



**realising  
ambition**

## **Proving vs Improving**

**Routine outcome monitoring to support  
service improvement efforts**

**Realising Ambition  
Programme Insights: Issue 4**



**About this series:** This series of Programme Insights shares reflections, learning and practical implications from Realising Ambition: a £25m Big Lottery Fund programme supporting the replication of evidence-based and promising services designed to improve outcomes for children and young people.

Rather than writing a long evaluation report at the end of the five-year programme – which would likely be read by very few people – we are instead producing a series of Programme Insights so people can get information about the programme while it is happening in bite-sized pieces.

Some issues, like this one, are **Findings Pieces** that describe preliminary data and learning from the evaluation activities undertaken by the Dartington Social Research Unit, and our reflections upon the implications of these. Others will be **Focus Pieces**, like the first two issues, that present ideas and concepts emerging from the programme. The last type will be **Field Guides**: practical 'how to' guides for a variety of audiences. By sharing ideas, successes, challenges and even some mistakes, we hope to support and inspire others considering, undertaking or commissioning their own replication journey.

Throughout each issue, some words are highlighted in **blue**. For these you will find definitions in the Glossary of Terms box at the end of this piece. There you will also find some key reading we have drawn on in the development of this issue.

**About us:** The Realising Ambition programme is supporting and is powered by [22 organisations](#) – large and small – replicating 25 different services all over the UK. The programme is managed by a consortium of four organisations committed to improving outcomes for children. It is led by [Catch22](#), alongside the [Dartington Social Research Unit](#), [Substance](#) and [The Young Foundation](#). This issue was written by the Dartington Social Research Unit (DSRU), with contributions from all partners in the consortium.



## Realising Ambition Programme Insights: Issue 4

### About this Programme Insight

In this issue – the fourth in the Realising Ambition Programme Insight series – we focus on interim data on the outcomes of beneficiaries served by projects over the last three and a half years.

The Big Lottery Fund, as part of the Realising Ambition programme, commissioned the provision of data on the outcomes of beneficiaries from each of the 25 projects. The initial intention was to provide some indication as to whether beneficiary outcomes were moving in the directions expected. As the programme has developed we – the consortium, projects and Big Lottery Fund – have placed a greater emphasis on how the data collected can support service refinement and adaptation in the context of replication (rather than as a metric for impact reporting, per se).

In Part One of this issue, we describe the Realising Ambition Outcomes Framework and approach to supporting and empowering projects to routinely monitor outcomes.

In Part Two, we present preliminary data from six projects that have concluded their delivery within the Realising Ambition programme. We report on the quality of the data and the main findings.

In Part Three, we reflect on these data and the learning that emerged from this endeavour.

### Part I: Evidence is confidence

In the first issue of this Programme Insight series we suggested that there are five key ingredients of successful replication:

- i. A tightly defined service;
- ii. Effectively and faithfully delivered to those that can benefit from it;
- iii. Confidence that outcomes have improved;
- iv. That the service is cost-beneficial and sustainable; and
- v. That evidence is used to learn and adapt.

In this issue we focus on outcomes and evidence: the third and fifth ingredients. We describe the approach taken within Realising Ambition to empower each of the 25 projects with the tools, skills and confidence to collect, analyse and report data on the outcomes of children and young people receiving services. We present some preliminary findings emerging from the data – a subset of the 40,000 questionnaires completed by children and young people over the last few years – and offer some learning to date.

We draw an important distinction between ‘proving’ and ‘improving’. With the exception of a small number of [randomised controlled trials](#) as part of the Realising Ambition programme, the main focus of the outcome data reporting is on the latter: supporting individual projects to:

- (i) test whether [outcomes](#) move in line with expectations;
- (ii) inform where [adaptations](#) may be required in order to maximise impact and fit the local delivery context; and
- (iii) form a baseline against which to test such adaptations.

We also build on a theme introduced in the second issue of this series: ‘[evidence is confidence](#)’. This alludes to the fact that data and evidence rarely provide a clear-cut truth – that a service ‘works’ or is cost-beneficial. Rather, evidence can support or challenge the beliefs that we, and others, have. Evidence can provide confidence that a service is being delivered as intended, with the expected impact, or point to ways in which it may be improved.

Several of the projects also collected outcome data in their own internal impact reporting platforms and/or via the systems required to be used by the license holders of the service they were replicating. We have restricted our analysis to the data projects collected relating to the [Realising Ambition Outcomes Framework](#), which has been uploaded to the [Views](#) system (see details below).

## The Realising Ambition Outcomes Framework

In this section we describe the [Realising Ambition Outcomes Framework](#), and our approach of organisational empowerment rather than ‘top-down’ evaluation. After presenting some preliminary findings, we offer some reflections and learning on both the process and the emerging data.

A key challenge for [routine outcome monitoring](#) across the portfolio of Realising Ambition projects has been their diversity in focus and activities. While all 25 projects are united by working with children and young people aged 8 to 14 to help prevent subsequent involvement in the criminal justice system, the specific [outcome](#) focus of projects varies enormously. Some projects are school-based, universal prevention programmes looking to improve social or emotional development or reduce substance misuse. Some are family or community-based early intervention services for young people at risk of not fulfilling their potential. Others offer intensive and therapeutic approaches, working with young people with already established and entrenched difficulties.

Projects also worked towards improvements in a diverse range of intermediate outcomes, including behaviour, substance misuse, emotional well-being and mental health, improved family or peer relationships and engagement with school, all as a route to reducing the likelihood of subsequent involvement in the criminal justice system.

In order to provide a starting point for projects about what outcomes to measure and how, and to foster some commonality and shared measurement by projects, we developed the [Realising Ambition Outcomes Framework](#). This provided a broad measurement framework that encapsulated the majority of what the projects were working towards in terms of improvement in beneficiary [outcomes](#). The framework comprises five broad outcome headings:

- i. Improved engagement with school and learning;
- ii. Improved behaviour;
- iii. Improved emotional well-being;
- iv. Stronger relationships; and
- v. Stronger communities.

Under each of these five headings we then provided a number of specific indicators - 31 in total. For example, under the broad outcome header of ‘improved behaviour’ indicators included, amongst others, better cooperation and sharing skills, reduced aggression and misbehaviour and reduced substance misuse. Each indicator was accompanied by a short [standardised measure](#) - previously tested for its [reliability](#) and [validity](#) - that could be completed by children and young people before and after service delivery.

A defining feature of the Realising Ambition approach to outcome monitoring was that we sought to empower the 25 projects to collect, analyse and use the data generated in order to inform service refinement efforts, rather than send an evaluation team to do this on their behalf. We thought it was important to do this in order to build projects’ ownership over the emerging data and to support organisational capacity to monitor outcomes in the future.

The [Dartington Social Research Unit](#) worked with each of the 25 projects over the first 18 months of the Realising Ambition programme to refine their [logic models](#). These comprised a visual representation and accompanying narrative, underpinned by existing evidence, showing how specific service activities were expected to lead to changes in intermediate and ultimate [outcomes](#). It was the outcomes specified in these logic models that in turn helped determine what indicators from the [Realising Ambition Outcomes Framework](#) were chosen. We encouraged each project to be selective in the indicators they adopted (ideally using just one or two), and to tie them as closely as possible to their logic model.

Projects were then supported to develop the appropriate protocols in relation to [informed consent](#) and [data sharing](#). Projects were able to administer the questionnaires online to children and young people via an application built into [Views](#) – the web-based project management and outcome reporting system - or alternatively administer paper-based questionnaires and subsequently input the data into the system. Either way, Views was programmed to score the measures and produce some descriptive analysis about change in outcomes over time.

“ A defining feature of the Realising Ambition approach to outcome monitoring was that we sought to empower the 25 projects to collect, analyse and use the data generated in order to inform service refinement efforts, rather than send an evaluation team to do this on their behalf. ”

Figure 1 illustrates how many projects adopted each indicator as part of the routine outcome monitoring: darker shades indicate greater use across the 25 projects. There are some outcomes and indicators that were monitored by many projects (such as mental health, family management skills and commitment to school), and others (those without shading) that were not adopted by any (such as community cohesion or parent involvement in education).

Figure 1: Overview of the Realising Ambition Outcomes Framework

Improved engagement with school and learning	Improved behaviour	Improved emotional well-being	Stronger relationships	Stronger communities
Better attendance	Better cooperation and sharing	Improved mental health (generally)	Reduced aggressive or violent parenting	Improved local environment
Increased commitment to school	Reduced aggression and misbehaviour	Reduced anxiety and depression	Improved family management skills	Greater attachment to community
Fewer suspensions or exclusions	Reduced anti-social and delinquent behaviour	Reduced impact of mental health problems	Better relationships with parents and improved bonding	Improved civic engagement
Increased parent involvement in education	Reduced risky sexual behaviour	Improved subjective well-being	Improved peer relations	Improved community cohesion
Improved academic confidence	Reduced substance misuse	Improved emotional regulation	Reduced involvement in gangs	
Improved academic performance	Improved perception	Reduced suicidal thoughts and behaviour	Reduced bullying	
Participation in extra-curricular activities			Reduced interaction with anti-social peers	
Increased aspirations for continued education, training and employment				

## Part 2: Preliminary and illustrative data on outcomes from the Realising Ambition programme

The Realising Ambition programme is still under way. Over two-thirds of the 25 projects are currently delivering their services to children and young people and collecting and analysing data on outcomes. That said, we want to share learning from the programme as it develops. As such, at this stage we report some aggregated data on outcomes from six projects that have now exited out of the Realising Ambition programme (due to having 3- or 4-year, as opposed to 5-year, contracts). These projects are not necessarily representative of the wider portfolio of projects and, as such, we cannot generalise these preliminary findings to the rest of the portfolio – but they do, nonetheless, provide a good spread of different types and intensity of approaches being delivered as part of the Realising Ambition programme.

We aggregate and summarise findings for two school-based [universal](#) projects (LifeSkills Training (LST) and Positive Assertive Coping Strategies (PACS)), two [early intervention](#) family support projects (Strengthening Families Programme 10-14 (SFP10-14) and Strength2Strength) and two intensive family support services (Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST)).

We group these projects in this way in order to illustrate some general themes from the findings and because each of these projects sought to improve children's behaviour as a primary or a secondary outcome. As such, they each used the same standardised measure from the [Realising Ambition Outcomes Framework](#) to monitor these

outcomes (the behaviour subscale of the Strengths and Difficulties Questionnaire (SDQ)). As such, we are, at least to some degree, comparing like-with-like.

### Response Rates

Table 1 summarises the response rates of each of these six projects in terms of what proportion of young people served completed the behaviour and aggression pre- and post-service outcome monitoring questionnaires. At the start of the Realising Ambition programme, we set out our expectations to projects in a set of broader Performance and Policy Guidelines. These included the expectation that a minimum of 75% of children and young people receiving a service (or a representative sample of those) would complete the initial [pre-service outcome questionnaire](#), and a minimum of 75% of those would go on to complete the service and complete the [post-intervention outcome questionnaire](#). Response rates lower than this would reduce the confidence that projects and wider audiences would have in the quality of the data.

As can be seen, some projects met and exceeded expectations in relation to response rates. This demonstrates what can be achieved by service delivery organisations committed to gathering data on beneficiary outcomes as a routine part of service delivery. Some projects were not far short from the expected response rates (around the 60% mark), while some struggled to administer sufficient numbers of questionnaires (less than 50% response rates), making it harder to have confidence in the results. This reflects the practical challenges in questionnaire administration and follow-up, particularly in the case of large-scale school-based services or intensive family-support services. (More on this in Part 3).

Table 1: Delivery numbers and questionnaire response rates

Category	Project*	Delivery Numbers	Sub-sample Numbers	Pre-service questionnaire completion rates****	Post-service questionnaire completion rates
School-based prevention	LST	4,078	245**	97%	96%
	PACS	5,540	1,108***	64%	29%
Family Early Intervention	SFP 10-14	589	(n/a)	100%	88%
	Strength2Strength	81	(n/a)	93%	81%
Intensive Family Support	FFT	136	(n/a)	58%	57%
	MST	158	(n/a)	75%	27%

\* LST = LifeSkills Training; PACS = Positive Assertive Coping Strategies; SFP 10-14 = Strengthening Families Programme 10-14; FFT = Functional Family Therapy; MST = Multi-Systemic Therapy.

\*\* Barnardo's administered project-specific outcome monitoring tools to the majority primary school-age beneficiaries (see case study). They administered questionnaires from the Realising Ambition Outcomes Framework only to small sub-sample of beneficiaries in secondary school receiving the 'advanced' element.

\*\*\* Due to a large number of beneficiaries being served, rather than administer questionnaires to all of those served, PACS (and some other projects in the portfolio) were supported to develop a sampling approach. PACS administered questionnaires to a random sample of 20% of children and young people served.

\*\*\*\* The response rates in the above table reflect the proportion administered to either the sub-sample, or otherwise the full delivery numbers.

As previously stated, several projects also collected outcome data in their own internal [impact reporting platforms](#) and/or via the systems required to be used by the license holders of the service being replicated. Barnardo's has, for example, gathered additional data relating to their delivery of Life-Skills Training, which they have published on their [website](#). You can read a summary in the case study within this Programme Insight issue. Similarly, Action for Children has undertaken additional analysis, which they also plan to publish soon. Response rates above and subsequent analysis relate to the information these projects uploaded to [Views](#) only.

### Movement in outcomes

Now we move on to consider the findings. In Part 1 of this issue we described how the primary function of these outcome monitoring data are to support and enable projects to 'improve' what they

do rather than to 'prove' their impact. Routinely collected data on beneficiary outcomes may help projects improve by: (i) testing whether outcomes move in line with expectations; (ii) informing where adaptations may be required in order to maximise impact and fit the local delivery context; and (iii) forming a baseline against which to test such adaptations. The focus of this section is whether routinely collected data on beneficiary outcomes falls in line with expectations (a subsequent issue will focus on adaptation and testing of such adaptations).

Table 2 summarises the proportion of young people whose average scores on the same standardised measure of child behaviour improved, remained stable or deteriorated. It also shows changes over time in the proportion of children scoring above the high need threshold on the SDQ. These data and findings must be interpreted with caution.

“Routinely collected data on beneficiary outcomes may help projects improve by: (i) testing whether outcomes move in line with expectations; (ii) informing where adaptations may be required in order to maximise impact and fit the local delivery context; and (iii) forming a baseline against which to test such adaptations.”

Table 2: Movement in beneficiary outcomes

Category	Project*	Proportion Improved	Proportion Stable	Proportion Deteriorated	Pre-service High need	Post-service High need	Difference
School-based prevention	LST	45%	26%	30%	17%	13%	-4%
	PACS	37%	37%	26%	41%	37%	-4%
Family Early Intervention	SFP 10-14	26%	49%	25%	46%	46%	0%
	BANG	53%	22%	25%	59%	43%	-16%
Intensive Family Support	FFT	49%	22%	29%	53%	43%	-10%
	MST	56%	24%	20%	54%	27%	-27%

\* LST = LifeSkills Training; PACS = Positive Assertive Coping Strategies; SFP 10-14 = Strengthening Families Programme 10-14; FFT = Functional Family Therapy; MST = Multi-Systemic Therapy.

For these six projects that have exited out of the Realising Ambition programme, these preliminary data indicate that the general movement in outcomes falls in line with expectations: outcomes appear to improve for targeted early intervention services (more so for the more intensive and expensive services) and universal prevention services successfully maintain a stability in outcomes when outcomes may otherwise be expected to deteriorate. The absence of a comparison group means we cannot confidently attribute these changes in outcomes to the services themselves.

### Intensive early intervention services

The greatest improvements in beneficiary outcomes are observed for the most intensive early intervention services, working with children and young people with more established difficulties (the intensive family support services). In this case, on average, over 50% of children showed improvements in behaviour (with almost 25% showing stability in outcomes), and the proportion of young people with high levels of behaviour difficulties fell from an average of 54% to 35%.

### Less intensive early intervention services

Positive changes in behaviour are also observed for the less intensive family-orientated early intervention services, albeit to a less marked degree than the more intensive and costly early intervention services. On average, 40% saw improvements in child behaviour, with over 35% showing stability in outcomes. Fewer young people

reported improvements in outcomes than the more intensive family support services, but more reported stability in outcomes. There was also a reduction in the proportion of young people with high levels of behaviour difficulties (from 53% to 45%).

### Universal prevention services

Also in line with our expectations – although not necessarily obvious – is the apparently slight benefit observed for the universal school-based prevention services. These results indicate that outcomes of young people remain relatively stable (ie they do not improve). At a first glance this may be considered an indication of ‘no effect’. Yet for a universal prevention service – designed for all young people, irrespective of need, and delivered at high volume and at a relatively low unit cost – it may be that stability in outcomes when they might otherwise be expected to deteriorate over the natural course of child development, is a good thing. For example, in the context of a school-wide prevention programme operating over a year seeking to reduce alcohol consumption, pre- and post-service data may indicate that rates of alcohol consumption have actually increased. At face value this looks like failure, except that as children get older rates of alcohol consumption increase, so it may be that rates may have increased but less so than they would have done in the absence of the intervention. Stability in beneficiary outcomes – as opposed to a marked improvement – may, in a context of prevention, be a considered a positive result.

“ For the most intensive early intervention services...on average, over 50% of children showed improvements in behaviour...and the proportion of young people with high levels of behaviour difficulties fell from an average of 54% to 35%. ”

## Case Study: LifeSkills Training, Barnardo's

As part of Realising Ambition, Barnardo's has been delivering the LifeSkills Training Programme (LST, or LifeSkills) in schools and communities across the UK – the first UK implementation of this well established and evidence-based programme from the US.

LifeSkills is a structured evidence-based **prevention** programme, which reduces risk taking behaviour in young people. It is delivered to groups of children aged between 8 and 14. It targets the major social and psychological factors that promote the initiation of substance misuse and other risky behaviours. The 'Essentials' component is delivered to children aged 8 to 11 in primary schools, and the 'Advanced' component to children aged 11 to 14 in secondary schools.

Over the last four years Barnardo's has delivered LifeSkills to over 4,000 children in schools and community settings and have **routinely monitored** the **fidelity** of implementation, as well as the **outcomes** of children and young people. It has commissioned and produced a comprehensive report documenting its outcome and fidelity monitoring efforts. You can find the full report here: [www.barnardos.org.uk/lifeskills](http://www.barnardos.org.uk/lifeskills)

In relation to routinely monitoring the outcomes of children and young people, Barnardo's trialed a few approaches and different sets of tools in the first couple of years of delivery. It settled upon the routine administration of the LifeSkills Training Questionnaire – Elementary School Version (LSTQ-ES) to all primary school-age beneficiaries, as well as **Strengths and Difficulties Questionnaire** (SDQ), part of the **Realising Ambition Outcomes Framework**, for secondary school-age children taking part in the 'Advanced' component of LifeSkills. It also completed the LifeSkills Training Questionnaire – Middle School Version (LSTQ-MS) for children aged 11+ completing the advanced level.

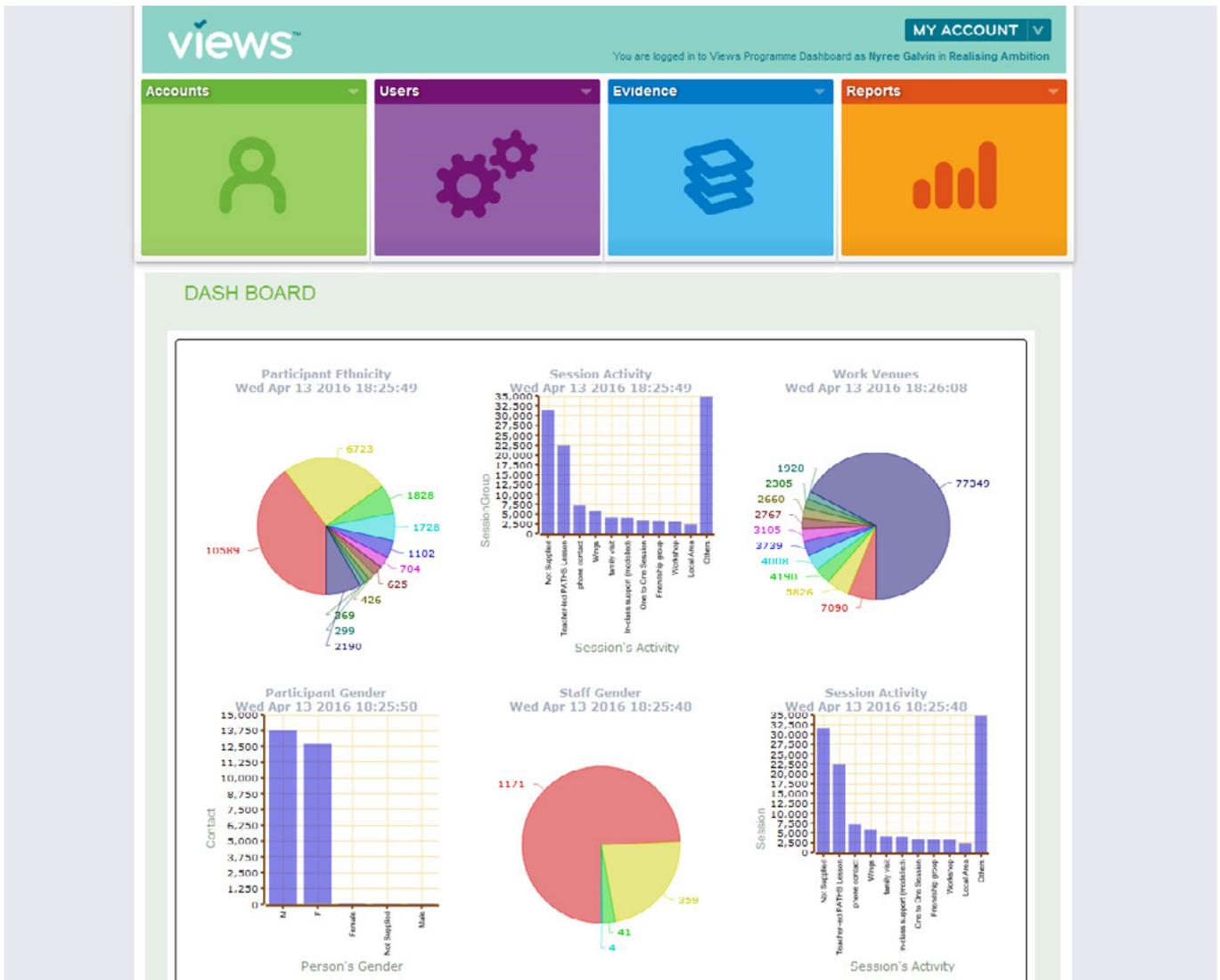
The organisation's analysis of 1160 children completing the primary school Essentials component of LifeSkills between September 2013 and July 2015 shows statistically significant improvements in knowledge (eg of consequences of substance misuse, advertising strategies), attitudes (perceptions of risk and social acceptability) and life skills (eg use of positive refusal skills and coping strategies). It also found that those 502 young people that took part in a following 'booster' set of sessions showed further improvements – indicating that a greater 'dosage' of the service may be associated with a greater change in outcomes.

This begs the question: is delivery of LifeSkills associated not only with changes in knowledge, attitudes and life skills, but also the prevention of behavioral difficulties and substance misuse itself?

Our preliminary analysis of the indicators from the Realising Ambition framework, focused on 245 young people aged 11 and 12, receiving the 'Advanced' component of LifeSkills in secondary schools, provides a cautious indication that changes in knowledge, attitudes and life skills may also be accompanied by the prevention and modest improvement in behavior. When looking at the behaviour subscale of the SDQ, 71% of young people showed stability or improvements in behaviour (45% improving), and the proportion of young people meeting the 'high need' threshold on the SDQ fell from 17% before delivery of LST to 13% after.

The next steps for Barnardo's are to explore whether changes in knowledge, attitudes and life skills, as well as behaviour, are also accompanied by reductions in substance misuse, and what, if any, of these changes may be attributable to LifeSkills itself. Barnardo's is proactively looking for funding opportunities to undertake a randomised controlled trial (RCT) – what would be the first such experimental evaluation of LST in the UK (building upon numerous experimental evaluations in the US).

**“ 71% of young people showed stability or improvements in behaviour (43% improving), and the proportion of young people meeting the 'high need' threshold...fell from 34% before delivery of LST to 26% after. ”**



Screenshot of Views, a web-based project management and outcome reporting system.

As described at the outset, it is not possible, based on these data, to say with confidence that changes in outcomes are **attributable** to the services (ie to 'prove' the impact of the service). To do so would require a comparison with similar young people who did not receive the service (hence the **randomised controlled trials** being undertaken for a small number of Realising Ambition projects). In addition, as described in Table 1, the response rates and follow-up rates are variable, and in some cases low. This limits the confidence one can have in how representative the findings might be of all those that were served.

In summary, these data give some degree of confidence that outcomes are moving in the direction that would be expected, given the nature, duration and intensity of each type of service. More intensive (and expensive) services tend to be associated with greater improvements in outcomes than less intensive services, and universal prevention services tend to hold outcomes steady rather than be associated with significant improvements. Caution is required when interpreting these results. We will update these preliminary findings with data from all the projects as more reach the end of their Realising Ambition grants.

## Part 3: Reflections on the process by which they were generated

In this section we offer some reflections on the process of supporting projects to monitor beneficiary outcomes.

### Less is more

There was a tendency amongst projects to want to select too many **outcomes** and indicators to monitor, in part to 'hedge their bets' about where changes in outcomes may be observed. We discouraged this and suggested monitoring just one or two outcomes on the following grounds:

- (a) outcomes being monitored should only be those in an underlying logic model or theory of change;
- (b) measuring things that are not a core focus puts an unnecessary burden on those providing and processing data; and
- (c) if data are to be used to inform service improvement efforts, then they must be focused on impact in the areas intended.

### Prescription and flexibility

There were some projects for which the **Realising Ambition Outcomes Framework** did not sufficiently capture the crux of what their service sought to achieve in terms of child outcomes. In these cases, projects supplemented some indicators from within the Framework with other indicators and measures more specific to what they do. One example was the Bristol-based '**Be Safe**' programme, which focused on reducing inappropriate sexual behaviour among young people. The Realising Ambition Outcomes Framework did not include this outcome, so we worked with them to identify some additional measures relevant to their work. An outcomes framework can provide a useful foundation from which to support routine outcome monitoring, but some flexibility is likely to be required to accommodate the variety of activities that may be delivered by a mixed portfolio of services.

### Don't double-up

There were a number of **evidence-based programmes** that already had specific outcome monitoring tools that were required by developers or license holders to be used as part of that service's implementation. A requirement to use these, in addition to tools from the outcomes framework, had the potential for duplication as well as putting a greater burden on those providing and processing the data. Within Realising Ambition, given that the focus was on supporting service improvement (rather than attempting to prove impact), we concluded that sacrificing some consistency and commonality in data across projects was worthwhile if data were more likely to be used by projects to inform service refinement and **adaptation**. As such, in some cases, projects used their own existing **standardised measures** instead of tools from the Realising Ambition Outcomes Framework (and some used a combination of both).

### Helpful and unhelpful technology

In any programme adopting a shared measurement approach where it is important that results, methods and lessons can be compared and the most effective solutions identified, the support offered to projects to improve impact practice should be tailored to individual need. The diverse range of organisations delivering services within Realising Ambition meant that some projects required intensive support to collect and manage evidence, while others required light-touch support and had less need for new technology. In Realising Ambition, where projects had little or no experience of using a project management and outcome reporting system, their use of **Views** helped transform their impact reporting practice. Where projects have existing data collection systems, the imposition of additional system could be burdensome. The focus should be on ensuring data standards are met, to a sufficient quality and reported on time and in line with expectations – irrespective of the systems used to collect and manage these data.

## Improving vs Proving: looking forward to the future of routine outcome monitoring

We have presented some preliminary and illustrative data on the **outcomes** of beneficiaries emerging from the Realising Ambition programme and examined the degree to which changes in outcomes fell in line with expectations. Our analysis shows that all 6 projects who have concluded their delivery in the programme have impacted on outcomes in line with expectations, with the 2 most intensive early intervention interventions showing the greatest improvements in beneficiary outcomes. This analysis will be updated using data from all 25 projects in the programme, with more detailed project-specific data being reported via project case studies.

We think the most useful function of **routine outcome monitoring**, in the context of replication, is not to seek to 'prove' impact, but instead to test the degree to which changes in outcomes

fall in line with expectations and to inform service improvement efforts and the testing of adaptations. Too often pre- and post-service outcome data are inappropriately used to make unsubstantiated claims about impact attributable to a service. The reality is that without some form of comparison or **control group**, it is very difficult to make such claims. Over-claiming impact runs the risk of undermining appropriate and valuable use of outcome monitoring to test and challenge expectations and inform service refinement efforts in the context of replication and scale.

If we were to support a replication programme again in the future, we would stress right at the outset the importance of 'improving' and reduce the focus on 'proving'. We think there is potential to make more of these types of data, notably through the **rapid cycle testing** of innovations and **adaptations** to help services replicate and achieve a greater impact at **scale**.

**“ We think the most useful function of routine outcome monitoring, in the context of replication, is not to seek to 'prove' impact, but instead to test the degree to which changes in outcomes fall in line with expectations and to inform service improvement efforts and the testing of adaptations. ”**

## Key Learning Points

- **All six projects that have concluded their delivery in the programme have impacted on outcomes in line with expectations**

Outcomes appear to improve for targeted early intervention services (more so for the more intensive and expensive services) and universal prevention services successfully maintain a stability in outcomes when outcomes may otherwise be expected to deteriorate.

- **Routine monitoring of beneficiary outcomes can support service improvement efforts**

It can support service delivery organisations to: (i) test whether outcomes move in line with expectations; (ii) inform where adaptations may be required in order to maximise impact and fit the local delivery context; and (iii) form a baseline against which to test adaptations.

- **Routine monitoring of beneficiary outcomes – without a comparison group – cannot support claims of impact attributable to that service**

Efforts to 'prove' the impact of a particular service – at least in a particular time or context – require some form of comparison or control group to see whether changes in outcomes are different to what would likely have occurred without that service.

- **Over-claiming impact from pre- and post-service outcome data may undermine legitimate and valuable use of routinely collected outcome data**

In the context of replication and scale, routinely collected pre- and post-service data to inform testing and improvement is legitimate and valuable (if done well). But if these data are used to over-claim about attribution of impact, it may create mistrust of those data, as well as wider efforts of using data on outcomes to inform practice.

- **Outcome Frameworks are a useful starting point... only**

Outcome frameworks are just that – a framework or basic structure from which to base conversations and inform measurement efforts. Yet often the unique and varied nature of service provision will require some degree of flexibility and deviation.

- **Simplicity is sophistication**

Routine monitoring of beneficiary outcomes should be kept simple and brief. Outcomes to be measured should be prioritised based on the core focus of the service being delivered, reflecting the underlying logic model or theory of change of the service.

- **Good response rates in outcome monitoring can be achieved, but it requires commitment and a strong organisational culture of data-driven practice**

This means that data generated are valued and used at all levels of the organisation, from front-line practice to executive leadership.

- **Different intensities of service result in different degrees of change in outcomes**

More intensive (and expensive) services tend to be associated with greater improvements in outcomes than less intensive services and universal prevention services (with greater reach) which tend to hold outcomes steady rather than be associated with marked improvements.

- **Delivery and impact reporting systems are important for informing replication, adaptation and testing, but should not necessarily be mandated**

For delivery organisations without one, a delivery and impact reporting data system can be transformative. Yet when delivery organisations already have one in place, or a licensed model demands use of another, requirements or demands to use another specific system can be burdensome.

## Glossary of Terms

### ■ **Adaptation / adaptable**

Those aspects of a service that may be altered, refined or adapted in order to foster greater engagement, retention or satisfaction of those in receipt of a service (yet do not disrupt the underlying core mechanisms of the service or intervention).

### ■ **Attribution**

In the context of evaluation, this refers to whether or not changes in beneficiary outcomes may be explained or accounted for by a service or activity. A lack of attribution means that it is not possible to know whether or not any changes in beneficiary outcomes were the direct result of the service or activity, or would have otherwise occurred.

### ■ **Control group**

A group of participants within an experimental evaluation who do not receive the programme or service under evaluation, in order to measure the outcomes that would have occurred without the presence of the programme.

### ■ **Data sharing**

The lawful and responsible exchange of data and information between various organisations, people and technologies.

### ■ **Early intervention**

Intervening in the early stages in the development of difficulties (not necessarily at an early age). Early intervention activities or services seek to stop the escalation of difficulties with the aim of promoting subsequent health and development.

### ■ **Evidence-based programme**

A discrete, organised package of practices or services – often accompanied by implementation manuals, training and technical support – that has been tested through rigorous experimental evaluation, comparing the outcomes of those receiving the service with those who do not, and found to be effective, i.e. it has a clear positive effect on child outcomes. In the Standards of Evidence developed by the Dartington Social Research Unit, used by Project Oracle, NESTA and others, this relates to ‘at least Level 3’ on the Standards.

### ■ **Delivery and Impacting reporting system / Client management information system**

Typically a web-based system that allows projects to view their real time data on outcomes, fidelity monitoring, quality assurance processes and other delivery data such as costs and staffing. These systems are useful for monitoring children’s outcomes as they progress through a programme, monitoring the quality of delivery across multiple sites, and testing the results of adaptations to programme components.

## Glossary of Terms

### ■ **Informed consent**

In the context of routine outcome monitoring, the freely given agreement to complete questionnaires in the knowledge about what data is to be collected and how it will be used.

### ■ **Logic model**

A typically graphical depiction of the logical connections between the resources, activities, outputs and outcomes of a service. Ideally these connections will have some research underpinning them. Some logic models also include assumptions about the way the service will work.

### ■ **Outcome**

Outcomes refer to the 'impact' or change that is brought about, such as a change in behaviour or physical or mental health. In Realising Ambition, all services seek to improve outcomes associated with a reduced likelihood of involvement in the criminal justice system.

### ■ **Pre-service intervention questionnaire**

In the context of routine outcome monitoring or experimental evaluation, a baseline questionnaire completed shortly before any service provision takes place.

### ■ **Post-service intervention questionnaire**

In the context of routine outcome monitoring or experimental evaluation, a follow-up to baseline questionnaires completed shortly after the conclusion of service provision (further follow-ups may also be undertaken).

### ■ **Prevention**

Activities or services designed to stop difficulties or possible impairments from happening in the first place.

### ■ **Randomised Controlled Trial (RCT)**

An evaluation that compares the outcomes of children and young people who receive a service to those of a control group of similar children and young people who do not. Within an RCT the control group is identified by randomly allocating children and young people who meet the target group criteria to either the service receipt or control groups.

### ■ **Rapid cycle testing**

An approach, widely used in healthcare innovation, that implements and then tests small changes in order to accelerate service improvement efforts. It builds upon and operationalises the 'Plan > Do > Study > Act' (PDSA) cycle. It promotes rapid iteration in order to support improvement and delivery at scale.

### ■ **Realising Ambition Outcomes Framework**

A measurement framework and set of associated tools designed to support delivery organisations to identify and measure the beneficiary outcomes most relevant to their work. The Realising Ambition framework comprises five broad outcome headings: (i) improved engagement with school and learning; (ii) improved behaviour; (iii) improved emotional well-being; (iv) stronger relationships; and (v) stronger communities. Under each of these five headings are a number of specific indicators – 31 in total. Each indicator is accompanied by a short standardised measure that may be completed by children and young people before and after service delivery.

## Glossary of Terms

### ■ **Reliability**

In the context of outcome measurement, the degree to which a standardised measure consistently measures what it sets out to measure.

### ■ **Routine outcome monitoring**

The routine measurement of all (or a sample) of beneficiary outcomes in order to: (i) test whether outcomes move in line with expectations; (ii) inform where adaptations may be required in order to maximise impact and fit the local delivery context; and (iii) form a baseline against which to test such adaptations.

### ■ **Scale**

A service is 'at scale' when it is available to many, if not most, of the children and families for whom it is intended within a given jurisdiction. Service delivery organisations can scale 'wide' by reaching new places, or scale 'deep' by reaching more people that might benefit in a given place. Replication is one approach to scaling wide.

### ■ **Standardised measure**

A questionnaire or assessment tool that has been previously tested and found to be reliable and valid (i.e. consistently measures what it sets out to measure).

### ■ **Unit cost**

The cost of everything required to deliver a programme to a participant or a family. A unit cost is normally expressed as an average cost per child or family, but can also be expressed as a range (for example, unit costs ranging for "high need" to "low need" cases).

### ■ **Universal service**

A service or activity that is provided to all within a given population or location. There are no inclusion or exclusion criteria.

### ■ **Validity**

In the context of outcome measurement, the degree to which a standardised questionnaire or tool measures what it sets out to measure (i.e. it does not inadvertently measure some related but spurious construct).

### ■ **Views**

Views is a project management and outcome reporting platform, designed to demonstrate social impact and value in the context of revised public sector spending priorities and reforms to public sector provision. Its aim is to improve performance management in the delivery of public / children's services and was born out of a desire to develop a scalable approach to process monitoring and outcome measurement so that the richer forms of evaluation and impact assessment could be made available to the widest possible number of delivery organisations.

## Further Reading

We have drawn on many sources in the production of this Programme Insight. Our top picks for further reading on the themes discussed are listed below.

- Aylott, M., McNeil, B., & Hibbert, T. (2013). *Noticing the change: A Framework of outcomes for young people*. London: The Young Foundation and the Catalyst Consortium.
- Cabinet Office (2014). *Outcomes Frameworks: A guide for providers and commissioners of youth services*. London.
- Charities Evaluation Services (2013). *The CES Resource Guide: Evaluating outcomes and impact*. London.
- Cody, S., & Asher, A. (2014). *Smarter, Better, Faster: The Potential for Predictive Analytics and Rapid-Cycle Evaluation to Improve Program Development and Outcomes*. Brookings Institute.
- Garland, A., Kruse, M., & Aarons, G. (2003) Clinicians and outcome measurement: what's the use? *Journal of Behavioural Health Services Research*. 30, 393–405.
- Hall, C, et al. (2014). Implementation of routine outcome measurement in child and adolescent mental health services in the United Kingdom: a critical perspective. *European Journal of Adolescent Psychiatry*. 23, 239 – 242.
- Inspiring Impact: <http://inspiringimpact.org>
- Johnson K, Gustafson D, Ewigman B, et al. (2015). *Using Rapid-Cycle Research to Reach Goals: Awareness, Assessment, Adaptation, Acceleration*. AHRQ Publication No. 15-0036. Rockville (MD): Agency for Healthcare Research and Quality.
- Kazimerski, A., and Pritchard, D. (2014). *Building your measurement framework: NPC's four pillar approach*. London.
- Provost L, Bennett B. (2015). What's your theory? Driver diagram serves as tool for building and testing theories for improvement. *Quality Progress*. July: 36-43.
- Wolpert, M., Cheng, H. and Deighton, J. (2014). Review of four Patient Reported Outcome Measures (PROMs): SDQ, RCADS, C/ ORS and GBO: their strengths and limitations for clinical use and service evaluation. *Child and Adolescent Mental Health*. Doi: 10.1111/camh.12065

You can find a full list of additional resources we have drawn on at the Realising Ambition website: [catch-22.org.uk/realising-ambition](http://catch-22.org.uk/realising-ambition). This will grow as the series of Programme Insights develop.

## Find out more

**catch  
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