



Outcome Indicators Framework for Mental Health Day Services

A. INTRODUCTION

What this Framework is for

To help commissioners and providers to monitor, evaluate and measure the effectiveness of day services for working-age adults with mental health problems.

Many day services are being transformed into community resources that promote social inclusion and promote the role of work and gaining skills in line with current policy and legislation (DH, 2006a & DH, 2006b). Monitoring and evaluating outcomes are key to ensuring the effectiveness and positive personal impact of redesigned or refocused services. Fundamental refocusing and redesign takes time, and impact should increase as services develop. It is important to set realistic local targets to clarify what is expected of services in the short and medium term.

Whilst this framework is particularly intended for use in mental health day services, there is clearly an overlap in terms of intended outcomes with other mental health services, particularly those which are seeking to facilitate people becoming more socially included and elements of the framework could be used in these services.

Outcome measurement is an increasingly important and valued tool in monitoring health and social care services and as such it is important that commissioners and providers have a structure enabling them to do this effectively. However, outcome measurement should always be undertaken alongside the measurement of outputs and value for money in assessing the performance of a service.

Definitions

When discussing monitoring and evaluation, terminology is very important as people often have differing understandings of how a term should be used. The definitions used in this paper are taken from those developed by the Charities Evaluation Service (CES, 2004 & 2006; CES/BLF, 2004) and are summarised in Appendix 1. This paper is designed to include both quantitative and qualitative outcomes which have been aggregated to demonstrate the impact of a service.

How to Use the Framework

The framework is divided into categories to reflect the different life domains and functions of day services. All of the outcomes with the exception of those under the final three headings (Service User Satisfaction, Service User Involvement and Diversity) relate to outcomes for individual service users. These final three relate to outputs for the service as much as outcomes, but were felt to be sufficiently significant to warrant inclusion here.

Neither the outcomes nor the indicators listed are intended to be a comprehensive list. The number of outcomes in each category has been limited to two and the number of key indicators to four. These were selected as being those most suited to evidencing progress in each category and there will inevitably be additional intended and unintended outcomes and potential indicators.

Outcome Indicators in each category are divided into Key and Supplementary Indicators. This is in recognition that commissioners may want a relatively small number of key indicators for providers to report against, but that providers may want to measure against a wider range of indicators in order to demonstrate their effectiveness.

The indicators are mostly expressed in terms of the number of people to whom they apply. However, commissioners may choose to request information based on the proportion, rather than or in addition to, the number of service users to whom the indicators apply.

There is more than one way of utilizing this framework and how it is used should be decided at a local level. However, two possible approaches are:

1. To count the number or proportion of service users who have achieved each outcome indicator through the support of a service in a given timeframe (e.g. quarterly, six monthly, annually), giving easily comparable data, and to supplement this with a small number of case examples (e.g. two for each outcome area), giving a more detailed sense of the work undertaken and change achieved.
2. To create a table which, for each indicator, measures a baseline, people supported to achieve that outcome indicator and people supported to sustain that change or activity.

It is important to recognise that day services vary across the country in their design and that the common understanding of what constitutes a day service is changing. Expectations of services with regard to outcome monitoring may differ according to their design and the indicators which are monitored should be selected according to the aims and purpose of the service as some outcomes and indicators will not be appropriate for all day services. For example, many of the employment indicators will apply only to day services with a strong vocational focus.

Methods for monitoring outcomes and the selection of tools to support this are also a matter of local choice. Section C contains a list of possible tools that could be used to support outcome measurement. It also highlights possible sources of supporting evidence in demonstrating that the outcomes have been achieved.

Links to National and Regional Outcome Indicators

Commissioners will be aware of a range of regional and national outcome indicators against which they are expected to report and against which targets may be set. The outcomes in this framework are designed to incorporate information which contributes to this reporting, but some indicators may need to be adjusted to fit with the expectations in a particular region or locality.

Possible sources of supporting evidence

The following may provide sources of evidence that socially inclusive working practices are in place and that social inclusion outcomes are being achieved:

- Individual, holistic assessments of needs
- Individualised person-centred Recovery Plans
- Working Partnership Agreements with mainstream services and organisations
- Operational Plans and Development Plans for services
- Standardised Outcome Measures



B. OUTCOME INDICATORS

Important

- Services using this framework should only record outcomes against the indicators when the service has been involved in **successfully** supporting an individual to make the relevant change in their lives. Therefore an outcome for beginning voluntary work in a mainstream organisation should only be recorded when the service user has begun the work, rather than when they receive the support.
- Services should only record outcomes against the indicators when the outcome is, at least in part, attributable to the interventions or support of that service, and not when it was achieved independent of and coincidental to the service being provided.
- Some of the indicators include value judgments (e.g. ‘positive new relationships’, ‘appropriate treatment’). This is necessary to capture significant positive outcomes without inadvertently capturing negative outcomes. It is important that there is self-definition in deciding whether these indicators have been met (i.e. it is the service user who makes the value judgment).

Community Participation	
Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> • Increased number of people with mental health problems volunteering in mainstream settings 	<ul style="list-style-type: none"> • Number of people supported to begin volunteering in mainstream organisations
	<ul style="list-style-type: none"> • Number of people supported to begin accessing mainstream sports, exercise, arts, cultural or other social leisure groups or facilities
<ul style="list-style-type: none"> • Increased number of people with mental health problems participating in or engaging with local community activities 	<ul style="list-style-type: none"> • Number of people supported to sustain regular volunteering or access to social leisure groups or facilities for 6 months
	<p>Supplementary Outcome Indicators</p> <ul style="list-style-type: none"> • Number of people supported to take up a new or develop an existing/dormant leisure pursuit
	<ul style="list-style-type: none"> • Number of mainstream organisations supported to offer more welcoming access to people with mental health problems
	<ul style="list-style-type: none"> • Number of people supported to begin voluntary work within the day service setting
	<ul style="list-style-type: none"> • Number of people supported to apply for a voluntary job in a mainstream organisation
	<ul style="list-style-type: none"> • Number of people supported to maintain/retain voluntary work through a crisis period.

	<ul style="list-style-type: none"> • Number of people supported to begin engaging with local civic organizations
	<ul style="list-style-type: none"> • Number of people supported to begin contributing to or engaging with local community enterprises or projects such as 'timebanks'

Social Networks

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> • Increase in the size and range of social networks for people with mental health problems 	<ul style="list-style-type: none"> • Number of people supported to develop positive new relationships/friendships
	<ul style="list-style-type: none"> • Number of people supported to maintain parenting and caring roles through a crisis period
<ul style="list-style-type: none"> • Increased number of people with mental health problems maintaining social and caring roles 	<ul style="list-style-type: none"> • Number of people supported to begin accessing peer support or self-help groups
	<ul style="list-style-type: none"> • Number of people supported to strengthen existing relationships with family or friends
	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> • Number of people supported to begin accessing direct payments to maintain caring roles
	<ul style="list-style-type: none"> • Number of people enabled to begin giving support to others
	<ul style="list-style-type: none"> • Number of young carers enabled to access support
	<ul style="list-style-type: none"> • Number of people supported to access appropriate family interventions

Employment

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> • Increased number of people raising their employability and being ready for work 	<ul style="list-style-type: none"> • Number of people supported to begin paid employment: Full Time (over 16 hours a week) and Part Time (under 16 hours a week)
	<ul style="list-style-type: none"> • Number of people supported to begin work experience or work placement
	<ul style="list-style-type: none"> • Number of people supported to access job broker or other employment support service
<ul style="list-style-type: none"> • Increased number of people being referred to employment support services 	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> • Number of people supported to access advice about employment issues
	<ul style="list-style-type: none"> • Number of people supported to develop skills which increase their employability
	<ul style="list-style-type: none"> • Number of people supported to develop job application and/or interview skills
<p>OR</p> <ul style="list-style-type: none"> • Increased number 	<ul style="list-style-type: none"> • Number of people supported to write or update their CV

<ul style="list-style-type: none"> of people with mental health problems entering paid employment Increased number of people with mental health problems retaining paid employment 	<ul style="list-style-type: none"> Number of people supported to apply for paid employment
	<ul style="list-style-type: none"> Number of people supported to attend a job interview
	<ul style="list-style-type: none"> Number of people supported to change to more suitable employment
	<ul style="list-style-type: none"> Number of people supported to maintain/retain employment through a crisis period
	<ul style="list-style-type: none"> Number of people supported to become self-employed

Education and Training

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> Increased number of people with mental health problems accessing education and training opportunities Increased number of people with mental health problems attaining qualifications 	<ul style="list-style-type: none"> Number of people supported to begin a mainstream education or training course
	<ul style="list-style-type: none"> Number of people supported to complete a mainstream education or training course
	<ul style="list-style-type: none"> Number of people supported to obtain a qualification (state level)
	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> Number of people supported to apply for a mainstream education or training course
	<ul style="list-style-type: none"> Number of people supported to attend an interview or information session for a course
	<ul style="list-style-type: none"> Number of people supported to identify funding for an education or training course
	<ul style="list-style-type: none"> Number of people supported to maintain/retain an education or training course through a crisis period
	<ul style="list-style-type: none"> Number of people supported to begin a discrete (mental health only) education or training course
	<ul style="list-style-type: none"> Number of people supported to complete a discrete education or training course

Physical Health

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> Improved physical health for people with mental health problems Increased number 	<ul style="list-style-type: none"> Number of people supported to begin regular physical activity/exercise
	<ul style="list-style-type: none"> Number of people supported to access health promotion activities
	<ul style="list-style-type: none"> Number of people supported to begin accessing support relating to their physical health
	Supplementary Outcome Indicators

of people with mental health problems taking regular exercise	<ul style="list-style-type: none"> Number of people supported to make positive changes to their diet or lifestyle leading to sustained weight loss / gain
	<ul style="list-style-type: none"> Number of people supported to make changes leading to a reduction in physical health symptoms

Mental Well Being

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> Improved quality of life, confidence and self-esteem for people with mental health problems Increased ability to manage own mental distress for people with mental health problems 	<ul style="list-style-type: none"> Number of people supported to make changes leading to enhanced confidence and self-esteem
	<ul style="list-style-type: none"> Number of people supported to develop and begin using new coping strategies
	<ul style="list-style-type: none"> Number of people supported to decrease their reliance on mental health services
	<ul style="list-style-type: none"> Number of people supported to avoid the need for a hospital admission
	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> Number of people supported to make changes leading to a reduction in mental health symptoms
	<ul style="list-style-type: none"> Number of people supported to assert their needs with a health or social care provider
	<ul style="list-style-type: none"> Number of people supported to be positively involved in decisions about their medication
<ul style="list-style-type: none"> Number of people supported to actively choose to engage in positive treatment 	

Independent Living

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> Increased number of people with mental health problems living in independent accommodation Increased number of people with mental health problems receiving appropriate benefits/ financial advice 	<ul style="list-style-type: none"> Number of people supported to develop new skills for independent living (e.g. cooking, shopping)
	<ul style="list-style-type: none"> Number of people supported to access advice regarding their finances, benefits or debts
	<ul style="list-style-type: none"> Number of people supported to begin leaving the house and/or using public transport independently
	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> Number of people supported to move to more independent accommodation
	<ul style="list-style-type: none"> Number of people supported to move to more suitable (but not more independent) housing
	<ul style="list-style-type: none"> Number of people supported to resolve issues with neighbours or landlord

	<ul style="list-style-type: none"> • Number of people supported to effectively manage their own finances
	<ul style="list-style-type: none"> • Number of people supported to apply for appropriate benefits
	<ul style="list-style-type: none"> • Number of people supported to address and reduce a debt problem
	<ul style="list-style-type: none"> • Number of people supported to open a bank account or savings scheme

Choice

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> • Increased number of people controlling their own support • Increased number of people in receipt of direct payments 	<ul style="list-style-type: none"> • Number of people supported to begin accessing direct payments
	<ul style="list-style-type: none"> • Number of people supported to begin using direct payments to fund daytime activity or community participation
	<ul style="list-style-type: none"> • Number of people supported to become more actively involved in decision making regarding their support
	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> • Number of people supported to begin accessing exercise or arts on prescription
	<ul style="list-style-type: none"> • Number of people supported to research the option of direct payments

Service User Satisfaction

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> • Increased levels of satisfaction of service users with the delivery and outcomes of the service • Increased proportion of service users reporting that key outcomes have been achieved by the service 	<ul style="list-style-type: none"> • Proportion of service users expressing that the support they receive is responsive to their needs
	<ul style="list-style-type: none"> • Proportion of service users expressing that the service helps them engage with their local community
	<ul style="list-style-type: none"> • Proportion of service users expressing that the service enables them to achieve their personal goals
	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> • Proportion of service users expressing that the service helps them manage their mental health needs

Service User Involvement

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> Increased levels of involvement of service users in the design, delivery, management, review and development of services Increased number of people with mental health problems accessing peer support and self-help activities 	<ul style="list-style-type: none"> Number of Peer run activities/groups/sessions taking place within the service
	<ul style="list-style-type: none"> Number of service users involved in service design, delivery, management, review & development
	<ul style="list-style-type: none"> Number of service users providing training for mental health service staff
	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> Number of service user representatives on the organisation's Board
	<ul style="list-style-type: none"> Number of user led evaluations of services
	<ul style="list-style-type: none"> Number of service users involved in the recruitment of service staff
	<ul style="list-style-type: none"> Number of people with mental health problems employed in the service Service users involved in defining monitoring criteria

Diversity

Intended Outcomes	Key Outcome Indicators
<ul style="list-style-type: none"> Equality of access to day services for all people with mental health problems Services which specifically meet the needs of under-represented groups 	<ul style="list-style-type: none"> Balance of service users responds to the needs of local population in terms of: Age, Ethnicity, Gender
	<ul style="list-style-type: none"> Number of specific services or arrangements to meet the needs of under-represented groups
	Supplementary Outcome Indicators
	<ul style="list-style-type: none"> Number of people supported to use mainstream organisations to meet their specific diverse needs Number of mainstream organizations engaged to provide tailored services

C. OUTCOME MEASUREMENT

Approaches to Outcome Measurement

There is more than one means of measuring outcomes. Some of the most commonly used approaches to data collection are:

- Questionnaires
- Interviews
- Observation
- Record Keeping
- Case note review

People who might contribute to making an assessment regarding outcomes include:

- Service Users (self-assessment)
- Carers and significant others
- Staff

It is often helpful to incorporate more than one of these approaches and sources of assessment into an outcomes monitoring system in order to achieve as complete and accurate a picture as possible of the outcomes which have been achieved.

Recognized Social Inclusion Outcome Measurement Tools

These tools may prove useful in helping to measure and monitor outcomes. This is not intended to be a comprehensive list and further tools will emerge over time.

1. Inclusion Web (National Development Team)

The 'inclusion web' is a visual tool that can be used to enable service users to map significant people and places across life domains (employment, education, volunteering, arts & culture, faith communities, family & neighbourhood, physical activities & services). Whilst this is primarily a tool to promote individual planning, data can be aggregated as a means of monitoring changes in a population over time.

Further information about the web can be found at www.ndt.org.uk or at: <http://uk.groups.yahoo.com/group/TheSocialInclusionWebGroup/>.

2. The Outcomes Star (London Housing Foundation/Triangle Consulting)

The Outcomes Star was developed for use in services for homeless people, and has a broader remit than just measuring social inclusion outcomes,

although this forms an important element of the tool. It is a visual tool which looks to measure change on a 10 point scale in each of 10 areas of life:

- Motivation and Taking Responsibility
- Self Care and Living Skills
- Managing Money and Personal Administration
- Social Networks and Relationships
- Drug and Alcohol Misuse
- Physical Health
- Emotional and Mental Health
- Meaningful Use of Time
- Managing Tenancy and Accommodation
- Offending

As with the Inclusion Web, this is primarily a tool to promote individual planning, but data can be aggregated as a means of monitoring changes in a population over time.

The Outcomes Star and associated materials and guidance are available to download through a Creative Commons Licence from www.homelessoutcomes.org.uk

3. Social Inclusion Measure (Anglia Ruskin/ UCLAN)

The Anglia Ruskin/ UCLAN social inclusion measure (Secker 2006) was developed as part of the second stage of a research study to explore the outcomes of participation in arts projects, *Arts, mental health & social inclusion: developing the evidence base*. The measure has been validated as part of the study and includes some questions taken from national surveys. The measure includes questions on:

- bonding capital (where people make connections with others who share similar characteristics) and bridging capital (where people connect with others unlike themselves and the wider community)
- the extent to which people feel acceptance and valued by others, neighbourhood cohesion, citizenship
- housing type and stability of housing tenure, engagement in leisure & cultural activities, take up of employment & educational opportunities.

Although the measure has been developed within the context of the arts and mental health study, it has the potential to be adapted for use in the evaluation of other services and projects. One of the most important features of the measure is that it asks respondents to assess the extent to which a service has contributed to the achievement (or otherwise) of the outcome. Further information about the measure can be found in the final report 'Mental Health, Social Inclusion and Arts: Developing the Evidence Base' (DH, 2007) available from www.socialinclusion.org.uk

4. Social and Communities Opportunities Profile (Swansea University)

The SCOPE measure (Huxley 2005) builds on previous work on developing quality of life measures. All of the questions used in SCOPE are drawn from census or national household surveys which enables comparison of experience of particular groups with other population groups. As a result of this and its wide ranging nature SCOPE is possibly more useful for measuring the social inclusion or exclusion of an individual or population than the impact of a service.

The areas (called domains) included in SCOPE are those that are generally agreed to contribute to our quality of life and include:

- leisure and participation (e.g. in local groups & organisations, volunteering & informal caring)
- housing – independent living and suitability of accommodation
- safety (feeling safe in ones environment, experience of crime or assault)
- work (including hours worked), finance & income, education and training
- self reported health and contact with services
- family & social relations (including level of contact & choice of friends) and social participation.

Further information about the measure can be obtained from:

P.J.Huxley@swansea.ac.uk

D. REFERENCES

CES, 2004, Guidance Paper 3: Key Terms and Definitions, www.ces-vol.org.uk

CES, 2006, Advanced Evaluation and Monitoring (Training Pack)

CES/BLF, 2004, Your Project and Its Outcomes, www.ces-vol.org.uk

Department of Health (DH), 2006a, From Segregation to Inclusion: Commissioning Guidance on Day Services for People with Mental Health Problems

Department of Health (DH), 2006b, Supporting Women into the Mainstream: Commissioning Women-only Community Day Services

Department of Health (DH), 2007, Mental Health Social Inclusion and Arts: Developing the Evidence Base

E. ACKNOWLEDGEMENTS

This framework was produced by Ben Taylor, National Day Services Lead for the National Social Inclusion Programme. Many thanks to all those who developed and contributed to drafts, in particular:

Julie Cullen, Christa Drennan, David Morris, Zoe Robinson and Nicola Vick from the National Social Inclusion Programme.

A number of mental health commissioners including Gerry Atkinson, Bob Barr, Bernard Hannah, Susan Hasler-Winter, Michael Jones, Alan Kitt, Bianca Kokkolas, Claire Lynn, Perry Marshall, Tinuola Rodney, Gill Vasilevskis and Janice Woodruff

Helen Lockett from the Sainsbury Centre for Mental Health
Paul Brewer from Sound Minds
Liz Johnson from Sheffield Care Trust

Appendix 1

Definitions (Adapted from the Charities Evaluation Service)

Aims	Describes the changes you are trying to achieve
Quantitative Measures	Those “where you count numbers of things that happen, such as the number of people who found jobs following some computer training” (CES/BLF, 2004)
Qualitative Measures	Those “where you assess people’s views and experiences, such as how safe older people feel going out at night” (CES/BLF, 2004).
Outcomes	The changes, benefits, learning or other effects that actually occur as a result of your activities.
Outcome Indicators	The things you can use to assess whether the expected outcome is occurring. They assess progress towards meeting aims. They are a type of performance indicator and can be qualitative or quantitative.
Objectives	Describes the mechanism/process and planned activities by which you are going to achieve your aims
Outputs	The activities, services and products provided by an organisation.
Output Indicators	The things you can use to assess whether you have achieved your outputs. They assess progress towards meeting objectives and are a type of performance indicator.