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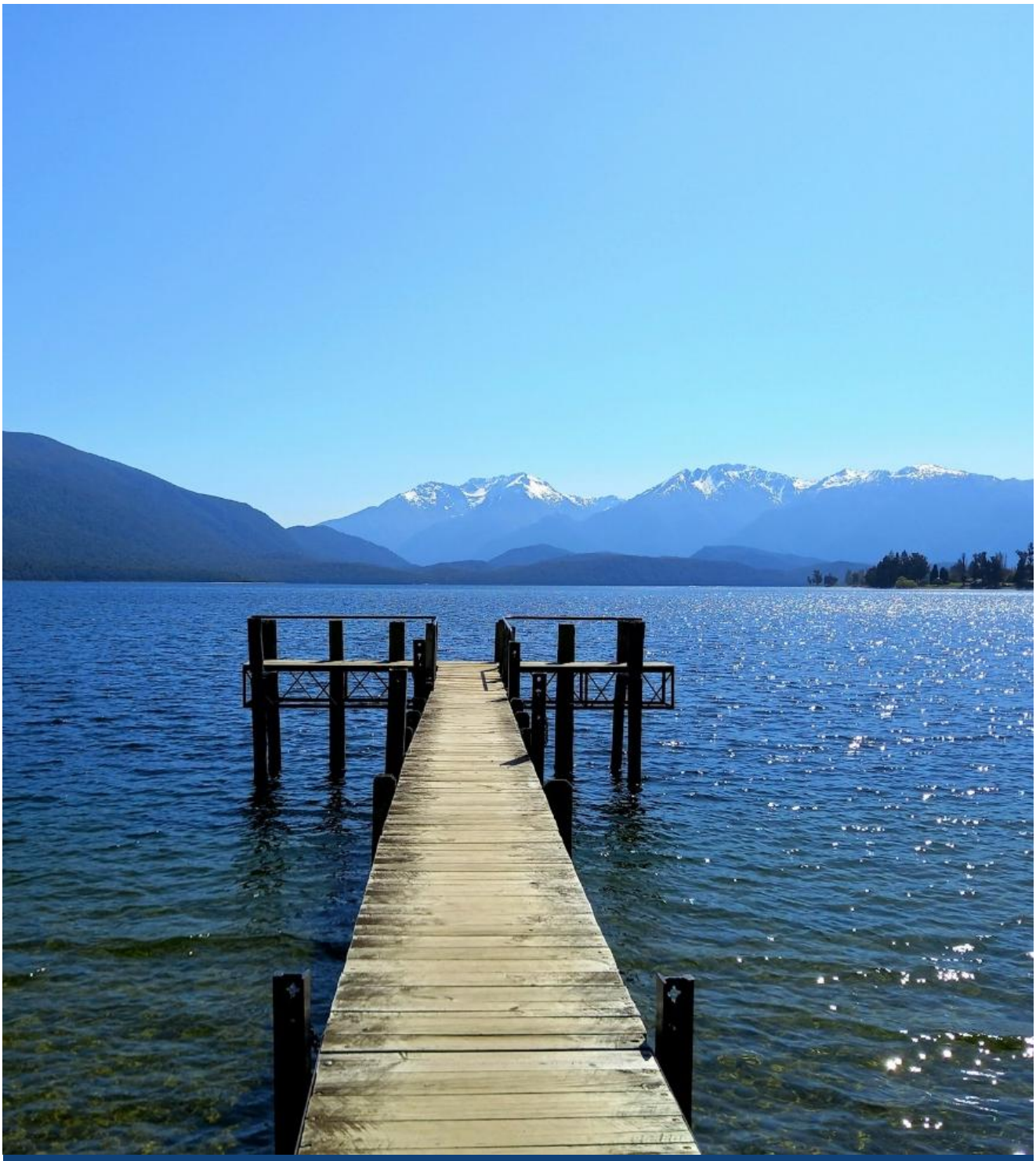

Mental health and addiction NGO outcome measurement in Aotearoa New Zealand

July 2026

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CONTENTS

Te Tiriti o Waitangi

Te Tiriti o Waitangi (Te Tiriti) recognises health and wellbeing as a taonga to be protected. Actively embedding Te Tiriti into all aspects of the mental health and addiction system is foundational to achieving Māori health and wellbeing aspirations and equity.

Outcome measurement in mental health and addiction services must be undertaken in a strengths-based, mana-enhancing, and culturally safe manner to avoid harm. Te Tiriti recognises that Māori data should be protected and that Māori retain authority and control over how Māori data are collected, governed, analysed, interpreted and used. Therefore, it is essential that outcomes measurement continues to embed Māori data sovereignty principles into the mental health and addiction (MH&A) system.

In practice, this means that the MH&A sector protects Māori health and wellbeing and reduces inequities in ways that demonstrate Te Tiriti responsiveness.

- Equity and improvements in Māori health and wellbeing outcomes are central.
- Māori determine what counts as an outcome.
- Māori models and concepts shape outcome tools and frameworks.
- Cultural safety may be measured as a quality outcome.
- Partnership requirements and Māori self-determination shape data governance.

Outcome measurement is more than quality improvement. It is also linked to Te Tiriti compliance and health justice. As this project moves forward, key stakeholders will need to pay attention to the changing landscape of outcome measurement in the MH&A sector and ensure that it genuinely reflects tino rangatiratanga (Māori self-determination) and is not simply an adaptation of the existing model.

Acknowledgements

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This report was written by Phillipa Gaines with input from Angela Jury (PhD), Talya Postelnik, Maria Basabas, and Mark Smith (PhD). Survey data analysis was completed by Talya Postelnik and Angela Jury (Te Pou). Peer review was provided by Gina Giordani, Kahurangi Fergusson-Tibble, and Kahu-Rangi Watene. An earlier draft of the report was also peer reviewed by Te Rau Ora.

The project team acknowledges input from members of the MH&A NGO Advisory Group (see Appendix one), which shaped the NGO survey design and provided feedback on the penultimate version of this final report.

Special thanks to the members of Platform Trust and the Navigate Networks who took the time to complete the NGO survey and those who participated in focus groups for the project. Their input has enriched the content and reinforced the recommendations.

EXECUTIVE SUMMARY

Overview

This report follows on from *A Sound Investment* and is specifically focused on the topic of outcome measurement in the mental health and addiction (MH&A) non-government organisation (NGO) sector.

Despite the high level of interest in outcomes, driven in part by the government's interest in social investment and contracting for outcomes, not much is known about outcome measurement activities that are already taking place across the MH&A NGO sector. This report provides the first overview of the MH&A NGO outcome measurement landscape in Aotearoa New Zealand.

In lieu of a clear national direction about MH&A NGO outcome measurement, many MH&A NGOs have adopted a customised approach that works best for them and the people they serve. The challenge that all stakeholders are grappling with is how to strike a balance between a customised approach and the need for nationally consistent outcome data that enables an evidence-based story to be told about the value and impact of MH&A NGO services. Addressing this challenge is the primary purpose of this report.

Key findings

1. High level of MH&A NGO engagement in outcome measurement

- Nearly all (96%) of MH&A NGOs surveyed collect and use outcome data. This challenges the prevailing narrative that NGOs are not very active in this area.
- Many NGOs use multiple approaches, combining standardised tools with narrative/storytelling, and often use more than one tool (ranging from one to seven listed tools per organisation).

2. A diversity of outcome tools and approaches are used

- More than 50 standardised outcome tools are in use, but only a handful are used by more than 20% of NGOs.
- Hua Oranga, a Māori-developed tool, is widely used across the sector, and requires infrastructure to support wider or national roll-out.
- Kaupapa Māori NGOs are more likely to use standardised tools (84%), including mandated tools, as well as their own Māori-informed or bespoke tools (47%) and Indigenous or cultural tools/frameworks (67%), compared to non-kaupapa Māori NGOs.

3. Lack of national consistency

- There is no clear national direction for MH&A NGO outcome measurement apart from the mandated use of ADOM (Alcohol and Drug Outcome Measure), leading to a highly customised approach by each NGO.
- The development of a customised approach is both a strength and a challenge. The strengths lie in NGOs having the flexibility to tailor support to local needs and cultural contexts. For kaupapa Māori organisations, tailored approaches demonstrate their mana motuhake (autonomy) and tino rangatiratanga (self-determination) to collect outcomes in the way they choose. The challenge of a tailored approach is the inability to make sector-wide comparisons and tell a consistent story about the value and impact of NGOs.
- Funders and planners should consider how they can enable system-wide changes to outcome measurement that support national consistency, whilst also retaining the flexibility for NGOs to use other outcome measures and/or methods of their own choosing.

4. Many factors help or hinder the implementation of routine outcome measurement

- The main barriers are staff time/capacity and inadequate IT systems.
- Key enablers include the availability of outcome tools that are easy to use and relevant to tāngata whai ora and whānau; integrating tools into electronic records; ensuring that the tools form part of day-to-day operations; and providing staff with ongoing training and support.

5. Strong interest in collective approaches, with some conditions

- NGOs are generally interested in collective approaches to outcome measurement and strongly expressed their expectations around data governance and data sovereignty. This was particularly the case amongst kaupapa Māori and child and youth (C&Y) MH&A NGOs.
- Lived experience organisations raised some ethical concerns and considerations, including obtaining tāngata whai ora consent for the use and re-use of outcome data.

6. Call for standardisation and investment in associated infrastructure and capability

- The report recommends transitioning towards the routine collection of an agreed set of standardised outcome measures, with continued flexibility for MH&A NGOs to collect other outcome data for their own purposes.
- There is a strong call across the MH&A NGO sector for investment in the infrastructure and capability to support NGO services to make this transition.

Summary of recommendations

#	Recommendation	Lead agency(s)	Owners
1	Seek commitment and ongoing investment by Health New Zealand I Te Whatu Ora to develop the infrastructure and capability to support the implementation of routine outcome measurement by MH&A NGOs.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
2	Seek commitment from Health New Zealand I Te Whatu Ora and the Ministry of Health to expand routine outcome measurement across the MH&A NGO sector, starting with the implementation of Hua Oranga into adult mental health NGO services.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
3	Seek Māori-led governance, validation and resourcing to lead the implementation of Hua Oranga into routine practice.	TBC	TBC
4	Improve the implementation of the ADOM in all adult addiction services.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
5	Transition towards the routine collection of an agreed set of standardised outcome measures across the MH&A NGO sector, whilst retaining the flexibility for NGOs to also use outcome measures and/or methods of their own choosing.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
6	Build trust through co-designed data governance arrangements that address issues of data sovereignty, data ownership and the development of a secure data infrastructure.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
7	Continue to explore the issues from the unique perspective of some MH&A NGO service types, with the aim of identifying and agreeing relevant and appropriate outcome measures – particularly organisations delivering kaupapa Māori, Pasifika, Asian, C&Y, alcohol and drugs, lived experience, and whānau focused services.	Platform Trust & Te Pou	Platform Trust & Te Pou

The principle of co-design underpins the above recommendations. Effective co-design with lived experience stakeholders can strengthen outcome measurement by ensuring that the outcomes being measured reflect what matters most to tāngata whai ora, whānau, and communities.

Involving people with lived experience from the outset helps ensure that outcome measures are grounded in the priorities, realities, and aspirations of tāngata whai ora and whānau, and that the resulting data is meaningful, culturally safe, and useful for learning and improvement.

1. INTRODUCTION

In 2025 Platform Trust published *A Sound Investment*.[1] This report was designed to profile the wide range of MH&A NGO services that are provided throughout Aotearoa New Zealand with a view to highlighting their achievements and showing the worth, value and impact of these services.

This report follows on from *A Sound Investment* and specifically focuses on outcome measurement in the MH&A NGO sector. Despite the high level of interest in outcomes, driven in part by the government's interest in social investment and contracting for outcomes, not much is known about outcome measurement activities that are already taking place across the MH&A NGO sector. To inform future approaches, this project aims to understand the current state, and to also assess what resources and infrastructure are required to support the implementation of routine and sustainable outcome measurement by MH&A NGOs.

Aims and objectives

The project is a partnership between Atamira Platform Trust and Te Pou and is funded by Health New Zealand I Te Whatu Ora. It is expected to contribute to better outcomes for tāngata whai ora and whānau by developing a better understanding of MH&A NGO outcome practice and how outcome data is being used to improve outcomes, inform service improvements, and demonstrate impact. The five specific areas of interest for the project are below.

1. **Describe the status of outcome measurement** in the Aotearoa New Zealand MH&A NGO sector.
2. **Describe the information infrastructure** that is already in place across the MH&A NGO sector that supports the use of routine outcome measurement, and the extent to which a suitable information infrastructure is comprehensively available.
3. **Describe good outcome practice** with a view to supporting the national implementation of outcome measurement by MH&A NGOs.
4. **Review the available outcome tools** that may be suitable for use in the MH&A NGO sector, taking account of the range of service types delivered by the sector.
5. **Develop recommendations** on the following:

   (a) a short list of outcome measures that offer the most potential for use in Aotearoa New Zealand across the various MH&A NGO service types

   (b) the infrastructural developments that will be required to support the implementation of NGO outcome measurement into routine practice.

[1] Platform Charitable Trust. (2025). *A Sound Investment: A spotlight on the impact and value of Mental Health and Addiction NGO services in New Zealand.*

The report has been structured around these five areas of interest and merges the findings from the MH&A NGO survey with the information gleaned from other sources outlined in the methodology.

Methodology

The project included:

- an online survey, which resulted in responses from 74 MH&A NGOs
- focus group sessions with kaupapa Māori and C&Y survey respondents who had indicated their willingness to discuss the issues in more depth
- guidance and advice from a MH&A NGO Advisory Group, comprised of representatives from different MH&A NGO service types (see Appendix one)
- review of the national and international literature on outcome measurement in healthcare, and more specifically by NGOs.

Development, distribution and analysis of the online NGO survey

The NGO survey was developed by Platform Trust and Te Pou and incorporated some of the questions used in a similar survey by the UK Royal College of Psychiatrists.[2] The final survey was shaped by the NGO Advisory Group and reflected specific areas of interest to MH&A NGOs. On 1 March 2026, the NGO online survey was emailedl to 137 contacts, that included the Platform Trust membership and Navigate networks. This was followed by two email prompts over the 2-week period that the survey was open. All responses were included in the data analysis.

Survey limitations

When interpreting survey results, several limitations need to be considered. The survey was not distributed to all MH&A NGOs, so responses only reflect the views of NGOs affiliated with Platform Trust and Navigate Networks, including those who chose to be involved.

The high response rate possibly reflects a higher level of engagement in outcome measurement in these networks. It is possible that some MH&A NGOs that are not affiliated with these networks may collect less or no outcome data.

Analysis of Pasifika-specific data was not possible due to the small number of respondents. In addition, there were no Asian-specific MH&A NGO services that responded to the survey. While lived experience organisations were included in the survey, tāngata whai ora and whānau were not specifically consulted on their wants and needs around outcome measurement.

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[2] Ryland, H., Ryland, H., Bhattacharya, R., & Richardson, J. (2026). Use of outcome measures in psychiatry: Royal College of Psychiatrists' survey of members. *BJPsych Bulletin,* 1-8.

2. CONTEXT

2.1 Background

Since 1984 the New Zealand Government has been an early adopter of neoliberal approaches to public administration that collectively came to be known as new public management, which focused on efficiency and contracting for outputs. In 2002 the State Services Commission formally issued guidance to government departments on *Managing for Outcomes*, which proved to be far more challenging than measuring outputs.[3]

In 1997, the Ministry of Health published *Moving Forward.*[4] This plan included the first signal that outcome measurement in the MH&A sector was becoming a priority area. This led to the subsequent introduction of two mandatory outcome measures in the MH&A sector, starting with the introduction of the Health of the Nation Outcome Scale (HoNOS) into routine practice for specialist mental health clinical services in 2002 (see Section 6 for more information).

In 2008, the Programme for the Integration of Mental Health Data (PRIMHD) brought together service activity and outcomes data into a national collection. The initial outcomes data collection comprised of HoNOS, HoNOS 65+ for adults over the age of 65, and HoNOSCA for children and adolescents aged 4 to 17 years. Additional measures from the HoNOS family have since been added to PRIMHD.[5] Interestingly, a few mental health NGOs have started to collect HoNOS data, possibly because of the increase in specialist MH&A services that are delivered by NGOs (such as acute alternatives) and the increasing number of clinical staff employed by MH&A NGOs.

Since July 2015, the Ministry of Health has mandated the Alcohol and Drug Outcome Measure (ADOM) be offered to all tāngata whai ora who attend community-based outpatient adult addiction services, including NGOs. ADOM was developed in Aotearoa New Zealand and provides tāngata whai ora with a way to rate and track key areas of change during their treatment journey. This includes use of alcohol and drugs, lifestyle and wellbeing, and satisfaction with treatment progress and recovery. ADOM data is entered into PRIMHD and reported regularly at the national level and is accessible via an online dashboard to Health New Zealand I Te Whatu Ora and NGO services that use ADOM.[6]

The implementation of both HoNOS and ADOM into routine practice was supported by the Ministry of Health, which made a significant investment in the infrastructure required to

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[3] Cook, A. (2004). *Managing for outcomes in the New Zealand public management system.* NZ Treasury.

[4] Ministry of Health. (1997). *Moving forward: The National Mental Health Plan for more and better services*.

[5] Te Pou. (n.d.). *HoNOS family of measures*. https://www.tepou.co.nz/initiatives/honos-family-of-measures

[6] Te Pou. (n.d.). *Alcohol and Drug Outcome Measure (ADOM).* https://www.tepou.co.nz/initiatives/alcohol-and-drug-outcome-measure

support the collection and use of nationally mandated MH&A outcome data. This included developing the relevant business cases before shepherding the proposed changes through various national committees for their endorsement. Once the proposed changes were approved, the Ministry of Health funded the national MH&A workforce centres to develop the relevant data collection protocols, deliver the standardised reports, and develop associated resources, guidance and training materials to help support the required change in practice by the MH&A workforce. These activities are ongoing and are referenced in various national strategic plans that emphasise the importance of the MH&A sector being able to demonstrate the effectiveness of MH&A services.

In 2019/20 the Access and Choice programme was rolled out across Aotearoa New Zealand. The monitoring report on progress and achievements at 5 years[7] noted the wide range of outcome tools being used by the programme. These tools are not consistently used and data collection methods vary, which prevents national level monitoring. Service providers also offered substantive feedback on how to improve outcome reporting, which is relevant to this project.

In 2021, *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing* (Kia Manawanui) included two actions that relate to the collection and use of outcome data, along with an acknowledgement that these actions require more than just 'looking at numbers'.

> *This requires more than looking at numbers. It means collecting the right data about things that can be measured, without focusing only on the easily measurable. It means getting better at how we think about what success means for different people and groups, and being aware of the cultural nature of and contributors to mental wellbeing. It means strengthening the voice of lived experience, including in our workforce, and making sure that we are listening to what these voices say.* (Ministry of Health, 2021, p44)[8]

Both actions in *Kia Manawanui* seek to improve the collection and use of outcome data, including embedding feedback loops to improve service delivery, inform planning, policy, investment decisions and service design - with a specific emphasis on the collection and use of people's self-reported outcomes (PROMs) and self-reported experience of services (PREMs).

[7] New Zealand Mental Health and Wellbeing Commission I Te Hiringa Mahara. (2025). *Access and Choice Programme: Monitoring report on progress and achievements at five years.*

[8] Ministry of Health. (2021). *Kia Manawanui Aotearoa: Long-term pathway to mental wellbeing*.

2.2 Results based accountability

The Results based Accountability framework (RbA)[9] was introduced to Aotearoa in 2006 by the Ministry of Social Development (MSD). It is mentioned here as it is still used by several ministries, and is being adopted by many community organisations, including iwi.

Between 2010 to 2013, Te Puni Kōkiri adopted RbA as part of its initial roll-out of Whānau Ora. This involved developing a national client outcomes framework and supporting Whānau Ora collectives to report progress using RbA designed data. In 2012, Cabinet directed the Ministry of Business, Innovation and Employment (MBIE) to lead a project called 'Streamlined Contracting'. The term of the project was from 2013 to 2016 and RbA was adopted as the preferred outcomes methodology in the contracting framework.

While RbA is not a framework that is widely used by MH&A NGOs, it continues to be referenced by MH&A NGO providers, mainly because many of them are funded by multiple government agencies that continue to use it. It is closely associated with Shea, Pita & Associates[10] who have championed RbA as a tool that supports successful investment in a social wellbeing approach. This approach has subsequently morphed from 'social wellbeing' into something similar called 'social investment'.

2.3 Social investment

In 2026, the Social Investment Agency (SIA) started making new outcome-based investments targeting population groups with high needs. This approach builds on the SIA's earlier work in 2017 on *Place-Based Initiatives*.[11] The second tranche of SIA funding was focused on the consolidation of existing contracts held by social sector or community organisations with one or more government agencies into a single outcomes-based agreement that would be administered by the Social Investment Fund. Some MH&A NGOs have been successful in their bids for a share of this funding.

The alignment between social investment and outcome measurement is strongest when the desired outcomes are clearly defined and the data sources exist, making it easier to track changes over time.[12] Whilst the aim of the social investment approach is to improve 'priority outcomes' for specific population groups by incentivising strong strategic alignment via various funding mechanisms, it is still too early to tell how successful the social investment approach is in practice.

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[9] Friedman, M. (2005). *Trying Hard is not good enough: How to produce measurable improvements for customers and communities.*

[10] Shea, S. (2018). *Mahitahi – A synopsis of social sector stakeholder views on Social Investment, Results Based Accountability and ideas that could benefit investing for Social Wellbeing.*

[11] Social Investment Agency. (2017). *Place-Based Initiatives*. www.sia.govt.nz

[12] Social Investment Agency. (2017). *An introduction to social investment analytics*. www.sia.govt.nz

3. SETTING THE SCENE

3.1 Terminology

It is widely acknowledged that there is a lot of confusing terminology in the outcomes space. The lack of a common language about outcomes increases the likelihood that people will talk past one another, thereby missing the opportunity to understand each other and potentially reach agreement on important issues. For this reason, we describe what is meant by some of the more commonly used terms and concepts dotted throughout this report utilising descriptions drawn from SuPERU,[13] the academic literature, and various national and international reports. Appendix two summarises these descriptions for easy reference.

3.2 Outcome measurement and outcome data

Outcome measurement refers to the method or process used to assess whether a result happened and how much it has changed over time. The outcome data is the actual information that is collected by using that method. In simple terms, outcome measurement is about '*how it was done*' and the outcome data is '*what was recorded*'.

3.3 Inputs, outputs, outcomes and impact

One of the most common points of confusion in a discussion about outcomes is the tendency for people to confuse inputs, outputs, outcomes and impact. This is possibly because they all appear on the same causal pathway. In addition, whilst these terms do not have precise meaning in everyday language, they do for people trained in evaluation. This is why the descriptions are mostly borrowed from the evaluation field (refer to Appendix two).

Term	Description
Inputs	*Inputs* are the resources that are available for the implementation of an intervention. These might be financial, but also include human resources, organisational capacity, infrastructure and knowledge, amongst other potential inputs.
Outputs	*Outputs* are the direct, tangible products or services that are produced from the activities of the service. They describe what the intervention produced. Examples include hours of support, number of programmes delivered, or clients supported.

[13] Social Policy Evaluation and Research Unit. (2017). *Evaluation terms for the social sector: A glossary.*

Term	Description
Outcome	An *outcome* is a change that occurs for tāngata whai ora as a result of accessing a programme or service. When defining tāngata whai ora outcomes, it can be useful to consider the intended changes in people's behaviour, wellbeing, knowledge, attitudes, skills and abilities.
Impact	The difference between outcomes and impact lies in the intended timeframe for observable change. *Impact* occurs over a much longer time frame and is typically focused on the changes that occur at the population level (like an increase in employment rates).

The second most common point of confusion is the tendency to talk about the multilayered nature of outcomes as if every layer is the same. They are not. The outcomes for tāngata whai ora are different to whānau, organisation, communities and societal outcomes, noting that they are all inter-linked.

Outcome measurement can happen at multiple levels in the system. This approach is in accordance with socio-ecological models of mental health and wellbeing, which reflect how people's mental health and substance use is affected, both positively and negatively, by the complex interplay of influences that occur across the life course, and the interactions across the system (Figure 1).

Figure 1: A Socio-Ecological Model of health and wellbeing [14]

[14] Michaels, C., Blake, L., Lynn, A., Greylord, T., & Benning, S. (2022*). Mental health and wellbeing ecological model*. Center for Leadership Education in Maternal & Child Public Health, University of Minnesota–Twin Cities.

4. NGO EXPECTATIONS FOR COLLECTIVE APPROACHES

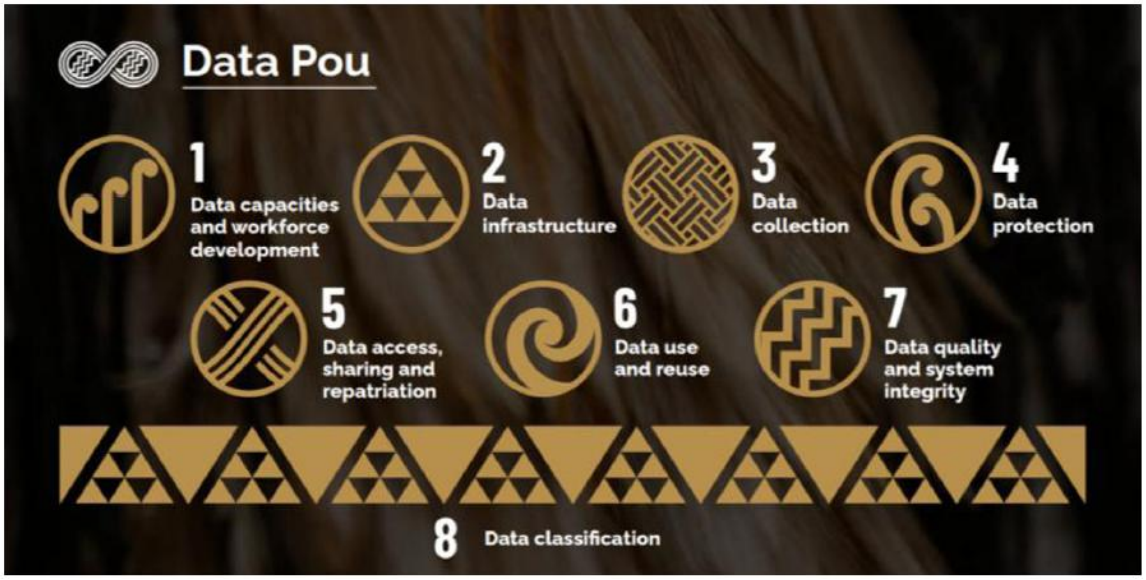
4.1 Data sovereignty, ownership and protection

Any discussion about implementing collective approaches to outcome data needs to start with data governance, particularly as it relates to Māori data.

> *As an NGO, we expect shared access to aggregated outcome data to support collective learning, transparency, and continuous improvement. The data should be used ethically and responsibly to identify trends, inform decision-making, and share effective practices across organisations. I value clear governance around data privacy, respectful interpretation of results, and collaborative discussion that focuses on improving outcomes for the communities we serve rather than comparing or judging individual organisations.* (Kaupapa Māori organisation)

Māori health data (MHD) governance is seen as a critical enabler to achieving health equity for Māori. The Māori Data Governance Model[15] provides a practical framework to assist all organisations to meet the data governance needs of Māori and provides a mechanism for Māori to exercise authority over decision-making relating to Māori data.

Figure 2: Māori authority of Māori data (Kukutai et al., 2023)[15]



Note. Reprinted with permission.

[15] Kukutai, T., Campbell-Kamariera, K., Mead, A., Mikaere, K., Moses, C., Whitehead, J. & Cormack, D. (2023). *Māori data governance model*. Te Kāhui Raraunga.

4.2 NGO level of interest in developing communities of practice

We heard from NGOs who took part in the survey that they are interested in participating in a community of practice for outcome data. Overall, 84% had some level of interest. One-third were very interested, and one-quarter were interested with certain terms and conditions. Key conditions relate to confidentiality and privacy, respectful and ethical use of data, and use of information to improve services, rather than adopting a punitive approach. Kaupapa Māori organisations are most likely to say that 'respect for people' and upholding data sovereignty principles' are key expectations.

Table 1: Level of interest in the development of NGO communities of practice

Kaupapa Māori NGOs	Non-kaupapa Māori NGOs
16 out of 19 answered • Some level of interest (76%) • Mostly interested with certain terms and conditions	**48 out of 57 answered** • Some level of interest (88%) • Mostly very interested

> *Our expectation would be that any shared access to aggregated outcome data is managed within a clear framework that prioritises confidentiality, responsible use of data, and sector learning. Aggregated data should be de-identified and used in a way that supports collective understanding of trends, strengths, and areas for improvement across the sector.* (non-kaupapa Māori organisation)

A few organisations emphasised:

- the need to build on existing infrastructure rather than start from scratch
- that due to their small area of practice (for example, gambling or whānau organisation) they use different tools to other NGOs. This makes it difficult for them to join a community of practice that is designed around the needs of other service types
- they are interested in more specific community of practice groups, such as a lived experience or kaupapa Māori group.

4.3 Terms and conditions for reporting of NGO outcome data to PRIMHD

PRIMHD is a national MH&A collection of service activity and outcomes data for people accessing services. It is envisaged that at some stage in the future, PRIMHD will incorporate more outcomes data from MH&A NGOs. With this possibility in mind, NGOs were asked to

indicate the top three terms and conditions that need to be in place to give them confidence about reporting outcomes data to PRIMHD.

NGOs indicated that data sovereignty, data ownership, and a secure data infrastructure are the three key conditions that need to be in place to improve confidence in reporting to PRIMHD. Data sovereignty is the top condition for kaupapa Māori organisations and C&Y MH&A NGOs.

Table 2: Terms and conditions for MH&A NGOs reporting of outcome data to PRIMHD

Kaupapa Māori NGOs	Non-kaupapa Māori NGOs
16/19 answered • Three organisations do not support this • Data sovereignty principles (81%) • NGO ownership of data (56%) • Robust secure data infrastructure (38%) • Simpler reporting. PRIMHD data collection is time consuming	**49/57 answered** • NGO data ownership (47%) • Data insights for NGOs (47%) • Robust secure data infrastructure (45%) • Consent for use/reuse (45%) • Investment to support data collection

> *How will a standardised approach across the whole sector manage risks of diluting outcomes and/or requiring orgs to implement tools that are not meaningful to their practice?* (non-kaupapa Māori organisation)

> *A collaborative approach between NGOs and national agencies in the design, interpretation, and use of outcome data will help ensure that the information collected genuinely strengthens services and outcomes for the people we support.* (non-kaupapa Māori organisation)

> *Outcome data has an important role in helping MH&A NGOs understand the impact of their work and support continuous improvement in services for whai ora. However, it is important that data collection processes remain proportionate and meaningful, and do not create additional administrative burden that takes time away from direct support.* (non-kaupapa Māori organisation)

Recommendation: Build trust through co-designed data governance arrangements that address issues of data sovereignty, data ownership and the development of a secure data infrastructure.

5. THE STATUS OF OUTCOME MEASUREMENT IN MH&A NGOS

This section summarises some of the online survey findings and provides insights about the status of outcome measurement in MH&A NGOs. Given the significant number of kaupapa Māori NGOs that responded to the survey, the findings are presented in table format to show those for kaupapa Māori and non-kaupapa Māori NGOs. Additional commentary about some specific service types can be found at the end of this section. A comprehensive analysis of the MH&A NGO survey data can be found in a separate publication on the Platform website.[16]

5.1 Characteristics of survey respondents

There are approximately 210 MH&A NGOs in Aotearoa. There was a high level of participation in the online survey with 74 NGOs taking part. Table 3 provides a summary of participant characteristics.

Table 3: Characteristics of survey respondents

Organisation type*	Organisation size
19 kaupapa Māori	7 very small – under 5 FTEs
12 lived experience-led NGOs	14 small – 5 to 19 FTEs
5 Pasifika	15 medium – 20 to 49 FTEs
40 mainstream	37 large – 50 or more FTEs
Main service delivered*	**Age groups***
29 mental health	39 infant, child and/or youth
15 addiction	70 adults
16 mental health and addiction	49 older adults
11 others (eg housing, health and social services)	
Region	**Percentage**
Northern	34%
Midland/Te Manawa Taki	42%
Central/Te Ikaroa	25%
South Island/Te Waipounamu	32%
National	21%

Note *NGOs could choose more than one option, which helps explain the higher total.

[16] Te Pou & Atamira Platform Trust. (2026). *NGO outcome measurement: Survey results*.

The spread of survey respondents across different service types and geographical locations enables reasonable assumptions to be made about the current state of outcome data measurement by MH&A NGOs in Aotearoa and what actions could be taken to improve the collection and use of outcome data in this part of the MH&A sector.

5.2 Outcome domains

MH&A NGO services are required to meet several different goals. The choice of outcome domain helps make these goals explicit, thereby making it easier for organisations to select an appropriate outcome tool to compare themselves to others, and for funders to realistically assess the organisation's performance.

MH&A NGOs were asked to rate selected outcome domains in terms of their importance to their organisation. The findings indicate that wellbeing is the most important outcome domain for MH&A NGOs (97% high importance). Close behind are quality of life (96% high), recovery, hope and purpose (94% high), and cultural identify and connection (89% high). Kaupapa Māori NGOs tended to equally rate multiple domains as being of high importance, which explains the higher ratings by this group of providers.

Table 4: Commonalities in domains rated high importance

	Kaupapa Māori NGOs	Non-kaupapa Māori NGOs
Wellbeing	100%	96%
Cultural identity and connection	100%	78%
Quality of life	95%	93%
Recovery, health, hope, purpose or growth	95%	87%
Symptoms (eg mental distress)	95%	-
Functioning and impairment	95%	-
Risk and safety	95%	-

Note, in those instances where a percentage is not recorded, it is because less than 70 percent of NGOs rated it as highly important.

5.3 Collection of outcome data

Amongst survey participants, nearly all (96%) MH&A NGOs collect some type of outcomes data. This figure contrasts with the prevailing narrative that MH&A NGOs are not particularly active in the outcomes space.

Table 5: Range of approaches to outcome data

	Kaupapa Māori NGOs	Non-kaupapa Māori NGOs
Outcomes data collection	95% of respondents collect some type of outcome data	96% of respondents collect some type of outcome data
Frequency of outcomes data collection	94% collect data all the time or frequently	86% collect data all the time or frequently

5.4 Perceived benefits of outcome data

The majority of NGO respondents reported that outcome data is very valuable, with the primary motivation being the benefits for tāngata whai ora and whānau (see Figure 3). Tobias (2010)[17] commented that outcome measurement by MH&A NGOs is driven by the set of values that underpin MH&A NGO service delivery. Namely, a strengths-based, recovery-orientated, person/whānau-focused approach. This has resulted in MH&A NGOs looking to adopt outcome measurement approaches that align with these values, including tools that:

- self-assess outcomes (PROMs)
- are holistic, covering a broad range of life domains, not just mental health and addiction
- assess tāngata whai ora and whānau wellbeing and their progress towards recovery
- can be used to engage tāngata whai ora in a dialogue with kaimahi
- can be used in the goal setting and individualised service planning process.

> *Allows whānau voice to drive outcomes as appropriate and at the speed of whānau.*
> (Kaupapa Māori organisation)

> *Adds to and supports the story of recovery, giving whaiora confidence and belief.*
> (Kaupapa Māori organisation)

A secondary motivation is the desire to improve service delivery, inform workforce development, develop a better understanding of the people served, increase the evidence about what works, for whom, and in what context, and support the organisation's strategic planning processes.

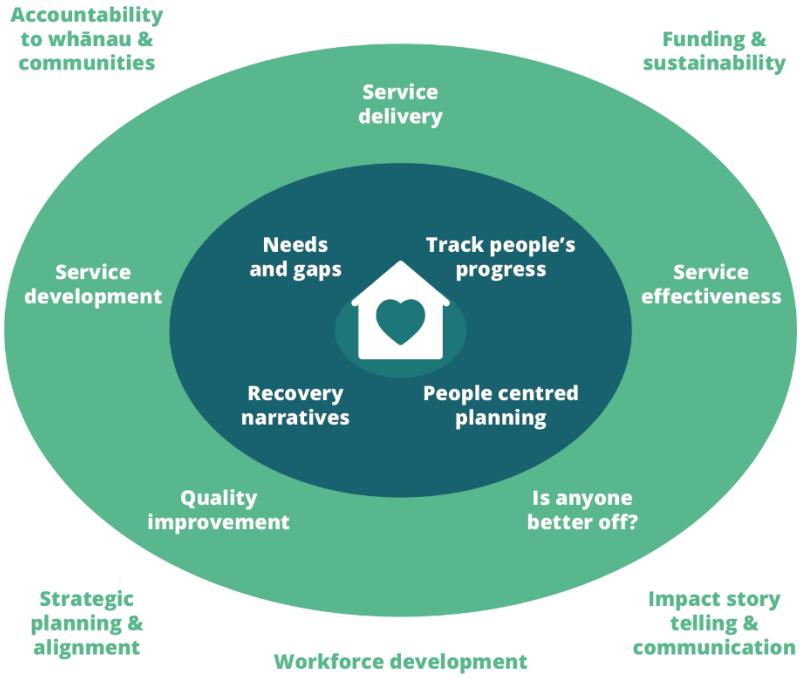
[17] Tobias, G. (2010). Mental health outcome measurement in non-government organisations (NGOs) in *Outcome Measurement in Mental Health: Theory and Practice*. Ed by Tom Trauer.

Outcome data is valuable to a service because it shows the real impact of the work being done, rather than just the activities delivered. While outputs might tell how many people used the service, outcome data shows how people's lives changed as a result. This helps demonstrate whether the service is actually making a difference…

Outcome data is also important for telling the service's story to stakeholders. Funders, partners, and the community want to know that resources are being used effectively. By presenting outcome data, a service can provide evidence that its programmes are working and achieving meaningful results. (Kaupapa Māori organisation)

A third motivation is to meet compliance and contractual requirements and to demonstrate accountability to funders and supporters, as well as the people and/or the communities served. Good organisational performance fosters increased trust and legitimacy, which can potentially lead to new funding streams that increase the sustainability of the NGO.

Figure 3: Benefits to people, services and communities



5.5 Different types of outcome data collected

Outcome data includes any data/information that highlights changes achieved over time (outcomes) by the people served by MH&A NGOs. Table 6 summarises the collection of specific types of outcome data by MH&A NGOs.

Table 6: Types of outcome data collected by MH&A NGOs

Approach	Kaupapa Māori NGOs	Non-kaupapa Māori NGOs
Qualitative data/narrative storytelling	87% collect qualitative data (eg people's stories)	86% collect qualitative data (eg people's stories)
Standardised outcome tool	84% use a standardised outcome tool	71% use a standardised tool
Bespoke outcome tool	47% have developed and use their own Māori-informed outcome tool	30% have developed and use their own outcome tool
Indigenous or cultural tool	67% use Indigenous or cultural outcome tools or approaches	14% use Indigenous or cultural outcome tools or approaches
Specific key indicators	47% use specific key indicators (eg social outcome KPIs)	25% use specific key indicators (eg social outcome KPIs)

It is notable that the majority of MH&A NGOs that collect outcome data do so using either a standardised outcome measure and/or qualitative data.

5.6 Use of standardised outcome measures

Amongst those NGOs using standardised outcome measures, Hua Oranga and ADOM are the most commonly used tools, see Table 7. Note that the higher use of outcome measures by kaupapa Māori NGOs may stem from differing philosophies, funding structures and the greater use of outcome-based contracts with kaupapa Māori providers. Kaupapa Māori focus group participants reported that they also prioritise outcome measurement because they value how the data can be used with whānau to help demonstrate progress and identify areas for service improvement.

Table 7: Standardised outcome tools used by MH&A NGOs

Standardised outcome tool	Kaupapa Māori NGOs	Non-kaupapa Māori NGOs
Hua Oranga	67%	49%
ADOM	58%	40%
Substances & Choices Scale (SACS)	50%	29%
Generalised Anxiety Disorder (GAD-7)	42%	-
Strengths & Difficulties Questionnaire	33%	-
Kessler-10	33%	20%
HoNOS	33%	-
HoNOSCA	25%	-

Note, in those instances where a percentage is not recorded, the measure is being used by less than 20 percent of NGOs.

Person-reported outcomes (PROMs) and experience of services (PREMs)

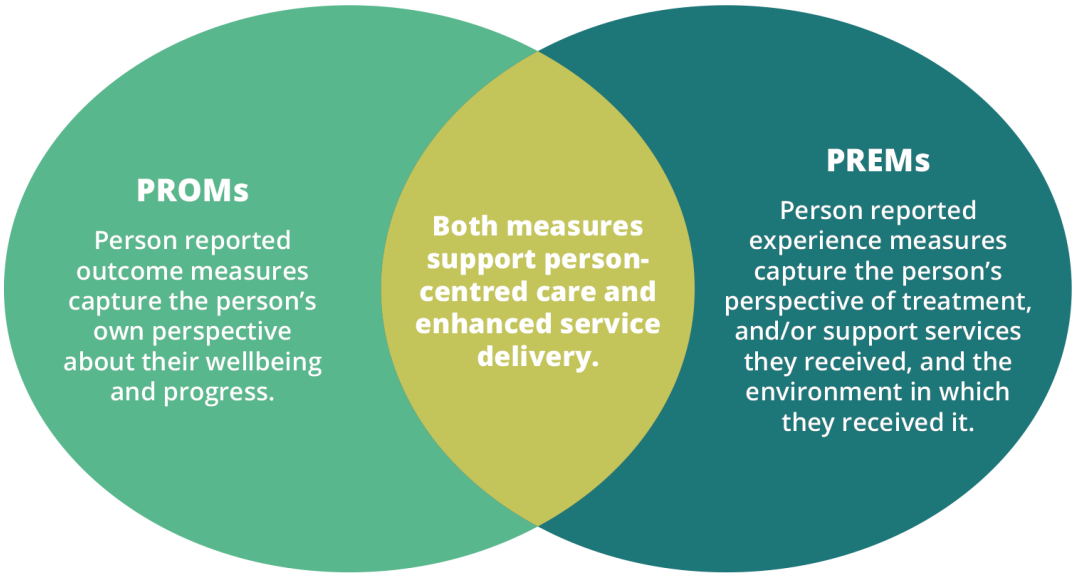
A recurring theme throughout the project was the importance of privileging tāngata whai ora and whānau voice, choice and control throughout the outcome measurement process. In practice, this means:

- adhering to Te Tiriti principles
- co-designing outcome measures with tāngata whai ora and whānau
- using culturally grounded frameworks
- enabling people to talk about what matters to them and to define their own goals
- sharing results in a way that supports people's wellbeing, aspirations, and mana.

Person-centred outcome measures (PROMs) are one way of doing this. They are most useful when built into a clear recovery pathway, and tāngata whai ora/whānau responses lead to dialogue, a possible change in approach, and/or generate follow-up actions.

In addition, whilst measures of tāngata whai ora perceived experience of services (PREMs) are different to person-centred outcome measures (PROMs), studies have highlighted how the combined use of PROMs and PREMs can help service providers gain a more complete understanding of the quality of care and support delivered, as well as identifying areas for improvement. Given that both sets of measures support a person-centred approach and the achievement of better outcomes (see Figure 4), it is not surprising that MH&A NGOs thought it was highly important to collect PREM data, as well as PROM or other outcome data.

Figure 4: Supporting person-centred, high-quality care with the use of PROMs and PREMs



Note. Adapted from "Quality Improvement Resources" by National Association of Diabetes Centres, n.d., https://nadc.net.au/qi/. In the public domain.

5.7 Barriers and enablers

Survey findings indicate the most common barrier to the collection and use of outcome data is a lack of time, followed by inadequate information technology, and difficulties associated with collecting data about tāngata whai ora needs that are not captured by standardised outcome measures, see Table 8. Section 6 of this report explores these and other enablers in more depth.

Note the differences between kaupapa Māori and non-kaupapa Māori NGOs in their responses to the question about key barriers and enablers, which largely reflect structural and systemic issues.

Table 8: Shared barriers across MH&A NGO providers

Key barriers	Kaupapa Māori NGOs	Non-kaupapa Māori NGOs
Lack of time and capacity	56%	64%
Not enough time to collect and use outcome data	44%	62%
Inadequate IT systems/infrastructure	50%	34%
Complex tāngata whai ora needs that cannot be captured by standardised outcome tools	50%	42%

Table 9: Shared enablers across MH&A NGO providers

Key enablers	Kaupapa Māori NGOs	Non-kaupapa Māori NGOs
Integrating tools into electronic records	88%	58%
Tools that are quick and easy to use	75%	60%
Training in outcome tools	75%	53%
App/tablet to collect data	75%	43%
Relevant outcome tools	69%	53%

These barriers and enablers are consistent with the experiences of specialist clinical MH&A services, both here and overseas.[18,19] This reinforces their relevance and importance in any discussion about how best to implement outcome measurement into routine practice, irrespective of the service setting or context.

[18] Ryland, H., Bhattacharya. R., & Richardson, J. (2026). Use of outcome measures in psychiatry: Royal College of Psychiatrists' survey of members. *BJPsych Bulletin.* 1-8.

[19] Duncan, E. A., & Murray, J. (2012). The barriers and facilitators to routine outcome measurement by allied health professionals in practice: a systematic review. *BMC Health Services Research, 12*, 96.

5.8 Findings relevant to different service types

The following points are drawn from the MH&A NGO survey and service-specific focus groups.

Kaupapa Māori

Outcome measurement tools are commonly used across kaupapa Māori services for a variety of reasons, with the primary driver being the outcomes that matter most for whānau. Wanting to do the best for whānau is a key reason these services prioritise outcome measurement.

It was noted that many existing outcome tools do not adequately prioritise whānau voice, choice, and control. As a result, many organisations have developed bespoke tools to better capture whānau outcomes in culturally meaningful ways.

Below are some specific tools and approaches used.

- **Hua Oranga -** valued for its strong alignment with Te Whare Tapa Whā framework. While many providers find it simple to use, a few say they need support to bring together data from different people's viewpoints.
- **ADOM -** which some organisations consider requiring an update to remain current with changing patterns of substance use. The need for ongoing support and training for all services was emphasised when implementing ADOM into practice.
- **Kirimana Oranga Whānau** – describes the outcomes-based reporting utilised in contracts generated by the Hauora Māori Directorate, Health New Zealand I Te Whatu Ora. While it is not an outcome tool, it is possible to embed standardised outcome measures into the approach.

NGOs emphasised the need for better infrastructure, training, and ongoing support to enable effective outcome data collection and use. They want simpler tools that are easy to use and capability building opportunities for kaimahi that include helping them to understand the value of outcome measurement beyond contract compliance. Interest was also expressed in more coordinated regional or sector-wide approaches, supported by robust information systems and shared learning opportunities.

Concerns were raised about data governance and data sovereignty, particularly the importance of ensuring those analysing and using data understand the context, services, and whānau stories that sit behind the numbers.

Despite these challenges, kaupapa Māori services recognise the value of a standardised approach to outcome measurement for benchmarking purposes, national consistency, and shared learning across the sector. Some services voiced their support for continuing to use their bespoke tools alongside a standardised outcome measure, to help address the needs of whānau, as well as meeting organisational and sector-wide requirements.

Infant, child and youth

MH&A NGO survey participants worked with a range of age groups, with around half working with infants, children, and youth (ICY) in addition to adult age groups. There were three ICY-specific organisations that took part. One of the most popular outcome tools for C&Y

(Substances and Choices Scale, SACS) is a screening tool that has been designed for use as one part of a comprehensive and holistic assessment process.

Although tools such as the SACS and Kessler-10 are designed for screening, they are frequently used as outcome measures because they are administered at multiple points in time. Staff tend to use tools they already know, especially when other outcome measures are more time-consuming or less practical.

The C&Y focus group participants say the SACS is viewed positively because it is familiar, supported by Whāraurau, and is a collaborative, youth-friendly tool that does not require clinical training. In contrast, HoNOSCA is generally seen as unsuitable for the C&Y sector because it is lengthy, clinician-rated, and not collaborative. The ORS/SRS[20] tools are well regarded for being quick, simple, and useful for tracking progress and improving practice in real time.

Similar to other MH&A NGOs, major barriers to outcome measurement by C&Y NGO staff are time, organisational capacity, and resourcing. Smaller organisations may also require more support with implementation. Participants emphasised that tools must be used correctly and consistently to be beneficial, and that too many tool choices fosters fragmentation and reduces the ability to make comparisons between services and monitor outcomes nationally. While mandated tools can improve consistency, they must be supported with adequate training and resources.

The focus group discussion reinforced the importance of engagement and collaboration with young people. There were concerns that mandated outcome measures could become 'tick-box' exercises that damage engagement and discourage young people from accessing supports they need. Participants stressed the importance of considering unintended consequences when selecting outcome tools.

Overall, there was strong agreement that NGOs should lead the process of selecting and using outcome measures rather than being directed solely by government priorities. Data sovereignty was their top condition for a more collective approach to outcome data.

There is no perfect outcome tool and trade-offs are inevitable. Subjective wellbeing and person-rated measures (PROMs) are seen as particularly promising because they focus on what matters to young people and whānau. Measures also need to account for young people affected by others' mental health or substance use issues, not only those directly experiencing them.

A good outcome measure should provide value for young people, whānau, services, and the wider sector. The focus group discussion concluded with agreement that broader consultation across the C&Y AOD NGO sector is needed, possibly including specialist C&Y addiction services, given some concerns about the HoNOSCA.

[20] Outcome Rating Scale and Session Rating Scale.

Pasifika

The group of Pasifika NGOs that responded to the online survey was too small (five) to make specific comments. In the past, government agencies have supported Pasifika MH&A NGOs to build workforce pipelines, share evidence-based models of care, and improve access to culturally appropriate services. The importance of government continuing to invest in the development of capacity and capability for sustainable outcome measurement is particularly pertinent for Pasifika MH&A NGO providers.

Lived experience

There were 12 lived experience-led organisations that took part in the survey. Lived experience-led organisations said clear guidance around tāngata whai ora consent for data use and re-use is their top expectation for any collective approach to outcome data. They also state their preference for a collective approach targeted and tailored to their specific needs rather than attempting to shoe-horn them into a generic approach.

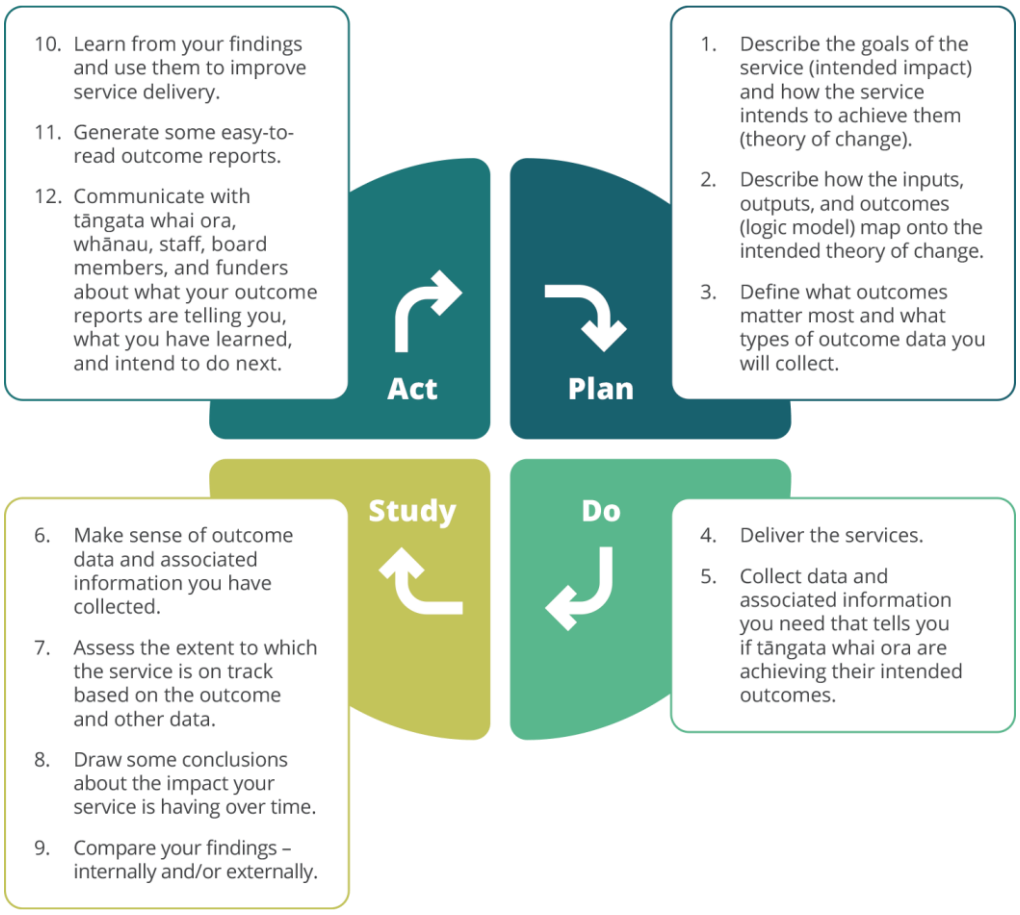
Recommendation: Continue to explore the issues from the unique perspective of some MH&A NGO service types with the aim of identifying and agreeing relevant and appropriate outcome measures - particularly organisations delivering kaupapa Māori, Pasifika, Asian, C&Y, alcohol and drugs, lived experience, and whānau focused services.

6. WHAT GOOD OUTCOME PRACTICE LOOKS LIKE

A significant number of MH&A NGOs are already collecting outcome data (96 percent of survey respondents). What is not so clear is how this data is being incorporated into an outcomes framework that links the day-to-day activities of the service to medium- and longer-term outcomes for tāngata whai ora and whānau.

The basic steps for MH&A NGOs interested in strengthening their outcome practice are grounded in their organisation's strategy and follow a typical cycle of learning and improvement. The following diagram highlights important aspects of the organisation's journey towards good outcome practice based on the Plan, Do, Study, Act (PDSA) model of continuous quality improvement.[21]

Figure 5: The cycle of good outcome practice



Adapted from "The code of good impact practice", by New Philanthropy Capital, 2022. In the public domain.[22]

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[21] Taylor, M. J., McNicholas, C., Nicolay, C., Darzi, A., Bell, D., & Reed, J. E. (2014). Systematic review of the application of the plan-do-study-act method to improve quality in healthcare. *BMJ Qual Safety,* 23(4):290-8.

[22] New Philanthropy Capital. (2022). *The code of good impact practice*. https://www.thinknpc.org/resource-hub/the-code-of-good-impact-practice/

Throughout the process, it's important to engage key stakeholders in designing the Theory of Change, making decisions about the outcomes that matter to people, in interpreting the data, reaching agreement about how best to use the data, monitoring the results, and then adjusting accordingly.

The following provides some additional information about key steps highlighted in the PDSA diagram in Figure 5. They have been provided to help inform a discussion about how best to foster good practice when implementing outcome measures into routine practice.

Describe service goals and how they will be achieved

Related to **step 1**, describe the goals of the service/organisation and how the service/organisation intends to achieve them (Theory of Change).

The starting point for any organisation interested in outcomes is the development of a Theory of Change for the programme, service or organisation.

A Theory of Change (Weiss, 1995)[23] is an explicit process of thinking through and documenting how a service or intervention is supposed to work. It was originally developed to help model and evaluate complex change initiatives and is closely related to the field of systems change. It can be developed for any level of intervention – an event, project, programme, policy, strategy, or organisation (Rogers, 2014).[24] A good Theory of Change can assist MH&A NGOs to develop more effective services and to clearly communicate how their services are contributing to a series of outcomes that produce social impacts.

People often use the terms 'Theory of Change' and 'programme logic model' interchangeably. However, there are important differences between the two concepts. Whilst there is no standardised way of developing a Theory of Change, the literature suggests it should cover several key areas that explain why the NGO thinks particular activities or actions will lead to particular outcomes (Reinholz & Andrews, 2020).[25] This can be a diagram and/or a written description of the strategies, actions, conditions and resources that facilitate change, thereby generating the intended outcomes and social impact. See Appendix three for an example.

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[23] Weiss, C. H. (1995). Nothing as practical as good theory: Exploring theory-based evaluation for comprehensive community initiatives for children and families. In J. Connell, A. Kubisch, L. Schorr & C. Weiss (Eds.), *New approaches to evaluating comprehensive community initiatives* (pp. 65-92). New York: The Aspen Roundtable Institute.

[24] Rogers, P. (2014). *Theory of Change, Methodological Briefs: Impact Evaluation 2,* UNICEF Office of Research.

[25] Reinholz, D. L., & Andrews, T. C. (2020). Change theory and Theory of Change: What's the difference anyway*? International Journal of STEM Education*, *7*(2).

Describe inputs, outputs and outcomes

Related to step 2, describe how the inputs, outputs and outcomes (logic model) map onto the intended Theory of Change and contribute towards the intended impact.

A programme logic model is a simpler (often linear) visual representation of how a programme of service is supposed to work. It can be based on the same information used in a Theory of Change, but it does not explain how or why the program will achieve the desired outcomes or bring about change. Sometimes a narrative Theory of Change is used to help explain the underlying theory of a programme logic model (Goldsworthy, 2021).[26]

Concept	Description
Theory of Change	This term defines all the building blocks that are required to bring about the intended outcomes. This set of connected building blocks is depicted on a map known as a pathway of change/change framework, which is a graphic representation of how and why a desired change is expected to happen in a particular context.
Programme logic model	A simple visual diagram, often a flowchart or a table, which shows how the activities of the programme or service are supposed to work in practice. It usually identifies the inputs, the activities, outputs and outcomes for the intervention.

Identify outcomes that matter to people

Related to step 3, define what outcomes matter most to people, and the types of outcome data that you will collect.

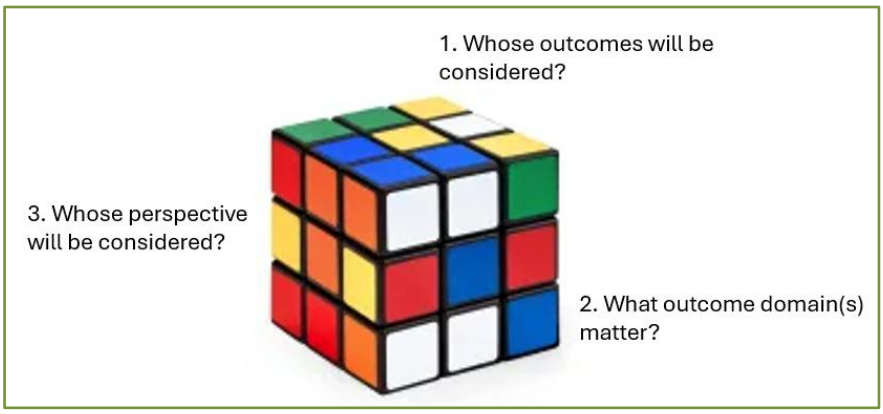
Outcomes can be defined as the results that matter most to people, and an outcome measure is simply a method of quantifying those results. Outcome measurement is challenging because choosing the right outcome measures, domains, and methods involves balancing conceptual, ethical and other considerations. In the interests of simplifying the complex topic of outcomes, Figure 6 focuses on three of the eight key decisions proposed in a taxonomy developed by Thornicroft and Slade (2014).[27]

These three questions need to be answered sequentially because the answer to each question influences how the following questions are answered.

[26] Goldsworthy. (2021). *What is a Theory of Change? Families and Children Expert Panel Project.* Australian Institute of Family Studies.

[27] Thornicroft, G., & Slade, M. (2014). New trends in assessing the outcomes of mental health interventions. *World Psychiatry, 13*(2):118-24.

Figure 6: Decisions that MH&A NGOs need to consider when evaluating outcomes



Question 1: Whose outcomes will be considered?

It is important to clarify the level of outcome measurement from the outset - the individual tangata whai ora, or the inter-personal (eg family, whānau of social networks), or broader environmental level (eg local communities, whole population or specific sub-groups of the population), all of which are valid and complementary.

Question 2: What outcome domain(s) matter?

Thornicroft and Slade (2014) maintain that an outcome domain is a conceptually distinct component of outcome and that the choice of domain should be made before choosing any outcome measure. In their experience, this distinction is often not maintained, with the more common starting point being the identification of an outcome measure. This is a major contributing factor in the system's inability to make comparisons across the MH&A NGO sector.

Note that the majority of MH&A NGO survey participants expressed a strong interest in collecting and using outcome data that reflected wellbeing, quality of life, recovery, cultural identity and connection outcome domains.

Question 3: Whose perspective or viewpoint will be considered?

The selection of outcomes might involve consideration of multiple stakeholder viewpoints – sometimes at multiple levels of the system. Outcome measures can be completed using various methods to capture these viewpoints such as - self-reported outcome measures, personal stories, the perspectives of family/whānau, observations by NGO staff, clinical assessments, and use of administrative data.

In recent years there has been shift internationally towards the use of PROMs, particularly in MH&A services. PROMs capture tāngata whai ora perspectives about their wellbeing and progress, which more closely aligns with a recovery and rights-based approach. This makes the voice of lived experience central to the therapeutic process even if the perspectives of tāngata whai ora differ from what whānau and/or the service provider thinks are important.

Collect outcomes data

Related to step 5, collect the data and the associated information that you need that tells you if tāngata whai ora are achieving their intended outcomes.

Outcome data includes any data/information that highlights changes achieved over time (outcomes) by the people served by MH&A NGOs. This may include:

a. data that is qualitative in nature (eg telling people's stories)
b. key indicators that show progress or results (eg social outcome indicators)
c. standardised validated and structured outcome tools
d. Indigenous or cultural approaches
e. a bespoke outcome tool that has been developed by the NGO.

> *"Not everything you can measure, counts. And not everything that counts can be measured."* (Albert Einstein)

It is acknowledged that a single approach is not sufficient to cover the diversity of the people seen by NGOs, their unique personal stories, and the diversity of outcomes. For these reasons, MH&A NGOs often combine different types of data to obtain a comprehensive overview of the needs of tāngata whai ora and whānau, and their progress over time. The challenge that all stakeholders are grappling with is how to strike a balance between NGOs adopting a customised approach for tāngata whai ora and whānau, with the need for a nationally consistent standardised approach that enables fair comparisons to be made between different services and an evidence-based story to be told about the value and impact of MH&A NGO services.

(a) Qualitative data – Telling people's stories

Storytelling is a qualitative data collection tool that focuses on personal stories. This approach is closely linked with evaluation methods and tools such as the Most Significant Change,[28] Case Studies,[29] and PhotoVoice.[30]

McClintock (2004) suggests personal stories should not be used on their own as a performance measure, as they can represent isolated experiences rather than broader

[28] Dart, J., & Davies, R. (2003). A dialogical, story-based evaluation tool: The most significant change technique. *American Journal of Evaluation*, 24(2), 137–155.

[29] What works. (n.d.). *Case Studies: Methods, Tools & Techniques*. https://whatworks.org.nz/case-studies/

[30] Lofton. S., & Grant, A. K. (2021). Outcomes and intentionality of action planning in Photovoice: A literature review. *Health Promotion Practice*. *22*(3), 318-337.

trends. For this reason, it is recommended that personal stories should be systematically analysed and presented alongside other sources of evaluation data.[31]

(b) Key performance indicators

Key performance indicators (KPIs) are quantifiable metrics that are used to track progress towards a goal and inform data-driven decisions. The two social outcome indicators (housing and employment) that form part of PRIMHD are examples of routinely collected KPIs. The NGO contributions to the national Mental Health KPI programme include other examples.

(c) Standardised outcome measures/tools

Standardised outcome measures are validated, reliable and structured tools designed to measure aspects of someone's health and to detect changes over time.

The proliferation of online outcome measures and web-based evaluation systems has created a need to distinguish between screening tools and outcome measures, noting that in some instances a screening tool might also be used as an outcome tool. For example, the Kessler 10 is a 10-item measure designed to assess someone's level of distress based on questions about anxiety and depressive symptoms. In some instances, it is also used as a measure of outcomes following treatment.

Term	Description
Screening tool	Symptom scales or screening measures are primarily intended to be brief, initial measures that screen for symptoms of mental health conditions, problematic gambling and problematic substance use that might require in-depth assessment and treatment. They tend to be done once or only occasionally. They are not designed to be used as an outcome measure.
Outcome measure/tool	An outcome measure is a standardised, structured and validated tool that becomes a measure of outcomes when it is completed more than once. Outcome measures are primarily designed to collect the same information at different points over time to see how people have changed. Compared to screening tools, they offer a more comprehensive analysis of the tangata whai ora journey of recovery and their outcomes.
Data collection protocols for outcome tools	Many outcome tools have supporting documentation suggesting the data collection protocols - starting with the first collection of data and the timing of subsequent data collections (e.g., ADOM and HoNOS).

[31] McClintock, C. (2004). Using narrative methods to link program evaluation and organization development. *The Evaluation Exchange*, *9*(4), Winter 2003/2004.

(d) Indigenous or cultural approaches

Increasing attention is being given to tāngata whai ora within their cultural context when measuring health outcomes.[32]

> *It is now recognised globally that assessing people devoid of their cultural identity leads to, at best, inaccurate understandings of the individual and community needs, and at worst, contributes to discrimination and perpetuates systematic disadvantage within the health care system* (Gall et al., 2021).[33]

Indigenous approaches to outcome measurement tend to prioritise holistic, relational and strengths-based frameworks that align with cultural perspectives, values, language and knowledge systems. The challenge has been to identify standardised outcome measures that can span language and cultural barriers in a way that enables valid and reliable comparisons to be made between different NGOs and population groups.[34,35]

While recognising that a single outcome measure cannot meet the needs of every stakeholder, the development and widespread use of Hua Oranga[36] by kaupapa Māori, Pasifika and mainstream MHA& NGO providers indicates this measure has the potential to bridge cultural differences in adult MH&A services. However, it is important to note that the current information infrastructure does not have the capacity to support a national roll-out.

(e) Bespoke outcome tools developed by the NGO

Some NGOs have created their own outcome tool. The main strength of this approach is that they are measuring the outcomes that matter to the people and whānau they serve, rather than using a standardised, generic approach. A significant weakness is that most of these tools have not been psychometrically tested, leading to potential issues with data quality and

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[32] Sandham, M., Roche, M., Carey, M., Siegert, R. J., & Jarden, R. J. (2025). Decolonising outcome measurement: a systematic review of health and wellbeing measures for Māori. *AlterNative: An International Journal of Indigenous Peoples, 21*(2) 350-363.

[33] Gall, A., Anderson, K., Howard, K., Diaz, A., King, A., Willing, E., Connolly, M., Lindsay, D., & Garvey, G. (2021). Wellbeing of Indigenous peoples in Canada, Aotearoa (New Zealand) and the United States: A systematic review. *International Journal of Environmental Research and Public Health, 18(*11), 5832.

[34] Nagel, T., & Trauer, T. (2010). Outcome measurement with indigenous consumers. In: Trauer T, ed. Cambridge University Press; 2010:138-148.

[35] Sandham, M., Roche, M., Carey, M., Siegert, R. J., & Jarden, R. J. (2025). Decolonising outcome measurement: a systematic review of health and wellbeing measures for Māori. *AlterNative: An International Journal of Indigenous Peoples, 21*(2) 350-363.

[36] Kingi, T. K., & Durie, M. (1997). *Hua Oranga: A Māori measure of mental health outcome*. Palmerston North: Te Pumanawa Hauora, School of Māori Studies, Massey University.

accuracy. It is also impossible to benchmark the results with any other organisation that is using a different approach.

The recommended approach for NGOs is to explore the use of existing validated outcome measures before considering making adaptations to existing measures or investing their resources into developing their own customised measure.

Make sense of the data

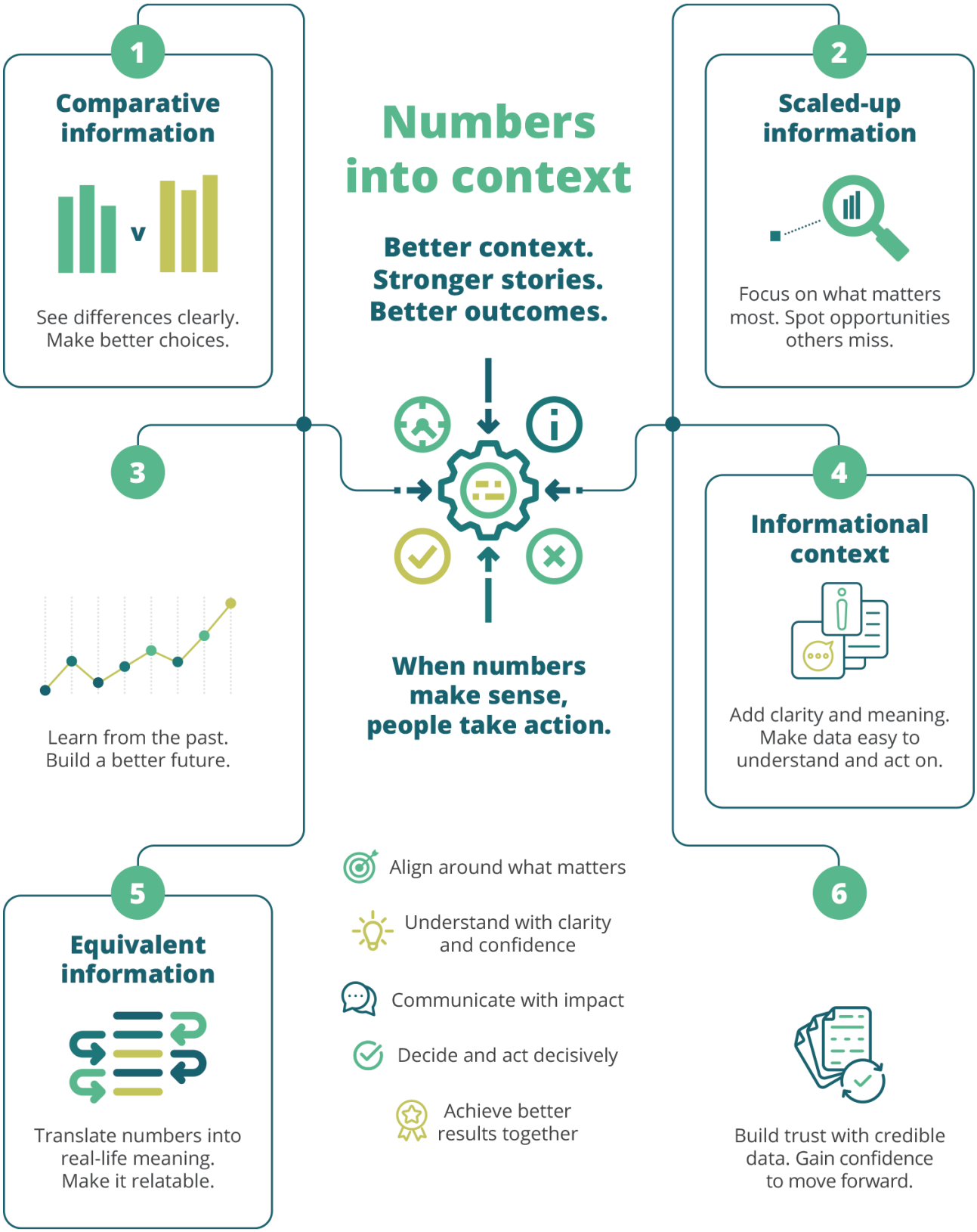
Related to step 6, make sense of the outcome data and associated information that you have collected.

Context matters – interpreting and analysing outcome data

Outcome data is complex and multidimensional, which means that contextual considerations are crucial when analysing and interpreting it. Context represents the added details about people, circumstances and settings that can help explain the outcomes. Without adequate context the findings are less likely to be accurate, fully understood, valued, and acted upon. Context is particularly important for Māori, where colonisation, intergenerational trauma, systemic racism, and ongoing inequities continue to shape health, wellbeing and outcome experiences.

The provision of single service interventions is never going to solve complex social issues such as mental health, addiction, poverty, housing instability, food insecurity, and health inequities. For most interventions, there are usually multiple causes for an observed outcome. This includes a wide range of environmental, economic, cultural and social factors, not to mention the role of whānau and support services also engaged with people. These factors form an important part of the wider context that the service is operating in and need to be acknowledged when analysing outcome data. Figure 7 highlights six ways in which MH&A NGOs can add meaningful context to their data to strengthen their story of change.

Figure 7: Six essential ways to put your numbers in context



Adapted from "*Effective Data Storytelling: How to drive change with data, narrative, and visuals",* by Dykes, B. 2019. Copyright John Wiley & Sons Inc 2020.

Attribution and contribution

Understanding the nuances between contribution and attribution is essential for MH&A NGOs that aim to strengthen their relationship with funders who are interested in seeing tangible results and reliable evidence of the organisation's social impact.

From a systems perspective, attributing a clear one-to-one relationship between the intervention and an outcome is not possible, because it does not accurately reflect the real-world situation. The adoption of a systems perspective means that providers and funders work together to develop an understanding about the extent to which a service is making a noticeable contribution to observed outcomes (and in what way). This contribution forms part of the assessment of the overall performance of the service, which also includes individual programme results.

Term	Description
Causation	Causation is commonly referred to as cause and effect. It indicates that one variable is the direct result of the occurrence of the other variable (Australian Bureau of Statistics).
Correlation	Correlation is a statistical measure that describes the relationship between two or more variables. However, it does not automatically mean that the change in one variable is the cause of the change in other variable - correlation does not imply causation.
Attribution	Attribution emphasises the direct causal links between specific activities and the observed (or expected) results/outcomes. Attribution analysis asks the question: *How has the intervention caused the outcomes?*
Contribution	Contribution acknowledges there are multiple stakeholders and a wide range of factors that influence change. It focuses on the collaborative role of the multiple stakeholders within a larger ecosystem of change.

Learn and improve

Related to step 10, learn from your findings and use them to improve service delivery.

Peter Senge popularised the idea of a learning organisation in his book *The Fifth Discipline.*[37] A learning organisation that supports outcome measurement is one that has embedded the collection of outcome data into their organisational culture, processes and systems.

The New Zealand Productivity Commission highlighted the importance of a system that learns and innovates in its report on *More Effective Social Services* (2015).[38] One of their key points was how data and analytics are being used to provide ongoing feedback to tāngata whai ora, whānau, providers, commissioning organisations, and citizens about what is working.

Where evidence about 'what works' is lacking, the system needs to allow for refinements to be made over time so organisations can incorporate further evidence, from diverse viewpoints, as it becomes available. Currently there are perceived strengths and gaps in the feedback loop, both within organisations and with funders, as reported in the NGO survey. The effectiveness of this feedback loop significantly influences the capacity of services to learn and improve.

[37] Senge, P. (1990). The Fifth Discipline: *The art and practice of the learning organization.* Doubleday.

[38] New Zealand Productivity Commission. (2015). *More effective social services*.

7. IMPLEMENTING ROUTINE OUTCOME MEASUREMENT INTO THE MH&A NGO SECTOR

The implementation of routine and sustainable outcome measurement is challenging and requires investment at multiple levels of the system over a long period of time.

7.1 Routine and sustainable outcome practice

A good implementation process usually needs the following:

- outcome measures that are orientated around what matters to tāngata whai ora and whānau
- produces useful information that can be used at multiple levels of the service system
- staff who have enough time, training, and support to collect and use the outcome data
- electronic mechanisms that are well integrated into the organisation's IT system for collecting, collating, analysing and reporting outcome data
- leaders who actively support it
- a system that actively enables it.

Te Pou (2026)[39] noted that there is no single best way to implement outcome measurement into routine practice as the barriers and enablers differ across MH&A NGO services. That said, the research indicates factors that influence routine outcome measurement are cross-cutting and bi-directional in that they can act as either barriers or enablers. Routine outcome measurement may only be possible if coveted action is taken at individual staff, team, organisational and system levels – with an emphasis on strengthening the organisational and system enablers as a core requirement.

While many of the enablers can be leveraged at an organisational level, there are factors that impact on NGO's capacity for outcome measurement that lie well outside of their control. In particular, staff training, resources, support from independent intermediaries, information infrastructure and commissioning requirements need to be attended to as part of the implementation process.[40,41] All parts of the MH&A system need to be well aligned to enable routine outcome measurement to work.

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[39] Te Pou. (2026). *Scoping the feasibility of implementing outcome measurement in mental health and addiction NGOs: Background literature scan* [Unpublished report].

[40] Bailey, R., McKegg, K., Wehipeihana, N., & Moss, M. (2016). *Successful NGO evaluation cultures: Literature scan*. SuPERU.

[41] Community Networks Aotearoa. (2024). *2024 State of the Sector Report*.

The following barriers and enablers have been prioritised according to the factors MH&A NGOs reported were of the most importance to them, supplemented with additional information drawn from the literature.

Barriers	Enablers
Tāngata whai ora & whānau	
Perceived lack of value	• Select outcome measures that are meaningful to tāngata whai ora (and their whānau)
Too hard to fill out	• Utilise self-report outcome measures that can be filled out independently of staff • Utilise measures that are easy to understand and not too time-consuming to fill out
Not relevant to their recovery journey	• Provide tāngata whai ora and whānau with their own outcome reports as part of their recovery journey

Barriers	Enablers
MH&A NGO staff	
Lack of time	• Utilise self-report outcome measures that can be filled out independently • Utilise measures that are easy for staff to score and interpret
Inadequate IT systems	• Utilise technological solutions that make it easy for staff to collect and use outcome data as part of their day-to-day work
Needs are not captured by standardised outcome measures	• Use outcome measures in combination with other information that is collected in different ways
Limited knowledge, understanding and confidence	• Develop the knowledge, skills and competencies of staff • Embed the use of outcome data into staff supervision sessions
Seen as a waste of time	• Ensure that selected outcome measures are meaningful, relevant and appropriate to the service setting and context • Feedback outcome data to tāngata whai ora and whānau to help demonstrate their progress and identify areas for service improvement
Misaligned values and principles	• Utilise measures that are aligned with the kaupapa of the organisation

Barriers	Enablers
Organisational	
Lack of time	• Prioritise outcome data collection and use • Protect the time that is set aside for outcome-related activities • Provide staff with administrative support
Inadequate IT systems	• Utilise technological solutions that make it easy for staff to collect and use outcome data as part of their day-to-day work

Barriers	Enablers
Workforce development challenges	• Provide training, resources and practical support for staff • Facilitate staff access to independent intermediaries that can provide them with expertise, training, resources and practical support
Fragmented infrastructure	• Hardwire outcome data into routine workflows, IT systems, and organisational processes • Build a unified IT system that systematically connects information about staff characteristics, service activities, people's outcomes, their experience of services and the organisation's financial KPIs
Outcome data is not utilised	• Leverage real-time analysis of outcome data and provide immediate feedback to staff in a way that supports their practice • Promote a learning culture that supports quality improvement activities that utilise outcome data
Lack of leadership	• Provide leadership at all levels in the organisation - starting with strong governance and managerial support for outcome measurement • Foster a culture that values outcome measurement and service improvement activities

Barriers	Enablers
System	
Lack of infrastructure	• Invest in the development of the infrastructure and capability to support the implementation of routine outcome measurement by MH&A NGOs
Lack of a coherent outcome framework for the MH&A service system	• Explicitly link standardised tāngata whai ora outcome data to a national MH&A outcomes framework for the MH&A service system
Limited capacity of funders to commission for outcomes	• Increase the capacity of MH&A funders to commission for outcomes
NGO outcome measurement is not standardised	• Implement NGO outcome measurement into routine practice with the use of standardised data collection protocols • Embed standardised outcome measurement into MH&A NGO contractual requirements
Providers do not receive feedback	• Develop systematised reporting, monitoring and feedback loops
Lack of culturally relevant tools	• Foster culturally responsive outcomes practice by selecting standardised outcome measures that are culturally acceptable • Support workforce development activities

For outcome data to be truly valuable, it should support learning and improvement at the service level, and NGOs should receive timely insights and feedback from the data they contribute. Ensuring that outcome measures reflect recovery-focused practice and the diverse experiences of whai ora is also important. (Mainstream organisation)

Recommendation: Seek commitment and ongoing investment by Te Whatu Ora to develop the infrastructure and capability to support the implementation of routine outcome measurement by MH&A NGOs.

8. CONCLUSION

8.1 A consistent, standardised approach

This report provides the first overview of the MH&A NGO outcome measurement landscape in Aotearoa New Zealand. The high number of MH&A NGOs that responded to the survey is evidence of a high level of engagement in the collection and use of outcome data in this part of the sector.

In lieu of a clear national direction about outcomes data (apart from the use of ADOM), many MH&A NGOs have adopted a customised outcome measurement approach that works best for them and the people they serve. The survey findings highlight the plethora of outcome data that is currently being collected by MH&A NGOs, with tāngata whai ora and whānau needs being central to the process. However, this customisation also means there is no standardised approach to outcome data that spans the MH&A NGO sector. This makes it difficult to tell a consistent and comparable story about the value and impact of MH&A NGOs locally, regionally and nationally. This is the main driver for this report.

> *Lack of consistency at a national level... It would reduce wastage and save considerable mahi if we standardised our approaches across the sector.* (non-kaupapa Māori organisation)

Figure 8 focuses attention on a possible set of standardised outcome measures that could be applicable to four broad groupings of MH&A NGOs. Additional information is provided in Table 10. Note that a few C&Y AOD services have started to consider if a focus on C&Y wellbeing would lead to the selection of one outcome measure for all MH&A C&Y services.

Figure 8: Recommended standardised outcome tools for routine use by MH&A NGOs

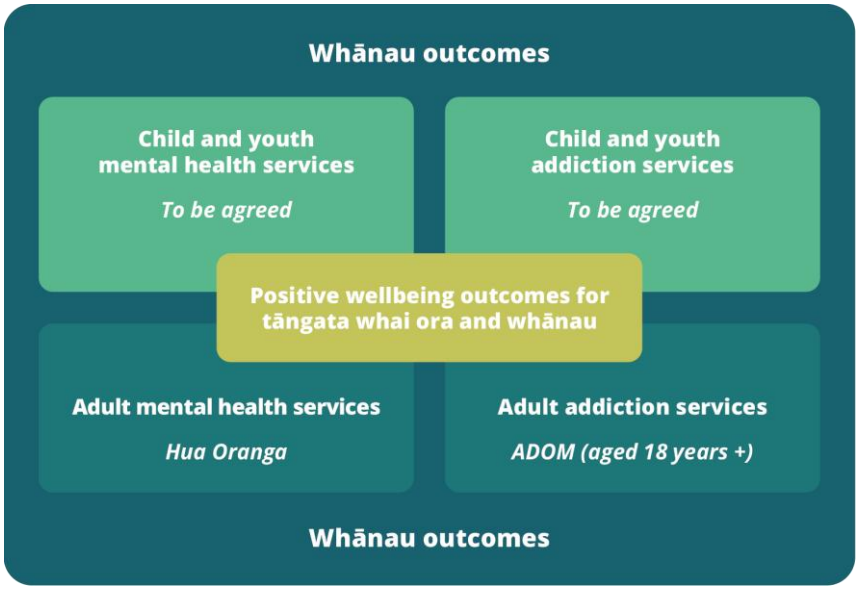

Table 10: An overview of the proposed standardised outcome measures

Outcome measure	Description
None identified for C&Y mental health services	The Strengths & Difficulties questionnaire (SDQ) was identified by MH C&Y NGOs as being their most popular tool. However, it is a screening tool and is not considered to be an outcome measure. **For this reason, it has not been included in Figure 8**. In addition, it is not in the public domain and is copyrighted by Youthinmind
None identified for C&Y AOD services	The Substances and Choices Scale (SACS) was identified by MH&A C&Y AOD NGOs as being their most popular tool. However, it is a screening tool that is used when undertaking a comprehensive assessment and is not considered to be an outcome measure. [42] **For this reason it has not been included in Figure 8.** Further information about SACS can be found on the Whāraurau website The question about identifying an alternative tool has been raised with the C&Y AOD sector, but this will take some time to answer as it will involve engaging with a wider range of C&Y stakeholders.
Hua Oranga - for adult mental health services	Hua Oranga is a brief, one-page Māori health outcome measure that was developed by Māori for use by all people. It includes four domains and encompasses tāngata whai ora, whānau, and kaimahi perspectives. It takes less than 5 minutes to complete, and ensures services focus on specific areas of wellbeing. Further information can be found on the Hua Oranga website.
ADOM – for adult AOD services	The Alcohol and Drug Outcome Measure (ADOM) is an outcome measure that is mandated to be offered to tāngata whai ora who attend community-based outpatient adult addiction services. ADOM provides tāngata whai ora with a way to rate and track key areas of change during their treatment journey. This includes changes in use of alcohol and drugs, lifestyle and wellbeing, and satisfaction with treatment progress and recovery. Further information can be found on the Te Pou website.

Recommendation: Transition towards the routine collection of an agreed set of standardised outcome measures across the MH&A NGO sector, whilst retaining the flexibility for MH&A NGOs to also use outcome measures and/or methods of their own choosing.

[42] Christie, G., Marsh, R., Sheridan, J., Wheeler, A., Suaalii-Sauni, T., Black, S., & Butler, S. (2007). The Substances and Choices Scale (SACS) - the development and testing of a new alcohol and other drug screening and outcome measurement instrument for young people. *Addiction, 102*(9), 1390-1398.

Recommendation: Improve the implementation of the Alcohol and Drug Outcome Measure (ADOM) in all adult addiction services.

8.2 Hua Oranga

One of the interesting findings from this project is the widespread use of Hua Oranga by MH&A NGOs, including its use beyond the Māori population (eg Pasifika).

It has also been incorporated into the Access and Choice Programme, and it is used as an outcome measure by ACC's Sensitive Claims Service. In August 2023, 2024, and 2025 the Health Quality and Safety Commission included Hua Oranga in its Patient-Reported Outcome Measures (PROMs) programme, specifically collecting data via its adult primary care patient experience surveys.[43]

Whilst the increase in the number of providers and government agencies using the tool is very positive, it does raise questions about data sovereignty, governance and investment in a robust data infrastructure that can support the widespread use of Hua Oranga in a way that respects its origins.

Recommendation: Seek commitment from Health New Zealand | Te Whatu Ora and the Ministry of Health to expand routine outcome measurement across the MH&A NGO sector, starting with the implementation of Hua Oranga into adult mental health NGO services.

Recommendation: Seek Māori-led governance, validation and resourcing to lead the implementation of Hua Oranga into routine practice.

8.3 Properties of standardised outcome measures

The properties of outcome measures are important to consider, particularly when selecting one or more measures to implement into routine practice. These properties include sensitivity to change, reliability, validity, and variability. They are important because they may affect the degree of measurement error or misclassification, especially when the tool is used in different settings with different sub-groups of the population. When the misclassification differs systematically between different sub-groups, it may distort the estimate of service effectiveness in either a positive or a negative direction.[44]

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[43] Health Quality Safety Commission. (2026). *Patient-reported outcome measures in New Zealand: Results from the adult primary care patient experience survey.*

[44] Velentgas, P., Dreyer, N. A., & Wu, A. W. (2013). Outcome Definition and Measurement. In: Velentgas P, Dreyer NA, Nourjah P, et al., editors. *Developing a Protocol for Observational Comparative Effectiveness Research: A User's Guide*. Rockville (MD): Agency for Healthcare Research and Quality (US); Chapter 6.

It is important to note that the popularity of the selected outcome measures does not necessarily mean that they have been designed for use with diverse populations. If they have not been diversity tested, there is the risk that any inherent bias could lead to inaccurate results and misinterpretation of findings, which can cause harm and widen existing inequities.

Term	Description
Sensitivity to change	*Sensitivity to change* means how well the outcome tool can detect real changes over time. In other words, a sensitive tool shows improvement or decline when the person's health status changes, rather than staying flat. A tool with good sensitivity to change can detect even small changes in the person's health status.
Reliability	*Reliability* is the degree to which a score or other measure remains unchanged with repeated use (when no change is expected), or across different interviewers or assessors.
Validity	*Validity,* broadly speaking, is the degree to which a measure assesses what it is intended to measure. The different types of validity include face validity (the degree to which users or experts perceive that a measure is assessing what it is intended to measure), content validity (the extent to which a measure accurately and comprehensively measures what it is intended to measure), and construct validity (the degree to which an instrument accurately measures a nonphysical attribute or construct such as depression or anxiety).
Variability	*Variability* refers to the extent to which scores on an outcome measure differ from one another, reflecting the "spread" or dispersion of data around a central value. It is a critical property because, to be useful, an outcome measure must be able to differentiate between individuals (between-person variability) or detect changes within an individual over time (within-person variability) and be sensitive to change.

Whilst the psychometric properties of outcome measures is an important criterion when deciding whether to implement measures into routine practice, there are other equally important criteria. For example, feasibility and acceptability. If an outcome tool fails the feasibility and acceptability tests, it should not be implemented.

Term	Description
Feasibility	*Feasibility* refers to practical issues such as the time, cost and resources involved in implementing the outcome tool.
Acceptability	*Acceptability* is a multifaceted construct that reflects the extent to which tāngata whai ora, whānau and staff consider an outcome tool to be useful and appropriate.

Refer to Appendix four for a summary of the main features of some outcome measures, as well as experience of services measures and screening tools. These features are useful when MH&A NGOs are assessing the feasibility and acceptability of these measures/tools.

8.4 Different types of mandated outcome data

At this stage of the project no decision has been made about mandating outcome measures in the MH&A NGO sector. In data collection, mandation usually refers to whether a data standard, field, or reporting requirement is required or optional. The main types of mandation are mandatory, conditionally mandatory, and voluntary/optional, with mandatory meaning that the outcome measure must be collected, recorded and reported when it is in-scope. There are two types of mandation in the current collection of outcome data in PRIMHD, which are relevant to this work. ADOM is mandated to be offered to every tangata whai ora, whilst the HoNOS family of outcome measures are mandated for collection and reporting.

The following list of recommendations includes an agreed transition towards the routine collection of an agreed set of outcome measures across the MH&A NGO sector. The issue of mandatory data collection should not be addressed until the end of this transition period.

8.5 Summary of recommendations

#	Recommendation	Lead agency(s)	Owners
1	Seek commitment and ongoing investment by Health New Zealand I Te Whatu Ora to develop the infrastructure and capability to support the implementation of routine outcome measurement by MH&A NGOs.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
2	Seek commitment from Health New Zealand I Te Whatu Ora and the Ministry of Health to expand routine outcome measurement across the MH&A NGO sector, starting with the implementation of Hua Oranga into adult mental health NGO services.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
3	Seek Māori-led governance, validation and resourcing to lead the implementation of Hua Oranga into routine practice.	TBC	TBC
4	Improve the implementation of the Alcohol and Drug Outcome Measure (ADOM) in all adult addiction services.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
5	Transition towards the routine collection of an agreed set of standardised outcome measures across the MH&A NGO sector, whilst retaining the flexibility for NGOs to also use outcome measures and/or methods of their own choosing.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
6	Build trust through co-designed data governance arrangements that address issues of data sovereignty, data ownership and the development of a secure data infrastructure.	Te Whatu Ora & Ministry of Health	Platform Trust & Te Pou
7	Continue to explore the issues from the unique perspective of some MH&A NGO service types, with the aim of identifying and agreeing relevant and appropriate outcome measures – particularly organisations delivering kaupapa Māori, Pasifika, Asian, C&Y, alcohol and drugs, lived experience, and whānau focused services.	Platform Trust & Te Pou	Platform Trust & Te Pou

The principle of co-design underpins the above recommendations. Effective co-design with lived experience stakeholders can strengthen outcome measurement by ensuring that the outcomes being measured reflect what matters most to tāngata whai ora, whānau, and communities.

Involving people with lived experience from the outset helps ensure that outcome measures are grounded in the priorities, realities, and aspirations of tāngata whai ora and whānau, and resulting data is meaningful, culturally safe, and useful for learning and improvement.

8.6 Final comment

MH&A NGOs have provided the project team with a lot of feedback about what is already working well in the NGO outcome measurement space and what else needs to happen to implement outcome measurement into routine practice in this part of the MH&A sector. With this feedback in mind, decision-makers need to develop a clear pathway forward that continues to prioritise the measurement of equitable outcomes for tāngata whai ora and whānau, whilst also providing evidence about the impact of MH&A NGO services.

APPENDIX ONE: ADVISORY GROUP

The MH&A NGO Advisory Group was comprised of representatives from MH&A NGO service providers, Atamira Platform Trust, and Te Pou.

Name	Role	Organisation
Memo Musa	CEO	Platform Trust
Richard Woodcock	Manager – Data, Information & Research	Te Pou
Angeline Hekau	General Manager for Mental Health and Wellbeing services	Penina Trust
Clive McArthur	CEO	ADL
Deb Fraser	Director	Whakaata Tohu Tohu Mirror Services
Fiona Trevelyan	CEO	Odyssey (Auckland)
Karyn Munday	General Manager Operations	Ember
Kevin Harper	CEO	Changing Minds
Mary Ellis	CEO	Health Action Trust
Megan Krausse	Strategic Advisor Services	Emerge Aotearoa
Mike Douglas	CEO	Equip
Miriam Swanson	Child & Youth Director, Real	Pathways
Moananu Anna Redican- Kolose	CEO	Vaka Tautua
Philippa Cope	Pouwhakahaere Matua — Director	Mahitahi Trust
Ross Phillips	Business Operations Manager	Pathways
Ruth Borrett	Chief Operating Officer	Ember
Viv Head	Regional Manager, Te Manawa Taki	Yellow Brick Road

Ex officio

Name	Role	Organisation
Phillipa Gaines	Project manager	Lattice Consulting Ltd
Simon Katz	Policy analyst	Platform Trust
Mark Smith	Programme lead – Outcomes and information	Te Pou
Angela Jury	Research manager	Te Pou
Talya Postelnik	Researcher	Te Pou

APPENDIX TWO: GLOSSARY OF TERMS

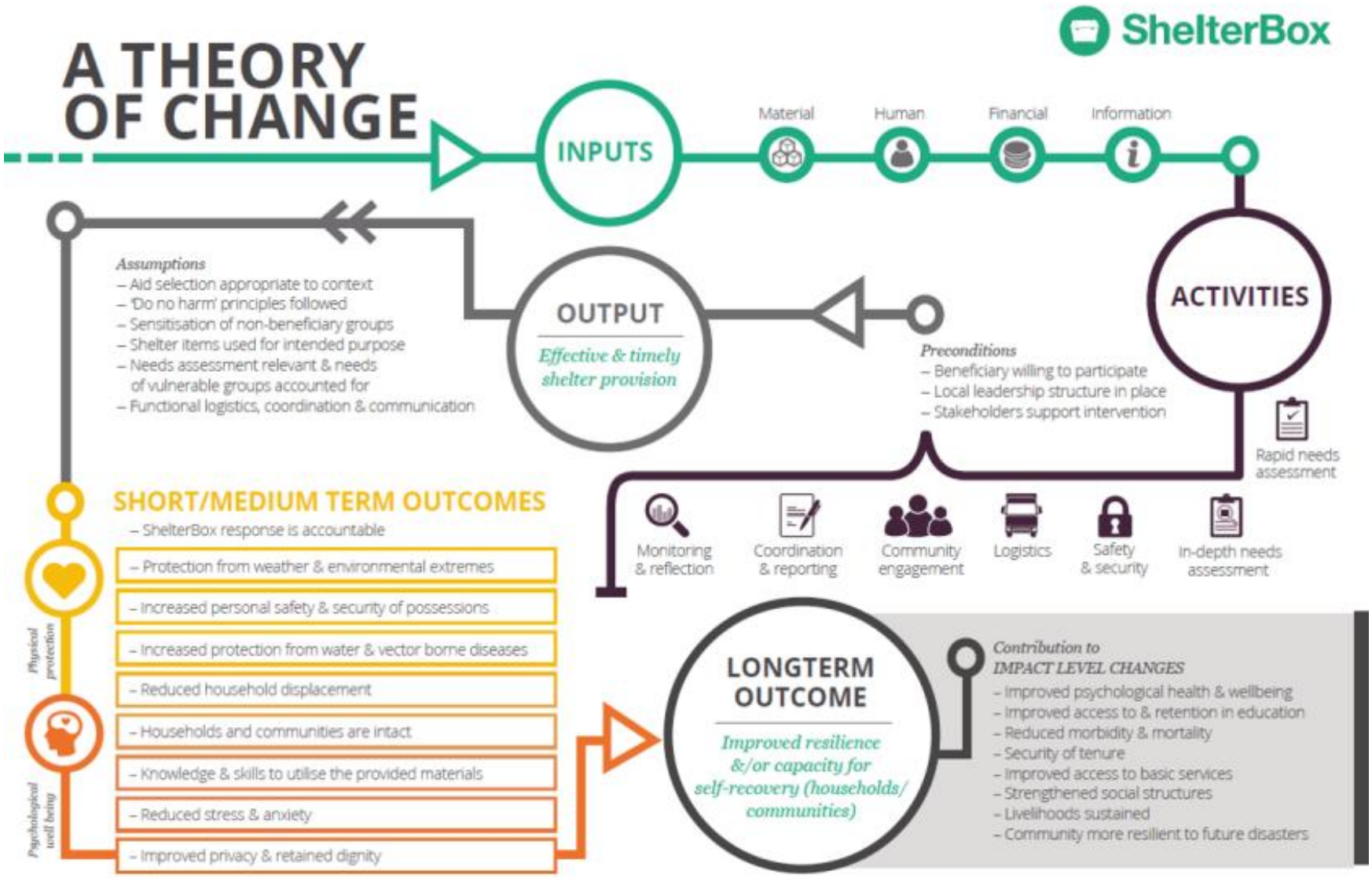
Term	Definition
Attribution	Attribution emphasises the direct causal links between specific activities and the observed (or expected) results/outcomes. Attribution analysis asks the question: *How has the intervention caused the outcomes?*
Causation	Causation is about cause and effect. It indicates that one variable is the direct result of the occurrence of another variable.
Contribution	Contribution acknowledges that there are multiple stakeholders and a wide range of variables that influence change. It focuses on the collaborative role of multiple stakeholders within a larger ecosystem of change, rather than just one service provider.
Correlation	Correlation is a statistical measure that describes the relationship between two or more variables. However, it does not automatically mean that the change in one variable is the cause of the change in other variables, i.e., Correlation does not imply causation.
Data collection protocols for outcome tools	Many outcome tools have supporting documentation suggesting the data collection protocols - starting with the first collection of data and the timing of subsequent data collections.
Impact	The difference between outcomes and impact lies in the intended timeframe for observable change. Impact occurs over a much longer time frame and is typically focused on the changes that occur at the population level (e.g., an increase in employment rates).
Inputs	Inputs are the resources that are available for the implementation of an intervention. These might be financial, but also include human resources, organisational capacity, infrastructure and knowledge amongst other potential inputs.
Outcome	An outcome is a change that a programme or service aims to achieve over the short to medium term. When defining tangata whai ora outcomes it is important to consider what matters to them – i.e., what are their personal goals?
Outcome data	Outcome data is the actual information that is produced in the process of measuring outcomes - such as scores, counts, rates or responses.

Term	Definition
Outcome measurement	Outcome measurement is the method or process used to assess whether a result happened and how much it has changed over time.
Outcome measure/tool	An outcome measure is a standardised structured and validated tool that becomes a measure of outcomes when it is completed more than once. The collection of the same information at different points over time offers a more comprehensive analysis of the tangata whai ora journey of recovery and their outcomes.
Outputs	Outputs are the direct, tangible products or services that are produced from the activities of the service. They describe what the intervention produced. Examples include - hours of support, number of programmes delivered or number of clients supported.
Person Reported Experience Measure (PREM)	Person Reported Experience Measures (PREMs) capture the tangata whai ora perspective of the treatment and/or support service that they received and the environment in which they received it.
Programme logic model	A programme logic model is a simple visual diagram, often a flowchart or a table, which shows how the activities of the programme or service are supposed to work in practice. It usually identifies the inputs, the activities, outputs and outcomes for the intervention.
Screening tool	Symptom scales or screening measures are brief, initial measures designed to identify symptoms of mental health conditions and problematic substance use that might require in-depth assessment and treatment. They tend to be done once or only occasionally.
Theory of Change	A Theory of Change defines all the building blocks that are required to bring about the intended outcomes. It represents how people understand change to occur in a given context, including explicit (or implicit) assumptions about the causal links between inputs, activities and results. Often also includes evidence and risks for these elements of the results chain.

Sources: This glossary draws on several recognised information sources, such as:

- New Zealand Social Policy Evaluation and Research Unit
- OECD Glossary of Key Terms in Evaluation and Results-Based Management
- Australian Mental Health Outcomes and Classification Network and Community Mental Health Australia. (2015). *Implementing Routine Outcome Measurement in Community Managed Organisations.*

APPENDIX THREE: THEORY OF CHANGE



Source: ShelterBox Theory of Change at https://www.shelterbox.org/wp-content/uploads/2019/09/ShelterBox_Theory-of-Change.pdf

APPENDIX FOUR: SUMMARY OF MEASURES USED IN AOTEAROA NEW ZEALAND

The following tables summarise the main features of the outcome measures, screening tools and service experience measures that are either used by MH&A NGOs in Aotearoa New Zealand and/or are supported in the relevant literature.[45]

Standardised outcome measures used

Measure	Domain	# of items	Time to complete	Administered by	Extent of use in NZ	Psychometrics tested	Validated for use in NZ	Data repository	Training available	Cost / licence
ADOM	Substance use Wellbeing Recovery	20	10 mins	Self & staff	Mandated for adult AOD services	Yes	NZ developed	PRIMHD	ADOM training & clinician guide	Free
HoNOS	Mental health symptoms & social functioning	12	2-3 mins	Clinical staff	Mandated in some MH&A services	Yes	Yes	PRIMHD	Yes	Free
Hua Oranga	Wellbeing	12	5 mins	Self, whānau, staff	Wide	Yes	NZ developed	Ora database	Online manual & resources	Free
Outcome rating scale (ORS)	Wellbeing	4	1 min	Self	Not wide	Yes	Yes	No	Freely available resources	Free for individual use

[45] Te Pou. (2025). *Scoping the feasibility of implementing outcome measurement in mental health and addiction NGOs: Background literature scan* [Unpublished report].

Measure	Domain	# of items	Time to complete	Administered by	Extent of use in NZ	Psychometrics tested	Validated for use in NZ	Data repository	Training available	Cost / licence
Tāku Reo, Tāku Mauri Ora	Recovery	65 - 79	15-20 mins	Self	Not wide	Preliminary testing	NZ developed	No	Free guides	Free
WHO-QOL BREF	Quality of life	26	3-4 mins	Self	Wide	Yes	Validated for use in NZ	No	Online guides	Free for non-commercial use

Screening tools used

Measure	Domain	# items	Time to complete	Administered by	Extent of use in NZ	Psychometrics tested	Validated for NZ use	Data repository	Training available	Cost / licence
Alcohol, Smoking and Substance Involvement Screening Test (ASSIST)	Substance use related health risks	8	5–10 mins	Staff or self-report	Wide	Yes	Validated with Pasifika	Use every few years in NZ Health Survey	On-line training	Free
Alcohol Use Disorders Identification Test (AUDIT)	Alcohol-related problems	10	2–5 mins	Staff or self-report	Wide	Yes	Not formally validated but is used in NZHS and clinical settings	Use annually in the NZ Health Survey	Freely available resources	Free
Brief Assessment of Recovery Capital (BARC-10)	Strengths based approach to	10	2-5 mins	Self-report	Not wide	Yes	No	Unsure	US based. Training is not	Free, but may require

Measure	Domain	# items	Time to complete	Administered by	Extent of use in NZ	Psychometrics tested	Validated for NZ use	Data repository	Training available	Cost / licence
	substance use disorder								required for use.	permission for use
Duke health profile	Health & dysfunction	17	5 mins	Self-report	IPMHA services	Yes	No	Not known, but possibly under IPMHA programme	Free guide	Free to use within the IPMHA programme
Generalised anxiety disorder (GAD-7) [46]	Anxiety symptoms	7	2-5 mins	Self-report	Wide	Yes	No, but widely recommended for clinical use		Freely available resources	Free
Kessler-10	Psychological distress	10	2 mins	Staff or self-report	Wide	Yes	Yes	No	Freely available resources	Free
PHQ-9	Depression symptoms	9	2-5 mins	Self-report	Wide	Yes	Yes	Primary care data only	Freely available resources	Free
Substance & Choice Scale (SACS)	AOD	23	5 mins	Self	Wide	Yes	NZ developed	No	Guides & resources from Whāraurau	Free

[46] Andrews, G., Bell, C., Boyce, P., Gale, C., Lampe, L., Marwat, O., Rapee, R., & Wilkins, G. (2018). Royal Australian and NZ College of Psychiatrists clinical practice guidelines for the treatment of panic disorder, social anxiety disorder and generalised anxiety disorder. *Australian & New Zealand Journal of Psychiatry*, *52*(12), 1109-1172.

Measure	Domain	# items	Time to complete	Administered by	Extent of use in NZ	Psychometrics tested	Validated for NZ use	Data repository	Training available	Cost / licence
Strengths & Difficulties Questionnaire	Mental health	25	3-5 mins	Self, staff, parent, teacher	IPMHA	Yes	Yes		Yes	Free

Experience of service measures used

Measure	Domain	# items	Time to complete	Administered by	Extent of use in NZ	Psychometrics tested	Validated for NZ use	Data repository	Training available	Cost / licence
Adult primary care experience survey	Primary care experience	65	10-15 minutes	Self	HQSC	Yes	Yes	Yes	No	Freely available on HQSC website
Home & community support services experience survey	Service experiences	45	10-15 minutes	Self	Repeated annually from 2024 to 2027 by HQSC	Yes	Yes	Yes	No	Free
Mārama Realtime feedback	MH&A service experience	8 (base version)	3-5 minutes	Self, whānau	Previously wide	Some	NZ developed	Historical (2017 – 2023)	N/A	Cost unknown