the basis for current outcome planning efforts in the United States federal government. Congress passed the law out of concern "that the federal government was more focused on program activities and processes than the results to be achieved" [ref 1]. The purposes of the GPRA, passed in 1993 with support from both major U.S. political parties, are:

- "strengthening the confidence of the American people in their government;
- improving federal program effectiveness, accountability, and service delivery;
- and enhancing congressional decision making by providing more objective information on program performance" [ref 1].

In achieving these goals, the "GPRA aims to create a stronger connection between financial resources and results and institutionalized strategic planning as well as a result-oriented planning and reporting system in the departments and agencies" [ref 2].

This case provides an example of a government-wide outcome measurement system implemented at the national government level. It has been implemented for a number of years, enabling an opportunity to reflect on the process and consider ways to improve it. Finally, significant information is available on how it has been implemented in social welfare services, specifically by the U.S. Department of Health and Human Services.

2. Background on the U.S. Government Performance and Result Act (GPRA)

At its inception, the GPRA required "federal agencies to develop strategic plans with long-term, outcome-oriented goals, and annual reports on the results achieved" [ref 1]. In short, federal departments and agencies had "to demonstrate accountability in measurable terms" [ref 4]. In addition to its emphasis on adhering to "a process of setting strategic goals and direction; defining annual goals and measures; and measuring and reporting on progress made", the GPRA also "placed a renewed emphasis on linking planning and budgeting" [ref 4].

The President's Office of Management and Budget "plays an important role in the management of federal government performance and specifically GPRA implementation" [ref 1]. Specifically, the OMG must

- "ensure that agency plans and reports are consistent with the President's budget and administration policies"
- receive and review all GPRA-required reports (which are prepared according to OMB guidelines)
  [ref 1]

Beginning in the 2004-05 budget cycle, the OMB added a requirement that agencies use the OMB's Program Assessment Rating Tool (PART), a "diagnostic tool developed by OMB …to rate the effectiveness of federal programs". This report will not include a discussion of PART; for further information on PART, see ref 15, ref 16, ref 17 and ref 20].

3. Anticipated Users

In 2003, a U.S. Government Accounting Office report evaluating the extent to which federal managers used the performance information collected as a result of the GPRA, identified three

groups of users including representatives from the U.S. legislative and executive branches, for whom the information would serve in decision-making, and the U.S. public seeking information about the performance of various federal programs. The primary users, however, are managers of federal programs who, the report noted, increasingly use the outcome information mandated by the GPRA to

- "Identify problems and take corrective action"
- "Develop strategy and allocate resources" including "setting program priorities"
- "Recognize and reward performance" including "setting individual job expectations for staff and rewarding staff"
- "Identify and share effective approaches" including "adopting new program approaches or changing work processes"

[ref 6].

A recent comparative review of strategic management approaches employed in Finland, Switzerland, Ireland, New Zealand, Great Britain and the United States, published by the German Federal Ministry of the Interior and the Bertelsmann Stiftung in 2007, notes that the focus of the U.S. GPRA is

> *"on strengthening internal planning in the agencies and departments. This approach merely sets out the key points of strategic planning and allows agencies creative leeway for applying and adjusting them to the peculiarities of specific policy areas and organisational features. Where desired, the system can be used to connect outcome goals and concrete strategies sensibly and make that connection manageable. At the same time, it must be stressed that the application in individual agencies varies strongly and ranges from the minimal fulfillment of legal requirements to the active use of effective strategic management processes"* [ref 2].

Citing a 2003 study, the report further notes that, "the strengthening and improvement of strategic planning and management was observed in individual departments and agencies. The analysis, definition and measurement of outcomes and results to be achieved were also strengthened in individual organisations and programmes. An increasing orientation towards results within the government has been detected. In this respect, the GRPA created the basis for orientation towards outcomes and results. At the same time, however, it appears that the application of processes and instruments as well as the use of information varies widely [ref 2].

II. Selecting Outcomes and Outcome Indicators

The OMB produced an initial document in 1995 introducing all of the terms related to the GPRA's requirements (e.g., outputs, outcomes) and discussing common measurement problems [see ref 21]. Early guidance from OMB on selecting outcomes (called Performance Goals by the GPRA) and outcome indicators had to be specific and measurable for all of an agency's major programs and activities [ref 11]. There seems to be latitude in selecting goals and indicators at the agency level and an acknowledgement that agencies may already be using some measures of program performance.

In 2003, OMB offered the following as characteristics of good performance goals (outcomes):

- "Quality over quantity. Performance goals should be relevant to the core mission of the program and to the result the program is intended to achieve. This generally argues for quality over quantity, with a focus on a few good measures. However, programs should

not feel compelled to collapse complex activities to a single measure, particularly if that measure is a proxy for the true objective.

- Importance to budget decisions.
- Public clarity. Performance goals should be understandable to the users of what is being measured. Publicize (internally and externally) what you are measuring. This also helps program partners understand what is expected from the program.
- Feasibility. Performance goals should be feasible, but not the path of least resistance. Choose performance goals based on the relevancy of the outcomes and not for other reasons -- not because you have good data on a less relevant measure, for example. If necessary, terminate less useful data collections to help fund more useful ones.
- Collaboration. Agencies and their partners (e.g., States, contractors) need to work together and not worry about "turf" – the outcome is what is important."
  [ref 25]

Difficulties in selecting performance goals and measures, advises OMB, "can often be traced back to fundamental questions about the program". OMB urges managers, therefore, to ask the following series of questions about their program as a necessary first step:

- "Why it is important that the program receive funding?
- Why are program operations important?
- Why does the program do what it does?
- If the program were fabulously successful, what problem would it solve?
- How would you know?"
  [ref 25]

III. Developing Information Systems

Both law and various administration guidelines have linked information systems to effective implementation of the GPRA. For example, the Information Technology Management Reform Act (ITMRA) of 1995 "directs the Office of Management and Budget to establish clear and concise direction regarding investments in major information systems, and to enforce that direction through the budget process." Among the criteria that the OMB use to determine if major information technology investments will receive funding recommendations, is that will "improve mission performance in accordance with GPRA measures" [ref 8].

Further, under GPRA, "all performance data and the underlying information systems have to be verified and validated. The Clinger-Cohen Act (1996) and OMB Circular A-130 [on the management of U.S. Federal information resources] require agencies to justify each major IT [Information Technology] acquisition based upon how it will support achievement of the goals in their GPRA plans. And if managers are to be able to manage their programs to meet the specified goals – especially if their pay is based on success – they will need accurate information on program cost and performance throughout the year" [ref 9].

In addition, there is an emphasis on incremental improvements in the quality of information, more generally. For example, when submitting the required quarterly Performance Report [see below], the agency must, in its transmittal letter, comment on the "completeness and reliability

of the performance data" used and note any actions the agency is taking to resolve any problems [ref 12]. Although performance data need not be perfect, agencies "must discuss in their assessments of the completeness and reliability of the performance data, any limitations on the reliability of the data" [ref 12].

IV. Utilizing Outcome Data

This section considers the ways in which outcome data have been used and focuses specifically on reporting and monitoring.

1. Reporting and Monitoring

The GPRA requires that all agencies (i.e., ministries) of the U.S. federal government's Executive Branch, including independent agencies and government corporations, prepare three reports for the purpose of monitoring, as described below: (a) a strategic plan; (b) an annual performance plan; and (c) a program performance report. Following a pilot phase, agencies prepared their first reports, as mandated by the law, in 1997 [ref 3].

1.1. Strategic Plans

The Strategic Plans are prepared every three years and require executive agencies "to define their missions, establish results-oriented goals, and identify the strategies that will be needed to achieve those goals" over at least the following five years [ref 1]. "Under GPRA, agency strategic plans are the starting point for agencies to set annual program goals and to measure program performance in achieving those goals" [ref 4]. Toward this end, Strategic Plans must contain the following six elements:

- a comprehensive mission statement;
- agency-wide long-term goals and objectives for all major functions and operations;
- approaches (or strategies) and the various resources needed to achieve the goals and objectives;
- a description of the relationship between the long-term goals and objectives and the annual performance goals;
- an identification of key factors, external to the agency and beyond its control, that could significantly affect the achievement of the strategic goals; and
- a description of how program evaluations were used to establish or revise strategic goals and a schedule for future program" [ref 1].

The law mandates that the agency consult with Congress and consider the "views and suggestions of other stakeholders and customers who are potentially affected by [the] plan" [ref 3]. Agencies prepared their first strategic plans beginning in 1997. [For OMB 2006 Guidance on preparing strategic plans, see ref 19.]

2. Performance Plans

Under the GPRA, agencies are also required to submit annual Performance Plans along with their budget request to Congress every September. The plans must be linked to the agency's current strategic plan and should provide "detailed and year-specific content based on the broader strategic plan" [ref 3], indicating the performance indicators that will be used to measure “the relevant outputs, service levels and outcomes of each program activity” in an

agency's budget" [ref 4]. Agencies later revise their Performance Plan to reflect the President's budget (which is generally submitted to Congress the following February).

The Performance Plans must contain an agency's annual performance goals for the fiscal year, and the performance indicators that will be used to measure progress toward achieving "the results-oriented goals" [ref 1]. It should also include "a description of the processes and skills, and the technology, human, and capital information or other resources that will be needed to meet the goals; and a description of how the results will be verified and validated" [ref 3].

The Performance Plan should contain goals that are based on expected funding levels. The goals should be expressed, "as much as possible" as outcomes, although these may be supplemented by outputs. "In addition to goals related to providing outside services and activities to the general public, agencies are also supposed to include internal goals" [ref 3].

3. Performance Reports

Finally, agencies prepare Performance Reports on program performance in the previous cycle. Initially these reports were required annually; but, as of 2006, they are required every quarter. Performance Reports review the success in achieving the previous year's performance goals, explain any failures, and include summaries of any program evaluations completed during the preceding period. "These reports are intended to provide important information to agency managers, policymakers, and the public on what each agency accomplished with the resources it was given" [ref 1]. Neither the Performance Plan nor the Performance Report may be released to the public until after the federal budget has been released [ref 3].

Performance Reports are now submitted as part of a larger Performance and Accountability (PAR) report, which also includes annual financial statements and other reports [ref 12]. "PARs provide financial and performance information that enables the President, the Congress, and the public to assess the performance of an agency relative to its mission and to demonstrate accountability" [ref 13]. In addition, the Performance Report must describe any actions taken as a result of an assessment of agency strengths and weaknesses emerging from use of the Program Assessment Rating Tool (PART), including any follow-up actions that the agency commits to performing to improve programs [ref 12]. [For OMB 2006 Guidance on preparing performance reports, see ref 18.]

The GAO further identified the following management practices that contribute to the use of performance information by federal managers. These include:

a. Demonstrating management commitment
b. Aligning agency-wide goals, objectives, and measures
c. Improving the usefulness of performance information
d. Developing capacity to use performance information
e. Communicating performance information frequently and effectively [ref 6].

As will be discussed below, this evaluation found that, while federal managers reported having more performance measures in 2003 than in 1997, "the use of program information for program management activities did not increase significantly from 1997 levels" [ref 6].

V. Example of OM Process in Social Service Delivery

The primary department (ministry) for delivering federal social services in the U.S. is the Department of Health and Human Services. Among the eight goals included in the most recent GPRA-mandated Strategic Plan for the U.S. Department of Health and Human Services [ref 23] are two that relate specifically to social welfare services in the U.S. By way of illustration, below we include the relevant goals and their related objectives, together with the indicators for measuring whether objectives were achieved, as well as the baseline measurement from FY 2002 and the target for FY 2009. [For additional examples, across government departments, see ref 22]

***Goal 6**:* Improve the economic and social well-being of individuals, families, and communities, especially those most in need

Objective 6.1 Increase the proportion of low-income individuals and families, including those receiving welfare, who improve their economic condition

Indicator: Increase Temporary Assistance for Needy Families (TANF) workforce participation rates

Baseline and target: FY 2002 Baseline: all families – 83%; two parent families – 100%; FY 2009 Target: 100%

Objective 6.4 Improve the economic and social development of distressed communities

Indicator: Increase the amount of non-federal dollars per 1,000 federal Dollars (Community Service Network Block Grant) expended to support state and local activities to combat local conditions that keep people in poverty

Baseline and target: FY 2002 Baseline: Under development; Target: Under development

***Goal 7**:* Improve the stability and healthy development of our Nation's children and youth

Objective 7.1 Promote family formation and healthy marriages

Indicator: Increase the number of children in a state living in married couple families (as a percentage of all children in the state living in households)

Baseline and target: FY 2002 Baseline: 60%; Target: Under development

Objective 7.2 Improve the development and learning readiness of preschool children

Indicator: Increase the average percent gain in word knowledge (Head Start Children)

Baseline and target: FY 2002 Baseline: 32% gain; FY 2009 Target: 36% gain

Indicator: Increase the average percent gain in letter identification for children completing the Head Start program (Head Start Children)

Baseline and target: FY 2002 Baseline: 38% gain; FY 2009 Target: 70% gain

Objective 7.4 Increase the percentage of children and youth living in a permanent, safe environment

Indicator: Decrease the rate of substantiated cases of maltreatment that

have a repeated substantiated report of maltreatment within 6 months National Child Abuse and Neglect data system
Baseline and target: 2002 Baseline: 9%; FY 2009 Target: 5%

Indicator: Increase the percentage of children who exit foster care within two years of placement through guardianship or adoption
Baseline and target: FY 2002 Baseline: 31%; FY 2009 Target: 39%

Indicator: Increase the percentage of children who exit foster care through reunification within one year of placement
Baseline and target: FY 2002 Baseline: 68%; FY 2009 Target: 70%

Indicator: Increase the proportion of youth living in safe and appropriate settings after existing ACF-funded services
Baseline and target: FY 2002 Baseline: 89.5%; FY 2009 Target: 96%

VI. Challenges and Lessons

Two Key lessons learned from the implementation of the GPRA may be drawn from a 2005 World Bank critique of the system, as well as a study prepared by the U.S. Government Accounting Office (GAO) in 2001. These reports are summarized below.

World Bank Evaluation

A 2001 World Bank review of GPRA, notes that it "incorporates critical lessons learned from previous efforts [aimed at increasing government accountability]:

- "Past efforts failed to link executive branch performance planning and measurement with congressional resource allocation processes. GPRA requires explicit consultation between the executive and legislative branches on agency strategic plans.
- "Past initiatives devised unique performance information formats often unconnected to the structures used in congressional budget presentations. GPRA requires agencies to plan and measure performance using the “program activities” listed in their budget submissions.
- "Past initiatives were generally unprepared for the difficulties associated with measuring the outcomes of federal programs and often retreated to simple output or workload measures. GPRA states a preference for outcome measurement while recognizing the need to develop a range of measures, including output and non-quantitative measures.

On the other hand, "GPRA provides that agencies must consult with cognizant congressional committees and other stakeholders as strategic planning efforts progress. This requirement presents a most fundamental change, and perhaps its most significant challenge as legislative staff and executive branch officials seem to approach strategic planning consultations with very different expectations" [ref 4 – citing a 1997 GAO report; see ref 5].

U.S. General Accounting Office Evaluation

In 2003, the GAO conducted a random, stratified, government-wide survey of federal managers. This survey was similar to another survey the GAO conducted in 1997 and published in 1999, and permitted comparisons across the two periods. The study involved:

- seven in-depth focus groups with federal managers from 23 federal agencies and one with a group of GPRA experts;
- interviews with "top appointed officials from the current and previous administrations"; and
- a review of "changes in the quality of [the] strategic plans, performance plans, and performance reports" of six major federal agencies (Department of Education; the Department of Energy; Housing and Urban Development; Department of Transportation; the Small Business Administration; and the Social Security Administration) [ref 1].

GAO Positive Findings

- Availability of and focus on performance information
  - Before GPRA, "although many agencies collected performance information at the program level, few agencies had results-oriented performance information to manage or make strategic policy decisions for the agency as a whole [and few reported such information externally]."
  - Compared to 1997, "more managers reported having performance measures for their programs."
  - Since GPRA, there has been a "greater focus on performance measurement, orientation toward outcomes over inputs and outputs, and an increased focus on program evaluation".
  - The GAO study also noted that "agencies have made progress in demonstrating how their performance goals and objectives relate to program activities in the budget" [ref 1].
- Delivering results to the public
  - "High-level political appointees … cited a number of examples of how the structure of GPRA created a greater focus on results in their agencies."
  - Focus groups: "indicated GPRA has had a positive effect by shifting the focus of federal management from program activities and processes to achieving the intended results of those programs" [ref 1].

GAO Negative Findings

- The GAO found that "top leadership commitment and sustained attention to achieving results, both within the agencies and at OMB … has not significantly increased."
- "OMB provided significantly less guidance on GPRA implementation for the fiscal year 2005 budget, compared to the very detailed guidance provided in prior years."
- Managers reported they had more performance measures, but indications that managers are making greater use of this information to improve performance are mixed.
- Managers reported a "lack of authority and training [fewer than ½ reported receiving relevant training] to carry out GPRA requirements, as well as a lack of recognition for completing these tasks."
- "[M]ost existing federal performance appraisal systems are not designed to support a meaningful performance-based pay system in that they fail to link institutional, program, unit, and individual performance measurement and reward systems."

- The GAO found that "challenges persist in setting outcome-oriented goals, measuring performance, and collecting useful data."
- "Managers also identified difficulties in distinguishing between the results produced by the federal program and results caused by external factors or nonfederal actors, such as with grant programs."
- "Timely and useful performance information is not always available to federal agencies, making it more difficult to assess and report on progress achieved."
- "[A]gency officials believe that Congress could make greater use of performance information to conduct oversight and to inform appropriations decisions."
- "Mission fragmentation and overlap contribute to difficulties in addressing crosscutting issues, particularly when those issues require a national focus, such as homeland security, drug control, and the environment."
  [ref 1]

GAO Recommendations

Among GAO recommendations, there several related to the need for a government-wide strategic plan. For example, GAO asserts that: "A strategic plan for the federal government, supported by a set of key national indicators to assess the government's performance, position, and progress, could provide an additional tool for government-wide reexamination of existing programs, as well as proposals for new programs. Such a plan could be of particular value in linking agencies' long-term performance goals and objectives horizontally across the government. In addition, it could provide a basis for integrating, rather than merely coordinating, a wide array of federal activities. The GAO concludes that: "Congress should also consider amending GPRA to require the President to develop a government-wide strategic plan" [ref 1].

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G.3 Outcome Measurement Case Study - Jewish Child and Family Services of Chicago

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I. Case Overview

1. Reasons for Selecting Case

This case study draws on the experience with outcome measurement of the Jewish Child and Family Services – a 150-year-old nonprofit social service agency located in Chicago, Illinois, U.S.A.

Jewish Child and Family Services (JCFS) is the result of the successful merger in 2006 of Jewish Children's Bureau (founded 1893) and Jewish Family and Community Service (founded 1859), non-profit agencies serving children and families throughout the Chicago area. JCFS provides a broad array of services including Counseling and Support for adults, children, families and couples; Community Programs and Services; Residential and Child Welfare Services; Education and Childcare Services; and Services for People with Disabilities. The mission of Jewish Child and Family Services (JCFS) is to enable individuals, children and families to grow and develop positively throughout their lives, by providing a continuum of quality services and resources that assist and support them and the community in the context of Jewish tradition, calling upon us to care for those in need regardless of religion or heritage.

JCFS employs a staff of 500 [ref 2] who provide multiple services in 20 locations in and around Chicago [ref 3]. In FY07, JCFS delivered services to 4,000 individuals of all ages, races, ethnicities, religions and income levels. Government contracts and fees make up 44% of the agency's operating revenue.We select this case as a strong example of a local social service agency's use of outcome measurement. It is one of the most advanced models of total agency involvement in a comprehensive outcome measurement process for all services. In addition, it is an excellent example of how an organization mobilizes to use the data emerging from the outcome measurement process in effective ways.

2. Background and Goals of the Outcome Measurement System

JCFS's outcome measurement activities began in 1997 at the, then, Jewish Children's Bureau, in response to an external request from a state-funded research project focused on identifying the needs of children and youth in a variety of educational settings. The researchers were primarily interested in the JCB Therapeutic Day School, but agreed to implement an outcome measurement system in additional programs and provide technical assistance in the areas of survey development and reporting. The researchers began not only to evaluate outcomes for one area of the school's activities, but also to put in place a broader system for measuring outcomes for all other programs within the agency. The goal of this initial effort was to "build in processes for achieving change" by informing the therapists, and helping with program planning.

This approach slowly evolved into the current outcome measurement system, which now involves all agency services and programs [ref 7] and is totally integrated into the organizational culture [ref 4]. The whole process – from outcome specification, to "data collection and analysis, and routine information sharing and program planning" is known in the agency as Continuous Quality Improvement (CQI) [ref 1]. Today, six professional staff devote 3.2 FTE's to leading and managing the CQI system across JCFS. The staff are organized within the Planning and Program Development Department where their expertise and energy are leveraged with several other program support activities such as Marketing, Development and program planning.

The broader outcome system was developed, in part, in response to increasing requests from government agencies [especially the State of Illinois], foundations and other donors, and to satisfy requirements for accreditation standards and licensing bodies. However, none of these requirements entail implementing a system to "the extent and depth of the model developed" at JCFS [ref 2].

The most important goal of the JCFS outcome measurement system is continuous program improvement [ref 4]. Staff uses the data "to further develop the program and target interventions to better achieve specific results" [ref 5]. Outcome measurement results are used to provide information to improve staff understanding of the client groups served, to help clinical staff in treatment planning, to monitor program improvement, and to guide overall program planning. Individual staff also use the data to monitor individual cases, and use the reports of the data in multiple settings (e.g., at meetings with parents, at schools and in the courts) [ref 7].

The outcome measurement process at JCFS, which will be discussed in greater detail below, may be summarized in the following stages:

1. Constructing a logic model
2. Constructing (or selecting) outcome measurement tools (e.g., surveys, client assessments)
3. Training program staff to use measurement tools
4. Providing ongoing reporting and feedback at the case level
5. Preparing semi-annual and quarterly reports on each program
6. Discussing the reports, drawing conclusions, and introducing changes at the program level and the organization level

[ref 2]

II. Selecting Outcomes and Outcome Indicators

All programs undergo what is called the "program specification process" in which a representative group of staff convene to discuss community needs, how services will be provided, what the service goals are, and what should be the expected outcomes. The process produces a narrative description of the program, a logic model, and indicators for measuring the expected outcomes.

Quantitative targets (benchmarks) are also selected for outcome indicators. "Various methods are used to [select these benchmarks]. Sometimes the State mandates success rates and sometimes the research literature suggests expected rates of success. JCFS also uses national or state data about impact, as well as historical data of its own performance in order to define targets for the future" [ref 4].

To measure the outcomes, the agency selects or develops instruments. "Generally, in examining outcomes, validated standard tools are used" [ref 2]. Most are nationally-used and/or state-mandated tools, except for one or two developed internally [ref 4]. For each form, the times in which it should be filled out are specified" [ref 2].

III. Developing Information Systems

After specifying outcomes, outcome indicators and targets, and identifying (or developing) the instruments that will be used to measure the outcomes, CQI staff train the program staff in how to administer the instruments to their clients and how to enter data into the outcome measurement system [ref 2].

Data for each program are stored in several databases and are entered either by the program staff or the CQI unit, depending on the program. An Access database is used to provide professional staff with reminders about when outcome measures are to be completed.
The information system and workflow emerged over time. Initial tensions around paperwork demands, particularly among clinicians, led to efforts to build information collection into current client assessment and treatment processes and to provide regular and timely feedback to clinicians [ref 7]. In addition, "a lot of thought is given to the interaction between the process of assessment for clinical purposes and the process of collecting data on outcomes for broader organizational purposes. Effort is made to combine the timing of clinical assessments with data reporting requirements, so as to avoid duplication" [ref 4].

Further, "there is an effort to integrate data collection into the therapeutic process, as an activity done with the client. Forms are now client-based and are prepared at intake, again 6 months later and finally at discharge. These forms may be filled out by parents and/or child, in addition to the social worker. The use of the assessment instruments often brings to light information that would not normally be collected in the therapeutic process but that is very useful for clinicians" [ref 4].

IV. Utilizing Outcome Data

"A very defined committee structure promotes the analysis of outcomes information within each service area, as well as forums to analyze cross-cutting issues and findings related to all the programmatic areas" [ref 4].These processes for ongoing review help to ensure that outcomes data are regularly analyzed, discussed, and used in the framework of an agency-wide organizational time table [ref 4].

After completing and submitting the required reports on intake, the clinician receives an initial feedback report, almost immediately, containing "an extract of data on the child or family" and, where available, comparisons between the client and averages for similar groups. Summary reports are then prepared and sent to the clinician every six months. In addition to individual clinician reports, overall program reports, organized according to the logic model framework, are prepared every six months with aggregate program data [ref 2]. It is interesting to note that, initially, outcome reports were prepared just twice a year and provided no feedback to individual clinicians. The new system ensures that clinicians have real time access to information about their clients, which they can immediately use in their practice [ref 7].

Within each of the agency's service areas, "directors and members of staff serve on a CQI committee in rotation [so as to give staff at all levels an opportunity to be exposed to and to participate in the process]. Each committee meets four times a year with the CQI unit to discuss report findings. In these meetings, the data are discussed, and, subsequently, changes in a program's work plan are considered. In addition, the committee can offer to [take a more in-

depth look at selected issues] relating to a particular subject" [ref 2]. Summary reports are also discussed by the organization's general leadership [ref 2]. Several cross –cutting committees also meet regularly to address shared programmatic issues that emerge from the outcome analyses conducted by the separate committees, and to consider the implications for the policies of the organization.

V. Example of OM Process: The JCFS's System of Care (SOC) Program

"The System of Care (SOC) program provides an array of services, from assessment to intensive home based therapy to…emotionally and behaviorally disturbed youth and their families. Philosophically, SOC operates on a strength-based model, and intervenes multi-systemically. The interventions are designed for achieving emotional and behavioral well-being and placement stability for the clients. SOC focuses on permanency for children within their own communities and attempts to avoid placement in more restrictive settings, such as group homes or residential treatment facilities" [ref 5].

"To be eligible, SOC clients must live in a … foster home [and be] at risk of placement disruption [i.e., there are difficulties with the placement]. SOC is also able to work with clients who are returning from residential treatment settings to the homes of their parents. The SOC program serves youth living primarily in the inner city of Chicago, Illinois [ref 5].

"The goal of SOC is to stabilize foster home placements at risk for disruption and to facilitate the transition from restrictive to less restrictive settings. The Illinois Department of Children and Family Services (DCFS), which funds this program, requires that in addition to [developing] care plans, the primary clinician complete the CANS (Child and Adolescent Needs and Strengths) at intake, every six months, and at discharge. DCFS has set two performance goals specific to client outcome achievement: 1) 55% of the children enrolled in SOC will not change placements for 6 months following SOC referral and (2) 23% of the children enrolled in SOC will experience no more than one move in the 6 months following SOC referral" [ref 5].

For a number of reasons, in 2004, JCFS chose to expand on this initial, state-mandated set of outcomes and targets. To proceed, staff developed a logic model and an outcome evaluation plan and added three additional instruments to measure the additional outcomes, including: Child Behavior Check List, Youth Self Report, and Youth Information Form. Further, in keeping with the JCFS outcome measurement system, individual and aggregate data from these reports were provided to clinicians and directors in an effort to refine the program [ref 6].

The following outcomes, outcome indicators and targets were selected. Specific data sources are associated with measuring each indicator.

(1) Clients will remain in current placement
   a. Indicator A) 80% of clients experience no more than 1 move while receiving services
   b. Indicator B) 65% of clients experience no placement moves while receiving services

(2) Clients demonstrate improved emotional and behavioral functioning
   a. Indicator A) 75% of clients decrease internalizing and externalizing problems
   b. Indicator B) 80% of clients decrease problem presentation

c. Indicator C) 80% of clients decrease risk behaviors
d. Indicator D) 80% of clients enhance strengths

(3) Clients develop and maintain positive peer relationships
   a. Indicator A) 80% of clients demonstrate increased social competencies
   b. Indicator B) 80% of clients get along well with others (friends, family, teachers, neighbors)
   c. Indicator C) 80% of clients increase time spent with friends

(4) Clients increase community involvement
   a. Indicator A) 80% of clients increase involvement in sports or hobbies
   b. Indicator B) 80% of clients increase activities competencies

(5) Clients demonstrate improved academic performance
   a. Indicator A) 80% of clients are in an appropriate educational placement
   b. Indicator B) 80% of clients increase/maintain good attendance
   c. Indicator C) 80% of clients improve/maintain average or better grades

(6) Caregivers demonstrate an improved ability to maintain children in their care.
   a. Indicator A) 80% of caregivers will enhance their strengths

[ref 6]

After a round of outcome measurement, an assessment of these outcomes led to specific program changes. In particular, the assessment found that just four of the 15 outcome indicators were met. In reflecting on the program performance, staff agreed that success reflected work clinicians have done in key areas (e.g., placement stability, education and involvement in activities), but that further emphasis needed to be placed on the development of child strengths [ref 6]

VI. Challenges and Lessons

JCFS's outcome measurement process has evolved over time in response to feedback from staff and others. Among the key features of the process, several stand out:

(1) The importance of strong support from management
   a. OM is "totally integrated into the organizational culture", including annual program planning and monitoring, and continuous quality improvement [ref 4].
   b. "Management gives priority to OM. Employees must cooperate – filling out forms is part of the role description and the directors [of service units] are responsible for the staff's compliance" [ref 2].
   c. CQI committee meetings are held at least four times a year [ref 2].

(2) The importance of gradual implementation
   a. Implementation began in stages, "with the understanding that implementation is a long and gradual process."
   b. The services that cooperated more easily, particularly those accustomed to filling out forms to meet regulatory body requirements, began the process [ref 7].

(3) The importance of being sensitive to the burden on clinicians of increased paperwork
   a. As the outcome measurement system began to be implemented, there were initial tensions around paperwork demands. Demands were especially high for social workers. Consequently, efforts were made to build the information

collection for tracking outcomes into current clinical and administrative processes [ref 7].

b. "A lot of thought is given to the interaction between the process of assessment for clinical purposes and the process of collecting data on outcomes for broader organizational purposes. Effort is made to combine the timing of clinical assessments with data reporting requirements, so as to avoid duplication. There is an effort to integrate data collection into the therapeutic process, as an activity done with the client. The use of the assessment instruments often brings to light information that would not normally be collected in the therapeutic process but that is very useful for the clinicians" [ref 4].

(4) The importance of providing feedback on outcomes to clinicians in a timely fashion

a. As recently as 2003, outcomes measures were filled out twice a year by the entire staff. No feedback from these reports was provided to clinicians. To remedy this problem and to make the outcome information useful to clinicians in their practices, individual reports are now prepared for every child at intake and are immediately distributed to clinicians. Reports, which compare the client to the average for a similar group, are again prepared at six-month intervals, and finally at discharge [ref 7].

(5) The importance of involving and preparing staff:

a. There is an emphasis on organization-wide staff training.

b. The committees that review outcome findings include representative groups of staff of different levels, from management to line staff of varying degrees of seniority.

c. Staff involved in outcome related committees rotates so that everyone has an opportunity in some year to be deeply exposed to the process, contributing to their support.

d. Staff does not feel unduly burdened by the committee process and the time required to implement it.
[ref 4]

(6) The importance of defining a structure for ongoing analysis of outcome data

a. A very defined committee structure promotes the analysis of the results within each programmatic area. In addition, there are forums for analyzing cross-cutting issues and findings related to all the programmatic areas" [ref 4].

(7) The importance of staff dedicated to supporting the outcome measurement process

a. "A permanent professional CQI team primarily deals with evaluation" [ref 2] and supports the outcome measurement system (known internally as the CQI system) [ref 4].

b. "There is ongoing contact between the [CQI staff] and directors and field workers and responsiveness, on the part of the [CQI staff], to requests for information from the services" [ref 2].

c. "[CQI staff] members are knowledgeable both in the area of information and evaluation and in the intervention areas of the services" [ref 2].

d. The CQI staff ensure that reports are "user friendly, clearly designed, and easy to understand" [ref 2].

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G.4 Outcome Measurement Case Study - Australia's National Mental Health Strategy

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I. CASE OVERVIEW

A. Reasons for Selecting Case

This case study details the application of outcome measurement to mental health care in Australia. This case was selected for three primary reasons. First, the case is a model of the nationwide use of outcomes, involving extensive cooperation between Australia's Commonwealth (national) government and its State and Territorial governments. Second, information is widely available that permits the documentation of a successful, ongoing OM process. Finally, the process is drawing to a successful conclusion in that, after a long and complex planning and implementation phase, all of Australia's States and Territories have implemented routine outcome measurement in provision of mental health services, all are now providing data to the Commonwealth, and are increasingly using local, and increasingly national, analyses to improve mental health services. There remain a number of barriers, which must be overcome before OM can be fully used as a tool for improving mental health services in Australia; nevertheless, this case represents a thorough and increasingly successful application of OM at the national and local levels [ref 1].

B. Background on the Australian National Mental Health Strategy

In 1992, the Australian Ministry of Health issued a National Mental Health Strategy that represented the consensus view of all State and Territory Health Ministers. The strategy established the basis for the use of outcome measurement to improve the quality and effectiveness of mental health services across Australia.[3]

The two objectives of the 1992 Strategy were to:

"institute regular reviews of outcomes of services provided to persons with serious mental health problems and mental disorders as a central component of mental health service delivery; and to

"encourage the development of national outcome standards for mental health services, and systems for assessing whether services are meeting these standards" [ref 16]

Systematic outcome data collection to improving mental health services was seen as a response to the following characteristics of mental health services:

[3] Of the total spent on mental health services in Australia, approximately 60% is spent by State and Territory governments and the remainder spent by the Commonwealth Government through Medicare, a Pharmaceutical Benefits Scheme, payment to veterans, patients in private psychiatric hospitals, and projects related to the National Mental Health Strategy [ref 6].

"Information about mental health services was not readily available to the public, contributing to the stigma commonly associated with mental disorders and their treatment. Making a wide range of information about mental health accessible was seen as an important first step towards tackling community misunderstanding and building trust in the reforms foreshadowed by the Strategy.

"The absence of consistent data collection about what services are delivered and who receives them, isolated mental health services from the mainstream health system, where significant advances had been made in the use of information over the decade that preceded the National Mental Health Strategy.

"Building an information base to monitor changes in mental health care was essential to meet the accountability requirements of the National Mental Health Strategy. In endorsing the Strategy, Health Ministers agreed that an important aspect of the reform process was to ensure that progress of all jurisdictions was monitored and reported publicly on a regular basis.

"Local clinical information systems were not in place in most Australian mental health services at the beginning of the Strategy, limiting the extent to which initiatives to improve service quality could be facilitated by modern information tools.

[ref 24].

The OM effort proceeded in several phases. During the first phase, between 1993 and 1998, work focused on "developing consumer outcome measures for routine use" and "research to quantify the extent of mental disorders in the community" [ref 24]. In addition, work began to design a casemix classification system for mental health diagnoses and services in order to provide a context for understanding the outcomes data and "the role of provider variation in differences between services' costs and outcomes" [ref 21].

Between 1998 and 2003, the States/Territories signed formal agreements with the Commonwealth (called Australian Health Care Agreements), covering all mental health services funded in the public sector, and committing States and Territories to submit casemix and outcome data to the Commonwealth on an annual basis [ref 16]. As a result, States and Territories began to develop the workforce training and information systems needed to enable collection of outcomes and casemix data in each State or Territory. To Commonwealth supported the Plan with $300 million, of which $250 million was allocated to States and Territories [ref 6].

The Third National Mental Health Plan, covering the 2003-2008 period, called for the routine use of mental health outcome data throughout Australia and the compilation of local level data to evaluate mental health services and needs at the national level [ref 7; see also [ref 21].

Currently, all States and Territories have implemented routine outcome measurement, although with some significant variations. Some began the process as early as 2000-01; all were engaged by 2003-04. Further, all have implemented training programs for clinicians and managers involved with collecting data and have developed data collection systems. Finally, all are now providing data to the Commonwealth, and initial national-level analyses began in 2005 [ref 1].

C. Anticipated Users

Outcome system planners anticipated that the outcome information would be critical for numerous users and would guide decisions at all levels in order: "to inform consumers about the services they receive, support clinicians in their treatment decisions, help managers manage, and inform policy makers in planning and funding services" [ref 24]. Additional details about specific users and uses of outcome data may be gleaned from the State of Victoria's mental health services website [ref 2]:

Consumers – as a "vital source of information about their own mental health" and to engage "with clinical staff in a dialogue about treatment and care";

Mental Health Professionals - as "indicator[s] of case severity and change over time;…to challenge overt and covert beliefs about treatment and prognosis…to focus on subsets of the data and can inform treatment decisions as well as the identification of professional dev

Supervisors and Team Leaders – for staff review; for clinical review (by "showing change over time [that] can be customised to focus on subsets of the data"); for "development and review of Individual Service Plans, decision-making regarding admission, risk assessment, cross-referral or discharge"; to provide "'a common language' for the purposes of case allocation, caseload management, the review of individual and team effectiveness, professional development, local practice-based research and general planning";

Service Managers – to monitor and review "team or service effectiveness"; to make "decisions about service profiling or when reviewing service effectiveness";

Regional, State and Federal Service Planners – to review "the relative effectiveness of …Mental Health Services or selected service components or models" or to profile services or review their effectiveness".

[ref 2]

II. Selecting Outcomes and Outcome Indicators

Between 1992 and 1999, intensive research and development work focused on identifying outcomes and selecting outcome indicators. Guiding the selection of outcomes and outcome indicators, the Mental Health Strategy required that the outcome "had to be useful in routine clinical practice to allow monitoring of the health and wellbeing of the individual consumer"; further, that indicators had to be "suitable for monitoring outcomes at the broader service level" [ref 16].

After identifying the outcomes to be evaluated, work turned to identifying outcome indicators – or, the specific ways in which the outcomes would be measured. In 1992, "there were no instruments for measuring outcomes in mental health "[ref 16] and "considerable groundwork was undertaken" to identify, review and field-test "instruments that might have utility for routine outcome measurement" [ref 21]. The purpose of these instruments would be "to

monitor changes in individual consumers and in groups of consumers, and, ultimately, to make comparisons with similar consumers in like services" [ref 1].

Early in the OM process, participants were aware that relatively few instruments were available to actually measure outcomes and produce the outcome indicators. As a first step, therefore, participants in the process identified appropriate instruments by thoroughly reviewing the literature. The search involved identifying, for each instrument, the following information as the basis for comparing possible instruments:

Background on the instrument's development

Purpose of the instrument

Availability

Description

Versions

Psychometric properties:

Validity (Content, Construct, Concurrent and Predictive)

Reliability (Test-retest and Inter-rater)

Sensitivity to change

Feasibility and utility [ref 21].

Eventually, 12 instruments were selected which "incorporate clinician and consumer perspectives on a range of mental health related constructs (e.g., symptomatology, level of functioning, degree of disability) relevant to adults, children/adolescents and older people" [ref 1]. This group of instruments, known as the *National Outcomes and Casemix Collection* (NOCC), "represents a mix of clinician-rated, consumer-rated and consumer- and parent-rated measures. The specific instrument used depends on the age group of the consumer (adults, older persons, children and adolescents) as well as other factors, including: the type of episode (inpatient, ambulatory, residential) and the reason for collection. To guide selection, a set of "contextual rules governing the administration of specific instruments" have been published" [ref 21].

For additional information on the instruments comprising the NOCC, see: [ref 9 and ref 15].

III. Developing Information Systems

Under the Second National Mental Health Plan (1998-2003), "the systematic implementation of routine outcome measurement in all public sector mental health services became a priority, and an ambitious plan was put in place to develop information infrastructure… to support and encourage good clinical practice, regularly inform about consumer outcomes, inform judgments about value for money, and produce national and State/Territory data as a by-product" [ref 21]. Therefore, during this second phase, attention shifted from identifying outcomes and indicators to developing information systems capable of collecting and analyzing outcome data. The goal in this phase was to develop "streamlined data collection systems that allow the outcome data … to be linked to … data on given inpatient and community episodes of care….", permitting outcomes for consumers to be 'tracked' across episodes [ref 1].

To manage this part of the process, in 1999 an advisory council, known as the Australian Health Ministers Advisory Council (AHMAC), comprised of all State/Territory health ministers, was established and eventually agreed to a plan that committed all States and Territories to:

"the introduction of routine consumer outcomes assessments using standard clinical assessment scales and a consumer self-report instrument;

the further development of a casemix classification for mental health as a clinical and management information tool; and

national analysis of data for development of 'service quality' benchmarks" [ref 15].

Because some of the most significant barriers to the collection of outcome information related to the state of data collection systems in various States and Territories, significant attention was devoted to the development of information capacity. Therefore, the AHMAC established the National Mental Health Working Group to oversee the development of "comprehensive, local clinical information systems within mental health services" [ref 16].

The National Mental Health Working Group was supported by the Australian Mental Health Outcomes and Classification Network (AMHOCN), a consortium of three groups, established by the Commonwealth in 2003, with responsibility for taking leadership for developing each of the following:

data management capacity;

training and service development capacity; and

analysis and reporting capacity [ref 21].

With regard to data management, AMHOCN is charged with supporting "the sustainable implementation of the outcomes and casemix collection as part of routine clinical practice" [ref 19] and for actually making "arrangements to receive, process, analyse and report on outcome data submitted by States/Territories" [ref 1].

Currently, in addition to submitting NOCC data, States and Territories are required to submit data on "inpatient episodes of care and community contacts", known as the "National Minimum Data Set – Mental Health Care (NMDS). The ultimate goal is to be able to link the NOCC with the NMDS to "to understand the role of provider variation in differences between agencies' costs and outcomes" [ref 1].

Staff Training

After improving information systems at the State and Territory levels, it was clearly important that staff understand how to use the new information systems. To accomplish this, States and Territories used a variety of training methods, including direct training (advantages: consistency) and train-the-trainer methods (advantages: cheaper, capacity-building, less labor intensive).

Experience with training over time indicated a need to think differently about its provision. First, training must respond to high staff turnover and be offered on an ongoing basis. Second, lags between training and implementation mean that some staff forget the training, indicating a need to close the gap between these two parts of the implementation process. Finally, as initial outcome results became available, it became clear that there is a need to provide "a second wave" of training – the first focused on how to use the outcome measures, and the second on how to interpret results of specific measures [ref 1].

In any case, by 2003-2004, all States and Territories had "implemented comprehensive training programs" and trained an estimated 60% of their clinicians and managers (or 10,000 people) in routine outcome measurement [ref 1].

IV. Utilizing Outcome Data

Only after a 10-year process of identifying outcomes and outcome indicators, developing appropriate information systems and engaging in staff training, did the collection of routine outcome information commence. Beginning in 2003-2004, "all States and Territories had the ability, with varying sophistication, to collect outcome and casemix data. In some cases this was possible by modifying their Information Technology (IT) systems; in other cases, these systems had to be built from scratch. Further, all had begun implementing routine outcome measurement [ref 1].

As of 2005, "reporting of outcome data [was] largely …limited to reports profiling individual consumers and/or aggregate reports that focus on compliance and data quality issues, although a few States/Territories [had] begun to turn their attention to producing aggregate reports of consumers by clinician, team or service [ref 1].

Recognizing the need for more work, the Department of Health and Ageing released a report in 2005 that noted that "the central challenge ahead" was to actually apply the outcome information "in ways that genuinely improve mental health care in Australia." The report called for moving "from information collection to information use" and for making a serious effort to collect information to support decision-making. The report lays out the agenda for this most recent period in the development of the outcome measurement system as follows:

"The next phase of information development will focus on fostering a service delivery culture in which information is used to support decisions at all levels. For this to occur, it requires feedback systems that provide timely access to those collecting these data. Additionally, incentives and training need to be in place to facilitate individual service providers and organisations in using information routinely for clinical review, evaluating performance, benchmarking and related activities" [ref 24].

A. Establishing Outcome Targets / Performance Indicators

Among the specific recommended steps to advance this process was to establish outcome targets (also known as performance indicators or benchmarks) to evaluate the newly-collected mental health outcome data. As reviewed above, performance indicators often incorporate benchmarks – the level achieved by the same program in a previous year or the level achieved by a similar program– as the target that the service aims to achieve or to improve upon.

To identify such service benchmarks, Australia initiated a formal project known as the National Mental Health Benchmarking Project, representing a collaboration between State and Territory governments. Four core objectives … guided the development of the National Mental Health Benchmarking Project:

"To promote the sharing of information between organisations to increase understanding and acceptance of benchmarking as a key process to improve service quality.

To identify the benefits, barriers and issues arising for organisations in the mental health field engaging in benchmarking activities.

To understand what is required to promote such practices on a wider scale.

To evaluate the suitability of the national mental health performance framework (domains, sub domains and key performance indicators) as a basis for benchmarking and identifying areas for future improvement of the framework and its implementation" [ref 23].

Over the 2006-07 period, the goal is to develop benchmarks in each of four main mental health program areas (general adult, child & adolescent, older persons and forensics)" [ref 23].

In addition to its Benchmarking work, AMHOCN developed an NOCC 'Decision Support Tool' (DST) that aggregates data received from each State and Territory and allows users (clinicians, service managers) to "compare their own clients against normative data collected across the whole of Australia" [ref 9].

B. Reporting and Monitoring

Beyond supporting the States and Territories in the development of information systems capable of receiving and reporting outcome data, the AMHOCN also needed to determine how to specify a Reporting Framework for providing useful feedback to States/Territories. Several goals guided this process:

"feedback should take the form of reports that are relevant and useful at a range of levels (e.g., individual, team, service and State/Territory)"

"the precise nature of the reports should be informed by an iterative process, where relevant recipients are given the opportunity to comment on reports, and subsequent reports are modified accordingly'

"reports should provide reference points that allow individual scores to be compared with normative data, and service profiles to be benchmarked against those of their peers" [ref 1].

Clearly, the users of the NOCC outcomes data would have multiple reasons for accessing the data; therefore, analyses had to be possible "from a variety of perspectives", varying with the user (e.g., clinician, service planner, consumer, policy maker, researcher) and the information required. The Reporting Framework had to be able to meet these diverse requirements [ref 19].

To advance the process of developing a Reporting Framework, in 2004, AMHOCN solicited widespread "stakeholder consultations" with members of the Child & Adolescent, Adult and Older Persons Mental Health Expert Groups; representatives of the AHMAC National Mental Health Working Group Information Strategy Committee (ISC); and contributors to the on-line Mental Health National Outcomes and Casemix Collection Forum [ref 19]. The resulting Reporting Framework permits multiple "aggregations and views of the data" and "defines a number of different classes of aggregate statistical outputs, each consisting of an aggregate data set, an associated set of standard views, and based on those views, a set of standard reports" [ref 19].

In the first version of the Reporting Framework, preliminary, detailed analyses of outcomes data were reported, despite the fact that the early data "represent both the early experiences with the NOCC Protocol and partial reporting by most jurisdictions" [ref 19]. Further, in the early phases, although aggregated information at the national ----can facilitate benchmarking, States and Territories were warned that these national baselines "will not necessarily reflect best or even appropriate clinical practice" [ref 19]. It is important to emphasize, however, that methods for reporting data are being produced and revised over time [ref 19].

In parallel to work on developing data collection and reporting systems, staff needed to be trained to actually use these. This task was again led by AMHOCN, this time under the supervision of the Institute of Psychiatry, New South Wales [ref 21]. Towards this end, AMHOCN "produced a range of materials to support training in the measures and data collection protocol of the [NOCC]" including "manuals, PowerPoint presentations along with video vignettes" [ref 25].

V. Challenges and Lessons

As the Outcome Measurement process underway in Australia increasingly produces relevant outcome data, more assessments of the strengths and weaknesses of the process will surely be available. A preliminary set of key lessons, however, is available in a 2005 Australia and New Zealand Health Policy article and includes the following:

1. "Strong leadership at all levels has been associated with high levels of overall performance in terms of implementation" [ref 1].

2. "Equally important [to making routine outcome measurement possible] is commitment from clinicians who are involved in the day-to-day collection of the outcome data, and from managers who must make it a priority within their services. Stakeholders …repeatedly stressed that this commitment will only be sustained in the long term if clinicians and managers value routine outcome measurement. Feedback to these groups, in the form of reports tailored to their specific needs is crucial, and has been identified by others as necessary for maintaining momentum" [ref 1].

3. "There is recognition … that unless routine outcome measurement becomes embedded in the process of clinical care, it will not be seen as a priority by clinicians and managers…. The process of embedding outcome measurement within the clinical process of care is enhanced by providing clinical interpretations of given scores on particular measures" [ref 1].

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