**** 

**Measuring what matters:**

**An evaluation framework to support practitioners delivering activities to prevent unintentional harm or injury**

**May 2019**

1. **How to use this framework?**

This guide has been developed by practitioners, for practitioners, to help support them in evaluating their activities to prevent unintentional harm.

We think it will be useful for practitioners who are asking themselves these kinds of questions:

**I’m asked to report back on national targets but that doesn’t show the full picture of what we achieve**

**What kind of things could I measure to show the difference I am making in preventing unintentional harm?**

I’m asked to report back on national targets but that doesn’t show the full picture of what we achieve

**I deliver talks on home safety and count the number of people I’ve reached…but I can’t show that they are safer as a result**

**What kind of things could I measure to show the difference I am making in preventing unintentional harm?**

**Step 1**: Find your broad activities within the logic model in Section 3. You may be working with a specific priority group or you may be engaging with the whole population.

For example:

Activity – provide home safety visits for everyone in my local area, prioritising older people who may be at risk of falling

**Step 2:** Think about what you expect to achieve by running these activities. Then chose a short-term outcome for your work.

For example:

Outcome – the people I work with have a better understanding of risks

**Step 3:** Have a look through the indicators in Section 4 and pick two or three which would work for your target group. Indicators tell us when our outcome is being achieved and give us clues about where to collect evidence from.

For example, indicators for the above outcome might be:

* Can share knowledge of risks with others
* Can suggest ways to stay safe
* A family member says they are talking about risks

\*you may want to tailor these to the context of your activities

**Step 4:** Have a think about what the best method for collecting this type of feedback. This framework has some suggested principles for collecting evidence. Go to Section 5 for our tips on selecting or developing methods.

1. **Why have we created this framework?**

**2.1 Purpose**

This framework helps to shift the balance from measuring only what can be counted (such as number of people, number of events) to measuring what matters in order to focus on outcomes for people. By using this framework practitioners will:

* Be better able to show the impact of their work on people and communities
* Have a better understanding about “what works” in delivering preventative activities and be able to share this with others to promote learning

**2.2 How we created the framework**

This framework has been shaped by a range of practitioners working directly with people and communities at the local level to tackle unintentional harm. You can see the list of practitioners who were involved in creating this framework in section 6. The framework reflects the broad range of activities that are already being delivered with different priority groups to tackle unintentional harm. These are delivered by a diverse range of organisations including third sector organisations/community groups and statutory services. Some activities are informed by a substantial evidence based while others are informed by practice experience. Collecting evidence by using this set of indicators will help us improve the evidence base for “what works” in addressing unintentional harm.

Need to shift the balance from m*e*asuring what can be counted to measuring outcomes for people

Brought together learning set of practitioners from across the sector to develop an evaluation framework

Funders and practitioners have a better sense of “what works”

Fewer people experience unintentional harm

**Situation to address**

**What we did**

**Longer term change**

**Immediate outcomes**

Clearer set of outcomes

Better understanding of partners’ contributions

**2.3 What we did**

**2.4 Principles for this framework**

The practitioners who helped develop this framework over three sessions felt that the framework should help practitioners demonstrate the impact of their work by being:

* Be brief and simple
* Straightforward and useful
* Not sit on a shelf
* Value practitioner knowledge and experience
* Be inclusive (for the different types of evidence we collect from data to case studies, stakeholder voices)
* Adaptable to those working across a range of areas/services
* Tool for learning (by helping practitioners understand the factors that made the activities successful)

**2.5 Priority groups**

The priority groups mentioned in this framework have been identified by the Building Safer Communities Strategy and include older people, children under 5 and people from low income areas. Different groups of people tend to experience different types of unintentional injury and at disproportionate levels. For more detailed information about areas of priority please visit <http://www.bsc.scot/>

**Step 1:** Chose the part that reflects what you do. We don’t expect you to deliver all these activities to all these groups.

**2.6 Assumptions about the model:**

* Created **by** practitioners, **for** practitioners
* No expectation that people will use all the outcomes. It is designed as a resource for practitioners to dip into to help support their measurement of prevention activities
* Not all outcomes in the model will be relevant for all people. For example, some people may have a good understanding of the risk that stairs pose to their children and are looking for ways to access safety gates
* This framework is not a proven theory of change
* These activities may also lead to other positive benefits, such as improved health and wellbeing

The learning set members who created this framework felt that it was important to highlight that **how** activities are delivered is very important in achieving outcomes for people.

* Activities which are participatory and interactive are more effective in achieving outcomes because participants feel more engaged
* By having good quality conversations, we are more likely to achieve our outcomes
* People aren’t always ready to change their behaviour so activities should be shaped to motivate people to act. This may particularly be the case if people have not experienced unintentional harm. Sustained behaviour change is more likely to be brought about by multiple interventions over time
* Practitioners should aim to reflect and share learning about what works and what doesn’t work in achieving outcomes to promote peer learning within the community safety sector

**3.0 Measuring what matters – logic model**

**4.0 Indicator bank for outcomes related to preventing unintentional harm**

We have provided this list on page 5 onwards to help suggest ways which would indicate your outcome is happening.

Each of these outcomes has been taken from the logic model in section 3. When using this framework, you can make your outcomes even more specific if required.

We have given examples of indicators – things that people might say or do, or that practitioners might observe, which would **indicate** that the outcome is happening. Indicators give you clues about where your evidence will come from.

Indicators should be:

* simple
* specific
* possible to measure more than once

**Step 2:** Please choose a short-term outcome (or outcomes) which you would expect to see happen through your activities. Outcomes describe the difference you make to people.

If you with people over a longer period of time you may be more likely to see medium term outcomes happening too.

**Step 3:** Then choose two or three indicators which would work for your target group.

It is not an exhaustive list and you may be able to come up with better ones for your work. Please do adopt or adapt these indicators to fit your own work. If you would like to have a go at developing your own indicators please take a look at ESS’s Support Guide [Working out what to measure](http://www.evaluationsupportscotland.org.uk/resources/429/).

**4.1 Outcomes and indicators for older people**

|  |  |
| --- | --- |
| **Short term outcomes (the difference you make)** | **Indicators (what would show that the outcome is happening)** |
| **Older people are more socially connected**  | Attendance at classes/groups |
| Level of activity outside the class/group |
| Giving time to one another |
| Levels of volunteering |
| Using digital technology to keep in touch with family/friends |
| Engaging/talking to other people in classes/groups |
| Sharing experiences with others |
| Number of times person sees people they don’t live with |
| “I am taking part in activities” |
| “I feel socially connected” |
| “I have a peer support network” |
| “I am connected to people who can help me” |
|  |
| **Older people have improved confidence in balance and walking**  | Observe changes in posture |
| Taking part in physical activities or groups |
| Level of confidence using walking aid |
| Observe appropriate use of walking aid |
| Feelings of confidence in balance and walking |
| “I can attend the groups I want to” |
| “I no longer need my walking aid” |
| “I encourage other people to take part in activities” |
| “I am not scared to use the back door/go into the garden” |
| “I can go out when I want to” |
|  |
| **More people can afford the equipment they need to stay safe** | Take up rate of equipment/number of units purchased  |
| Number of enquiries about equipment |
| Number of applications |
| “I know how to access grants/benefits in order to buy equipment” |
| “I can afford equipment the equipment I need to keep safe” |
|  |
| **Older people have a better understanding of risks** | Asks for more information |
| Suggestions for ways to reduce risks/able to suggest ideas |
| Able to share personal experiences about risks |
| Can share ways of staying safe with others |
| 3rd party (family member) says they are talking about risks |
| “I feel able to take some actions” |
| “I can identify risks that might affect myself” |
| “I can remember what I learnt about Y risks X months ago” |
| “I feel safer since I learnt how to do/about X” |
| “I feel confident that I can be responsible for my own safety when doing…” |
| “I’m aware how to reduce the risk of Y” |

|  |  |
| --- | --- |
| **Medium term outcomes (the difference you make)** | **Indicators (what would show that the outcome is happening)** |
| **Older people have improved/maintained their strength and balance** | Ability to carry out everyday tasks/”I can carry the shopping home” |
| Life curve points  |
| Family members observations |
| Ability to take part in activities  |
| Number of sit to stands in 30 seconds |
| Length of time it takes to do 5 sit to stands |
|  |
| **Older people have increased/maintained their social activity** | “I am taking part in activities when I want to” |
| “I feel socially connected” |
| “I have a peer support network” |
| “I am connected to people who can help me” |
|  |
| **Older people are less socially isolated** | “I am taking part in activities when I want to” |
| “I feel socially connected” |
| “I have a peer support network” |
| “I am connected to people who can help me” |
|  |
| **Older people have a reduced fear of falling** | “I can go out when I want to” |
| “I can get tasks done around my home” |
| “I have adaptations in my home to make me feel safe” |
| “I know who to call if I need help” |
| “I feel people are looking out for me” |
| “I am not likely to fall at home” |
| “I feel secure in my own home” |
| “I can manage everyday tasks outside the home (getting on the bus etc)” |
|  |
| **Older people understand the steps they need to stay safe** | “I know what I need to do to keep safe” |
| “I know where to go for information/support” |
| “I understand what equipment I need”  |
| “I know how to take action if an unintentional injury occurs” |
|  |
| **Older people are more motivated to make changes** | Tell us they will make changes/plan changes they will make/”I am motivated to…” |
| Sharing information with friends |
| Confirming the changes they have made |
| Engaged in conversation about the subject |
| Ask relevant questions/ask for information |
|  |
| **Older people use appropriate equipment to stay safe** | They use the equipment |
| Others (family member/teacher/practitioners) sees them using equipment |
| Thank you for your help |
| “I know how to use the equipment” |
| Tell others (peers) how to use the equipment  |
| Tell you about things they can now do |
| “I understand the purpose of the equipment” |
| “I understand when the equipment is unsuitable (using walking aids designed for other people)” |
| “I have the correct walking aid to suit me” |
| “I feel safer because…” |

**4.2 Outcomes and indicators for parents/carers**

|  |  |
| --- | --- |
| **Short term outcomes (the difference you make)** | **Indicators (what would show that the outcome is happening)** |
| **Parents/carers have a better understanding of risks for children** | Sharing knowledge of risks with others |
| Asks for more information |
| Take leaflets with information |
| Suggestions for ways to reduce risks/able to suggest ideas |
| Able to share personal experiences about risks |
| “I know how to protect my children/family” |
| “I feel able to take some actions” |
| “I can identify risks that might affect myself or my family” |
| “I can remember what I learnt about Y risks X months ago” |
| “I have changed how I do X since I learnt about Y” |
| “I feel safer since I learnt how to do/about X” |
| “I know the risks associated with the different stages of child development” |
|  |
| **More people have the equipment they need to keep their children/families safe** | “I know where to go for information/support” |
| “I understand what equipment I need” |
| “I understand the purpose of the equipment” |
| “I can afford the equipment I need” |
| **Medium term outcomes** |
| **Parents/carers understand the steps they need to stay safe** | “I know what I need to do to keep safe” |
| “I know where to go for information/support” |
| “I understand what equipment I need” |
| “I know how to take action if an unintentional injury occurs” |
|  |
| **Parents/carers are more motivated to make changes** | Tell us they will make changes/plan changes they will make/I am motivated to… |
| Sharing information with friends |
| Confirming the changes they have made |
| Engaged in conversation about the subject |
| Ask relevant questions/ask for information |
|  |
| **Parents/carers use appropriate equipment to keep children safe** | They use the equipment  |
| Thank you for your help  |
| Tell others (peers) how to use the equipment |
| “I know how to use the safety gate/CO detector etc” |
| “I understand the purpose of the equipment” |
| “I feel safer my family is safer because…” |
| “I understand how to use the equipment”  |
| “I understand when the equipment is unsuitable (safety gates only effective for 2 years)” |
|  |
| **Parents/carers are more able to respond when unintentional injury occurs** | “I know how to take action if an unintentional injury occurs” |
| “I know where to go for more information” |

**4.3 Outcomes and indicators for children/young people**

|  |  |
| --- | --- |
| **Children and young people have a better understanding of risks to themselves** | Sharing knowledge of risks with peers/parents |
| Asks for more information |
| Able to suggest ideas to reduce risks |
| Able to share personal experiences about risks |
| Family member/teacher says they talk about the risks  |
| “I understand X” |
| “I know how to keep myself safe” |
| “I can remember what I learnt about Y risks X months/years ago” |
| “I feel confident that I can be responsible for my own safety when doing…” |
| **Medium term outcomes** |
| **Children/young people understand the steps they need to stay safe** | “I know what I need to do to keep safe” |
| “I know where to go for information/support” |
| “I understand what equipment I need” |
| “I know how to take action if an unintentional injury occurs” |
|  |
| **Children/young people are more motivated to make changes** | Tell us they will make changes/plan changes they will make/I am motivated to… |
| Sharing information with friends |
| Confirming the changes they have made |
| Engaged in conversation about the subject |
| Ask relevant questions/ask for information |
|  |
| **Children/young people are more able to respond when unintentional injury occurs** | Can tell you when they should contact adult/emergency service |
| “I know what to do if an unintentional injury occurs” |
| “I know where to go for help when X happens” |

|  |  |
| --- | --- |
| **Short term outcomes (the difference you make)** | **Indicators (what would show that the outcome is happening)** |

**4.4 Outcomes and indicators for people in low income areas**

|  |  |
| --- | --- |
| **Short term outcomes (the difference you make)** | **Indicators (what would show that the outcome is happening)** |
| **The people I work with have a better understanding of risks** | Sharing knowledge of risks with others |
| Asks for more information |
| Take leaflets with information |
| Able to share personal experiences about risks |
| Can share ways of staying safe with others |
| “I know how to protect my children/family” |
| “I can identify risks that might affect myself or my family” |
| “I can remember what I learnt about Y risks X months ago” |
| “I have changed how I do X since I learnt about Y” |
| “I feel safer since I learnt how to do/about X” |
| “I’m aware how to reduce the risk of Y” |
| “I know the risks associated with the different stages of child development” |
|  |
| **More people can afford the equipment they need to keep their children/families safe** | Take up rate of equipment/number of units purchased  |
| Number of enquiries about equipment |
| Number of applications |
| “I can afford equipment the equipment I need to keep family safe” |
| “I know how to access grants/benefits in order to buy equipment” |
|  |
| **More people have the equipment they need to keep their children/families safe** | “I know where to go for information/support” |
| “I understand what equipment I need” |
| “I understand the purpose of the equipment” |
| “I can afford the equipment I need” |
| **Medium term outcomes** |
| **The people I work with understand the steps they need to stay safe** | “I know what I need to do to keep safe” |
| “I know where to go for information/support” |
| “I understand what equipment I need” |
| “I know how to take action if an unintentional injury occurs” |
|  |
| **The people I work with more motivated to make changes** | Tell us they will make changes/plan changes they will make/I am motivated to… |
| Sharing information with friends |
| Confirming the changes they have made |
| Engaged in conversation about the subject |
| Ask relevant questions/ask for information  |
|  |
| **The people I work with use the appropriate equipment to keep children safe** | They use the equipment  |
| Thank you for your help  |
| Tell others (peers) how to use the equipment |
| “I know how to use the safety gate/CO detector etc” |
| “I understand the purpose of the equipment” |
| “I feel safer my family is safer because…” |
| “I understand when the equipment is unsuitable (safety gates only effective for 2 years)” |

**4.5 Outcomes and indicators for the general population**

|  |  |
| --- | --- |
| **Short term outcomes (the difference you make)** | **Indicators (what would show that the outcome is happening)** |
| **The people I work with have a better understanding of risks** | Sharing knowledge of risks with others |
| Asks for more information |
| Take leaflets with information |
| Suggestions for ways to reduce risks/able to suggest ideas |
| Able to share personal experiences about risks |
| Can share ways of staying safe with others |
| “I know how to protect my children/family” |
| “I can identify risks that might affect myself or my family” |
| “I have changed how I do X since I learnt about Y” |
| “I feel safer since I learnt how to do/about X” |
| “I’m aware how to reduce the risk of Y” |
| “I know the risks associated with the different stages of child development” |
|  |
| **The people I work with have increased knowledge of digital technology in relation to health and wellbeing** | “I can use fitbits (or similar) to monitor family member’s activity levels” |
| “I can use fitbits (or similar) to monitor my activity levels” |
| “I can use technology to monitor my blood pressure and send to GP” |
| “I can speak to family/friends online” |
| “I can make an appointment online to see my GP” |
| “I can get help through community alarm if I fall” |
| “I can get help through telecare technology when I need it Fire detectors/ flood detectors/heat detectors” |
| “I’m aware of NHS apps that can help me improve my health and wellbeing” |
| “I know where I can go to learn/get assistance with digital technology” |
| **Medium term outcomes** |
| **The people I work with understand the steps they need to stay safe** | “I know what I need to do to keep safe” |
| “I know where to go for information/support” |
| “I understand what equipment I need” |
| “I know how to take action if an unintentional injury occurs” |
|  |
| **The people I work with are more motivated to make changes** | Tell us they will make changes/plan changes they will make/I am motivated to… |
| Sharing information with friends |
| Confirming the changes they have made |
| Engaged in conversation about the subject |
| Ask relevant questions/ask for information |
|  |
| **The people I work with are more confident to talk to others about staying safe** | Understand how to make a referral for more assistance for a family member |
| “I am confident to raise concerns with others” |
| “I know who to contact”  |

**4.6 Outcomes and indicators for practitioners/partners**

|  |  |
| --- | --- |
| **Short term outcomes (the difference you make)** | **Indicators (what would show that the outcome is happening)** |
| **Practitioners have a better understanding of each other’s services** | Shared understanding of risk |
| Shared understanding of support services |
| “I refer people on to …” |
| “I know who to ask about…” |
| “I have asked for training about…” |
| “I share information with the community about other services/support available” |
| “I try and keep up to date about service provision” |
|  |
| **Practitioners have a better understanding of those at risk** | Ability to identify risks |
| “I understand the challenges faced by particular groups of people in relation to unintentional harm” |
| “I try to help people” |
| “I understand the challenges faced by older people/carers of young children etc” |
| “I know what’s happening in my area” |
| “I understand how the stages of development in children/ aging in older people/ poverty impacts on safety” |
|  |
| **Practitioners have a better understanding of how to support those at risk of unintentional harm** | “We regularly access training/support on the issue” |
| “We are connected to other groups to improve our practice” |
| “We share learning about risk/unintentional harm within our team” |
| “I know how to deal with issues when they arise” |
| “We offer proactive/preventative services to reduce risk of unintentional harm” |
| “I know where to refer people to more help/information/ support locally” |
|  |
| **More older people assessed for risk of falling** | Number of older people level 1 assessment |
| Number of older people level 2 assessment |
| Number of home safety visits |
|  |
| **Partners/practitioners have better conversations with people about risk** | Level of understanding of the value their contribution makes |
| Confidence to raise the issue |
| Understanding how to raise the issue |
| Willingness to raise the issue |
| People they work say they feel listened to/say thank you |
| Ability/mechanism to make referrals  |
| “I understand how safety relates to my role” |
| “I have the training and support I need to raise issues of safety” |
| Know where to refer people to more help / information  |

|  |  |
| --- | --- |
| **Medium term outcomes (the difference you make)** | **Indicators (what would show that the outcome is happening)** |
| **Decision makers have a better understanding of the issues** | Decision makers focus on prevention activity |
| Decision makers value qualitative and quantitative evidence equally |
| Decision makers understand the cost of not acting |
| Decision makers encourage/support/facilitate partnership working to create more impact |
| Decision makers understand the different causes and needs of the priority groups |
| Prevention of unintentional harm is reflected through polices and strategies  |
| Performance frameworks/evaluation reports/funding applications in relation to unintentional harm prevention recognise and value qualitative and quantitative evidence equally  |
| Changes in funding |
| Unintentional harm prevention becomes a priority within plans |
| Decision makers / non-specialist partners or practitioners can articulate why unintentional harm is an important issue |
|  |
| **More professional/ practitioners champion the issues** | Confidence to share information when appropriate |
| Share information with colleagues/others |
| Raise issues when appropriate |
|  |
| **Better referral pathways are created** | Practitioners can identify appropriate referral pathway |
| Inspection / self-assessment of referral pathways |
| Knowledge of pathways  |
| Numbers accessing pathways |
| Satisfaction for those accessing pathways  |
| “The referral pathway is clear and means I get the support when I need it” |
|  |
| **More people at risk are identified** | Number of older people assessed for risk of falling |
| Number of practitioners having conversations with priority groups about specific Unintentional Injury risks |
| Number of referrals on to other services/pathways |
| Use of services  |
| “I get the support when I need it” |
| Number of home safety visits |
| Number responding to campaigns about UI risks |
| Number of practitioners having conversations with families with children / young people about unintentional harm |
|  |
| **Decision makers have a better understanding of activity which prevents unintentional harm** | Decision makers focus on prevention |
| Changes in funding |
| Decision makers / non-specialist partners or practitioners can articulate why prevention is important |
| Newspaper articles / press mentions |

1. **Choosing evaluation methods**

**Steps 4:** Once you have chosen a few indicators you can now decide what methods will be most suitable to collect this evidence.

Your indicators will give you clues about where your evidence will come from. There are many different methods you can adopt, and it’s a good idea to test them out with the people you support to see if they give you evidence about your outcomes. If you don’t feel they are working, you can always amend them or try something else. Alternatively, ask the people you support for their help in developing methods. Often people give richer feedback when they have had a say in how it should be collected.

**Some tips from us:**

1. Aim to **embed** collecting evidence into the activities you are delivering. For example, if you are delivering a training session on safety, you could evaluate the impact on individuals understanding through an activity or quiz
2. Think about what evidence you **already collect**. Examples include attendance lists or case notes.
3. **Tailor** your methods to your indicators. For example, if most of your evidence will be observed change, there’s no point developing a questionnaire. It might be better to consider jotting down observations or taking photos (if appropriate).
4. Use a **range of methods** if you can. It is likely you will want to report back numbers of people you have reached as well as their voices.
5. Your evidence will **not** **always** be **quantitative**. Because the outcomes in the framework relate, for example, to feelings about safety it will be important to collect evidence of peoples’ voices and feelings.

**For example, for the outcome “Older people have improved confidence in balance and walking” you could choose the following indicators and methods**

|  |  |
| --- | --- |
| **Indicators** | **Methods**  |
| Taking part in physical activities or groups | Attendance lists |
| Appropriate use of walking aid | Observations (use a template if helpful) |
| “I can attend the groups I want to” | “Sticky wall” with statements. Add 1-5 scale and ask people to add their initials |
| “I can go out when I want to” |
| “I encourage other people to take part in activities” | Capture ad hoc comments (use a template if helpful) |

There are lots of ideas for methods and tools on ESS’s website [www.evaluationsupportscotland.org.uk](http://www.evaluationsupportscotland.org.uk) Feel free to download these and tailor them for your context, the people you work with and your indicators.

**6.0 Measuring what matters learning set members**

The following people attended three meetings in early 2019 to develop this framework:

|  |  |  |
| --- | --- | --- |
| **Name** | **Role** | **Organisation** |
| Christine McArthur | NHSH Co-ordinator Prevention and Management of Falls | NHS Highland  |
| Dougie Tait | Local Area Liaison Officer - Scottish Borders | Scottish Fire and Rescue Service |
| Judith Leslie  | Manager | Angus Care and Repair |
| Carlene McAvoy | Community Safety Development Manager | RoSPA |
| Laura McDermott | Home Safety Officer | Dundee City Council |
| Anna Steele | Information and Research Analyst | South Ayrshire Community Safety Partnership |
| Carolyn Wilson | Falls Service Manager | Perth and Kinross Health and Social Care Partnership |
| Anne Duncan | Senior Co-ordinator | Roar Connections for Life |
| Hannah Dickson | National Development Officer | Scottish Community Safety Network |

1. **Your feedback on this framework**
2. **Is the purpose of this framework clear?**
3. **Could you use it to measure what matters?**
4. **Have you used it to measure your preventative activities?**
5. **If you have, what was good about this framework?**
6. **What could we do to improve the framework?**
7. **What could we do to help others use it?**
8. **Any other comments**