

An outcomes approach in social care and support: an overview of current frameworks and tools

A briefing from CCPS, HSEU and VSSSWU

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The purpose of this paper is to provide an introduction to various models and tools associated with adopting an outcomes approach within social care and support settings. This will provide information to organisations thinking about adopting such an approach as well as provide a basis from which to invite organisations to share their experiences of using or developing outcomes frameworks and the tools associated with them.

Contents

1. Background
2. Outcomes in a social care and support context
3. Outcomes as opposed to outputs
4. Relating Outcomes with financial inputs
5. Promoting change and demonstrating impact
6. Outcome frameworks and tools
 - 6.1 Better Futures
 - 6.2 Talking Points
 - 6.3 ASCOT
 - 6.4 Outcomes Evaluation for Children and Young People Experiencing Domestic Abuse
 - 6.5 REACH Standards in Supported Living
 - 6.6 Realist Evaluation aka Real Time Evaluation
 - 6.7 SROI
 - 6.8 Outcomes Star
 - 6.9 Carista/Intrelate
 - 6.10 Leading for Outcomes, IRISS
7. Concluding remarks
8. Quick reference table



workforce unit

voluntary sector social services workforce unit

1. Background

Commissioners of services and organisations delivering social care and support services are under increasing pressure to demonstrate the impact of services in terms of service user outcomes. In 2006 the Scottish Executive stated that '*Our national priorities must be about **outcomes** - the real improvements that people see in their communities and in their lives - better health, reduced crime and anti social behaviour, an improved environment and increased educational attainment*'.¹ Since then, national outcomes have been developed, and a requirement placed on local authorities to lay out local priorities and report on them within a Single Outcomes Agreement². Whilst social care and support outcomes tend not to feature significantly in Single Outcome Agreements³ local authorities are increasingly expecting service providers to demonstrate the impact of services through outcomes. In the context of the current economic recession, this focus is likely to continue. In addition to this, service providers may decide that the use of an outcomes framework will help determine effectiveness of a service and help to identify areas for improvement. This is one of the key purposes of the Children and Young People Experiencing Domestic Abuse framework and the Outcomes Star, both detailed below.

2. Outcomes in a social care and support context

Outcomes in a social care context are concerned with quality of life rather than simply levels of ability, health, employment or housing status. At a community level this can be about people feeling safer, people being healthier, communities being stronger. At an individual level outcomes can be framed in terms of the steps a person needs to take in order to improve aspects of their lives relating to their own safety and security, for instance. Scoring systems have been developed in some cases to help measure progress.

It is important to distinguish outcomes of a service from quality measures such as the Care Commission gradings and inspection reports or quality assurance tools such as PQASSO⁴. Although quality of a service and good governance within organisations will be important factors in achieving results for individuals and communities, a judgement about the quality of a service does not in itself demonstrate a service's impact or outcomes.

3. Outcomes as opposed to outputs

Outcomes also need to be distinguished from inputs and outputs. The Scottish Government stated its intention in 2006 that less time should be spent on measuring what has gone into a service and how money has actually been spent, and more time focused on what that funding has achieved for the lives of individuals and communities⁵. An example would be a person who is assisted to budget and prepare a meal for his/her friends. The output is the meal, but the outcome is an improved social network and greater self esteem and confidence.

4. Relating outcomes with financial input

Outcomes may be considered without reference to the cost of services, although where an outcomes approach is being driven by the need to demonstrate value for money and effectiveness of services it will be necessary to set outcomes in a financial context. This is a focus for the SROI model, and the Carista electronic recording tool can be used to relate outcomes with costs.

The self directed support agenda has implications for the definition, measurement and reporting of outcomes in that the range of goals may be broader when defined by individuals rather than by services. If a person's progress towards those goals is to be viewed in the context of cost then it is funding associated with that individual rather than at a service level which will be important to chart. The Carista tool has been used by some organisations to do this.

5. Promoting change and demonstrating impact

Whilst organisations are under pressure to demonstrate their own impact on a person's life there are, of course, other factors which will have an impact on a person's wellbeing, particularly family support and help from friends and neighbours. Some outcomes frameworks deal with this by focusing on goals identified in individual care/support plans. Others do this by acknowledging outcomes achieved through informal support but find a way to separate them out in calculations of outcome measures for example SROI.

Another way of achieving this separation is to consider what a person's situation would be like if they did not use a particular service – this is sometimes referred to as the counterfactual. This can be done by inviting individuals to reflect on what their life would be like without support or care. A person's situation when they were first assessed can also inform this approach. This is one aspect of the Better Futures framework.

6. Outcomes frameworks and tools - a brief overview of current models

What follows is an overview of the outcomes frameworks and tools currently available and known to the authors of this paper. At the end of this document a quick reference guide is provided which has been produced to assist swift comparison and examination of all the frameworks and tools mentioned in this paper.

6.1 Better Futures

The Better Futures tool has been developed as a tool to measure the outcomes of housing support interventions. It originated as a tool to measure the progress made by people who had been homeless in Edinburgh and Glasgow during the Rough Sleepers Programme in the late 1990s and early part of 2000. Its appeal was that it measured 'distance travelled' rather than simply overall goals such as 'obtaining a tenancy'.

The tool was subject to a pilot in 2007 involving 7 local authorities and 26 service providers. Since then further development work has been undertaken and a web based tool has been created to enable the recording of individual outcomes and aggregated reporting.

Better Futures works on the basis of 5 high level headings: Accommodation, Health, Safety & Security, Social & Economic Wellbeing and Employment & Meaningful Activity. Under each heading sit a series of elements of support. There are 20 elements of support in total.

Individuals are invited to record the degree to which they require support on a scale of 0 – 4, with 4 being at the crisis end of the scale. By carrying out an assessment with an individual at various intervals a picture can be developed of their progress. Whilst Better Futures does not record the cost of support, it does record the intensity of the support being used. This could assist an organisation wishing to relate size of support packages with outcomes achieved. The tool will be undergoing further development work in September 2010 with a view to 'going live' in the autumn of 2010.

For further information go to: www.ccpsscotland.org/hseu/information/better-futures

6.2 Talking Points

The Talking Points approach (formerly known as UDSET) has been in development since 2006. Several tools are now available for use, but development continues to refine and improve the approach. The approach is designed for use with adult service users and carers.

The Scottish Government's Joint Improvement Team is promoting the Talking Points approach as a way of evidencing the national Community Care Outcomes (CCOF) measures locally. The CCOF relates to adult service users and their carers as detailed opposite.

Materials currently available cover staff development; sample tools; information for users and carers; resources to support data management; and information on how providers are using the approach.

In pilots providers have used the Talking Points approach primarily in relation to services they are commissioned to provide, but they are also guided by what individuals tell them is important to them. Providers have used the tool to try to ensure that they are helping to improve the individual's quality of life and to better evidence that the support they provide is playing a part in helping them to achieve what they want from life.

Outcomes Important to Service Users

Quality of life	Process	Change
Feeling safe	Listened to	Improved confidence
Having things to do	Having a say	Improved skills
Seeing people	Treated with respect	Improved mobility
Staying as well as you can be	Responded to	Reduced symptoms
Living where you want/as you want	Reliability	
Dealing with stigma/discrimination		

Further information about Talking Points can be gained from the JIT website: www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/

6.3 ASCOT (Adult Social Care Outcomes Toolkit)

ASCOT is a toolkit that has been developed by the Personal Social Services Research Unit (PSSRU) at the University of Kent⁶. The toolkit seeks to measure improvement in outcomes for individuals and relates this improvement to the use of services. The toolkit can measure:

- changes over time
- current and expected situation in the absence of a service
- expected gain from service use
- capacity of individuals to benefit from a service.

The toolkit uses a variety of techniques including self completion questionnaires, interviews and observation. The PSSRU has tested the toolkit mainly with older people and with young people with learning disabilities, and has piloted a version of it with people with mental health problems using Personal Budgets.

When the PSSRU conducted research into the use of the tool in 'low level' day care services⁷ it concluded that the tool was reliable, was able to inform commissioning decisions as well as being low cost to use.

The tool can be used by service providers as well as commissioners, and the Department of Health has expressed particular interest in using it. The PSSRU asks those using it to register with them so it can gauge levels of use as development work is ongoing. In particular the PSSRU intends to extend the tool to reflect on outcomes for carers in the future.

Further information about the ASCOT tool can be found at: www.pssru.ac.uk/ascot

6.4 Outcomes Evaluation for Children and Young People Experiencing Domestic Abuse (Scottish Women's Aid)

The Scottish Government expects Women's Aid services to conduct monitoring and self evaluation of their services each year. The 'Improving Outcomes' Monitoring and Evaluation Framework was developed by a Scottish Government Working Group in 2006. Following feedback from Women's Aid groups, Scottish Women's Aid then worked with Women's Aid groups to refine this framework, developing an improved set of outcomes and new indicators to support the measurement of these outcomes.

The framework lays out the following outcomes for children and young people experiencing domestic abuse:

- their diverse needs are being met better
- their social and leisure activity needs are being met better
- they have more involvement in decisions about their lives
- they have increased understanding of how to maintain and develop healthy relationships
- they have a better understanding of their feelings and how to deal with them
- they have a better understanding of domestic abuse and how it affects themselves and others
- they feel safer.

The outcomes are selected on an individual basis according to how children and young people describe their own situation and needs.

A toolkit has been created to go with the framework to support workers to measure the new outcomes and indicators. A small trial of the tools has been carried out with children and young people from one of the women's aid groups.

Further information about the Framework and associated toolkit can be found at: www.scotland.gov.uk/Resource/Doc/1137/0087632.doc (framework) and www.scotland.gov.uk/Resource/Doc/1137/0087638.doc (toolkit)

6.5 REACH Standards in Supported Living

REACH was initially developed in 2002 by Paradigm Consultancy and Development Agency Ltd, in collaboration with a group of people in the North East of England, to ensure that people with learning disabilities could check the quality of their own support and housing. It can be, and is, used across the UK and beyond. The original nine REACH Standards in Supported Living were updated and improved in 2006.

The second edition of REACH defines what supported living is through a set of eleven outcomes that indicate if a service really is supported living or not:

1. I choose who I live with
2. I choose where I live
3. I have my own home
4. I choose how I am supported
5. I choose who supports me
6. I get good support

7. I choose my friends and relationships
8. I choose how to be healthy and safe
9. I choose how I take part in my community
10. I have the same rights and responsibilities as other citizens
11. I get help to make changes in my life

The full version of this second edition of REACH contains both an 'It's My Life' pack, designed to be used by individuals and providers to help them assess the quality of the service provided and a Service Review pack, designed to be used by providers, funders and regulators, to carry out a comprehensive review of services to assess outcomes.

Underpinning each standard in the 'It's my Life' pack is a series of statements setting out what it means and suggestions of what the person assessing the individual service should look out for. The pack includes a DVD with video clips of good and bad examples of housing and support. There is also an action plan to help record the things a person would most like to change about their housing and support service.

The Service Review pack relates to how helpful the broader system is in developing supported living and how provider organisations' systems, processes and practices help (or not) to develop good supported living. The reviewer records whether the requirements are being met, what is working and what needs to change in order to then draw up a summary and action plan with priorities for change identified.

Further information can be found at: www.paradigm-uk.org

6.6 Realist Evaluation aka Real Time Evaluation (Aberlour Child Care Trust/Moray Council)

Realist Evaluation is concerned with measuring and evaluating service intervention and delivery, during the time that service users are using a service or intervention which supports them. The tool gathers information about informal support systems eg family, relationships, friends, lifestyle and looks at how the service being provided by the social care organisation is impacting upon that person's life. A person's 'target problem' is measured over time using both quantitative and some qualitative outcome measures⁸.

Realist Evaluation involves the use of questionnaires which service users complete on an agreed basis. This provides a means of, for instance, recording how individuals feel and how this changes over time. After three questionnaires have been repeated it is possible to illustrate a person's progress on a graph.

Ultimately the tool tracks the impact of an intervention and feeds this back into the service planning process. This includes the extent to which the objective of an intervention has been met. Graphs provide clear evidence of change and allow workers to see the effectiveness of the work undertaken with individual service users.

Moray Council has been using the Realistic Evaluation approach for over 10 years, within Children and Families Social Work Services, where a questionnaire based on the My World (GIRFEC) triangle was developed, and within its Youth Justice team.

Aberlour Childcare Trust is using it the approach in its Housing Support service, commissioned by Moray Council, working with 16 to 22 year olds in and around Moray. The questionnaire used there is based on a “domains” model and was written with the help of service users. Aberlour hopes to increase the use of Realist Evaluation as part of its strategy to evidence outcomes.

The approach requires external validation by an academic partner, Dr M F Kazi.

Further information about Realist Evaluation can be found at [www.ccpscotland.org/assets/files/hseu/information/Better Futures/Aberlour evaluation strategy CCPS 2010.doc](http://www.ccpscotland.org/assets/files/hseu/information/Better_Futures/Aberlour_evaluation_strategy_CCPS_2010.doc)

6.7 Social Return on Investment (SROI)

SROI is a framework for understanding, measuring and managing the outcomes (and impact) of an organisation’s activities. It is designed to measure change in ways that are relevant to the people or organisations that experience or contribute to this change. It analyses how change is created by measuring social, environmental and economic outcomes and uses monetary values to represent them.

There are two types of SROI analyses:

- Evaluative SROIs are conducted retrospectively and are based on outcomes that have already taken place
- Forecast SROIs predict how much social value will be created if the activities meet their intended outcomes. This can be particularly helpful at the planning stage of a project.

By placing a monetary value on outcomes, they can be added up and compared with the investment made. This results in a ratio of total benefits to total investments. While the ratio is important, the SROI process is designed to present a story of change, including both qualitative and quantitative findings, and provides information to help organisations maximise their outcomes. The SROI can also provide useful information for investors and commissioners. However the ratio should be used with caution, as it is not intended to provide a comparison with other organisations.

As part of the analysis, organisations develop an impact map which is informed by engagement with stakeholders. The map details the relationship between inputs, outputs and outcomes, and shows what impact a particular intervention or service makes.

Further information about SROI can be found at: www.sroiproject.org.uk

6.8 Outcomes Star

The Outcomes Star was developed by the London Housing Foundation as a way of charting the changes in the lives of people using services aimed at promoting them to be able to live more independently. There are 10 areas which the Outcomes Star is able to measure change within, including: motivation; self care; managing money; social networks; drugs and alcohol; emotional and mental health; physical health; meaningful use of time; manage tenancy and offending. The scoring system consists of 10 levels of wellbeing so individuals are scored between 1 and 10 on each area which they and their key worker agree is relevant to them.

The Outcomes Star assumes a key worker system is in place which will enable a record of a person's initial situation and then later reviews to be made. The Star can be used as part of a paper based system or can be incorporated into an electronic recording tool. Work Star is an IT system being developed by Triangle Consulting which should be available on line in November 2010.

Scores can be calculated once an initial record and review is made and reports can aggregate scores within a service. The Outcomes Star can assist with supervising key workers and their case loads as well as help comparisons of outcomes to be made between services within one organisation.

Further information can be found at: www.homelessoutcomes.org.uk/resources/1/OutcomesStar/OutcomesStar.pdf and www.outcomesstar.org.uk/work/

6.9 Carista (Intrelate)

Carista is a web browser based modular database system that has been designed for social care organisations by Intrelate. The Carista system performs a wide range of tasks which, if taken together, can form an integrated information management system. This includes assessment and outcome reporting tools as well as an individualised budget management tool.

The Carista system is customised for each organisation rather than being a ready made product and has been used to assist in the recording, analysis, reporting and evidencing of outcomes. This has included:

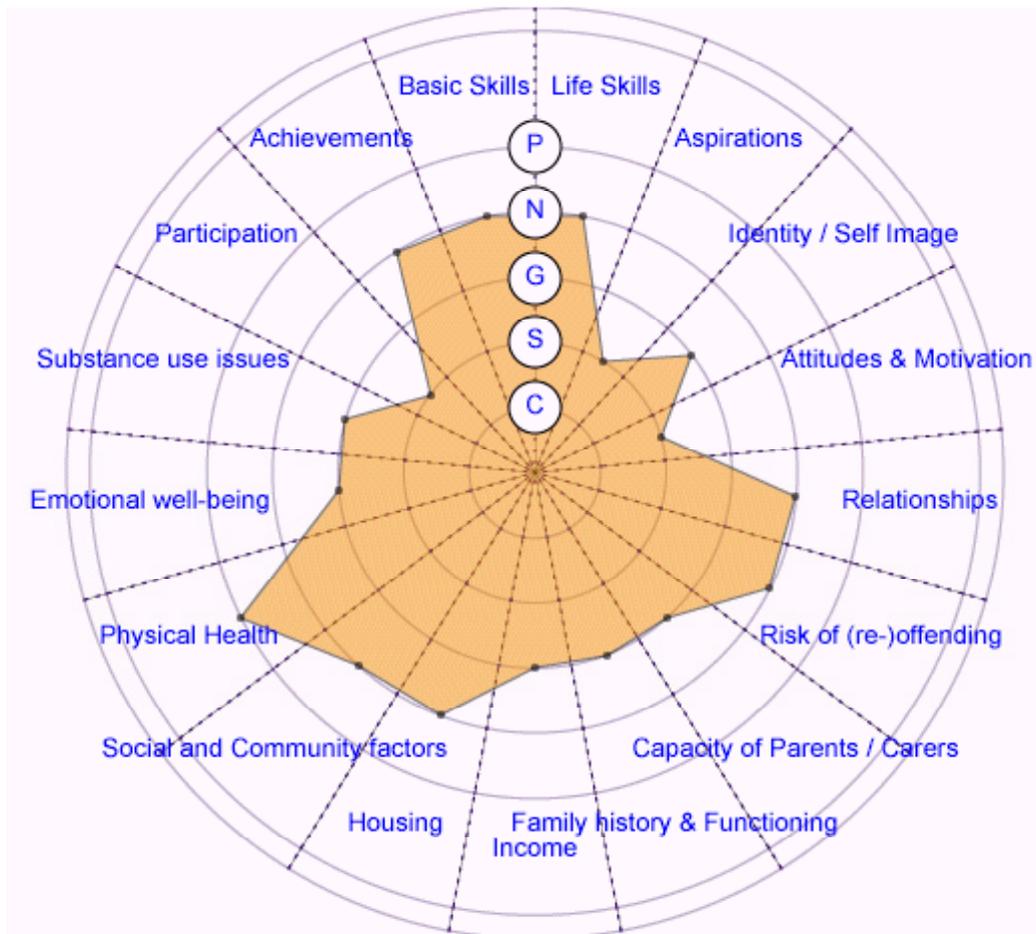
- recording assessment and review forms
- recording individuals' goals
- assisting with person centred planning
- using indicator sets
- using measurement/improvement scale
- recording the progress a person makes against indicators
- displaying assessment or aggregated assessments as a 'spider graph' (below)
- producing reports
- analysing outcomes data and producing aggregate reports.

The exact structure of the methods use is dependent on an individual organisation's requirements. The system can record interviews with service users and formal questionnaires on a web based tool. It can be used in the context of Individual Budgets and Self Directed Support. The output can be graphs charting individual needs as well as evidence of efficiency or inefficiency.

A spider graph – designed to show progress a person is making in various aspects of their lives - is shown on the next page.

Further information can be found at: www.intrelate.com/?mid=68

A Carista spider graph – designed to show progress a person is making in various aspects of their lives



6.10 Leading for Outcomes: A Guide for Team Leaders – Institute for Research and Innovation in Social Services (IRISS)

“Leading for Outcomes” is a practical guide to assist team leaders or managers introduce or develop an outcomes based approach within their organisation. The guide has been developed by IRISS and is currently being piloted across Scotland by local authority social work managers and team leaders. Training materials included within the guide provide an introduction to an outcomes-focused approach or can be used as a refresher. The tool could be used by service managers and team leaders and is aimed at those working in services for adults including older people.

The guide looks at what an outcomes-focused approach means for team members and for daily practice, and has a useful table comparing service led approaches with an outcomes-focused approach.

Part 1 of the guide looks at how to promote an outcomes based approach and to motivate followers. This includes developing a common understanding of the approach, establishing basic principles, and identifying potential benefits.

Part 2 focuses on practicing and sustaining the outcomes approach. Exercises focus on issues such as developing empathetic listening skills, risk-taking, building relationships and communicating for outcomes through conversations around relationship, possibility, opportunity and action.

The guide will be available from October 2010. After that a further three manuals will be produced relating to dementia, parental substance misuse and re-ablement.

For further information go to www.iriss.org.uk

7. Concluding remarks

This paper has set out some of the issues associated with taking an outcomes approach. The attached 'Quick Reference Table' has been designed to layout some of the essential features associated with the frameworks and tools highlighted. The capacity for producing reports has been considered although in the case of those systems still in development this may yet to be tested. Information about initial costs has been included although organisations would also need to consider factors such as staff time and resources for reviewing outcomes as well as recording and reporting on them to determine total related costs.

Further information will be gathered by CCPS, VSSSWU and the HSEU in the autumn of 2010. This will focus on how care service providers have been going about defining, measuring, recording and reporting outcomes and their experiences of taking an outcomes approach to date.

Footnotes

¹ Transforming Public Services: The Next Phase of Reform www.scotland.gov.uk/Publications/2006/06/15110925/0 page 84

² Concordat between the Scottish Government and local government 2007 www.scotland.gov.uk/Publications/2007/11/13092240/concordat

³ Single Outcome Agreements 2009-10 An analysis by Community Care Providers Scotland, November 2010 www.ccpscotland.org/assets/files/ccps/publications/research%20reports/soa%2009-10.pdf

⁴ PQASSO The Practical Quality Assurance System for Small Organisations, Charities Evaluation Service www.ces-vol.org.uk/index.cfm?pg=42

⁵ Transforming Public Services: The Next Phase of Reform www.scotland.gov.uk/Publications/2006/06/15110925/0 page 85

⁶ Personal Social Services Research Unit (PSSRU) www.pssru.ac.uk/ascot/

⁷ Measuring Outcomes for Public Service Users Project. June 2010. PSSRU Discussion Paper 2699 www.pssru.ac.uk/pdf/dp2699.pdf

⁸ Realist Evaluation in Practice, Dr MAF Kazi, SAGE publications, ISBN 0-7619-6996-9

8. Quick reference table: Outcomes frameworks and associated tools

Client groups	Costs (excluding staff resources)	Methods	Scope	Demonstrates value for money?	Reporting capabilities	Current use
Better Futures - www.ccpscotland.hseu This framework is in place and an electronic recording and reporting tool will be available from October 2010						
All adult groups	The framework is available free of charge. The web based recording tool will be charged for from 01.04.11. Charges will depend on size of service.	Periodic review with service users.	Focused on support needs and use of services.	No – cost of service not recorded but amount of service per person is.	Charts individual progress and can produce reports of aggregated information.	Similar framework used in Edinburgh with ECO recording system.
Talking Points (formerly known as UDSET) - www.jitscotland.org.uk/action-areas/talking-points-user-and-carer-involvement/ Developed in 2006 – several tools now available for use						
Adult service users and their carers.	Information on the Talking Points approach is free of charge.	Outcomes focused conversations with service users and their carers.	Focus primarily on service commissioned to provide but scope of conversations determined by what the individual says is important to them and their quality of life.	Not the primary focus.	Enables information on outcomes to be gathered during assessment and review processes and supports organisations in improving outcomes at service and individual levels.	Some providers have been using the Talking Points approach.
ASCOT - www.pssru.ac.uk/ascot/ Has been tested with various groups: older people and young people with learning disabilities and people with mental health problems.						
Adults	Toolkit can be downloaded free of charge.	Self completion questionnaire and observation.	Person centred outcomes rather than evaluating particular services.	Not the focus.	Spreadsheets are provided in the toolkit. These can aggregate data.	Some organisations are using the toolkit. Commissioning bodies are expressing an interest particularly the Department of Health.

Client groups	Costs (excluding staff costs)	Methods	Scope	Demonstrates value for money?	Reporting capabilities	Current use
Children & Young People Experiencing Domestic Abuse - www.scotland.gov.uk/Resource/Doc/1137/0087632.doc A trial is taking place of the framework and toolkit.						
Children and young people who experience domestic abuse	The framework and tools can be downloaded free of charge.	Observation by carer and/or mother, monthly outcome reviews, games, questionnaires.	Focus is on evaluation of organisations by charting outcomes for children and young people.	Not the focus.	Information to feed into annual report for the Scottish Government – jointly signed by Women’s Aid Group and Children’s Services Planner.	At a trial stage.
REACH Standards in Supported Living - www.paradigm-uk.org In use after having been tested.						
People with learning disabilities and others using supported living services.	£45	'Its my life' tool kit	Evaluates progress towards achieving outcomes desired by individuals. This involves the individual and their circles of support (should not involve service provider).	No	Can be used to report on services compared against a set of standards.	Service planning and evaluation as well as preparing individuals, carers and staff for moving from residential care to supported living.
		Service Review toolkit. Service Review takes 12 months.	Evaluates the service through service review.			

Client group	Costs (excluding staff costs)	Methods	Scope	Demonstrates value for money?	Reporting capabilities	Current use
Realist Evaluation (aka Real Time Evaluation) In use. Aberlour's Evaluation Strategy: www.ccpscotland.org/assets/files/hseu/information/Better Futures/Aberlour evaluation strategy_CCPS 2010.doc What Works in Which Circumstances: www.ccpscotland.org/assets/files/hseu/information/Better Futures/CCPSHousingarticle- 2.doc						
Children and young people	As run/funded by Moray Council and Aberlour Childcare Trust, costs have been £5,000 - £6,000 per annum for external evaluation. These are sample costs and may be different for other organisations.	Monthly questionnaire completed by service users.	The tool is focused on the welfare and social wellbeing of a young person whilst they are using a support service(s). Information is gathered about the informal supports but it is the impact of service provision which is the ultimate focus on the tool.	Focused on evidence of change and effectiveness of services. Could comment on cost effectiveness if financial information gathered also.	Reports on effectiveness at an individual level.	Used in Aberlour Child Care Trust housing support projects across Moray involving 16 – 22 year old age group. Now also used by the Moray Youth Justice Team, the Integrated Drug and Alcohol service and Child Protection area teams.
Social Return on Investment (SROI) - www.sroiproject.org.uk In use and being promoted across the Third Sector.						
Can be used with any client group.	Cost depends on whether an organisation carries out analysis work in house or uses a consultant.	Can involve stakeholder consultation via questionnaires, focus groups or individual meetings with stakeholders. An impact map is developed to show the relationship between inputs, outputs and outcomes.	SROI is about outcomes of organisations not about individual outcomes.	Yes, cost benefits are a key focus of SROI. The tool helps organisations calculate a ratio between benefits and investment. It is not designed to compare costs between organisations	SROI can provide evidence for commissioners on the benefits of services they fund but comparing SROI ratios should be avoided. Keeping information up to date is really important – developing a data base can assist with this.	Being used in Fife by supported housing projects in conjunction with a number of tools

Client group	Costs (excluding staff costs)	Methods	Scope	Demonstrates value for money?	Reporting capabilities?	Current use
Outcomes Star - www.outcomesstar.org.uk/work/ Online recording tool will be launched in November 2010						
People who are or are at risk of homelessness	The Outcomes Star is possible to download as a pdf free of charge.	Assessments based on observation of behaviour.	Focus is on how individuals progress but within the context of the services they are using. The purpose is to improve services.	Will highlight where services need to improve rather than value for money.	Reporting capability depends on use of a tool to record scores. Work Star in an online IT tool to be made available from November 2010	Currently in use by organisations in England and some in Scotland.
Carista / Intrelate - www.intrelate.com/?mid=68 The tool is in use						
Adults and children.	£25k - £100k+	Interviews with service users and questionnaires.	Qualitative and quantitative outcomes information. Can be used for Individual Budgets or Self Directed Support as it offer personal 'maps'	Yes, the tool can be used to cost benefits.	The system can aggregate the results from outcomes reporting. The longer the time the better in terms of being able chart change.	Currently being used by Penumbra, Partners for Inclusion and Thistle.
Leading for Outcomes,IRISS - www.iriss.org.uk The tool will be available on the IRISS website from October 2010						
Adults	None	Focuses on the communication skills required in order to pursue an outcomes approach.	The tool is designed to help managers promote an outcomes approach.	Not the focus.	Not the focus of the tool.	Currently being piloted by local authority social work managers and team leaders but could be used by service providers also.