

# Outcomes Based Approaches in Public Service Reform

Dr Ailsa Cook



**What Works Scotland** (WWS) aims to improve the way local areas in Scotland use evidence to make decisions about public service development and reform. We are working with Community Planning Partnerships involved in the design and delivery of public services (Aberdeenshire, Fife, Glasgow and West Dunbartonshire) to:

- learn what is and what isn't working in their local area
- encourage collaborative learning with a range of local authority, business, public sector and community partners
- better understand what effective policy interventions and effective services look like
- promote the use of evidence in planning and service delivery
- help organisations get the skills and knowledge they need to use and interpret evidence
- create case studies for wider sharing and sustainability

A further nine areas are working with us to enhance learning, comparison and sharing. We will also link with international partners to effectively compare how public services are delivered here in Scotland and elsewhere. During the programme, we will scale up and share more widely with all local authority areas across Scotland.

What Works Scotland brings together the Universities of Glasgow and Edinburgh, other academics across Scotland, with partners from a range of local authorities and:

- Glasgow Centre for Population Health
- Improvement Service
- Inspiring Scotland
- IRISS (Institution for Research and Innovation in Social Services)
- NHS Education for Scotland
- NHS Health Scotland
- NHS Health Improvement for Scotland
- Scottish Community Development Centre
- SCVO (Scottish Council for Voluntary Organisations)

What Works Scotland is funded by the Economic and Social Research Council and the Scottish Government [www.whatworksscotland.ac.uk](http://www.whatworksscotland.ac.uk). This is one of a series of papers published by What Works Scotland to share evidence, learning and ideas about public service reform. This paper relates to the What Works Scotland **Governance** workstream.

**Dr Ailsa Cook** is the Director of Outcome Focus, a consultancy supporting organisations to use evidence-based and action-orientated approaches to innovate and improve outcomes.

## Acknowledgements

Many thanks to the following colleagues for helpful comments on drafts of this paper:

Burt Perrin, Independent Consultant; Emma Miller, University of Strathclyde; Michelle Farr, University of Bristol; Pippa Coutts, Alliance for Useful Evidence; Lorraine Gilles, Audit Scotland; John Skouse, Care Inspectorate; Nick Watson and Sarah Morton, What Works Scotland.

## Contents

Introduction .....	1
--------------------	---

About this paper .....	2
Part 1: Conceptualising outcomes .....	3
1.1 Programme outcomes: changes resulting from services and interventions.....	3
1.2 Population outcomes: how things are for people .....	4
1.3 Personal outcomes: what matters to me .....	6
1.4 Understanding cause and effect: attribution vs contribution .....	6
1.5 Towards a framework of definitions .....	8
Part 2: The place of outcomes within the Scottish Approach to public services .....	9
Part 3: Evidence from the implementation of outcomes based approaches .....	12
3.1 Benefits of outcomes based approaches .....	12
3.2 Challenges in implementing outcomes based approaches .....	13
3.3 Unintended consequences .....	14
3.4 Tensions: New Public Management vs New Public Governance .....	15
Part 4: Recommendations for practice.....	16
Conclusions .....	18
References .....	18

## Introduction

Outcomes is a concept at the centre of efforts to improve public services in Scotland, across the UK and beyond. Use of the term 'outcome' permeates all parts of the public service system from frontline practice to planning, commissioning, service improvement and performance management. It is a term used across sectors and service types, from housing to education, community safety to health and social care. The concept of outcomes is inexorably interwoven with the ongoing drive to reform public services through a focus on efficiency, accountability, partnership, personalisation and co-production.

Advocates of outcomes based approaches have consistently argued that 'starting with the end in mind' has the potential to transform public services (e.g. Friedman, 2005). Research over many decades, however, has highlighted the many practical, political and epistemological issues encountered when seeking to apply these ways of working in complex public service contexts (e.g. Bovaird, 2014; Perrin, 1998). As early as 1995, Schorr cautioned that 'outcomes are not the panacea' and that effective outcomes based approaches require careful attention to culture and leadership as well as the technical aspects of outcome mapping and measurement (Shorr, 1995). More recently, studies have identified a range of unintended negative consequences of poorly conceived outcome based working (e.g. Keeves, et al 2012).

Within a Scottish policy context, outcomes based approaches are promoted to improve public services in a range of ways including by focussing on the concerns of individuals and communities and demonstrating accountability. Information on outcomes is routinely captured at individual, community, service, local authority and population levels and many funders and sponsors require new projects and initiatives to demonstrate their route to improving outcomes through an outcome map or logic model. At the centre of this work is the National Performance Framework that identifies 16 national outcomes that public services work to achieve and against which performance is publically reported (Scottish Government 2016a). This overarching framework is supported by a raft of more detailed outcomes frameworks operating at local and national levels.

This focus on outcomes has been an integral part of what has come to be known as the Scottish Approach to Public Service Reform. The term Scottish Approach encapsulates a move within public services from top-down, service-led, reactive delivery, towards more personalised, preventative and collaborative ways of working. Whilst there is some debate about how new or distinct this approach really is (Mitchell, 2015), these principles, enshrined in the Christie Commission Report (Christie, 2011) and the Government response (Scottish Government, 2011a), create a climate for policy implementation that explicitly recognises complexity and the need to embrace change and innovation.

This shift in public services has significant consequences for the ways in which outcomes based approaches can be implemented. A move away from traditional services and linear interventions creates challenges when working with outcomes, as well as opportunities for

using outcomes based approaches to navigate complexity and deliver robust and meaningful improvement.

The aim of this paper is to explore these issues and opportunities and make recommendations about how best to embed a focus on outcomes within Scottish public services.

## About this paper

This paper has been developed by What Works Scotland as a focus for debate and discussion on the place of outcomes based approaches within public service reform in Scotland. The paper draws together findings from formal research and the grey literature that has examined the use of outcomes based approaches in public service across the UK and internationally. Despite going back many decades, the literature on outcomes based approaches is limited and piecemeal. Therefore, the paper is also informed by a broader body of research into public service performance management and improvement, evaluation and person-centred approaches.

The paper examines this literature in light of key developments in Scottish policy and practice to address the following questions:

- What is an outcome and where has the concept come from?
- How are outcomes used within the Scottish Approach to public services?
- What is the learning from implementation in Scotland and internationally?
- What are the implications of this learning for implementation of outcomes based approaches within the Scottish Approach?

The paper explores these questions in turn in the following sections.

Part 1 of the paper outlines the different ways outcomes have been defined and conceptualised and develops a framework to make explicit these differences.

Part 2 of the paper looks at how outcomes are currently used in Scotland to deliver the four pillars of the Scottish Approach to public services: prevention; partnership; performance and workforce.

Part 3 of the paper reviews the research evidence into the application of outcomes based approaches in public services, including evidence as to the benefits, challenges and unintended consequences encountered across the system when focusing on outcomes.

Part 4 of the paper brings these different strands of learning together to make recommendations for future policy and practice.

## Part 1: Conceptualising outcomes

For those seeking to implement outcomes based approaches, the first step is to be clear what is meant by an outcome. This is harder than might first be assumed, as although research and policy is littered with references to outcomes, the term is used in a wide range of ways and clear definitions are thin on the ground. This review of policy and research identified three distinct ways in which outcomes are defined and understood, operating at different levels of a public service system.

- Programme outcomes: changes resulting from services and interventions
- Population outcomes: how things are for people
- Personal outcomes: what matters to me

Unsurprisingly, within and between these different levels there exist a range of different approaches to working with outcomes. Whilst there is considerable overlap between many of the approaches, it is possible to discern two contrasting sets of assumptions about the nature of the relationship between outcomes and public service activities:

1. The relationship between the intervention and outcome is linear and direct.
2. The intervention interacts with multiple other factors to influence the outcomes.

Over the following sections these different approaches to conceptualising outcomes are explored in more detail.

### 1.1 Programme outcomes: changes resulting from services and interventions

Outcomes can be most simply defined as the ***changes resulting from a specific service or intervention*** (e.g. see Glendinning et al, 2006; Meyers and Barnes, 2005 for similar definitions). This definition is the one most often used at a programme or service level. In this simple definition the term outcome can be used evaluatively, to describe what happened as a result of an action or intervention or aspirationally, to describe the intended changes from the action. In this context, outcomes are often conceptualised as occurring at the end of a linear chain of results that start with one or more *inputs*, involve *processes* that lead to specific *outputs*, which in turn result in *outcomes*. It is common amongst outcomes approaches to differentiate between intermediate (short term) and final (longer term) outcomes. Intermediate outcomes reflect the more immediate benefits the person gets from a programme, such as increased knowledge and skills, where final outcomes reflect the difference that this makes to their life. Final outcomes may emerge months or years after the initial intervention.

This use of the term outcome arose in the 1950s and 1960s in North America and was promoted by influential organisations such as the W. K Kellogg Foundation as a means to shift the focus of public service evaluations away from what was done to the difference

made (Penna and Phillips, 2005). Early research highlighted the challenges encountered when evaluating programmes in both measuring outcomes and attributing outcomes to interventions (e.g. Plantz et al, 1997). Over subsequent years, researchers sought to address these challenges through specific work to:

- a) identify the outcomes important to people using different types of public service
- b) develop measures to capture outcomes data, and
- c) develop evaluation approaches linking activity to outcome.

This research has encapsulated a spectrum of activity, coming from different methodological positions. For researchers working within a positivist paradigm, the focus has been on identifying universal domains of quality of life and wellbeing that can be used as the basis of objective, validated measures that enable evaluators to attribute outcomes to interventions and to make generalizable claims about interventions. For example, within health, a plethora of Patient Reported Outcome Measures (PROMS) have been developed and validated for use with specific patient populations and used to determine the relative effectiveness of different aspects of treatment and care (Devlin and Appleby, 2010). In this context randomised controlled trials (RCTs) may be used in an effort to link interventions to specific outcomes. At the other end of the spectrum, researchers have engaged with stakeholders to determine the outcomes important to them (Bamford and Bruce, 2000) and developed theorybased evaluation approaches that articulate the contribution of different actors to outcomes and generate new understandings about what works where, when, for whom and why (Pawson and Tilley, 1997).

## 1.2 Population outcomes: how things are for people

In public service policy and guidance, the concept of outcomes is also used more broadly to refer to the state or situation that people, communities, populations are in, as well as what is important to individuals, communities, organisations and the government. Despite widespread reference to population outcomes internationally, very few administrations have explicitly defined what this means. One of the few explicit definitions has been provided by the New Zealand State Services Commission (2009).

*"Outcomes are defined as a condition or state of society, the economy or the environment, and include changes to that condition or state. In effect, outcomes are the end result we [want] to achieve for New Zealanders. Outcomes describe 'why' we are delivering certain interventions on behalf of New Zealanders".*

This move to talking about outcomes as how things are for people was originally influenced by research and particularly developments in management thinking, such as Total Quality Management (Phillips and Penna, 2004). This management philosophy argues that it is vital to expand focus from how things are made to include what is produced, to improve productivity in private companies. These ideas became influential in North America where they were picked up by state and federal governments and adapted for performance

management purposes (Perrin, 1998). This led to the development of a plethora of approaches to developing population measures and indicators that could be used to understand the ‘results’ of national and local programme of government. Many of these approaches are still influential such as Results Based Accountability (Friedman, 2005) and the Balanced Scorecard (Norton and Kaplan, 1996).

A population-level understanding of outcomes makes a shift from seeing outcomes as the end result (intended or actual) of a service or intervention to *how life is* within a particular public service milieu. Within this broader conceptualisation, the term outcome is used to describe a complex relationship between a citizen and the state that includes multiple chains of cause and effect as individuals interact with different aspects of public service delivery, but without clear links to specific interventions. For example, the Open Public Services White Paper (Open Public Services and Cabinet Office, 2011:7) links outcomes for people to the whole programme of public spending, stating:

*“The differences in the social outcomes experienced by the most and least well-off have remained static over the last ten years despite these huge increases in public spending.”<sup>1</sup>*

When conceptualised in this way, outcomes can no longer be thought of simply as the end product of a linear relationship between inputs and outputs but instead should be understood as being co-created between the individual, their circumstances and the state. The relationship between any given input and process on outputs and outcomes will be particular to each individual and shaped by other factors in their life. For example, whether or not a scheme to boost employment opportunities will contribute to an individual finding meaningful employment will be determined by a range of factors such as the nature of the employment generated, the person’s skills, qualifications and aspirations and whether they can access the job. This will in turn be influenced by factors in their community, such as transport infrastructure and the availability of childcare. This example illustrates that it is not appropriate for public service organisations to claim that changes in population outcomes are directly caused by their interventions, instead they should seek to understand how their activities have contributed to improvements (or otherwise) in the lives of individuals.

---

<sup>1</sup> What are referred to as ‘social outcomes’ in this policy, could be more precisely described using the Capabilities Approach which differentiates between functionings and capabilities. Functioning is used to refer to the state of the person, what they are and can do (e.g. health, literacy and mobility) whilst the term capabilities refers to the freedom and opportunities that a person has to use their functionings (Brunner and Watson, 2015: 5). This conceptualisation is helpful when thinking about outcomes in their broadest sense, as it makes explicit the relationship between the person and the context in which they live. For example, the opportunities an individual has to pursue their chosen career might be enhanced by their health and literacy, but limited by transport infrastructure and wider economic factors. Within the Capabilities Approach these are called Conversion Factors. The way such conversion factors affect an individual’s functionings will in turn be shaped by their capabilities, so that a public service initiative that improves outcomes for one person, may have little or no impact for another.



### 1.3 Personal outcomes: what matters to me

The final use of the concept of outcomes stems from practice. The term personal outcome has come to be used to refer to “*what matters to the person*” (Miller, 2012). Personal outcomes focused practice involves working with the person to determine what is important to them and why and how this might be achieved, building on the person’s assets and strengths and where necessary drawing on services and wider supports (Cook and Miller, 2012). This process leads to the development of an outcomes focused plan which is later reviewed to understand both whether the desired outcomes were achieved (and how) and also if there were any unintended outcomes from the process. Information gathered through this process can be used by organisations to understand the needs and aspirations of their local populations and tailor support accordingly.

Personal outcomes approaches grew out of the person-centred care movement that highlighted the many benefits of working with people to improve the efficacy and effectiveness of services and supports (Barrie, 2013). In the UK, the work was strongly influenced by early research carried out by the Social Policy Research Unit at the University of York into the outcomes important to people using services (Quereshi, 2001). This work not only developed a typology of outcomes important to people, but also explored applications for practice and spawned a range of different practical approaches, including the Talking Points: Personal Outcomes Approach (Cook and Miller, 2012), developed in Scotland and now used across the UK and beyond.

This conceptualisation of outcomes draws a clear distinction between the outcomes important to a person and the outcomes individuals experience as a result of a programme, which may or may not be what the person wants. For example, attending a day centre might increase a person’s social contact, but not with people they value spending time with. A critical feature of personal outcomes is that they are particular to and defined by the person and whilst it is possible to identify overarching categories of personal outcomes, what this means in practice will vary from person to person and may change over time (Petch et al, 2013).

### 1.4 Understanding cause and effect: attribution vs contribution

Running across these different conceptualisations of outcomes are a set of assumptions about the relationship between the outcome and activity. Within the outcomes literature as a whole it is possible to identify two broad positions in relation to this.

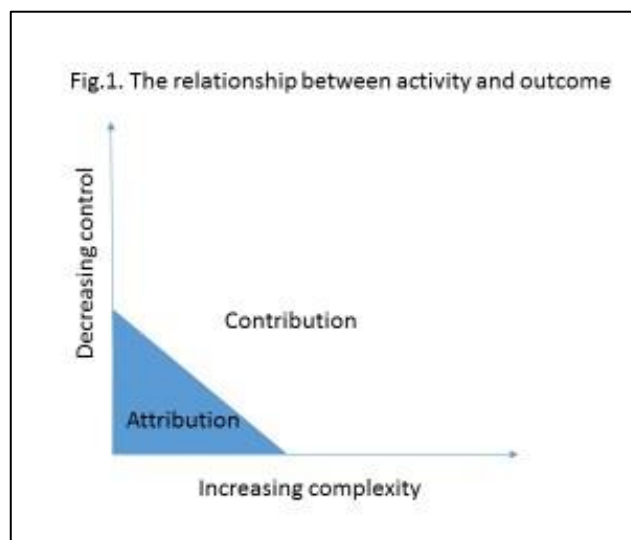
1. The relationship between activity and outcome is linear and it is possible to identify a cause and effect relationship between the two. Outcomes are attributed to the intervention.
2. Outcomes are particular to the person / organisation and co-created and it is not possible to identify a linear cause and effect relationship. Instead we can look to understand the contribution of the intervention to outcomes.

These different assumptions about the relationship between cause and effect relate to two different sets of assumptions about the context in which interventions are being delivered:

1. The system in which the intervention is being delivered is closed and not influenced by external factors, or influenced in predictable ways.
2. The intervention is being delivered in a complex, adaptive system which is influenced in unpredictable ways by internal and external factors.

If you are delivering an intervention in a closed system, it may be appropriate to seek to attribute an outcome to an activity. For example, at an individual level immunity to measles can be directly attributed to having the MMR vaccine; if an individual is vaccinated, there is a very high probability they will be immune from a measles infection. However, direct attribution is not possible within a complex system as outcomes are always influenced by other factors that cannot be predicted or controlled for with certainty. For example, at a population level a vaccination programme can only contribute to reducing incidence of measles as both uptake of the vaccine and infection rates are influenced by a range of individual, social and material factors over and above the presence of the programme. In this case, it is only possible to describe the contribution that the vaccine programme has made to population immunity.

This example shows that the potential for attribution is also influenced by the level of control the programme has over the activity. Where the activity is directly controlled by the programme it is more possible to make a claim of direct causation between the intervention and outcome. For example, once the individual has presented to the health system for vaccination the professionals have considerable control over whether the vaccination is administered according to the guidelines. At a population level, the programme is only able to influence whether a person is vaccinated, for example by communicating the presence and value of the vaccine, it cannot control whether an individual chooses to come forward for vaccination. The relationship between these different factors is summarised in the following diagram.



## 1.5 Towards a framework of definitions

This review of research, policy and practice shows that the relationship between activity and outcomes at Personal, Programme and Population levels is substantially different, and requires making explicit assumptions about the nature of the relationship between activity and outcomes. The different assumptions operating across the levels fundamentally alter the way in which the concept can be enrolled to understand and improve public services. What is more, these differences are rarely made explicit within policy documents. A key challenge for people implementing outcomes based approaches is being clear about which kind of outcome they are working with, what their assumptions are about the relationship between activities and outcome and what this means for effective implementation. Table 1 summarises key features of the three different level-based conceptualisations of outcomes.

	Personal	Programme	Population
Definition	What matters to me	Intended result of intervention	How things are for people
Origin	Person-centred care and research and evaluation	Evaluation	Management and evaluation
Activity	Specified activities agreed between person and practitioner	Specified activities which the service or programme is funded to deliver	Diverse and broadly specified activities encapsulated within the programme of government
Focus	The individual, their family and community, including issues, needs and assets	The service, staff and service users and their families and communities	The nation and population
Outcomes	Determined and defined by the person in collaboration with practice	Determined and defined by stakeholders, funders, programme staff and participants	Determined by national organisations and government based on understanding of what is important to people and national goals
Level of control	Control, direct and indirect influence	Control, direct and indirect influence	Indirect influence
Complexity	Clearly defined complex system	Clearly defined complex system	Broadly defined complex system
Attribution vs contribution	Contribution	Attribution or contribution	Contribution

*Table 1: Three conceptualisations of outcomes*

The way in which these different definitions of outcomes have been used in policy and practice in Scotland are explored in part 2.

## Part 2: The place of outcomes within the Scottish Approach to public services

As already highlighted, an outcomes focus runs through the Scottish Approach to Public Service. This approach is best encapsulated by the 'four pillars' identified in *Renewing Public Services* (Scottish Government, 2011: 1), the Government's response to the Christie Commission. They are:

- a decisive shift towards **prevention**;
- greater integration of public services at a local level, driven by better **partnership**, collaboration and effective local delivery;
- greater investment in the people who deliver services through enhanced **workforce development** and effective leadership; and
- a sharp focus on improving **performance**, through greater transparency, innovation and use of digital technology.

Consideration of the commitments underpinning these proposals reveals a range of ways in which population, programme and personal level outcomes approaches are enrolled in the implementation of these high level policy goals.

Performance and partnership are the two pillars that draw most extensively on outcomes based approaches. Outcomes are at the heart of the National Performance Framework, developed in 2007 with the explicit purpose of signalling priorities whilst enabling local areas to respond flexibly to meet need and enabling the people of Scotland to hold the Government to account (Scottish Government, 2016a). This Framework includes 16 high level National Outcomes such as "we live our lives safe from crime, disorder and danger" and "we live longer, healthier lives". Progress against these population-level outcomes are measured using a range of indicators such as the proportion of people who have been a victim of one or more crimes in the past year.

The framework is populated by outcomes data collected and reported by community planning partnerships (CPPs). This data was originally captured through single outcome agreements (SOAs) (Scottish Government, 2008) which have been replaced by local outcome improvement plans (LOIPs) (Scottish Government, 2015a). LOIPs are an attempt to localise and democratise SOAs. CPPs have to work with local communities, especially the most deprived, to not only identify local need but also identify what outcomes they will achieve in 10 years for that community. These agreements between the CPPs and the Government allow local areas to prioritise the outcomes that are most important to them, tailoring their performance reporting accordingly. In this way the framework also fulfils a further purpose, to promote partnership, by making agencies jointly accountable for planning and spending to achieve shared outcomes. The National Performance Framework and the LOIPs are supplemented by more specific performance frameworks, such as the National Health and Wellbeing Framework. This includes nine National Outcomes that local

Integrated Joint Boards are responsible for delivering on with the explicit purpose of driving the integration of health and social care services (Scottish Government, 2014).

Programme and personal level outcomes also underpin initiatives to improve partnership working. Personal outcomes featured prominently in the 2013 Social Care (Self-Directed Support) Act, as a mechanism to drive improved partnership working through a focus on organising supports around the person. Demonstrating improvement in relation to programme level outcomes has been a key strand of the Change Funds, allocated to local partnerships to enable them to develop and test new preventative approaches, for example to supporting older people in the community (Scottish Government, 2011b). The prevention strand also includes a range of improvement initiatives, many of which have been underpinned by outcomes frameworks. For example, NHS Health Scotland has developed a suite of Health Improvement Outcomes Frameworks linking programme and population outcomes<sup>2</sup>.

Given the focus on outcomes across three of the four pillars, it is surprising that relatively little attention has been paid to equipping the workforce to work in this way. Whilst there have been some initiatives, such as the leadership programme Collaborating for Outcomes, these have been developed in a piecemeal fashion. This is concerning given that work carried out to support the workforce to implement personal outcomes focussed approaches has found people need time to build confidence and skills in working with outcomes in systems that have tended to be 'service led' (Cook and Miller, 2012). Furthermore, research with national governments has found that making a shift to an outcomes orientation takes considerable capacity and skills (Perrin, 2006).

Recent policy has further cemented a focus on complexity and collaboration within the Scottish Approach. The concept of co-production has gained prominence as a means to empower individuals and communities as well as reduce unnecessary service use<sup>3</sup>. This is a feature of the New Community Empowerment Act that formalises the role of CPPs in planning for outcomes in partnership with the local community. There has also been a greater focus on the use of improvement approaches to implement reforms. Outcomes and theories of change sit at the heart of these approaches, ensuring that there is common consensus as to the changes to be made and tracking progress towards outcomes (e.g. Scottish Government, 2013).

The one area where Scotland has been more tentative in embracing an outcomes approach is around commissioning. In England the Open Public Services White Paper (2011) moved commissioning for outcomes to the centre stage. This has included the piloting of payment by results (PbR) approaches, where providers are paid subject to demonstrable changes in outcomes for people (Farr, 2016). There has, however, been widespread debate and

---

<sup>2</sup> Further information available on the website <http://www.healthscotland.com/ofhi/index.html>

<sup>3</sup> See the Scottish Co-Production Network for examples  
<http://www.coproductionscotland.org.uk/about/background/>

criticism about such approaches, with the National Audit Office (2015:4) highlighting that, if applied inappropriately, PbR approaches can undermine service quality and value for money. Responding to this evidence, the Scottish Government has announced that the PbR scheme currently in operation in Scotland for employability services will be significantly modified when responsibility for this policy area is transferred to the Scottish Government in April 2017 (Scottish Government, 2016b). The new scheme will include a balance of service fees and outcomes based payments for providers to ensure that employability services meet the needs of all job seekers, including those for whom achieving 'job outcomes' is more difficult. This approach is more in keeping with the general trend in outcomes based commissioning in Scotland, which has involved:

- ensuring the commissioning process includes a focus on the outcomes known to be important to the population under consideration (e.g. Joint Strategic Commissioning)
- specifying outcomes at a programme level that should be achieved and monitored through the contract
- ensuring contracts allow sufficient flexibility to enable providers to focus on personal outcomes, a key focus of Self Directed Support.

This review of the application of outcomes based approaches in public services in Scotland shows that personal, programme and population level outcomes are defined, planned for and measured across the system. Within this work a focus on outcomes fulfils a range of purposes including to:

- signal what is important
- learn and improve
- judge and be accountable for the effectiveness of national and local policy and programmes.

Whilst there is evidence of efforts by local and national government to make the links between population, programme and personal level outcomes based approaches, there is still some way to go. For example, the National Health and Wellbeing Outcomes (Scottish Government 2015), against which Health and Social Care Partnerships are held accountable for performance, are informed by research into personal outcomes. The guidance to support implementation includes a number of patient and staff stories to illustrate the difference that achievement of these outcomes makes to people. The performance framework itself, however, is entirely made up of quantitative indicators. Within the suite of indicators there are some that measure aspects of patient experience and outcomes, for example, *percentage of adults supported at home who agree that their health and social care services seemed to be well co-ordinated*, (Scottish Government, 2015b) but nothing that captures personal outcomes per se.

Learning from implementation of outcomes based approaches in Scotland and internationally is explored in the following section.

## Part 3: Evidence from the implementation of outcomes based approaches

Despite the international interest in outcomes, the empirical evidence base to underpin implementation is somewhat limited. Whilst there is much written about outcomes, much of this literature describes the practice of outcomes based approaches and there is a dearth of systematic research into effectiveness or impact of specific approaches. Furthermore, for the purposes of this paper it was not possible to find any research looking at the implementation of outcomes based approaches across public services. Instead the evidence comes from examination of specific approaches such as:

- programme evaluations
- payment by results type programmes
- personal outcome focused practice
- national performance reporting / approaches.

Despite these limitations, it is possible to discern some key learning points in relation to benefits, challenges and unintended consequences.

### 3.1 Benefits of outcomes based approaches

To date there is no empirical evidence to suggest that adopting an outcome approach at a national level improves performance (Wimbush, 2011). This is not surprising given the complexity and reach of such programmes and the challenges encountered in evaluation (Battye, 2015). Researchers examining outcomes based processes have identified a range of benefits from focussing on outcomes at population and programme levels (Perrin, 2006; Shorr, 1995; Plantz et al, 1997). These include:

- Defining intended outcomes provides a focus for activity, promoting collaboration across sectors and agencies and reducing investment in unnecessary activities.
- Outcomes information can be used for organisational learning and improvement.
- A focus on outcomes minimises the need for centralised bureaucratic management making space for local innovation.
- Outcomes information can be used to communicate how programmes are doing, increasing transparency and accountability to funders and the public.
- Focussing on outcomes encourages long term thinking and more preventative approaches such as early years interventions to improve educational attainment.

Action research with health and social care organisations has highlighted important benefits from focussing on personal outcomes (Miller and Barrie, 2016). Staff reported that outcomes focussed practice took them back to their core professional values. For people using services and supports, talking about outcomes was in itself found to be therapeutic and enabling, bringing a renewed sense of confidence and identify. On a practical level,

focussing on outcomes for individuals led to the development of more personalised services and supports which significantly improved outcomes without necessarily increasing costs.

The benefits of such a shift in outcomes orientation has also been found at a government level. A summit of 12 national governments, organised by the World Bank, found that whilst the most common reasons for adopting outcomes approaches were to increase transparency and show impact, many other benefits emerged (Perrin, 2006). Focussing on outcomes promoted more joined-up thinking, showing how different policies and programmes contributed to shared outcomes. Participants at the summit reported that focussing on outcomes promoted a learning culture, showing how activities improved outcomes and why as well as highlighting opportunities for improvement.

### **3.2 Challenges in implementing outcomes based approaches**

Research has identified two kinds of challenges in implementing outcomes approaches: making the shift to outcomes and technical challenges around measurement and attribution.

Perrin (2006) found that implementing population level outcomes based approaches takes time and involves considerable shifts in culture, systems and practice. Governments involved in the World Bank summit reported that a mixture of bottom-up and top-down approaches were found to be essential to making the shift, with commitment and ownership to an outcomes approach required at every level of an organisation to make the change. This finding reflects experience in Scotland where after ten years, there is still significant progress to be made<sup>4</sup>. For example, a recent report by Audit Scotland found that whilst all the newly formed health and social care integration authorities were recording information on outcomes, they were using different indicators and measures, making comparison between local areas difficult (Audit Scotland, 2015).

Learning from ten years of implementing personal outcomes approaches has found that whilst the values and principles of personal outcomes practice are widely held, there are still many barriers to implementing outcomes based approaches, in particular managerial demands and the predominance of performance management cultures that value quantitative measures over qualitative evidence and learning (Miller and Barrie, 2016). Adopting collaborative, action orientated approaches to learning can help implementation, providing opportunities for local organisations to share good practice and problem solve together (Cook and Miller, 2012).

It is striking when reviewing international evidence around implementing outcomes approaches that the majority of challenges are associated with measurement and attribution. As discussed in part 1, many public service interventions are highly complex and implemented in complex systems where there are multiple chains of cause and effect at

---

<sup>4</sup> See blog post by Colin Mair head of the Improvement Service  
<http://www.carnegieuktrust.org.uk/blog/outcome-focus-scottish-reflection/>



play simultaneously. This makes attributing outcomes to any given intervention problematic as many of the factors shaping the outcome are not under the control of the programme or government (Wimbush, 2011). Furthermore, several authors have argued that outcomes can only be meaningfully defined by stakeholders (Bovaird, 2014) and it is only by engaging with the complexity of their lives that links between outcomes and interventions can be discerned (Lowe, 2013). Researchers have responded to these challenges by developing theory based approaches to evaluation that make explicit the theory underpinning the relationship between the activity and outcome and gather a range of forms of data to test the theory in practice. (e.g. Mayne, 2008).

That some outcomes are harder to measure than others has long been recognised (e.g. Plantz et al, 1997). Over the years, considerable resources have been invested in developing standardised measures to capture aspects of experience that are hard to objectively measure, such as quality of life and wellbeing (Devlin and Appleby, 2010). Research in clinical settings has shown that the use of such measures in practice is influenced by the particular concerns and interests of staff, leading to disparities in outcome recording between professionals (Greenhalgh et al, 2005). Additionally, Shorr (1995) cautions that an undue focus on measures takes time that might better be used in service delivery. The Results Based Accountability (RBA) approach seeks to address the challenge of measurement by looking for alternative measures or indicators that are more amenable to measurement, for example using exam scores as an indicator of educational attainment (Friedman, 2005). There is, however, a growing body of evidence that adopting strategies such as this can have dangerous unintended consequences on the initiatives under consideration. These are considered below.

### 3.3 Unintended consequences

Within the literature on performance management there has long been concern that an undue focus on measures and targets drives organisations to focus on meeting the targets as opposed to improving public services (Perrin, 1998). Fryer et al (2009) identified four different types of deviant behaviours that can be found as a consequence of performance management: setting undemanding targets; performance clustering around a target; concentrating on meeting targets at the expense of other factors; and choosing indicators to influence results. Research looking at outcomes based performance management specifically suggests that this analysis applies equally well in this context (e.g. Lowe, 2013; McCarthy and Brown, 1998; Boyne and Law, 2005). More than this though, the evidence points to a number of ways in which poorly conceived outcome measurement can fundamentally impact on public service delivery.

Endicott and Entwistle (2007) found, when looking at the implementation of local public service agreements (LPSAs) in England, there were many aspects of local environmental plans that could not be adequately captured through the range of outcome measures available. This included issues such as the contribution of volunteers and changes in biodiversity. Their research found that over subsequent iterations of the LPSAs such issues

were deprioritised in favour of those where it was possible to set and meet targets. They argue that the application of the LPSAs increased inequalities between rural and urban populations as the LPSA's made it hard to justify spending on services such as community transport that only benefitted a small proportion of the population.

These findings are echoed in Australian research into the implementation of Results Based Accountability into community safety projects (Keevers et al, 2012). This research found that the process of identifying outcome measures had a transformative effect on the service as staff were required to simplify their activities and aspirations to capture them within the simple outcome maps. This led to some of the nuanced and complex aspects of the work being downplayed, such as the relational nature of their engagement with families. In this way, the application of RBA in this context emphasised the service aspects of the project which had previously been focussed on delivering through networks and relationships.

Given the many challenges around attributing and measuring outcomes Perrin (2006) has argued that outcomes based approaches should not be linked to financial rewards. This conclusion is supported by evaluation of the payment by results pilots in the UK. Not only do these ways of working fundamentally alter relationships between provider organisations and commissioners (Crowe et al, 2014), but they have been found to exacerbate inequalities as provider organisations are incentivised to work with those who are most likely to realise the desired outcomes and park those who are harder to work with (Farr et al, 2016).

### **3.4 Tensions: New Public Management vs New Public Governance**

This review of evidence into the implementation of outcomes based approaches highlights the fundamental tension between reductionist and linear approaches to measuring and attributing outcomes and the complex nature of so much public service delivery. This review has shown that negative unintended consequences of outcomes based approaches arise when organisations seek to attribute outcomes in complex systems where there is limited control over the intervention. This tension is exacerbated by the dominance of performance management systems that drive programmes and initiatives to simplify their work to fit into pre-existing conceptual frameworks. This reflects broader tensions within public services as a whole between New Public Management approaches that seek to improve effectiveness through management, targets and incentives, with New Public Governance approaches that emphasise co-production and collaboration (Osborne, 2006). These tensions are inherent in the Scottish National Performance Framework which seeks to foster an open relationship of transparency and accountability and drive collaboration through a performance management system that is based on measures and numerical indicators, despite an explicit recognition that public service partners can only contribute to outcomes (Scottish Government (2008). Recommendations for negotiating outcomes approaches in light of these tensions are explored in the final part of this paper.

## Part 4: Recommendations for practice

At the heart of a Scottish Approach to public services are three commitments: to work collaboratively and co-productively; to be open, transparent and accountable to the people of Scotland; and to actively work to improve public services. It is vital that the approaches to focussing on outcomes at population, programme and personal levels enable policy makers and implementers to negotiate these diverse imperatives.

Consideration of the evidence provides clear lessons as to what doesn't work. Adapting practice to fit the measures, tying performance to fiscal rewards or sanctions and ignoring the contribution of individuals and communities to outcomes are all strategies that will undermine the Scottish Approach. Instead, outcomes based approaches must embrace complexity, value the perspective and contributions of multiple stakeholders and capture evidence to support improvement and transformation.

The following recommendations provide the beginnings of a route map to achieve this.

### **1. Navigate a path through complexity with a robust and explicit theory of change.**

Whilst public services are awash with logic models, many of these are not underpinned by an explicit theory of change and instead function more as infographics summarising key elements of a programme. Good theories of change break down the link between activities and outcomes into steps that are meaningful to all of those involved in the process, including people using services, staff and managers and are grounded in a detailed understanding of the context in which an intervention is being delivered. Developing this understanding enables the articulation of explicit risks to the theory as well as things that need to be in place for the logic to work. Making explicit these risks and assumptions can help implementation, by providing a blueprint for change.

### **2. Promote partnership working and co-production by focussing on contribution to outcomes.**

An important benefit of outcomes based approaches is that they make explicit the outcomes to be achieved, promoting a shared vision amongst partners. Developing theories of change in a co-productive way enables collaborators to clarify their specific contributions to improving outcomes and to capture evidence about impact of the activities of different stakeholders, including individuals and communities. At a personal level, focussing on contribution empowers the person, recognising the strengths and assets they bring to realise their outcomes.

### **3. Maximise learning by understanding the journey as well as the outcome.**

Outcomes do not just happen, they are the result of complex chains of events, some of which may never be fully understood, but others will. Capturing evidence about the process through which outcomes have been achieved, or missed, is a fundamental part of the improvement process. To do this it is vital to capture evidence not just about the

extent to which the steps in the chain have been realised, but also about the risks to effective implementation as well as the assumptions.

**4. Ensure data is meaningful and measurable using multiple forms of evidence.**

Evidencing the contribution of an intervention to outcomes involves capturing evidence along the journey from activity to outcome as well as evidence about risks and assumptions. In so doing, it is important to use a range of different forms of evidence that meaningfully engage with the issues and include the perspectives of multiple stakeholders. Developing measures for final outcomes is often hard to do, however there are many aspects of process, as well as risks and assumptions that are amenable to measurement, such as information about engagement, service use, and impacts on symptoms or skills. Key to effective implementation is tailoring any given evidence gathering approach to the context and, where appropriate, bringing together data from different sources to develop a broad picture of what is going on.

**5. Maximise impact and efficacy by tailoring the approach to the purpose.**

Outcomes approaches can be used to fulfil a range of purposes, from signalling what is important to judging the efficacy of interventions and learning and improvement. Effective outcomes approaches are tailored to fit the purpose. For example, if the purpose of focussing on outcomes is to signal what is important the outcomes can be stated in bold and ambitious terms, such as we live longer healthier lives, or I play an active role in family life. These outcomes might be hard to measure, however in this case it is the statement of these outcomes that brings value (Perrin, 2006). If the purpose of an outcomes approach is accountability, then it is important that outcomes are framed such that they can be reliably measured without leading to gaming or other unintended consequences. In this case it can be more helpful to focus on intermediate and process outcomes.

**6. Celebrate success and share the learning by telling the whole story**

The contribution of the kinds of whole-system, complex interventions at the heart of Scottish public services cannot not be adequately captured in a handful of statistics. Reductionist approaches to outcome reporting mask the work that has gone into realising outcomes by a wide range of stakeholders as well as downplaying the importance of the learning gathered along the way. Effective approaches to reporting outcomes make explicit the roles of different actors and allow a programme to identify where it is on the journey to success. Such approaches bring together a range of evidence in a clear and concise way and communicate learning as well as evaluating the overall impact of a programme of activity.

**7. Improve policy implementation using outcomes approaches to understand and evaluate progress.**

Implementing programmes of public service reform requires public service managers to work collaboratively to negotiate a range of competing imperatives. Outcomes based approaches can be used to aid this process, by documenting the pathway to policy implementation and the contribution of diverse stakeholders, as well as risks and assumptions.

## Conclusions

This review has found that, internationally, Scotland is ahead of the curve in the development and use of outcomes based approaches at population, programme and personal levels. A focus on outcomes is found across practice, planning and commissioning and performance management.

However, the landscape of outcomes based working in Scotland is still piecemeal and at times conflicting. There is a danger of 'outcomes' becoming a term that means all things to all people and so is rendered meaningless. It is important, as Scotland continues to strengthen and embed outcomes based approaches, that they are both meaningful to the population and coherent and practicable for those charged with recording, reporting and evaluating outcomes.

There is already much good work underway to this end. The recommendations in this paper can inform further development to ensure that a focus on outcomes continues to be an effective mechanism for public service reform.

## References

- Audit Scotland (2015) *Health and Social Care Integration*. Edinburgh: Audit Scotland.
- Bamford, C and Bruce, E (2000) Defining the outcomes of community care: the perspectives of older people with dementia and their carers. *Aging and Society* 20: 543-570
- Barrie, K (2013) *We've got to talk about outcomes*. Glasgow: The Alliance
- Battye, F (2015) Payment by results in the UK: Progress to date and future directions for evaluation. *Evaluation* 2 (2): 189-203
- Bovaird, T. (2014) Attributing Outcomes to Social Policy Interventions – 'Gold standard' or 'Fools gold' in Public Policy and Management. *Social Policy and Administration* 48 (1):1-23.
- Boyne, G and Law, J (2005) Setting public service outcome targets: lessons from Local Public Service Agreements. *Public Money and Management* 25 (4): 253-260.
- Christie, C (2011) *Report on the Future Delivery of Public Services by the Commission Chaired by Campbell Christie*. Edinburgh: Scottish Government.
- Devlin, N and Appleby, J (2010) *Getting the most out of Proms: putting health outcomes at the heart of NHS decision making*. London: The Kings Fund.

- Cook, A and Miller, E (2012) *Talking Points Personal Outcomes Approach: Practical Guide*. Edinburgh: Joint Improvement Team.
- Crowe, T; Gash, D and Kippin, H (2014) *Beyond Big Contracts: commissioning public services for better outcomes*. London: Institute for Government.
- Enticott, G and Entwistle, T (2007) The spaces of modernisation: Outcomes indicators and the local government modernisation agenda. *Geoform* 38: 999-1011.
- Farr, M (2016) Co-production and value co-creation in outcome based contracting in public services. *Public Management Review* 18 (5): 654-672.
- Friedman, M (2005) *Trying hard is not good enough: how to produce measureable improvements for customers and communities*. Fiscal Policy Studies Institute
- Fryer K (2009) Performance management in the public sector. *International Journal of Public Sector Management*. 22 (6): 478-498.
- Glendinning, C; Clarke, S, Hare, P, Kitchetkova, I, Maddison, J and Newbronner, L (2006) *Outcomes focussed services for older people*. Bristol: Policy Press
- Greenhalgh, J; Long, A and Flynn, R (2005) The use of patient reported outcome measures in routine clinical practice: lack of impact or lack of theory? *Social Science and Medicine* 60: 833-843.
- Kaplan, R and Norton, D (1996) *The Balanced Scorecard*. Boston: Harvard Business School Press.
- Keevers, L; Treleaven, L; Sykes, C and Darcy, M (2012) Made to measure: taming practices with results-based accountability. *Organisational Studies* 33 (1): 97-120.
- Lowe, T (2013). The paradox of outcomes – the more we measure, the less we understand. *Public Money and Management*. 33 (3): 213-216.
- Lowe, T and Wilson, R (2015) Playing the game of outcomes-based performance management. Is gamesmanship inevitable? Evidence from theory and practice. *Social Policy and Administration*. DOI: 10.1111/spol.12205
- Mayne, J (2008) *Contribution Analysis: An approach to exploring cause and effect*. ILAC Brief 16.
- McCartney, S and Brown, R (1998) Managing by numbers: using outcome measures in the NHS. *International Journal of Health Quality Assurance* 12 (1): 6-12.
- Miller, E. (2011) *Individual Outcomes: Getting back to what matters*. Edinburgh: Dunedin.
- Miller, E and Barrie, K (2016) *Personal outcomes: learning from the Meaningful and measurable project*. Edinburgh: Health Care Improvement Scotland
- Mitchell, J (2015) *The emerging Scottish model: avoiding everything becoming nothing*. Edinburgh: What Works Scotland.
- Myres, P and Barnes, J, (2005) *Measuring Outcomes: Guidance on Outcome Evaluation for Local Sure Start Programmes*. London: Institute for the Study of Children, Families and Social Issues.

- National Audit Office (2015) *Outcomes Based Payment Schemes: the government's use of payment by results*. London: National Audit Office.
- New Zealand State Services Commission (2009) *Performance measures: advice and examples on how to develop effective frameworks*. Accessed from <https://www.ssc.govt.nz/node/6257> on 11.10.16
- Open Public Services and Cabinet Office (2011) *Open Public Services England White Paper*. London: Westminster.
- Osborne, S (2006) The New Public Governance? *Public Management Review* 8 (3):377-387.
- Quereshi, H (2001) *Outcomes in Social Care Practice*. Outcomes of Community Care Practice Number 7. York: Social Policy Research Unit.
- Pawson, R and Tilley, N (1997) *Realistic Evaluation*: Sage
- Penna, R.M. and Phillips, W.J. (2004). *Outcome Frameworks. An overview for practitioners*. New York: Rennsellaerville.
- Perrin, B (1998) Effective use and misuse of performance management. *American Journal of Evaluation*. 19 (3): 367-379.
- Perrin, B (2006) *Moving from Outputs to Outcomes: Practice Advice from Governments around the World*. Washington DC: World Bank.
- Petch, A; Cook, A and Miller, E (2013) *Partnership working and outcomes: do health and social care partnerships deliver for people using services*. *Health and Social Care in the Community*. 21 (6): 623-633.
- Plantz, M; Greenway, M and Hendricks, M (1997). Outcome measurement: showing results in the Nonprofit sector. *New Directions for Evaluation*. 75: 15-30.
- Schorr, L (1995) *The case for shifting to Results-Based Accountability*. Centre for the Study of Social Policy. [http://www.cssp.org/publications/public-policy/top-five/5\\_the-case-for-shiftingto-results-based-accountability.pdf](http://www.cssp.org/publications/public-policy/top-five/5_the-case-for-shiftingto-results-based-accountability.pdf) Retrieved 1.9.16
- Scottish Government (2007) *Concordat between the Scottish Government and Local Government*. Edinburgh: Scottish Government
- Scottish Government (2008) *Outcome Based Approach: working guidance for public bodies*. Edinburgh: Scottish Government.
- Scottish Government (2011a) *Renewing Scotland's Public Services – Priorities for reform in response to the Christie Commission*. Edinburgh: Scottish Government.
- Scottish Government (2011b) *Reshaping care for older people*. Edinburgh: Scottish Government
- Scottish Government (2013) *The 3-Step Improvement Framework for Scotland's Public Services*. Edinburgh: Scottish Government

Scottish Government (2014) *National Health and Wellbeing Outcomes: a framework for improving the planning and delivery of integrated health and social care services*. Edinburgh: Scottish Government.

Scottish Government (2015a) *Community Empowerment (Scotland) Act*. Edinburgh: Scottish Government.

Scottish Government (2015b) *Core Suite of Integration Indicators*: Edinburgh: Scottish Government.

Scottish Government (2016a) *National Performance Framework*. Edinburgh: Scottish Government.

Scottish Government (2016b) *Creating a Fairer Scotland: A new future for employability support in Scotland*. Edinburgh: Scottish Government.

Wimbush, E. (2011) Implementing an outcomes approach to public management and accountability in the UK – are we learning the lessons? *Public Money and Management*. 31 (3): 211-218.