

JUNE 2021

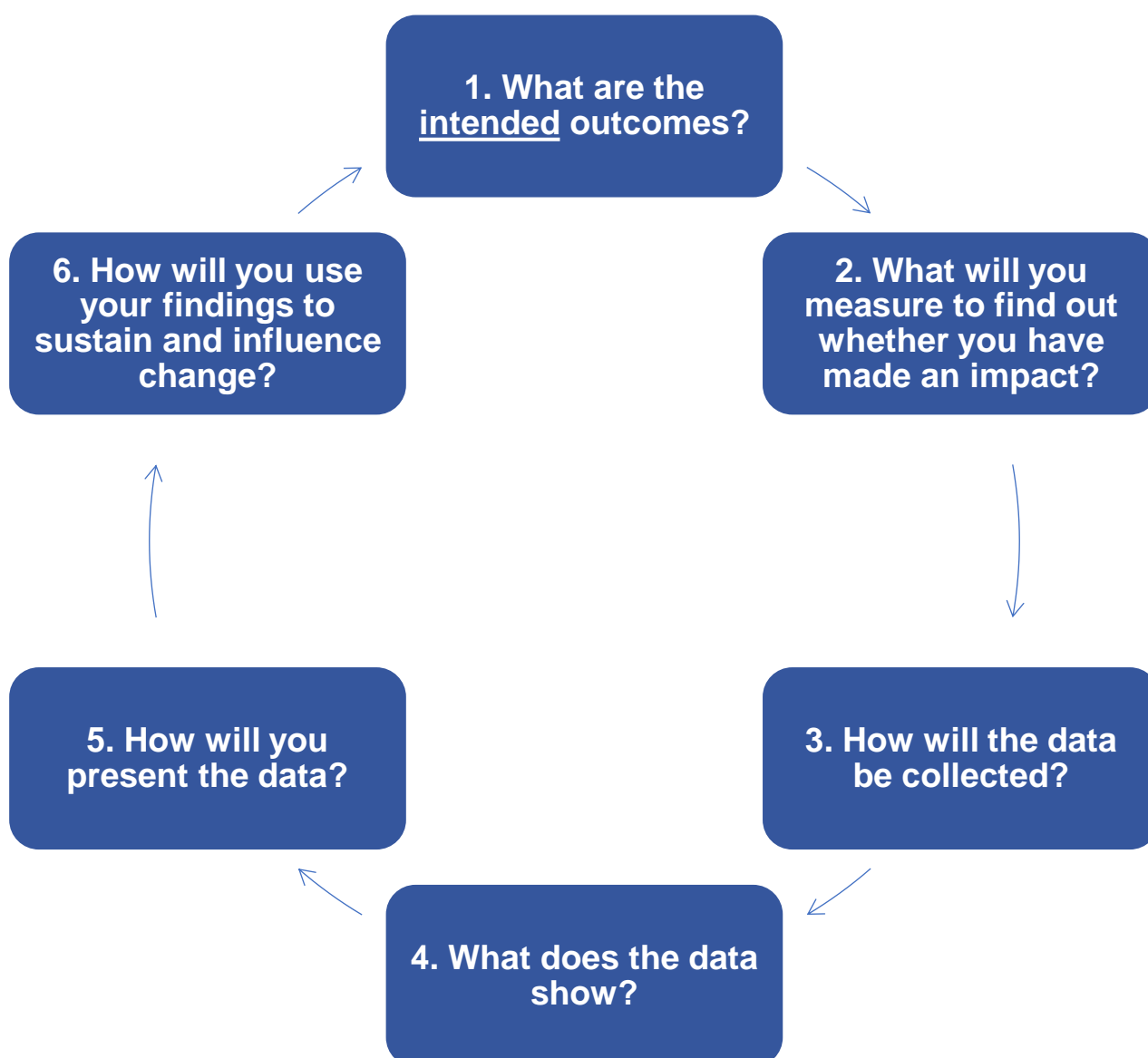
RCSLT FRAMEWORK

Measuring outcomes outside individualised care: a framework

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This framework has been developed as part of the [RCSLT guidance on measuring outcomes outside individualised care](#). It is designed to take SLTs and/or teams through the necessary steps that will enable you to generate outcome measures to support the evaluation of activity that is completed at a local and/or national level.

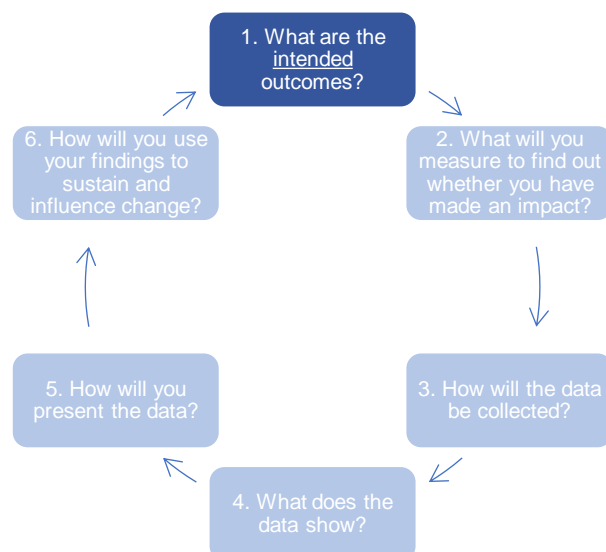
The six main questions within the framework are supported by complementary prompt questions and links to useful resources. It is recommended that you follow the steps in a sequential fashion. However, you may have already started working on a project and depending on where you are in the process you may find some steps and resources more relevant than others.



1. What are your intended outcomes?

Before embarking on a new project or activity, it is important to be clear about the outcomes that you are working towards. How are you going to determine what these should be? Who are your key stakeholders and partners?

Before you can start to think about what needs to be measured, it will be important to work with the communities established a shared vision for the ultimate outcome(s). Working in partnership with the communities that you serve cannot be over emphasised. Their lived experience and varied perspectives will provide a rich source of information and support that will help to develop your understanding of not only ways of working together collaboratively, but also identifying what you are working towards. With a shared vision in mind, you can begin to calculate the steps you will need to take to get there. It will be important to ensure that a range of views and perspectives are included. How will you make sure that you adopt an approach which meets the needs of your diverse communities and takes account of cultural, religious and linguistic needs? (van Kleeck, 1994). Patient and public involvement (PPI) from the onset of any project or initiative supports successful engagement during the implementation stage including the collection of meaningful data (NICE, 2017).



Once you have a clear vision and plan you can begin to think about how to track the progress you make as you move towards identified goals. Key partners, including patients, service users and the general public not only play a vital role in the co-production of the design or content of activities, they also play a vital role in establishing achievable methods for measuring impact.

The following questions can support you through this stage:

What population group or groups would you like see to benefit from your activity?

A number of information sources may influence your response to this question, for example:

- Information gathered via consultations with stakeholders and partners
- Local or national policies, priorities or public health initiatives
- Funding for specific initiatives.
- The evidence base. You may draw information from a number of sources, such as:
 - existing outcomes from previous projects completed by your team
 - the findings from projects or service evaluations completed by a different team or organisation
 - national projects or initiatives
 - local demographics
 - published literature

When will you expect to see change?

You may wish to consider both **ultimate outcomes** and **interim outcomes** for the project. The ultimate outcome may not be exclusive to speech, language, communication or swallowing needs but relate to wider health/education/social outcomes.

Example

The **ultimate outcome** may be to support employability for young adults with learning disabilities. One of the **interim outcomes** may be to support individuals to understand what to expect at a job interview. The speech and language therapist develops a number of resources to help, such as creating easy read information that gives individuals information and top tips for interviews, which are shared and used by the target audience (the **activity/intervention**). It may not be possible to measure the **ultimate outcome** at the end of your intervention, however **interim outcomes** could be measured.

What resources can help me?

Tools are available to enable you to plan activity that will be grounded in theory, which draw on the evidence base and are meaningful to individuals or organisations involved in or interested in the work:

- **Theory of change** allows us to make explicit the desired outcomes of a project or intervention, the choice of approaches that you are proposing to use and why the approaches have been made. The theory of change should take into account the current context and draw upon the evidence base.
- **A logic model** maps out how the intervention or activity will achieve the desired outcome(s), as well as outlining the resources required to implement the project (Amussen et al, 2019). When creating your logic model, start with the end in mind.

Resources

Theories of change and logic models

- [Public Health England \(2020\) Best start in speech, language and communication: Guidance to support local commissioners and service leads](#). This guidance provides a model pathway to support local areas to meet the speech, a language and communication needs of children in the early years. The logic model provided gives an overview that can be adapted by local areas.
- [Amussen, K, Brims, L, McBride, T, \(2019\) EIF Ten Steps for Evaluating Success](#) The guide walks you through the evaluation process. This journey starts with point of generating an idea, confirming proof of concept through evaluating how effectiveness of the intervention. The first two steps focus upon theory of change and logic models.
- [Developing a theory of change](#) is a six-minute video produced by Born in Bradford (www.borninbradford.nhs.uk). As the title suggests, the video explores what a theory of change and how developing a theory of change can support the implementation and evaluation of interventions.
- [Theory of change](#) is a short video explaining the concept of the theory of change.
- [Measuring your social impact: Theory of Change](#) this short video provides a working example of how theory of change can be applied to community initiatives.

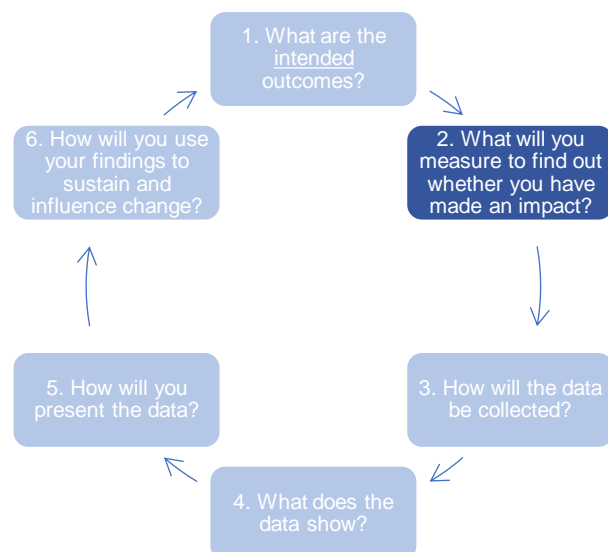
Identifying outcomes and patient and public involvement (PPI)

- [Amussen, K, Brims, L, McBride, T \(2019\) EIF Ten Steps for Evaluating Success](#) This guide walks you through the evaluation process. The journey starts with point of generating an idea, confirming proof of concept through evaluating how effectiveness of the intervention. Relevant chapters include Step 4: Conduct a feasibility study and Step 5: Pilot for outcomes.
- [NICE \(2017\) Community Engagement: Improving health and wellbeing](#) The guidelines outline the key recommendations and rationales for community engagement.
- [NICE \(2016\) Community Engagement: improving health and wellbeing reducing health inequalities](#) These guidelines outline the key recommendations and rationales for community engagement.
- [The Health Equalities Framework \(HEF\): Prioritising clinical decisions and supporting the measurement of outcomes for people who have intellectual disabilities](#) This article provides practical examples to support the explanation of how the framework works in practice.

2. What will you measure to find out whether you have made an impact?

Impact has been defined by the Council for Allied Health Professionals Research as “an effect, an influence, a significant change or benefit to health, quality of life, society, policy, services, the environment and the economy” (CAHPR, 2015; Hayhow, Wren, Deave, 2019). The tool that you use to measure change will be dependent upon the impact that you are anticipating. Creating a robust logic model will help you to drill down on what you expect to see, how change will manifest and consequently the indicators (evidence) that suggest progress is being made. The anticipated benefits from any intervention must be clearly articulated so that baseline and post-intervention measures capture evidence of change (McCartney and Cooper, 2019). You can use your logic model to help you develop a [measurement plan](#). The situation, or context may also influence what you measure (Better Evaluation, 2020). Therefore, it will be important to check that measures are meaningful to all stakeholders (AHP Outcome Measures UK Working Group, 2019).

Work with your partners, stakeholders and wider community to help you identify what, how, when and who will measure the impact of planned speech and language therapy activity.



From the outset it is important to consider:

What is the purpose for gathering information in this instance?

Only plan to collect and/or request data that will give evidence to meet your current requirements and provide relevant evidence. Avoid the temptation to collect excessive amounts of data.

- Do you have key performance indicators which you and your team need to meet?
- What information is required at this time?
- Will the data you have selected be meaningful and useful?

Who is likely to use information that you collect?

- You and your team will be interested to know whether your activity has had the anticipated impact.
- Your key partners and stakeholders may also value this information to support their own aims and key performance indicators.
- Commissioners may be interested in the information too as this may contribute to their wider decision making with regards to funding.

Is it better to capture evidence using:

- Qualitative or quantitative data
- Case studies

- [A mixed method approach](#)

Example

You are delivering training to other professionals or the public. At the end of the training you could collect quantitative data to see whether delegates have increased their understanding of the subject. Eg – Has today's training increased your understanding? (yes/no). Qualitative data can provide you with additional insight. Eg – What have you learnt today? This information on its own does not give you information about the impact of the training and therefore you might collect a small number of case studies that outline how a delegate(s) have put new skills into practice.

When considering what evidence you wish to collect, it is important to investigate what evidence is already available (McCartney and Cooper, 2019). There may be ample evidence that has already been collected and readily available regarding specific existing interventions for specific client groups, eg The Communication Trust [What Works](#) website.

Where evidence is available, it is good practice to replicate the effective research, noting any necessary changes and why they were necessary. Where this is not the case and there is a gap in information, or changes made to the design of an intervention, it will be necessary to collect evidence that supports the developing evidence base.

Should you only collect data on the outcomes?

Interventions and activities outside individualised care may appear simple at face level, however the success of interventions may be dependent upon a complex intersection of social determinants. Therefore, you may also want to collect data that quantifies the **output** for your activity in addition to the outcome measures.

Example

An information resource to support public awareness is uploaded to a website. The information has been downloaded 100 times in a week. This is an example of an **output**.

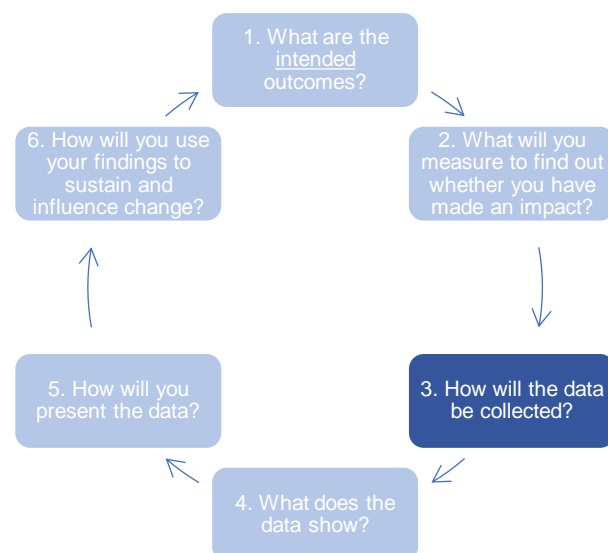
Resources

- [Better Evaluation](#) provides detailed information to support your decision making throughout the process of evaluating projects or interventions.
- [Rainbow Framework](#) is a supportive and systematic tool that organises the methods and processes used in evaluation. The colour coding used provides an easy-to-access guide to the steps required for success evaluation.
- [Key questions to ask when selecting outcome measures: a checklist for allied health professionals](#) is designed to support individual AHPs and/or teams to select the most appropriate outcome measures for their practice (Allied Health Professions (AHP) Outcome Measures UK Working Group, 2019).
- [Amussen, K, Brims, L, McBride, T \(2019\) EIF Ten Steps for Evaluating Success](#) is a guide that walks you through the evaluation process. This journey starts with point of generating an idea, confirming proof of concept through evaluating the effectiveness of the intervention.
- [Measuring your social impact: Theory of Change](#) is a short video providing a working example of how theory of change can be applied to a community initiative.

3. How will the data be collected?

Collecting data to support activity that is outside individualised care can present SLTs with a series of challenges. It is best to plan how data will be collected prior to starting a project or piece of work. Bear in mind that the activity is often designed to benefit individuals who are outside the referral process. Furthermore, these activities are not always administered by SLTs.

There are a number of questions that may be relevant to consider:



What tools are available?

Are there published tools available that are designed to gather the data that you require? Using an existing tool certainly saves time and if other organisations or teams are using a similar tool, this will help to grow a substantial amount of evidence. If using an existing tool, consider the cost of the tool and whether it will be accessible to all who require it. You will also need to consider properties such as reliability, validity, and responsiveness to change. If you are developing a bespoke tool, it will be critical to consider these measurement properties. It may be necessary to pilot new tools before embarking on wide-scale data collection.

Who will collect the data?

It could be that the SLT will collect the evidence, or SLTs may have a more consultancy role. In these instances, it may be that data will be collected by other people. If you would like to use an existing tool, can this tool be administered by a non-SLT? What training, if any, will be required? Is the tool practical and easy to complete in a time efficient manner? These questions are equally relevant if you decide to create a bespoke tool. These questions can help you to shape its design.

Work with your partners to clarify roles, not only to identify who will be delivering the intervention but also who will monitor the delivery, collect data, and analyse data (McCartney and Cooper, 2019).

When will the data be collected?

With almost all activities, it will be necessary to collect data at the start (ie a baseline measurement) and repeat the measure at least once more to enable you to measure change.

Again, when using existing tools, consider how frequently they can be repeated and whether this fits into the timeframe of the project.

How will the data be recorded/collated and stored?

When considering methods for recording, bear in mind that the chosen methods should be achievable for everybody involved the data collection process. Data should be stored securely and accessible to those who require access.

- Will the data be collected on paper or electronically?
- How will the data be transferred to you?
- Have you considered the purposes for which the data is being recorded and stored?
- What is the rationale for the decisions made?
- Will this data collection become 'routine' for your service or is it a 'one-off'?
- Have you got consent to store, analyse, and report on the data that has been collected?
- Do you need to consult your organisation's ethics or research committee?
- How will you ensure that the data is stored confidentially?

In relation to some of these areas, it may be helpful to refer to RCSLT guidance on [information governance](#) and [research, service audit and service evaluation](#).

Remember to:

- Test your ideas with team members, key partners, and stakeholders. Your partners may see benefits and limitations that you have not considered and provide insight into what extent your proposal is practical and achievable. Co-creation of outcome measure and measurement tools can support engagement in the collection process (NICE, 2017).
- Have a clear rationale for the chosen approach or approaches that you choose.

Resources

- [Key questions to ask when selecting outcome measures: a checklist for allied health professionals](#) is designed to support individual AHPs and/or teams to select the most appropriate outcome measures for their practice (Allied Health Professions (AHP) Outcome Measures UK Working Group, 2019).
- [A measurement plan](#) is a brief video demonstrating how you can use your theory of change logic model to help you work out how to what you might measure and how.
- [Data management](#) is essential. The rainbow framework has dedicated a session to this subject.

4. What does the data show?

To answer this question, it is important to have the intended outcome at the forefront of your mind. What were you hoping to achieve and have the activities and outputs made a difference? Before you can discuss the significance of the work completed, you must first collate and analyse the data that has been collected.

How will you collate and analyse information?

Organising your data is essential and will support the analysis of your data. Collate your data so that it is in one central point. How you do this may vary depending on the type of data that you are collecting (quantitative or qualitative), the amount of data that you have, as well as your personal preferences (Roulstone and Hayhow, 2019).

Organise your data in a manner that will enable you to review and analyse your evidence efficiently and effectively. Displaying your data visually, for instance, using graphs can help. You need to find a way to summarise your data and look for patterns that may indicate whether your activity has been significant (Better Evaluation, 2020).

There are tools that may support the analysis of your data:

- There are range of statistical measures that may support the [numerical analysis](#) of your quantitative data.
- Qualitative data will need to be managed in a different way using some form of [textual analysis](#) such as thematic coding.

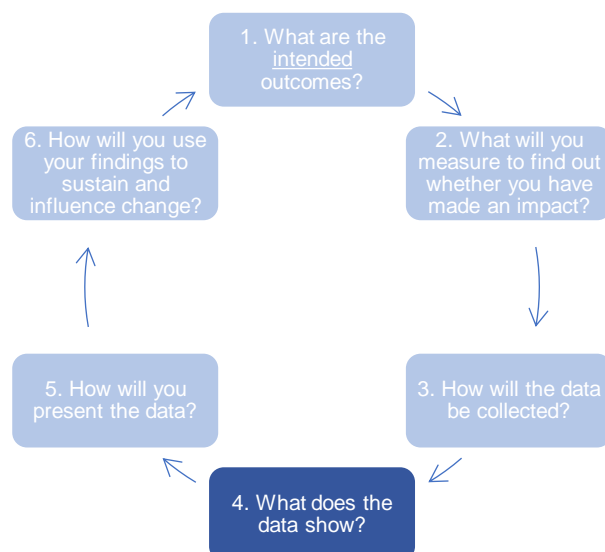
How do you interpret the data?

Once you have completed your analysis, it is time to consider what it shows. The interpretation of your results should be influenced by a number of factors or a response to questions such as:

- What was the original intended outcome?
- What were the strengths and limitations in the design of your project and the type of data that you decided to collect?
- If you have used a mixed methods approach (including both quantitative and qualitative data) what does the combined dataset potentially suggest?
- How does the final dataset compare to the initial baseline data?
- Are there alternative explanations for the results that you observe?
- What doesn't the data show?

Can you say that your activity has caused the change?

It is likely that a number of causal factors or confounding variables that have contributed to change and, in practice, we are unable to control these variables. Therefore, it is important



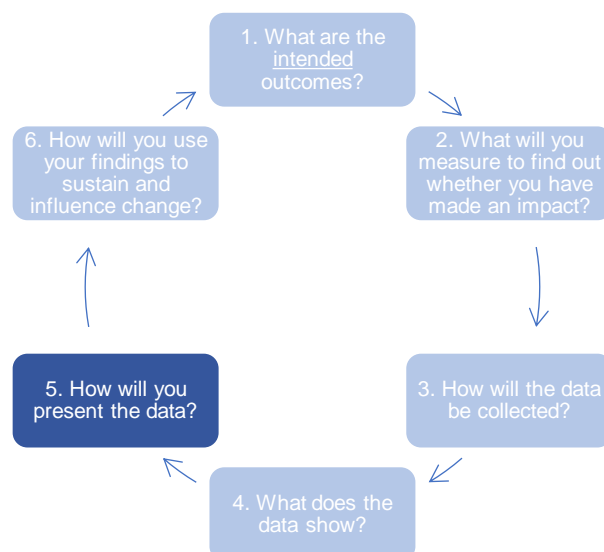
that we recognise and are explicit about the limitations of the evidence we have gathered. A correlation does not mean causation. Positive evidence, however, can indicate the extent to which the activity or intervention has contributed to, or is associated, with change.

Resources

- [Making data count](#) is an NHS England/Improvement resource containing document and videos to support your interpretation of statistical process control charts.
- [Better Evaluation](#) offers a section that specifically focus on analysis tools.
- [Measuring Social Impact: using results](#) is a short video which briefly discusses the benefits of collecting useful data

5. How will you present the data?

Evaluation of your work to date is vital so that you know that the activity you complete (directly or through others) is helping to meet the needs of the communities that you serve. It will help to identify next steps and whether it is necessary to refine or change the direction of the work. Progress should also be shared with partners and other stakeholders. Presenting data on approaches that have worked as well as those that have worked less well is also important. Presentation is therefore key to ensuring that everyone is informed on the implementation to date, the outputs and the impact.



When preparing to present data, there are a number of factors to consider:

Who is your audience?

When writing up your results, always have your audience in mind. It is worth checking whether, locally, there is a preferred method or format that is used. Key stakeholders (eg funders/commissioners, local authorities) may be able to advise you.

Consider who will want to read the document. Is it for a single audience or multiple audiences? The document should be concise and easy to read. You may need to tailor the level of detail or quantity of content depending on your audience. Where variable amounts of information are required, a summary document in addition to a more detailed evaluation, may be desirable.

Remember: Ensure that all patient-identifiable information is omitted from any presentations or documents.

What is essential content?

Be explicit about what you did, progress made to date, summary of impact, any lessons learnt and make recommendations for next steps. The write up should include an argument for continuation of the work, if this is what your findings suggest.

- Include a summary of the outcomes and to what extent these have been met.
- Identify outcomes that you were not expecting. Align your activity with the wider evidence base, national public health agenda, local policies, and/or key drivers.
- Within your evaluation, include discussion that focuses on the implementation of speech and language therapy activity. For example, how effective has an SLT-delivered training programme been compared to training which has been cascaded and delivered by others. To what extent has this enabled or limited impact?

- Reflect upon barriers and supporters. For example, were there any local-specific factors that negatively affected the outcomes or contributed to success taking into account complexity of the environment you are working in?
- Include a summary of the risks and benefits for continuing or not continuing, including any economic benefits and risks.
- Provide clear recommendations for next steps. For example, does the evidence suggest that it would be beneficial to scale up the implementation of the activity, so that it reaches a larger or different geographical area?
- Ensure that you write an accurate and transparent evaluation. Remember you are accountable for the information that you share.

What style will best serve your aim(s)?

- Try to make the document accessible to all. Think about the language you use and minimise the use of jargon. Define and explain specialist terminology where its use cannot be avoided.
- Illustrate your work using graphs, statements that exemplify qualitative feedback or photographs that illustrate the outcome of the work that has been completed.
- Consider multiple formats for your summary evaluation, so that you can reach the widest audience should you wish to do so, eg video presentations, infographics, poster presentations.

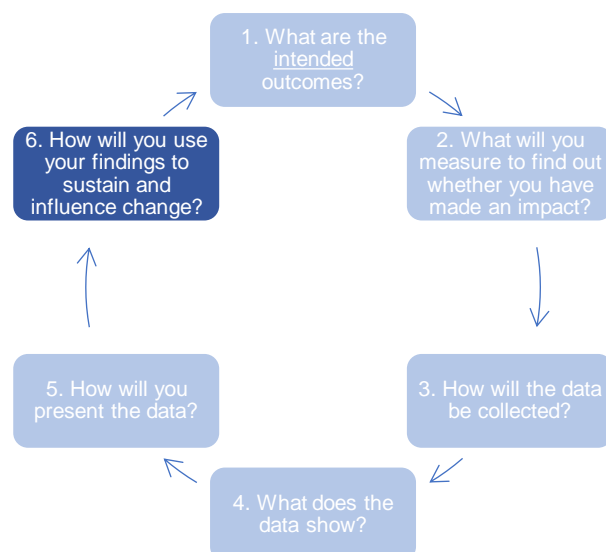
Remember: You must have patient or client consent to use photographs or video material within presentations or documents.

Resources

- [Identifying your reporting requirements](#) - Better Evaluation
- [Develop Reporting media](#) - Better Evaluation
- [Making Data Count](#) is an NHS England/Improvement document that outlines the importance of presenting data in way that supports interpretation of the results.

6. How will you use your findings to sustain and influence change?

The work completed to date could be the beginning of larger project, or could be used to form the foundations for a research project. Now that you have reached step 6 and nearly full circle, it is important to reflect. How does the evidence contribute to the wider aims and what are your next steps? Perhaps you have gathered enough evidence to support an argument for embedding an initiative into your service? Or maybe the new evidence will give you leverage to secure further commitment and even funding that could help you to sustain and further develop your aims?



Although this may be the final step in the cycle, this is hopefully one of many iterations. The data can be used to support the continuation of your work, or it may also suggest that further revisions or possibly a change in direction is required. Now you have information that can contribute to the evidence that can support both your decision making as well as the decisions made by others.

Sharing the findings of your work, however big or small, will enable the profession and our partners to gain a better understanding of what works and the conditions for success.

Who would benefit from hearing about your findings?

A number of different individuals, networks and/or organisations may be interested in the evidence that you have gathered. Examples include:

- The population you serve
- Key partners (stakeholders)
- Your service manager
- Other members of your speech and language therapy team
- Local authority
- Public and advisory groups
- Local public health office
- Current/potential funders (eg local commissioners (England), charities)
- Local/national clinical excellence networks (CENs)
- Local higher education institutions (HEIs)

Where can you present your findings?

- Share your learning at conferences, clinical excellence networks (CENs), professional social networks.
- Share case studies, outlining outcomes of the activity and illustrating lessons learnt in the process. These could be in the form of journal articles, academic posters, or an article in *RCSLT Bulletin*.

Resources

- [RCSLT local influencing guidance](#)