

Outcome and impact measurement for social services and interventions – EPR Webinar

Report

16 December 2021

10.00 - 12.30 CET, Online (Zoom)

Welcome and introduction

Mathias Maucher, Senior Project and Programme Officer at EPR, welcomed the participants and asked them to present themselves and their main interest in or experience with the topic. The webinar had 15 participants from 8 countries and 6 EPR members (from Belgium, Estonia, Greece, Italy, Spain, and the United Kingdom/Northern Ireland). This included three external experts – the speakers –, two guests from non-EPR members and three EPR staff members.

Mathias presented the objectives of the meeting. He explained that the first aim of the webinar on a topic already dealt with by EPR in earlier years was to provide knowledge about methods and tools for outcome and impact management for services and interventions of social services. The second objective was to facilitate an exchange on practices of outcome and impact management for services and interventions in the fields of vocational rehabilitation, disability, and mental health in place and the experiences of EPR members with them. The third aim was to learn and exchange about how the results of outcome and impact measurement and assessment can best be used to improve service design, delivery, and quality as well as particularly the quality of life for persons with disabilities.

Mathias finally ran through the [agenda](#). For the exchange among EPR members, the participants had been asked to prepare themselves on four questions:

- Which approaches, methods and/or tools do you use in your services for outcome and impact measurement and assessment of services and interventions?
- What are your experiences (i.e., benefits, problems, open issues, etc.) with them?
- How do you use the results to improve service design, delivery, and quality as well as particularly the quality of life for persons with disabilities?
- Do funders support you to roll out methods and tools for outcome and impact measurement and assessment? If not, what would be needed to make them do so?

These questions will be taken up after the presentations by the external experts from Italy and Ireland and the Q&A Sessions directly following them. The presentations will cover a broad range of issues. The first two are of a more practical nature by also focusing on benefits and limits of outcome and impact measurement in existing projects. Presentations 3 and 4 will look into more

conceptual and methodological issues of outcome and impact measurement tools and approaches, more in general and also when using a Quality-of-Life approach.

Thematic Block 1: Presentations by research consultants of MEDEA, Italy

Two good practice illustrations for outcome and impact measurement were presented by two colleagues of MEDEA, Italy. First Simona Geli gave an overview on the [PAIR Project](#). In this context Medea is developing a framework for the assessment of the impact of a physical activity protocol to be administered after having completed the rehabilitation treatment (following a total hip or total knee replacement) on the quality of life of the participants of the programme and also assesses the mid-term system sustainability. Pietro Dionisio then talked the participants through the [PHARAON Project](#). Here Medea is in charge of implementing “innovation management” strategies aimed at evaluating the achievement of the targets for the performance indicators, covering the impact on quality of life, service acceptance and sustainability. The project deals with the integration of digital services, devices, and tools for elderly people into open platform by maintaining their dignity and enhancing their independence, safety, and capabilities.

Example 1: PAIR Project

In her [presentation](#), Simona Geli, Project Manager, explained that MEDEA is one of the partners in the Erasmus+ [PAIR Project](#), which is an acronym for “Physical activity after knee or hip replacement”, coordinated by the Department of sciences for quality of life of the University of Bologna. The project aims to develop a protocol of physical activity to improve physical function after Total Hip Replacement (THR) and Total Knee Replacement (TKR) rehabilitation. This is inspired by the fact that even though there is a large consensus on the importance of physical activity promotion to prevent or mitigate disability and improve quality of life in the long term, there are neither practices in exercise and physical activity specifically designed for people who underwent THR and TKR nor best practices to improve the adherence of the patients to the physical activity protocol nor is there a large body of evidence on the strategies to improve and maintain physical function after rehabilitation in the long term. In addition, we have little evidence on how to best make people adopting a new and more active lifestyle including physical activity after medical rehabilitation. The PAIR Project aims to fill this void. It will investigate changes in lifestyle in the first year after surgery, relatively to the physical activity of a person before and after the surgery. The PAIR Project will also focus on a number of behavioural determinants influencing the uptake and adherence of persons after medical treatment and rehabilitation to physical activity programmes.

Against this backdrop, MEDEA’s role in the socio-economic impact assessment is the definition and use of the impact assessment framework. Its triple purpose is 1) to demonstrate good practice for replicability and scalability for wider impact, 2) to define an evidence-based value proposal for the PAIR protocol and 3) to drive further investment on evidence-based good practice for the promotion of physical activity (see slide 11). The impact assessment framework is defined by referring to the European Innovation Partnership Active and Healthy Ageing (EIP AHA) triple-win strategy for a healthier, more equitable and sustainable Europe. One of the three pillars there is the improvement of the health and the quality of life of people (with a focus on elderly people). Simona also referred to the EC-run and -funded multi-stakeholder information and communication hub “Active and Healthy Living in the Digital World” (<https://futurium.ec.europa.eu/en/active-and-healthy-living-digital-world>).

To realise this task, MEDEA had defined a list of key performance indicators (KPIs) for the evaluation of the expected outcomes and impact towards the cross-European phenomena of demographic change and ageing populations and the related challenges for the health and social care systems, workforce and patients or users. The KPIs – composed by a) performance indicators, b) sustainability indicators, and c) indicators supporting transferability and scaling up – needed to measure and help assess the potential of the PAIR Study Protocol (<https://pubmed.ncbi.nlm.nih.gov/34201439>) to drive its future scaling-up in line with the overarching aim of a better quality of life. Simona elaborated more in detail on how the PAIR Project will assess the patient primary and secondary outcomes as defined in the PAIR Study Protocol (see slide 15).

In the Q&A Session, Mathias Maucher asked who would be in charge of implementing the Study Protocol and to which extent it would allow to also monitor mid- and long-term effects. Simona replied that the PAIR project would end in 2022 and that beyond the duration of the project effects on the quality of life of the persons and the quality of their social interactions could not be measured and assessed. For MEDEA this means expectation management. Simona, however, agreed that ideally resources would need to be found to also include mid- and long-term indicators – which would work, if the pilot was put on a more permanent funding basis and taken over by interested stakeholders. Simona also highlighted that there are plans to replicate the Study Protocol in the field of dementia services and fragility fractures.

Example 2: PHARAON Project

Pietro Dionisio, Project Manager at MEDEA, [presented](#) the [PHARAON Project](#). MEDEA is in charge of implementing “innovation management” strategies to evaluate the achievement of the targets for the performance indicators, covering the impact on quality of life, service acceptance and sustainability. The impact assessment focus in the project consists in the development and testing of a methodology for addressing primary, secondary and tertiary end-users’ needs in the Active and Healthy Ageing (AHA) domain.

With a total budget of more than 21 million € and a duration of 4 years, the project seeks to integrate digital services, devices, and tools for older people into open platforms by maintaining their dignity and enhancing their independence, safety, and capabilities. The piloting phase, however, only lasts one year. Pietro shortly elaborated on the four general objectives of the PHARAON Project (see slide 19): 1) to provide support for Europe’s ageing population 2) in order to help maintaining the dignity of older adults and enhancing their independence, safety, and capabilities 3) by providing personalised and optimised health care delivery in the context of 4) digital services, devices, and tools which are integrated into open platforms.

Pietro showed the case for value-based innovation of existing services based on impact assessment for Information and Communication Technologies (ICT) and Internet of Things (IoT) services in healthcare. He elaborated in more detail on how impact would be defined in the context of the project to base on it a value-based innovation and how the evidence is being collected and evaluated (see slide 22) to arrive at this aim. During trials, MEDEA will collect a range of data to help evaluating the effectiveness and success of the service. Pietro finally explained that the main three outcomes the project is looking at are: 1) the impact of the digital services on the quality of life of the elderly persons; 2) the acceptance of these digital services by their users; and 3) the cost-effectiveness of the services developed. For those and other outcomes – such as the economic impact that the new service can generate in terms of market innovation and growth or

cost effectiveness – decision makers need evidence on (likely) impacts of service features and innovation based on the impact assessment and evidence creation done throughout the project.

As in the case of the PAIR Project, the impact assessment framework of the PHARAON Project is defined by referring to the European Innovation Partnership Active and Healthy Ageing (EIP AHA) triple-win strategy for a healthier, more equitable and sustainable Europe. Currently, MEDEA is looking for international partners within the PHARAON Project. Pietro finally stressed that there is an urgent need for the project to find local stakeholders to implement with them the service and to measure its impact. As a starting point for the exchange on his presentation, Pietro asked the participants the question “Which are the main ongoing and future projects and initiatives you foresee to be relevant or can benefit from such approach?”

In the Q&A Session, two points raised by the participants were how the interaction between the service providers and the users – here elderly people using digital services – would take place and/or how it can be best organised for the former to understand the needs and to adapt the services accordingly. Other items that were brought up were the questions of scalability/upscaling of the pilot project and how to transfer it into sustainable service provision arrangements underpinned by a business model which would not need (or not that much) public funding.

Thematic Block 2: Presentations by Donal McAnaney, Disability Expert

Moving from practical applications of outcome and impact measurement in projects to conceptual issues related to outcome and impact measurement of social services and related interventions aiming at the improvement of the quality of life of their users, Donal McAnaney, Disability Expert, talked about two related topics.

He started with an overview on challenges and approaches to Quality-of-Life outcome measurement and assessment, also by building on insights from the [QOLIVET Project](#). The aim of the EPR-run project is to improve the quality of Vocational Education and Training (VET) and of community care provision across Europe as well as in particular the quality of life of the users of those services. It is the “vehicle” to develop EPR’s tool to measure service impact on quality of life. Donal afterwards elaborated on general problems and different methods of impact measurement and assessment. In this context he mainly referred to the [UNIC Project](#) which aims to identify tools and policies to support the transition to user-centred funding models – such as personal budgets. The project, however, also aims at identifying how these tools can best be implemented by providers, service users and public authorities.

Example 1: QOLIVET Project

In his [first presentation](#), Donal McAnaney, Disability Expert, Ireland and Canada, gave insights from the [QOLIVET Project](#), currently implemented to develop EPR’s tool to measure the service impact on the quality of life of its users. One motivation to do the project started from the insight that while quality of life (QoL) was frequently specified as an intended outcome of rehabilitation and integration services, it was only rarely defined. Donal further explained that the meaning of QoL was strongly influenced by the characteristics of the target participants and the types of services, be it health-related QoL or social care-related QoL, the type of impairment, its complexity and severity, the age of the user, and the purpose of the service (e.g., transition to the community; transition to adulthood; independent living; maintaining people in their current circumstances). In the meantime, QoL is accepted as a clear outcome benefit of successful completion of vocational

training and education, whereas VET programmes need to include components and mechanisms intended to directly enhance personal capabilities, promote social inclusion, and increase wellbeing.

Donal then talked about the status of the Quality-of-Life approach/concept in VET and then elaborated in more detail on the QoL-related intended outcomes for disability services (see slides 8 and 9) and on the QoL-related intended outcomes for VET (see slides 10, 11 and 12). Donal proposed a set of criteria to select an appropriate QoL Measurement Strategy and explained that in the context of the QOLIVET Project so far 31 QoL Measurement Tools have been identified. Donal identified QoL Measurement Tools based on the framework developed by the IASSIDD International Expert Group as the most appropriate choice for a framework that spans the community care and education and training sectors (see slides 14 and 15) and also referred to other measurement scaled derived from the IASSIADD Model (see slides 16 and 17), namely the GENCAT Scale, the San Martin Scale and the QoL Impact of Services Questionnaire. He concluded by setting out the concept of the QOLIVET QoL Impact Assessment Tool (QIAT). He also informed the participants that a summary report of the research done so far will be published in the first quarter 2022.

In the Q&A session following Donal's first input, Pietro emphasised that it is essential to train the operators (and the staff involved) who will later be in charge of the measurement. Donal agreed with Simona's observation that different methodological tools fit different organisations and services. A consistent challenge, however, is that service providers in the health and social care sector often have to convince the funding agencies to use more appropriate methodological tools for outcome and impact measurement – adapted in order to (better) capture the specificities of the services, their users and or the providers – than general tools used in commercial sectors.

Example 2: Problems and methods of impact measurement and assessment, including UNIC Project

In his [second presentation](#), Donal McAnaney gave an overview on impact measurement and assessment methods. Donal started his second contribution to the webinar with elaborating on what we understand by outcome measurement (see slide 2) – which can well be summarised by 5 Ps (see slide 5) – and why it is important to measure the outcome of social interventions, including social services (see slide 3), and also who has why an interest in doing this. One key reason or “motivation” is that outcome measurement can inform evidence-based practice (see slide 4). He presented a number of terms which are commonly equated with QoL: 1) Life satisfaction; 2) Self-esteem; 3) Well-being; 4) Health; 5) Happiness; 6) Adjustment; 7) Functional status; and 8) Value of life. In a methodological sub-session, Donal explained the challenges both researchers and practitioners face in creating a QoL-based/-oriented outcome measurement tool (see slide 10). He also spoke about quality criteria for such tools are (see slide 9).

Donal based his input on (preliminary) insights from the [UNIC Project](#) to support the transition to user-centred funding models (such as personal budgets) and on tools to practically implement them by providers, service users, and public authorities with the aim to enhance the take-up and scale of personal budgets. These methods aim to be used within the community care sector. In the context of this project, a quality monitoring tool has been developed (expected to be published in its final version at the end of 2022) which aims at identifying the strengths and weaknesses of personal budget schemes, conceptualised as a self-assessment tool for users of personal budgets covering a broad range of criteria (see slide 15). The key area of interest is the impact of

the personal budget on the QoL of the PwD entitled to it and actually using it. The measurement tool covers the three main areas 1 “independence” (personal development; self-determination), 2) “social participation” (social inclusion; rights) and 3 “well-being” (emotional; physical; material).

In the Q&A session following his second contribution, Donal proposed to Patrick Ruppel to pilot in GTB, Belgium, the Quality-of-Life Tool in the context of supported employment services, based on the so-called San Martin Scale.

Periklis Vavourakis, EGNIA Foundation, Greece, asked if Donal or any of the participants could share more information on experiences with the use in their organisations of the INICO-FEAPS quality of life scale. Donald asked Ana Juvino (Fundación ONCE, Spain) to share more information on the scale which has been used by this organisation.

Laura Jones, EPR Secretary General, asked Donald McAnaney about his thoughts on the framework provided by the [International Classification of Functioning, Health and Disability](#) (ICF). Donal replied that ICF is a “pathogenic” measurement and evaluation scale. The highest score you can achieve is zero, meaning that a person has no impairment. In addition, all the questions are negatively focused. The Quality-of-Life approach, however, would not have this orientation. Donal stated the importance of using “salutogenic” questions in the health care sector that address the aspirations, dreams and goals of individuals needing medical and vocational rehabilitation or services to address intellectual or physical disabilities.

Conclusions and next steps

Due to a dense programme and time-consuming Q&A sessions, the participants could not yet deal with the question of how EPR members can reach out to funders – i.e., public authorities, Public Employment Services, ESF+ – to get support as service providers to roll out such methods and tools, but also to apply outcome and impact measurement methodology and indicators that make sense to them. It became clear from the discussion that a future exchange of good practice and mutual learning could focus on the relationship between service providers and their funders and on questions such as “How could funders financially support the service providers to roll out methods and tools for outcome measurement and impact assessment?” or “How could they agree on tools adapted to the specificities of the sector, the objectives of the services provided (e.g., an increased employment rate of PwD or access to quality employment/jobs for them) and focused on the positive impacts for the service users and benefits for the general public?”.

Evaluation

Members were mainly there to listen rather than to share tools they already use to measure outcomes and impacts of services and interventions in the fields of vocational rehabilitation, disability and mental health and their experiences with it. The meeting was rated highly. The participants who filled in the evaluation form gave an average score of 4.5/5 when replying to the question if they acquired relevant information and knowledge.