

Using goals-based measures to gather qualitative data on outcomes

Council for Disabled Children



The proactive use of data is central to an outcomes-based approach to commissioning (OBC), and a number of local areas are now rising to the challenge of evidencing progress towards achieving of their strategic outcomes. Mark Friedman's Results Based Accountability approach to data (which CDC's OBC work draws upon) asks the questions:

- How much did we do?
- How well did we do it?
- What difference has it made?

This document focuses on the final question, 'what difference has it made?' Improving the lives of children and young people with SEND, and their families is the end goal of commissioning, so this is a vital question for our data to answer.

Increasing numbers of local authorities have identified indicators which align with their strategic outcomes, many of which make use of existing data sets. However, CDC's work with these local authorities has highlighted a significant gap around qualitative data (i.e. the lived experiences of children, young people and families) which can both triangulate and add nuance to 'hard' data. Collecting this qualitative data is not easy, however a small number of local areas are adopting a Goals-Based Measures approach which creates a direct link between an individual child or young person's experiences and the strategic outcomes framework.

This resource looks at the work undertaken by Stockport, Bradford and Camden. CDC is very grateful for colleagues' contributions and the time taken to develop this resource.



Outcomes at different levels

The SEND Code of Practice reminds us that

“Local partners should identify the outcomes that matter to children and young people with SEN or disabilities to inform the planning and delivery of services and the monitoring of how well services have secured those outcomes.”

0-25 SEND Code of Practice, 3.31

Achieving this requires outcomes to run as a golden thread throughout all levels of the SEND system, with strong links between them. We should see each level reflected in the others, and be able to draw direct connections between the three:

1. Strategic outcomes: What we (all partners) want to see for all children and young people in our local area. (This may be universal or SEND specific.)
2. Service outcomes: What we (all partners) want to see for all children and young people accessing this service.
3. Individual outcomes: What I (the child or young person) and/or we (their parent carer/s) want to see in my own/ their life.

For more detail on these three levels, please see [CDC's Outcomes Explainer resources](#).

This document focuses on the connections local areas are drawing between the individual and strategic levels, aggregating data regarding an individual's outcomes up to the strategic outcomes.



What are Goals-Based Measures?

The Goals-Based Measures (GBM) approach, also known as Goal-Attainment Scaling (GAS), are not a new approach; it has been widely used in Health contexts for many years. Nor is it in conflict with good practice regarding quality outcomes in Education, Health and Care Plans (EHCPs); in fact, the two go hand in hand.

As with EHCPs, a GBM approach begins with co-producing outcomes based around the change or benefit that a child or young person (and/or their parent carer/s) wants to see in their life. The individual then accesses provision to support the achievement of that goal, and the goal is reviewed periodically. The child or young person (and/or their parent carer/s) rates their progress towards the outcome as part of their reviews.

This could be done with individual EHCP outcomes, however the local areas featured in this resource have chosen to take the opportunity to create more direct links with their strategic outcomes. While the strategic outcomes may not have been developed with the involvement of the particular child, young person or family, as long as they have been co-produced with families, and disseminated widely and transparently, the principle still stands. There is area-wide agreement that the outcomes sum up a good life for a child or young person. By making this connection through data, the child or young person's individual experience can feed into the broader picture of the strategic outcomes.

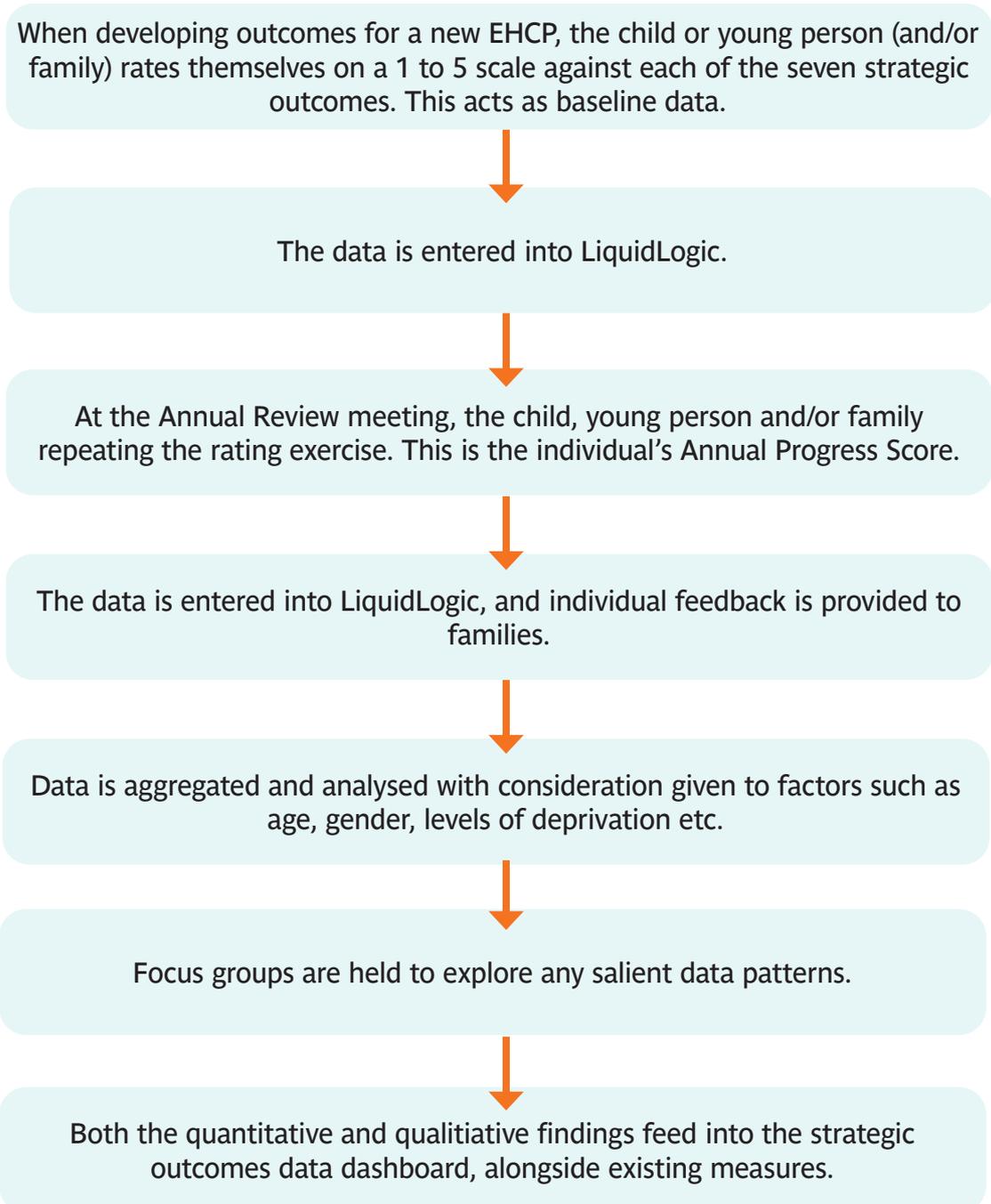
Examples

All of the following examples are from local areas in the early stages of developing or piloting these processes. All three areas have chosen to begin with children and young people who have EHCPs, however they are aware that this is an approach which could (or should) be expanded to those on SEN Support, and even more widely.

Feedback from those piloting the new approaches has generally been positive, but it is important to note that these Annual Review questions are one element of a much bigger, broader change programme. For approaches such as these to be effective, there needs to be wide-scale understanding and ownership of the outcomes-based approach across the SEND system.

Stockport

Stockport has seven strategic outcomes statements, developed in co-production with children, young people and families. For more information on Stockport's OBC journey, please see [CDC's case study](#). The approach taken by colleagues in Stockport is to use the Annual Review as an opportunity for children, young people and/or their parent carer/s to rate themselves/ their child directly against the strategic outcomes. The following diagram summarises their intended approach:



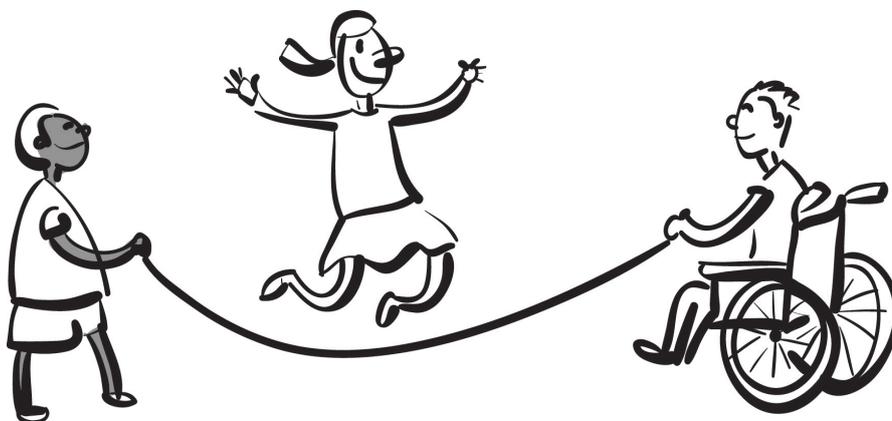
Bradford

While not strictly a GBM approach, colleagues in Bradford are also currently piloting the use of outcomes-focused questions in their Annual Reviews. This is a structured conversation where individual children and young people respond 'yes', 'no' 'most of the time' or 'some of the time' to a series of statements based on Bradford's strategic outcomes. They then have the opportunity to expand on their response with an open comment, which is recorded.

The full set of statements and more information on Bradford' process can be found in Annex A of [CDC's Data Bulletin #3](#).

Camden

Camden have moved to a GBM approach to draw health practitioners together around a child or young person's outcomes. This is a much more traditional approach to GBM than taken by Stockport or Bradford, where specific health-focused goals (as opposed to holistic ones) are agreed between each practitioner and the child, young person and/or parent carer. These individual goals are then tracked with the individual to identify how much progress they feel they are making towards their personal goals, with a simple ranking system. This approach means that the child or young person's own ambitions form the centre of their care, rather than being determined by the professionals around them.



Enablers and barriers to implementing a Goals-Based Measures approach: Camden

This is a more individual focus than the previous examples (i.e. it does not draw directly on strategic outcomes), however their experience of implementation provides useful insight for other areas looking to implement a similar approach.

Aware that an outcomes-based approach requires a significant cultural shift, colleagues in Camden carefully managed the change process necessary to embed the GBM approach. They have identified the following enablers/drivers and barriers through the process:

Enablers/ drivers

- Increasing family engagement in care
- Parental feedback
- Performance targets which reflect GBM usage
- Collaborative workshops
- Champions for change
- Understanding of 'what this change means for me'

Barriers/ challenges

- Practitioners reverting to familiar practices
- Limited confidence and/or skills to engage families
- Individual motivation limited by lack of professional mandate

CDC's template

Learning from Bradford's work, CDC has developed a simple questionnaire template (see Appendix) which uses the same strategic outcomes statements as found in 0-25 SEND Data Dashboard. These statements in turn are based on the common themes identified in our work on strategic outcomes frameworks with local areas.

If any local areas would be interested in piloting this tool as part of a case study, we would like to hear from you. Please contact Anna at agardiner@ncb.org.uk.



Tips and challenges

CDC's work with Bradford and Bristol on understanding the lived experiences of children and young people have identified a number of tips and challenges regarding the use of Annual Reviews as a data collection point. Both local areas have developed strategic outcomes frameworks and associated indicators, and are now exploring opportunities for strengthening the lived experience element of their data collection.

Tips:

- Child and young people must be supported to complete the questionnaire by a familiar and trusted adult in a comfortable environment, so they are able to share honestly about their experiences.
- Supporting adults must have a good understanding of the strategic outcomes, their purpose and how their interpretation varies to suit the individual.
 - E.g. To one young person, independence might be managing their own money, to another it might be choosing what to wear each day.
- Supporting adults must be skilled in supporting the individual to explore and express their views.
- An alternative to the 0-5 scale should be available (e.g. emojis or confidence snails)
- Children and young people must be aware of why they are completing the questionnaire, what will be done with their information and how they will receive feedback on their involvement
- Conversations about strategic outcomes should not overpower conversations about personal outcomes; it may be helpful to tackle both at once and talk about the child or young person's own outcomes in the context of the strategic ones



Challenges:

- Annual Reviews are often inconsistent with limited quality assurance; this needs addressing before Annual Reviews can be a reliable data collection point
- Annual Review questionnaires will only work with a small pool of children and young people, so alternative tools and approaches will be needed to capture the experiences of those who:
 - o Have SEND but do not have an EHCP
 - o Do not wish to attend their annual review meeting
 - o Cannot access a questionnaire (for example those who have low literacy or are non-verbal)
- There can be reluctance to engage in conversations about personal experiences, particularly amongst teenagers; it may be preferable for them to complete the questionnaire in their own time

Further Reading

[Law, D. and Jacob, J., \(2015\) Goals and Goal-based Outcomes \(GBOs\): Some Useful Information, ed. 3 \(CAMHS Press, London\)](#)

[Turner-Stokes, L. \(no date\) Goal Attainment Scaling in Easy Stages](#)

[RCSLT Root should say: Royal College of Speech and Language Therapists Online Outcomes Tool \(ROOT\) Overview](#)

[The outcomes explainers](#)

[Outcomes Based Commissioning and the SEND Reforms](#)

[Latest Data Bulletin](#)

Appendix

Annual Review Lived Experience questionnaire template

| Outcomes statement | What does this mean to you? | How much do you agree? 1 = not at all 5 = completely | Additional comments – what helps you to feel like this, and what stops you feeling like this? Is there anything else you would like to add? |
|---|------------------------------------|---|--|
| My voice is heard | | | |
| I am healthy | | | |
| I am happy | | | |
| I feel supported | | | |
| I feel safe | | | |
| I am included and active in my local community | | | |
| I am able to learn | | | |
| I am in control of my life | | | |

cdc@ncb.org.uk | www.councilfordisabledchildren.org.uk | 0207 843 1900



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