

# UNIVERSITY OF BIRMINGHAM

## DEVELOPING A PILOT 'OUTCOMES BASED' FRAMEWORK FOR MOBILITY AND INDEPENDENCE SPECIALISTS

Report for Guide Dogs

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## EXECUTIVE SUMMARY

This report describes the work undertaken for a research project funded by Guide Dogs. The main focus of the project was to devise and field test through Guide Dogs an appropriate service user mobility and independence tool designed to monitor the outcomes service users and their families/representatives want to achieve in relation to relevant Government initiatives. The research was carried out in three broad phases between September 2010 and March 2011:

- Phase 1: Development and pre-pilot of outcomes framework for children and young people
- Phase 2: Field testing of pilot outcomes framework
- Phase 3: Development and pre-pilot of outcomes framework for adults

The original brief of the project was to develop pilot measures that could be used as an indicator of any change arising from a given mobility intervention in relation to the national Government initiative Every Child Matters (ECM). This agenda details five broad outcomes that services for children were expected to focus upon and demonstrate change as a result of service delivery. Under the broad ECM headings GD had developed more specific outcomes that as an organisation they were seeking visually impaired children, young people, adults, and their families to achieve through their mobility services.

Phases 1 and 2 of the study were structured to inform the development of suitable measures in relation to these outcomes and had the following aims:

- To determine potential outcome measures that have relevance to the targeted Guide Dogs service provision for C&YP across the age range and spectrum of need (e.g. primary, secondary and adult);
- To identify established measures in relation to 'direct' impact measures (e.g. the development of particular target skills such as cane technique, specific routes, specific independence skills, etc) and 'less direct' or 'soft' measures (e.g. locus of control, measures of social networks and friends, broader measures of independent travel etc);
- To detail how information generated from suitable outcome measures could be drawn upon to develop service provision.

During the course of the project the status of the ECM outcomes was changed by the incoming government and they were no longer identified as national ambitions for service providers. The more specific outcomes identified by GD in relation to the ECM agenda were however considered to have relevance and were used as the basis of developing measures for use in a pilot outcome framework. The pilot measures were field tested by 4 mobility officers over a 12 week period with the framework then modified in accordance with their feedback.

Phase 3 of the study was concerned with developing similar measures for use by adult service users, with particular reference to the outcomes outlined in the 2007 White Paper '*Our Health, Our Care, Our Say*'. The development of these measures

drew on similar methods to those adopted for the children's tool with the exception of field testing which was not built in to the project brief. Provisional recommendations are outlined in relation to key themes identified in the study.

## 1 INTRODUCTION

This is a report of a study commissioned by Guide Dogs (GD). The purpose of the study was to develop pilot measures that could be used as indicators of change against broader national outcomes. The study was designed in Spring 2010 in response to a Research Brief prepared by a GD project team. The research was carried out in three broad phases between September 2010 and March 2011:

- Phase 1: Development and pre-pilot of outcomes framework for children and young people
- Phase 2: Field testing of pilot outcomes framework
- Phase 3: Development and pre-pilot of outcomes framework for adults

The original brief of the project was to develop pilot measures that could be used to detect change following a given mobility intervention in relation to the national Government initiative *Every Child Matters* (ECM). As reported by Myers and Barnes (2005) this initiative detailed the following five “outcomes that all services for children were expected to focus upon, contribute and realise change as a result of service resource and effort” (p3):

1. Be healthy
2. Stay safe
3. Enjoy and achieve
4. Make a positive contribution
5. Achieve economic well-being

At the commencement of the project in 2010, the five outcomes were considered to be “universal ambitions” for every child and young person in England, regardless of their background or circumstances. The UK government had worked with partners from the statutory, voluntary and community sectors to define what the five outcomes meant in relation to their own activities. These broad aims were developed into more specific outcomes that GD sought to achieve through their mobility services (Appendix 1). During the course of the project the ECM outcomes were no longer identified as national ambitions for service providers by the new coalition government. The more specific outcomes identified by GD in relation to the ECM agenda were however considered to still have relevance and were used as the basis of developing the framework.

Phases 1 and 2 were concerned with developing and field testing pilot measures in relation to mobility programmes delivered to children and young people. The focus of Phase 3 was on developing pilot measures for adult service users, and in particular to capture indicators of change in relation to the broad outcomes listed in the 2007 White Paper on Health and Social Care (“Our Health, Our Care, Our Say”). The outcome indicators identified by GD in relation to their adult mobility programmes are presented in Appendix 2.

## 2 OVERVIEW OF OUTCOME MEASUREMENT

### Introduction

This section provides a brief overview of “outcomes” outcome measurement”. Key terminology is defined and the particular issues of drawing on an “outcomes based approach” to develop service provision are considered with reference to relevant literature.

### Definition of outcomes

There is broad agreement in the literature that outcomes refer to “changes” that take place as a result of a particular activity, programme or input. As an example, in relation to adults they are described by Burns and Cuppitt (2003) as “the changes, benefits, learning or other effects” that happen as a result of particular activities by an organisation for example, improved confidence or increased skills (p4). This is supported by Myers and Barnes (2005) in relation to young children in describing outcomes as the changes that have been made as a result of a given programme’s activities. A clear distinction is made in the literature between ‘outcomes’, ‘outputs’ and ‘user satisfaction feedback’. As an example Burns and Cuppitt (2003) refer to ‘outputs’ as the detailed activities, services and products of an organisation (e.g. key-work sessions, group-work sessions, or advice and information). They note that “user satisfaction” usually refers to asking clients what they think about different aspects of a service, for example, location, opening hours, or how helpful key workers were.

There is broad consensus that outcomes can refer to changes that take place at either an individual or a service/environmental level. As an example Burns and Cuppitt (2003) distinguish between ‘outcomes for individual’s’ and ‘outcomes for communities” (i.e. those drawn upon for policy change). They note that outcomes can occur at many levels including:

- individual clients
- families
- the community
- the environment
- organisations
- policy.

A similar distinction is made by Myers and Barnes (2005) in describing outcomes that can be:

- Changes in the people the programme comes into contact with;
- Changes in the organisation that the programme comes into contact with;
- Changes in the environment in which the programme operates.

## **Use of an outcomes approach by service providers**

There is a broad body of literature outlining the advantages adopting an outcomes approach can have to different types of service providers. As an example, Burns and Cuppitt (2003) report that an outcomes approach can help services and organisations to deliver more effectively for client groups by making services more client focused and needs led, and by identifying what works well and what could be improved. Indeed they use the term ‘outcome management’ to highlight the importance of using the information from outcome monitoring as an integral part of project planning and review to make a service more effective. The findings of recent empirical work by Ellis and Gregory (2008) investigating monitoring and evaluation in the ‘third sector’ through a national survey, confirms that there is broad support for an outcomes based approach in this sector, whilst highlighting a number of potential pitfalls reported by respondents:

“The sector has welcomed a move away from the previously prevailing “bean counting” culture that equated success with the achievement of outputs, in favour of a focus on benefits for users, and many organisations have welcomed an outcomes approach. Yet value in third sector organisations is increasingly being defined by an organisation’s ability to demonstrate it, and often in ways imposed by external priorities and targets. In an environment of increasing competition, and smarter funding application and tendering procedures, many small organisations with insufficient resources, or those unable to frame their benefits in the language of quantifiable outcomes and impacts, have become increasingly vulnerable” (p v)

Myers and Barnes (2005) argue that outcomes have the “power to answer the question ‘What difference is one particular service making?’” (p3). They note for example that Early Years services in England are expected to “orientate activity to outcomes” (p3), with a clear focus on improving outcomes for children. Further, they report that outcomes are important as they provide a mechanism by which programmes are able to assess the impact that they have had on their beneficiaries:

After describing the implementation and process of delivering services, at some point programmes and services need to produce evidence to document what they have realised for the populations with whom they have been working. That way, observers of the programme are able to attribute value to the work that has been undertaken. (p 5)

They sound a cautionary note however in reporting that developing “a credible description of the programme and the success or otherwise of its provision relies upon a systematic approach to capturing the changes, benefits and impacts that are the outcomes” (p7), and that in adopting an approach to evaluation that focuses on outcomes, all programmes will need “those individuals delivering services to be committed to the process of an outcome focused approach that an evaluative culture can engender as they are often involved in collecting vital information, and recording it appropriately” (p 7). Further, they report that that evaluation should not be seen as “simply proving something”, but rather viewed as “contributing to the programme



dynamic by which services are continually reviewed so that improvements can be made in delivery and outcomes. However, without some attempt to link activities to outcomes, this becomes a hit and miss task.” (p 7)

### **Approaches used to detect change**

A range of approaches are outlined in the literature that can be used to detect change. These approaches are matched to the particular outcomes and indeed as noted by Myers and Barnes (2005) once “outcomes have been identified it makes the evaluator’s task easier by being able to match the approach and method to more reliably measure the anticipated changes” (p18).

A number of guidance documents have been produced that seek to illustrate how outcomes can be identified and changes detected and measured. As an example, Myers and Barnes (2005) outline four main types of programme evaluation in relation to Early Years service delivery:

- **Formative** – evaluation that can be used to discover if there is a need for a particular service (i.e. an evaluation of need);
- **Process** – An evaluation that explores the way the programme and the services provided have been implemented and delivered and can be used to assess how well the programme has achieved its delivery plan ambitions;
- **Output/monitoring** – evaluation to measure the “productivity” of the programme. This involves collecting and reporting “reach data” that includes attendance at events, number of families reached, number of new contacts over a given time period etc;
- **Outcome/summative** – evaluation that seeks to find out what has changed as a result of the programme and its activities. Outcomes can be either short-term or long-term and identifying such outcomes will be an integral part of demonstrating the value of a service, activity or programme.

Myers and Barnes (2005) highlight that outcome evaluation can be considered as “more of an *approach* than a particular method” (p5, italics added) as it relies upon a range of data collection techniques (including qualitative and quantitative). In referring to the delivery of Early Years programmes, they argue therefore that:

“The task of outcome evaluation is to provide evidence of changes, which can be attributed to programme activity, changes that allow the programme to learn and therefore influence service delivery through the dissemination of good practice.” (p 5)

### **Measurement of ‘soft’ outcomes**

Myers and Barnes (2005) report that whilst measuring change is often seen as relying upon hard data (e.g. numbers, percentages, etc), ‘soft’ outcomes (those not so easily defined or assessed) are equally important in the process of measuring change and can be seen as evidence of working towards long-term outcomes” (p14). Examples of these ‘soft’ outcomes for a ‘return-to-work’ programme are listed as key work skills, attitudinal skills, and practical skills. In relation to Early Years programmes, they argue that many programmes are keen to evidence their

contribution through the assessment of changes in soft outcomes. It is noted however that when using soft outcomes as “a short-term measure towards longer-term goals it should be remembered that a credible and evidential pathway by which the long-term outcomes will be affected must be articulated” (p 15).

Dewson, Eccles, Tackey and Jackson (2000, p3) define soft outcomes in relation to adults and employment as “outcomes from training, support or guidance interventions, which unlike hard outcomes, such as qualifications and jobs, cannot be measured directly or tangibly”. They report that soft outcomes may include achievements relating to:

- interpersonal skills, for example: social skills and coping with authority;
- organisational skills, such as: personal organisation, and the ability to order and prioritise;
- analytical skills, such as: the ability to exercise judgement, managing time or problem solving;
- personal skills, for example: insight, motivation, confidence, reliability and health awareness.

They draw upon the term ‘distance travelled’ to refer to “the progress that a beneficiary makes towards employability or harder outcomes, as a result of the project intervention” (p2), noting that:

“The acquisition of certain soft outcomes may seem insignificant, but for certain individuals the leap forward in achieving these outcomes is immense. A consideration of distance travelled is very important in contextualising beneficiaries’ achievements.” (Dewson et al 2000, p2-3).

The notion of ‘soft indicators’ is used by Dewson et al (2000) to describe the means by which it is possible to measure whether the outcomes have been achieved or to ‘indicate’ acquisition or progress towards a given outcome. As an example, they suggest that a project may wish to explore whether an individual’s ‘motivation’ has increased over the length of the project. As this is a mainly subjective judgement other indicators (or measures) such as improved levels of attendance, improved time keeping and improved communication skills, can also be drawn upon to suggest that motivation has increased. Further, they note that whilst there are no set rules regarding which indicators relate to particular outcomes, some of the headings or groupings may be useful in classifying ‘core’ soft outcomes. A summary of such outcomes and relevant indicators in relation to adults and employment is outlined in Table 1.

<b>Types of core 'soft' outcomes</b>	<b>Examples of indicators</b>
<b>Key work skills</b>	The acquisition of key skills e.g. team working, problem solving, numeracy skills, information technology
	Number of work placements
	The acquisition of language and communication skills
	Completion of work placements
	Lower rates of sickness related absence
<b>Attitudinal skills</b>	Increased levels of motivation
	Increased levels of confidence
	Recognition of prior skills
	Increased feelings of responsibility
	Increased levels of self-esteem
<b>Personal skills</b>	Higher personal and career aspirations
	Improved personal appearance/ presentability
	Improved timekeeping
	Improved levels of attendance
	Improved personal hygiene
	Greater levels of self-awareness
	Better health and fitness
Greater levels of concentration and/or engagement	
<b>Practical skills</b>	Ability to write a CV
	Ability to complete forms
	Improved ability to manage money
	Improved awareness of rights and responsibilities

**Table 1. Examples of 'core' soft outcomes and indicators (adapted from Dewson, Eccles, Tackey and Jackson (2000))**

A number of guidance documents offer suggestions on the measurement of soft outcomes (e.g. Dewson et al 2000; Burns and Cuppitt 2003; Butcher and Marsden 2003). These documents provide useful indicators as to the range of ways in which information on outcomes can be collected. This is captured succinctly by Burns and Cuppitt (2003) as being:

- questionnaires
- observation
- interviews
- record keeping and notes

Burns and Cuppitt (2003) report that questionnaires or outcome monitoring forms are considered to be a useful means of gathering responses from a number of clients in

a format in which data can be analysed relatively easily, noting that they can be repeated, so clients can be asked the same questions at later points in time.

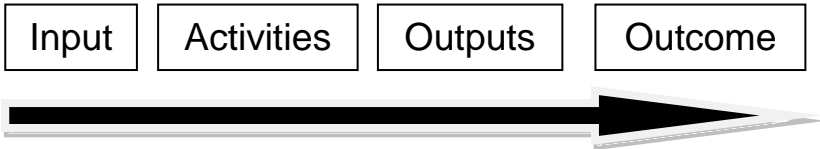
**Evaluating outcomes**

A number of models are described in the literature for conceptualizing how outcomes can be evaluated. As noted by Myers and Barnes (2005), these include the Logic Model (Rossi, Lipsey and Freeman (2004); ‘Object Based Evaluation’ (Luo and Dappen 2005) and ‘Goal Free Evaluation’ (Caulley 1997). The latter does not draw on predetermined goals and as such enables evaluators to focus on ‘actual outcomes’ rather than solely the intended programme outcomes. As Myers and Barnes (ibid.) report, therefore “this type of evaluation is particularly adept at identifying unanticipated outcomes” (p 10).

Myers and Barnes (2005) suggest that despite the range of models available, “the use of logic models in planning provides a mechanism by which a wide range of data sources can be considered” (p 11), as they can facilitate ‘triangulation’, a process of confirming findings by examining different data or perspectives. Similarly, the logic model is described as useful given that it “takes into account the expressed outcomes that the programme is attempting to influence or change” (p 11), and is outlined at a basic level as “a systematic and often visual way of demonstrating relationships between resources used, the activities those resources facilitate and the changes that you hope to achieve” (Myers and Barnes 2005, p8). The ‘basic’ logic model connects a “variety of information available to a programme in order that an assessment can be made about what works and why” (Myers and Barnes 2005, p 8) and includes the following components:

- Inputs: resources used to plan, implement and provide a programme and the services it delivers;
- Activities: the activities and services that the inputs realise. These are delivered with the outcomes in mind;
- Outputs: the productivity of activities in terms of the particular output criteria (including objectively quantified measures such as number of people using a service)

A summary of the basic logic model is outlined in Figure 1.



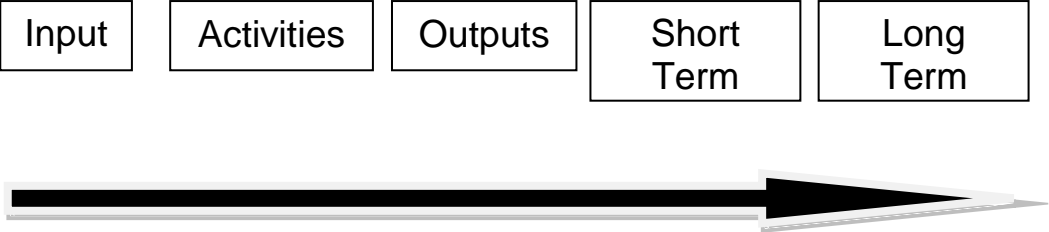
**Figure 1. Basic Logic Model (adapted from Myers and Barnes 2005)**

The basic model has been further developed as an ‘Enhanced Logic Model’ to capture the fact that many of the outcomes programmes are seeking to achieve are long-term by nature. It is reported by Myers and Barnes (2005) that local evaluation “therefore needs to capture a range of outcomes that reflect what is happening in the

shorter term in order to demonstrate progress” (p8). Within the enhanced model a clear distinction is made between short and long term outcomes:

- Short term outcomes: described as “the stepping-stones by which progress towards the longer-term goals can be assessed” (p 10), with measurement relying on both qualitative and quantitative documentation.
- Long term outcomes and impacts: these outcomes provide the focus of the programme planning and implementation.

A summary of the Enhanced Logic Model is presented in Figure 2.



**Figure 2. Enhanced Logic Model (adapted from Myers and Barnes 2005)**

The relevance of such a model to the focus of the project is considered further in the Discussion and Recommendations section.

### 3 METHODS

#### Phase 1 – Design of pilot outcomes measures (C&YP) 1 July – 20 September

Phase 1 of the study was structured around the following key activities:

- A literature review to determine potential outcome measures that have relevance to the targeted Guide Dogs service provision for C&YP across the age range and spectrum of need (e.g. Early Years, Primary, Secondary and MDVI). The review was used to explore relevant conceptual and methodological issues that need to be considered in developing a pilot system for children with visual impairment. It was also drawn upon to detail how information generated from suitable outcome measures had been used to develop service provision. Key findings from the review of literature are included in Appendix 3.
- An audit of current record keeping within relevant Guide Dogs services with a view to establishing what outcome measures are in place and how they feed in to service developments. This involved a telephone interview with the Vision Support Services Manager (Children's Services).
- Discussion with representatives from Guide Dogs through the project steering group meetings to explore the types of outcomes measures considered to be appropriate to the targeted service provision, and how information generated from these can be used to develop service provision.
- Through discussion with GD, formulating key outcome indicators in relation to ECM outcomes and development of pilot outcome measures in relation to each indicator to capture evidence of change (Appendix 3). To capture the range of contexts in which mobility programmes are delivered, the pilot measures were structured around three broad headings:
  - Mobility in and around the child's school
  - Mobility in the child's home area
  - Mobility in the child's leisure time
- The measures were collated into three pilot tools to reflect the key age bands within the National Curriculum:
  - Pilot Tool 1: KS1 (5-7 years)
  - Pilot Tool 2: KS2 (7-11 years)
  - Pilot Tool 3: KS3&4 (11-16 years)
- Provisional guidance was developed to indicate how each tool was intended to be used. A pre-pilot was undertaken with 11 children at a special school for children with visual impairment located in the West Midlands, by the UoB team. The main purpose of the pre-pilot was to explore whether the children understood the language used and whether the questions were relevant and covered all aspects of their lives that they considered to be important.

## **Phase 2 - Field testing pilot outcome measures 21 September– 20 January**

Phase 1 of the study was structured around the following key activities:

- The UoB project team assisted Guide Dogs services, in collecting and collating data for analysis in order to field-test the outcome measures over a three month period with a selection of service users and/or their families/representatives. The tools were piloted by mobility officers in four GD Vision Support Services located around the UK with a total of 16 children with visual impairment and their parents and key professional; of these, 3 used the KS1 tool, 8 used the KS2 tool, and the remaining 5 used the KS3&4 tool, and 6 of the children had additional learning difficulties.
- The UoB project team carried out semi-structured telephone interviews with the four mobility officers involved in the piloting stage to gather feedback on the usability and relevance of the tool. Thoughts were given regarding the value of the tool and how it fits alongside other assessment tools currently used by services, along with recommendations for revising the tool in relation to question wording and additional clarification of the guidance for using the tool.
- Drawing on the feedback, the UoB project team revised the outcome measures and developed a second draft of the pilot tools.
- The guidance on using the tool was also revised in accordance with feedback from the four respondents.

## **Phase 3 - Design of pilot outcomes measures for use by adults**

Phase 3 of the study was structured around the following key activities:

- Through discussion with GD, formulating key outcome indicators in relation to relevant outcomes from the 2007 White Paper '*Our Health, Our Care, Our Say*'. Drawing on the tools developed in Phase 1 to design pilot outcome measures in relation to each indicator to capture evidence of change.
- Collation of measures into one pilot tool with provisional guidance developed to indicate how each tool was intended to be used.
- A pre-pilot undertaken with 8 adults with visual impairment at a national specialist college that includes blind and visually impaired students; seven participants were students and one was an employee of the college. As with the pre-pilot of the children's tools, the main purpose of the pre-pilot was to check the clarity of the question wording, the relevance of the questions to the participants, and whether there were any additional outcomes that should be covered.

- Drawing on the feedback, the UoB project team revised the outcome measures and developed a second draft of the pilot tool.
- The guidance on using the tool was then revised in accordance with feedback from the respondents and from the piloting of the children's tools.

Copies of the children's and adult's pilot tools developed for the project are presented in Annex 1.



#### 4 KEY THEMES IDENTIFIED IN THE STUDY AND PROVISIONAL RECOMMENDATIONS

Burns and Cuppitt (2003) provide an overview of different monitoring forms which can be drawn upon for the purpose of outcome evaluation, and offer a useful distinction between ‘outcome monitoring’ and ‘outcome management’:

**Outcome monitoring** is the regular and systematic collection of information over a period of time. It allows an organisation to gather and report information as well as assess changes that have taken place.

**Outcome management** involves using the information from outcome monitoring to make a service more effective. Outcome management is not limited to monitoring for accountability purposes, but is an integral part of project planning and review.

This distinction is drawn upon to report key themes identified in the study. Provisional recommendations are outlined in relation to each theme.

##### Outcome monitoring

	Key Theme	Provisional Recommendation
1.	A key limitation of the research was that within the project design neither the child nor adult tool was piloted to monitor and record change over a period of time following a mobility programme. This suggests that the frameworks developed for the study should continue to be viewed as <i>pilot</i> tools and as such be subject to ongoing monitoring and further development as part of internal research activity within the organisation to ensure they can offer appropriate ‘indicators of change’ over time.	<ul style="list-style-type: none"> <li>It is recommended that the pilot tools should be appropriately field tested within the organisation to ensure they provide suitable measures of change of a given period of time (e.g. 6 months, 1 year etc) for each client group.</li> <li>The focus of the field testing should include the relevance of the response categories used within each tool to particular client groups (e.g. younger children and clients with learning difficulties).</li> </ul>
2.	Feedback from respondents in the study highlighted the importance of ensuring MOs are familiar with the purpose of the tools and how they were intended to be used. Evidence from Phase 2 of the study suggests MOs value being involved in the whole process of monitoring and reviewing change with a service user.	<ul style="list-style-type: none"> <li>Pilot guidance has been produced by the UoB project team to accompany the respective children and adult tools (Annex 2). The use of this guidance could usefully form the basis of ongoing professional development sessions for M&amp;I officers to ensure consistency in</li> </ul>

		<p>approach across the organisation.</p> <ul style="list-style-type: none"> <li>The guidance can be modified by GD in accordance with feedback from practitioners.</li> </ul>
3.	<p>Measurement of change in relation to children with MDVI presents practitioners with particular challenges. Whilst the KS1 tool may be the most appropriate in the short term, particular attention should be given to developing appropriate measures (and response categories) that have relevance to the needs of these children.</p>	<ul style="list-style-type: none"> <li>As part of the ongoing review of the pilot tools, particular consideration should be given to developing appropriate measures for monitoring and recording change in relation to children with MDVI. Reference to other similar studies can provide helpful reference points for this purpose (e.g. Sloper et al 2009).</li> </ul>
4.	<p>The tools developed for the study resonate with key themes identified in the 2011 Government Green Paper on SEN and Disability (e.g. parents as partners; importance of multi-agency work etc). Such themes could be incorporated into the revised guidance document and overall organisational approach.</p>	<ul style="list-style-type: none"> <li>To review the pilot guidance document and revise at regular intervals to reflect national initiatives.</li> </ul>

### Outcome management

	Key Theme	Provisional Recommendation
1.	<p>The success of the tools developed for this project (i.e. subjective measures of perceived change over a period of time) depends to a large extent on how they are used as part of a broader and systematic approach to capture the changes, benefits and impacts. This suggests that careful consideration needs to be given to ensuring that the measures are appropriately embedded in the structures of the organisation.</p>	<ul style="list-style-type: none"> <li>A systematic and transparent approach to capturing the changes, benefits and impacts of the mobility programmes within the organisation should be developed to show how the tools fit into a broader approach of outcome monitoring and evaluation.</li> <li>Practitioners delivering services should be committed to the process of an outcome focused approach as part of an evaluative culture within the organisation and appreciate how the tools developed for this study fit within such an approach. The pilot guidance developed for each tool</li> </ul>

		<p>should be helpful in this respect.</p> <ul style="list-style-type: none"> <li>• It may also be helpful to develop a suitable model to show how the outcomes feed in to the broader service delivery. The 'enhanced logic model' (Myers and Barnes, 2005) offers one possibility and provides a helpful way of distinguishing between input, activity and outputs and outcomes (short and long term). An example of how the enhanced logic model can be drawn upon for outcome evaluation in relation to a specific GD outcome is presented in Appendix 7.</li> </ul>
2.	<p>The scoring of the pilot tools was not addressed as part of the field testing carried out in Phase 2. Further discussion is therefore required to consider how the scores can feed into broader systems within the organisation. Key issues to consider in this discussion are captured in a short paper prepared by VICTAR (Annex 3).</p>	<ul style="list-style-type: none"> <li>• GD may find it helpful to draw on the key issues identified in the paper on 'scoring' when considering how the scores can feed into broader systems within the organisation (Annex 3).</li> </ul>

## 5 CONCLUSIONS

This project was concerned with developing outcome measures in order to monitor and record changes that have taken place following a given mobility and independence programme. As noted in the Introduction to the report, Myers and Barnes (2005) refer to this type of evaluation as ‘outcome/summative’ noting that such an approach seeks to find out what has changed as a result of the programme and its activities. Such outcomes can be either short-term or long-term and identifying such outcomes is an integral part of demonstrating the value of a service, activity or programme. However, as noted by Butcher and Marsden (2003) a key challenge for service providers is to ensure that the measurement of soft outcomes is used not just to satisfy funders, but also is:

“utilised to provide real benefits for the voluntary and community sectors to benefit clients and project workers. Measuring soft outcomes and distance travelled shows clients the progress they are making and have made. The evidence reveals to workers how the project is going and indicated directions for further developments. A system of measuring soft outcomes that is simple to use, easily understood and interpreted, and puts the client’s needs at the centre of any measuring process is desirable regardless of any funding considerations.” (no page number)

As reported by Ellis and Gregory (2008) however, some organisations are “still struggling to come to terms with an outcomes approach” with nearly one-third of funders approached as part of a national survey reporting that they found outcomes data ‘frequently’ limited or incomplete, and one-third found that it was “frequently not convincing” (p43). They note that early moves by “funding bodies towards an outcomes approach brought warnings by some commentators about some of the possible negative effects of an overriding emphasis on an outcomes based approach” (p45) citing as examples, “the potential to penalise programmes with hard to measure outcomes, presenting outcomes in an unrealistic way in order to secure funding and measuring within an unrealistically short timescale” (p46). Issues raised in the survey included:

- rigour and methodology (e.g. one funder was concerned about the inherent encouragement to “claiming” outcomes without real evidence);
- a trend towards a more “pseudo-scientific” approach to measuring outcomes;
- concerns about funder expectations of proof of causality and their ability to attribute outcomes to specific interventions (e.g. where a number of organisations were involved in a programme).

The success of the particular tools developed for this project (i.e. subjective measures of perceived change over time) depends to a large extent therefore on how they are used as part of broader and “systematic approach to capturing the changes, benefits and impacts that are the outcomes” (Myers and Barnes 2005, p7). This suggests that careful consideration needs to be given to ensuring that the pilot tools are appropriately embedded in the structures of the organisation. The key themes identified in the discussion and subsequent recommendations should be helpful in this process.

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## APPENDICES

### Appendix 1: Summary of the outcomes Guide Dogs seek to achieve through their M&I services (children and young people)

1.	To move independently and safely to and around all desired destinations – school, further education, training, employment, voluntary work, and leisure, recreation and sporting activities
2.	To be healthier, because of increased physical activity
3.	To feel a sense of enjoyment and achievement because of the increased mobility and physical activity itself and because of the new opportunities that are thereby opened up
4.	To feel an increased sense of personal control with a wider array of choices
5.	To have a much greater opportunity to make a personal contribution of choice – education, training, work, volunteering, sporting and social
6.	To have the chance to achieve greater economic wellbeing through work opportunities that would not have otherwise been possible
7.	To feel an increased quality of life and higher levels of self-esteem and self-worth
8.	To feel an increased sense of integration and a reduced sense of isolation, and an increased sense of independence and a reduced sense of dependence

**Appendix 2: Summary of the outcomes Guide Dogs seek to achieve through their M&I services in relation to the 2007 White Paper ‘Our Health, Our Care, Our Say’**

We want adults to “be healthy”. In relation to GD mobility programmes this means:

- *Adults feel safer from accidental injury*
- *Adults feel physically well*
- *Adults feel emotionally well*

We want adults to “be able to exercise choice and control”. In relation to GD mobility programmes this means:

- *Adults feel they have more choices as to what they do*
- *Adults feel they have more control over when and how they exercise those choices*
- *Adults feel more able to carry out vital tasks in relation to their lives*

We want adults to “be free from discrimination or harassment”. In relation to GD mobility programmes this means:

- *Adults feel more able to go where they want*
- *Adults feel more able to access the social, leisure and sporting activities they want to*
- *Adults feel more able to sustain involvement in the education and learning they want to and are qualified to*
- *Adults feel more able to access or sustain the paid work and voluntary work they want to*

We want adults to “have a good quality of life”. In relation to GD mobility programmes this means:

- *Adults feel they have a better quality of life*
- *Adults feel more able to sustain vital social relationships and support systems*
- *Adults feel more able to fulfil vital family and other social roles and responsibilities*
- *Adults feel happier about their lives*
- *Adults feel they have more opportunities in their lives*

We want adults to “have economic wellbeing”. In relation to GD mobility programmes this means:

- *Adults of working age feel they have a better chance of getting or retaining a job – including accessing the education and training they need to support this if needs be*

- *Adults feel they are more able to access the benefits to which they are entitled*
- *Adults are more able to choose the goods and services they require*

We want adults to “maintain personal dignity”. In relation to GD mobility programmes this means:

- *Adults feel they are treated with more respect*
- *Adults experience a greater feeling of self worth*

We want adults to be able to make a positive contribution. In relation to GD mobility programmes this means:

- *Adults feel they are making a more positive contribution*
- *Adults feel they have the confidence to deal with significant life changes and challenges*



## **Appendix 3: Summary of key themes identified in literature review: Measurements of quality of life indicators for children with visual impairment**

### **Background**

A summary of literature was undertaken as part of Phase 1 of the study to identify what tools had been drawn upon to measure “quality of life” indicators in children with visual impairment. A search of several databases was carried out including: specialist visual impairment databases held by the AFB, TSBVI and the RNIB; a searchable electronic database maintained by VICTAR that contains more than two thousand article abstracts, including a large number of articles relating to education published in the *BJVI* and *JVIB*; and a number of databases accessed via the University of Birmingham’s e-library service including Dialog DataStar (including ERIC, British Educational Index, Australian Educational Index), CSA Illumina (including ASSIA, Education—a SAGE Full-Text Collection, Social Services Abstracts, Sociological Abstracts), OVID (including PsycInfo).

The search terms “quality of life”, “social”, “emotional”, “interpersonal”, “friendship(s)”, “self concept”, and “self worth” were used. An asterisk was used for truncation in some of the databases for quicker searching: for example, “visual\* impair\*” would find instances of “visual impairment” as well as “visually impaired”, and “child\*” would find articles with “child” and “children” as well as other possible variations of the word. In addition, Boolean operators were used to ensure that literature was found that related to children AND (Boolean operator) visual impairment AND (Boolean operator) the topic. It was clear from an early stage of the review that many measures of quality of life (QoL) are designed to be used with adult populations that would be inappropriate for use with children and young people. Therefore the search for literature focused upon measures that had been designed for children, whether carried out by proxy (e.g. with parents) or with children themselves.

### **Key themes identified in the literature review**

#### *Measurement of soft outcomes in relation to mobility and independence*

- The importance of psychological and social factors such as motivation, self-confidence, anxiety and motivation in influencing an individual’s ability to move through the environment without vision or with reduced vision is well documented in the literature (e.g. Blasch, Weiner and Welsh 2000; Stone 1995, Lewis and Iselin 2002).
- It is also reported that that “the casual relationship between the acquisition of discrete skills and an improved quality of life” through the development of these factors may not be obvious. As Crews and Long (1997) note the challenge for the field is “to develop measures that can characterise both the acquisition of particular skills and the more elusive factors of self-esteem, social integration, and attitudes towards blindness of visual impairment.” (p11).
- Although these more ‘intangible’ outcomes are considered to be “notoriously difficult to measure” (Butcher and Marsden, 2003, p1) over the past few years, attention has been given to the issue with an increasing literature base emerging on recording what are increasingly captured under the term

'soft' outcomes (e.g. Butcher and Marsden 2003; Burns and Cuppitt, 2003; Myers and Barnes 2005).

### *Outcomes measures relating to children's quality of life*

- The review uncovered a number of journal articles describing various measures designed to assess children's quality of life. Most related however either to the general population of children (i.e. non-disabled), with a few looking at disabled children generally and fewer still looking at specific disabilities.
- Examples include: The Behavioral and Emotional Rating Scale: A Strength-Based Approach to Assessment; B/G-STEEM: A Self-esteem Scale with Locus of Control Items; KIDSCREEN-52 generic health-related quality of life (HRQoL) questionnaire for children and adolescents; the DISABKIDS generic quality of life instrument.

### *Children and visual impairment*

- There is evidence in the literature that a single method is not appropriate to capture the outcomes associated with different types of intervention programmes across the range of ability and need within the population. This suggests the need for a broad system that draws upon a range of methods that can be differentiated for use with particular client groups (e.g. young children, children with intellectual disabilities, older children etc).
- Whilst few measures have been designed exclusively for children with visual impairment two recent studies report on the development of instruments for children with low vision which offer interesting possibilities for measuring a child's ability to participate in a range of daily activities.
- Cochrane, Lamoureux and Keeffe (2008) describe the development of a questionnaire for children with low vision to describe the impact of vision impairment on participation in everyday activities (e.g. school/specialist instruction, social interaction, family, community and vision impairment peer interaction).
- More recently, Khadka et al, (2010) report on the development of a 25-item questionnaire described as valid and a reliable instrument to measure the visual ability of children with low vision in a range of activities that are important to them, demonstrating the nature and degree of difficulties that they experience on a day to day basis.
- Such instruments suggest interesting possibilities for monitoring change resulting from a given intervention programme and potentially could be incorporated as an additional 'baseline' method within a broader outcomes system.

### *Normative developmental models*

- Evidence from research raises questions about the relevance of outcomes frameworks based on normative developmental models for assessing outcomes for disabled children. As an example, Beresford et al (2007) note that there is a need to widen the definitions and indicators of key concepts in

these frameworks to take account of disabled children's views and capabilities.

### Child/parental engagement

- Evidence in the research literature to underline the importance of supporting parents to help their children to achieve their desired outcomes.
- As an example, Beresford et al (2007) report that there can be problems in staff and parents' understanding the concept of outcomes particularly when "accustomed to a culture of service-led assessment rather than assessments which tried to ascertain what they aspired to achieve for the child or themselves from service provision". "However, among those who did understand the outcomes approach, views were positive. It was felt to promote a more in-depth and holistic understanding of the family, and to empower staff and parents to 'think outside of the box' in identifying what could be done to achieve desired outcomes". (p xii)

### *Including the voice of the child*

- A particular challenge identified in the literature is to develop methods to facilitate the direct participation of the children and young people. As an example Beresford et al (2007) report that this continues to be a challenge in practice although it is noted that involving these children can take a considerable amount of time, particularly when exploring more abstract concepts such as 'aspirations'.
- Outcome measures will only measure the child's *perception* of their ability (and their perception as to whether their abilities have improved as a result of any programme of intervention). Whilst this is of value in itself, studies have shown that disabled children often view their abilities more positively than the general population would view them (see for example Jelsma and Ramma, 2010). Whilst this is perhaps a good thing (that they view themselves more positively), it is a reminder that measures of quality of life draw upon subjective viewpoints rather than an objective account of their abilities and progress.
- An important finding from the literature review is that the measurement of treatment and rehabilitative outcomes, particularly in eye care, has traditionally relied upon the proxy method whereby carers and/or professionals have been asked to answer on children's behalf. However, Khadka et al (2010) describe how the literature relating to both adults and children has shown that information provided by proxy-respondents is not equivalent to that reported directly by the patient. Of course, there are circumstances where the use of a proxy is justifiable, e.g. when children are very young, or have a sufficient learning difficulty, or are too ill to participate.

### *Conclusions*

- A key conclusion to emerge from the literature reviewed is that developing a system to measure softer outcomes is not an exact science "and any scoring system can only reflect indications of movement towards achieving soft

outcomes rather than producing an exact measurement” (Butcher and Marsden, 2003, no page number).

- The range of need in the population of children with visual impairment (e.g. McLinden and McCall 2002) suggests that a single system or indeed a single instrument is not applicable for use in all contexts. Further, as Lloyd and O’Sullivan (2003) report, not all soft outcomes lend themselves to being measured and as such there may be times when it is not appropriate to measure particular soft outcomes.
- As noted by Butcher and Marsden (2003), a system of measuring soft outcomes that is “simple to use, easily understood and interpreted, and puts the client’s needs at the centre of any measuring process is desirable regardless of any funding considerations” (no page number).

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**Appendix 4. Provisional mapping GD outcome indicators with pilot questionnaires for children and young people**  
(GD to finalise during piloting of tools)

	<b>Outcome indicators</b>	<b>ECM Outcome/s*</b>	<b>KS1</b>	<b>KS2</b>	<b>KS3&amp;4</b>	<b>FE</b>
1	<i>Increased confidence in moving independently and safely to and around all desired places - school</i>	2, 3	Child: A1, A2, A3, A4, A7, C3, C5, C7, C8	Child: A1, A2, A3, A9, D5, D7	Child: A1, A2, A3, D5, D7	Could be modified from KS 3/4 for FE college environment
			Adult: A1, A2, A3, D5, D8	Adult: A1, A2, A3, A9, D5, D8	Adult: A1, A2, A3, D5, D9	
2	<i>Increased confidence in moving independently and safely around all desired destinations - home area</i>	2, 3	Child: B1, B2, B3, B4, B7	Child: A9, B1, B2, B3, B4, B5, C2, D5, D7	Child: B1, B2, B3, B4, B5, B6, B7, D5, D9	Could be modified from KS 3/4
			Adult: B1,B2, B3,B4, D5,D8	Adult: A9,B1, B2,B3, B4,B5, C2, D5 D8	Adult: A1, B1, B2, B3, B4, B5, B6, B7, C2, D5, D9	

3	<i>Increased confidence in moving independently and safely to and around all desired destinations – leisure and recreation activities</i>	2, 3	Child: -	Child: B7,C1	Child: C1, C2	Could be modified from KS 3/4
			Adult: C1,C2, D5, D8	Adult: C1, C2	Adult: C1, C2	
4	<i>Increased confidence in moving independently and safely to and around all desired destinations – further education, training, employment, voluntary work</i>	2,3	Child: N/A	Child: N/A	Child: N/A	To be developed
			Adult: N/A	Adult: N/A	Adult: N/A	
5	<i>Increased communication skills</i>	3,4	Child: A5,C4, C8,C9, C11	Child: A5,D4, D6	Child: A4, D4, D6	Could be modified from KS 3/4
			Adult: A5 D4, D6	Adult: A5, D4, D6	Adult: A4, D4, D6	
6	<i>Increased sense of inclusion - school</i>	3,4	Child: A6,C1, C2,C4, C9	Child: A6,A7, D3, D4	Child: A5, A6, A7, D3, D4	Could be modified from KS 3/4
			Adult: A4,A5, A6,A7, D2,D3, D10	Adult: A4,A6, A7,D3, D4	Adult: A5, A6, A7, D3, D4	

7	<i>Increased sense of inclusion – home area</i>	3,4	Child: B5,	Child: C3,C4, D3	Child: C3, C4, D3, D13	Could be modified from KS 3/4
			Adult: C3,C4, D3,D10, D12	Adult: C3,C4, D3,D12	Adult: C3, C4, D3, D13	
8	<i>Increased sense of confidence at school</i>		Child: A5, C9	Child: D10	Child: D12	Could be modified from KS 3/4
			Adult: D11	Adult: D11	Adult: D12	
9	<i>Increased sense of achievement</i>	3,4	Child: N/A	Child: D8	Child: D8, D9, D10, D14	Could be modified from KS 3/4
			Adult: D9, D13	Adult: D9,D13	Adult: D8, D9, D10, D14	
10	<i>Increased sense of personal control with a wider array of choices</i>	3	Child: A6, A7, B6, B7, C5, C6, C7,	Child: B2, D9	Child: C1,D8, D9,D11, D15, D16	Could be modified from KS 3/4



			C11			
			Adult: A7,D10, D13	Adult: B2,D10, D14,D15	Adult: B2, D8, D9, D11, D15, D16	
11	<i>Increased opportunity to make a personal contribution of choice (e.g. in relation to education, training, sporting and social)</i>	3	Child: -	Child: D9,D11	Child: B2, D11, D16, D17	Could be modified from KS 3/4
			Adult: D13	Adult: C1,D10, D14, D15,	Adult: B2, D11, D16, D17	
12	<i>Increased opportunity to achieve greater economic wellbeing through access to work opportunities</i>	5	N/A	N/A	N/A	To be developed
13	<i>Improvement in ability to undertake personal tasks (e.g. independence skills including personal hygiene, dressing etc)</i>	1, 3	Child: B6 C5, C6, C7	Child: B6	Child: B8	Could be modified from KS 3/4
			Adult: B5	Adult: B6	Adult: B8	
14	<i>Increased physical activity</i>	1, 3	Child:	Child:	Child:	Could be

			C2	D1, D2	D1, D2	modified from KS 3/4
			Adult: D1, D2,	Adult: D1, D2	Adult: D1, D2	
15	<i>Greater ability to solve problems when out and about</i>	2, 3	Child: N/A	Child: N/A	Child: D7, D14	Could be modified from KS 3/4
			Adult: D7, D13	Adult: D7	Adult: D7, D14	
16	<i>Improved ability to manage money</i>	4, 5	Child: C10	Child: A8, C5	Child: A8, C5	Could be modified from KS 3/4
			Adult: A8, C5	Adult: A8, C5	Adult: A8, C5	

**\*ECM Outcomes:** 1. Be healthy 2. Stay safe 3. Enjoy and achieve 4. Make a positive contribution 5. Achieve economic well-being

**Appendix 5: Mapping provisional “core” soft outcomes and indicators with the project pilot questionnaires (adapted from Dewson, Eccles, Tackey and Jackson, 2000)**

<b>Types of core “soft” outcomes</b>	<b>Outcome indicators</b>	<b>KS1</b>	<b>KS2</b>	<b>KS3&amp;4</b>	<b>FE</b>
<b>Key life skills</b>	Increased confidence in moving independently and safely to and around all desired places - school	√	√	√	Could be modified from KS4 for FE college environment
	Increased confidence in moving independently and safely around all desired destinations - home area	√	√	√	Could be modified from KS4
	Increased confidence in moving independently and safely to and around all desired destinations – leisure and recreation activities	√	√	√	Could be modified from KS4
	Increased confidence in moving independently and safely to and around all desired destinations –further education, training, employment, voluntary work	N/A	N/A	N/A	Could be modified from KS4
	Increased communication skills	√	√	√	Could be modified from KS4
<b>Attitudinal skills</b>	Increased sense of inclusion - school	√	√	√	Could be modified from KS4
	Increased sense of inclusion – home area	√	√	√	Could be modified from KS4
	Increased sense of confidence at school	√	√	√	Could be modified from KS4
	Increased sense of achievement	√	√	√	Could be modified from KS4
	Increased sense of personal control with a wider array of choices	√	√	√	Could be modified from KS4
	Increased opportunity to make a personal contribution of choice (e.g. in relation to education, training, sporting and social)	√	√	√	Could be modified from KS4
<b>Personal skills</b>	Increased opportunity to achieve greater economic	N/A	N/A	√	Could be modified

	wellbeing through access to work opportunities				from KS4
	Improved personal hygiene	√	√	√	Could be modified from KS4
	Increased physical activity	√	√	√	Could be modified from KS4
	Greater ability to solve problems when out and about	√	√	√	Could be modified from KS4
<b>Practical skills</b>	Improved ability to manage money	√	√	√	Could be modified from KS4

## **Appendix 6: Guidance for piloting stage**

### **Target age group: Key Stage 2 (Child version)**

#### **Guidance for Mobility Officers**

Thank you for agreeing to help 'pilot' this tool between 15 November 2010 and 21 January 2011. In order to help develop and refine the tool, we would like you to provide the University of Birmingham's (UoB) research team with feedback in relation to using the tool with children on your case load.

As noted in the introduction to the Pilot Framework, the tool is designed to be used as a 'before-after' measure- that is to be administered before and after a programme of mobility instruction. In practice however the dates of the pilot phase may mean that it cannot be used at the beginning or end of a given programme of instruction. It would however still be helpful to administer it on at least two separate occasions (e.g. November and January) so that feedback can be provided.

Throughout the document you will see shaded boxes like this one entitled 'Feedback re: piloting of the tool' – these boxes will seek your feedback regarding various aspects of the tool. We would appreciate if you could fill these out after you have completed an outcomes evaluation with each child. We would like the forms returned in their entirety (i.e. the completed tables for the children, parents and teachers) by the agreed\* date; please ensure that there is not any identifying information about the child on the forms. We suggest therefore that you use a 'code' or pseudonym for each child by which you can identify children at a later stage.

If you have any queries about the tool that prevent you from being able to pilot it, please contact a member of the UoB team.

## Appendix 7. Example of outcome evaluation using the enhanced logic model

**GD Outcome: *To increase the number of children who can travel independently at home and school***

<b>Inputs</b>	<b>Activity</b>	<b>Outputs</b>	<b>Example of short term outcomes</b>	<b>Examples of long term outcomes</b>
Resources used to plan, implement and provide a programme and the services it delivers	M&I mobility programmes delivered to schools within authority x	<p>No of children receiving M&amp;I programmes within authority</p> <p>No of schools receiving guidance/support from M&amp;I officers</p> <p>No of parents receiving guidance/support as part of M&amp;I programme</p>	<p>Improved independent travel in and around school and home environment resulting from participation in M&amp;I programme</p> <p>Improved staff awareness of mobility related issues in and around school and understanding of their role in supporting child</p> <p>Improved parental awareness of mobility related issues within home environment and understanding of their role in supporting child</p>	Increase in the % of children and young people who can travel independently in and around their school and home environment