Authors note
This framework and service specification is being developed at a time of flux throughout children’s services at national and local level. Significant changes financially and in relation to statutory duties within children’s services. These changes are set to continue and it is advised that further development work is undertaken to future proof the commissioning tools used for contact monitoring and outcome evaluation. Observations and recommendations to inform this development are included in this report.

The limitations for the author in this work must also be highlighted; the framework reviewed is the product of extensive consultation with stakeholders and therefore co-produced. Due to this the contents of the original framework were required to remain, to remove key outcomes would undermine previously undertaken consultation and potentially risk a second to be undertaken.

About the author
Mark is a researcher and strategist who specialises in the development and use of outcome frameworks to demonstrate the impact of interventions and programmes, particularly for vulnerable youth. He is experienced in both academic and social research using quantitative and qualitative methodologies. Mark is driven by the need to improve the evidence base that informs policy design. In his work he supports organisations to ensure that programme outcomes feed back into evaluation policy at a national and local level as well as into service delivery and improvement. Mark has a particular interest in outcomes for looked after children and regularly works with local authorities, national charities and independent providers of public services.

Recent projects include leading on the data strategy for looked after children in Scotland; the development of an outcome framework for the National Youth Advocacy Service; an evidence review and development of an outcome framework for a consortium of local authorities on behalf of Social Finance; delivery of County wide knowledge transfer seminars for Kent County Council. Mark also acts as expert advisor to the Independent Children’s Homes Association.
Mark has a background in mental health and completed his PhD evaluating outcomes for looked after children at the University of Kent. As well as undertaking research and lecturing at the University of Kent, Mark is Chairman of the Institute for Recovery from Childhood Trauma, the first charity in the UK to solely focus on children's recovery from trauma. Mark is available for commissioned projects independently through his Outcomes of Care consultancy or via the University of Kent.

**About the Commission**

Dr Mark Kerr at Outcomes of Care was commissioned and funded by Hertfordshire County Council on behalf of the Children’s Cross Regional Arrangements Group which they host on behalf of 20 local authorities. They recognized the opportunity and added value that could be sought by responding to the independent evaluation that was carried out on the South East Together framework by Dr Kerr. The report provided an invaluable insight to commissioners of the importance of delivering an evidence-based outcome framework, and the benefit of seeking expert advice to ensure that it was fit for purpose.

**Part 1: Overview and context**

**Overview**

Children and Young People’s Commissioners (Children Looked After and Safeguarding) have transformed the service specification and framework agreement that forms the basis of the relationship with the independent sector for children and young people in, or on the edge of care. Historically these services have been purchased via separate frameworks.

As part of the process of combining the frameworks, HCC have reviewed the mechanisms that are used to evaluate the performance of the providers and the outcomes achieved for the families, children and young people. This process has been undertaken internally at HCC in collaboration with stakeholders. The subsequent result was a revised service specification with accompanying performance measures, indicators and reporting mechanisms.
As part of the development and quality assurance process, Outcomes of Care were commissioned to evaluate the framework. The evaluation process has been iterative with Dr Mark Kerr working alongside the Senior Commissioning Manager and Commissioning Manager to refine the framework and specification. Key criteria that have been used to evaluate the framework include and the following questions posed:

- Are the outcomes are SMART\(^1\)
- Can the outcomes can be attributed to the provider
- Does the provider have control over the mechanisms needed to achieve the outcome
- Do indicators logically or empirically demonstrate change in the associated outcome
- Are there sufficient outcomes and indicators to ensure evidenced needs within the population are monitored
- Are the data required to inform the framework already collected by statutory agencies – thus creating duplication

Further observations and recommendations are made that apply to the framework but also service design. These observations are based on the most up to date evidence – both policy and practice – and should inform future commissioning and service design.

**Context**

Outcomes focused service delivery and commissioning is now commonplace in Children’s Services, a shift away from ‘outputs’. The focus on outcomes not only provides evidence to commissioners and funders that services have an impact and provide value for money, but also allows for the monitoring of improvements for families, children and young people at an individual level. This ensures the situation for the recipient is improved, as well as providing crucial information through feedback loops for organisations to improve their services.

No single form of provision or therapeutic model will meet the needs of all looked after children; any attempt to meet the needs of the looked after population as a

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\(^1\) Outcomes must be **specific, measurable, achievable, realistic, time-limited** (SMART):
whole will require a range of placement options that provide different therapeutic practice models in a variety of settings; i.e. a continuum of care.

For such a continuum to be effective, and to aid practitioners and commissioners who have to identify the most suitable placement to meet a child’s needs, we need an evidence base that indicates what works for which child and when; currently our knowledge in this area is weak. Developing that evidence base requires longitudinal tracking of outcomes through a child’s care journey and into early adulthood. Local authority commissioners are well placed to introduce just such a tracking system.

**Part 2: Outcome Framework Evaluation**

**Outcome Frameworks**

A successful outcome framework includes a holistic set of outcomes statements and include both hard and soft outcomes that evidence change at an individual level, but can also be aggregated to evaluate performance at a provider, district and county level. A pre-requisite for an outcome to be demonstrated is the existence of baseline / Time 1 data; these data indicate *distance travelled* and inform the progress to in achieving the outcomes.

Indicator items should be developed as proxy indicators; whilst the outcome statements identify what HCC expect to achieve – via commissioned delivery partners, the indicators determine whether the outcomes have been achieved. These indicators can be quantitative (numbers or quantities) or qualitative (based on people’s experience, perceptions etc.)

Whilst the outcome framework is suitable for capturing changes for the children and young people in the selected domains, caution must be exercised when attributing change to the client’s situation when they are in receipt of multiple service inputs. *Attribution* is one of the main priorities - whether or not the outcome for the family, child or young person experiences is directly and solely attributable to the provider, or whether the provider *contributed* to the outcome. Often outcome frameworks that form part of contract monitoring request data on outcomes that are the product of multiple inputs; this is not a reliable measure of the quality of an individual provider’s care. This has been a continuous underlying problem present in a significant proportion of outcome frameworks for looked after children.
As a key element of an evidence based model of service delivery, the outcome framework should be underpinned and in harmony with the service’s Theory of Change (ToC).

Box 1: Overview of Theory of Change

A Theory of Change is essentially a comprehensive description and illustration of how and why a desired change is expected to happen in a particular context, in this case local authority care. It is focused in particular on mapping out or “filling in” what has been described as the “missing middle” between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur. These are all mapped out in an Outcomes Framework.

However, currently HCC does not have a ToC in Children’s Services. A brief description of a ToC can be found in Box 1. When combined with the outcome framework, this will allow a comprehensive logic model to be developed including feedback loops to identify how each element of the service is performing.

Recommendation: HCC Children's Services senior managers should consider developing a ToC to inform service delivery and outcome monitoring.

Framework Evaluation

Top level
The initial review of the framework and service specification was desk based and undertaken objectively. A number of strengths were identified as well as areas for improvement. The most important strength is the combining of Intensive Support, Foster Care and Residential Care into a single framework. This step is both bold and forward thinking and very much in line with evidence, reflecting the continuum of care that exists in reality. Moreover, having a fluid framework that encompasses the three services allows for needs based step up and down in intensity of service.
At a conceptual level two areas for improvement identified were the acceptance that there must be equal facilitation of step up as step down; the second area of improvement is that the framework applies to both externally commissioned services and in-house provision. This application will not serve to support the effective development of an appropriate measurement framework for looked after children that can form part of a feedback loop for evaluation. The aggregated outcomes produced using this approach will only ever provide partial information i.e. when in externally commissioned placements. For HCC to fully evaluate performance of services provided requires a complete care journey. It is also crucial to consider the context of care for children and young people who are placed with external providers.

Generally local authorities only look to the market for a placement when internal placement options have been exhausted, or it is clear that the child’s needs are too high to be met in-house. Many of the children placed with independent providers will already have been placed in a local authority placement that has been disrupted or is failing to meet their needs, or the child may have re-entered care on a subsequent care episode.

Equally a child’s care journey may see them return to an in-house placement following a period of accommodation with an independent provider. Given these highly variable care journeys, an outcome framework that only partially captures data will impede the ability to identify which placements are the most effective. Further, it will prevent benchmarking and reduce the HCC’s ability to see if they are receiving value for money. Any outcome framework implemented by a local authority must apply to all forms of placement and all providers – including the local authority itself.

Collecting valid evidence against a set of outcomes is a question of mapping a child’s experience of care and their outcomes over the medium and long term, not of tracking providers. As currently conceived the framework is centred on the provider rather than the child. This is both short-sighted and will provide poor quality data of only marginal utility. To develop a framework that only applies to placements commissioned in the market is ill-advised, it will reduce the data available to better understand which placements are the most effective for which children, a core need for HCC if the care population is to be reduced.
Recommendation: The framework should apply to in-house children's services provision as well as commissioned services to improve outcomes for looked after children and young people.

Format

The initial format of the framework required improvement. Two sets of outcomes and key performance measures had been produced, one for Intensive Support and one for Foster and Residential care. By having two sets this failed to incorporate the bringing together at conceptual level the continuum of care. There was also the absence of a single framework document – one single image – that demonstrates how each of the elements combine to produce a child centred holistic framework.

There also needed to be improvement in the articulation of domains that allow the logical and coherent grouping of outcomes. As part of the review process examples have been shared with the Senior Commissioning Manager.

In collaboration with HCC the author extracted the outcomes and indicators allocating them to appropriate domains. Due to the disparate nature of some of the items it was not possible to allocate them to discrete domains, so the original groupings or ‘themes’ have largely remained unchanged. The combining of a large number of outcomes from the previous individual service framework had meant significant duplication of a number of items. As part of the refining of the framework all duplications had been removed. However, duplication of data items became a consistent area requiring improvement (as in most local authorities) to provide a more in-depth picture to commissioners and senior managers.

Part 3: Further work streams

Duplication of data

It has long been recognized that local authorities and their commissioned services collect a large amount of data about children, young people and families, which is often not used for outcome monitoring. Key examples include the information collected for:
• the SSDA903 returns
• OC3 data on placements
• Regulation 45 inspections of children’s homes

The last of those, Reg 45 visits, are a key example; they are undertaken quarterly and are extremely in-depth, a schedule of the inspection criteria is included in the appendices of this report.

There is also a wealth of information across local authority departments that should be drawn on holistically for outcome monitoring. This includes data from:

• CAMHS monitoring
• YOT / Probation data
• Virtual School
• LAC nurse

The original framework included multiple items that relate to areas of the life of a child or young person where data are already being collected. There was clear evidence that stakeholder views and needs had been considered and responded to within the specification, however, it failed to capitalize on the opportunity to request data sources and existing contract management arrangements.

Along the journey of stripping back the specification to the needs of the child, it became evident that this approach created unnecessary bureaucracy and transactional costs to both the provider and HCC. In the current financial climate HCC would be wise to uphold the spirit of partnership working and eliminate unnecessary requests for data that already exist. Most providers are on more than one local authority framework, with most requiring large volumes of data with questionable value to be sent to commissioners. As well as the cost consideration which is passed on to local authorities, there is also an impact on the child as the administrative burden means social workers and carers have less time to care for the child.

**Recommendation:** All items that relate to outputs and outcomes where suitable substitutes already exist should be removed. HCC to consider work stream to bring all data available on children and young people is migrated to one portal.
A similar situation exists with items that are direct duplicates of minimum and quality standards that are statutory requirements for providers to adhere to and are inspected against. To include such items duplicates the work of the DfE and the OFSTED.

**Recommendation:** All items that duplicate existing statutory duties and inspection criteria that apply to providers should be removed. These can be replaced with an overarching requirement for providers to comply with all statutory requirements and inspections.

**Frequency of data sweeps**

The original framework that was reviewed had a large volume of items expected to be returned quarterly. There is no logical or evidential reason for data to be monitored and will actually reduce the quality of the data. It is unethical and unhelpful to repeatedly ask children and young people for personal information. The reality is also that HCC do not actually analyse the data that are returned e.g. producing time series data to identify distance travelled.

Consideration must be given to the reality that the relationship between HCC and the commissioned providers will involve two sets of outcomes: the first the overarching outcomes that form part of the service specification; the second set are more personalized to the individual child’s needs and should be set by the local authority social worker (LASW) and closely monitored. To fully embrace outcome focused service delivery requires the individual outcomes set by the LASW, and these must be congruent with the overarching outcomes in the framework. During the process of this review it has not been possible to engage with the SW team to review the outcome and indicator bank that is used to inform placement plans. However, they were included in the original framework development.

**Young Commissioners**

The original outcomes weighed too heavily and too frequently on the provider or other professional meeting the child/young person and asking them how they were feeling. Dr Mark Kerr informed Commissioners that the methodology proposed
was not in the best interest of the child/young person and would not provide meaningful data in the original approach.

The value added of Young Commissioners being actively involved in service delivery and contract management identified an opportunity to collect meaningful data through young people talking directly to children and young people.

**Recommendation:** That the Young Commissioner are actively involved in the child/young person’s annual review, and capture feedback and report back to Commissioners as part of the commissioning cycle.

**Conclusion**

The new HCC framework that brings together the forms of care and support in to a coherent framework is to be commended. Whilst the work undertaken between the author and HCC has significantly improved the framework, and avoided potential conflict with sector stakeholders, it is recommended that the framework be kept under review. This is due to the need for the outcomes and indicators to have an over-arching theory or evidence to support them. Much of the review of the framework focused on ensuring that outcomes can be measured, have logical indicators, can be attributed to the providers and is not already collected by HCC. This has been achieved with most items remaining.

The commitment by HCC to recruit young commissioners is also a commendable development. This will produce significant benefits for the commissioning team and ensure that services for children and young people are culturally relevant. In terms of the outcome monitoring for the framework it will allow for independent evaluation of placements and keep the child’s voice prominent. This will require a separate work stream to develop a child and young person friendly data collection tool for the commissioners to use when talking to them.

The framework will provide a solid foundation to implement evidence-based approaches to assist HCC in their overall strategy to reduce the number of children in care. However, for the strategy to be successful will require a radical change to the approach to meeting the needs of some children and their families, which will require a cultural change. Based on conversations with commissioners and Head’s of Service I was left with the opinion that this is currently possible, but that
a deeper understanding of their needs is required to inform decision-making. An expert opinion has been provided in a separate communication to HCC.