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# Measuring Children and Young People's Outcomes in Residential Education

Evaluation of the EtCS Pilot of an outcomes framework for children and young people with significant and complex additional support needs in residential education and care settings

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July 2015

Improving care experiences

## Acknowledgments

Many thanks to everyone who participated in the pilot of the outcomes framework and in the evaluation; to providers involved in testing the pilot who welcomed us and answered our many questions about the use and efficacy of the pilot outcomes framework, and to secure care providers, local authority purchasers and others who provided us with critical information about the wider context of implementing an outcomes approach for children's development and services.

We would also very much like to extend our thanks to Pam Biccochi for all her administrative support throughout the project.

We have learnt a great deal through the evaluation of the EtCS pilot outcomes framework and hope that what we share here will be useful for all those who will implement, use or commission services on the basis of children's outcomes.

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# 1) Executive Summary

## *The evaluation*

This study evaluates an outcomes framework consisting of a bank of outcomes, a set of tools and associated processes specifically developed by the Educating through Care Scotland (EtCS) group for use by residential providers of education and care. A group of 11 providers piloted the framework over an 18-month period. These providers met regularly to share learning and there was further input from four secure care providers with growing experience of using outcomes.

The study was conducted using a range of different methods to collect data throughout the pilot process and drew on a wide range of perspectives including workers, managers, children and young people and commissioners.

The report details the background and context of the pilot, the methods used in the study and the key findings. These cover the pilot process itself, the individual parts of the framework and various issues that arose as the providers tested and developed the framework. The report also draws out a number of wider learning points which may be of interest to others developing or implementing outcomes approaches.

## *Outcomes approaches*

Outcomes are becoming an important part of service delivery and monitoring; their use may help providers to create and report beneficial change for service users rather than focus only on reporting activity or outputs. Outcomes approaches are able to respond to users' strengths as well as problems and issues and this may promote the tailoring of services to individual needs. Whilst there are various approaches to working for outcomes, there is a growing body of evidence about what constitutes good practice.

A number of outcomes approaches are available for working with children in social care settings, education and healthcare, we list some of these in the report. Some approaches are specific to certain service-types, possibly underpinned by a prescribed set of outcomes. Other approaches are more generic and may not have a prescribed list of outcomes, instead describing processes used to identify, define or address individual outcomes.

## *The EtCS outcomes framework pilot*

The pilot process involved providers in working together in a highly collaborative way; by doing so, they were able to secure valuable insights and information. The use of a shared approach among a

number of providers was also attractive to commissioners, not least, as it could simplify reporting. Altogether, we feel that the synergy initiated by the pilot process will produce clear benefits for children and young people.

Although some providers within the group are still finalising the way they will use the framework, the vast majority of participants in the evaluation were keen for the framework to continue. The report finds a number of benefits arising from introduction of the framework; these included:

- Increased focus and clarity in the work carried out with children. Some providers felt that the outcomes framework helped practitioners to create a focus around the work that they carried out with children and young people. Participants in other organisations felt that a focus already existed and that choosing outcomes mainly involved swapping terminology, for example, using the term ‘outcomes’ where they had previously used ‘targets’.
- Increased focus and better use of time at key team (and other) meetings. A further benefit, suggested by some providers, was improved discussions at key team and other meetings. During meetings, discussing the outcomes chosen for children allowed staff to pay attention to progress and prepare the next steps. Participants sometimes contrasted this approach with earlier meetings that encompassed wide discussions that sometimes resulted in a less clear plan of work.
- Greater understanding across staff groups within providers. The pilot providers generally have staff who are primarily concerned with care and other staff primarily concerned with education. The process of choosing outcomes, assessing a child’s level of development on the scaling tool, and planning work according to these outcomes allowed education and care staff to develop a greater understanding of each other’s role. This process also facilitated further building of knowledge in relation to Curriculum for Excellence and Getting it Right for Every Child (GIRFEC).
- Improved capturing and recording of work carried out with children and young people. It has been the experience of many providers that the outcomes framework has enabled simpler recording formats that capture a wide range of work that they have carried out with the child, including a mechanism to capture evidence of any improvement or change.
- Workshops bringing people together and providing opportunities for networking. The workshops have been instrumental during the outcomes pilot. Workshops have allowed people to discuss practice, get to grips with the purpose of the outcomes framework, and exchange ideas. A number of participants spoke of the collective value of EtCS providers working together. The workshops created a shared philosophy, understanding and

commitment to the use of outcomes approaches that are not achieved simply by using the framework materials.

- Buy-in for outcomes. In general, the pilot has increased understanding that outcomes are the way forward in many human services. Participants clearly felt pleased to be part of a group that is forging the way ahead.

In conclusion, this evaluation suggests that the EtCS outcome framework and the processes used to introduce it to providers have represented a valuable development. We anticipate that the outcomes framework will be consolidated as a result of the pilot, particularly in respect of the finalisation of some of the tools. We feel that scaling-up to a wider introduction of the framework is appropriate and will benefit commissioners, service providers, and, more importantly children and young people. Finally, we feel that future developments for the framework should consider approaches for the further involvement of children and young people in the process.

### *Wider learning*

Part of the reason for the study was to identify and draw out wider learning, relevant to a range of providers considering or developing outcomes approaches. To achieve this, we highlight points of wider learning in boxes throughout the report. Readers may understand these best in the context of the discussions in the text, so whilst we outline these points below, we urge readers requiring further explanation to consult the full report.

- When using an outcomes approach it is critically important to be explicit about the purpose or aims so that all stakeholders share the same expectations. This includes the need for workers and managers to be fully supportive and committed to the approach.
- When designing an outcomes approach, developers should give careful thought to the number of outcomes to be identified and pursued, and which of these will be reported. Critically, these decisions need to take account of the overall purpose of using an outcomes approach. In some cases, services may decide to pursue a single specific outcome, perhaps before moving onto others; in many cases, they will address a small number of outcomes simultaneously. All involved should agree in advance, which of these will be tracked and reported.
- Having a bank of outcome descriptors has a number of advantages, including being helpful to practitioners who are less familiar with setting outcomes. Practitioners may feel more confident about selecting predefined outcomes than identifying outcomes from scratch.
- If a bank of outcome descriptors is used, these must contain sufficient breadth and flexibility to respond to the needs of the whole range of children served. Flexibility may come from both

the breadth of outcomes in the bank and by tailoring the selected outcome to define what it means for this particular individual.

- When using an outcomes approach, the detailed thought and discussion arising from the review progress can facilitate better understanding, increased focus and improvement in service delivery. The need for discussion around selecting and assessing outcomes creates a dialogue that is beneficial in itself.
- If framework developers decide that outcomes should be assessed against a numerical scale, great care should be taken to ensure that all stakeholders understand what the numbers mean and how they can be used. This is because the use of a numerical scale may lead some people to presume the scale has properties that the developers have not rigorously tested. Developers should consider non-numerical ways of presenting scale points (eg alphabetic approaches) unless the scale has been standardised in some way and each step (interval) is equal in size to the others.
- Reports to funders and other interested parties need to take account of their needs and interests. It is helpful if reporting uses familiar terms and refers to (or cross-references) existing indicators. Examples of how this might be done include the linking of outcomes to national frameworks and indicators and the use of key terms that are defined in national policy.
- Providers should continuously consider the potential achievements of each child to ensure that aspirations are neither too low nor too high. Judgements about this may change over time. Continuous reflection about each child's developing skill, abilities and interests will ensure that outcomes remain appropriate for their needs.
- Emerging trends from literature and policy suggest that outcomes should increasingly be personalised. It is widely accepted that participation will be central to this process. Service users have a key role in identifying the outcomes that they want to achieve and in considering how providers can best support these achievements.
- When introducing a new outcomes approach, a pack of written training materials is likely to need supplementation by training or face-to-face contact with others using the approach. Detailed manuals and materials are very helpful, but when introducing a large-scale change across an organisation consistency and commitment is important. Direct contact with a trainer or someone experienced in the use of the framework is likely to be helpful for this process.
- Commissioners want to take account of outcomes and are keen to work with service providers to achieve this. However, costs and a range of other quality indicators will also continue to be



important considerations. Whilst we would argue that these service factors help to produce outcomes, evidence of outcomes alone is unlikely to satisfy funders.

- When piloting a new approach it is beneficial for a number of organisations to work together. This not only brings greater scale, but also enables testing from a number of different perspectives. Approaches piloted in this way are likely to be more robust and more easily generalisable to further settings.

## 2) Introduction

This document is the final output from an evaluation of the EtCS (Educating through Care Scotland) Outcomes Framework Pilot. The evaluation has provided information in various forms (written and other) throughout the pilot process in the hope that this would assist and inform the ongoing refinement of the framework.

In conducting this study we were not only trying to evaluate the strengths of the EtCS framework, we also sought to identify wider learning which would be of use to others developing or delivering children's services. Whilst it is difficult to predict which aspects will be of particular interest or value to the wide range of readers we hope this report will attract, we have identified a small number of 'wider learning points' which we feel have generic value. We highlighted these throughout the document where they are of most relevance, presenting them in 'text boxes' to separate them from the main evaluative content. They are wide issues intended for a broad audience.

## 3) Background

### 3.a) Outcomes?

In recent years there has been increasing interest in how best to provide services for children and young people through approaches to commissioning which are more strategic (For examples see COSLA, 2011; Milligan, 2009)<sup>1</sup>. Part of this has been the broad acceptance of the limitation of

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<sup>1</sup> For recent developments see also [www.gov.scot/Topics/People/Young-People/realigning-childrens-services](http://www.gov.scot/Topics/People/Young-People/realigning-childrens-services)

purchasing services based solely on the provision of activities or *outputs* (such as placements or attendance)<sup>2</sup>. This is because these measures are limited in their ability to provide information about the quality of support provided or an intervention's ability to promote the wellbeing or development of children and young people.

One response has been an increasing interest in identifying and recording *outcomes*, ie the changes achieved by interventions. It is argued that if services are commissioned using an outcomes-based approach, providers will be encouraged (and supported) to develop their services in ways which best meet the needs of service users.

Attention to outcomes has been particularly marked by the high-level use of outcomes to 'steer' public services (Van De Walle & Groeneveld, 2011). In this context, outcomes approaches have been part of the response to criticisms of approaches based purely on separation of the role of providers and purchasers, or those simply based on setting targets that are often measured using outputs or activity. In doing so, most attention has been paid to outcomes for populations or specific groups (Bovaird & Davies, 2011). More recently, with the development of the personalisation agenda in the provision of human services, writers pay growing attention to the place of individual-level or personal outcomes (Power, 2014; Wistow, 2009).

A range of people and organisations develop and use outcomes approaches for a number of different reasons. Across the literature several authors have highlighted potential tensions between these motives, arising from the fact that they reflect different interests, for example, an individual's interest in receiving better services and achieving improved outcomes, and an organisation's interest in accounting for the benefits of the services it provides. Whilst in practice these needs are clearly related, they respond to disparate driving forces and are influenced by a range of different barriers and enablers including financial, organisational, ideological and professional concerns (For further discussion of these tensions see:

### *Wider Learning Point*

*When using an outcomes approach it is critically important to be explicit about the purpose or aims of doing so, so that all stakeholders share the same expectations.*

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<sup>2</sup> We note here that what is considered an 'output' and what is considered an 'outcome' is largely a matter of perspective. For example, from the perspective of studying for a qualification, an exam result might be considered an outcome; however, the same exam result might be considered an output from the perspective of securing a particular life or career path.

Brookes, Callaghan, Netten, & Fox, 2015; Lymbery, 2014; Power, 2014; Wistow, 2009).

It is equally essential that within an organisation all relevant parts of the service are committed to the benefits of changing to any new system or work, for example, managers and staff need to work together in order to achieve successful implementation.

Outcomes approaches that aim to be highly personalised need to find ways of involving individuals in identifying suitable outcomes and monitoring progress towards them. A number of frameworks relevant to children are included in Appendix 1; each strives to engage children in the process. A range of other resources concerning ways to engage children in various aspects of their services may also be useful (see for example Enquire, 2008; Franklin & Sloper, 2009; Wincup, 2012).

The spread of outcomes approaches has been patchy, with some service areas being at the forefront of reforms and others remaining largely unaffected. Ideological and political differences have equally influenced the speed at which different jurisdictions across the UK (and elsewhere) have adopted or incorporated this agenda (Bovaird & Davies, 2011).

In Scotland, it is clear that outcomes movements are beginning to result in significant shifts, both in the ways in which providers deliver services, and in the ways in they measure and report their value. Across the range of social care services for children, the secure care sector in 2012 was the first sector mandated by the Scottish Government to provide annual reports based on children's outcomes. A year later, Scotland Excel's Strategic Commissioning Framework<sup>3</sup> confirmed that residential education services would also be required to report on children's outcomes.

### 3.b) Getting it Right for Every Child (GIRFEC)

In addition to these financial and management drives towards outcomes approaches, relevant policy and practice has also changed. In Scotland, these initiatives are largely encompassed under the umbrella of Getting it Right for Every Child (GIRFEC)<sup>4</sup>. This national policy agenda aims to improve outcomes for all children and young people in Scotland by introducing a consistent practice framework (based around an individual's 'wellbeing'). The GIRFEC framework encourages all professionals working with children and young people to work together, mandating multi-agency cooperation around both the assessment for, and delivery of, services for children and

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<sup>3</sup> See [www.scotland-excel.org.uk/web/files/consultationeventpresentations.pdf](http://www.scotland-excel.org.uk/web/files/consultationeventpresentations.pdf)

<sup>4</sup> See [www.gov.scot/Topics/People/Young-People/gettingitright](http://www.gov.scot/Topics/People/Young-People/gettingitright)

their families. It is the primary means by which the Scottish Government is attempting to reform publically funded services working with children.

The GIRFEC approach requires service providers to have a focus on eight ‘wellbeing indicators’, known by the acronym ‘SHANARRI’. This stands for Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included, the component parts of a child’s life which need to be in place to allow them to develop the four capacities identified in Curriculum for Excellence (see below). These capacities are to be *a successful learner, a confident individual, an effective contributor and a responsible citizen*. GIRFEC is underpinned by the Children and Young People (Scotland) Act 2014 which gives a legal footing to a number of devices integral to GIRFEC including the Child’s Plan, The Named Person and mechanisms for Information Sharing.

The GIRFEC approach also underpins and informs other areas of policy and practice. Of particular relevance in the context of this report is Curriculum for Excellence (CfE) through which the government intends to transform education in Scotland<sup>5</sup>. It aims to provide a coherent, more flexible and enriched curriculum from 3 to 18 and covers all experiences for children and young people wherever they are being educated. CfE aims to help every child or young person develop the knowledge, skills and attributes they need for learning, life and work as described by the four capacities noted above. Other important areas of national policy related to GIRFEC include, *The Early Years Framework*<sup>6</sup>, *Equally Well*<sup>7</sup> and *We Can and Must Do Better*<sup>8</sup>.

### 3.c) The EtCS outcomes framework pilot

EtCS (Educating through Care Scotland) is an association of 32 residential education providers who offer services to children and young people with a range of significant and complex additional support needs<sup>9</sup>. The services provided are somewhat diverse but the children using the services tend to fall into two groups: children with complex social, emotional and behavioural needs and disabled children / children with complex health needs or sensory impairments.

In the early 2010s, the EtCS group began collectively to consider how best to introduce outcomes approaches to their work. Whilst a number of generic outcomes frameworks are now available for

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<sup>5</sup> See [www.educationscotland.gov.uk/learningandteaching/thecurriculum/whatiscurriculumforexcellence/](http://www.educationscotland.gov.uk/learningandteaching/thecurriculum/whatiscurriculumforexcellence/)

<sup>6</sup> See [www.gov.scot/Publications/2009/01/13095148/0](http://www.gov.scot/Publications/2009/01/13095148/0)

<sup>7</sup> See [www.gov.scot/Topics/Health/Healthy-Living/Health-Inequalities/Equally-Well](http://www.gov.scot/Topics/Health/Healthy-Living/Health-Inequalities/Equally-Well)

<sup>8</sup> See [www.wecanandmustdobetter.org/](http://www.wecanandmustdobetter.org/)

<sup>9</sup> See [www.etcs.org.uk/](http://www.etcs.org.uk/)

work with children (see Appendix 1 for examples), at that time, it was felt that there was no specific framework which would suit the particular circumstance of EtCS providers. The group recognised that additional work would be required to tailor or develop a suitable model that they could take forward. Equally, they acknowledged that the concept of working with outcomes was relatively unfamiliar to the workforce within EtCS providers, and potentially to wider professionals working with children or involved in decisions related to commissioning services.

In response to these issues, a group of EtCS members developed a new draft framework in 2011. The group outlined the draft framework to all EtCS providers and refined it in response to their feedback. The group then established a pilot process that would test and develop the model further whilst simultaneously increasing relevant skills and knowledge in the sector. For efficiency during the pilot, core components (Outcomes Bank and scaling tool) remained static, but the process allowed further development of other aspects of the framework. A Steering Group met regularly throughout the pilot process to reflect on experiences, plan next steps and make recommendations about ongoing and future development of the framework. Their intention was to produce recommendations for a dynamic set of tools and processes that would be suitable for *setting, measuring and reporting* several key outcomes for children; they also intended that these tools and processes would help practitioners to *improve* outcomes for children and young people.

Six initial Principles underpinned the development of the EtCS framework. These principles were developed further and amended during the pilot process and are now the 'Aims of the Framework' (see Table 1 below). These changes reflect a shift from a tentative pilot to a settled instrument by increasing specificity and emphasis of certain aspects. Key changes include dropping the principle that the pilot should seek to minimise additional work, the second bullet now highlighting that the framework is seeking to identify 'core' needs and difficulties, and the penultimate bullet now emphasising collective understanding of needs within a multi-disciplinary context. We discuss these issues further in the Findings.

Table 1: Initial Principles compared to current Aims

Original 'Principle' as stated at start of pilot	Current version of 'Aims'
<i>Be a practical and tangible model for measuring outcomes, which could easily be used by staff within services</i>	<i>To provide a practical and tangible model for measuring outcomes, for staff working with children and young people who have significant or complex additional support needs</i>
<i>Ensure children and young people are at the heart of the process</i>	<i>To be child and young-person focussed, enabling the core needs and difficulties of children and young people to be better identified, measured and progressed</i>
<i>Be able to be used in partnership with local authorities, children / young people and families</i>	<i>To provide a model which can be used in partnership with local authorities, children, young people and families</i>
<i>Ensure that any model can be embedded in practice, with additional work minimised</i>	
<i>Be a helpful tool for practice and reflection</i>	<i>To be a helpful tool for inter-disciplinary practice and reflection, enabling greater collective understanding of children's needs, as well as effective approaches / interventions</i>
<i>Enable reporting to a variety of stakeholders</i>	<i>To enable reporting on children's outcomes to a variety of stakeholders.</i>

### *The pilot process*

The framework was built around a set of tools and materials:

- an Outcomes Bank from which providers chose appropriate outcomes for children and young people
- a Scaling Tool which was used to assess children and young people's level of development on the outcomes
- a Wheel of Change that provided a visual representation of the levels of development or change in all the selected outcomes areas
- two Recording Forms to record children's development, one for each assessment and one for recording cumulative change over time

- an accompanying manual and training materials.

During the pilot, some tools and materials were revised significantly; we discuss many of these adaptations in the Findings. The most up to date versions of the materials are available from [www.etcs.org](http://www.etcs.org).

The pilot process aimed to test and further develop the framework. To this end, the Steering Group identified a number of EtCS providers willing to implement the outcomes framework. The pilot group, containing providers to different groups of children, were based in locations across Scotland in a mix of rural, town and urban areas. Eleven were care and education providers; in addition, four secure care providers were involved in contributing to the pilot process and joining in with workshops.

Initially, around thirty children reflecting a range of age and needs were to be involved in the pilot (no more than four from any one provider). Following a period of planning and training, providers implemented the draft framework from January 2013. The pilot ran for eighteen months, formally ending in June 2014.

Training covered broad concepts and definitions as well as specific information about the draft framework, such as purpose and aims, the process of choosing outcomes for the organisation and children and the use of the accompanying materials. Two of the pilot providers joined after the initial training but were able to learn about the process through workshops and support from other providers.

Pilot providers trialled the outcomes framework in their own settings and came together at workshops to discuss their experiences and views. There were seven workshops in total, occurring approximately every three months; each explored different themes including choosing outcomes for the provider and for each child, using outcomes framework materials, engaging children, families and professionals, and reporting outcomes.

The pilot process ended with the Steering Group making decisions about the future of the outcomes framework and whether / how it should be rolled out.

### 3.d) The evaluation of the EtCS outcomes framework

EtCS approached CELCIS in the early stages of the development of the outcomes framework with a view to evaluating the pilot. CELCIS agreed that an independent evaluation of the EtCS outcomes framework pilot presented a valuable opportunity to explore the use and effectiveness of the framework for EtCS providers, and additionally to secure valuable learning for the wider care

sector. CELCIS' research and policy team undertook the evaluation and aimed to provide the following:

- Feedback for the ongoing development of the framework
- Assessment of suitability of the outcomes framework and associated tools for particular care settings and approaches
- Commentary on the level of engagement with children that the framework and tools facilitate
- Insight into the process of establishing an outcomes approach; what factors underpin successful / unsuccessful implementation of an outcomes approach across a diverse range of education and care settings
- Insight into the feasibility of combining approaches used by different organisations under one banner
- Key learning for other organisations considering outcomes approaches.

Reflecting the developmental nature of the pilot, the evaluation fed back emerging findings to those involved in the pilot to help inform development and decision-making. The evaluation ran during the pilot from January 2013 until June 2014. We gathered data from multiple sources of evidence including interviews, workshops, outcomes framework materials and Steering Group meetings.

This is the final report from the evaluation.

### *Evaluation Methods and Analysis*

The outcomes framework pilot presented multiple and diverse opportunities for data collection and the CELCIS research team were able to collect information from:

- the seven workshops that ran over the course of the pilot, including notes from presentations and group discussions
- documents shared by providers at workshops, or via email, including forms that had been developed or modified for recording or reporting outcomes, and examples of methods of engaging with children, young people and parents
- Steering Group meetings which were held at regular intervals throughout the pilot to discuss progress and next steps; researchers attended, contributed and took notes at these meetings
- the actual outcomes that were selected by providers

We gathered additional information through interviews and focus groups with pilot participants including three children and young people, a small number of workers involved in using the outcomes framework but not participating in workshops, local authority purchasers of residential



education services, secure care providers and two EtCS providers not involved in the outcomes pilot. A total of 30 such participants were involved in interviews or focus groups which comprised a mixture of telephone and in-person approaches (see Table 2).

Pilot participants involved in interviews were those who had most involvement with the outcomes framework, a total of eight care staff and ten education staff members. Topics explored with EtCS children or staff involved in the pilot included: their experiences of using the outcomes framework, views of the workshops (where relevant), outcomes framework tools, engaging with children and young people, and next steps for the framework within their provider.

We also carried out several interviews with individuals who were not testing the pilot framework. This included local authority purchasers and EtCS providers that had chosen not to take part in the pilot. We conducted these interviews to gather perspectives of commissioning for outcomes and obtain a greater understanding of the wider context. For additional context, we asked a secure care participant to provide information about the process of reporting on outcomes and issues related to recording and measuring children and young people’s outcomes in secure care settings (which is now mandatory).

**Table 2: Summary of interview and focus group participants**

<b>Role of Participant</b>	<b>Number of participants</b>
Head of Service Provider	4
Senior Teacher / Teacher	8
Education Assistants	2
Senior Care staff / Key workers	8
Children / Young People	3
Secure Care	1
Local Authority Purchasers	2
Other	2
<b>Total</b>	<b>30</b>

Analysis of data primarily focused on developing insights that would help inform the development of the framework and associated materials, and included analysing the extent to which the outcomes framework met its six principles. In this regard, we fed-in information to the pilot process on a number of occasions. Analysis also considered areas of wider learning that would be useful for other children’s services, including implications and potential difficulties associated with implementing a new outcomes approach, how this may replace or complement existing practice, and understanding diverse views such as local authority perspectives.

## 4) Findings 1: Content of the framework

### 4.a) Outcomes bank

In this section, we explore the ease of use and applicability of the EtCS outcomes framework materials, including the Outcomes Bank, Scaling Tool, Recording Forms and Wheel of Change. We begin with the Outcomes Bank, outlining how the process of piloting was set up before considering how participants handled organisational outcomes and individual outcomes, and how they felt about the content of the Outcomes Bank.

#### *Content of Outcomes Bank*

The Outcomes Bank during the pilot period was based on 43 outcomes covering five areas: education (9 outcomes), relationships (5 outcomes), health (11 outcomes), self-awareness (13 outcomes), and emotional wellbeing (5 outcomes). The current version includes two additional outcomes (one health and one emotional wellbeing). We list all 45 current outcomes in Appendix 2, but advise readers to contact the EtCS coordinator at [info@etcs.org.uk](mailto:info@etcs.org.uk), to ensure they have access to the most up-to-date materials.

During the pilot, participants told us that the Outcomes Bank consisted of a useful and valid set of outcomes covering relevant areas, ie those that EtCS providers would expect to work on with children and young people. It was also felt that the outcomes related well to the GIRFEC SHANARRI indicators, avoiding the potential need to make duplicate assessments. One area where there was some practical difficulty related to providers' observation that there was some overlap between a number of outcomes in the bank; this sometimes caused difficulties in selecting which would be the most appropriate.

Despite broad agreement that the Outcomes Bank was comprehensive, discussion during workshops explored the addition of further outcomes. For example, there was discussion of the feasibility of an additional set of outcomes focusing on family work and of adding an outcome related to personal cleanliness as participants thought this was an issue relevant to the wellbeing of children served by these providers. This latter area was added to the final Outcomes Bank as 'improved personal hygiene / self-care'.

The future development of an Outcomes Bank that could be used by children was also discussed, with participants recognising that this may help to facilitate the participation and involvement of children and young people in selecting and monitoring their outcomes. The Steering Group

suggested that individual organisations might like to take these developments forward in the context of their own provision.

### *Wider Learning Point*

*Having a bank of outcome descriptors has a number of advantages, including being helpful to practitioners who are less familiar with setting outcomes.*

We also noted some differences in views across provider types; providers that offered services to children and young people with complex health needs or disability felt that the whole range of outcomes was less relevant to them than to other EtCS providers. This arose because it was likely that there would be a significant number of outcome areas (eg substance misuse, etc) that would not be relevant to children with the most complex health needs. Even so, these providers felt that there was sufficient breadth within

the outcomes for them to make meaningful choices for their organisation and children and young people. Furthermore, these providers did not want to use a different set of outcomes, preferring to use the same Outcomes Bank as other providers. This view echoed the view of the majority of pilot providers who suggested that a key strength of the approach was the consistency arising from having a single set of outcomes.

A number of pilot participants, most of whom were new to using outcomes approaches, suggested that the Outcomes Bank had helped them to focus their thinking on what they were aiming to achieve for the child. One participant commented that having a bank simplified decisions about where to focus, where previously they made these decisions without anything to guide them.

When providers selected an outcome, they considered how they would interpret the outcome for the individual child. In effect, this often meant specifying a number of indicators or sub-outcomes. For example, when the outcome *Improved and sustained relationships (with peers or adults)* was selected, it was important to specify what types of relationship skills needed development and identify with whom relationships needed to improve.

Based on our understanding of the wider literature around outcomes, we would be interested to know whether, as practitioners become more familiar with using outcomes, they may feel more confident about identifying unique or novel outcomes and whether they would identify any benefits from doing so (further personalisation, etc). However, the evidence from this evaluation shows clearly that from the perspective of these providers, there are a number of benefits from having a standardised set of outcomes.

## *Process*

The Steering Group asked pilot providers to choose up to ten 'organisational outcomes' from the entire Outcomes Bank that best represented the key work and aims of their organisation for the children and young people they supported. Narrowing the available selection to ten for each organisation was intended to best reflect the work of the provider, allow the development of relevant and focused reporting and reduce the burden of reporting against a large number of outcomes.

The Steering Group also asked pilot providers to identify up to four children to take part in the pilot; ideally, these children and young people would be new to the provider. This would enable the provider to use the framework from the point of admission and baseline assessment, and therefore would identify development of the child from the outset.

From the organisational outcomes, pilot providers were asked to use the materials to work with children and select up to six outcomes for each child. The outcomes chosen were to reflect areas of support that were of the greatest priority for the child, and that would make the biggest difference to their lives. It was anticipated that these areas would require intensive work with the children and it would not be manageable to support work on a greater number than six outcomes.

This model (of selecting ten organisational outcomes and up to six individual outcomes) was significantly revised as a result of the pilot; we outline the reasons for this in subsequent sections.

## *Organisational outcomes*

All providers who had chosen organisational outcomes (two providers did not) had found it difficult to agree which ten organisational outcomes best reflected their provision, although many reported finding the discussion process interesting and helpful. Providers explained that difficulties arose, in part, because staff had different perceptions of the key purpose of their work with children and young people.

The two providers that had not initially chosen organisational outcomes had done so unintentionally as they had not been able to attend initial training. However, fortuitously, this provided the pilot group with an interesting comparison group and allowed valuable discussions comparing each approach. These providers went ahead and selected from the whole Outcomes Bank when choosing outcomes for individual children. When they were later asked to choose a set of ten organisational outcomes, one provider found it difficult because this would mean changing some of the child outcomes already chosen: the other provider found it less problematic because their selected child outcomes showed a greater degree of overlap.

The process of setting organisational outcomes appeared to have some value in that they provided clarity about the purpose of the work of the organisation and helped to make explicit a link between activity and children’s goals. However, restricting options in this way also had some drawbacks; many providers felt that they could better reflect the needs of the child if they were able to choose outcomes for the child from the whole Outcomes Bank. This is likely to be a particular concern with providers who have a broad remit and support children with a wide range of differing needs.

We analysed the organisational outcomes chosen by participants and show the results of the most commonly selected outcomes in Appendix 3. Examining these sections, we see that pilot participants tended to opt for outcomes that offered broader scope for interpretation. Participants commented that these broader outcomes provided flexibility to cover a wide range of potential outcomes suitable for all children. As one participant explained: *We eventually thought, well, going for progress in learning covers the majority of them* (EtCS pilot participant).

Unsurprisingly, most participants highlighted that educational outcomes were important, both for the organisation and for children and young people. They also suggested that choosing educational outcomes promoted meaningful partnership working across the learning and the care environment. For example, staff were more likely to pursue a holistic approach to setting outcomes, rather than focusing solely on educational or care outcomes. In addition, in one provider, better links were forged through homework, and both care and education workers could meaningfully discuss children’s development against educational outcomes in meetings.

One provider that had initially selected some outcomes that were narrower in scope further explained that, following their experiences of the pilot, they would change some to broader outcomes that could allow a wider range of work for the child or young person. Another participant reflected on these broader outcomes and explained that if they had chosen ‘sense of enjoyment’ as an outcome, this could have incorporated work around confidence building, friendships and social skills. This issue seems related to the requirement to select a set of organisational outcomes; the provider wanted to identify organisational outcomes that they could use in a variety of different ways.

Participants clearly preferred to retain a degree of flexibility as this allowed them to tailor outcomes to the specific needs of each individual child. In this way, some

#### *Wider Learning Point*

*If a bank of outcome descriptors is used, these must contain sufficient breadth and flexibility to respond to the needs of the whole range of children being served.*

of the outcome descriptors in the Outcomes Bank acted as broad headings that required further interpretation for each individual case; other outcomes were more narrowly focused requiring less interpretation.

Towards the end of the pilot process, the Steering Group decided to remove the requirement to select of a set of organisational outcomes; we would endorse that decision for two reasons:

Firstly, we feel that having a wider range of outcomes that providers can select for any child allows for greater personalisation and that this outweighs any benefits of simplification provided by organisational outcomes.

Secondly, we feel that it is not a suitable (or intended) purpose of the framework to provide clarity about any provider's service offering. We agree that it is important that, internally and externally, stakeholders are clear about what a provider can best offer, but they should find other mechanisms for determining and describing this. We would further suggest that, if a provider continues to use the framework with larger numbers of children, then it might become possible to analyse the actual outcomes selected over time to develop an aggregate picture that might begin to describe the typical activity delivered by the provider.

### *Individual child outcomes*

During the pilot, providers tried to identify the 'most critical' outcomes to apply the framework with for individual children. The framework did not constrain the totality of work done to a small group of outcomes; instead, it was intended to identify a small number of outcomes which were of particular importance, and which would become areas of special focus, monitoring and reporting.

Participants reported finding the process of selecting individual child outcomes an easier task than choosing organisational outcomes. This was true of those providers who selected children's outcomes from a narrowed set of organisational outcomes and those choosing from the whole bank of outcomes. One provider, who was in support of identifying ten organisational outcomes, suggested that if a child required to work on an outcome that was not within their organisational outcomes, this would not prevent them selecting that outcome. In this way, they saw the organisational outcomes as a typical portrayal of their work rather than a deterministic or binding set.

One challenge for staff in selecting outcomes was finding a balance between achievability and aspiration; this was a regular point of discussion at workshops, causing considerable debate around what constituted 'the most critical' outcomes for a child. For example, it was felt that if children and young people were to be effectively involved in the process, it would be important to

choose some more easily attainable outcomes. This would help to motivate the child by allowing them to succeed and achieve. It was noted that other criteria might also be important; for example providers also felt it was evident that they *should* choose outcomes that were seen to be appropriate for the organisation (ie education outcomes would reflect a central function of educational establishments). Thus, there were different drivers and pressures that influenced decisions about which outcomes would be selected for each child.

These tensions reflect those discussed in connection with organisational outcomes. They relate to the need to be very explicit about the purpose of taking an outcomes approach; for example, is the primary purpose to identify and work towards children's individual outcomes whatever these may be, or is it to evidence that a provider is effectively offering the intervention that is required or expected of it? In general, we would suggest that these things should be agreed between all stakeholders including the providers, those commissioning the services and, critically, those in receipt of the service.

Whilst pilot providers were asked to select up to six outcomes, most chose three or four outcomes for each child. They suggested that more than this would represent too much work to undertake with rigour or quality. This 'work' would variously mean the direct work with the child to address the outcome, and the work of measuring and monitoring progress towards the outcome. In addition, work on outcomes needed to be complementary: for example, it was sometimes important to address one particular outcome before it would be effective to address another.

One provider, however, commented that although they had identified only three or four outcomes during the pilot, in the future, they would identify more outcomes for each child. This was because they had found it a particularly useful means of engaging with children and young people and evidencing work carried out with the children and young people. Whilst not suggested by pilot participants, we would note that it may be possible to identify and work with several outcomes but only include a selection of these in annual reports to funders; if this were done it would be important to agree at the start which outcomes were to be reported.

During the pilot there we found little evidence of switching the outcomes that providers had selected for a particular child or young person, this suggests that providers anticipated working over the long term with each child to achieve development in their nominated outcome areas.

### *Wider Learning Point*

*When designing an outcomes approach, careful thought needs to be given to the number of outcomes to be identified and pursued, and which of these will be reported. This decision will be informed by the overall purpose of using an outcomes approach.*

Despite this stability, participants indicated that outcomes should be able to be changed (deselected / selected) at any time according to the needs of the child. In one or two cases, we noted that providers had identified an additional outcome for children where new circumstances had arisen, the purpose of adding an outcome being to help children address and deal with new situations, such as transitions.

Participants thought that certain outcomes more relevant for older children. For example, one participant commented that they would be more likely to choose sexual awareness as an outcome as children and young people matured.

Appendix 4 provides details of the most common individual outcomes selected for children and young people. Our analysis suggests that whilst most of these child-level outcomes came from within sets of organisational outcomes, at the child level there is a slightly wider (and different) distribution of individual outcomes than for organisational outcomes. For example, 'improved communication skills', 'social skills', 'relationships', 'healthier lifestyle', and 'increasing self-regulation' are some of the key outcomes for children and young people and 'progress in education' did not feature as highly at child level as it did at organisational level.

#### 4.b) Scaling tool

An initial assessment using each provider's own assessment procedures was conducted at the time of the child's entry (or acceptance); typically, it was reported that it may take around six weeks as staff get to know the child and gather information. After gathering a range of evidence, a baseline judgment would be undertaken using the scaling tool to assess levels of development on the outcomes areas chosen. The framework suggests that provider should consider and record at least three types of evidence to support each decision. Evidence of all types was acceptable, including photographic, observations, schoolwork and so on.

The scaling tool is intended to be used at each assessment to make decisions about children and young people's level of development against the chosen outcomes, based upon the most recent evidence.

On the ten-point scaling tool, 1 and 2 correspond to critical need where intense levels of intervention were required; 3 and 4 represent serious need with substantial levels of intervention required; 5 and 6 are defined as moderate need; 7 and 8 reflect low need, and 9 and 10 indicate minimal need.



Participants recorded the levels decided upon at the assessment on the Individual Assessment Form and Cumulative Assessment Form (covered in the next section). They then used the scaling tool at each subsequent assessment to identify the current level that children and young people were at for each different outcome. Assessments took place at various time points and these varied within the pilot between six-weekly and six-monthly, depending largely on existing procedures and the needs of the child.

Most providers found the scaling tool very helpful for discussion and thinking about children's development. Typically, several members of staff, often from both education and care aspects of provision, met to discuss each child, their development and needs. On occasion external professionals joined these discussions. Where debate focused around the scaling tool, participants described these discussions as being in-depth and highly detailed. Participants felt it encouraged a good level of discussion amongst staff, and focused discussion specifically on the outcome areas, helping to clarify relevant issues and identify any further support that the child needed to progress. These discussions concentrated on the child's level of development and helped to justify the selection of a point on the scaling tool.

Discussion also focused on the types of intervention that would be useful for the child or young person to help them improve, and for some, included discussion about expectations of the level the child may reach in the future. This had helped some providers move away from spending too much time discussing the same issues and covering the same background context at each meeting, and helped them focus more on how things could move forward for the child.

Provider raised two related key concerns about the scaling tool. One concern was the subjective nature of the tool and the difficulty of agreeing an appropriate level at team meetings. However, many workers felt that the process of discussion itself had significant value, as it meant that staff developed an in-depth and holistic understanding of the child and issues that different individuals were dealing or working with. Providers felt that subjectivity was especially a concern, due to the fact that different individuals could be present at subsequent assessment, thus potentially reducing the reliability of the measure. This difficulty was not thought to be insurmountable; tactics to minimise this effect included trying to ensure key people were consistently present and ensuring that a breadth of viewpoints were represented each time.

### *Wider Learning Point*

*When using an outcomes approach, the detailed thought and discussion arising from the review process can facilitate better understanding, increase focus and improvement in service delivery.*

A second concern was the potential of the scaling tool to encourage staff and professionals to make inappropriate comparisons of one child's levels of development with those of other children. Providers felt that the scaling tool was an individual tool that they should not use to make this type of comparison because each child would be at a different age and stage of development. Despite this concern being widely expressed, evidence from interviews suggests that comparison between children did sometimes take place; participants did this to try to ensure that they assessed children at similar stages with similar needs at the same level. This process of cross-standardisation was an approach that some practitioners thought helpful in deciding on an appropriate level; it was not their intention to compare children's progress per se.

It is our opinion that great care needs to be taken to ensure the scaling tool is not portrayed as a standardised scale; considerable additional work would be required to standardise the measure and this would require the establishment and testing of rigid criteria. This would detract significantly from the flexibility of the framework and make it unsuited to this type of work. In addition, whilst the numbers represent points in order along a scale, we cannot presume that the intervals between them are equal: for example, the gap from 2 to 3 may be lesser or greater than the gap between 3 and 4. This constrains the way in which the numbers should be understood, processed and analysed.

Whilst we understand that practitioners will naturally want to try to make the numbers they select meaningful in some way, they should only do this with reference to a) the descriptors on the scale, b) the context of the particular outcome selected and c) the potential and aspirations of each individual child. The framework's validity lies only within each individual case. For these reasons, we would suggest that numbers should never be compared between children, even as a casual exercise to ensure that similar children have similar scores. The framework should guide practitioners and others to understand that it is not relevant whether or not similar children have similar scores; it is only relevant to note changes in an individual child's scores over time.

### *Wider Learning Point*

*If a decision is made to assess outcomes against a numerical scale, great care should be taken to ensure that all stakeholders understand what the numbers mean and how they can be used.*

For these reasons, we also agree with those participants who felt that the numbers arising from the scaling tool were not useful for external reporting. We discuss this issue and how it has been handled in the pilot later in this report.

We would suggest that the Steering Group consider changing from the ten-point numerical system to a nominal scale as this might mitigate some of these concerns. By this, we mean replacing the numbers with non-numerical characters, words or phrases. In fact, the scaling tool already includes two nominal scales: 'developing, consolidating and

securing' and 'critical, serious, moderate, low and minimal', the latter used to indicate level of need. A nominal scale like this shows the direction or order of progress without inferring that there are mathematically equal steps from one descriptor to the next. Whilst the existing nominal scales have only three and five points respectively, it would be possible to remove the numbers and replace them with a ten-point nominal scale<sup>10</sup>.

### *Particular circumstances where use of the scaling tool was more challenging*

There were three areas where use of the scaling tool proved to be more difficult:

Firstly, providers for children and young people with complex disabilities and health needs noted that these children's development could comprise highly significant but small steps. Some of these providers felt that the scaling tool was not well suited to capturing these important elements of children's development. This issue arises because the scaling tool indicates the intensity of intervention that is required to support the child towards the outcome. However, some children and young people will always need some form of intensive support and will never have 'minimal intervention required' as described on the scaling tool. Therefore, some participants felt this was not appropriate, as these children would rarely go beyond levels 1 – 4. We would suggest that this issue could largely be resolved through effective personalisation of outcomes to what is most appropriate for the child. We believe these providers are well placed to understand, predict and capture small but important steps in children's progress towards their own unique outcomes. For example, it may be that a child has overall levels of need that will continue to be serious or critical, but in some particular aspect, their need may reduce. Personalisation of the outcome to reflect this aspect may be helpful; how providers can achieve this should be agreed and covered in each provider's training.

A second area where the scaling tool was more difficult to implement was within secondary education settings. Participants felt the scaling tool worked well for care staff and staff delivering primary education. However, they also noted the secondary environment made its use more difficult. This arose due to children having multiple classes and different teachers, making it difficult to assess progress towards an outcome; for example, asking such a large number of teachers to provide information was complex and time-consuming.

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<sup>10</sup> For example, ten words or phrases which express improvement or an alphabetical system (A to J), equally it could be any set of ten things that have a particular order, eg the colours of the rainbow (plus silver and gold).

Thirdly, although not associated with a particular type of setting, one provider found the scaling tool unhelpful as a form of evidence of children and young people's progress, preferring instead to gather different forms of evidence about achievement and development.

### *Emergence of the developing, consolidating, securing scale*

To overcome some of the issues around the scaling level for those with more complex disabilities and health needs, one provider introduced the use of the terms used in education to measure progress and achievement in learning: *Developing, Consolidating, Secure*<sup>11</sup> and felt that this was more appropriate to show development and progress for these children.

They shared this approach with other providers through the workshops, and most were happy with this as an alternative form of assessment. A small proportion of providers preferred this approach to the ten-point scaling tool as they felt that their children (mainly with complex disabilities and health needs) could move through these three levels more easily or meaningfully than the levels of the scaling tool.

### *Scaling and reporting*

During the pilot it had been becoming clear that the use of all ten points of the scaling tool was unhelpful for reporting children's progress. Whilst providers felt that it was useful to share the scaling tool assessments with external professionals (eg as social workers or educational psychologists), they felt that an annual report incorporating scaling levels would be difficult to interpret and might invite misinterpretation. Participants suggested that the danger was that external professionals might compare 'scores' from a number of children.

Providers also highlighted the fact that children's progress towards an outcome is not always a linear process. Sometimes a child may appear to take a backward step as in the case of a child who first needs to accept that there is an issue before they are able to work towards an outcome. Equally, other things that were happening in their lives influenced children and may sometimes present additional challenges that set them back on progress towards their outcomes. When progress was non-linear, practitioners thought it important to provide contextual information in the report in order to explain any potential reasons behind apparent lack of progress.

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<sup>11</sup> The terms are referred to in Curriculum for Excellence, for example see: [http://www.educationscotland.gov.uk/Images/CfEbriefing2\\_tcm4-730387.pdf](http://www.educationscotland.gov.uk/Images/CfEbriefing2_tcm4-730387.pdf)

In response, providers discussed the ‘developing, consolidating and securing’ level of assessment as a potential way to report outcomes externally. They cited two reasons: first, that it was simpler to understand and secondly that, as part of CfE and wider education practice, these terms were already part of the current reporting landscape and familiar to the sector, including professionals and children and young people. Other pilot participants cautioned that as ‘developing, consolidating and secure’ is primarily terminology applied to progress and attainment in learning, that attention would need to be paid to the meaning this would have for the caring dimensions of EtCS work.

### *Wider Learning Point*

*Reporting to funders and other interested parties needs to take account of their needs and interests. It is helpful if reporting uses familiar terms and refers to (or cross-references) existing indicators.*

Towards the end of the pilot, the Steering Group considered the most effective way to tie these descriptors and scaling tools together. The most recent version of the tools maps these descriptors to the ten points of the scaling tool (Developing 1-4, Consolidating 5-8, Securing<sup>12</sup> 9-10) so that organisations could choose whether to use one or both approaches in practice and in reporting.

The pilot process has been particularly instrumental in helping to clarify reporting. At the child level we would endorse emerging decisions which suggest that in annual reports to funders:

- Reporting levels on the ten-point scale for each outcome is likely to be unhelpful
- Reporting should take account of GIRFEC and CfE areas and terminology
- Reporting should be supported by a clear and concise narrative which explains why specific outcomes are important to this child, how the evidence cited informed judgements about progress, and the significance of any progress or otherwise.

We would also suggest that outputs from the scaling tool could be useful in an aggregate sense for reporting on the overall performance of the organisation. This should be done with great care, especially if numeric scales are used, but it may, for example, be possible to report indicators such as the proportion of children in a setting who made progress (or didn’t) over the year. Issues such as the fact that not all children would be present for the whole year would complicate this. Additionally, as already explained, whilst the provider’s input is likely to be an important variable

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<sup>12</sup> NB the term ‘securing’ rather than ‘secure’ was used as this conveyed the ongoing nature of effort and support likely to be required, even at this level.

in determining any child's progress, it is certainly not the only one and other factors and events may need to be taken into account. Whilst this is possible at the individual level, it is problematic at the aggregate level. We would suggest that if providers introduce use of the framework more widely, they carefully test its potential for aggregate use and reassess its validity and usefulness in this respect after a period.

#### 4.c) Recording forms

The Individual Assessment Form (IAF) and Cumulative Assessment Form (CAF) were used to record the levels of assessment agreed on the scaling tool. The IAF was to be completed following each assessment. The scaling level agreed for each of the outcomes children were working on were written on the form, and three types of evidence for the chosen level were recorded. It was intended that evidence should merely be signposted as it was assumed that the detailed evidence would be documented fully elsewhere (case notes, etc).

Over the course of the pilot the IAF form was adapted a number of times. For example, columns were added to allow practitioners to identify how the selected outcomes related to Curriculum for Excellence areas and SHANARRI indicators. It was felt that this was particularly helpful in informing reporting and wider discussion. We understand that since the pilot these columns have been removed from the IAF to avoid unnecessary duplication, as they are present in the CAF.

A second adaptation was that, in addition to signposting to the different forms of evidence, some practitioners felt it was important to add a Notes section, as practitioners often used these notes for review or in meetings to discuss development. It was felt that notes help to aid memory and facilitate discussions. The EtCS group have agreed to take account of this in further developments of the form.

One provider explored the use of an additional 'expected level' of development (as well as the current level of assessment) within the IAF form, in order to test whether the children had attained the expected level as a result of the intervention. Their intention in this was to check on the effectiveness of the intervention. Although this adjustment was not taken up in the final form, we would suggest that practitioners should be constantly considering and discussing potential levels of development; we feel that this is an important part of personalising the framework to each child and should happen

#### *Wider Learning Point*

*Ongoing consideration should be given to the potential achievements of each child to ensure that aspirations are neither too low nor too high. Judgements about this may change over time.*

when selecting outcomes, when scaling assessments, and in planning.

On the CAF, practitioners recorded the scaling level, outcome and date of assessment, in order that they could see at a glance children's development over time. Participants told us that they, and other professionals, liked to see the child or young person's development progress on the CAF. It allowed everyone to see whether progress had been made and to what extent. Another advantage was that a cumulative record helped to identify when 'dips' occurred, so that consideration could be given as to why this might be. This helped staff with planning, understanding and explaining the impact of any difficulties and challenges. One provider felt that the CAF form was not particularly helpful and duplicated the IAF form.

The Wheel of Change was included as a visual summary of a given assessment that could be compared with previous assessments. Each outcome was represented by a spoke on the wheel, and each spoke had ten levels, with higher levels of intervention towards the centre of the wheel. These levels were banded in 'traffic light' colours from red to green. In general, this tool was not well-liked by pilot participants. It was felt that children and young people would be demotivated if there was not much change between assessments, or disappointed if they were placed at levels that were not coloured green or scored highly. In addition, some participants felt this representation was difficult to interpret or that it added little value to the other two recording forms. The wheel of change was therefore not included as a mandatory component of the framework but one which provider could use if they found it helpful.

There was also a clear sense that some participants felt a little overwhelmed by paperwork; they suggested that additional bureaucratic burdens should be minimised. One explanation for this could be that during the pilot period, providers continued with their existing assessment and recording processes, such that this framework represented additional work with no corresponding reductions. We expect that it will be rare for providers to operate two concurrent processes beyond the pilot and would urge that consideration be given to further ways of minimising paperwork.

## 5) Findings 2: Further issues arising from the pilot

### 5.a) Engaging people in the process

*Involving children, young people and parents*

As far as we are aware, only staff employed by the provider were involved in the process of choosing the organisational outcomes; however, there was some evidence of children, young people, families and external professionals participating in selecting some outcomes for children and young people.

We noted that in some settings, children and young people were involved in discussions, often at the level of the provider asking them whether they thought particular outcomes were appropriate. In these cases, children and young people agreed with the proposed outcomes. Other organisations decided not to engage children and young people in the process; their rationale was primarily the provisional nature of the framework, as beyond the pilot they were unsure that they would implement the framework.

Where children were involved practitioners thought to be challenging for a number of reasons. Typically, they explained these difficulties as being due to various child factors such as complex needs or disabilities, or age and stage. Similarly, some participants felt that children would not be interested in this exercise or would not sustain an interest over a period. Participants felt that supporting children to understand and work with the process or to identify appropriate outcomes took particular skills and resources.

A further consideration was whether children would be able to provide reliable judgements or whether wider issues in their lives may influence them. For example, the experience from secure care providers suggested that children sometimes give overly negative assessments because they are unhappy about their placement.

Similarly, it was felt that there was scope for children to become demotivated by the tools if they felt others viewed their progress less positively than they would like. In some cases, a re-framing of the tool and terminology in a child-friendly way or finding other ways of securing children's views helped to ensure that their perspectives were included.

One provider made particular efforts to include young people in the outcomes framework, using it to structure significant activities with the young person. We describe an example of this application of the framework as a case study in Appendix 5.

Participants were often aware that they failed to engage family members effectively; challenges included the fact that providers often had limited contact with families or were unable to respond to difficulties in the family situation. Despite this, evidence suggests such engagement may be possible and useful. One example occurred when a parent of one child suggested an outcome to staff that they had not considered, staff were not sure whether the outcome would be successful or not, but were happy to work on the area suggested. The outcome proved to be beneficial for the child, and staff and the parent were both pleased with the progress.



A number of participants referred to the fact that family members were not always interested in issues such as outcomes assessments. This was not to say that they were not interested in their child's progress; only that developing ways of measurement and reporting this progress was of little interest to them.

In respect of the scaling tool, there was limited involvement of children, young people and families in using the tool or contributing to its development. Participants generally felt that the scaling tool was an instrument to facilitate professional judgement about children's progress in outcomes and so was not relevant for use by children and family members. Instead, some provider asked children and family members to make their own assessments using different tools, for example, by using footballs to rate their own level of development. They then fed-in this information to team meetings and discussions about the child.

We feel that the involvement of children, young people and families in the ongoing use of any significant outcomes approach is likely to be of prime importance. The reasons for this are multiple, not least that the general trend towards greater personalisation of a range of human services (including education) means that those commissioning services are increasingly interested in how children and young people are engaged.

Across the pilot process the approach to engaging children has varied; however, the original principles and the current aims of the framework make it clear that the process should be focused on the individual child and young person and deployed in partnership with them. Whilst understanding the challenges of involving children (including disabled children and those with complex or sometimes profound needs), we feel this is both possible and necessary. The expertise held within the EtCS providers in responding to complex and challenging needs places them in a uniquely strong position to ensure that these children are part of the process. We provide an example of how providers might do this in the case example in Appendix 5.

### *Wider Learning Point*

*Emerging trends from literature and policy suggest that outcomes should increasingly be personalised. It is widely accepted that participation will be central to this process.*

### *Involving professionals*

Similarly, participants frequently reported that the involvement of external professionals was challenging. Participants told us that they had found it difficult to engage social workers and other professionals in making assessments or decisions using these tools. Challenges to engaging busy professionals often related to the fact that this was a new framework, they were unfamiliar with it and, as a tool in development they it as optional and a low priority.

It was felt that their familiarity and engagement would increase naturally if the pilot framework eventually became the principal method of communication around children's development on outcomes. However, in order to facilitate this, participants thought it useful to ensure that these professionals were fully familiar with the framework and its use. They suggested that this might require an initial induction, after which professionals would be more able to engage effectively, allowing them to be part of the process of agreeing outcomes and helping to assess progress.

One example confirms the possibility and usefulness of involving professionals; in this case, a social worker who had worked with a child for many years used their knowledge of the child to suggest outcomes. Having taken a keen interest in choosing outcomes for the child, the social worker then remained interested in the progress the child was making on these outcomes.

Some participants felt that it would be helpful to set out and agree an explicit engagement agreement with external professionals to clarify how they would like to engage and confirm their commitment to being involved.

Beyond this, pilot participants emphasised the need to ensure continued engagement with key professionals through reviews and regular updates. Equally, as referred to above, a number of professionals reported finding the outcomes framework informative at team meetings.

## 5.b) Other issues arising

### *Duplication and integration with existing systems*

In general, participants thought the outcomes framework complemented existing systems within the pilot providers and most reported that they could successfully merge the framework with their current methods and systems. However, this sentiment was not universal and small numbers of participants felt that existing systems were more suitable than the EtCS outcomes framework.

Within providers, we found some concern among education staff that this was yet another method of recording information on top of many already in use, and some care staff spoke of duplication of work because they were filling out two sets of paperwork. However, most felt that this would be resolved if they rolled out the framework across the organisation following the pilot. This again underlines the need for staff and managers to agree about the purpose and place of any system of working to ensure that they allocate resources and successfully implement the system.

Staff considered a number of ways in which they could integrate older and newer systems; one suggestion was to consider changing providers' daily logs and records to align with the relevant outcomes. In this way evidence of meeting (or not) outcomes would be captured instead of a

primary focus on activity. These records would then become more helpful in assessing levels on the scaling tools, as they would capture the whole team's view. Similar suggestions about how existing systems could be adapted to make them work with the outcomes framework included aligning recording systems such as TARSIS and SWIFT with outcomes.

Staff also raised issues about access to files within their organisation, typically where care and education staff did not share the same files. One suggestion was for education staff to assess the children separately on education outcomes and care staff to perform assessments on wider outcomes, with each group having their own folder that they would then take to key team meetings. We would be concerned that moves such as these would militate against having a variety of perspectives on progress and may reduce the sense of ownership that staff (and young people) have for the full range of the outcomes.

### *External perceptions*

Some participants expressed various concerns about whether or not there were tensions between organisational needs (eg to report results) and the needs of individual children, and how this was reflected in the use of the framework. They often addressed these issues during discussions at workshops, including consideration of how external agencies such as those who would be commissioning placements, might perceive the service. For example, participants highlighted that it was possible that outcomes would be chosen purely in the best interests of the child to optimise their development, equally they highlighted that outcomes might be chosen in order to elicit evidence likely to demonstrate progress or highlight the particular specialist nature of the work done.

There was a related concern that if external people focused on outcomes, they might not understand the importance of wider activity, or appreciate how this linked to outcomes. At worst, participants thought that this might lead to children being removed from a placement, losing vital support and regressing in their outcomes.

There was also concern that commissioning bodies might form a judgement about the provider by aggregating outcomes from a unique cohort of children. This could be misleading for a number of reasons, not least that each cohort of children will be different and that, as discussed earlier, the scaling system is not designed to have meaning beyond the individual child.

### *Key role for training and materials*

Pilot providers felt that their attendance at multiple meetings and workshops had enabled them to be engaged and up-to-date with the framework. They felt that these activities and benefits might not be available to future organisations introducing the framework. To remedy this, some

participants felt that a ‘train the trainers’ system would be helpful, so that one person could be trained to take the lead in each organisation.

Equally, participants felt that simply reading a manual without receiving any training or input could allow different interpretations of key aspects of the framework. It was therefore suggested that a welcome pack and a training buddy from a more experienced organisation would be helpful in explaining the outcomes framework. Participants saw this sort of cooperation between providers as highly desirable; however, there was a concern that there might be tensions about consulting other providers where it was felt that they were ‘in competition’. Therefore, they suggested that the training pack and other materials should emphasise the benefits of cooperation and sharing of ideas and methods.

### *Wider Learning Point*

*When introducing a new outcomes approach, a manual or pack of written training materials is likely to need to be supplemented by training or face-to-face contact with others using the approach.*

It was strongly felt that as well as introducing and explaining the framework itself, the manual and training materials should include practical advice on real-life implementation, for example, how to deal with different opinions about scaling and reaching a compromise. Participants thought that one way to do this was to model these processes within a number of detailed practice examples in the training materials.

## 6) Findings 3: Learning from secure care

The EtCS group contains some providers of secure care. These providers have been reporting on outcomes to the Scottish Government for a period. The Government has provided and funded some support and advice; however, guidance has been light-touch as it was preferred that providers should develop their own systems<sup>13</sup>.

During the piloting of the EtCS outcomes framework, secure care providers were able to share some of their experiences and learning at workshops and other meetings. It emerged that secure care providers had each developed their own methods of reporting to the Scottish Government,

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<sup>13</sup> For information about the implementation of outcomes approaches in secure care, see Section 5.8 of the following document: [www.gov.scot/Publications/2013/09/8635/5](http://www.gov.scot/Publications/2013/09/8635/5)

and these varied from numerical values assigned by staff and sometimes children, in aggregate or at individual level, to reports with limited or extensive qualitative information about children's progress.

Secure care providers reported that they had received very little feedback from the Scottish Government about the content of the outcomes reports; there was therefore uncertainty about how the information had been used or what aspects of the reports had been found most helpful.

In terms of secure providers' potential use of the EtCS outcomes framework, those outcomes incorporated in the 'bank of outcomes' which were based around the SHANARRI indicators and education were thought to be relevant. Within secure care settings, however, providers noted that it was difficult to evidence impact on progress and development when children were in secure care provision for typically short lengths of time (usually less than 6 months). Some secure care providers noted that the short-term, high turnover and mandatory nature of their work had special implications for the types of work carried out with children. This would include the selection of outcomes and consideration of whose view of progress should be considered relevant. It was noted that outcomes should be about the change in the young person and that this should include the young person's viewpoint; however, consideration also needed to be given to the requirements of HMI (inspectors) and government, etc.

These diverse actors may have different views about what is an outcome and what is an output. For example, some may see successful educational engagement as an outcome, whilst others see this as an output; engagement at the simplest levels is no guarantee of progress.

It was also noted that the use of the term 'Secure' to indicate progress (as in developing, consolidating and secure) was problematic in secure care settings due to the disparate meanings of the term and the potential for it to be emotionally loaded.

## 7) Findings 4: Commissioners' perspectives

In this section, we include information from two local authority participants and learning we gained from workshops about the local authority perspective. We were able to gather views from two local authority commissioners about the role of outcomes in purchasing placements. Although their views cannot be representative of the full range of commissioners' perspectives across Scotland, they do provide insights into the role that an outcomes approach may have.

Both of these participants believed that outcomes should play a significant part and help identify the best placement for a child. In each authority, they felt that plans were underway and they

were making progress towards identifying and matching placements based on desired outcomes. However, one participant stressed that they already purchased placements to improve children's outcomes, noting that the outcomes approach would be helpful in clarifying the type of outcomes to be chosen and the associated measurement process.

For one participant the individual nature of children's needs meant that funders and providers should agree and explain the meaning and context of any given outcome for each child. These explanations should contain information about the proposed process of achieving outcomes for each child. This type of information would be included in Children's Plans and Integrated Assessments.

In one of the areas, the authority was carrying out work with children to help them understand what outcomes were by focusing on issues such as safety and wellbeing.

### *Decisions about placing children and monitoring progress*

It was emphasised by both purchasers that outcomes would not be the only factor considered either in making a placement or in monitoring progress. They would take into consideration other factors and indicators such as cost, accommodation and transportation links. Budgets were especially pertinent during this time of financial difficulties. In addition, they considered that children's relationships and wellbeing issues were important; for example, how would the child fit in with children that are already at the residential school or care home and would this placement enable them to maintain relationships with family and friends, or even their existing professionals such as social workers? Furthermore, we consider it likely that these issues fundamentally relate to achieving outcomes.

Both of these participants suggested that cumulative reports about how well children do at care homes or residential schools informed their decision-making. They noted that advice about this could potentially be available from Scotland Excel or Social Work Scotland. In the (recent) past, providers were often selected because of evidence from local authority procurement exercises or Care Inspectorate reports, but since June 2014 placements should have been purchased through the Scotland Excel Framework.

In terms of monitoring progress, these participants explained that they would want to know other information and not only progress on outcomes. This was because a child or young person may appear to be progressing well or a good explanation for lack of progress given, but they also needed reports to explain other relevant incidents or developments in areas of the child's life such as family problems or abusive incidents. In addition, they stressed that having a conversation with the child was important. The child may be doing well on all reported outcomes, but the from the child's perspective, the pressing issue may be something else (eg pocket money).

Local authorities clearly feel that they should monitor and evaluate services around outcomes but these participants felt that they were in the early days of developing processes to do this. These participants felt that they would use this type of information to inform decisions about whether or not to continue to fund services if desired outcomes were consistently unmet. However, it was felt that this was becoming less likely where models of public/private partnerships were emerging, with local authorities working together with third or independent sector partners to apply for joint funding.

Other issues were important to purchasers; for example, there was a suggestion that they may monitor placements more rigorously if they perceived them to be expensive, as costs had to be justified. They felt this to be more likely to be the case for external provision as they could monitor their in-house (directly provided) services with a lighter touch.

Purchasers felt that providers' own assessments and monitoring were an important part of the process, and they suggested that it was appropriate for providers to evidence their efforts to meet outcomes. If a provider only made a half-hearted attempt to evidence quality or monitor outcomes, they perceived this as a potential indication of a poor attitude towards the children placed with them.

### *Wider Learning Point*

*Commissioners want to take account of outcomes and are keen to work with service providers to achieve this. However, costs and a range of other quality indicators will also continue to be important considerations.*

Both of these participants agreed that a bank of outcomes and tools to use would be useful, but one commented that it might prove difficult to develop a tool that everyone approves. They felt there was still some way to go before there was clarification they clearly noted that linking to GIRFEC SHANARRI indicators would be helpful.

These participants sometimes felt that there was a tendency for some people to describe outputs as outcomes; for example, reducing placement moves and length of time to achieving a placement. For these participants these things were outputs or potential precursor outcomes en route to more significant or relevant outcomes for the child.

## 8) Conclusion

### 8.a) Outcomes approaches

It is clear that outcomes are becoming an important part of service delivery and monitoring across a wide range of human services. Using an outcomes-based approach has a number of advantages, including the fact that services can focus on creating beneficial change rather than activity or outputs. Outcomes approaches are able to focus on and develop strengths as well as identify and respond to problems and issues. This shift should result in better services that can take account of individual needs, circumstances and aspirations.

There has been debate and differences of interpretation about the best ways in which to deploy an outcomes approach, and it is likely that different approaches will continue to emerge over time. One clear trend is towards interpretation of outcomes that are personalised to the individual, and there is a growing body of evidence about what constitutes good practice.

There are a number of outcomes frameworks beginning to emerge for working with children in social care settings, education and healthcare. Frameworks centred on a bank of outcomes are often intended to be used by a narrow range of service types. Therefore, the emergence and development of specific frameworks may continue for some time. It is important that these are evaluated to identify their usability and benefits. In many cases it will be wise to continue to evaluate or monitor a new framework beyond its pilot period, and we would recommend that if EtCS providers scale-up the use of their framework, they should continue to reflect on it and make developments where required.

### 8.b) The EtCS outcomes framework pilot

The pilot process has been highly collaborative, with a diverse range of providers working more closely together than might have been expected. By working together in this way, organisations have all gained insight and information. There may also be benefits for commissioning bodies resulting from the development of a collective approach that may be used by a number of providers. Altogether, we feel that this synergy will produce clear benefits for children and young people.

#### *Wider Learning Point*

*When piloting a new approach it is beneficial for a number of organisations to work together. This not only brings greater scale, but enables testing from a number of different perspectives.*



Overall, participants who took part in the pilot held very positive views about the EtCS outcomes framework, and the vast majority are keen for the framework to continue. There is perhaps less agreement about how each organisation should use the framework, for example, the extent to which its use should be standardised or tailored. At the time of gathering data for this evaluation, it was not yet clear how many EtCS providers would continue or adopt the framework. This was generally pending finalisation of the framework. Participants noted a number of benefits arising from their involvement in the pilot process; these included:

- Increased focus and clarity in the work carried out with children. Some providers felt that the outcomes framework helped practitioners to create a focus around the work that they carried out with children and young people. Participants in other organisations felt that a focus already existed and that choosing outcomes mainly involved swapping terminology, for example, using the term 'outcomes' where they had previously used 'targets'.
- Increased focus and better use of time at key team (and other) meetings. A further benefit, suggested by some providers, was improved discussions at key team and other meetings. During meetings, discussing the outcomes chosen for children allowed staff to pay attention to progress and prepare the next steps. Participants sometimes contrasted this approach with earlier meetings that encompassed wide discussions that sometimes resulted in a less clear plan of work.
- Greater understanding across staff groups within providers. The pilot providers generally have staff who are primarily concerned with care and other staff primarily concerned with education. The process of choosing outcomes, assessing a child's level of development on the scaling tool, and planning work according to these outcomes allowed education and care staff to develop a greater understanding of each other's role. This process also facilitated further building of knowledge in relation to Curriculum for Excellence and Getting it Right for Every Child (GIRFEC).
- Improved capturing and recording of work carried out with children and young people. It has been the experience of many providers that the outcomes framework has enabled simpler recording formats that capture a wide range of work that they have carried out with the child, including a mechanism to capture evidence of any improvement or change.
- Workshops bringing people together and providing opportunities for networking. The workshops have been instrumental during the outcomes pilot. Workshops have allowed people to discuss practice, get to grips with the purpose of the outcomes framework, and exchange ideas. A number of participants spoke of the collective value of EtCS providers working together. The workshops created a shared philosophy, understanding and commitment to the use of outcomes approaches that not achieved simply by using the framework materials.

- Buy-in for outcomes. In general, the pilot has increased understanding that outcomes are the way forward in many human services. Participants clearly felt pleased to be part of a group that is forging the way ahead.

Areas of the EtCS framework which have undergone the most development and consolidation as a result of the pilot include the Outcomes Bank and the recording forms. The scaling tool has also been revised and will be tested further in its new form. Areas that seem particularly likely to continue to be developed relate to mechanisms for reporting to commissioners and tools for engaging children and families.

Assuming implementation of the framework beyond the pilot period, it is in this latter area, the engagement of children, where we feel development would be most productive and beneficial. We are hopeful that this will happen, as one of the reasons cited by some providers for not including children more was the provisional or contingent nature of the framework during the pilot.

In conclusion, this evaluation suggests that the EtCS outcome framework and the processes used to introduce it to providers have represented a valuable development. We feel that it will continue to develop further and be a useful resource that, if used carefully, will benefit commissioners, service providers, and, more importantly children and young people.

### 8.c) Wider learning

Part of the reason for the study was to identify and draw out wider learning, relevant to a range of providers considering or developing outcomes approaches. To achieve this, we highlight points of wider learning in boxes throughout the report. Readers may understand these best in the context of the discussions in the text, so whilst we outline these points below, we urge readers requiring further explanation to consult the full report. By way of summary, we gather these points below:

- When using an outcomes approach it is critically important to be explicit about the purpose or aims so that all stakeholders share the same expectations. This includes the need for workers and managers to be fully supportive and committed to the approach.
- When designing an outcomes approach, developers should give careful thought to the number of outcomes to be identified and pursued, and which of these will be reported. Critically, these decisions need to take account of the overall purpose of using an outcomes approach. In some cases, services may decide to pursue a single specific outcome, perhaps before moving onto others; in many cases, they will address a small number of outcomes simultaneously. All involved should agree in advance, which of these will be tracked and reported.

- Having a bank of outcome descriptors has a number of advantages, including being helpful to practitioners who are less familiar with setting outcomes. Practitioners may feel more confident about selecting predefined outcomes than identifying outcomes from scratch.
- If a bank of outcome descriptors is used, these must contain sufficient breadth and flexibility to respond to the needs of the whole range of children served. Flexibility may come from both the breadth of outcomes in the bank and by tailoring the selected outcome to define what it means for this particular individual.
- When using an outcomes approach, the detailed thought and discussion arising from the review progress can facilitate better understanding, increased focus and improvement in service delivery. The need for dialogue and discussion around selecting and assessing outcomes is itself beneficial.
- If framework developers decide that outcomes should be assessed against a numerical scale, great care should be taken to ensure that all stakeholders understand what the numbers mean and how they can be used. This is because the use of a numerical scale may lead some people to presume the scale has properties that the developers have not rigorously tested. Developers should consider non-numerical ways of presenting scale points (eg alphabetic approaches) unless the scale has been standardised in some way and each step (interval) is equal in size to the others.
- Reports to funders and other interested parties need to take account of their needs and interests. It is helpful if reporting uses familiar terms and refers to (or cross-references) existing indicators. Examples of how this might be done include the linking of outcomes to national frameworks and indicators and the use of key terms that are defined in national policy.
- Providers should continuously consider the potential achievements of each child to ensure that aspirations are neither too low nor too high. Judgements about this may change over time. Continuous reflection about each child's developing skill, abilities and interests will ensure that outcomes remain appropriate for their needs.
- Emerging trends from literature and policy suggest that outcomes should increasingly be personalised. It is widely accepted that participation will be central to this process. Service users have a key role in identifying the outcomes that they want to achieve and in considering how providers can best support these achievements.
- When introducing a new outcomes approach, a pack of written training materials is likely to need supplementation by training or face-to-face contact with others using the approach.

Detailed manuals and materials are very helpful, but when introducing a large-scale change across an organisation consistency and commitment is important. Direct contact with a trainer or someone experienced in the use of the framework is likely to be helpful for this process.

- Commissioners want to take account of outcomes and are keen to work with service providers to achieve this. However, costs and a range of other quality indicators will also continue to be important considerations. Whilst we would argue that these service factors help to produce outcomes, evidence of outcomes alone is unlikely to satisfy funders.
- When piloting a new approach it is beneficial for a number of organisations to work together. This not only brings greater scale, but also enables testing from a number of different perspectives. Approaches piloted in this way are likely to be more robust and more easily generalisable to further settings.

## 8.d) Postscript

We were grateful for the opportunity to be involved with the pilot of the EtCS outcomes framework and hope that learning captured in this evaluation will be of benefit to EtCS members and others involved in services for children. We would be happy to respond to requests for more information about methods or findings. Equally, we would be grateful to any readers who were willing to provide feedback about what they have taken from this document or how we could have made it better. This type of feedback helps us to improve our work and highlights gaps in knowledge that may benefit from further research.

You can contact the research team in CELCIS by emailing: [celcis.research@strath.ac.uk](mailto:celcis.research@strath.ac.uk) or if you prefer you can contact the principle investigator for the study: [vicki.welch@strath.ac.uk](mailto:vicki.welch@strath.ac.uk).

## 9) Appendices

### 9.a) Appendix 1: Examples of outcomes approaches

*Fulcher, McGladdery, & Vicary, 2011. Outcomes that Matter*

[http://www.internationaljournalofsocialpedagogy.com/index.php?journal=ijsp&page=article&op=view&path\[\]=13](http://www.internationaljournalofsocialpedagogy.com/index.php?journal=ijsp&page=article&op=view&path[]=13)

The Outcomes that Matter™ recording instrument can be used with young people and their families to monitor weekly achievements in out-of-home care. The Recording Instrument is organised around the Circle of Courage developmental needs of belonging, mastery, independence, and generosity (Brendtro, Brokenleg, & Van Bockern, 2002) and draws from research carried out by the Search Institute with over three million young people and then adapted with permission for use with children and young people in out-of-home care.

*Angus Council. Wellbeing Web*

<https://archive.angus.gov.uk/girfec/measuringoutcomes.html>

The Wellbeing Web has been developed by practitioners in Angus and is intended to be an interactive and engaging process to measure outcomes. This tool is based on an affirmative coaching model focusing on people's potential rather than their problems. It is used to support and assist growth and change. The process of using the Wellbeing Web to capture outcomes enables children and their carers to recognise where they are, where they would like to be and what steps they need to take to get there. Please note that links to more accessible versions of some of the documents are given below the main document listing.

*IRISS. Leading for outcomes*

[www.iriss.org.uk/resources/leading-outcomes-guide](http://www.iriss.org.uk/resources/leading-outcomes-guide)

The guide provides support and training materials for leading social services staff and those in related disciplines to practice in an outcomes-focused way. The guide is aimed at team leaders, managers and those in training roles. It is primarily designed for those working in adult social care.

*Joint Improvement Team. Talking Points; personal outcomes approach*

<http://www.jitscotland.org.uk/resource/talking-points-personal-outcomes-approach-practical-guide/>

The culmination of over six years of research, this Practical Guide brings together learning from practice, systems, culture and performance, aimed both at organisations new to outcomes and those further down the road to becoming an outcomes-focused organisation.

*Scottish Government. GIRFEC tools for assessing wellbeing outcomes*

[www.gov.scot/Topics/People/Young-People/gettingitright/background/wellbeing](http://www.gov.scot/Topics/People/Young-People/gettingitright/background/wellbeing)

Whilst GIRFEC has been described in the body of this report as an umbrella of policy initiatives, we note here that it also contains a suite of tools and materials including a number aimed at supporting the measurement of wellbeing outcomes. These tools drill down into the SHANARRI indicators using a larger single grid that links the indicators to particular sets of circumstances and points in a child's life. Some are particularly relevant when working with children and young people with impairments, disabilities and chronic conditions.

## 9.b) Appendix 2: EtCS Outcomes Bank as at July 2015

### EtCS OUTCOMES BANK

1. Progress in core curriculum areas (literacy, numeracy, health and wellbeing)
2. Progress in literacy
3. Progress in numeracy
4. Improved motivation for learning
5. Progress in learning (may include other curricular areas and personal development)
6. Improved attendance
7. Improved achievement or attainment
8. Successful transition to appropriate destination
9. Improved communication skills
  
10. Improved and sustained relationships (with peers or adults)
11. Return to community setting
12. Return to family setting
13. Improved ability to resolve conflicts
14. Improved social skills
  
15. Improved physical health
16. Healthier lifestyle
17. Improved personal hygiene / self-care
18. Improved mental health
19. Improved awareness of sexual health
20. Improved sexual health
21. Reduced sexually harmful behaviour
22. Improved awareness of the impact of substance misuse
23. Reduced substance misuse
24. Improved ability to keep yourself safe
25. Reduced risk of abuse or neglect
26. Reduced self-harm
  
27. Increased confidence
28. Increased resilience
29. Improved ability to express feelings
30. Increased independence
31. Increased life skills
32. Improved perception of self-worth
33. Increased strategies to cope with bullying
34. Decreased bullying behaviour / discriminatory behaviour
35. Improved behaviour
36. Improved self-regulation

37. Reduced risk to others
38. Reduced offending / anti-social behaviour
39. Increased ability to take responsibility
  
40. Improved emotional literacy
41. Increased participation in social and leisure activities
42. Increased sense of enjoyment / contentment
43. Increased self-determination
44. Increased respect for others
45. Increased empathy for others

July 2015



## 9.c) Appendix 3: The most commonly chosen outcomes for organisations

*(NB numbers less than 4 not included)*

Identifying numbers represent original version of the framework.

	<b>Organisational Outcome</b>	<b>No. of Providers (N=8)</b>
<b>Education</b>	1.5 Progress in learning (may include other curricular areas and personal development)	6
	1.1 Progress in core curriculum areas (literacy, numeracy, health and wellbeing)	5
	1.9 Improved communication skills	4
<b>Relationships</b>	2.5 Improved social skills	8
	2.1 Improved relationships	4
<b>Health</b>	3.3 Improved mental and emotional wellbeing	6
	3.2 Healthier lifestyle	5
<b>Self-awareness</b>	4.4 Increased independence	5
<b>Emotional Well-being</b>	5.2 Increased participation in social and leisure activities	5

## 9.d) Appendix 4: The most commonly chosen outcomes for children

	<b>Child Outcome</b>	<b>No. of Children (N=25)</b>
<b>Education</b>	1.9 Improved communication skills	<b>9</b>
	1.1 Progress in core curriculum areas (literacy, numeracy, health and wellbeing)	<b>6</b>
<b>Relationships</b>	2.5 Improved social skills	<b>11</b>
	2.1 Improved relationships	<b>9</b>
<b>Health</b>	3.2 Healthier lifestyle	<b>9</b>
<b>Self-awareness</b>	4.11 Improved self-regulation	<b>9</b>
	4.4 Increased independence	<b>5</b>
	4.7 Improved perception of self-worth	<b>5</b>
<b>Emotional Well-being</b>	5.2 Increased participation in social and leisure activities	<b>7</b>
	5.3 Increased sense of enjoyment / contentment	<b>7</b>

## 9.e) Appendix 5: Case example: using the outcomes framework with children

One of the schools which provided services to children and young people with social, emotional and behavioural issues had involved children and young people extensively in all aspects of the outcomes framework. We were able to speak to a small number of staff and three young people about their experiences.

### *Outcomes and folders*

Young people (aged 11 plus) were supported to choose outcomes from the bank, and to choose some of the activities they would undertake to address the outcomes. Young people commented that they didn't have any problems choosing outcomes from the bank in this way, appearing to find it a straightforward process.

While they were working on outcomes, young people would gather evidence to support their work and achievements. They spoke with key workers during one-to-one time about the progress that they'd made on outcomes, for example, in sports, extracurricular activities, relationships, and education. The evidence that young people collected to demonstrate progress included, for example, completed school work, photos, information about clubs they'd attended, art work, poetry and links to videos they'd been involved in. This evidence was kept in an *outcomes folder* that belonged to the young person.

Some areas of direct work on outcomes, particularly around emotional wellbeing, were carried out during time with the key worker, and evidence of this was also included in the folder. Staff found various resources on the internet such as the 'Wheel of Emotions' and 'When things go wrong'. These were completed as 'worksheets' and used as another form of evidence for the folder. Key workers reported that this was helpful as the sheets often prompted conversations which key workers and young people could have in their one-to-one time. We would note here that some staff may need support to locate and assess resources of quality and relevance from the internet.

Two of the young people also commented that they liked using worksheets. This helped them to express how they were feeling because they found it difficult to talk about the issues and emotions they were facing, and it was a good way to *get the emotions out*. One young person had been at the school prior to the introduction of the outcomes pilot and commented that they preferred key time using the outcomes approach with worksheets because otherwise they would have bottled up their emotions and not been able to deal as effectively with difficult situations.

Not all of the time during one-to-one sessions was spent looking at outcomes; children needed time to relax and divert their attention away from some of the issues they were discussing.

The folders were of great significance; each young person was given a folder that they could personalise and which belonged to them. The folder contained a number of sections at the start of which was an outcomes sheet stating the broad outcome chosen by young people and staff, and details of a range of specific outcomes or outputs that young people would focus on to develop the broader area. Specific outcomes associated with 'progress in learning', for example, might be getting to school on time, completing homework and school work, improving in maths and taking part in lessons. These would vary according to the needs of the child.

The folders were designed in this way to help young people understand what staff might be looking for and what evidence would be helpful. Staff felt that gathering evidence in this way helped children to reflect on their lives and circumstances, taking stock of progress that they had made. Evidence in the folder would also include notes of key team meetings of care and education staff which reviewed progress and discussed next steps. Young people were able to read and give their views on these.

Staff and young people took great pride in the folders and the work carried out by the young people. Staff enjoyed spending time with the children and young people looking at outcomes. Staff welcomed the fact that working in this way gave them a tangible focus for their one-to-one work. Furthermore ensuring young people were up to date with their outcomes folders had helped to prioritise the weekly one-to-one sessions for staff and resulted in young people having enhanced opportunities to look at their issues.

As with other providers, none of the individual outcomes selected for young people had been changed during the pilot period. Young people seemed happy to work towards outcomes over time and to continue to make progress over a number of months. One young person commented, however, that they thought that now they would like to change outcomes because they'd reached a good level of progress on the ones they had focused on.

Some staff commented that it would be useful to look at a larger range of outcomes rather than focusing on three or four, and felt that it was feasible for evidence to be gathered for a wider range of outcomes.

## Scaling

As in other settings, staff found it challenging at key team meetings to put a number on the young person's development; however, in contrast to many other providers, staff in this setting felt they gained little additional benefit from the discussion. This may suggest that the outcomes folder approach gave staff insights that staff in other providers gained through these discussions.

The assigning of a number after work had been completed seemed inconsequential for this provider, although for other providers the process of discussing development with others was part of the planning intervention and was more useful. Here it was felt that that key workers needed to have the most significant say in assigning a number as they were closest to the child.

On the other hand, we noted that young people liked the numerical value and seeing their development on the scaling tool. One young person found the wheel of change was helpful and liked to see that over time they had achieved higher levels of confidence, and made good improvements in education and health-related areas. Another young person felt that the outcomes framework kept them motivated because they could see that they were 'getting good, high numbers'.

## Evidence and reporting

A valuable feature of the approach was said to be the evidence in the folder, as this was compiled from the young person's perspective. Rather than being a descriptive account of progress produced by staff, this was material evidence which showed powerfully that young people's needs were being addressed:

*The outcomes folder is different because normally there are family reports, hearing reports and review reports that are written and filed away. The outcomes folder gives an opportunity to show how the young person feels. For example, a member of staff might write, I took [young person] to the cinema, but no-one can prove it. It's not possible to tell from these types of accounts whether children have enjoyed the activity or what they have got out of any work that has been carried out. [With the outcomes framework] they've worked on goal sheets, improving self-worth, increasing confidence, improved behaviour and enjoyment. Young people have worked towards gaining certificates and awards, and attending programs that boost their confidence. (EtCS Pilot Participant)*

An additional benefit from a managerial point of view was that the outcomes folders recognised the work done by individual staff members which might otherwise have gone unnoticed.

Professionals' reactions to the outcomes framework and folder of work had been very positive. One young person had taken their outcomes folder to a review, and explained that professionals

at the review were 'pretty impressed with it' because they could see all the young person's achievements. In another instance, staff said that panel members had loved the folders, they thought because of the clear evidence showing what was being covered. As with other settings, it had been difficult to get social workers involved in the outcomes framework, but staff found it valuable to show the outcomes folders to social workers at meetings, and to highlight the importance of young people's involvement.

Key benefits of the outcomes folder approach were said to be:

- Strengths-based
- Better use and prioritisation of key time
- Children take ownership and pride in work and folder
- Worksheets useful for children to explore their emotions
- Engaging in reviews and meetings in a child-friendly way
- Valued by external professionals
- Better quality evidence of work carried out
- Better coverage of evidence of work carried out

One young person commented that it would be good for other young people at the school to take part, though they weren't sure if the others would want to.

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## About CELCIS

CELCIS is the Centre for Excellence for Looked After Children in Scotland. Together with partners, we are working to improve the lives of all looked after children in Scotland. We do so by providing a focal point for the sharing of knowledge and the development of best practice, by providing a wide range of services to improve the skills of those working with looked after children, and by placing the interests of children at the heart of our work.

## For more information

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