



# Clear Horizon

## Session 1: How to measure outcomes

Facilitated by Jen Riley

This webinar is a 3-part series on outcomes measurement for the Outcomes, Practice and Evidence Network (OPEN)



# Why we're here today

## Session 1: How to measure outcomes

- How do we measure outcomes?
- Selecting indicators & targets to measure outcomes
- Selecting data collection methods

## Session 2: How to evaluate outcomes

- The role of evaluation questions in framing outcomes measurement
- Considering data collection methods, analysis, synthesis, rubrics
- What is effective reporting
- Reporting outcomes using dashboards, infographics, report cards

## Session 3: Reflecting & learning from evaluation findings

- The role of evaluative thinking – what happened, so what, now what – in learning and reflection
- How to reflect on and apply learnings through workshops, feedback loops, sprints

Getting to know you...

What's the one thing  
you want to know  
about measuring  
outcomes?

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Q&A

# Learning objectives

By the end of the lunch session, you will be able to:

- Review what's an outcome
- Understand the 'what, who, when' of measuring outcomes
- Understand 'how' to select indicators and targets to measure outcomes
- Identify different methods to collect data

# Clear Horizon

## Reviewing outcomes



On a scale of 1 – 5 what is your level of comfort with outcomes measurement?

1 – being what is an outcome???

5 – I have PhD in outcomes and am all over it.

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Poll

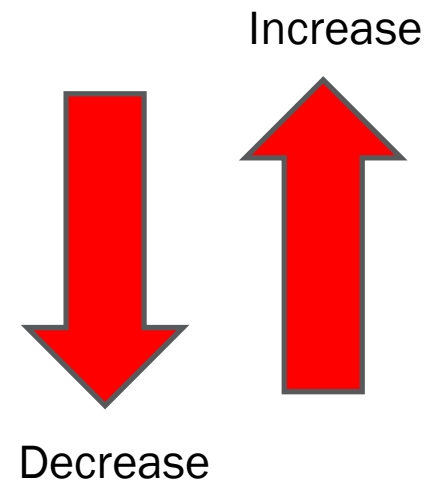
# What are outcomes?

In the health or social sector, outcomes are usually **benefits** or **changes** for the individuals or organisations participating in the program.

i.e. changes in what people do, think, know or can do, or what their condition is:

- Behaviour
- Attitude
- Circumstances/conditions
- Knowledge
- Skills

United Way (1996: 2)





# Outcomes mindset

Requires us to start with the client,  
i.e. what are

- their challenges
- their needs
- their issues
- their constraints
- their priorities?



What can we create (output) that will change their situation for the better (outcome)?





## Outcomes mindset continued...

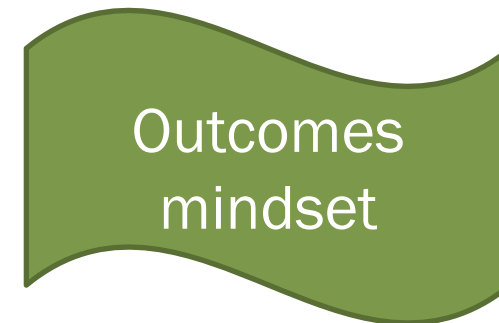
- Being focused on outcomes means we are focused on the experience of the end-user.
- This might mean our outputs are wrong and we need to change what we do/produce.
- We have been focussed on outputs i.e. apps for phones – how many of those have improved our lives? (outcome)

# What does an outcome mindset mean for program managers?

Are we working to improve the service (e.g. resources, process, delivery)

or

are we working to improve the health and wellbeing of families, their children and community?



# Clear Horizon

## Review of theory of change/program logic



# How do we come up with outcomes?

We start with the end in mind....

What change do we want to create?

Where are we now? Where do we want to be?

We come up with a theory of how our service will create change....

We call this a 'theory of change'





# Theory of Change

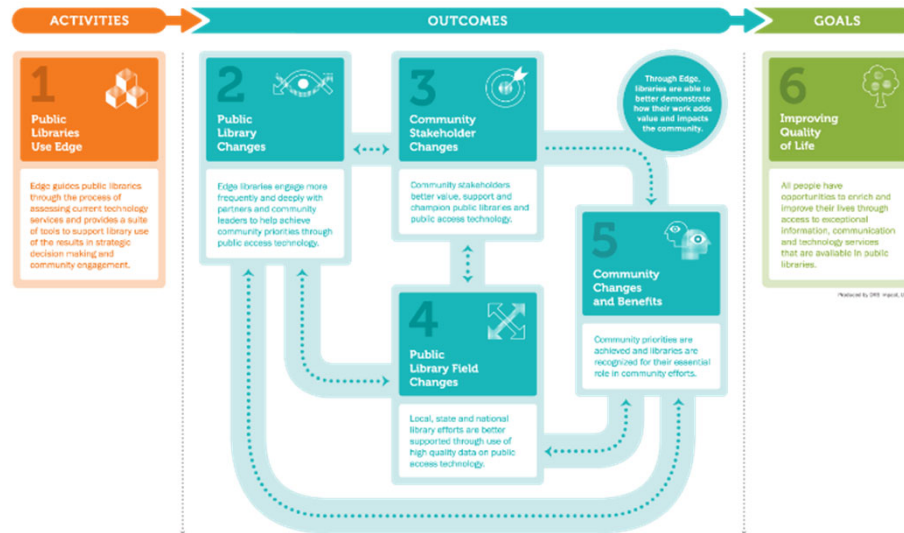
Theory of Change is a description and illustration of how and why a desired change is expected to happen in a particular context.

<http://www.theoryofchange.org/what-is-theory-of-change/>

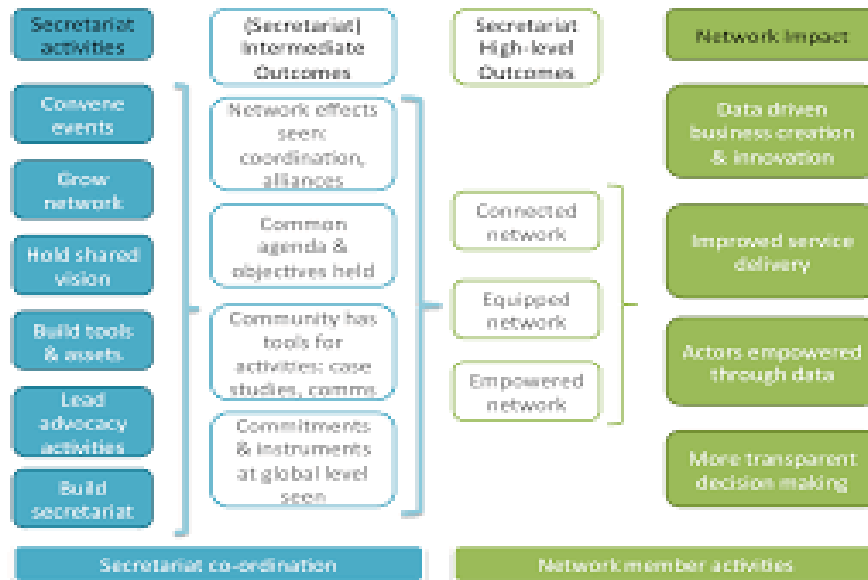
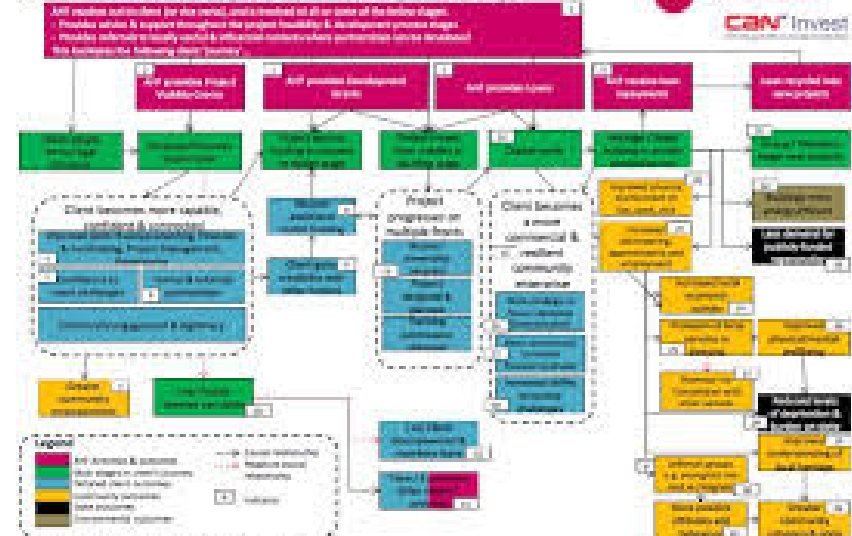
They can be based on documented and evidence based theories i.e. bandwagon effect, stages of change theory, diffusion theory, social modelling etc.

It helps us identify long term, medium term and short term outcomes.





## Architectural Heritage Fund – Theory of Change





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## Let's practice: output v. outcomes





Recap.

Outputs are what we produced to create outcomes (written from our perspective).

Outcomes are changes for the intended beneficiary (written from their perspective).

In the next few slides, see if you can identify output v. outcome.



**Review**

# Output vs Outcome



# Output vs Outcome





# Clear Horizon

## Who, when & how of outcomes

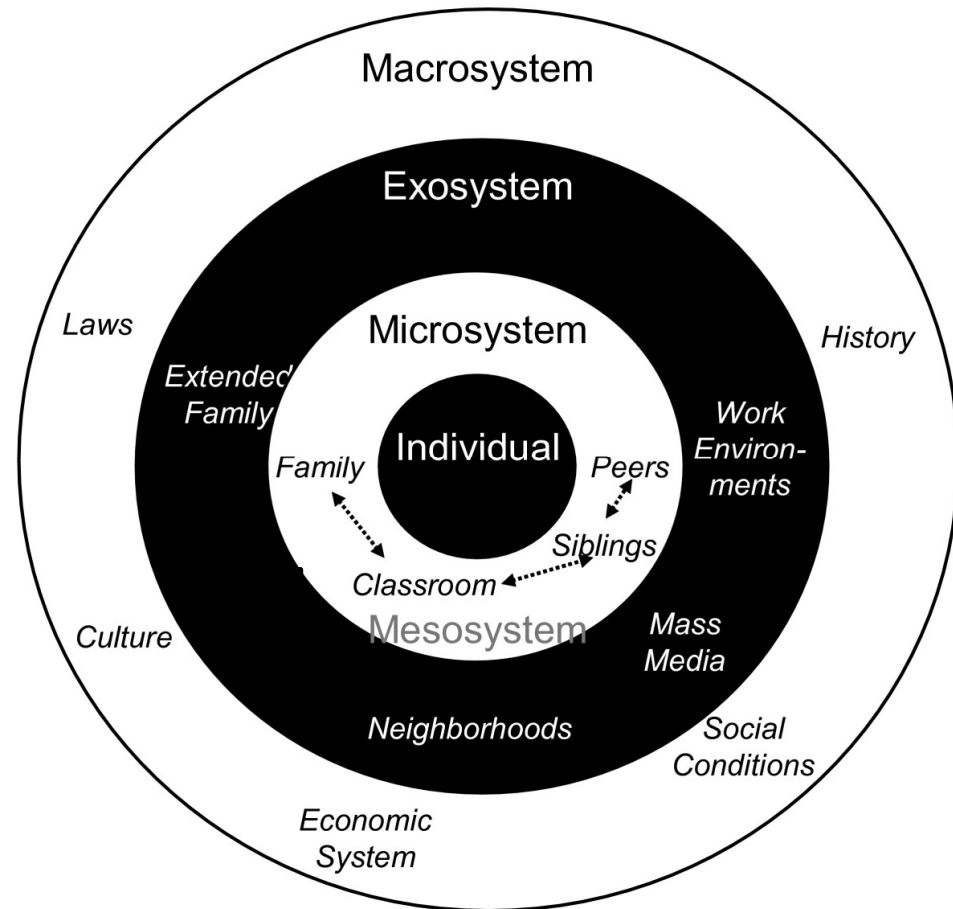


# Who has outcomes?

Individuals. E.g. young person, client, family members, staff, volunteers, policy makers, funders.

Groups. E.g. tenancy groups

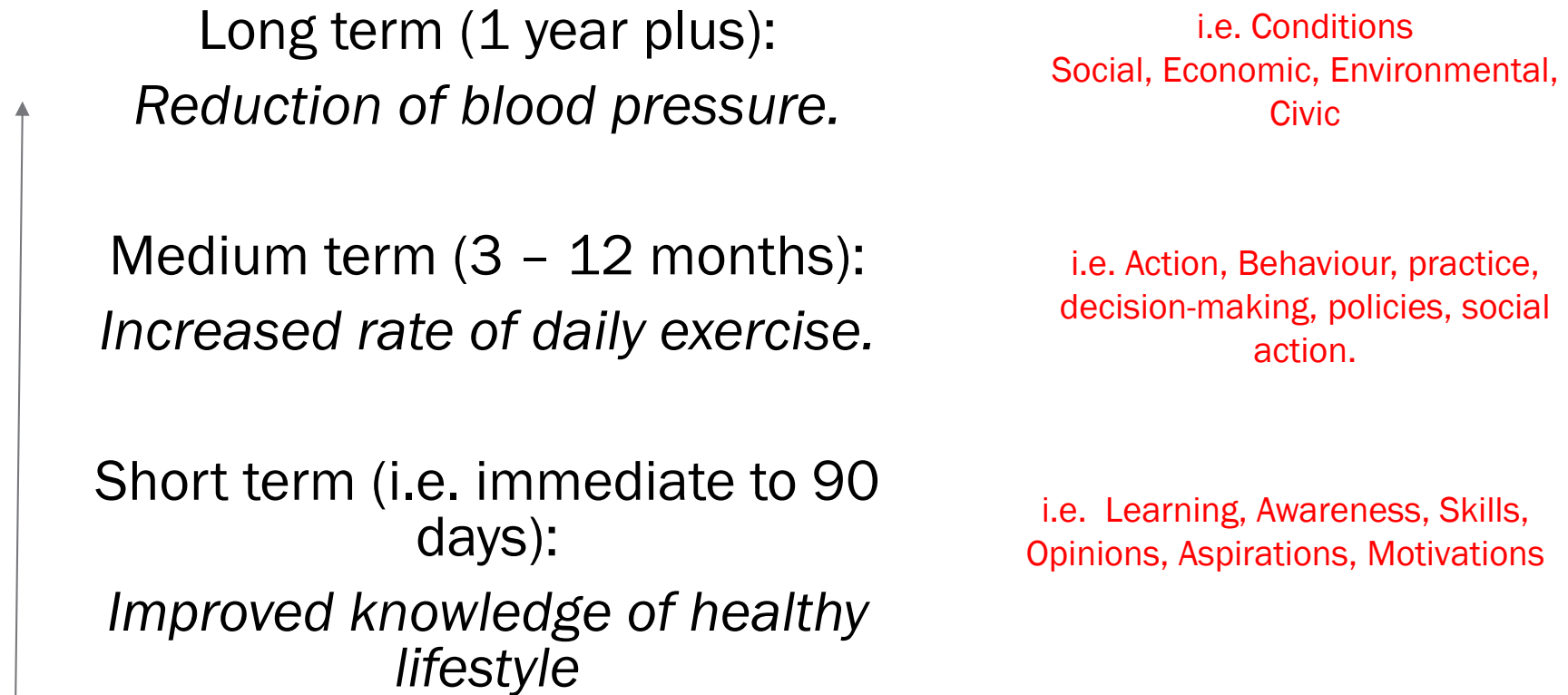
Organisations or **population** groups. E.g. citizens of Port Phillip



Bronfenbrenner, Ecology Systems Theory, 1975.



# When do we have outcomes?



# Objective versus outcome

Objectives are what we *intend* to do.

- Written from perspective of organisation
- E.g. “provide both public and private outreach health services that address prioritised community needs”

Outcomes are specific results that the beneficiary/patient will *achieve*, that is, will *know, think, experience* or *be able to do*.

- Written from perspective of beneficiary
- E.g. “chronic health conditions for community members is reduced”



# Types of outcomes

**Population level** outcomes. E.g. all children in Queensland are healthy

**Program level** outcomes. E.g. Improvement in children's level of exercise

Program level outcomes can also be thought of in terms of process and impact:

- Process outcomes (the means). E.g. increased exercise by children
- Impact outcomes (the ends). E.g. improvement in children's BMI

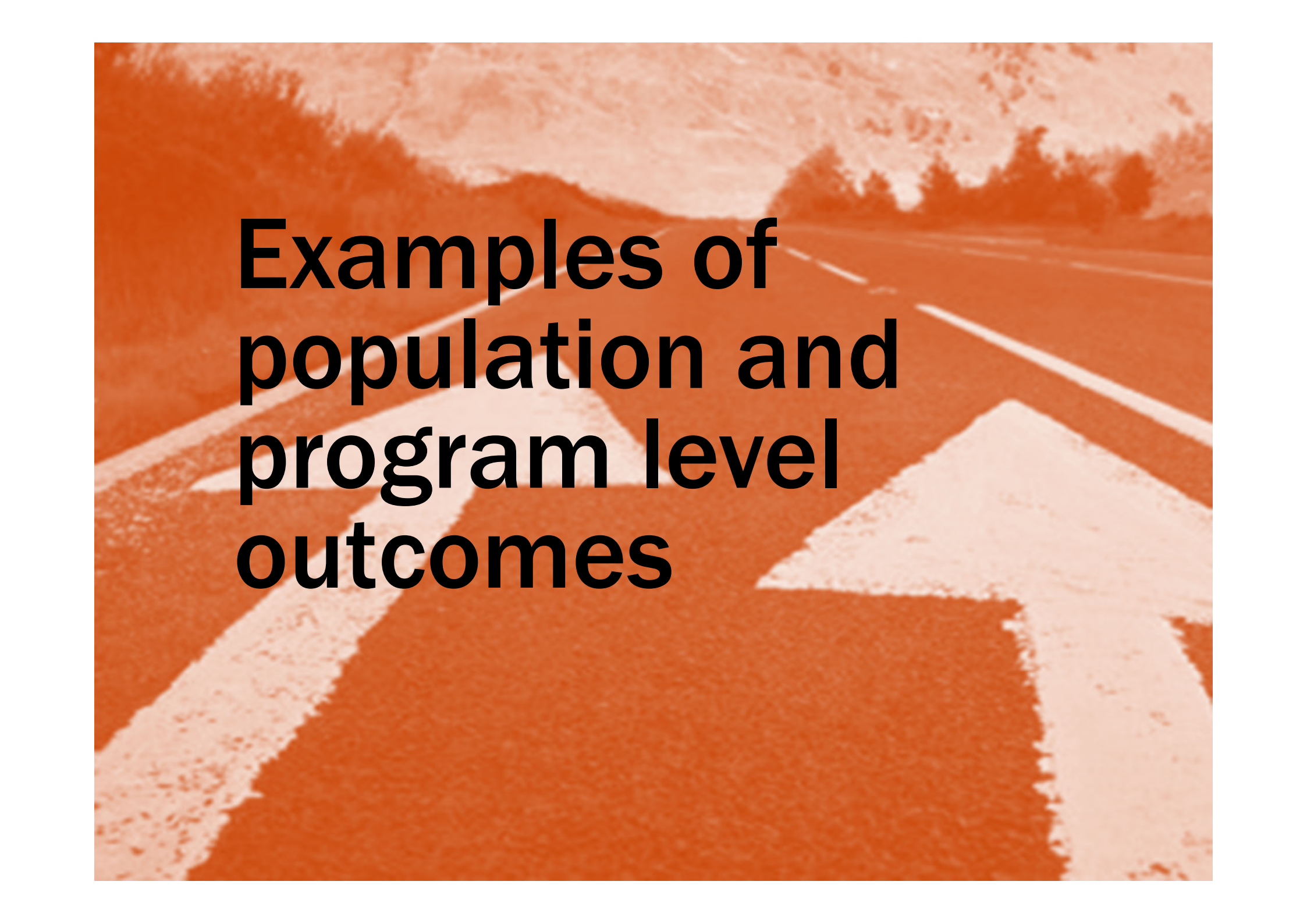
# Accountability for outcomes...

Population accountability – shared responsibility across a range of partners at a geographic area.

Program accountability – a manager or group of managers takes responsibility for the performance of a program, agency or service system.

Friedman (2005)



The background of the slide is a photograph of a road with white arrows painted on it, pointing towards the horizon. The entire image is covered with a semi-transparent orange filter. The text is centered over the road.

# **Examples of population and program level outcomes**

## Population outcomes examples...

World peace

All Aboriginal Children fulfil their potential in Australia

Clean environment for all residents in Melbourne

Safe community for all residents in Moreland

All children start school ready in Brunswick



**NO ONE AGENCY OR PROGRAM CAN MAKE THIS  
HAPPEN**

**SHARED RESPONSIBILITY**



# Examples

## POPULATION OUTCOME

By 2025, % or number of children developmentally on track in Shepparton.

## PROGRAM OUTCOME

Through the maternal health program, provide long-term, relationship-based pre and post-natal, and antenatal care for expectant and new mothers.



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## Why & how of outcomes





# Why measure outcomes?

**Assess** if anything is changing in the lives of the people we work with and for (are we making any difference?)



**Learn** about what is working well and what we could do better

**Being accountable** for what we say we will do

**Funders** are applying greater scrutiny to our claims and are requiring measurement.





How do you measure results?

Type one way you already do/imagine doing this in your current context.



# How do we measure outcomes?

Indicators and targets help us know if we are achieving our outcomes. Outcomes are statements. Indicators are metrics, and targets are expected results.

For example:

Outcome: Reduction in client's depression.

Tool: K10 questionnaire

Measure: K10 score

Indicator of depression: % of clients scoring above 20 in the K10.

Target: Reduce % of clients scoring above 20 in the K10 after 3 months of treatment.



Indicators/targets are generally quantitative i.e. use number value or percentages.



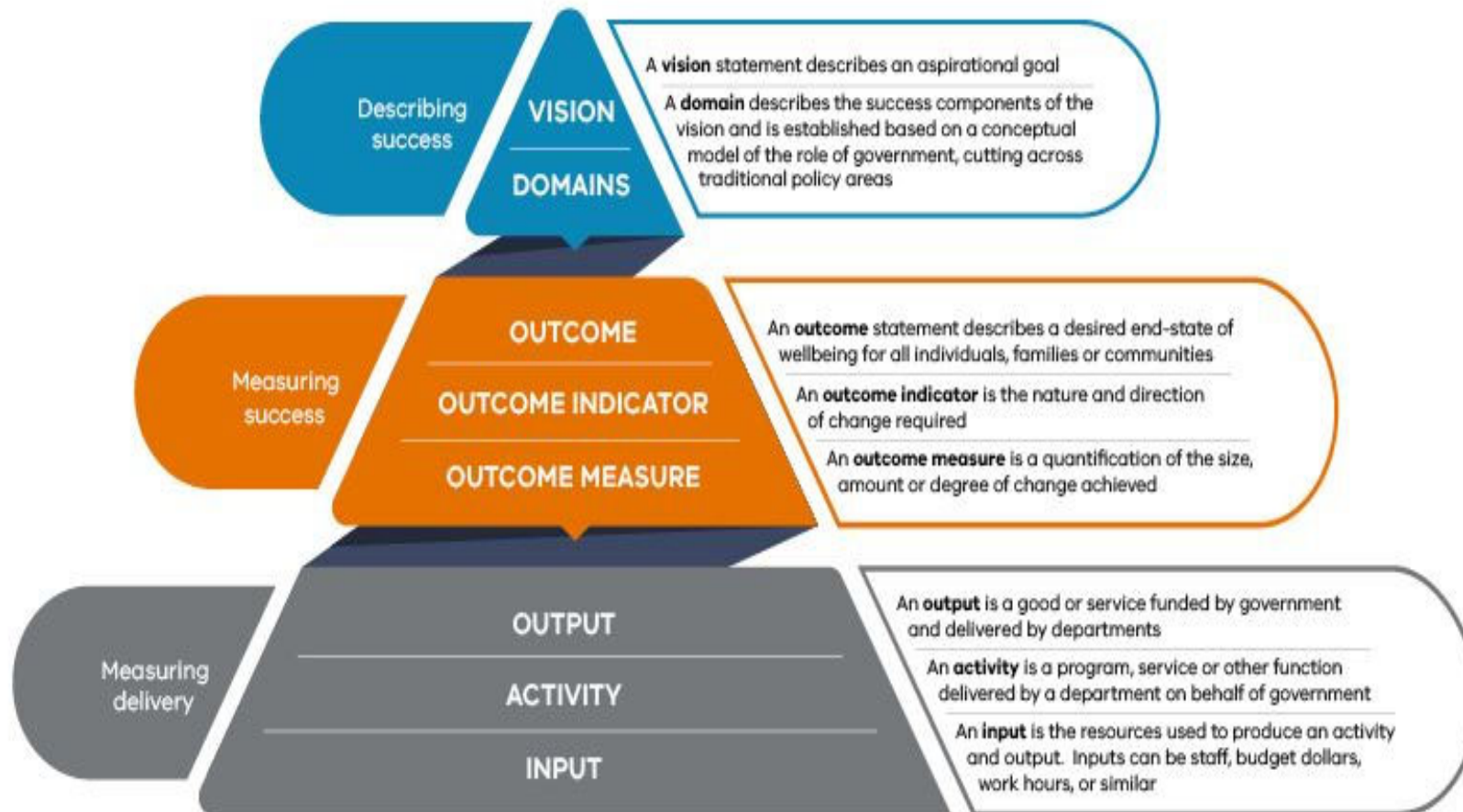
## A note about the language

It's important to agree on a shared language around outcomes, indicators, targets and other measures.

As a team or department, it's important to be clear on your definitions.

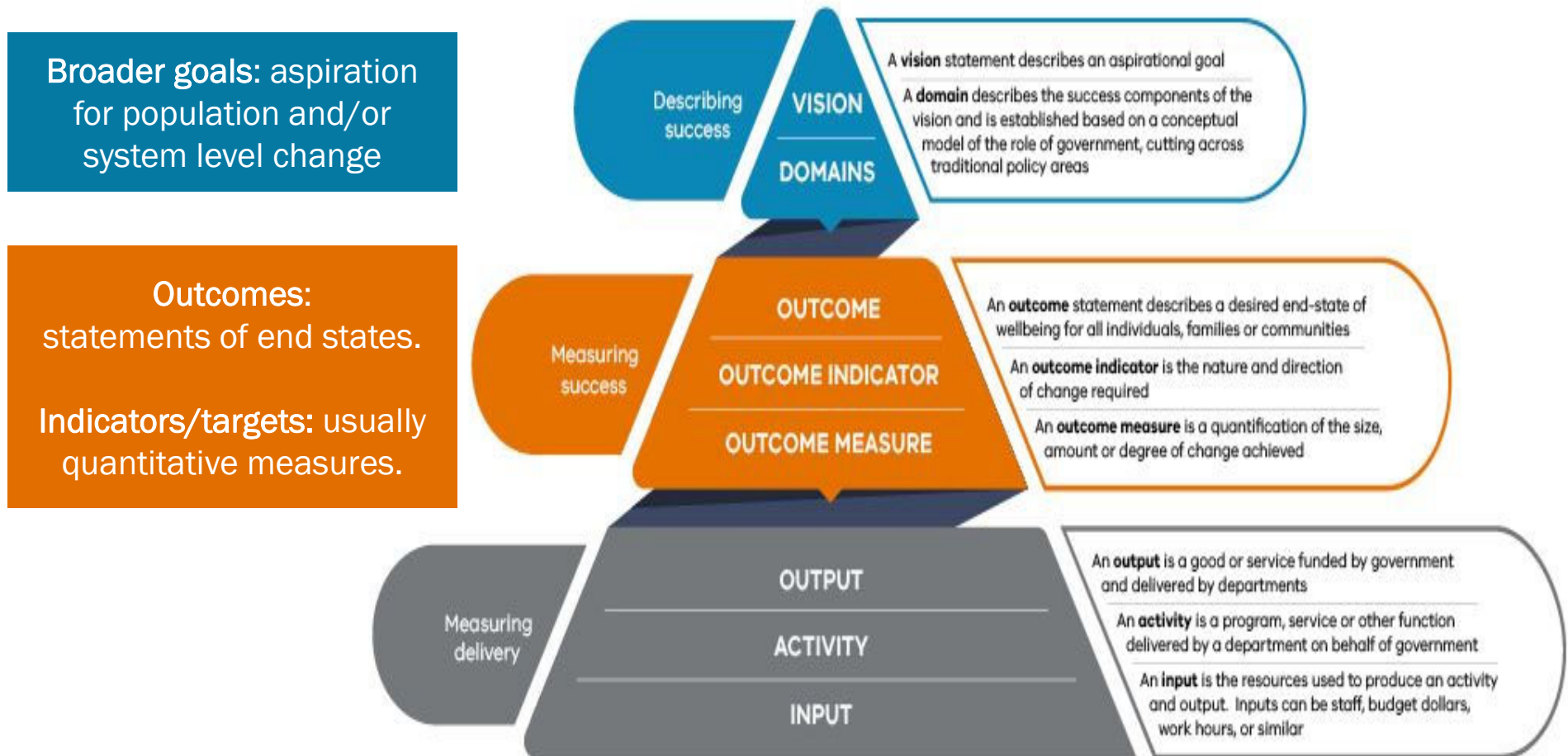
The following slide looks at how the Victorian Government outcomes architecture compares with evaluation terms.

# Victorian Government outcomes architecture



Source: <https://www.vic.gov.au/publicsectorreform/outcomes/outcomes-architecture.html>

# How the terms relate



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## What are indicators





# What is an indicator

An indicator is a simple statistic recorded over time.  
It's useful for informing on the success or progress of a program.





# What makes a “good” indicator?

1. AIMS filter, a simple test developed by the New Economics Foundation (NEF), to assess the effectiveness of measures:
  - Action-focused
  - Important
  - Measurable
  - Simple
2. Another criteria:
  - Representative
  - Understandable
  - Relevant
  - Cost
  - Accessible
  - Timely
  - Valid

# Examples of indicators

Days of drug use (per 4 weeks)

Days of injecting (per 4 weeks)

AUDIT score

DUDIT score

K10 score

Engaged in part-time or full-time work

Physical health status (ATOP scale)

Psychological health (ATOP scale)

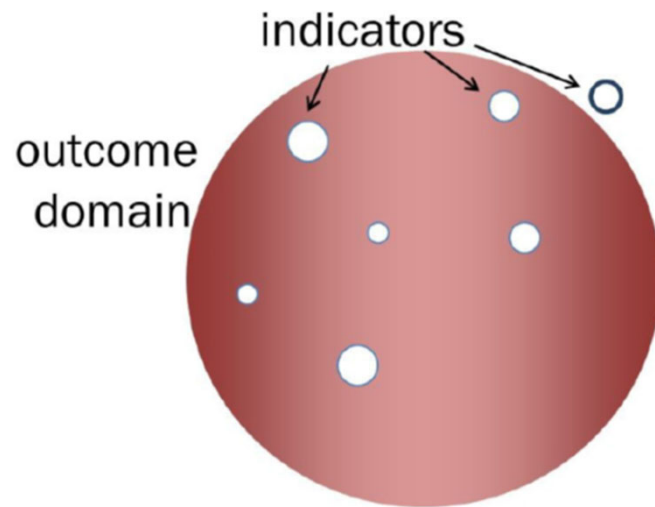
Overall quality of life (ATOP scale)



# Indicators can be misleading

Indicators are generally easy to measure.

But relying on indicators alone can be misleading:



- If progress against the indicator looks good (e.g. increase in clients accessing service) but the project is not working well (e.g. in terms of *which* clients), you might waste resources by continuing an ineffective program.
- Alternatively, if the indicator looks bad (e.g. # of new clients reached isn't substantial) but program is actually going really well (e.g. new clients are from disadvantaged groups), you may decide to stop implementing a successful program.

# Numbers and proportions

“Number of” is helpful in telling us reach

“Proportion of” is helpful in telling us of people we reached, how many had desired knowledge/attitude/behaviour etc.

Consider which makes most sense for what you are trying to achieve (and thus will set targets for, and measure progress towards)

For clarity, when reporting proportions **always** also report numbers

- e.g. Of the 326 new arrivals who completed a beach orientation in 2013, 23% (n=73) reported at follow up that they had visited the beach on their own in the past six months.
- Makes it clear to your audience what the reach was as well as the impact



# Indicators summary

Measure progress towards our **outputs** and **outcomes**

May be **quantitative** or **qualitative**

- If quantitative: consider if most appropriate 'number of' or 'proportion of'

Should be **specific** about who referring to and desired change



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## What are targets





# Baseline & targets

Setting targets is both an art and a science!

How do we decide on our targets?

- Based on previous experience
- Set by someone else (e.g. funder requirement)
- Guesstimation (our best guess right now)



Achievable vs stretch vs unrealistic targets:  
which do we want?

- Don't want impossible targets: no point over promising if can never deliver
- Don't want targets that are too low: unmotivating, suggests you have low standards
- Somewhere in the middle ground: achievable, but high enough that you have to work to deliver them



# What is a target?

Targets are simple measures over time.  
Quantitative targets can be pitched as:

**Stretch targets:** are set at a point that you can only just feasibly reach and are designed to foster excellence.



**Hurdle targets:** need to be met, and there are ramifications if they are not met, such as funding being withdrawn. Hurdle targets get set at a level that you are confident you can reach in most eventualities.



# What makes a good outcome target?

- Encourages excellence
- **Relates to what we value:** e.g. in Canada some targets were developed for the Great Lakes, they included '*swimability*' and '*fishability*'
- **Focuses on the destination.** We favour *outcome* targets rather than *output* targets. Why?
  - Allows for greater adaptive management
  - Less likely to encourage perverse data
- **SMART** In terms of measurement, it also helps if targets are specific, measurable, appropriate relevant and time-bound (SMART)

# Clear Horizon

Let's practice:  
indicator or target



Number of  
applications for a job

Is this an indicator or  
target?



Level of client  
satisfaction

Is this an indicator or  
target?





By December 31, 2020, reduce the percent of Year 10s in Victoria who have BMI greater than 30 from 7% baseline to 6%.

Is this an indicator or target?

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**Practice**

# Clear Horizon

## Data collection methods



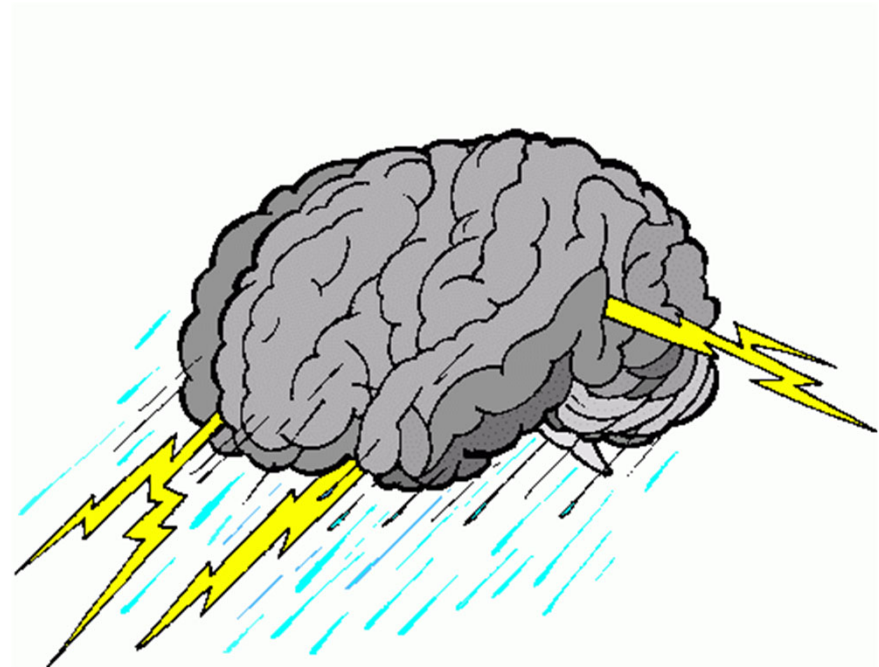
What are some of the **existing methods** you already use (or know about) to collect data?



# Data collection: existing data sources

We already have lots of data!

- What data sources do we have? Where are they?
- What kind of information do they contain?



# 'Traditional' data collection methods

## Analysis of existing data

- Routinely collected data e.g. administrative data, cost data, activity log, informal feedback
- Documents e.g. meeting minutes, annual reports
- If part of design: usability testing, internal records of design cycle

## Surveys (also known as questionnaires)



## Interviews

- May be individual or group

## Focus groups



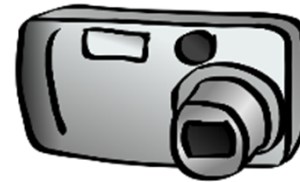
## Structured observations



# 'Newer' Data Collection Methods

Participatory tools and methods e.g.

- Most significant change
- Photovoice  
(there are many others out there)



Information and communication technology e.g.

- Media monitoring
- Site analytics
- Surveys via text message, online and on social networking sites
- Data logging from mobile phones e.g. real time mood, location
- GPS mapping data





Any other **new**  
**methods** you know  
about that we haven't  
already mentioned?

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Q&A

**Q&A**

**?**



# What we'll cover next session

Session 2: How to  
evaluate outcomes

- The role of evaluation questions in framing outcomes measurement
- Considering data collection methods, analysis, synthesis, rubrics
- What is effective reporting
- Reporting outcomes using dashboards, infographics, report cards

If you want to dive deep into the topics today, Clear Horizon offers face-to-face training on:

- Evaluating outcomes (1 day)
- Monitoring, evaluation and learning (5 days)
- Program logic (2 days)
- Most Significant Change (2 days)

<https://www.clearhorizon.com.au/training-mentoring.aspx>

- What was your key takeaway from today's session?
- Any foggies (concepts/terms, further queries)?

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**Reflection**