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DEVELOPING PERFORMANCE
INDICATORS AND TARGETS FOR
YOUTH ENHANCED SERVICES

INTRODUCTION

The thoughtful use of performance indicators and targets within a monitoring and evaluation (ME) framework can inform service quality improvement initiatives, systems planning, contract management, and resource allocation.(1-3) However, reports from both PHNs and service providers indicate that there is significant variety in the indicators and targets used across the country, as well as concerns that they are often not helpful for providing meaningful information to measure the performance of Youth Enhanced Services (YES), and can even have unintended and detrimental impacts on the provision of care to young people.(1)

This resource aims to assist PHNs and YES programs to collaboratively develop a set of indicators and targets in an ME framework. It addresses four key questions:

- What are performance indicators and targets?
- When should performance indicators and targets be used?
- What are the risks of using performance indicators and targets?
- How could performance indicators and targets be developed?

We encourage this guidance be used in conjunction with the [Youth Enhanced Services \(YES\) Monitoring and Evaluation Planning Tool](#) (ME Planning Tool), which was developed in collaboration with members of the YES PHN Advisory Group and staff from YES programs. The tool consists of 10 evaluation covering important areas of program implementation, care delivery, and young people's outcomes. Each question consists of one or more domains (see table below). For each domain, examples of potentially useful quantitative and qualitative data are provided, and where possible, mapped to fields in the Primary Mental Health Care Minimum Data Set Version 2 (PMHC-MDS V2) and the headspace MDS (Version 1). For data which cannot be sourced from either data set, examples of other sources and outcome measures are provided.

EVALUATION QUESTION	DOMAINS
1. To what extent has the program been implemented as intended?	• Fidelity and adaptation.
2. How satisfied have young people been with their experience of care?	• Satisfaction with care.
3. To what extent has the program reached the target population(s)?	• Reach.
4. To what extent has the service provided timely and accessible care?	• Timeliness and accessibility.
5. To what extent have young people engaged in the care offered to them?	• Engagement with program.
6. To what extent has care been guided by young people's needs and preferences?	• Participation in care.
7. To what extent has the program provided coordinated care?	• Experience of coordinated care. • System integration.
8. To what extent have families been involved in care?	• Family inclusiveness.
9. To what extent have young people been able to connect with peers?	• Connection to peers.
10. To what extent have young people experienced changes in outcomes?	• Functioning. • Goals. • Symptomology and distress. • Wellbeing.

WHAT ARE PERFORMANCE INDICATORS AND TARGETS?

While there are various definitions, for the purposes of this resource, a **performance indicator** is a 'measurement, a number, a fact, an opinion or a perception'(4) regarding program implementation, care delivery, young people's outcomes, or other important aspects of a program (e.g. access, young people's experience). Performance indicators in an ME framework enable us to describe how progress in a particular area of a YES program's performance can be demonstrated or approximated. An example of a performance indicator relevant to youth mental healthcare could be:

number and proportion of young people who report progress toward their goal(s)

Alongside performance indicators, **targets** can also be developed, which provide a goal (or goals) for a program to achieve in different areas of performance (particularly those deemed most important). Targets can be regarded as a quantifiable level (e.g. a number, a proportion, a time) of an indicator, which a program seeks to achieve within a certain timeframe.(5) A target which could be developed for the example performance indicator above is:

75% of young people report progress toward their goal(s)

A set of indicators and/or targets within an ME framework, which provides information that can highlight a program's achievements, and inform discussion between service providers and commissioners about areas in which the program may not be performing as well as hoped. It is essential that data-informed reflection and quality improvement planning happens so we avoid the trap of putting more effort into collecting information than actually making improvements.(6)

WHEN SHOULD PERFORMANCE INDICATORS AND TARGETS BE USED?

Thought needs to be given to what combination of indicators and targets are used for each area of program performance. This may involve using an indicator and target, an indicator with no target, or no indicator or target at all.(5) When performance areas are not easily quantifiable, the inclusion of qualitative methods (e.g. case studies, impact logs, young people and staff feedback) should also be considered. The table below provides a summary of the instances when using indicators and targets may or may not be appropriate.

PERFORMANCE INDICATOR	WHEN TO APPLY
Indicator and target	<ul style="list-style-type: none"> When a change, condition, or trend can be identified (using percentages, proportions, numbers, rates of change, ratios, levels of satisfaction etc.) <i>and</i> a baseline exists to establish the situation at program commencement. When there are agreed benchmarks in place for identifying optimal performance in practices operations, compliance etc. These benchmarks should have clear justification and rationale, and be appropriate for the specific program being monitored. When a program is mature enough to have collected sufficient data to inform the development of realistic targets.
Indicator, no target	<ul style="list-style-type: none"> When a change, condition, or trend can be identified but does not lend itself to quantification or identification at a particular level. When the program is not expected to be sufficiently mature to show distinct changes, conditions, or trends. When no baseline exists to indicate the situation prior to the program or at program commencement.
No indicator, no target	<ul style="list-style-type: none"> When a learning focus is being adopted. When changes are likely to be best determined through evaluative assessment based on the use of quantitative and qualitative methods and the collection of different types of data.

WHAT ARE THE RISKS OF USING PERFORMANCE INDICATORS AND TARGETS?

Despite their potential utility, it is important to recognise that there are risks to using performance indicators and targets, such as:(5, 7, 8)

- **Goal displacement.** An overemphasis on meeting a target may inappropriately skew a program's design and implementation toward certain forms of achievement. For example, a program may select a target group who present with less risk and complexity because this will help them to achieve targets associated with client throughput (i.e. number of young people seen in a particular time period).
- **'Guesstimation'.** Indicators and associated targets are often developed without existing baseline data to establish the level of change expected. This can contribute to inaccurate "guesstimates" and potentially unrealistic expectations about levels of change that a program should be achieving.
- **Tunnel vision.** There can be a focus on particular areas of performance because they are included in the ME framework, which takes away the focus from other important areas of performance which are not included in the ME framework. For example, in YES programs there can be a focus on measuring changes in in client distress (using the K10 measure) because that is what is included in the PMHC-MDS, while other important outcomes (e.g. social, educational, occupational functioning; quality of life; achievement of goals) receive less attention.
- **Short-sightedness.** This refers to an over-emphasis on monitoring short-term outcomes, while not recognising longer-term outcomes (such as prevention and early intervention efforts and impacts on the wider health system).
- **Quantification privileging.** Important areas of healthcare (e.g. client and staff experience) can be missed if an entirely quantitative approach is taken to the development of indicators. In complex interventions like YES programs, the diverse nature of the activities performed and outcomes achieved are not easily quantified using existing measurement tools. PHNs and youth mental health services report that it is important to use qualitative data (e.g. case studies) alongside quantitative data.(9)
- **Misinterpretation.** Inaccurate inferences can be made about a program's performance, often because it is difficult to account for all the potential influences on performance. As an example, waitlist reduction strategies may not reduce waitlist times in a YES program because they have been ineffectively implemented. However, the waitlist may also not have reduced because of system pressures (e.g. increased demand for youth mental healthcare across the region or reduced capacity in other youth mental health programs). It is important that indicator and target data be interpreted alongside more contextual data.

A CRITICISM OF THE USE OF PERFORMANCE INDICATORS AND TARGETS

The use of indicators and targets to monitor program performance has been dismissed outright by some advocates of complexity theory,(5) who see change (i.e. outcomes) as the result of the interaction of multiple factors within a system, rather than something which is delivered by individuals and organisations.(10) It is argued that the nature of complex systems makes it impossible for program managers and planners to know exactly what the correct course of action for a program should be (because what worked yesterday, might not work today; and what worked here, might not work there). From this perspective, performance targets are arbitrary and unhelpful, and their use turns program management into 'a game which is won by producing good-looking data'.(11)

The 'Human, Learning, Systems' (HLS) approach(10, 12) has been proposed as an alternative to the results-based accountability commissioner-provider relationship. Proponents of HLS regard the process of learning (rather than evidencing performance) to be of paramount importance. Data is collected to inform collective reflection and ongoing adaptation, and individuals and organisations are held accountable for engaging in learning cycles and demonstrating what has been learnt.(10)

HOW COULD PERFORMANCE INDICATORS AND TARGETS BE DEVELOPED?

While we acknowledge that there are risks to using performance indicators and targets, we believe that they can be useful to both YES programs and PHNs if they are carefully considered and used in the spirit of collaboration and learning.

We have identified a set of principles, key steps, and assessment criteria to help guide development of performance indicators and targets within an ME framework. These have been informed by the academic and grey literature (including the PHN Program Performance and Quality Framework(13)), and our experiences of working with YES programs and PHNs.

PRINCIPLES

DEVELOP COLLABORATIVELY

Firstly, ME frameworks (including performance indicators and targets) should be collaboratively developed with key stakeholders.(1, 5, 7, 9, 14-17) Performance measurement is driven by what we consider to be valuable and worth measuring – which inherently creates complexity given the breadth of perspectives on this.(1) At a minimum, the program(s) who are the subject of the framework should be key collaborators in its development. When possible, young people, supporters, and organisations representing the diverse communities that may be accessing a service, including First Nations people, refugees and migrants, and people with disabilities, should also be involved in the process.(1, 9, 17) As well as ensuring that indicators are relevant and valuable, involving key stakeholders can also ensure indicators and targets are feasible and appropriate, and mitigate some of the risks that have been discussed previously.

Despite our best intentions, effective collaboration can often be difficult to achieve. It requires time and ongoing effort from all parties. Collaborate CIC(18) lays out six domains of collaboration:

- collaborative mindset;
- healthy, trusting relationships;
- shared vision and purpose;
- collaborative behaviours;
- shared learning; and
- collaborative infrastructure.

It may be useful to consider the [reflective questions](#) associated with each domain to assess the strength of collaboration between a PHN and its commissioned YES programs, and identify areas where collaboration could be enhanced.

A QUALITY-IMPROVEMENT FOCUS

An ME framework should be clear about what it is measuring and how the information collected will be used.(13) We recommend that a key purpose should be to inform the improvement of YES programs and it is essential that performance indicators are able to guide quality improvement activities.(9)

Having a clear focus on quality improvement will reduce the risk of ME activities becoming a check-box activity, (14) with little discernible benefit to programs and the young people they serve. To mitigate this risk further, any information collected as part of ME activities should be fed back to YES program staff in a timely manner, and spaces should be created for PHNs and YES programs to review the information and reflect what actions may be needed to make improvements in certain areas. Including contextual information (e.g. client demographics, qualitative reports of program implementation and service delivery) in these discussions may help to better understand why a target has or has not been achieved.(3)

HOLISTIC

The set of indicators in an ME framework should consider the program as a whole and include a range of domains to ensure a balanced perspective of a program’s performance.(15) One way to do that is to clearly align indicators to a selection of key evaluation questions (such as those included in the ME planning tool and reproduced in table one of this resource).

One area of program performance that is critically important to include is the impact of the program, (13) especially in regard to how the program has contributed to young people’s outcomes. (16, 17) When selecting outcome indicators, we should go beyond just including mental health symptomology, and include other important domains such as social, educational, occupational functioning; quality of life; social inclusion; or achievement of goals.

MINIMISE UNNECESSARY BURDEN

The aim should be to capture a comprehensive view of program performance, but the PMHC-MDS (the main data set used by YES programs) is unlikely to do this sufficiently, so information will need to be sought from additional data sets.(9) While there is an understandable hesitancy to ask YES programs to provide more than the minimum data set (because of the potential burden), youth mental health service staff report a willingness to do this as it will help to provide a more accurate picture of the activities of the program and the outcomes achieved.(9)

However, information requirements will need to be proportionate to the capacity, capability and infrastructure (15) of the YES program(s) of focus and the PHN. To achieve this, it is important for PHNs and YES programs to make collaborative decisions on what the key areas of focus should be and to begin by developing a limited number of indicators for these areas in the first instance. More can be added over time, if required and feasible.(5)

USE REALISTIC TARGETS

When developing targets, it is optimal to use baseline data to assess change in relation to the situation before the program commenced, and to set realistic targets in relation to that change.(4, 5) However, it is often the case that baseline data does not exist or is not easily accessible for particular areas of program performance. If there are comparable or related programs, it may be possible to set initial targets based on their performance,(4) but key stakeholders will need to agree that the programs are appropriate to be compared against. In situations where no baseline data or comparable programs are available, it is advisable to avoid ‘guesstimating’ targets (which may be unrealistic), and initially take an ‘indicator, no target’ or ‘no indicator, no target’ approach. Once the program has been running for a while it may be possible to review program data, which will enable the development of realistic targets.(19)

KEY STEPS

The following eight steps can be completed sequentially but the order may vary depending on local contexts, resourcing, and work that has already been completed.

STEP	CONSIDERATIONS
<p>1. Identify and engage with key stakeholders</p>	<ul style="list-style-type: none"> • Who are the key stakeholders of the program? • What is the role of each stakeholder group? I.e., who will be collaborators in decision-making, who will be consulted during the process, and who will only be informed of the outcome? <p>At a minimum, collaborators should include the YES program/s that will be using the performance indicators and targets. Ideally, young people, supporters, and organisations representing the diverse communities that may be accessing a program, including First Nations young people, refugees and migrants and people with disabilities, should also be involved in the process. It may also be helpful to engage expert organisations or advisory bodies and other local organisations.</p>

- 2. Clarify purpose and scope**
- Which program(s) will be monitored using this framework? Is it specific to a single program, or will a number of related programs be assessed under the same framework?
 - How will the framework will be used to guide quality improvement activities and contract management? What processes will be in place to ensure that the information collected is collaboratively reviewed and used in program planning?
- 3. Clarify available resources**
- What are the resources (i.e. finances, staffing, time) available for the development and revision of this framework, data inputting, data processing and analysis, and for utilising the learnings?
- 4. Ensure shared understanding of the program**
- Do key stakeholders have access to up-to-date program documentation, including a logic model, which articulates the proposed outcomes of the program and how its activities are intended to achieve them?
- This documentation may have been developed during program planning but it may be helpful to review it with key stakeholders to ensure that it accurately reflects how the program operates in reality. This will also help to promote a shared understanding of the program and key terms.
- At a minimum, the program documentation should be circulated to all key stakeholders, and if there are different understandings of the program it may be helpful to bring stakeholders together to develop or refine the logic model.
- 5. Agree key areas of interest**
- Is there agreement among key stakeholders about what areas of program performance are of most interest to different stakeholders?
- Using the ME Planning Tool may help to frame discussions. The tool articulates 10 evaluation questions, each relating to an area of program performance. There may also be other evaluation questions/areas of interest, not included in the tool, which may be of particular interest in your context. In most circumstances, three to five program areas should be selected as priorities to ensure feasibility and purposefulness.
- 6. Select and/or develop indicators**
- For each of the key areas of interest, do appropriate indicators already exist?
 - If areas are of interest are not easily quantifiable, how can you include the use of qualitative methods? (e.g. case studies, impact logs, young people and staff feedback)
- In the ME Planning Tool, there are a number of suggested indicators, which link to data which can be collected in the PMHC-MDS. It may be worth shortlisting a small set of indicators which cover the key areas of interest, and then assess their appropriateness using the criteria on page eight of this resource. These same criteria will also be useful to consider if you choose to develop new indicators.
- 7. Develop realistic targets**
- For each indicator is it appropriate to develop a target, or should it be target-free?
- Once a set of indicators has been agreed, use the criteria in the table on page three of this document to assess whether it is appropriate to develop a target.
- When there is doubt about the validity of a proposed target (i.e. no clear rationale or evidence-base) we recommend initially taking an 'indicator, no target' approach. Once the YES program has been running long enough to generate sufficient data (at least a year), use this as a baseline from which to develop realistic targets.
- 8. Review and revise**
- Is the information collected as part of ME activities useful for informing a quality improvement initiative?
 - Is there any indicator data which is proving difficult to collect and analyse?
- Information collected from ME activities should be regularly reviewed (i.e. every three to six months) by the PHN and its YES program(s) to celebrate progress and explore areas for improvement. There should also be reflection on whether the indicators and targets provide useful information for quality improvement, and whether there are any issues which are impacting data collection and analysis. Based on this discussion, it may be necessary to revise the set of indicators and adjust targets.

ASSESSING THE APPROPRIATENESS OF PERFORMANCE INDICATORS AND TARGETS

The above principles and key steps can guide the development of an appropriate set of indicators for an ME framework. The below criteria can be used to assess the appropriateness of each individual indicator within the framework:

CRITERIA	CONSIDERATIONS
Meaningful	<ul style="list-style-type: none"> Does the indicator clearly link to the program's intended outcomes? Do the indicators reflect the varied perspectives of stakeholders around what is important to measure?
Understandable	<ul style="list-style-type: none"> Is the indicator clearly defined? Is the data understandable by the people who need to act on it?
Actionable	<ul style="list-style-type: none"> Does the indicator guide direction for quality improvement activities or contract management? Does the indicator allow for differentiation between high and low performance?
Responsive to change	<ul style="list-style-type: none"> Will the impact of quality improvement activities or changes be reflected in the data over time?
Feasible	<ul style="list-style-type: none"> Is the data easily accessible with limited time lags? Can the data be extracted from existing data sets? If not, is there agreement that the potential benefit of using the indicator is worth the additional burden?
Avoids unintended consequences and perverse incentives	<ul style="list-style-type: none"> Have possible unintended effects of the indicator and/or target been considered and, where possible, avoided?

CONCLUSION

When well-designed (i.e. quality-improvement focused, holistic, realistic, feasible) and used in a spirit of collaboration and learning, the use of performance indicators and targets within an ME framework can provide helpful information that enables YES programs and PHNs to continually improve the care provided to young people, their supporters, and their communities. We hope that the guidance provided in this document contributes to this goal.

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ORYGEN.ORG.AU
+61 3 9966 9100
35 POPLAR ROAD
PARKVILLE VIC 3052
AUSTRALIA

SOPHIE PROBER
CRAIG HAMILTON
SOPHIE.PROBER@ORYGEN.ORG.AU
CRAIG.HAMILTON@ORYGEN.ORG.AU

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