# South East Together
Common outcomes framework and measurement approach

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# Introduction

In 2015 West Sussex County Council (WSCC) successfully secured funding through a bid to the Department for Education (DfE)'s Social Care Innovation Programme. This funding enabled a number of distinct activities to be commissioned to support a project focusing on the potential benefits of a regional Dynamic Purchasing System (DPS) in the South East. Led by WSCC during the development phase, a group of 15 local authorities collectively known as South East Together (SET)[1] will adopt an outcomes-based commissioning model when commissioning placements for children with special educational needs and disabilities in independent and non-maintained special schools, and looked after children in independently-owned children's homes and fostercare placements. SET worked with the New Economics Foundation (NEF) to develop the common outcomes framework and measurement approach.

## Outcomes-based commissioning

Outcomes-based commissioning focuses on the long term changes that services and activities achieve. It differs from conventional commissioning which has tended to focus on outputs rather than outcomes. The benefits of outcomes-based commissioning include: shifting the focus of public resources from particular activities and outputs towards the outcomes that matter most for children and their families; and creating more scope for providers to innovate to achieve outcomes by reducing the level of prescription in service specifications.

## This document

This common outcomes framework and measurement approach is the product of extensive discussions and engagement with: independent providers from fostercare, residential and special schools; parents of children attending non-maintained and independent special schools; young people from the West Sussex Children in Care Council; commissioners from the 15 local authorities in SET; and the SET project team. These discussions were organised according to the principles of co-production, where professionals and citizens share power to achieve a common goal. They included discussion of several existing outcomes frameworks for children and young people, and consideration of the evidence relating to concepts such as wellbeing, social and emotional capabilities, and resilience. The resulting framework is a dynamic document which can be iteratively improved through application and use.

# Common outcomes framework

## Using the outcomes framework

An outcome is the meaningful and valued change that occurs as a result of a particular activity or set of activities.[2] Local authorities have an important role to play in supporting positive change for the children and young people in their local area, and SET want to work with providers and other public services in the South East to achieve the outcomes in the framework. All partners recognise that they cannot achieve outcomes by themselves and that ultimately it is children and young people who achieve the outcomes, with professionals supporting them to do so.

The outcomes framework can be used in several ways. Contract service specifications will have the outcomes framework at their core and this will be used to set the vision for the services and explain the best use of public funds. The outcomes may be used as a reference point for care planning, for example in developing Education Health and Care Plans (EHCPs) with parents, children and young people. Providers and commissioners will use the outcomes framework and measurement approach to monitor the quality of services, and as a tool for reflection, evaluation and continuous improvement.

In asking providers to use the outcomes framework, commissioners are asking providers to demonstrate how they contribute to the progress of children and young people on the outcomes in order to achieve value for money.[3] Commissioners accept that there may be good reasons why certain children have not progressed as expected and that an overall improvement in outcomes in the long term may involve short term lapses in progress. Commissioners will ask providers to explain this as part of dialogue between providers and commissioners during each stage of the commissioning and ongoing monitoring process. It is worth clarifying that providers cannot be held accountable for the achievement of community level outcomes, though they may be asked to explain how their activities contribute towards this high level vision for the region. Commissioners recognise that providers also have a decreasing level of influence over the preparation for adulthood outcomes once a child or young person has left their service, but can nonetheless be asked to track progress towards these outcomes.

Other local authorities may want to apply the outcomes framework to their own local context. This is a good use of the document, but only if the outcomes are discussed with, sense-checked and changed by local parents, young people, providers and commissioners, applying the principles of co-design and co-production.[4]

## Section A: Components of the outcomes framework

The outcomes framework is made up of five components:

1. *In green*: basic needs. These two outcomes are usually required before the other outcomes can be progressed. Health and safety are the bottom two steps in

Maslow's hierarchy of needs[5] and are also recognised as fundamental human needs in the wider academic discussion of 'need theory'.[6]

2. *In pink*: personal resources. These three outcomes are important features of a person's internal life, which may be described as their character, personality or outlook.[7] They are internal resources which a person is able to bring to bear on situations that arise in life.

3. *In orange*: functioning. These three outcomes focus on functioning, which is how an individual interacts with the external world. When someone is functioning well, they are able to satisfy their psychological needs (for control over their own life, relationships with others, and achieving competence in their abilities) and experience good overall feelings about life. [8]

4. *In red*: preparation for adulthood. These outcomes are guided by the four outcomes from *Preparing for Adulthood*, which collates the learning from a range of transition programmes that helped young people – particularly those with special educational needs or disabilities – to transition into adulthood and lead fulfilling lives.[9] The outcomes cover children and young people making progress towards their next stage of education or employment, independent living, participating in society, and being as healthy as possible.[10] Extensive research demonstrates strong links between good functioning[11] and personal resources such as emotional intelligence,[12] and long term outcomes such as being in employment, education and training.[13] It is therefore reasonable to expect that children and young people who are progressing in the green, pink and orange outcomes will also be making progress on preparation for adulthood outcomes.

5. *In blue*: community outcomes. These three outcomes are for the wider community in the region represented by SET. They were selected on the basis of analysis of the area plans and whole-place strategies from the 15 local authorities in SET. They are included in the framework to show that when children and young people achieve their outcomes, this also improves the outcomes of society, economy and environment more broadly, and that these community outcomes in turn reinforce the work that providers do in supporting children and young people's to achieve outcomes.
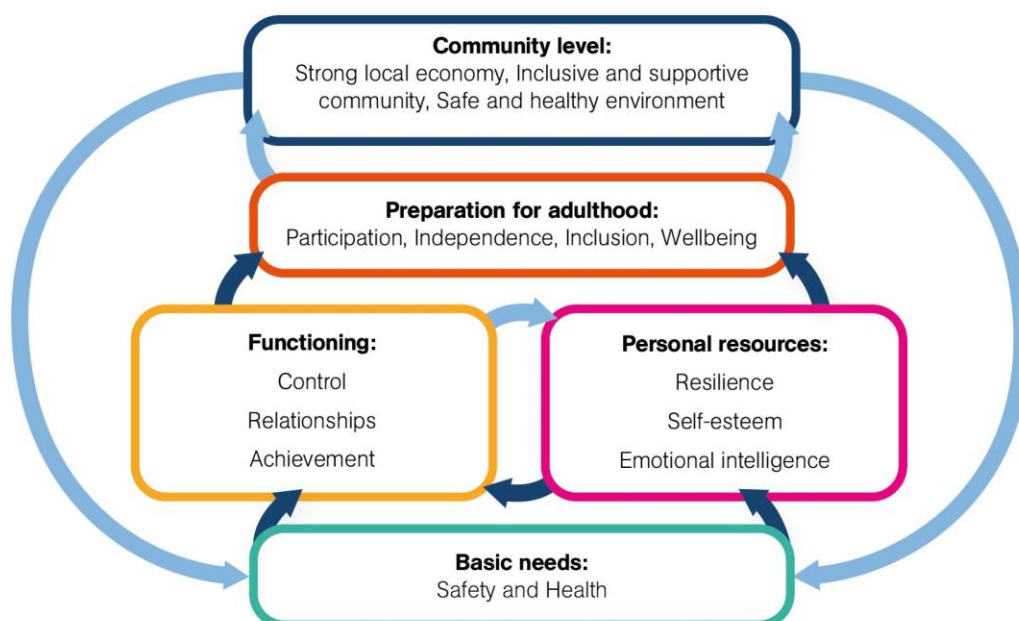
Figure 1: SET common outcomes framework, developed with the New Economics Foundation.

*Links to wellbeing*

The Dynamic Model of Wellbeing is a conceptual model developed by NEF in response to the debate on measuring human wellbeing. It captures the evidence base on the different elements that contribute to wellbeing – both in terms of functioning well and feeling satisfied with life.

The model describes how an individual's *external conditions* such as housing and social context, act together with their *personal resources* such as their resilience and self-esteem, to allow them to *function well* in their interactions with the world and therefore experience *positive emotions*. Measuring wellbeing effectively often involves collecting data across all these elements.

The diagram below is colour-coded to demonstrate the overlap between the constituent parts of wellbeing and the outcomes in the SET common outcomes framework. It shows how if providers and commissioners can support children and young people to be safe and healthy, to grow their personal resources and function well, they will go a long way towards supporting the overall wellbeing of children and young people. As a dynamic model, it highlights the relationships between constituent parts of wellbeing. It shows how having positive emotions is dependent on functioning well and also highlights how children and young people who are functioning well in terms of feeling in control and having strong relationships, are better able to shape their external conditions including their health, safety and future prospects.
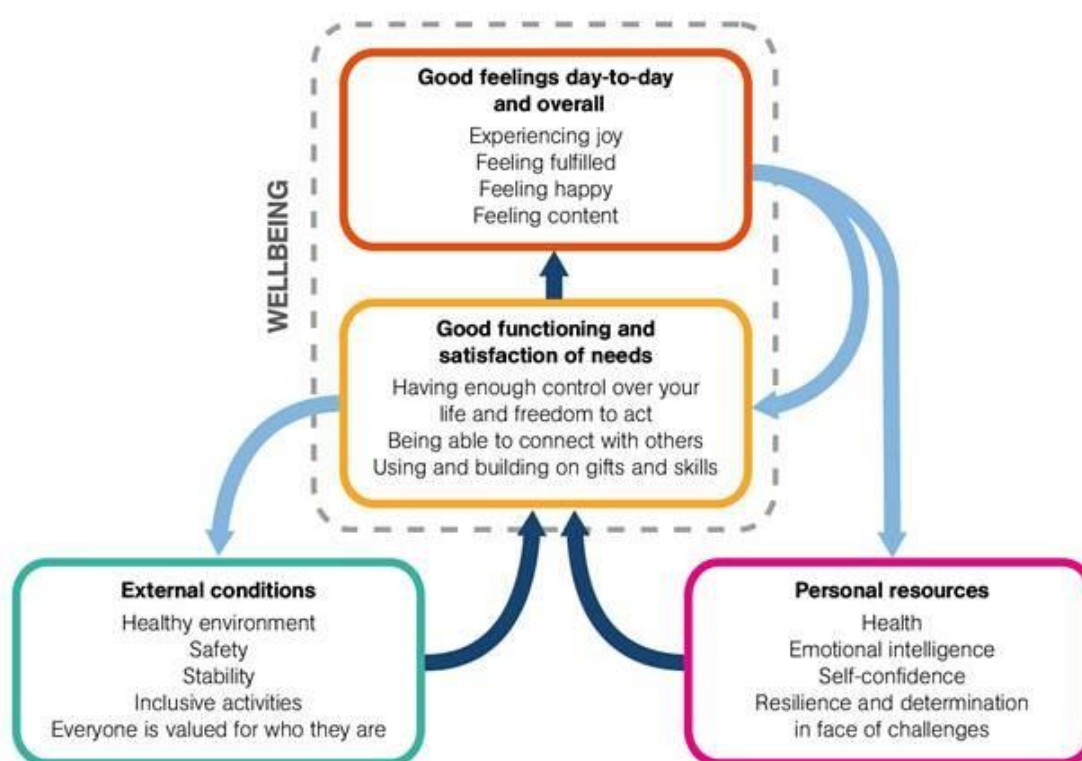
Figure 2: Dynamic model of wellbeing from Marks, N. and Thompson, S. (2008). *Measuring Well-being in Policy: Issues and applications*, London: NEF. Adapted for the SET common outcomes framework.

## Section B: Definitions of outcomes

*Basic needs*

**Safety:** *Children and young people are safe and protected, and moreover feel safe.* Children and young people are not only objectively safe (the risk of significant harm has been removed or considerably reduced) but also feel secure and protected within trusted relationships where adults are acting in children's best interests and listening to them. Being safe is a positive state of being, not just the absence of harm and neglect. Therefore, children and young people also need to be helped to develop the knowledge and skills that will enable them to adopt safe practices in situations at home, at school or in the community.[14]

**Health:** *Children and young people experience the highest attainable standards of physical and mental health.*
Physical health is experienced when the body functions as it is meant to, and children and young people are free of sickness, disease, injuries, infirmities and injuries. It is also about having the internal defences, developed through good nutrition, exercise, hygiene and appropriate health care (e.g. immunisations), that are necessary to combat germs, bacteria and viruses and to enhance the healing process when sick or injured. In order to achieve this outcome, children and young

people need to have access to suitable healthcare, and support in learning to make healthy and safe choices.

Mental health is "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."[15] Mental illness includes common mental disorders such as anxiety and depression, which affects nearly 1 in 4 of the population, and severe mental illness such as psychosis, which is less common, affecting 0.5–1% of the population.[16] Achieving good mental health for children and young people therefore incorporates ensuring appropriate treatment for psychological distress and psychiatric disorder, as well as support to address broader wellbeing issues relating to anxiety and sense of identity.

### Personal resources
**Resilience**: *Children and young people have the ability to deal with life's difficulties.*
When things go wrong in life, resilience is the personal resource which enables people to get back normal. It involves being able to process and cope with failure and disappointment, and feel a sense of optimism about the future.[17]

**Self-esteem**: *Children and young people feel good about themselves.*
Self-esteem is an internal sense of competence and worth.[18] It involves both self-confidence (having confidence in one's abilities) and self-worth (knowing you are intrinsically valuable as a person). When self-esteem is experienced, children and young people will place value on their opinions and ideas and will be generally positive about their personality and abilities.[19] Self-esteem can be especially difficult for children and young people to maintain during transitions and may experience a dip before returning to normal levels[20] – requiring dialogue between commissioners and providers.

**Emotional intelligence**: *Children and young people understand their own emotions and the emotions of others.*
Emotional intelligence has four broadly defined parts: self-awareness (recognising and understanding one's own emotions), managing emotions (self-regulation), empathy (recognising and understanding the feelings of others) and social skills (relationships and managing the emotions of others).[21]

### Functioning
**Control**: *Children and young people have sufficient control over their own lives.*
Experiencing control involves feelings of choice and authenticity about your thoughts and behaviours,[22] a growing sense of independence, and an increasing ability to make good decisions. In early childhood children may lack the ability to make informed decisions on their own behalf and decisions are made for them with concern for their best interests. But this ability grows quickly and the ethical challenge for caregiving adults is being able to identify when a concern for children's welfare needs to start giving way to a respect for their choices.[23] When children experience control, they will feel their choices are respected by adults and others. As they reach young adulthood, they will feel they have freedom to choose to do things

they enjoy and to make decisions about how they live their life based on their values.[24,25]

**Relationships**: *Children and young people build and sustain supportive relationships with family, friends, peers and others.*
Having relationships with other people is a recognised psychological need.[26] Children and young people should experience knowing that people care about them, and feeling close to others. They need to be supported to develop skills to interact with other people, form friendships and sustain good relationships with family/carers and others.[27]

**Achievement**: *Children and young people are growing in their learning and in the development of their skills.*
Experiencing achievement involves being able to learn, develop and put skills into practice in order to have a meaningful impact on the world.[28] Children and young people should feel accomplishment from what they do and able to make use of their abilities.[29]

### Preparation for adulthood

**Participation**
Young adults will be able to participate fully: making contributions to and receiving support from society, their environment and the local economy. This may involve volunteering, work experience or paid work outside of the care setting.

**Independence**
Young adults will be able to maximise their independence and self-determination in their living conditions and engagement with the wider community. They are supported to develop their independence while protecting themselves from being in unsafe situations or with unsafe people. Independence is promoted and planned in accordance with the needs and maturity of each child.[30]

**Inclusion**
Young adults will be fully included in the community: both the local community, and communities of interest relating to their skills, aspirations and hobbies. They will be supported to challenge and overcome barriers to opportunity and participation.

**Wellbeing**
Young adults will have wellbeing: experiencing health, happiness and satisfaction, and functioning well. If the eight core outcomes are being achieved then feelings of wellbeing are highly likely, as described in the Dynamic model of wellbeing (Figure 2).

### Community outcomes

**Strong local economy**
A strong local business sector, with high levels of staff retention in jobs, low levels of wasted resources in supply and production systems and robust connections between small enterprise and big business. Local people are supported to become financially

strong individuals in terms of income-to-cost-of-living ratios and being able to have savings.

*Inclusive and supportive community*

A local community in which all people feel valued, respected and can experience belonging. People are given equal access and opportunity, and are supported to identify and develop their skills, abilities, gifts and talents, as well as to build and sustain friendships.

*Safe and healthy environment*

A physical environment which promotes good physical health, for example through green spaces, air quality, and opportunities to be active. Crime is low, and people feel safe and know how to protect themselves from harm.

## Section C: Service qualities

Service qualities describe expectations regarding the approach providers will take to achieve outcomes in the framework with children and young people. SET commissioners will not over-prescribe how providers work, but they will expect providers to evidence that they are working in a way which meets the following criteria.

1. *Co-production*: Providers work with parents and the local community, as well as children and young people, in order to co-design and co-deliver their activities. They seek ways for each stakeholder to make contributions to the service as equal partners, building on their capabilities - for example the capabilities of parents to support each other and share information.

   Commissioners also work with parents, children and young people, and providers to co-produce their commissioning – gaining further insight on the outcomes people most value and iteratively developing the approach to measurement and evaluation.[31]

2. *Value for money*: Providers and commissioners seek the optimal use of resources to achieve the intended outcomes. Value for money involves the ongoing review and adjustment of resources to meet four criteria: economy (minimising the cost of input resources required), efficiency (optimising the relationship between the inputs and outputs), effectiveness (optimising the relationship between outputs and intended outcomes) and equity (spending fairly so that services reach all people that they are intended to reach).[32]

3. *Promoting inclusion*: Providers play an active role in promoting the inclusion of the children and young people in their care in society and challenge barriers to inclusion in the community or at a national level.

4. ***Collaboration***: Providers develop links with local communities, work in partnership with other services, and collaborate with other providers. Links with local communities support the integration of children and young people into the world beyond school and care, and allow providers and the children and young people in their care to make use of local assets such as community groups, clubs, events, green spaces, and cultural and sporting facilities to support the achievement of outcomes. Relationships with other local services, including relevant child, adolescent and adult services provided by local authorities and clinical commissioning groups, facilitate smooth transitions and referrals.

   Collaborations with other providers encourage innovation and best practice to be shared, and also developed collectively. Providers are encouraged to share data collection tools and coordinate trainings so they are not duplicated.

5. ***Contributing additional value***: As is set out in the Public Services (Social Value) Act 2013,[33] the commissioners in SET work to maximise wider social, economic and environmental benefits when they commission services. Providers therefore deliver their services in ways which create additional value for the local area. They make careful and sustainable use of environmental resources, provide good local employment, training and training opportunities, and support community activities to thrive.

6. ***Ensuring financial sustainability***: Providers take responsibility for their financial viability and demonstrate that their organisation is financially sound and has a sustainable funding model.

# Measurement Approach

The measurement approach was developed through a similar process of co-produced workshops with providers, parents, commissioners, and the SET project team. It provides a structure for identifying and measuring progression towards outcomes by children and young people in the care of providers at both an individual and service level. It is made up of three sections, described below.

## Aspects of the measurement approach

### Section A: Outcome indicators

Indicators are a sign or a 'way of knowing' if children and young people are achieving an outcome. Indicators are not a direct measure of an outcome. Data collection tools such as observation and questionnaires, alongside recording and analysis should be used to find out if outcomes are being achieved. Providers already collect data in various formats that will be useful for this.

The indicators listed here are a menu of options that providers can select from based on what is most relevant to their setting and the children and young people they work with. This group of indicators have been designed with flexibility in mind; providers should choose a small number of indicators to measure against for each outcome. They are not expected to report on all indicators. Some indicators are duplicated because they are a way of knowing that progress is being made on more than one outcome. The number of indicators used should be kept manageable for reporting, however at least two indicators should be selected per outcome to support a robust assessment. Providers may find it useful to set goals for an indicator, e.g. incidents of absconding reduced by X per cent.

The starred indicators are core indicators which are required to be used by all providers. Additional indicators, some of which may also be starred, will be chosen and agreed in discussion between the provider and the commissioner or monitoring authority. This allows the most meaningful and relevant indicators to be applied and to change them as appropriate. The importance of dialogue and discussion between commissioners and providers is central to understanding what is being measured and why.

### Section B: Principles for good evidence

These principles have been developed to help us understand how confident commissioners can be in the evidence presented by providers, and to encourage providers to develop the best possible evidence base. The principles for good evidence are graded from level 1 to level 3. Level 1 is an acceptable standard for evidence, however commissioners would like to see standards of evidence develop and progress towards level 3. There are four principles:

1. ***Triangulation*** is a term that refers to drawing upon multiple data sources in order to reach a conclusion. For example, measuring children's levels of resilience by

both observation (Are there a reduced number of disproportionate emotional or aggressive outbursts in response to setbacks?) and self-assessment by the children using a survey scale. The data collection methods used should be reliable, which means a method that produces stable or consistent results. Providers may present qualitative evidence such as observation notes, video or photographic evidence of a child's achievement. Often the richest data is a combination of qualitative and quantitative.

2. ***Transparency*** is important to ensure that others can adequately assess the evidence provided. Provide as much relevant information about the data as possible, e.g. the sample size and the data collection tools used.

3. ***Multiple perspectives*** requires involving a range of relevant and significant stakeholders in the process of assessing outcomes. The different perspectives should be considered for agreement. If there are important differences of opinion this should be explored to identify the reasons and to see if consensus can be reached.

4. ***Multiple points in time*** is a principle that refers to collecting data regularly enough to be able to identify the degree of progression towards an outcome and whether it is sustained over time.

*Section C: Data collection tools – optional tools to use or adapt*
A selection of tools are listed that can be used with children and young people to measure and record their progress on SET outcomes. This selection is by no means prescriptive or exhaustive. Providers are encouraged to choose a data collection approach that is best suited to the needs and abilities of the children and young people in their care, whilst also giving consideration to the principles for good evidence outlined in this document. Providers may draw from a variety of data collection methods, including both qualitative and quantitative methods, and creative methods such as video evidence. They may use methods developed by their own organisation, if suitable.

## Section A: Outcome indicators

| | |
|---|---|
| | **Safety** |
| | *Children and young people…* |
| ⭐ | Live in an environment that is free of abuse and violence |
| ⭐ | Have a significant adult they can turn to for support |
| | Feel safe and secure |
| | Feel confident that adults in their life will listen to and consider their views |
| | Receive appropriate guidance from adults about harmful risk taking behaviour |
| | Have good strategies for assessing and managing risks in day-to-day life |
| | Have reduced reported incidents of self-harm |
| | Have a reduced number of unexplained absences from school or other services |
| | Do not experience bullying |
| | Are not involved in bullying others |
| | **Health** |
| | *Children and young people…* |
| ⭐ | Are empowered to express their wishes to health professionals |
| ⭐ | Receive the appropriate treatment, care or support to manage any disabilities or health conditions |
| | Engage with appropriate therapeutic processes |
| | Express a positive attitude towards their wellbeing |
| | Take part in regular exercise |
| | Eat nutritious meals each day |
| | Regularly have adequate sleep |
| | Can assess and avoid risks to their health |
| | Are able to self-refer to access services |
| | **Resilience** |
| | *Children and young people…* |
| | Feel supported in coping with difficulties in life |
| | Are generally confident when faced with problems and challenges in |

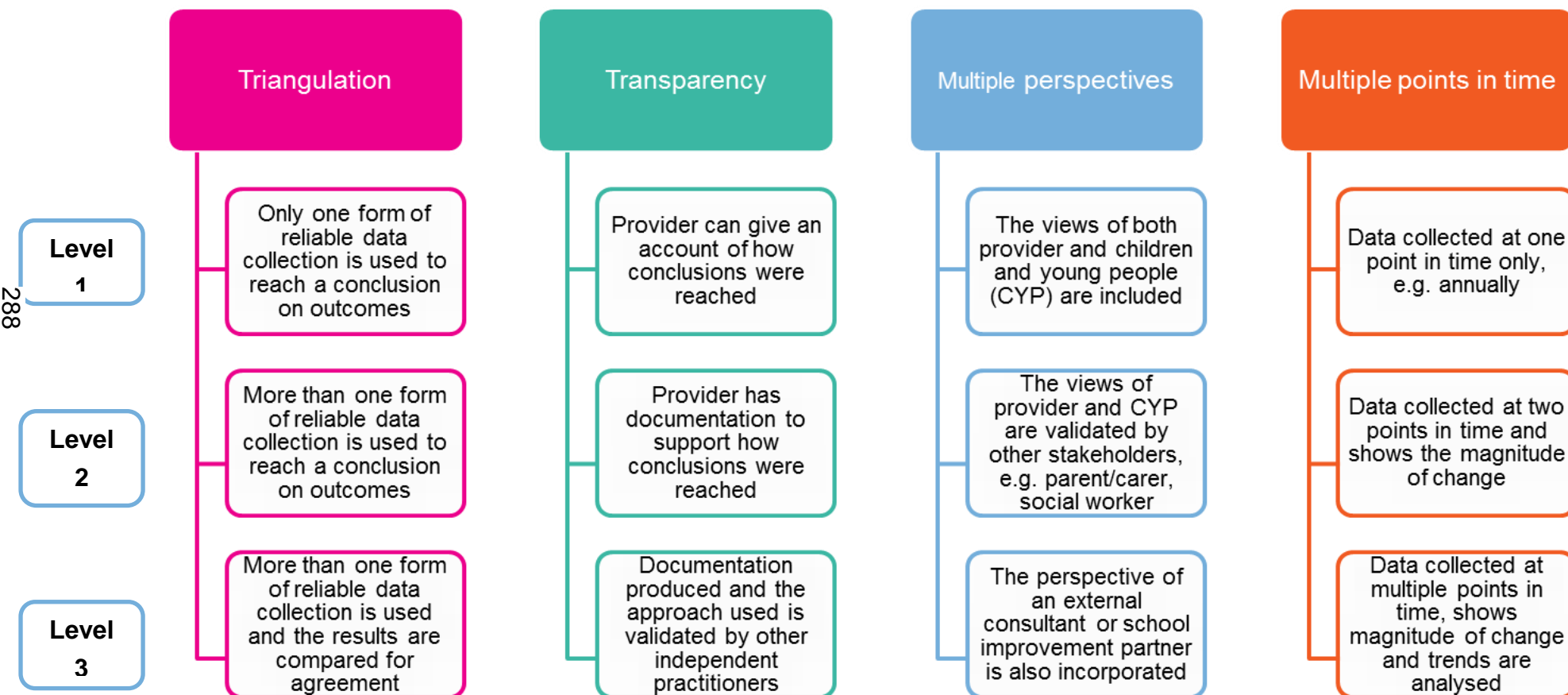| | |
|---|---|
| | everyday life |
| | Have identified coping strategies and can use them |
| | Have the confidence to try again following failure or disappointment |
| | Have a reduced number of unexplained absences from school or other services *(duplicated)* |
| | Have a reduced number of disproportionate emotional or aggressive outbursts in response to setbacks |
| **Self-esteem** | |
| *Children and young people…* | |
| | Can identify their strengths or good qualities |
| | Can speak positively about themselves |
| | Have a well-developed sense of identity |
| | Have the confidence to try new activities |
| | Increase their level of contribution to group activities and discussions |
| | Receive praise and encouragement |
| | Know they are valued by others |
| | Are generally confident when faced with problems and challenges in everyday life *(duplicated)* |
| **Emotional intelligence** | |
| *Children and young people…* | |
| | Can recognise their own feelings |
| | Can manage strong emotions in a healthy way |
| | Can manage and resolve conflicts in constructive ways |
| | Demonstrate empathy when someone gets their feelings hurt |
| | Can consider the impact of their actions on others |
| | Can sustain friendships |
| | Are observed sharing with others |
| | Are able to work well in a team with other people |
| **Control** | |
| *Children and young people…* | |
| | Have increased examples of prioritising choices with longer term benefits rather than short term desires |

|  | Feel able to make or influence decisions about their life |
|  | Feel included in important day to day decisions that affect them |
|  | Have reduced incidences of being excluded from class or detentions |
|  | Are able to make choices for themselves |
|  | Can take responsibility for the consequences of their choices |
|  | Develop a level of independence appropriate for their age or stage |
| **Relationships** | |
| *Children and young people…* | |
|  | Feel accepted and valued |
|  | Have access to a range of opportunities to build friendships |
|  | Have one or more friend they report feeling close to |
|  | Feel mostly happy with their relationships with others |
|  | Have someone they can turn to and rely on when experiencing difficulties |
|  | Communicate with others about their feelings |
|  | Increase their level of participation in group activities |
|  | Have improved quality of social interaction |
|  | Can recognise and avoid negative social influences/peer groups |
| **Achievement** | |
| *Children and young people…* | |
|  | Are meeting or exceeding appropriate learning targets |
|  | Experience a sense of achievement from what they are learning |
|  | Are motivated to learn at school |
|  | Have opportunities to use the skills and abilities they value, e.g. creative, sport, academic |
|  | Have their growth in ability recognised by others |
|  | Are learning about themselves and what they can achieve |
|  | Can work in groups to accomplish goals |
|  | Gain appropriate accreditation |
| **Preparation for adulthood** | |
| *Children and young people…* | |
|  | Are participating in activities outside the care setting, appropriate to their |

| | |
|---|---|
| | age |
| | Continue to participate in education, employment or training upon leaving the care setting |
| | Feel free to decide how to live their lives |
| | Have time to do the things they enjoy |
| | Feel accepted in the local community |
| | Feel satisfied with life |

## Section B: Principles for good evidence

These principles have been developed to help us understand how confident we can be in the evidence presented by providers, and to encourage providers to develop the best possible evidence base. Levels 1 is acceptable, level 2 is good and level 3 is excellent.

| | Triangulation | Transparency | Multiple perspectives | Multiple points in time |
|---|---|---|---|---|
| **Level 1** | Only one form of reliable data collection is used to reach a conclusion on outcomes | Provider can give an account of how conclusions were reached | The views of both provider and children and young people (CYP) are included | Data collected at one point in time only, e.g. annually |
| **Level 2** | More than one form of reliable data collection is used to reach a conclusion on outcomes | Provider has documentation to support how conclusions were reached | The views of provider and CYP are validated by other stakeholders, e.g. parent/carer, social worker | Data collected at two points in time and shows the magnitude of change |
| **Level 3** | More than one form of reliable data collection is used and the results are compared for agreement | Documentation produced and the approach used is validated by other independent practitioners | The perspective of an external consultant or school improvement partner is also incorporated | Data collected at multiple points in time, shows magnitude of change and trends are analysed |

## Section C: Data collection tools – optional tools to use or adapt

| Name of tool | Tool developer | Website | Method | Summary | SET outcomes measured |
|---|---|---|---|---|---|
| Outcomes star | Triangle Consulting | www.outcomesstar.org.uk | Paper or online record, self-complete or with assistance | There are a range of outcomes stars available. 'My Star' has been developed for children aged 7-14 and covers 8 areas. | Health, safety, relationships, self-esteem |
| Rosenberg self-esteem scale | Dr Morris Rosenberg, University of Maryland | http://www.yorku.ca/rokada/psyctest/rosenbrg.pdf | Self-assessment questionnaire, led by interview with a practitioner | A self-esteem questionnaire that uses a 4 point agreement scale. | Self-esteem |
| The Short Warick-Edinburgh Mental Wellbeing Scale (SWEMWBS) | University of Edinburgh, University of Warwick, NHS Scotland | http://www2.warwick.ac.uk/fac/med/research/platform/wemwbs/development/swemwbs/ | Self-assessment questionnaire | A 7 item questionnaire that measures mental wellbeing. This is a shorter version of the 14 item questionnaire. | Resilience, self-esteem, relationships, control, |
| Strengths and Difficulties Questionnaire (SDQ) | Professor Robert Goodman | http://www.sdqinfo.com/py/sdqinfo/b0.py | Self-assessment questionnaire, led by interview with practitioner | A 3 point behavioural questionnaire often used in school or community settings. | Emotional literacy, resilience |
| The Nowicki-Strickland Internal /External Locus of Control Scale | S. Nowicki, B.R. Strickland | http://www.ncb.org.uk/media/521182/ncercc_resilience130607.pdf | Self-assessment questionnaire | A paper based questionnaire with yes/no responses that has been adapted into a shorter form for young people. | Control |

| NPC well-being measure and NPC well-being measure for SEN children | New Philanthropy Capital (NPC) | http://www.well-beingmeasure.com/abouthttp://www.thinknpc.org/publications/measuring-the-well-being-of-young-people-with-special-educational-needs/ | Self-assessment questionnaire | A questionnaire for 11-16 year olds that covers 8 areas of wellbeing. The tool has also been adapted for use with SEN children. | Relationships, resilience, self-esteem |
|---|---|---|---|---|---|
| National accounts of wellbeing | New Economics Foundation (NEF) | http://www.nationalaccountsofwellbeing.org/learn/download-report.html | Self-assessment questionnaire | A set of questions used to track and compare wellbeing internationally. Contains questions that can be adapted for children and young people on pages 62-63. | Health, resilience, self-esteem, control, relationships |
| Goal Based Outcomes | Dr Duncan Law and Jenna Jacob, Child Outcomes Research Consortium | https://www.ucl.ac.uk/ebpu/docs/publication_files/Goals_booklet_3rd_ed | Goal Progress Chart, completed by child, their family member or carer | A way to evaluate progress towards goals with children and young people and their families and carers, using a simple scale from 0–10 to capture the change. | Relationships, achievement, preparation for adulthood |

# Acknowledgements

# Endnotes

[1] South East Together (SET) is a group of 15 local authorities involving: West Sussex County Council, East Sussex County Council, Surrey County Council, Kent County Council, Brighton & Hove City Council, and The South London SEN Commissioning Partnership – led by London Borough of Croydon and including the London Boroughs of Bromley, Bexley, Merton, Wandsworth, Lewisham, Sutton, Richmond upon Thames and the Royal Boroughs of Greenwich and Kingston upon Thames.

[2] Slay, J. and Penny, J. (2014). *Commissioning for outcomes and co-production: A practical guide for local authorities.* London: NEF, 7.

[3] The National Audit Office defines value for money as 'the optimal use of resources to achieve the intended outcomes'. Value for money is assessed according to four criteria: economy (minimising the cost of input resources required), efficiency (optimising the relationship between the inputs and outputs), effectiveness (optimising the relationship between outputs and intended outcomes) and equity (spending fairly so that services reach all people that they are intended to reach). Available at https://www.nao.org.uk/successful-commissioning/general-principles/value-for-money/assessing-value-for-money/

[4] Slay, J. and Penny, J. (2014). *Commissioning for outcomes and co-production: A practical guide for local authorities.* London: NEF, 31-36.

[5] Maslow, A. (1954). *Motivation and Personality.* New York: Harper & Row.

[6] Gough, I. (2014). Lists and Thresholds: Comparing the Doyal-Gough Theory of Human Need with Nussbaum's Capabilities Approach. *Capabilities, Gender, Equality*, edited by Flavio Comim and M. Nussbaum, 357–82. Cambridge: Cambridge University Press.

[7] The Centre for Wellbeing (2011). *Measuring our progress: The power of wellbeing.* London: NEF.

[8] Agency, connectedness and competence are the three universal psychological needs highlighted by self-determination theory (SDT) – an evidence based theory about the underpinnings of wellbeing. SDT demonstrates that pursuing aspirations that lead to the satisfaction of these three psychological needs will subsequently lead to high reported wellbeing, over the short term and the long term. For more detail see Ryan, Huta & Deci (2008). Living well: A self-determination theory perspective on eudaimonia *Journal of Happiness Studies, 9*,139–170.

[9] Preparing for adulthood [webpage]. Available at: http://www.preparingforadulthood.org.uk/

[10] Ofsted and the Care Quality Commission (2015). *The inspection of local areas' effectiveness in identifying and meeting the needs of disabled children and young people and those who have special educational needs: Consultation document.* Manchester: Ofsted,10.

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