

Online Training Module: Choosing the right measure for your service or intervention



Slide 1

Welcome to CORC Module 2; Choosing the right measures for your service or intervention. This module is approximately 20 minutes long.

Slide 2

My name is Sally Marriott, I am a CORC Regional Officer and I am delighted to be delivering this module of the CORC Online Training Programme.

I have a background in business improvement and transformation, and I have been CORC since 2014. Since then I have developed and delivered numerous CORC Trainings and I have supported many organisations across the UK in choosing the right measures for *their* service or intervention. I look forward to helping you learn more on this topic today.

The topics that we are going to cover are, firstly 'A Balance of Measures'; thinking about the different types of measurement and ensuring that there is the right balance i.e. not too much emphasis on any one in particular. Secondly "Using a logic model"; this will help to gain conceptual clarity on the logic underpinning your intervention and enable you debate appropriate measures at each step. Thirdly "Other key decisions" such as the relevant time points to gather such data, information on the different perspectives you might want to capture and some practical considerations. And then finally signposting to "More resources" so if you want to do any wider reading or delve deeper into certain topics then you can access these online.

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The session prerequisites are a basic understanding of what Outcome and Feedback measures are and why it is considered best practice to collect these data and use this information for service improvement. If you feel that you don't already have that basic understanding, then we would recommend completing the CORC Module 1: The importance of outcome and feedback measures. That can be found by returning to the online screen and following the appropriate links.

We are open to any training module suggestions that you might have for us. So please don't hesitate to email us with your suggestion at corc@annafreud.org.

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By the end of this module we hope that you will have gained an understanding that different measures have different purposes, be able to use a logic model to be able to identify exactly what it is you need to measure, and then know where to find more information on specific measures and make the choice.

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Firstly, we are going consider a balance of measures to help think about the different types of measures that ensure there is not too much emphasis on any one type of information.

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CORC have dedicated much time to understanding what the key elements are to provide a good service and have concluded those elements to be EFFICIENCY and EFFECTIVENESS underpinned by service user EXPERIENCE. All three of these elements need to be measured and monitored consistently and equally.

To demonstrate how EFFICIENT your service is you will usually want to quantify activity such as access and waiting times. These data and information can help to ensure a responsive service.

To demonstrate EFFECTIVENESS you will want to know if you are having the desired impact on the target population, usually aiming to see a positive change in something specific.

And then there is EXPERIENCE. Excellent, person centred care is needed to ensure maximum service user engagement. There are strong links between having a good experience and achieving good outcomes. Therefore, knowing how someone felt or thought whilst engagement with your service is crucial.

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As measures of activity form a large portion of data already collected, reported and discussed, we will not be dedicating much time to these in the remainder of the module.

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It is important to acknowledge at this stage that there will be conflicting priorities when deciding which measures to use. It can feel overwhelming when faced with the task of choosing the most appropriate tools that balance sufficient breadth and depth of information with minimal burden for the young person, family, and practitioner.

The priority at the front line will be to ensure minimal disruption to the flow of direct work and to compare just enough information to help guide that work appropriately.

At a more strategic level, whilst there is still a wish to cause minimal disruption to the flow of direct work, there will be a focus on collecting broader data to help drive more general and strategic decisions. This can lead to conflict and a lack of buy-in or endorsement for the chosen tools. Therefore, it is important that there is dialogue between frontline and strategic staff, to identify where compromises can be made, find the right balance, and give everyone what they need.

CORC would recommend that this is a collaborative process.

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To guide this collaborative discussion, we are now going to look at using a logic model.

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A logic model is a graphic which represents to theory of how an intervention produces its outcomes. It represents in a simplified way, a hypothesis or theory of change about how an intervention works. This approach helps to break the discussion down and give more focus to which types of measure are needed for each element and therefore which tool is most appropriate.

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The logic model we are using, as shown here on screen, was developed in 2016 by the Evidence Based Practice Unit, a collaboration between Anna Freud National Centre for Children and Families and the UCL faculty of Brain Science. Whilst other logic models are out there, this was developed as a one-page model and CORC find it to be simple and accessible.

Even in this simplified form it can still take time to understand and it should be noted that, whilst we will go through each element, it will be with a focus on what to measure. So, for more information, please follow the links provided within section four, giving you more resources.

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An important aspect to appreciate with the logic model is that whilst the end-product takes a logical flow from left to right, the discussion process will not necessarily do that. In this instance it is recommended to look first at the target who the intervention is for, secondly at the intervention and then thirdly at the outcome and what difference it will make before circling back the mechanisms and then looking at the moderators.

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The first section of the logic model is focusing on the target population. Here we want to think about who the intervention is aimed at and this might be one group of people or several different groups. Is it parents who need to attend *with* their children, or do children need to attend on their own? Put in as much information as possible about those groups for example age, ethnicity, gender, or any other key attributes such as young carers or care leavers. Once you've identified that level of detail you can then think through what you might like to measure and this could be 'how many people are accessing your service?' or what are the demographics of those actually attending. If the numbers accessing or the demographics don't match what was predicted, you can start to think about why and identify adjustments to delivery that will improve engagement or access for your target population.

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The second section is focusing in on the intervention, here we need to ensure that all aspects of the intervention are listed and include as much information as possible about each component. For example, what literature or evidence underpins this type of intervention? What materials are involved? What procedures need to be in place? Where and when is it provided? And has anything been changed from the original evidence base to fit your particular context? Again, once you have identified this level of detail you can then think about what measures would be suitable: how long are they waiting to access your intervention? How many sessions are attended? How many completed the intervention as planned or left the intervention early? With this type of information again, you can start to use it for improvement purposes. For example, if in the initial set up it was to deliver the sessions over twelve weeks and most people only attend eight or nine of those sessions, should the methodology be adjusted accordingly with a view to increasing capacity and delivering more blocks of sessions? A lot of these data will already be collected and so these measures are more commonly used, as discussed earlier, when thinking about efficiency.

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Thirdly, we want to think about outcomes. Outcomes are the changes you hope to see as a result of the intervention. It is important that these outcomes are agreed collaboratively by all stakeholders.

An important consideration at this point is the timeline for achieving these outcomes. Short term outcomes will usually begin to emerge either during or immediately after an intervention. Medium term up to six months after, and long term anything from six months onwards. Examples of what you could measure as short term are an increase in feelings of general wellbeing, a reduction in symptoms of anxiety, improvement in managing emotions. Medium term might be things like better attendance and attainment at school or fewer incidents of aggression. Longer term outcomes might be lower anti-social behaviour, or lower number of young people who are NEET (not in employment, education or training).

It should be noted that short term outcomes are easier to gather data from the young person's perspective as you can collect this whilst the service user is still engaged. Gathering

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data directly from them once they have disengaged, is much more difficult and so other sources such as schools, Police or even Public Health data should be considered.

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Here are some examples of different tools suitable for these type of outcomes.

Emerging themes were identified from 441 goals set during interventions occurring between 2007 and 2010. The paper from which this is extracted is referenced at the bottom of this slide.

This shows which measurement tool would be appropriate for gathering data on whether this outcome has been achieved. For example if a young person attends your intervention hoping to walk away with the skill to make more friends, then you can measure that by using tools such as the Strengths and Difficulties Questionnaire or the Child Outcome Rating Scale.

We will pause to give you opportunity to read through this list.

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Next, we are going to circle back to mechanisms.

The mechanisms are the things that link the intervention to the outcome. They occur when you describe how you want people to engage with your activities, the kind of relationship you establish and the thought process you want them to go through. Mechanisms are sometimes subtle and hard to grasp. A good starting point is to go back to any academic literature you may've identified in the intervention section.

They are not activities because they are not about what you do. You can deliver an activity, but the participants need to listen, take part enthusiastically, have fun or work as a team for it to be effective.

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And they are not yet outcomes because they are not changes for people. Having fun or working as a team only becomes an outcome if participants can take these feelings and skills away and draw on them to problem solve in future events.

Mechanisms should be consistent and replicable so, when thinking about what to measure ask, “what do I want people to be thinking, feeling, or doing whilst they are experiencing my intervention or service?”. Then you can turn these into questions.

Often, tools which capture and reflect experience such as session feedback questionnaires, or experience of service questionnaires, are a good methodology for measuring and monitoring mechanisms.

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Finally, we are going to discuss moderators, and these are factors that will influence whether the intervention leads to the outcomes you hope for, or not. Factors here will either support or derail the intervention. You might think that the intervention will work well in particular settings or that it might be less effective with particular groups of individuals and you need to check if this is happening or not.

These measures may be linked to other measures you have identified, for example are you reaching the right audiences, as identified in the intervention section. Or it might be monitoring that other things such as complimentary activities in the wider community or joined up working with other stakeholders such as schools or police.

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We are now going to move on to discuss ‘Other Key Decisions’.

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A decision was made early on in the CORC collaboration not to seek to combine perspectives in any one overall performance score but rather to consider the views of at least three judges

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of how good or bad the outcome of a treatment is. These are the child or young person themselves, parents or carers, and practitioner. Also, as more evidence emerges around the important role of schools in a child's life and support network, we are adding Teachers to the list.

In practice these views will often differ but are equally important as they each offer observation and understanding of how that child behaves or feels in different environments and faced with different circumstances.

Children's own views are crucial to ensure their voice is heard, they have a choice in how the intervention is delivered to them, and can articulate their own experiences. There is evidence that children as young as 8 years old can reliably comment on their experiences and outcomes.

Parents also offer rich insights on particular areas, such as reporting changes in behavioural difficulties exhibited by children, or better sleep patterns due to less worrying.

Practitioners are important reporters particularly in relation to complex symptomatology and functioning whilst a teacher, who is seeing a child for 7 – 8 hours a day may have a different view of how the child is behaving or coping and so this can help to fill in gaps of day to day occurrences.

It is important to remember that everyone may see things differently and see different things; no one is wrong, and all perspectives are valuable. Also, for reporting purposes, it is important to record and analyse these perspectives as separate data and not combine them. Further details about reporting and interpreting data are explored in later training modules.

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As discussed in previous slides and in module 1, emphasis was given to self-report measures in particular, i.e. those that a child or young person completes themselves. The process of

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selecting the right self-report measures can be facilitated by thinking of the tools as helping to answer two questions at each stage of the intervention.

At the first meeting, sometimes referred to as assessment or choice, stage one, the questions to be answered are: “what is the problem?” and “what do you want to change?”.

To answer these, some things to think about are: Would it be good enough to just use a tool that provides an overview of functioning or difficulties? Or do you need to look at specific symptoms and their frequency or severity? Would it be useful to include a measure of general wellbeing? And could capturing protective factors such as self-identity, resilience or support networks be helpful? Finally, some young people and families may find a more solution focused helpful and so setting and monitoring goals could be appropriate.

It is important to check in throughout the intervention to answer: how are we getting on together? And how are things going? So, are symptoms or goals getting better / being achieved? This is broadly stage two.

There are a few choices of format for young people and families to provide feedback on how they are experiencing the intervention. Would they be more comfortable using a tick box method such as the Session Feedback Questionnaire? Or placing a marker on a line as with the Session Rating Scale?

To track progress of outcomes, you may consider re-administering the original tool used at the assessment, stage one; some tools offer shortened versions or subscales for specific symptoms that can be used every session.

Finally, at review or close, stage three, you need to know: have we done as much as we could? Overall how was their experience?

To find out if changes have occurred in desired areas, as identified at the start of the work, you may need to use ALL of the same tools administered at assessment. However, as things have progressed it might have emerged that not all of the tools were relevant and so just one should be chosen.

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Questionnaires or tools gathering experience overall should link into measuring the mechanisms as identified in the logic model.

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To help focus the choice of measures at these different stages we give examples as follows:

For outcomes as can be seen here, when we are wanting to look at symptoms, you could use the RCADS (the Revised Child Anxiety and Depression Scale), the PHQ9 (Patient Health Questionnaire, the depression module), or the GAD 7 (Generalised Anxiety Disorder 7). If you are wanting to look at functioning or wellbeing, measures such as the Outcome Rating Scale or the Child Outcomes Rating Scale, The Strengths and Difficulties Questionnaire or the Children's Global Assessment Scale (which is actually a practitioner report) could be used. And if you're wanting to set goals, using something simple like the Goal Based Outcome tool would be really useful.

When gathering feedback, you may want to think about gathering feedback on their experience of each session so using Session Rating Scale, or how they feel the relationship is between the young person and the practitioner then a Therapist Rating Scale would be appropriate here. And to gather overall experience something such as an Experience of Service Questionnaire would be appropriate.

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Another key consideration is around involving young people in the decisions about which measures are most appropriate. We use questionnaires to get young people's feedback on what is happening to them, so to get good feedback we need make sure that the measures ask questions that feel relevant to them and uses language that makes sense to them. So we would recommend using service users in choosing the questionnaires you use, to make sure the information you capture is meaningful. If the questionnaire seems relevant to the service users and to the practitioners, they are much more likely to be used appropriately and the data you capture will be of better quality.

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Young people have also given a lot of feedback to CORC about *how* measures should be used, and we hope that you will watch our module on the “Six Steps to Using Measures” to hear more about that.

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Considering the discussion at the beginning of this module about balancing measures to guide both front line and strategic decisions without placing too much burden on the flow of the intervention, there is a decision to be made about the number and frequency of tools used.

More measures completed more often will yield more regular and complete information. And as it enables you to check in and react to emerging issues and make adjustments you may have fewer problems with drop out. However, there will be more respondent burden and it will take up more session time.

Fewer measures, less often, for example one measure at the beginning or end of the intervention will yield less information and may not allow data informed adjustments throughout if things have veered of course. This in itself could result in higher drop out rates. Also, the risk of missing final collection of the data and thus being able to measure and changes is greatly increased. However, there will be less respondent burden and it will take up less time in the session.

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We are now in the final section of this module “More Resources”. There are more resources you can access to help guide your decision and the links to these can be found on the web page to othis module.

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First is the Logic Model as discussed. You can download a pdf and interactive version of the model by following this link here (see web page).

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Here are the references to the works that helped to develop the content in Slide 14 and 20 should you wish to read wider on those elements.

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We are now at the end of CORC Module 2: Choosing the right measures for your service or intervention and we hope that you have enjoyed gaining knowledge and understanding of the three objectives.

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Thank you for listening and you can now test your knowledge and share your feedback with us using the links provided on this training module webpage.

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If you do have any questions relating to this topic, please do not hesitate to get in touch.

END TRANSCRIPT