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**JUSTICE**

# **Measuring outcomes for victims of crime**

A resource

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**NatCen Social Research**

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**This information is also available on the Ministry of Justice website:**

**<http://www.justice.gov.uk/publications/research-and-analysis>**

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# 1. Introduction

This resource is for third sector service providers that support victims of crime, in order to help them identify and monitor outcomes that they might want to achieve, and to select quality standards suitable for their organisation. It might also be useful for service commissioners when putting together service contracts. This resource is based on findings from an Evidence and Practice Review commissioned by the Ministry of Justice (MoJ) that explored the support needs of victims; how to develop victim outcome measures; how to measure victim outcomes; and how to assess quality in support service provision.

Victims of crime have very diverse needs, reflected in the range of support available, the different sizes of support providers, and the services and interventions offered. As approaches to outcome measurement need to reflect this diversity, this resource cannot prescribe what approaches particular service providers should take. Instead, it offers information about how service providers might design an outcome measurement approach.

There is little advice and guidance about outcome measurement aimed specifically at services working with victims of crime, but a range of information is available to the third sector more broadly. Helpful links and references can be found in the 'further information and resources' section.

## Why measure outcomes for victims of crime?

- To track progress and demonstrate outcomes for individual service users.
- So that services can monitor their effectiveness and improve delivery.
- To help to evidence impact to service commissioners, who build outcome measurement and recording into contracts.
- So that services are accountable to the communities they support.

## Challenges to outcome measurement

- Limited resources and infrastructure, particularly for smaller service providers.
- Over-interpreting the data collected. You cannot attribute an outcome solely to a particular service or intervention without an impact evaluation, using a quasi-experimental or experimental design like a randomised control trial (which has its own ethical and practical challenges).

Outcome measurement in the victim sector has its own challenges. Victims' needs and service provision vary, and consequently there is no 'one size fits all' outcome measurement approach. Factors to take into account are:

- When is the right time to gather outcome data? It is important that the timing of data collection is handled sensitively to minimise burden or distress to the victim.
- Victims' safety should be prioritised at all times, including anonymity in reporting outcomes data.

## **2. Designing your outcome measurement approach**

### **Step 1: Be clear about service aims and objectives**

The first step in measuring outcomes is to be clear about what the service is trying to achieve, e.g. a service offering window replacements and lock fittings after a burglary may have improving victim safety as its main objective; while for a service supporting a victim through the criminal justice system (CJS), it may be improving the victim's experience of the CJS. It is important to identify these objectives and communicate them clearly to staff, service users and stakeholders.

### **Step 2: Be clear about the purpose of outcome measurement and the intended audience(s)**

Clarity about why outcomes are being measured and how the data will be used can help ensure that those responsible for collecting outcome data can see its value. Without this, data collection might be inconsistent and of variable quality.

The audience for outcome data can impact on the selection of outcomes and approaches to data collection. Here are some of the issues to consider with particular audiences in mind:

#### **Service users**

Tracking outcomes for individual service users helps them to see the progress they are making, and helps practitioners assess what other support is required. Outcomes can be tailored to the individual victim and data collected in an informal way, without needing to compare outcome measures across cases or provide service-level measures of outcomes.

#### **Service providers**

Collecting outcome data helps identify strengths and weaknesses in service delivery and inform improvements. Outcomes collected here should be comparable across cases, to provide a measure of overall outcomes, e.g. incorporating outcome data into case management systems or using standardised service user questionnaires.

#### **Commissioners**

Service commissioners are often responsible for identifying the outcomes they want services to achieve, and outcome reporting is a requirement regularly built into service contracts. Discussion between commissioners and providers can help ensure that the outcome requirements are appropriate for the service being delivered.

## Checklist 1: Purpose of outcome measurement and intended audience(s)

- Have the aims and objectives of the service been identified?
- Has the purpose and audience of the outcome measurement approach been clearly identified?
- Has the purpose been clearly communicated to staff, service users and stakeholders?

## Step 3: Identify the outcomes the service is seeking to achieve and measure

The type of intervention(s) offered and the needs of individual service users will determine which outcomes are appropriate, e.g. a service providing a telephone helpline may prioritise emergency healthcare and informing the victim about the support available, while a service providing support and advocacy during a criminal trial may prioritise information provision and improving the victim's experience of the CJS.

The Evidence and Practice Review identified five broad outcome areas that services working with victims could aim to achieve, depending on the circumstances and needs of the victim being supported.

### Improved health and well-being

Key outcomes relating to mental health include coping with trauma (such as bereavement through homicide); reducing stress, anxiety and depression; and increasing confidence, independence and resilience. Increasing victim well-being by listening to victims' experiences and acknowledging the impacts of the crime are also important aspects of support provision. Outcomes related to physical health include improved access to healthcare services, reduced substance misuse, access to emergency healthcare for victims of violence, and the detection and treatment of sexually transmitted infections for victims of sexual violence.

### Increased safety and perceptions of safety

Reducing the risk of re-victimisation and increasing victim perceptions of their own safety are important outcomes, and might be particularly relevant for victims of violent crime. Reduced risk assessment scores, enhancing victims' feelings of their own safety, target hardening<sup>1</sup> and re-housing victims away from perpetrators are all potential indicators of increased safety.

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<sup>1</sup> Target hardening refers to measures to strengthen security (e.g. installing locks, fitting alarms) to reduce the likelihood of victimisation.

## Re-integration

This captures a wide range of outcomes related to victims leading fulfilled lives and, as far as possible, returning to the lives they had before the crime. Outcomes include returning to work or education, finding housing, receiving financial support, such as a successful compensation claim, reducing social isolation, and improving relationships with others.

## Feeling informed

The need for information is a priority for victims of crime, so an important outcome for service providers is that victims feel more informed about the support available to them, as well as developments in CJS processes (where relevant). Ensuring that information provided is accessible, timely and accurate is critical to achieving this outcome.

## Improved experience of the CJS

It is not the job of services supporting victims to affect CJS outcomes. However, they do play an important role in supporting victims during their contact with the CJS, possibly improving victims' experiences of it. Outcomes include victims feeling supported and informed about developments in their case.

## Good practice in identifying outcomes

- Think carefully and be realistic about the outcomes selected for measurement. Selecting outcomes that are beyond the scope of the service or too ambitious may set the service up to fail and demoralise staff. Consulting staff, service users, funders and partner agencies can help ensure that the outcomes selected are appropriate.
- Some outcomes may not be appropriate for particular service users. Measuring an outcome focusing on returning service users to work, for example, may not be appropriate for all victims of domestic violence because of safety considerations. Cases where the victim worked with the domestic violence perpetrator (in the case of family businesses) or at a workplace known to the perpetrator, are two instances where returning the victim to work would be an inappropriate outcome. It is important to consider the circumstances of individual service users when identifying outcomes to work towards.
- Measuring outcomes can be time and resource intensive so it may not be possible to measure every outcome the service aims to achieve. Identify a core set of outcomes that you want to measure and take them as your starting point.

- You may want to collaborate with partner agencies to identify and agree shared outcomes that could be worked towards together. Outcomes that are beyond the scope of a single provider may be achievable when working in partnership.
- Keep the outcomes selected for measurement under regular review.

### **Checklist 2: Identifying outcomes**

- Has there been consultation on the outcomes selected for measurement?
- Are the outcomes selected appropriate for the intervention offered and service users?
- Are the number of outcomes selected for measurement realistic and feasible within the resources and time available?
- Are there any opportunities to work in partnership with other agencies to achieve and measure shared outcomes?

## **Step 4: Foundations for an effective outcome measurement approach**

In designing and implementing an effective outcome measurement approach it is important to have these foundations in place.

### **Staff training**

Staff need to understand the principles of performance monitoring and outcome measurement. For larger providers it may be possible to employ specialist staff to lead on outcome measurement. For others, practitioners will be implementing these approaches alongside their work with victims, and so it is important that staff are trained on outcome measurement approaches. Building relationships with academics or consultants to provide support with outcome measurement may be one way to increase capacity.

### **Research ethics**

Outcome measurement is a form of research and so it is critical that any approach that is adopted conforms to ethical research practices. Some basic principles:

### **Informed consent**

Service users asked to provide feedback on their views as part of outcome measurement need to give informed consent. They need to be given information about the aims and purposes of the data collection, how their participation is voluntary, and how the data will be used, to help them to decide whether to participate.

### Protecting service users from harm

Will contributing to outcome measurement have a negative impact on the service user? If so, steps need to be taken to minimise this. Individuals should be aware of what contributing to outcome measurement will involve and that they can withdraw at any time. It is good practice to ensure that service users feel they can speak to staff or re-engage with services if they feel they need additional support after participating.

### Confidentiality and anonymity

Information provided by service users should be treated as confidential. Data should be reported anonymously to protect the service user's identity, as victims' privacy and safety is paramount. Particular care should be taken when using illustrative case studies; changing details to protect identities or using composite case studies (which combine elements of different cases) may be appropriate.

### Data protection

Data should be stored securely and measures taken to restrict access to only those who need it. Personal data should be kept in accordance with the Data Protection Act and consent from the individual concerned should be obtained before it is shared with other agencies, unless there is a safeguarding issue. For this reason, it is important that service users are aware of when practitioners will need to break confidentiality.

### Checklist 3: Foundations for an effective outcome measurement approach

- Have staff received training on performance monitoring and outcome measurement approaches?
- Has sufficient information been provided to individuals participating in outcome measurement to ensure that they have given informed consent?
- Has consideration been given to any potential harm to service users that might arise from taking part in outcome measurement? Have steps been taken to minimise this?
- Will the data collected remain confidential and findings be reported anonymously?
- Will the data be stored securely?

### Step 5: Define outcome indicators

Outcome measures that 'indicate' whether you are achieving your outcome(s) need to be developed. The outcomes you are seeking to achieve may be complex, so you might want to develop more than one indicator to build up a picture of how well the service is achieving a particular outcome.

Here are some examples of indicators that could be used to measure key outcomes for victim support services. The indicators you select will depend on the interventions your service is delivering, the needs of your service users, and the approaches you intend to use to gather outcome data.

Some outcomes for victims may take a long time to achieve, e.g. returning to work after a violent crime, and may not be realised during the service user's contact with the service. Nevertheless, a lot of progress may have been made towards the outcome and it is important to capture this. This can be done by using 'interim' or 'distance travelled' outcome indicators, e.g. contacting an employer to discuss a return to work, setting a date for returning, or the service user actively seeking work.

#### **Checklist 4: Defining outcome indicators**

- Are the outcome indicators selected a good measure of the outcomes the service is trying to achieve?
- Could you use several different indicators to build up a picture of a particular outcome?
- Could you develop 'interim' or 'distance travelled' indicators to capture change in the short to medium-term?

**Table 2.1 Outcomes and potential outcome indicators**

<b>Outcome</b>	<b>Potential outcome indicators</b>	<b>Source of data</b>
Improved health and well-being	Increased self-confidence	Service user report, psychometric scales
	Reduced symptoms of anxiety	Service user report, psychometric scales
	Reduced symptoms of trauma	Service user report, psychometric scales
	Improved access to healthcare services	Service user report, staff report
Re-integration	Return to work	Observable outcome
	Re-housed	Observable outcome
	Successful compensation claim	Observable outcome
	Debts managed or reduced	Service user report, partner agency report
Increased safety and perceptions of safety	Reduced risk assessment	Staff report
	Increased service user perceptions of safety	Service user report
	Re-housed	Observable outcome
	Reduced incidents of victimisation	Service user report, partner agency report
Feeling informed	Increased awareness of/knowledge about services available	Service user report
	Satisfaction with timeliness and quality of information provided	Service user report
Improved experience of the CJS	Satisfaction with information provided on the CJS process and their rights	Service user report
	Satisfaction with the liaison with other agencies on behalf of the service user	Service user report

### **3. Implementing your outcome measurement approach**

#### **Step 6: Establishing your starting point**

Before you can measure the outcomes achieved, you must first identify the particular needs you are seeking to meet and establish a starting point by capturing a baseline measure to track change against.

#### **Needs assessment**

The needs of victims are dynamic and wide-ranging (see further discussion in the Evidence and Practice Review). While some needs might be applicable to many service users, others might be more relevant to victims with certain characteristics or victims of specific crimes (e.g. a victim of a violent crime or individual bereaved by homicide applying for Criminal Injuries Compensation). To successfully measure outcomes, appropriate needs (and outcomes) are required to be identified for each service user.

#### **Selecting a needs assessment approach**

A range of standardised and bespoke tools can be used to assess victim needs. They ensure consistency in the assessment process, allow less obvious needs to be identified, and reassure victims that their needs may be similar to others. Examples of standardised tools used include, the Trauma Symptoms Checklist for Children (TSCC); Becks Depression Inventory; and the Framework for the Assessment of Children in Need and their Families.

You may want to consider developing your own needs assessment tool, either by adapting standardised tools or working with a specialist in this field to develop one from scratch. This has the benefit of ensuring that the assessment process fits with your service and the needs of your service users.

For a needs assessment to be effective, it should:

- Be delivered by a practitioner with knowledge and expertise on the needs of victims.
- Capture the full range of needs presented by the service user.
- Allow victims to identify their own needs.
- Balance conducting a comprehensive needs assessment with minimising burden to the victim.

- Be done at an appropriate time. A priority at the point of initial contact with the victim may be to identify any immediate needs related to safety, physical or emotional well-being or reporting to the police. A more comprehensive needs assessment can be carried out later on.
- Be viewed as an ongoing process as victim needs are likely to change over time.

Other sources can inform needs assessments, including the victim's family, the police and social services. They can be particularly helpful when assessing victims who are less able to communicate, such as young children and people with learning disabilities. If information from partner agencies is used, ensure that a data sharing agreement has been established and data is shared in accordance with the Data Protection Act. Further information is available [here](#).

### **Example of conducting a needs assessment**

Service provider A supports victims of all crime types, providing a wide range of services based on individual needs assessments. At first contact, the practitioner talks to the victim and takes them through a needs assessment process based on a guidance document that prompts them to explore a range of needs. The guidance document has been developed by the service, is not prescriptive and allows the service user to direct the conversation and identify their own concerns. It also offers prompts in relation to needs that might arise as a result of specific crimes, such as carrying out appropriate risk assessments. On completion of the assessment, the practitioner outlines what support they can offer and agrees action points with the service user.

### **Establishing a baseline**

Collecting baseline information is an important part of outcome monitoring, as it identifies a starting point from which progress can be measured, e.g. a counselling service working with victims of crime suffering from trauma would need to assess the symptoms a service user presents with on referral, so that progress in alleviating these symptoms can be measured at intervals and/or the end of treatment.

However, capturing baseline data in victim support services can be challenging and careful consideration should be given to if and when to collect it.

## Timing

It may not be appropriate to gather this information in the early stages of support as meeting the immediate needs of the victim is the priority. Capturing a baseline too early on might cause additional stress for the victim. The practitioner and service user may also need time to build trust and rapport before an accurate baseline can be captured. Gathering baseline information sometime after the start of contact with a service may mean that the impact of the service is not fully measured. While this is a limitation, the welfare of the service user should always take precedence.

## Intervention type

For relatively short interventions, such as telephone helpline advice, a baseline measure may not be appropriate. A service providing more intensive support over weeks/months would be better placed to capture an initial baseline that could then be followed up at intervals to track change.

Where capturing baseline information is not feasible, it may be better to get feedback on satisfaction with the service offered rather than attempt to measure outcomes. Alternatively, service users could be asked to assess the impact of the service on them retrospectively. However, memory issues and hindsight can affect the validity of the data collected.

### Checklist 5: Establishing a starting point

- Is the needs assessment process flexible enough to enable service users to identify their own needs?
- Is the timing of the needs assessment appropriate? Has consideration been given to minimising the burden on victims?
- Is capturing baseline information feasible for the type of intervention offered by the service?
- If feasible, when should the baseline be collected?

## Step 7: Decide on data collection approaches

The type of outcome you have chosen and the indicator(s) you have selected will often guide you to the most appropriate form of data collection. Using a range of different data collection approaches may help to build up a picture of service user outcomes, but you should bear in mind the resource implications of the approach(es) selected, and whether the data collected from different sources is compatible. Here are a range of possible data collection approaches, alongside their advantages and disadvantages.

## **Victim reported outcomes**

A key approach to measuring outcomes in services supporting victims is to seek feedback from service users themselves, for example:

## **Psychometric scales**

Psychometric scales are designed to measure psychological distress, and so are particularly useful for health, well-being and re-integration outcomes.

## **Advantages**

- Well established psychometric scales have often undergone extensive validity and reliability tests, so have credibility among practitioners.
- The use of validated scales allows comparisons to be made across service provision for single providers, and potentially across multiple providers by standardising the outcome measure.
- They can allow measures to be taken at intervals throughout contact with a service.

## **Disadvantages**

- Raw psychometric scores on their own may not be enough to fully capture outcomes and the complexity of cases.
- Recovery from trauma is not a linear process and scores on psychometric scales may go up, as well as down, during therapy.
- Completing scales may increase anxiety among victims if they feel the results suggest they need a high level of support, and/or the scales indicate their symptoms are getting worse rather than better.
- Psychometric scales are sometimes viewed as too prescriptive and do not allow victims to identify the outcomes they want to achieve.
- You have to pay to use some tools.

## **Good practice**

- Practitioners should be trained in use of psychometric scales. This will ensure validity in the outcome measures drawn from them.
- Consider the victim's current circumstances when interpreting psychometric measures, e.g. the start of a trial or a perpetrator being released from prison may impact on scores.

### **Example of how to use psychometric scales 1**

Service provider B specialises in counselling for victims of violent crime to help them overcome trauma. They use the *Horowitz Impact of Event Scale* to measure trauma symptoms. This scale uses self assessment by the service user to track change across fifteen symptoms of trauma, including questions about avoidance (e.g. not talking about the experience) and intrusion (e.g. sleep disruption). The scale is used at the start of the intervention, and at repeated intervals throughout (after six weeks, at the end of the intervention and three months post-intervention) to capture change over time. The service also uses other psychometric scales, such as the *Beck Depression Inventory* where victims are thought to be suffering depression as a result of their experiences.

### **Example of how to use psychometric scales 2**

Service provider C provides counselling for child victims of sexual abuse, and one of their outcomes is supporting children to overcome the trauma they have experienced. To monitor this, they use the Trauma Symptom Checklist for Children, designed specifically to capture symptoms in children such as anxiety, depression, post-traumatic stress, dissociation, sexual concerns and anger. The tool is used at the start of the intervention and then every three months to capture change over time.

You might want to develop your own measurement scales to track change for service users. Consider working with, or commissioning, an expert specialising in this area to help you develop the measures. This can result in an easy to administer outcome measurement tool that is tailored specifically to the intervention being offered.

### **Example of how to use bespoke outcome measurement scales 1**

Service provider C provides counselling for child victims of sexual abuse. In addition to using an established psychometric scale to measure symptoms of trauma, some practitioners also use bespoke measures, where victims are asked to identify needs they want to address during the intervention and to score where they feel they are on a scale of 0-10. These scores are then revisited at the end of the intervention to track improvement. Practitioners acknowledged that it would be difficult to aggregate scores of this kind to get an overall measure of service effectiveness, but they were felt to be useful as they provided a measure of individual progress against client-led outcomes. This approach is also useful for enabling service users to track their progress during the course of an intervention.

## Example of how to use bespoke outcome measurement scales 2

Service provider D supports victims of race hate crime. They have developed a scale to measure outcomes for a service providing support to children who have suffered racial harassment in and around school. The scale tracks change across four outcome areas: increased confidence and self-esteem, reduced social isolation, improved self-identity, and improved home/school relationships. The tool uses a simple five point scale and service users are asked to score themselves on a series of statements at the start of the intervention and at intervals throughout to track progress. Different versions of the tool have been developed for primary and secondary school age service users, as well as parents and staff members.

### Service user questionnaires

Service user questionnaires can include questions to capture process measures of service activity (e.g. whether the victim was contacted by the service within a specified time from referral), as well as questions capturing outcomes (e.g. the extent to which victims felt informed about the support available to them).

#### Advantages

- They can be tailored to the service provided.
- They offer an effective way of capturing outcomes directly from the victims themselves.
- They can provide an overall measure of service outcomes by gathering consistent and quantifiable data from all service users.

#### Disadvantages

- Some particularly vulnerable victim groups, e.g. those with learning difficulties, low literacy levels or English as an additional language (EAL), may have difficulty completing the questionnaire.
- If questionnaires are used at the end of an intervention it can be difficult to attribute outcomes to the service specifically because no baseline data has been collected for comparison. To fully attribute impact to an intervention a full impact evaluation would be required.
- Outcome data may be biased if only a small number of service users complete the questionnaire.

- It may be difficult for service users to accurately remember the service provided where they have been involved with multiple service providers.

### Good practice

- Consider the timing of service user questionnaires to ensure that recall issues do not impact on the quality of outcome data collected.
- Avoid overburdening service users, keep questionnaires short and succinct and pilot them with a small number of service users before using more widely.
- Use both closed, quantifiable questions and open, descriptive questions where possible. Resources like the Survey Resources Network and Question Appraisal System might be useful when designing questionnaires.
- Ensure anonymity and confidentiality, this can help service users evaluate the impacts of the service honestly.

### Example of how to use service user questionnaires

Service provider E supports victims of hate crime. They ask service users to complete a questionnaire at the end of their contact with the service. The questionnaire uses satisfaction scales (from *'very satisfied'* to *'very dissatisfied'*) alongside questions to capture change in outcomes by asking service users to assess whether particular outcomes had *'got better'*, *'stayed the same'* or *'got worse'* as a result of support from the service. Outcomes include perceptions of personal safety, number of hate crime incidents since contact with the service and perceptions of their quality of life. Space is provided to allow for any further comments the service user may have on the service including suggestions for improvements.

### Staff reported outcomes

This relies on the professional expertise and knowledge of practitioners working with victims to capture and record their assessment of outcomes. This can be done through case notes and/or by recording outcomes in electronic case management systems.

### Advantages

- Practitioners are well placed to assess outcomes, given their expertise.
- It can be a cost effective way of capturing outcomes when the assessment is incorporated into existing case management systems.

## Disadvantages

- There is potential for staff to overstate the positive if future funding is dependent on achieving particular outcomes.
- They may create an additional burden on staff by increasing the amount of data they need to collect and record.

## Good practice

- Internal audits and case reviews should be undertaken to review the data collected, to reduce the risk that positive outcomes are overstated.
- Consult staff who will be collecting outcome data to ensure processes fit with existing working practices.
- Build outcome measurement into existing case management processes to minimise additional workload and duplication of effort.

## Example of the use of staff reported outcomes

Service provider F supports victims of domestic abuse. They have incorporated a bespoke outcomes framework into their case management system to enable staff to capture outcomes as part of their routine case management process. Each outcome is broken down into steps to enable the service to capture distance travelled towards the final outcome as well as measuring whether the final outcome is achieved. Staff can select from a menu of outcomes, therefore tailoring the outcomes they work towards to the needs of the individual service user. To quality control the data collected in this system, cases are reviewed and closed by a service manager, to provide an internal check on what outcomes have been achieved.

## Hard outcome measures

A hard outcome measure is one that is easily observable and therefore less likely to be affected by the views of the individuals involved. Examples of hard outcomes include whether or not a victim receives financial compensation, returns to work, or suffers any further victimisation.

## Advantages

- Outcomes are relatively straightforward to capture and less subject to interpretation and bias.

## Disadvantages

- Interpreting the meaning of hard outcomes is not necessarily straightforward, e.g. an objective measure that records no further reports of victimisation could be interpreted as a positive outcome. But, it could be that the victim feels intimidated and is reluctant to report.
- Relying on only hard outcomes measures to assess a service might not capture outcomes that are less tangible but equally important in meeting victims' needs.
- Hard outcomes take time to achieve and may not be observable for a number of years.

## Good practice

- Capture hard outcome data alongside distance travelled or intermediate outcomes to build a full picture of service outcomes.
- Take into account the timescales involved and recognise that some outcomes may not be observable for a number of years.

## Qualitative outcome measurement approaches

Qualitative approaches such as in-depth interviews and focus groups can help capture a range of outcomes and can be particularly helpful in understanding why some outcomes are achieved and not others. They can also contribute to the measurement of soft or intermediate outcomes. Examples include changes in attitude, improved coping mechanisms, and steps towards reintegration such as increasing social interaction.

## Advantages

- They can capture complex case detail and contextual factors to provide a rounded picture of outcomes.
- They offer flexibility and give service users an opportunity to voice their views in their own words.
- They can be exploratory in nature, so that unanticipated outcomes can emerge.

## Disadvantages

- They are less tangible so consequently more complex to measure and interpret.
- They cannot be used to quantify outcomes because data is qualitative rather than numerical.

### Good practice

- Care needs to be taken to ensure anonymity and confidentiality when using case illustrations. Composite case studies may be more appropriate.

Different qualitative research approaches are appropriate for different purposes. For example, focus groups are useful for gathering feedback on broad impacts of a service and to gather views on how services can be improved. Individual one-to-one discussions are more appropriate when gathering individual outcomes data, particularly on sensitive topics.

### Example of qualitative outcome measurement approaches

Service provider G supports victims of sexual violence. They use scales (e.g. 0-10) to track changes on key outcomes but these measures do not always capture the complexity of cases e.g. in the initial stages of support a service user might be reluctant to reveal the full extent of their needs, but as trust and rapport develops these needs are revealed. So, measures using scales appear to go down, when in reality the lower scores might reflect increased engagement and trust on the part of the service user. To tackle this the service also uses case studies to communicate the complexity of their cases. They find this a powerful way of illustrating service user outcomes.

### Checklist 6: Deciding on a data collection approach

- Is the data collection approach adopted suitable for the service users e.g. age appropriate?
- Is it feasible with the time and resources available? Costs of tools, training and staff resources should all be considered.
- Has consideration been given to using a range of data collection approaches to increase the validity of the data collection?

## 4. Making use of your outcome data

### Step 8: Build outcome data into service improvement

Outcome data has a range of benefits. One is enabling services to look at their performance with a critical eye; weaknesses are more obvious when outcomes are measured and the findings interpreted. This can lead to improvements and more strategic planning.

#### Example of building outcome data into service improvement 1

Service provider F supports victims of domestic abuse. They have incorporated a bespoke outcomes framework into their electronic case management system to enable staff to capture outcomes as part of routine case management. Each team has a quarterly review meeting where they examine outcome data from the system, including outcomes achieved for victims compared to the outcomes originally selected, whether actions taken were the most appropriate ones, what victims have fed back about the service and whether they have any suggestions for improvements. Through doing this, the provider aims for continuous service development and improvement.

#### Example of building outcome data into service improvement 2

Service provider C provides counselling for child victims of sexual abuse. As a large national charity they have commissioned an independent evaluation of one of their interventions, using a quasi-experimental research design. They intend to use the evidence gathered from this to build on their knowledge about supporting victims of child sexual abuse. It is hoped that this will not only help to improve their own practice, but contribute to good practice more widely. The provider is currently exploring the feasibility of follow-up to capture the impact of the intervention in the long-term.

### Step 9: Design a dissemination approach

For outcome measurement to be effective and impact on service improvement it is critical that findings are disseminated. Consider developing a dissemination strategy to ensure that key audiences are reached. Things to consider:

#### Audience

Identify the key audiences for outcomes data and consider how they may impact on dissemination, e.g. providing information on websites or in leaflets might be the best way to

reach service users, while the most effective way of disseminating findings to staff may be through team and line management meetings or service development workshops.

### **Formats**

Consider using different formats for dissemination to maximise impact. Possible formats include presenting information on websites, using social media, developing service leaflets, presenting to partner agencies and holding open days.

### **Good practice**

- In disseminating outcomes data, include a brief description of the methodology used to contextualise how the data was collected.
- Acknowledge the limitations of any data collection approach used, to allow the audience to assess the quality and validity of the data presented.

## 5. Reviewing your outcome measurement approach

### Step 10: Build regular reviews into your approach

It is important the outcomes identified for your service are reviewed regularly. As services change and develop it is likely that the outcomes selected will also need to be reassessed. Inappropriate outcomes may skew service delivery and encourage staff to behave in ways that go against service objectives. An open dialogue with commissioners is important to ensure that outcomes built into service contracts continue to be fit for purpose.

When reviewing your approach, ask these questions:

- Are your current outcomes the right ones, i.e. do they still reflect the outcomes the service is seeking to achieve?
- Are the outcome indicators appropriate? Are there better ones?
- What impact is the outcome data collection having on your staff and service users?
- How is outcome data informing your practice? Can you make better use of the data collected?
- How is outcome data being communicated to service users, funders, partners and stakeholders?

## 6. Quality assurance

The extent to which you can achieve outcomes for victims will be affected by the quality of the service provided.

### What is quality assurance?

Quality assurance can be defined as systematic activities that ensure specific delivery standards are met. Different *quality assurance frameworks* set out these standards, and are used by organisations to monitor and evaluate performance and ensure a consistent approach to service delivery.

### Approaches to quality assurance

There are two broad approaches to quality assurance that you might want to consider.

#### Standardised quality frameworks

These are formalised frameworks used by private, public and third sector organisations that set out expected standards of delivery and largely involve external audit for accreditation. The frameworks used by service providers in the Evidence and Practice Review included Practical Quality Assurance System for Small Organisations (PQASSO), the Supporting People Quality Assessment Framework, Investors in People, Investors in Diversity and ISO9001. Further information on these frameworks can be found in the 'further information and resources' section. You could use more than one framework in order to address the specific needs of your service.

#### Advantages

- Standardised frameworks often meet the needs of service commissioners, who might require adherence to specific frameworks.
- Working to a quality framework consolidates good practice and highlights any improvements to delivery that are needed.

#### Disadvantages

- Use of frameworks and accreditation can be expensive.
- Preparing for accreditation and maintaining standards afterwards can be time-consuming and draw practitioners' attention away from their delivery roles.

Accreditation can be at the individual level too, to regulatory bodies such as the British Psychological Society (BPS), British Association for Counselling and Psychotherapy (BACP) and Health Professions Council (HPC). This is particularly for practitioners providing counselling or therapy, for groups like child victims of sexual violence and victims experiencing trauma. Accreditation can demonstrate quality in practice, and allow access to further support and guidance. Further information on these frameworks can be found in the 'further information and resources' section.

### **Bespoke, in-house frameworks**

If you feel that the standardised frameworks available are not appropriate for your organisation, you could develop one that is tailor-made to your service. For larger providers it may be possible to employ specialist staff to lead on this. Alternatively, building relationships with academics or consultants to provide support may be worth considering.

#### **Advantage**

- They can be designed to meet the specific needs and activities of your service and service users.

#### **Disadvantages**

- Designing a bespoke framework can be complex, time-consuming, and costly.
- Service commissioners might favour adherence to a standardised framework.

## Indicators of quality in service provision

Here are some example indicators of quality in victim support service provision.

**Table 6.2 Indicators of quality**

Quality areas	Indicators
Governance and management	<ul style="list-style-type: none"> <li>• Defined organisational aims and objectives</li> <li>• Standardised processes and procedures across the organisation</li> <li>• Service accountable to Board and/or managers, and individual staff/volunteers accountable to an assigned line manager</li> <li>• Monitoring of financial performance</li> </ul>
Staff/volunteer recruitment, training and support	<ul style="list-style-type: none"> <li>• Staff/volunteers have the qualifications and/or have received the training necessary to fulfil their role</li> <li>• Staff/volunteers exhibit the necessary personal qualities and attributes to support victims professionally and sensitively</li> <li>• Clinical supervision for staff/volunteers providing therapy to victims</li> <li>• Support mechanisms in place for staff/volunteers</li> <li>• Opportunities for learning and development</li> </ul>
Victim-focused delivery	<ul style="list-style-type: none"> <li>• Service provision tailored to meet the victim's specific needs</li> <li>• Desired outcomes of support identified by the victim at the outset</li> <li>• Victim involved in decision-making about what aspects of the support or intervention are received, as appropriate</li> <li>• Personal information held in accordance with the Data Protection Act, with the necessary disclosure protocols in place</li> <li>• Service delivery underpinned by considerations of the victim's safety</li> </ul>
Partnership working	<ul style="list-style-type: none"> <li>• Organisations that the service needs to work with in order to achieve its aims and objectives identified</li> <li>• Development and implementation of a protocol that outlines the roles and responsibilities of each organisation, e.g. signposting, referrals and information sharing</li> <li>• Data about effective partnership working gathered, e.g. percentage of referrals picked up and actioned within agreed timescales</li> </ul>
Monitoring and evaluation	<ul style="list-style-type: none"> <li>• Service delivery reviewed regularly</li> <li>• Measurement of victim outcomes</li> <li>• Victim feedback requested, recorded and acted upon</li> </ul>

## 7. Further information and resources

Sources of guidance and support on measuring outcomes and quality assurance that you may find useful:

### Outcome measurement

The **Charity Evaluation Service (CES)** provides training and support to voluntary sector organisations to evaluate their outcomes and show their impact ([www.ces-vol.org.uk](http://www.ces-vol.org.uk)).

**The Evaluation Trust** is a community development agency that specialises in capacity building in voluntary and community organisations. Their website includes information on evaluation, monitoring and quality ([www.evaluationtrust.org](http://www.evaluationtrust.org)).

The **Improving Access to Psychological Therapies (IAPT)** programme supports the frontline NHS in implementing National Institute for Health and Clinical Excellence (NICE) guidelines for people suffering from depression and anxiety disorders. It provides a handbook on the collection of outcome monitoring data that may be useful to services offering therapeutic psychological interventions ([www.iapt.nhs.uk](http://www.iapt.nhs.uk)).

The **National Council for Voluntary Organisations (NCVO)** provides guidance on impact measurement in the third sector ([www.ncvo-vol.org.uk](http://www.ncvo-vol.org.uk)).

**New Philanthropy Capital (NPC)** provide advice and consultancy to charities on evaluation approaches and measuring impact ([www.philanthropycapital.org](http://www.philanthropycapital.org)).

The **Question Appraisal System (QAS-99)** offers support with question design ([appliedresearch.cancer.gov/areas/cognitive/qas99.pdf](http://appliedresearch.cancer.gov/areas/cognitive/qas99.pdf)).

The **Survey Resources Network** provides information and guidance on survey questionnaires and other research tools, including a bank of questions that have been used in other surveys ([www.surveynet.ac.uk](http://www.surveynet.ac.uk)).

**Triangle Consulting** have developed **Outcomes Star**, an outcome measurement tool. Paper versions of the tool can be downloaded from their website ([www.outcomesstar.org.uk](http://www.outcomesstar.org.uk)).

## Quality assurance

**British Association for Counselling and Psychotherapy (BACP)** is a membership organisation and registered charity that sets and monitors standards for therapeutic practice ([www.bacp.co.uk](http://www.bacp.co.uk)).

**British Psychological Society** promotes excellence and ethical practice in psychology. It aims to support members' careers and professional development; provide information to the public; increase awareness and influence of psychology in society; and raise standards of education, training and practice in psychology ([www.bps.org.uk](http://www.bps.org.uk)).

**Health Professions Council** is a regulatory body that keeps a register of health professionals who meet their standards for training, professional skills, behaviour and health. The proficiency standards are ones which every health professional must meet in order to become and remain registered ([www.hpc-uk.org](http://www.hpc-uk.org)).

**Investors in Diversity** is an approach to managing equality, diversity and inclusion. It has three stages: a 'health check' for the organisation to understand its current position; support from a dedicated advisor to affect change; and demonstrating excellence in quality, diversity and inclusion ([www.nationalcentrefordiversity.com](http://www.nationalcentrefordiversity.com)).

**Investors in People** aims to improve an organisation through the performance of its people. It focuses on ensuring that individual, team and organisational training and development assist the organisation in meeting its objectives. The standard is externally assessed through interviews and regularly reviewed ([www.investorsinpeople.co.uk](http://www.investorsinpeople.co.uk)).

**ISO9001** is a standard that can be applied to all organisations, including the third sector. A lead assessor is assigned to the organisation, undertakes an assessment of current quality management arrangements, and compiles a report of actions required. An external auditor then carries out the assessment ([www.iso.org](http://www.iso.org)).

**Practical Quality Assurance System for Small Organisations (PQASSO)** is a self assessment tool developed by the Charities Evaluation Service. It now also has a Quality Mark which depends on independent, external assessment. It is based on 12 quality areas: planning; governance; leadership and management; user-centred service; managing people; learning and development; managing money; managing resources; communications and promotion; working with others; monitoring and evaluation; and results. PQASSO offers a

staged approach to implementation through three levels of achievement. Level 1 is the introductory level; Level 3 is the most advanced ([www.ces-vol.org.uk/PQASSO](http://www.ces-vol.org.uk/PQASSO)).

The **Supporting People Quality Assessment Framework (QAF)** enables providers to demonstrate that they are achieving a consistent minimum standard, as well as making continuous improvement to their services, via a self-assessment toolkit. The QAF centres on six core objectives: needs and risk assessment; support planning; security, health and safety; protection from abuse; fair access, diversity and inclusion; and complaints. For each objective there is a set of standards against which providers assess their performance and identify which of four levels they meet (A, excellent; B, good practice; C, minimum standard; D, unacceptable).

### **Data protection**

The **Information Commissioner's Office** provides information on data protection and data sharing, including guidance aimed specifically at the third sector ([www.ico.gov.uk](http://www.ico.gov.uk)).

## 8. Glossary of terms

Term	Definition
Clinical supervision	Used in counselling, psychotherapy and other mental health disciplines and involves the practitioner meeting regularly with another professional to discuss casework and other issues in a structured way.
Composite case study	A case study that combines elements of different cases to protect anonymity.
Distance travelled measure	A measure that captures the <i>distance travelled</i> towards a particular outcome, rather than the final outcome itself, also sometimes described as an <i>interim</i> measure.
Hard outcome	An outcome that is easily observable and therefore less likely to be affected by the subjective viewpoint of others involved.
Informed consent	Ensuring that research participants are provided with a minimum standard of information to make an informed decision about whether to participate.
Impact evaluation	A form of evaluation that assesses what impact can be attributed to a particular intervention.
Outcome	The changes, benefits, learning or other effects that happen as a result of your work (Cupitt and Ellis, 2007).
Outcome indicator	A measure that <i>indicates</i> whether an outcome is being achieved.
Partner agency	An organisation which a service works with in order to achieve a shared goal. Partnerships can take many forms including referrals and joint delivery of services.
Psychometric scale	A measurement scale that captures psychological change, e.g. in attitudes, personality traits, disorder symptoms, etc.
Randomised control trial	A form of experiment that randomly allocates participants to treatment and control groups to assess the impact of an intervention.
Soft outcome	Outcomes that are less tangible, more subjective and a matter of degree rather than absolute (Dewson et al., 2000).

## References

**Cupitt, S. and Ellis, J.** (2007) *Your Project and its Outcomes*. London: Charity Evaluation Services.

**Dewson, S., Eccles, J., Djan Tackey, N. and Jackson, A.** (2000) *Measuring Soft Outcomes and Distance Travelled: A Review of Current Practice*. DfEE Research Report 219, London: Department for Education and Employment.