



# **Basic Principles of Monitoring & Evaluation for Service Providers**

**May 2004**

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This guidance document is based primarily on the materials provided by Partners in Evaluation Scotland (PIES):

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PIES were commissioned by the Effective Interventions Unit (EIU) in 2002 to provide the Scotland-wide workshop series '**Developing a clear strategy to improve monitoring & evaluation of drug and alcohol services in Scotland**'.

These workshops were based on the EIU's evaluation guides, available online at:  
<http://www.drugmisuse.isdscotland.org/publications/eiupublications.aspx>

The section on programme logic draws on materials produced by the U.S. Government's Southeast Center for the Application of Prevention Technologies  
www: <http://www.secapt.org/flash/science7.html>

The evaluation report outline section draws on materials produced by the U.S. Government's Center for Substance Abuse Treatment and the National Evaluation Data and Technical Assistance Centre  
www: <http://csat.samhsa.gov>

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## Introduction

At a strategic level, Alcohol and Drug Action Teams (ADATs) are required to regularly assess whether the spending plans and projected outcomes of all agencies are aligned to the objectives of local and national strategy, and the value for money of expenditure against outcomes.

In Lanarkshire, this responsibility is being addressed through the implementation of a “commissioning, monitoring and evaluation framework”. This framework serves to:

- clarify the aims and objectives of services;
- set targets for each service (outputs or units of service to be delivered, timescales etc.);
- identify expected outcomes;
- ensure that monitoring and evaluation systems are in place (including clear performance indicators); and
- review current provision and projected needs regularly.

The aim of this document is to provide guidance to service providers on the principles of monitoring and evaluation and to provide a template for planning, conducting and reporting on evaluation.

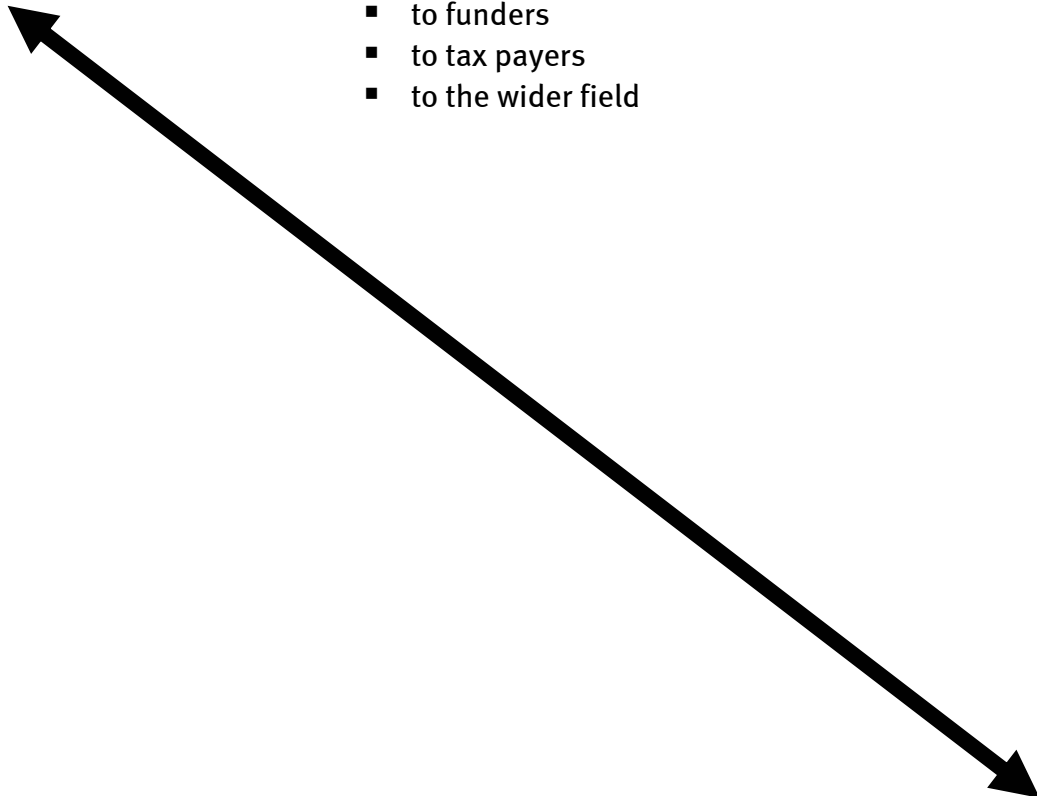
## The Importance of Monitoring and Evaluation

Collecting information so that you can check regularly on your service's progress (monitoring) and look back to find out what difference your service has made (evaluation) should be part of a service's routine work. Some people think "I don't have the time!", but monitoring and evaluation are fundamental to the continued existence and improvement of a service.

### Why so much emphasis on monitoring and evaluation?

#### Accountability

- to service users
- to funders
- to tax payers
- to the wider field



#### Service development

- knowing what works and why
- knowing what helps
- knowing how to make improvements
- demonstrating your effectiveness to funders
- getting ideas for future services

## Programme Logic

Whatever problem you are trying to tackle, there needs to be a logical connection between what you plan to do and the difference you are trying to make. This may sound obvious, but many programmes lack this logic and clarity.

Planning your monitoring and evaluation therefore involves asking yourself questions about things like your service's *aims, goals, purpose, impact, objectives, outcomes, activities, outputs ....and so on*. The variety of terms used can cause confusion, so it is best to try and use one set of terms consistently. For the remainder of this document we will therefore use *Goal, Outcomes, and Outputs*.

### Programme Logic Models

#### GOAL

The *goal* or overall aim tells everyone why the organisation exists and the broad impact it wants to have upon the lives of the people it works with. It summarises the difference that your organisation or service wants to make. A goal is very general so it needs to be supported by more specific outcomes.

#### OUTCOMES

You need to define more singular statements about the differences an organisation hopes to make to the lives of the people it works with. There will usually be several specific aims, and they will describe the intended benefits or *outcomes* for the people your organisation works with.

Examining whether you have achieved these outcomes is an important part of **evaluation**.

#### OUTPUTS

You need to describe the practical steps which will be taken to accomplish the aims of the organisation. They identify what the organisation will do - the services it will deliver. These are known as *outputs*.

Information about outputs is **monitored** to check regularly on your progress. Discussing how outputs are implemented is also an important part of **evaluation**.

Clarifying programme logic, i.e. the connection between what you plan to do and the difference you are trying to make, can be achieved by building a *programme logic model*. This provides a kind of 'blueprint' for both your service, and for your monitoring and evaluation.

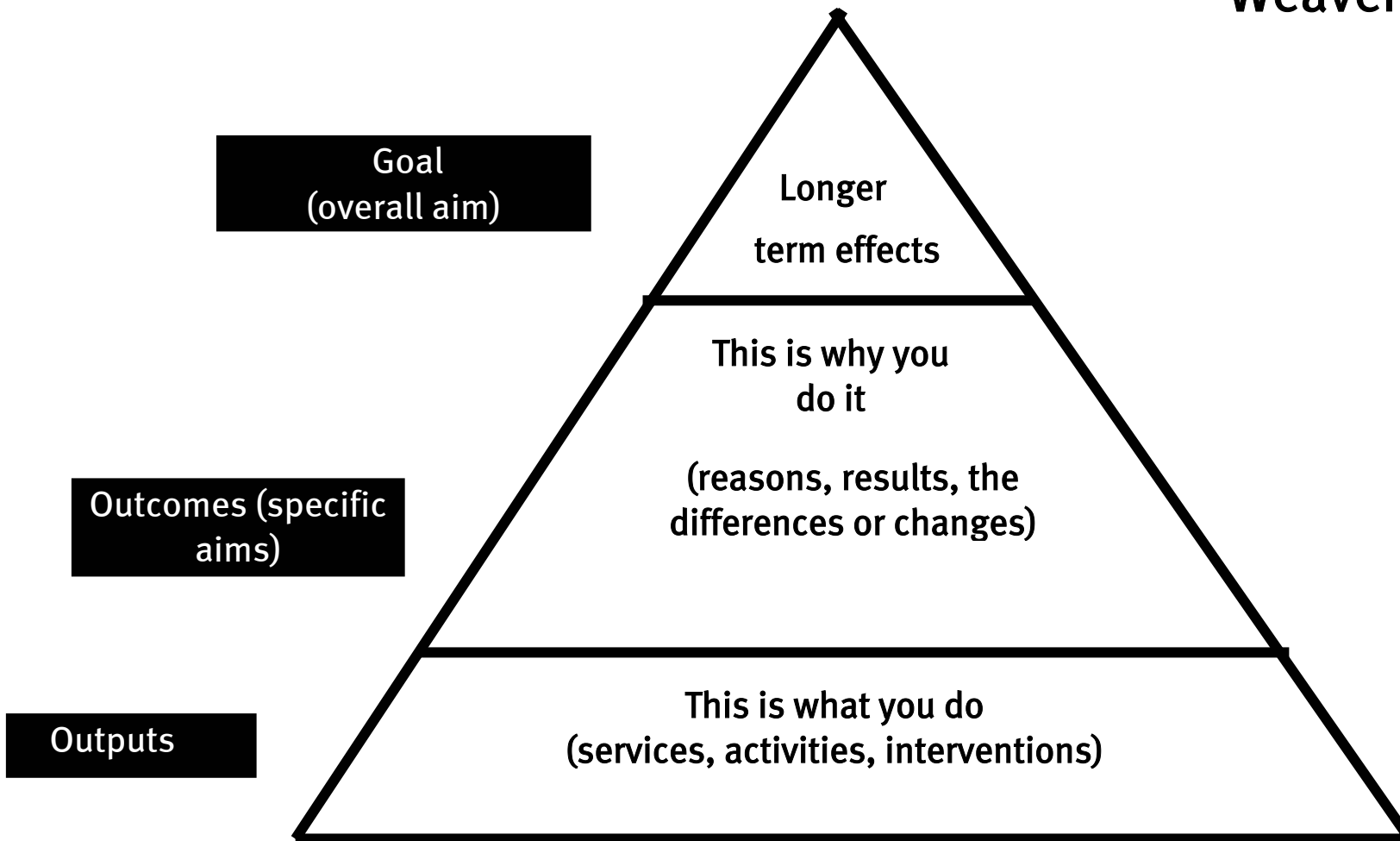
A simple type of programme logic model that can be used is the *Weaver's Triangle* (see page 8). Starting at the bottom and working upwards, this model outlines what you do, why you do it, and ultimately what longer-term effects this will have on service-users.

## Building a programme logic model provides the following benefits:

1. A logic model develops understanding. It helps build understanding, if not consensus, about what the programme is, what it expects to do, and what measures of success it will use.
2. A logic model helps to monitor progress. It provides a plan to track changes so that successes can be replicated and mistakes avoided.
3. A logic model serves as evaluation framework. It makes it possible to identify appropriate evaluation questions and relevant data that are needed.
4. A logic model helps to reveal assumptions. It helps programme planners to be more deliberate about what they are doing and identifies assumptions that may need validating.
5. A logic model helps to restrain over-promising. It helps programme planners and others realize the limits and potential of any one programme.
6. A logic model promotes communications. It creates a simple communication piece useful in portraying and marketing your programme.

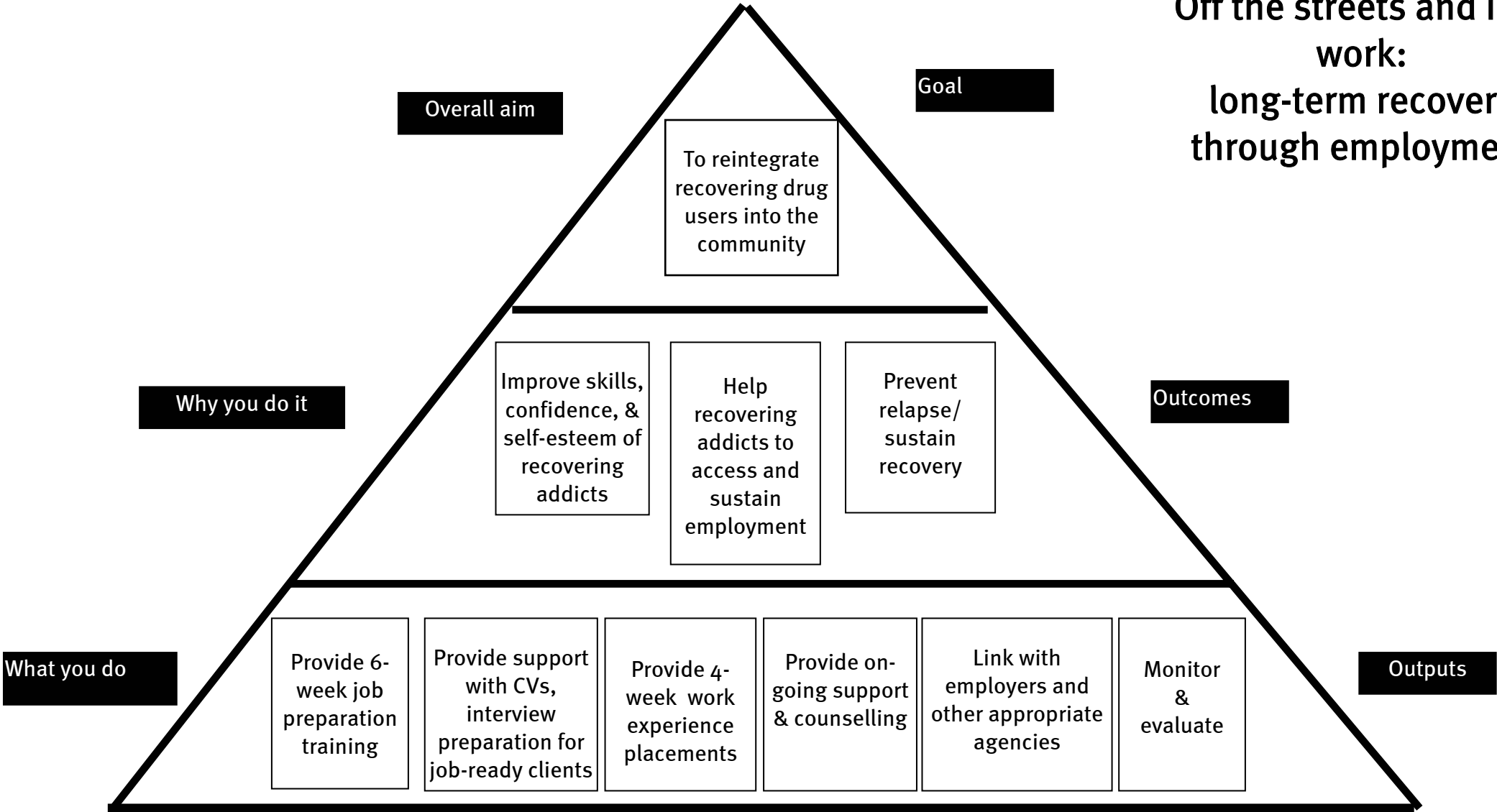
Try not to get mixed up between *outputs* and *outcomes*. Remember, outputs refer to “what you do” whereas outcomes are “why you do it”. An example Weaver’s Triangle for a fictitious employment service may help to clarify this.

# Weaver's Triangle



Source: What difference have you made? A guide to self-evaluation. (1997) London: BBC Children in Need Appeal

**Off the streets and into work:  
long-term recovery  
through employment**



Source: Partners in Evaluation Scotland

## Outputs: Setting Targets and Milestones

Realistic planning involves checking that what you are planning to do is manageable and achievable within the resources that are available to you.

This relates to the bottom row on your Weaver's Triangle, i.e. the outputs.

You don't want to be set up to fail, so make sure at the very least you set **targets** and **milestones** for getting things done.

### *Targets*

The numerical targets that you set for your outputs should be **SMART**:

Specific

Measurable

Achievable

Realistic

Timebound

**These sometimes have to be *guess-timates* but can be improved if you have undertaken similar activities before and kept good monitoring information.**

**Your targets are your projections of how much service you will provide, and to how many people.**

**They give you a useful yardstick for what you measure your performance against.**

**Targets are often built into grant- or service-level agreements.**

Setting SMART targets will help you plan the **resources** needed to achieve these outputs and think about what might go wrong, so you have **contingency plans**.

## ***Milestones***

In order to monitor outputs on a regular basis, targets should be timebound (SMAR'T).

**Milestones** are target dates by which you hope to have achieved your plans.

Using the example of the fictitious employment service “Off the streets and into work”, one of your outputs could be to provide 6-week job preparation training.

Over the course of a year you may hope to provide this training to 100 clients. However, to give your service time to settle in and link with referring agencies etc. you may wish to set targets and milestones.

Protocol form 1 (see appendix 1) provides a template for recording your targets and milestones set against each output, for example:

### **Protocol Form 1 – Outputs, Targets & Milestones**

<b>Output 1: Provide 6-week job preparation training</b>	
Target (how many) if applicable: 10 clients 30 clients 60 clients 100 clients	Milestone (by when): end of 1st quarter end of 2nd quarter end of 3rd quarter end of 1st year
<b>Output 2:</b>	
Target (how many) if applicable:	Milestone (by when):
<b>Output 3:</b>	
Target (how many) if applicable:	Milestone (by when):
<b>Output 4:</b>	
Target (how many) if applicable:	Milestone (by when):
<b>Output 5:</b>	
Target (how many) if applicable:	Milestone (by when):

## Monitoring

You will recall at the beginning of this document monitoring was defined as *collecting information so that you can check regularly on your service's* progress. You should only monitor information that you **need** and that you will **use** – i.e. information related to your **targets**.

In the above example, this would involve recording how many clients complete the 6-week training course within each quarter and calculating the overall progress to date.

You should at this stage plan where, when and how often you will collect data.

### Some tips for effective record keeping

- For each piece of information you collect ask the questions: *Do we really need this information? Who is going to use this information and what for?* Don't be afraid to stop collecting information that you have no use for!
- Check that you are not collecting the same piece of information more than once.
- Look for the most 'natural' place or time to collect the information you need. For example, information on the number of people who attend a workshop would most naturally be collected during the workshop itself, not the next day based on the memory of the facilitator.
- Make sure that everyone who is collecting information understands why and has been given clear and consistent guidelines on how to go about it.
- Write down what forms are used, when and how they should be filled in, and what the information is used for. This means that knowledge does not get lost in one person's head.
- Store your information safely and ideally electronically- not on little scraps of paper!

You should also document which of your outputs, if any, **have not been successfully implemented** and the reasons for this. Alternatively, you may be **providing interventions that were not part of the initial plan** – descriptions of these and the reasons this has happened should also be documented.

## Outcomes: Developing Indicators of Success

Indicators of success are the things that help you to determine if you have made the differences or changes that you planned to make in the lives of the people who use your service – i.e. if you have **achieved your outcomes**. Indicators of success are also sometimes known as *performance indicators* (key performance indicators, or even KPIs!).

**It is therefore absolutely essential to plan ahead, develop indicators at an early stage and collect baseline information – you can't measure progress or change if you don't know how things were before you started.**

**If you are planning on measuring longer-term outcomes by following-up clients at a later date make sure you have procedures in place.**

Remember - outcomes are statements about the differences an organisation hopes to make to the lives of the people it works with. Unlike *outputs*, outcomes are not directly quantifiable i.e. they cannot be counted. If you have something in the middle row of your Weaver's Triangle that can be directly counted then it is probably not an outcome and is in the wrong place.

Because outcomes are not directly quantifiable, you must use something that is quantifiable to *indicate* that you have achieved them. They are referred to as *indicators* because they are not cast iron proof.

### INDICATORS SHOULD BE:

#### VALID

A genuine measure of progress. Do not confuse achievement of outputs (doing what you said you'd do) with indicators of having achieved your outcomes.

#### KEY

Those indicators which reveal the most. It is more valuable to measure key indicators roughly than trivial indicators precisely.

#### FEASIBLE TO MEASURE

How will you collect the information?

#### USEFUL

How will the information inform service management and planning? How useful will this information be in improving service delivery?

## Developing indicators

Developing indicators involves asking yourself “What evidence is there to suggest that this outcome has been achieved”.

For example, one of the fictitious employment service’s outcomes was to

*“Help recovering addicts to access employment”.*

Some indicators that this has been achieved could be:

- Clients complete their work placement
- Clients regularly apply for appropriate jobs and go for interviews
- Clients find work

You will notice that these are all tangible things that are easy to count, i.e. number of clients completing placement, number of interviews attended etc.

This is because helping recovering addicts to access employment is a **hard** outcome.

Another of the employment service’s outcomes was to

*“Improve self-esteem of recovering addicts”*

This is known as a **soft** outcome, and developing indicators may involve a bit more thought – how can you tell whether someone’s self-esteem has improved?

In addition to using validated assessment tools (where these are appropriate) it is also advisable to develop indicators based on records of observations of the clients’ behaviour such as

- Clients take more care of their appearance
- Clients believe that their health is important
- Clients believe that it is not too late to lead a useful life

When developing indicators you must therefore consider not only what evidence should be used, but also where this evidence will come from.

Protocol form 2 provides a template for recording indicators and information sources in relation to each outcome. A completed form for *Off the streets and into work* can be found over the page as an example. A blank template is attached in appendix 2.

## Protocol Form 2 – Outcomes, Indicators & Information Sources

### Goal:

To reintegrate recovering drug users into the community

### Outcome 1:

Help recovering addicts to access employment

Indicators	Information Sources
(a) Clients complete their work placement	Client work placement records
(b) Clients regularly apply for appropriate jobs and go for interviews	Client portfolio Client records
(c) Clients find work	Client records

### Outcome 2:

Help recovering addicts to sustain employment

Indicators	Information Sources
(a) Clients find their work satisfying or enjoyable	Client records
(b) Clients have a new circle of non drug-using friends	Client records
(c) Clients stay in jobs, are promoted, or find better jobs in the 6 months following the programme	Follow-up calls to clients

### Outcome 3:

Improve skills

Indicators	Information Sources
(a) Clients can do things that they could not do before	Self assessment scale (1-10) and observations in client records. Measures taken at the start, prior to going in work placement, and after work placement ends. Additional measures will be taken every 3 months if client continues to access support.
(b) Clients are more able to communicate	As above

<b>Outcome 4:</b> Improve confidence	
Indicators	Information Sources
(a) Clients are willing to try new things	As above
(b) Clients feel able to cope with life on life's terms without resorting to drugs	As above

<b>Outcome 5:</b> Improve self-esteem	
Indicators	Information Sources
(a) Clients take more care of their appearance	Self assessment scale (1-10) and observations in client records. Measures taken at the start, prior to going in work placement, and after work placement ends. Additional measures will be taken every 3 months if client continues to access support
(b) Clients believe that their health is important	As above
(c) Clients believe that it is not too late to lead a useful life	As above

<b>Outcome 6:</b> Prevent relapse	
Indicators	Information Sources
(a) Clients are aware of the triggers to wanting to use drugs	Counselling records
(b) Clients respond to those triggers by asking for help before they relapse	Counselling records
(c) Clients make an attempt to stay away from people, places and things	Counselling records

<b>Outcome 7:</b> Sustain recovery	
Indicators	Information Sources
(a) Clients remain clean and sober	Counselling records
(b) Clients continue to access support programs	Counselling records

Source: Partners in Evaluation Scotland

## Conducting your evaluation

The programme logic model and protocol forms serve as a blueprint for both your service, and your monitoring and evaluation. Through the process of completing them you have planned:

**Where, when and how often** you will collect data to allow you to **check regularly on your service's progress**, and how you are going to **look back to find out what difference your service has made**.

You should now be able to report on your service's progress towards targets and milestones, and if appropriate, whether you have made the differences or changes that you planned to make in the lives of the people who use your service.

The extent to which you focus more on **process** or **outcomes** will depend on what stage your service is at. For example, if your service is being piloted it will be particularly important to focus on the implementation **process** (e.g. which staff do which jobs, where and how often they see clients, what services are provided and how long clients stay in contact). On the other hand, if your service is already established evaluation may focus primarily on **outcomes**.

The following outline structure for an evaluation report includes both aspects and can be modified to suit either process, outcome or combined process *and* outcome evaluations as required.

## **Evaluation Report Outline**

Not all of the following sections will be applicable to your report. This structure is therefore intended to be used as a menu from which the relevant sections can be chosen.

Common sense should dictate the amount of content expected in relation to each of the bullet points. This will vary from a sentence to a few paragraphs or a page at most where tables/graphs are used.

- 1. Cover page**
- 2. Table of contents**
- 3. Acknowledgements**
- 4. Executive summary**
- 5. Background and approach**
- 6. Process evaluation methodology**
- 7. Process evaluation Findings**
- 8. Outcome evaluation methodology**
- 9. Outcome Evaluation Findings**
- 10. Conclusions**
- 11. Integration of Process & Outcome Evaluation Information**
- 12. Recommendations**
- 13. Appendices**

1. **Cover page**
2. **Table of contents**
3. **Acknowledgements**
4. **Executive summary**

Two or three paragraphs formatted and written like a concise version of the full report. Should include the main points from each section.

## 5. **Background and approach**

- *Background of problem*  
Discuss the problems addressed by the service. Include relevant literature and empirical data.
- *Service approach*  
Describe the theory (psychological, clinical etc) used to design the service. Identify the structure of the approach and its relationship to fulfilling the service goal. Link the goals, approach and resources to the client population characteristics and expected outcomes. Discuss the expected impact on the client population.
- *Evaluation approach*  
Identify the overall evaluation approach (e.g. process, outcome, cost analyses) and, where appropriate, the commissioners' requirements for the evaluation design.

## 6. **Process evaluation methodology**

- *Purpose and objectives of evaluation*  
Specify what the process evaluation is intended to accomplish
- *Process evaluation questions*  
Identify the specific process evaluation questions which are being addressed
- *Process data collection*  
Describe data collection conducted plus any problems/solutions
- *Process data analysis*  
Describe analyses conducted plus any problems/solutions

## 7. Process evaluation Findings

- Service design

Context, e.g.

- Funding sources
- Service delivery area
- Community economic characteristics
- Specific substance use problems
- Other related services in the area

Origins, e.g.

- Description of previous, similar services
- Evidence of previous service success
- Similarities, differences to previous service
- Needs assessment results

Rationale, goals and objectives, e.g.

- Service/treatment theory
- **Service goal and outcomes (Weaver's triangle)**
- Target population characteristics
- Special needs of target populations

Development process, e.g.

- Activities and staff involved in development process
- Problems experienced and resolution
- Key decisions

- Service Implementation

Implementation process, e.g.

- Length of time service in operation
- Changes to service design
- Factors that facilitated effective implementation
- Factors that impeded effective implementation

Client access, e.g.

- Process that facilitates client access
- Match between treatment/support slots and client needs
- Waiting lists - length of time

Linkages with community and other agencies, e.g.

- Relationships with other agencies
- Client referrals and referral sources

Organisational structure, staffing and management, e.g.

- Organisational structure
- Steering committee characteristics
- Staff characteristics
- Staff development efforts
- Staff recruitment, turnover, vacancy rates
- Efforts to improve staff retention
- Staff morale
- Information flow within and outside the organisation
- Management Information System
- Nature of information collected and uses
- Maintenance of waiting lists
- Treatment quality assurance procedures

Service activities, e.g. (from your monitoring data)

- Number of clients receiving specific activities
- Number and type of under-utilised activities
- Number and type of over-utilised activities
- Relationship of activities to goal and outcomes
- Interventions for children; collaterals
- Characteristics of service activities
- Process for treatment/support planning and exit
- Planned length of stay; actual length of stay

Clients

- Target population characteristics
- Client characteristics (i.e. number who enter, leave, complete treatment/support)
- Comparison between target and actual client characteristics

## 8. Outcome evaluation methodology

- *Purpose and objectives of evaluation*  
Specify what the outcome evaluation is intended to accomplish
- *Outcome evaluation questions*  
Identify the specific outcome evaluation questions which are being addressed or hypotheses that are being tested
  - Intermediate client outcomes (at treatment exit)
  - Long-term client outcomes (at follow-up)
- *Outcome data collection*  
Describe data collection conducted plus any problems/solutions (from protocol form 2)
- *Outcome data analysis*  
Describe analyses conducted plus any problems/solutions

## 9. Outcome Evaluation Findings

- *Intermediate outcome findings – use your indicators*  
Present data and findings on intermediate outcomes (i.e. measured at exit), including comparison with baseline data
- *Long-term outcome findings – use your indicators*  
Present data and findings on long-term outcomes (i.e. measured at follow-up), including comparison with baseline data
- *Factors affecting outcome results achieved*  
Identify and discuss factors that may have affected outcome results achieved to date, including evaluation limitations, intervening variables, process evaluation findings, and response rates.

## 10. Conclusions

- *Design for treatment services*  
Was the service design appropriate for population/problem?
- *Implementation*  
Was the design adequately implemented?
- *Management and staffing*  
Were there any shortcomings in the management arrangements or staffing levels/patterns?
- *Other aspects of the service*  
Other components such as outreach, referrals, treatment philosophies, treatment practices, targeted populations and facilities may be impeding the successful delivery of services.

## 11. Integration of Process and Outcome Evaluation Information

- *Summary of process evaluation results*
- *Summary of outcome evaluation results*
- *Discussion of potential relationships between process and outcome evaluation results, e.g:*
  - Did particular policies, practices, or procedures used to implement the service have differing impacts on participant outcomes?
  - How did practices and procedures used to recruit and maintain participants in services affect participant outcomes?
  - Were particular activities more effective than others in attaining expected outcomes for participants? If so, what were the features of these activities that may have contributed to the effectiveness (such as characteristics of the staff/curriculum/duration and intensity).

## **12.Recommendations**

These should be organised according to the conclusions, be concrete and actionable, and reflect the implications of the treatment services for the outcomes evaluation. Recommendation should parallel all of the topics listed above.

## **13.Appendices**

- Process/Outcome data collection instruments and forms
- Participant protection, informed consent and confidentiality
- Data reliability, validity and security
- Client data tables
- Materials of possible interest
- Other (e.g. single subject case studies, ethnographic reports)

## Glossary of terms

<b>Aim</b>	The result that an <b>intervention</b> is intended to achieve. An aim can be general ( <b>goal</b> ) or specific ( <b>outcome</b> ). An <b>evaluation</b> can assess whether an aim has been achieved.
<b>Assessment</b>	Key information about an individual, ideally collected at first contact and then at regular intervals, often using standardised tools.
<b>Audit</b>	A quality assurance process that checks actions and procedures against established guidelines and standards. Not to be confused with <b>monitoring</b> .
<b>Baseline</b>	The status of a target area or group before an <b>intervention</b> starts.
<b>Contingency plan</b>	A back-up plan for something that might go wrong or cause problems in the future.
<b>Evaluation</b>	Looking back to find out what difference your service has made.
<b>Goal</b>	A general statement that summarises the difference an organisation or service wants to make to the lives of the people it works with.
<b>Indicators (or ‘performance indicators’)</b>	Indicators of success are the things that help you to determine if you have made the differences or changes that you planned to make in the lives of the people who use your service – i.e. if you have achieved your <b>outcomes</b> .
<b>Inputs</b>	The resources needed to provide an <b>intervention</b> .
<b>Intervention</b>	A policy, programme, service or project designed to bring about specified change to target areas or groups. Used here to describe a type of <b>output</b> .
<b>Milestones</b>	Target dates by which you hope to have achieved your plans
<b>Monitoring</b>	Collecting information so that you can check regularly on your service’s progress.
<b>Objectives</b>	These are specific aims – see <b>outcomes</b> .
<b>Outcomes</b>	Singular statements about the differences an organisation hopes to make to the lives of the people it works with. <b>Hard</b> outcomes, such as qualifications or jobs can be measured directly or tangibly. <b>Soft</b> outcomes, such as achievements relating to interpersonal skills or self-esteem cannot.
<b>Outcome evaluation</b>	Evaluation of whether and to what extent a service has caused changes in the desired direction among the target population.
<b>Outputs</b>	The activities involved in actually delivering the service.
<b>Process evaluation</b>	A process evaluation aims to find out how and why an intervention works by assessing a service provider’s operations and the degree of conformity to the service design.
<b>Programme Logic Model</b>	Clarifies the connection between what you plan to do and the difference you are trying to make.
<b>Rationale</b>	The (ideally explicit) reasoning on which the <b>goal</b> and <b>outcomes</b> are based.
<b>Targets</b>	Projections of how much service you will provide, and to how many people.
<b>Target population</b>	The intended beneficiaries (individuals, households, groups, firms) of an intervention.

# Appendix 1

## Protocol Form 1 – Outputs, Targets & Milestones

<b>Output 1:</b>	
Target (how many) if applicable:	Milestone (by when):

<b>Output 2:</b>	
Target (how many) if applicable:	Milestone (by when):

<b>Output 3:</b>	
Target (how many) if applicable:	Milestone (by when):

<b>Output 4:</b>	
Target (how many) if applicable:	Milestone (by when):

<b>Output 5:</b>	
Target (how many) if applicable:	Milestone (by when):

<b>Output 6:</b>	
Target (how many) if applicable:	Milestone (by when):

<b>Output 7:</b>	
Target (how many) if applicable:	Milestone (by when):

<b>Output 8:</b>	
Target (how many) if applicable:	Milestone (by when):

## Appendix 2

### Protocol Form 2 – Outcomes, Indicators & Information Sources

<b>Goal:</b>
--------------

<b>Outcome 1:</b>	
Indicators	Information Sources
(a)	
(b)	
(c)	

<b>Outcome 2:</b>	
Indicators	Information Sources
(a)	
(b)	
(c)	

<b>Outcome 3:</b>	
Indicators	Information Sources
(a)	
(b)	
(c)	

<b>Outcome 4:</b>	
Indicators	Information Sources
(a)	
(b)	
(c)	

Source: Partners in Evaluation Scotland



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