



Developing a measurement framework: a tool for mental health and wellbeing charities

Welcome

You have indicated that your work focuses on mental health and wellbeing. This tool will help you develop a measurement framework for your work through:

- **Practical activities**—such as selecting your outcomes or indicators.
- **Guidance**—for example on what we mean by different types of data, and why they're important
- **Signposting**—to other parts of this website or to external resources for additional guidance or specific tools

Who is this tool for?

The tool is particularly suitable for charities and social enterprises working to improve the mental health and wellbeing of **people with, or at risk of developing, mental health problems**.

The outcomes and tools suggested in this guide make it more suitable to organisations working on **direct service delivery**, rather than advocacy or campaigning. For guidance on measuring the impact of campaigns, please see '[Measuring your Campaigning Impact: An Introduction](#)'.

This tool has been developed with **small to medium organisations** in mind, but it can be used by organisations of any size and with any level of expertise in data collection and analysis.

How to use the tool

It can be used by an individual or by a group of colleagues or stakeholders. We recommend developing a measurement framework as a collaborative process. This means involving people at different levels of the organisations (front line staff, middle and senior managers, trustees) and service users to identify the outcomes that are most relevant and meaningful to them. Involving people in selecting and/or designing outcomes, tools, and data collection and analysis methods will ensure that everyone feels ownership of the process and the outcome. This makes it more likely that the organisation will use and adapt the measurement framework effectively.

We also recognise that it can be difficult to get different stakeholders together and sometimes it is best for one person, or a small group, to start working on a measurement framework that can then be shared within the organisation.

Developing a measurement framework using this tool could take anything from under an hour to a few days, depending on how many people are involved and in how much detail you choose to read and apply the guidance.

How will this tool help you?

This tool contains practical guidance on measurement and evaluation, and when you complete the activities you will have developed:

- The long list of outcomes you're working towards
- The short list of outcomes you've chosen to measure
- Indicators for each of the outcomes you've chosen to measure
- In some cases, signposting to existing tools you might use to measure your outcomes

This tool is divided into the following sections:

1. [Introduction to the five types of data](#)
2. [Your outcomes](#)
 - a. [Activity: choose your outcomes](#)
 - b. [Guidance on prioritising key outcomes for measurement](#)
 - c. [Activity: select a small number of key outcomes for measurement](#)

3. [Indicators for your outcomes](#)
 - a. [Activity: select indicators to measure your priority outcomes](#)
4. [Measurement tools for your outcomes](#)
 - a. [Guidance on validated tools](#)
 - b. [Guidance on developing bespoke surveys and qualitative interviews](#)
 - c. [Activity: select measurement tools for your indicators](#)
5. [Overview of impact data](#)

Five types of data: an introduction

Throughout this tool we refer to five types of data that will help you understand what your service is achieving. Not all types of data are equally important. Here are some tips to bear in mind:

- All service-delivery organisations should collect user, engagement and feedback data. Compared to outcomes and impact data, user, engagement and feedback data is relatively easy to collect. It can provide very valuable information about the people using your service and what they think of it.
- Outcome measurement should be proportionate to your service (the [outcomes section](#) in this tool will explain this in more detail).
- It rarely makes sense to try to measure long-term impact: user, engagement and feedback data, as well as outcomes, should give you a good indication of whether you will achieve your long-term impact (the impact section will explain this in more detail).

5 types of data

Type of data	Key questions this data will help you answer
<p>1) User Data</p> <p>The characteristics of the service users you are reaching. This includes both demographic data (eg, ethnicity, sexuality) and non-demographic data (eg, housing status, employment). This will help you understand whether the service is reaching your target group.</p> <p>This information is best collected during the sign-up stage or shortly afterwards.</p>	<p>Reach: Is your service effective at reaching, retaining, and engaging your target audience? How often do people use the service and for how long?</p> <p>User and engagement data is essential for effective impact management, particularly during the early stages of any service. There is no way you can learn about your service if you do not collect this.</p>
<p>2) Engagement data</p> <p>The extent to which people use the service. Which types of users engage and which do not.</p> <p>This information is best collected on an ongoing basis - as and when people use the service. You will ideally have computer software that enables staff to record user and engagement data, otherwise you can use Excel spreadsheets.</p>	
<p>3) Feedback data</p> <p>What your service users thought of the service. Including regular users, occasional users and those who drop out.</p> <p>This information is best collected on an ongoing basis using both formal methods (eg, surveys) and informal (eg, social media, conversations, suggestion boxes)</p>	<p>Service effectiveness: This data helps you judge whether your service achieves what you want it do. In particular:</p> <ul style="list-style-type: none"> - Whether people like it? - What they quality is like and whether it can be improved? - Whether people benefit from it? - Whether they make positive the positive changes you

<p>4) Outcome data</p> <p>Short term changes or benefits your users may have got from the service (eg changes in knowledge, attitudes and behaviour)</p> <p>This information is best collected occasionally (but in a structured way, eg through pre-post surveys) by staff / volunteers. You may not need to collect it from everyone.</p>	<p>intend.</p> <p>Feedback and outcome data can be collected from service users, but it can also come from staff, volunteers and any other stakeholder.</p>
<p>5) Impact data</p> <p>The long-term difference on individuals, communities and society that results from your service's outcomes.</p> <p>This only needs to be collected as part of occasional evaluations.</p>	<p>Behaviour change: This data helps you assess whether the change or outcomes your service helps people to achieve leads to your desired long-term impact.</p>

Your outcomes

Outcomes are the capabilities, strengths, assets, knowledge your service users gain as a result of the service. In other words outcomes are the change that takes place as the result of your service. They should be:

- Proportionate to your service

- Specific about the change you want to achieve
- About something you can influence through your work, in the timeframe of the service
- Each outcome should be about one thing only

Outcomes are usually phrased using language that implies change, for example:

Improve *Enable* *Maintain* *Reduce* *Increase*

Outcomes are important to achieving long-term, sustained impact

- The collaborative process of agreeing outcomes can help staff, volunteers, trustees and service users to all agree about what change the organisation exists to achieve
- Measuring outcomes can help you understand if you are achieving the desired change. This will allow you to revise your services and strategy if you find you're not achieving your outcomes as you expected. It will also allow you to communicate to funders and others what has been successful, and what you have learnt from both the successful and the less successful elements of your service.
- Ultimately measuring outcomes will allow you to better understand what you're achieving and to improve your services for the users.

How important is it to measure outcomes will vary depending on the type of service

- It is very important to rigorously measure outcomes if your service is taking a new or innovative approach that hasn't been evaluated before. In these cases your approach needs to be tested formally to find out if it works. Measuring outcomes will help you do that. You might also consider commissioning an external evaluation to measure outcomes and including a comparison group in your research.
- It is less important to measure outcomes if you are implementing an approach that has been extensively researched and is known to be effective. If there is lots of research to show that your service leads to the outcomes you want to achieve, you don't need to prove the causal link through your data, as it has already been proven. In these cases do measure a few outcomes, but focus more on user, engagement and feedback data.

- In some cases there is evidence to show the approach works but not specifically in the context in which you're working—for example the approach hasn't been tested with your target users or in a geographical context like the one in which you're working, etc. In these cases focus your outcome measurement on the elements of your service that haven't been researched before.

Shared outcomes and indicators can be useful if you want to compare and collaborate with similar organisations

By selecting outcomes, and measuring them using indicators and tools from a list, you'll be measuring the same outcomes as other organisations working to tackle similar issues as you. Using shared outcomes and measures has the following benefits:

- **Saves time and resources:** by using outcomes, indicators and tools that have already been developed and tested, you don't need to dedicate your own time and resources to developing and testing them;
- **Improves standards of impact measurement:** many organisations using the same measures ensures more transparency in methodology and results. It also leads to a consistent quality of methods and therefore of data;
- **Promotes systems thinking:** it encourages organisations to think about how different services addressing the same issues can work alongside each other to bring about social change;
- **Understanding what works:** if the data is analysed and held in one place, it allows organisations working in the same sector to develop an evidence base of what works in the sector;
- **Stronger voice:** the evidence of what works in the sector can help make the case for funding or policy services.

Activity: choose your outcomes

Below is a list of outcomes relating to people’s mental health and wellbeing. Think about which outcomes you’re working towards by asking yourselves “does our organisation aim to achieve change in this area?”

Highlight all the outcomes your organisation is working to achieve—don’t worry if you are selecting lots of outcomes, you won’t need to measure them all!

Key outcome	Specific outcome
Increased ability to manage mental health and lead a full life	Improved skills and qualifications
	Increased access to employment
	Improved social connections

	Service users become more active citizens
	Improved ability to manage finances
Increased confidence, emotional balance and resilience in the face of difficulties (self-perception outcomes)	Feeling more informed about own mental health and emotional well-being
	Increased ability to manage their mental health problems

	Improved confidence and self-esteem
	Improved mental state, including reduced symptoms of distress
	Improved wellbeing
	Increased hope and positive feelings about the future
	Increased empowerment / feeling of control over own life
Improved experience of care and support	Improved experience of mental health care support and services

in relation to any mental health problems	
	Improved access to and increased use of support services
	Health practitioners are better able to identify mental health problems and act appropriately
Reduced stigma and discrimination towards people with mental health problems	People have improved knowledge about mental health
	People have improved attitudes towards people with experience of mental health problems
	Behaviour towards people with experience of mental health problems improves
Families and friends of people with mental health problems have improved mental wellbeing and life satisfaction	Improved support for people caring for someone with a mental health problem
	Improved attitudes towards family members with mental health problems
Other outcomes	Reduced mental health inequalities between different groups
	Reduced admissions to hospital

Prioritising key outcomes for measurement and deciding what data to collect

It is not practical or useful to measure everything. It would require a huge amount of time and resources, place a burden on service users and staff, and reduce the quality of the data you collect. You don't need to measure everything to understand how you are progressing, so we suggest prioritising outcomes that:

- you directly influence (rather than indirectly support)
- are important / material to your mission
- are financially and practically feasible for your organisation to measure

Remember! Organisations taking an innovative approach that hasn't been tested before need to focus more on their outcome measurement, as they need to test if their activities lead to their desired outcomes.

Organisations using a well-evidenced approach can measure fewer outcomes and use less rigorous evaluation methodologies.

Activity: select a small number of key outcomes for measurement

From the list of outcomes you selected in the previous activity, prioritise **up to 4-5 outcomes** to measure (**2-3 for small organisations** or if there is already evidence to support your approach).

Indicators for your outcomes

Indicators are **ways to measure to what extent you are achieving your outcomes**. Indicators can be **qualitative** (ie. analysis of people's opinions or experiences) or **quantitative** (ie. numbers or percentages). The indicators suggested below are predominantly quantitative.

Indicators are a key part of any measurement framework as they **allow you to understand the progress you're making towards your outcomes** over the implementation period of your service. Measuring outcomes using the same indicators throughout your service allows you to **compare your data and see how change is happening**.

Activity: select indicators to measure your priority outcomes

Here is a full list of outcomes and suggested indicators to measure the outcomes. Using your list of outcomes that you want to prioritise, find the relevant indicators in the table below. We recommend selecting at least one indicator per outcome. When selecting indicators think about what is most relevant to your service, and what data will be easier to collect.

Key outcome	Specific outcome	Indicator
Increased ability to manage mental health and lead a full life	Improved skills and qualifications	Academic qualification achieved
		Life skills developed

		No. of service users in employment or education
	Increased access to employment	Progress towards gaining employment
		No. of people with a mental health problem accessing employment
		No. of people with a mental health problem sustaining employment
	Improved social connections	Score on validated scales measuring social networks
	Service users become more active citizens	No. of people volunteering or offering unpaid help
	Improved ability to manage finances	No. of service users reporting that they have adequate knowledge, confidence and access to personal finance, bank account, savings, and credit
		No. of service users in control of personal finances, including budgeting, managing indebtedness, and claiming appropriate level of benefits
Increased confidence,	Feeling more informed	No. of people reporting they feel more informed about their mental health & well -

emotional balance and resilience in the face of difficulties (self-perception outcomes)	about own mental health and emotional well-being	being
		Number of information resources and publications downloaded or accessed.
	Increased ability to manage their mental health problems	Score on psychological scales to measure ability to cope.
	Improved confidence and self-esteem	Increased feelings of self-worth
		Improved self-assessment of own capabilities
Increased feeling that own life is valued and respected		

	Improved mental state, including reduced symptoms of distress	Decreased negative symptoms of mental distress
	Improved wellbeing	Increased frequency of positive emotions
		Decreased frequency of negative emotions
		Decreased sense of boredom
	Increased hope and positive feelings about the future	
	Increased empowerment / feeling of control over own life	No. of service users reporting a sense of having control over their own destiny and ability to make decisions
Improved experience of	Improved experience of	No. of people who are satisfied with the support and services received

care and support in relation to any mental health problems	mental health care support and services	
	Improved access to and increased use of support services	No. of referrals to mental health services
		No. of people accessing mental health services
		No. of service users reporting improved access to support
	Health practitioners are better able to identify mental health problems and act appropriately	Number of practitioners trained in mental health
		Number of practitioners that 'feel confident' at dealing with mental health problems and know where to direct people
		Number of mental health cases diagnosed and referred from GP surgeries
Reduced stigma and discrimination towards people with mental health problems	People have improved knowledge about mental health	People have an improved knowledge about mental health problems.
	People have improved attitudes towards people with experience of mental health problems	People have improved attitudes to mental health problems (ie, how tolerant they are, and the language that they use)
	Behaviour towards people with experience of mental	Improved treatment of people with mental health problems

	health problems improves	
Families and friends of people with mental health problems have improved mental wellbeing and life satisfaction	Improved support for people caring for someone with a mental health problem	Number of carers of people with mental health problems feeling supported
		Number of hours respite and short breaks provided to carers
		Number of periods of respite provided to carers
	Improved attitudes towards family members with mental health problems	Score on validated psychological scale to measure satisfaction with relationships.
Other outcomes	Reduced mental health inequalities between different groups	Demographic data (age, gender, ethnicity, etc) for each outcome
	Reduced admissions to hospital	No. of admission to acute wards

Choosing data collection tools

Now that you've developed your measurement framework, you need to choose data collection tools. You have two broad options: validated tools or bespoke tools.

Validated tools

Validated tools (sometimes known as ‘standardised’ or ‘off-the-shelf tools’) are **questionnaires that have been statistically tested**—so we know they measure what they are supposed to—and they produce consistent results when used by different people or with different groups of service users.

Typically they have been designed by measurement experts and often include guidelines on data collection and analysis. Someone has invested time, skills and resources to develop, test and pilot them, so the organisations using them don’t need to.

Benefits of using validated tools

- Using a validated tool will **save you time and resources** in developing your measurement tools because the time, knowledge and investment needed to develop the tool has already been contributed by someone else, including testing and piloting to improve validity and usability.
- You can **be sure of the quality of the questions** you ask and of the data that you will collect, because validated tools were typically developed by measurement experts.
- Sometimes validated tools allow you to add your data to a database of data from different organisations using the same tool. This allows you to **compare your results** to those of other organisations, share findings and learn from others.
- Off-the-shelf tools **may have more credibility with funders**. They may already be familiar with the tool, so it is easier for them to understand the data you present.
- Some off-the-shelf tools have **guidelines, training packages and/or IT packages** to support them.

Challenges of using validated tools

There are also some challenges to keep in mind when deciding whether or not to incorporate one or more validated tools in your measurement framework. Whether you choose to include one or more of these in your measurement framework, they shouldn’t be your only measurement tool. You should complement them with some qualitative data from interviews or focus groups, possibly some bespoke survey questions, and user, engagement and feedback data.

- Some of the questionnaires are lengthy

- Off-the-shelf tools have not been designed with your service in mind, so their content might not be ideally suited to the people you work with or your context.
- Think about your users (or even better ask them how they feel about these tools) before deciding if validated surveys are suitable for you. They are typically administered in paper-based or online form and the user is asked to read and fill out a questionnaire on their own. This makes these surveys unsuitable for people who would struggle with such a task, such as people with learning disabilities or whose level of English is inadequate to understand the questions.
- It may be tempting to pick and choose parts of tools, and add your own questions to adapt them for your services. Using single questions from a tool or adding questions in a different format will invalidate the tool—this means your data won't be comparable to data collected by others using the same tool. Using some questions from a validated tool might still be helpful if you're looking for a well-structured question on a specific issue.
- Using off-the-shelf tools you can miss out on the process of engaging staff and service users to think about how outcomes might be measured.

Developing bespoke measurement tools

Bespoke measurement tools can help you to collect data that validated tools don't cover. Two of the most used bespoke tools are surveys and qualitative interview guides.

Top tips for designing surveys

Surveys focus on quantitative data such as how many and how often. Survey questions are structured in a way that will give you answers that you can easily analyse, using mostly close-ended questions, such as scales or multiple choice answers.

Here are our tips to help you get the best possible data from surveys:

- Be brief: avoid going over 20 words per question, remove unnecessary words.
- Keep the overall length of the survey to a maximum of 15 questions (5 minutes for online surveys, 10 minutes for paper/phone, 15 minutes for face-to-face).
- Use simple language: avoid complicated words, confusing language.

- Be objective: avoid leading questions, eg. 'how satisfied are you with the service?'
- Be specific: avoid words that are open to interpretation, eg. use 'daily' or 'weekly' rather than 'often' or 'usually'.
- Ask one thing at a time, eg. avoid questions such "Did you find the session helpful and interesting?" —ask two separate questions.
- Watch out for double negatives, eg. "Do you agree or disagree that you no longer need support?"
- Phrase sensitive questions in the least objectionable way
- Use your common sense: will the respondent understand the question?
- Pilot the questions with a small group of respondents before rolling out the survey to the wider group. Ask the pilot group how they found the questions and tweak them based on their responses.

Top tips for designing qualitative interview guides

Qualitative research focuses on how, why and in what context changes happen. This is often harder to measure than quantitative surveys, but it is important in understanding what is making an approach or service work or not, how it can improve, and what else may be influencing results. It is also often very compelling for funders. Here are our top tips for designing qualitative interview guides:

- Prepare a topic guide (ie a list of topics you wish to discuss) rather than the specific questions you plan to ask
- Use open questions, eg, how, why, in what way?
- Follow what the participant says, while subtly keeping them on track
- Approach sensitive topics carefully, taking into account the impact of the question on the interviewee
- Audio record the interview if the interviewee agrees. Remember to ask for permission to record before starting the interview. If you can't record it, take notes
- Avoid suggesting answers or biasing responses
- Design the interview topic guide to help explain some of the findings from the survey. If possible carry out the survey first and the interviews later, so that you can ask questions to explore issues addressed in the survey in greater depth, or try to explain any unexpected answers.

- Select a small sample of people with whom to carry out qualitative interviews. Given that gathering qualitative data and the subsequent analysis is quite resource-intensive, carry out interviews with 4-5 service users. If possible, identify individuals who reflect a range of characteristics, for example duration or intensity of engagement with your service, age, gender,
- Try to maintain anonymity and neutrality. Interviews can be carried out by a trained staff member, but to ensure more honest responses it would be best to commission an external evaluator or use trained volunteers. A neutral researcher will not bias the respondent or be biased in their interpretation of what is said. This is a risk where the interviewer has a vested interest in seeing 'positive' change. Respondents are also more likely to give honest answers if they don't know the interviewer.
- Analysing qualitative interviews: While qualitative research is useful to illustrate people's experience and provide quotes or case studies, it should not be used only for that purpose. It's helpful to identify and analyse the themes emerging in the interviews.

Activity: Selecting tools for measurement

We discussed the pros and cons of validated tools. For all the indicators below, we have provided a list of validated tools, existing data sources and/or suggested bespoke questions that you could use to collect quantitative data. It is up to you what you decide to use.

Validated tools will have a hyperlink enabling you to access them directly. All the validated tools in the list are available online for free. In some cases you may be required to reference the source.

Outcome: Increased ability to manage mental health and lead a full life

Specific outcome	Indicator	Source of data	Notes
Improved skills and qualifications	Academic qualification achieved	Bespoke survey questions (can be benchmarked to national data)	

	Life skills developed		
	No. of service users in employment or education		
Increased access to employment	Progress towards gaining employment	Survey questions (can be benchmarked to Office for National Statistics Labour Force Survey data)	
	No. of people with a mental health problem accessing employment		
	No. of people with a mental health problem sustaining employment		
Improved social connections	Score on a validated scale measuring social networks	Berlin Social Support Scales (BSSS) Lubben Social Network Scale Revised (LSNS-R) Social integration subscale (items 5, 8, 14R, and 22R) of the Social Provisions Scale (SPS)	All validated tools

Service users become more active citizens	No. of people volunteering or offering unpaid help	Questions in Understanding Society survey (wave 2), voluntary work module	As the understanding society survey is quite long, many charities develop bespoke questions for this area
Improved ability to manage finances	No. of service users reporting that they have adequate knowledge, confidence and access to personal finance, bank account, savings, and credit	OECD International Network on Financial Education (INFE) Financial literacy survey instrument	Validated tools for people aged 15+
	No. of service users in control of personal finances, including budgeting, managing indebtedness, and claiming appropriate level of benefits	Financial capability evaluation toolkit	

Outcome: Increased confidence, emotional balance and resilience in the face of difficulties (self-perception outcomes)

Specific outcome	Indicator	Source of data	Notes
Feeling more informed about own	No. of people reporting they feel more informed about their mental	Survey of patients after they have accessed a service (example question: to what extent	

mental health and emotional well-being	health & well-being	has the information provided to you helped you live with your condition?)	
	Number of information resources and publications downloaded or accessed.	Web data on number of downloads & page views, and/or number of leaflets/booklets distributed	
Increased ability to manage their mental health problems	Score on psychological scales to measure ability to cope.	Ways of Coping scale (WOCS)	In use for 20+ years, now requires purchase
Improved confidence and self-esteem	Increased feelings of self-worth	Rosenberg Self-esteem scale (RSES)	
	Improved self-assessment of own capabilities		

	Increased feeling that own life is valued and respected	Body esteem scale (Franzoi & Shields)	Clinical scale with risk question that has safeguarding implications. Only use for therapeutic services.
Improved mental state, including reduced symptoms of distress	Decreased negative symptoms of mental distress	Short Warwick Edinburgh Mental Wellbeing Scale	
		The Patient Health Questionnaire (PHQ-9) for symptoms of depression.	Clinical scale with risk question that has safeguarding implications. Only use for therapeutic services.
		The Generalised Anxiety Disorder Assessment (GAD-7) for symptoms of generalized anxiety, including panic and stress.	Quite widely used in service eligibility screening. However, the General Health Questionnaire is most often used in research/evaluation
		CORE-IMS (including YP core) measures global clinical distress, including subjective well-being, commonly experienced problems or symptoms, and life and social functioning, as well as risk to self and others.	Scale designed for young people - often used in schools-based interventions
		Recovery Quality of Life (ReQoL)	
Improved wellbeing	Increased frequency of positive emotions	25-Item Resilience Scale (Wagnild & Young, 1987) Connor-Davidson resilience scale	Requires a license
	Decreased frequency of negative	Scale of Positive and Negative Experience (SPANE)	

	emotions		
	Decreased sense of boredom		
Increased hope and positive feelings about the future		Schwazer-Jerusalem General-Self-Efficacy Scale	
Increased empowerment / feeling of control over own life	No. of service users reporting a sense of having control over their own destiny and ability to make decisions	Rotter's Locus of Control Scale	

Outcome: Improved experience of care and support in relation to any mental health problems

Specific outcome	Indicator	Source of data	Notes
Improved experience of mental health care support and services	No. of people who are satisfied with the support and services received	Survey questions on quality & satisfaction with support and services	

Improved access to and increased use of support services	No. of referrals to mental health services	Data on referrals from professionals No. of sessions delivered	
	No. of people accessing mental health services	No. of sessions delivered Survey questions	
	No. of service users reporting improved access to support		
Health practitioners are better able to identify mental health problems and act appropriately	Number of practitioners trained in mental health	Data from training providers or GP surgeries	For organisations working with practitioners
	Number of practitioners that 'feel confident' at dealing with mental health problems and know where to direct people	Data on practitioner qualifications and surveys questions on knowledge/confidence	For organisations working with practitioners
	Number of mental health cases diagnosed and referred from GP surgeries	GP diagnosis and referral data collected by the Department of Health and local health authorities.	For organisations working with practitioners

Outcome: Reduced stigma and discrimination towards people with mental health problems

Specific outcome	Indicator	Source of data	Notes
People have improved knowledge about mental health	People have an improved	Mental Health	Can be used for targeted

	knowledge about mental health problems.	Knowledge Schedule (MAKS).	interventions with small sub-groups, as well as population-level monitoring
People have improved attitudes towards people with experience of mental health problems	People have improved attitudes to mental health problems (ie, how tolerant they are, and the language that they use)	Community Attitudes to Mental Illness Scale (CAMI)	
Behaviour towards people with experience of mental health problems improves	Improved treatment of people with mental health problems	Reported and Intended Behaviour Scale (RIBS).	

Outcome: Families and friends of people with mental health problems have improved mental wellbeing and life satisfaction

Specific outcome	Indicator	Source of data	Notes
Improved support for people caring for someone with a mental health problem	Number of carers of people with mental health problems feeling supported	Rethink’s Carers’ Well-being and Support Measure evaluates adult carers’ satisfaction with the support they get (from p.123)	For organisations working with families and friends of people with mental health problems
	Number of hours respite and short breaks provided to carers		
	Number of periods of respite provided to carers		
Improved attitudes towards family members with mental health problems	Score on validated psychological scale to measure satisfaction with relationships.	Huebner’s Multi-dimensional Student Life Satisfaction Scale 7-item family module.	

Other outcomes

Specific outcome	Indicator	Source of data	Notes
Reduced mental health inequalities between different groups	Demographic data (age, gender, ethnicity, etc) for each outcome	Demographic questions in bespoke survey	All charities could collect demographic data, even if they're not measuring inequalities between groups.
Reduced admissions to hospital	No. of admission to acute wards	Hospital data available from the Department of Health and health Trusts	

Impact

Impact is the long-term difference on individuals, communities and society that your service has contributed to. It results from your service's outcomes.

Why is it difficult to measure and attribute?

To measure the long-term impact of your service you need to be able to survey your users a few years after the end of your service, and ask them the same questions you asked them during the service. This is logistically very difficult (even if you have people's contact details it would be difficult to get a high enough response rate to make survey data meaningful) and costly. Additionally, in the years between your service and your follow-up impact data collection, people will have had lots of experiences influencing their situation. This makes it difficult to attribute long-term change to your service. For these reasons, many charities don't attempt to measure long-term impact.

For most charities, outcomes are a good enough predictor of impact. If there is lots of evidence to suggest that your approach works, you don't need to measure long-term impact. The existing research will show that people who achieve the outcomes that your service is aiming for, typically also experience the long-term impact you're working towards.

If you have access to statutory data (eg from schools, the NHS or the criminal justice system) and can easily compare data from your service users over time, then measuring impact is easier and might be worthwhile even for smaller charities.