Measuring Outcomes for Helplines

1. What is monitoring and evaluation?
2. What are outcomes?
3. Why is it harder to measure outcomes for helplines than in other settings?
4. What tools can helplines use to measure their impact?
5. The wider challenges for helplines and outcome measurement
6. Further resources
# The challenge in monitoring and evaluation

Being able to show how the work you carry out on your helpline has a positive impact on the lives of your callers is important for a number of reasons:

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<th>Provides funders with evidence that you have spent your grant or contract effectively</th>
<th>Builds a strong evidence base for a funding application to enable you to show the need for your service</th>
<th>Provides assurance to your trustees or senior team that the helpline is performing effectively</th>
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<td>Highlights new or emerging areas of need and helps you to understand trends</td>
<td>Helps you to work out where you can make your helpline service run more effectively</td>
<td>Helps you to be accountable to all stakeholders that have an interest in your work</td>
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<td>Gives you better insight into the challenges that your callers face to support wider policy and campaigning work</td>
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The Helplines Standard, the quality assurance accreditation for the helplines sector, has an entire section dedicated to performance, monitoring and evaluation.
1  What is monitoring and evaluation?

**Monitoring** is how you identify and collect information about a service that you run. The information might be about volumes or length of contacts, or it could focus on the impact that the service has on your users. You can use this information to report on your service and to help you evaluate its effectiveness across a range of measures.

**Evaluation** is how you use monitoring and other information you collect, to make judgements about the difference your service has made and your impact on service users. You can also use the information you have gathered to make changes and improvements, or to show a need to expand or develop new services in response to demand from your users.

2  What are outcomes?

**Outcomes** are the changes that your helpline makes to the people who contact you. They are the results of what you do, rather than the activities or services you provide. People related outcomes could include: improved health, more confidence, having less anxiety or being able to seek a resolution to a problem.

Outcomes are best described using words of change, such as: more, better, less, improved. In some cases outcomes may involve keeping a situation stable, or stopping things from getting worse.

3  Why is it harder to measure outcomes for helplines than in other settings?

Typically outcomes measurement looks at the change that a service has made to a person’s life. However, many helplines run anonymous or confidential services, and may have contact with a service user just once.

An organisation offering face to face support sessions could use the following process:
Gather demographic information on the service user through a questionaire before they use the service.

Identify a person's baseline level of stress, anxiety or another problem that they are having, and the impact this is having on their life.

Run face to face support sessions over a number of weeks.

Measure through a questionaire whether the person's stress or anxiety had reduced, or look at what the person was able to do now that they found challenging to do before.

Contact the person 3-6 months later to see whether this improvement had been maintained.

On a helpline, this is more difficult. The service user may be in emotional distress, and making it inappropriate to gather comprehensive demographic information. The length of the call may be limited and this time is spent responding to the caller’s needs. It can be challenging for helplines not knowing what happens after a contact ends.

Most helplines do carry out performance measurement. This can be through user satisfaction surveys, measuring the volume of contacts and developing qualitative data measurement tools to better capture the success of the interaction within the helpline environment.

Befriending services that build up a relationship with service users over a period of weeks.

Ease of measuring outcomes.

Anonymous, confidential helplines that treat each contact as unique.
4 What tools can helplines use to measure their impact?

Helplines can measure the impact that their work is doing, and the difference that this makes to people’s lives.

There are a number of techniques that have been used successfully by helplines working in a variety of settings, including helplines that run anonymous and/or confidential services.

Any monitoring and evaluation work carried out on a helpline needs to take into account the vulnerability of service users, and respect the confidential working environment that the helpline might be operating in.

Some monitoring and evaluation techniques may be less appropriate in certain settings.
Usage data uses the information you hold about how often people contact your service to build a bigger picture of need. Measuring the number of calls that can’t get through can provide valuable evidence to funders for a need to increase your service’s opening hours or staffing.

This data can also give you some indications of how effective your helpline is at meeting need. If you have a high number of repeat contacts, this may mean that your service is doing a great job at meeting their needs, and indicate a good level of satisfaction. It could however also mean that people have to come to your service as other services are not available, or that service users may have a level of dependency on your service that might not be appropriate. A set data may indicate a number of wider issues, but it gives you a good starting point to explore an issue in more depth.

Qualitative data moves beyond the information that you have on how people use your service and explores the impact that it has on their lives. Some helplines carry out this important work through follow up surveys, either at the end of a contact, or through a follow up email or telephone survey, with the service user’s consent.

Logging feedback is also a good mechanism to show the difference that your helpline has made to people’s lives, but do be aware that it might not be representative of everyone who uses your service. Focus groups can be used to explore how well the helpline service met service user’s needs in more depth, care should be taken to try and get a representative sample.

In conversation data attempts to overcome the challenges that helplines have in wider evaluation work by recording broad information that service users are happy to share in line with your privacy policy. This tends to be information about the broad problem that the service user is facing, to enable the helpline to develop a clearer picture of the need that their helpline is addressing.

Finding out what alternatives service users might have considered if you were not around can also be insightful, and useful data to share with health funders. If it is appropriate, asking service users what they will do next as a result of the information or support that you offered can help to build a picture of the wider change that your helpline is contributing to.

GLOSSARY

Demographic  this refers to broad information about the service user and can include age, where they are calling from and gender. When this information is used for research purposes it shouldn’t be detailed enough to be able to identify the service user.

Baseline  this is data that can tell you about the problems that a person had before accessing a service. It’s useful to build a picture of what changed as a result.

Helpline  support that is not provided face to face. Sometimes referred to as ‘multi-channel’ it can include telephone, email, web-chat, text and social media.

Service User  a person in need of support who may contact a helpline.

Privacy Policy  a policy that explains why and how you collect the personal data of people who use your helpline.
5 The wider challenges for helplines and outcome measurement

Helplines offer immense value to the lives of vulnerable people. While many helplines see themselves as complementing rather than replacing health services, their work can have a positive impact in relieving demand pressures elsewhere and/or by supporting vulnerable people to access health services in appropriate ways.

This is not always recognised by budget holders, and there is a need for funders/commissioners and helplines to work together to explore outcomes. These need to be based on the value of the interaction within the helpline environment, such as the quality of advice given or the ability to support a vulnerable person to help make a decision that will have a positive impact on their life. Helplines can facilitate outcomes such as reduced self-harm, or the ability of a person with a chronic health condition to have a better sense of how to manage their health.

National helplines may have particular skill and expertise in supporting people with a particular condition or a defined population demographic, such as young people or those from ethnic minority groups. This can be particularly helpful where there is a recognised lack of engagement with local provision by these groups. Helpline services delivered across England or the UK can provide greater reach to vulnerable people and reduce inequalities in service provision.
6 Further Resources

Helplines Partnership provides a range of support for helplines that want to explore the impact that their service is having. We offer specialist training on monitoring, evaluation and outcomes, and can evaluate helpline work or advise you on a robust framework for appointing external evaluators.

The Helplines Standard is the quality standard for the helpline sector. It provides assurance that your helpline runs effective services, and complements wider monitoring and evaluation work that your helpline carries out.