Speech, language and communication needs

Evaluating outcomes

Commissioning Support Programme

Type of paper	Commissioning Support Programme paper exploring ways of improving speech, language and communication outcomes for children and young people
Primary audience	Lead members, directors of children's services, strategic commissioning teams, children's partnership boards, head teachers, GP commissioners, health and well-being boards, service providers, children's centres, schools and colleges, parents, carers and young people
Date of publication	February 2011

Commissioning Support Programme

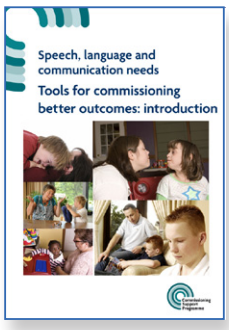
Commissioning Support Programme

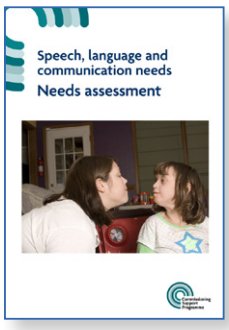
web: www.commissioningsupport.org.uk

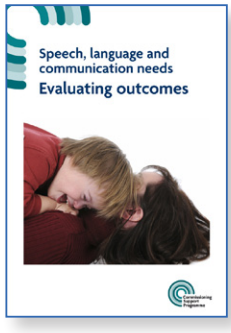
email: info@commissioningsupport.org.uk

Contents

The tools in this suite:







1. About this tool

Evaluation should lie at the heart of the commissioning process. Good evaluation helps commissioners of speech, language and communication needs (SLCN) services to understand what it is they are trying to achieve, how they will achieve it, and the impact of their decisions on children and young people. Evaluation is also crucial to helping commissioners learn from past experience and best practice. This will help them to make better decisions and improve services in the future.

The Bercow Report[1] noted that 'A continual cycle of self-evaluation is required in order to improve outcomes'. The report, among other findings about the challenges facing services for speech, language and communication needs, highlighted the fact there is still insufficient use of evaluation and evidence to inform good commissioning.

In addition, there is a lack of consistent focus on the outcomes we are trying to achieve for children, young people and their families – that is, the real impact of services on the life chances and well-being of service users. Instead, services continue to be commissioned on the basis of what outputs are produced, and these do not necessarily lead to improved outcomes. One of the SLCN commissioning pathfinders told us:

> **'At a local workshop held by the operational project team for commissioners and other key stakeholders recently, there was a great deal of interest in linking in the commissioning process with outcomes rather than outputs.'**

They also told us they wanted a tool which:

> **'...gives our commissioners a much clearer idea of our expected outcomes and gives us a vehicle to ensure our anticipated outcomes are in accordance with their expectations.'**

Establishing and measuring a clear set of outcomes is central to the evaluation process. This tool seeks to provide commissioners with a clearer set of some of the key outcomes they need to focus on in the commissioning process and how these can be included in evaluation.

This tool provides:

- an explanation of the role of evaluation in the commissioning process
- an overview of the main outcomes speech, language and communication services are seeking to achieve, and a detailed list of potential indicators of these
- a step-by-step guide to how to conduct evaluations of speech, language and communication services within the context of the commissioning process
- links to further resources.

This tool is part of a suite of tools for commissioners of speech, language and communication services. It should be read particularly in conjunction with the Whole System Mapping and Design, Needs Assessment and User Involvement and Consultation tools.

1 Bercow J (2008) *The Bercow Report: A review of services for children and young people (0-19) with speech, language and communication needs*. Nottingham: DCSF www.dcsf.gov.uk/bercowreview/docs/7771-DCSF-BERCOW.PDF.

2. The role of evaluation in the commissioning process

Evaluation is a crucial part of the commissioning process.

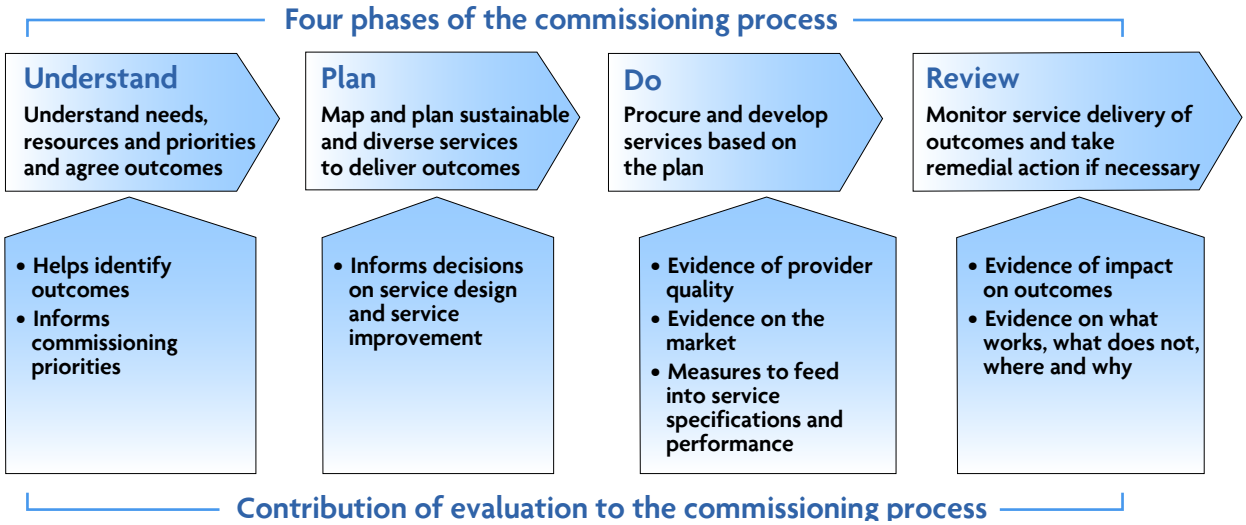
Good evaluation:

- informs the identification of needs
- helps commissioners identify a clear set of outcomes to be achieved through the commissioning process
- provides evidence of what works and what does not work, in what circumstances, for which groups of children and young people, and why
- identifies possible improvements
- helps commissioners make judgements about the quality of providers and the strength of the provider market
- assesses the impact of commissioned services on outcomes.

This process fits in with the four stages of the commissioning process as described in Figure 1.

Therefore, commissioners need to build evaluation into their commissioning frameworks and plans, clearly identifying how data will be collected at key points to strengthen the knowledge base underpinning commissioning decisions.

Figure 1: How evaluation fits into the commissioning process



3. Understanding and measuring outcomes

Speech, language and communication skills underpin all areas of children's and young people's development. They are fundamental skills for learning and for developing social relationships.

Why are speech, language and communication skills important?

- Good communication skills support positive self esteem and confidence. Children with language difficulties are at risk of lower self esteem[2] and mental health issues[3].
- Good communication skills are essential in developing resilience. Children with language difficulties are at increased risk of bullying.[4]
- Children need good communication skills to learn to read, to achieve well at school and maximise their personal and social life chances. Children whose speech, language and communication needs are resolved by five and a half years of age are more likely to develop literacy skills and have good academic and social outcomes.[5] Children with persisting speech, language and communication needs achieve half as many A*-C grades as their peers[6].
- Children need good communication skills to be able to participate in decision-making in the home, school and community, engage positively at school, to have positive relationships with peers and develop independence and self advocacy. Communication difficulties are frequently given as the reason why children are not consulted.[7] Children with speech, language and communication needs can be more withdrawn[8] and have difficulties developing social relationships[9]; they often remain dependent into adulthood[10].
- Children with speech, language and communication needs also experience a high rate of behaviour difficulties. Children and young people with speech, language and communication needs and their families prioritise outcomes in independence and social inclusion (Roulstone, 2010).
- Good communication is essential for a successful transition to work or training, for independence and to enable access to a range of life opportunities. Fewer young people with language difficulties go on to further education. They have unsatisfactory employment histories, interpersonal difficulties at work and more instances of redundancy and unemployment.[11]
- Good communication skills help children and young people escape from disadvantage. Vocabulary at age five has been found to be the best predictor (from a range of measures at ages five and ten) of whether children who experienced social deprivation in childhood were able to 'buck the trend' and escape poverty in later adult life.[12]

Supporting children's speech, language and communication thus contributes to a wide range of outcomes in achievement, social competence, behaviour and mental health. Better commissioning processes seek to bring about these outcomes.

Some children and young people with speech, language and communication needs will achieve good outcomes with support at universal, targeted and specialist levels. There will be others who have long term significant speech, language and communication needs who will

2 Tomblin B (2008) 'Validating diagnostic standards for specific language impairment using adolescent outcomes' in Frazier C, Tomblin B and Bishop D V M (eds) *Understanding Developmental Language Disorders: from theory to practice*. Psychology Press.
3 Snowling M J, Bishop D V M, Stothard S E, Chipchase D, and Kaplan C (2006) 'Psychosocial outcomes at 15 years or children with a preschool history of speech-language impairment' in *Journal of Child Psychology and Psychiatry*. 47(8) 759-765
4 Conti-Ramsden G & Botting N (2004) 'Social difficulties and victimisation in children with SLI at 11 years of age'. *Journal of Speech, Language and Hearing Research*. 47(2) 145-161.
5 Snowling et al, (2006) op cit.
6 Conti-Ramsden G (2007) *Heterogeneity in SLI: outcomes in later childhood and adolescence.* Plenary talk presented at 4th Afasic International Symposium, Warwick University.
7 Dickens M (2004) *Listening to Young Disabled Children*. National Children's Bureau.
8 Irwin J R, Carter A S and Briggs-Gowan M J (2002) 'The Social-Emotional Development of 'Late Talking' toddlers' in *Journal of the American Academy of Child and Adolescent Psychiatry* 41, 1324-1332.
9 Whitehouse A J O, Watt H J, Line E A and Bishop D V M (2009) 'Adult psychosocial outcomes of children with specific language impairment, pragmatic language impairment and autism' in *International Journal of Language and Communication Disorders*. 44(4) 511-528.
10 Conti-Ramsden G and Durkin K (2008) 'Language and independence in adolescents with and without a history of specific language impairment (SLI)' in *Journal of Speech, Language and Hearing Research*. 51(2) 70-83.
11 Clegg J, Hollis C and Rutter M (1999) 'Life Sentence: what happens to children with developmental language disorders in later life?' in *RCSLT Bulletin*. Royal College of Speech and Language Therapists.
12 Blanden J (2006) *Bucking the Trend – What enables those who are disadvantaged in childhood to succeed later in life?* London: Department for Work and Pensions.

need ongoing support, specialist teaching and therapy in order to maximise their life chances. Evaluation can provide information about the effectiveness of intervention at all levels.

Why are outcomes relevant to commissioning?

The ultimate goal of commissioning is to deliver better outcomes for children and young people with speech, language and communication needs and their families and carers. Only once you understand what outcomes you are trying to deliver, can you be sure that you will commission the right mix of services. Outcomes are also at the heart of evaluation. Good evaluation processes seek to establish the extent to which a whole system (see the Whole System Mapping and Design tool), service or particular intervention has delivered the outcomes it set out to achieve. Good evaluations also identify whether there have been any other, unintended, impacts of an intervention – either positive or negative.

In the section below, we have set out an overview of some of the main outcomes associated with speech, language and communication services. These can be used to:

- inform commissioning decisions about the intended impact of commissioned services
- inform the design of an outcome-based commissioning specification, so that there is clarity between commissioners and providers about what outcomes are to be delivered through a service
- provide a clear set of outcomes that can be measured through evaluations.

What are SLCN outcomes?

There are three distinct types of measure that can be used when commissioning speech, language and communication services or evaluating the outcomes of service provision:

- the user's reported experience of services they have received
- the achievement of therapy/intervention goals
- The directly-measured impact of services on users' speech, language and communication skills, attainment and well-being.

A 'balanced score-card' of outcomes measures is likely to draw on all three types of measure.

1. The user's reported experience of the service

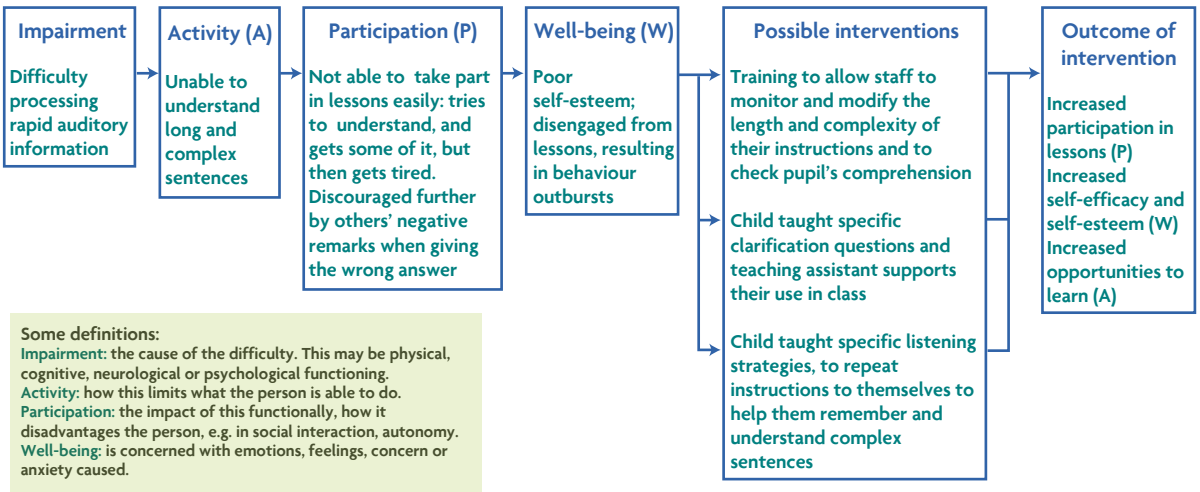
User satisfaction surveys are the normal means of measuring this outcome. Users may be children and young people and/or their parents/carers. Commissioners may want to set an expectation for user satisfaction levels when specifying services to be provided. For example, they may want to set an expectation that 90 per cent of users will report themselves mainly or fully satisfied with the service provided.

2. The achievement of therapy/intervention goals

Patient-reported outcome measures (PROMS) should form an important element of commissioning. For speech, language and communication needs, they take the form of child/young person or parent/carer (rather than 'patient') reports of the extent to which goals agreed at the start of an intervention have been achieved at its conclusion.

Commissioners may want to set an expectation for the overall level of achievement of goals in service specifications, and use a measure of the extent to which goals have been achieved when evaluating service provision.

Figure 2: A framework for goal-setting



As has been noted above, improved speech, language and communication is likely to impact on a child or young person's achievement, social development, independence and well being. These elements can be incorporated into systems for goal-setting. A useful way of viewing this is based on the ICF (International Classification of Functioning) classification system, with intervention focused on developing language skills, increasing participation or addressing some of the impacts of speech, language and communication needs. A range of different intervention types lead to positive outcomes for children and young people. Figure 2, on the previous page, illustrates this.

Systems for measuring outcomes commonly used by speech, language and communication therapists are:

- Therapy Outcome Measures (TOMs)[13]. This uses a five point scale to rate outcomes in impairment, activity, participation or well-being.
- Care Aims[14] which considers lowering clinical risk, and looks at outcomes in a range of intervention areas including assessment, resolving difficulties, supporting through changing the environment and preventative work.
- EKOS (East Kent Outcome System)[15]. This is an outcome collection system which is embedded in routine planning and closely linked to intervention. A good outcome is considered to be when 70 per cent or more of the target is achieved.

3. The directly-measured impact on the user's speech, language and communication skills, their attainment and well-being

Direct measurement of gains in children and young people's speech and language skills before and after a period of intervention can be used to measure the outcomes achieved by services. This will be appropriate for some children and young people, but not all. For some children and young people (for example, those with profound and multiple learning difficulties, or augmentative and alternative communication users, and older children and young people with specific language impairment) appropriate goals may not be improvements in measured receptive/expressive language level. Instead, goals will relate to improvements in participation, well-being and quality of life. For all children and young people, good outcomes are independence in communicating and in learning.

Interim measures of processes and outputs

It may take some time before the impact of interventions feeds through to improved attainment and well-being. For this reason, commissioners may want to specify shorter term, interim results that services should aim to achieve – what we have called interim process and output measures. They should be measures which, if achieved, are highly likely to result in the final outcomes that are desired. As an example, an increase in the number of pre-school settings providing communication-supportive environments might be specified as an interim indicator of progress that will be measurable long before improvements in children's language skills on the national Early Years Foundation Stage Profile (EYFSP) assessment at age five will be evident.

The box below defines these various types of indicators.

Inputs

This details the resources invested. These include both 'hard' inputs such as funding and numbers of staff, and also broader 'soft' inputs such as support and engagement of families.

Processes

Processes are the activities undertaken.

Outputs

These are the immediate results of the work, for example, numbers of people reached and their characteristics, or number and types of activities completed (such as training courses, treatments provided, assessments, and referrals).

Outcomes

This is the impact you want to achieve – for instance, gains in children and young people's speech and language skills. An outcome is sometimes defined as something which has value for the end user or for the public.

There will often be a cause-and-effect chain of outcomes, with some leading to others (for instance improvements in speech and language skills leading to improvements in behaviour). Which are defined as 'intermediate outcomes' and which are 'final outcomes' will depend on circumstances, notably the aims of the intervention and the focus of the evaluation. For example, whether exam results are intermediate or final outcomes is a matter of perspective. In the case of speech, language and communication final outcomes are often long term, taking many years to become apparent (for instance, reductions in youth offending as a result of children receiving early speech, language and communication support).

13 Enderby P, John A & Petheram B (2006) *Therapy Outcome Measures for rehabilitation professionals*. Wiley.
14 Malcomess K (2005) 'The Care Aims Model', In Anderson, C & van der Gaag, A (eds.) *Speech and Language Therapy: Issues in Professional Practice*. London: Whiley-Blackwell.
15 Johnson, M & Elias, A (2010 revised editions) *East Kent Outcome System for Speech and Language Therapy*. East Kent Coastal Primary Care Trust.

Improvements or increases in outputs do not necessarily lead to improvements in outcomes. However, where there is good independent evidence of a link, and in the absence of outcome data, outputs may legitimately be used as intermediate measures of impact. But it is always important to think carefully about the final outcome, even if you cannot realistically measure it within the time frame of the evaluation.

The table in the appendix (page 19) presents a possible set of outcome measures and linked interim process and output measures which commissioners and evaluators can use to assess the impact of speech, language and communication services. The list is not exclusive. There are few universally accepted measures and many gaps in those that are available. Measures of functional communication – how a child or young person is able to communicate in real, everyday life situations – are a particular gap. There is also a lack of benchmarked data which could indicate what is 'good' progress for children and young people with SLCN. The table might be used as a stimulus to the further development of such impact and benchmarking measures in the future.

The suggestions in the table can be supplemented or replaced with locally derived tools such as checklists, questionnaires and scales. It is important that the measures used are not too time-consuming, particularly at targeted and specialist level. With limited numbers of staff in the specialist workforce, the balance between time spent on assessment and time spent on intervention needs to be carefully managed.

The table covers the whole range of commissioned provision for speech, language and communication needs, from the work of speech and language therapists to the work of specialist teachers, resource bases in mainstream schools, special schools, voluntary and community sector provision and so on. The suggested measures are presented in relation to three age groups (early years, primary and secondary school) and in relation to three service levels (universal, targeted and specialist).

The broad range of final outcome measures suggested in the table reflects the fact that progress in speech, language and communication is likely to have knock-on effects on other areas such as behaviour and educational attainment.

The suggested measures are based on the principle that commissioners should not attempt the impossible – disaggregating which element of overall service provision or pathway is responsible for gains made by children. The issue is whether the total commissioned speech, language and communication needs system is generating the right outcomes for children, rather than the separate contribution made by each agency or provider.

The suggested indicators as far as possible use measures that are shared by different agencies – that is, measures already collected and in use by multi-agency partners.

Commissioners will want to specify that services will be provided equitably, including to those with the greatest needs, and specifications should include measures of take-up by different sections of the population. This will reduce the risk that outcome measures used by commissioners might inadvertently skew the provision of interventions, for example, towards children capable of making substantial gains on measures of academic success.

The outcome measurement framework being developed by the Hackney pathfinder, described in the box on the next page, is a good example of a systematic approach to defining a set of local indicators.

Identifying outcomes in Hackney

Background context: A need to measure outcomes of SLT services

From initial internet-based research and consultation with speech language therapy (SLT) service managers, staff, commissioners and users, Hackney pathfinder found that there are currently limited tools available to measure outcomes. Current outcome measures capture how much and what SLT services do, but do not make clear what the impacts of such interventions are, and different types of measures are rarely collated together to provide a full picture. In light of this, the Hackney Pathfinder has started constructing a framework to capture the different ways of collecting and collating a number of outcome measures for the whole of 0-19 years SLT services in Hackney and the City, whilst also clearly defining each intervention.

What is being developed: Data collection to measure outcomes

An interactive spreadsheet is being developed, covering different packages shaped around six broad outcomes measures. These are: communication and engagement with others; self esteem and confidence; school attendance and participation in learning; educational attainment and results; relationships with peers, families and others; and, child and family perceived well-being. Within each package, the spreadsheet identifies different types of work defined by a number of different indicators, and related inputs, outputs, outcomes of each intervention. Once the spreadsheet has been populated by SLT service providers, it will allow commissioners to see what interventions are working or not, by area, across different schools, or by a specific diagnosis (such as autism). This will facilitate the identification of factors that might impact upon the outcomes of certain interventions and it will allow for assessments of the consistency of services provided.

This tool is also intended to help measure the achievement of key targets and progress of individual children, by using a checklist covering certain skills, such as SLC skills, behaviour and emotional well-being. Other potential ways of measuring children's progress that are being considered include standardised scores, anecdotal evidence, and exam results. For this last data source, buy-in from schools will be important, and in Hackney pilot schools are being consulted about how this can be measured. One challenge emerging is that schools in Hackney and the City have different systems in place, so adopting a standard data collection and measurement system across all schools might not be possible.

Success factors and impact: Developing a useful outcome measures tool

With this tool it is hoped that outcomes-measuring will become embedded in all work that SLT services are involved in, so that the impact of interventions can be more easily and widely communicated to commissioners. Key success factors identified by Hackney as making this approach work include:

- research and consultation with other SLT providers, who can contribute different ways of thinking to the development of the tool
- ensuring commissioners are receptive to the development of such a tool: early engagement is key!
- involving statisticians and other data and IT experts from the beginning to help to develop such a tool. This is a useful learning point identified by the pathfinder leads in Hackney.

Anticipated impacts of this outcomes measures tool include:

- raised awareness of outcomes measures and the realisation that measuring outcomes is important, and can be done relatively easily once systems have been established
- the current climate of budget cuts and restricted spending means that this is a useful resource that will enable commissioners to scrutinise costs and outcomes of those costs in an effective and efficient way.

4. What is evaluation?

The purpose of evaluation

An evaluation is a process of analysing information in order to understand impact. A good evaluation can achieve a number of objectives:

- Assess progress against a series of performance criteria (outcomes) in order to determine the extent to which objectives have been met
- Assess what outputs, intermediate outcomes and final outcomes a service, programme, or project have produced, and at what cost
- Explore the effectiveness of procedures and delivery as well as the achievement of outcomes.

Evaluation is not the same as monitoring. There is often confusion between monitoring and evaluation data, which may well arise because they can both be gathered in similar ways. In essence monitoring is about counting things and ensuring your project is on track: monitoring information is commonly used for performance management of providers. Evaluation is about the understanding the impact of your project and ensuring it is well designed to make the maximum impact.

There are two main types of evaluation:

- Summative – Summative evaluation (sometimes called impact evaluation) asks questions about the impact of a service, programme or intervention on specific outcomes and for different groups of people
- Formative – Formative evaluation (sometimes referred to as process evaluation), asks how, why, and under what conditions does a policy intervention work, or fail to work? The answers to these questions can be used to inform future strategy (see the Cabinet Office's *Magenta Book* for a good general guide to types of evaluation).

Ideally, an evaluation will combine summative and formative elements. This is because evaluations work best and are most powerful when they are an ongoing part of practice rather than an afterthought. Thus, a good evaluation in the context of commissioning can both help the commissioner make decisions about the future approach to commissioning, for example in helping them set clear outcomes to be achieved by services, and assess the impact of the whole commissioning process on service recipients.

For more information about the theory and practice of evaluation, see the Useful Resources section of this document.

The commissioner and the evaluation process

Commissioners are faced with a wide range of responsibilities, and the evaluation itself may not necessarily be their direct responsibility. However, the commissioner should have a good understanding of the overall evaluation process and how it informs commissioning.

There are likely to be two main types of evaluation which are relevant to the work of the commissioner:

- Commissioner-led evaluations: this is where the commissioner, their colleagues, or external consultants, undertake the evaluation of the whole system, service/s or specific projects
- Provider-led evaluations: this is where the providers evaluate the impact of the service they provide as part of their contractual commitment to the commissioner.

Commissioner-led evaluations have been standard practice for some years in a wide range of public services, although as argued earlier, the general consensus amongst experts in this field is that there needs to be a significant increase in the scale and quality of local evaluation work within speech, language and communication services.

Provider-led evaluations are less common. We would argue that there should be a stronger onus on providers to systematically evaluate their services as part of their contract obligations in the future. Self evaluation by providers can be helpful in encouraging practitioners to question their own practice and casting light on why impacts happen or do not happen. However, it lacks the element of independence which evaluation should ideally have.

The main route to encouraging providers to evaluate their services is through the development of clearer requirements in commissioning specifications for evaluations to be conducted as part of contract delivery (see Figure 3 on the next page).

Both types of evaluation (commissioner and provider led) should be conducted simultaneously, with the commissioner managing the collection of evaluation data across the whole system or service area, while the provider contributes data on their specific service that supports the overall aims of the evaluation. This combined approach can help ensure that the commissioner receives detailed data on the impact of services from a range of perspectives.

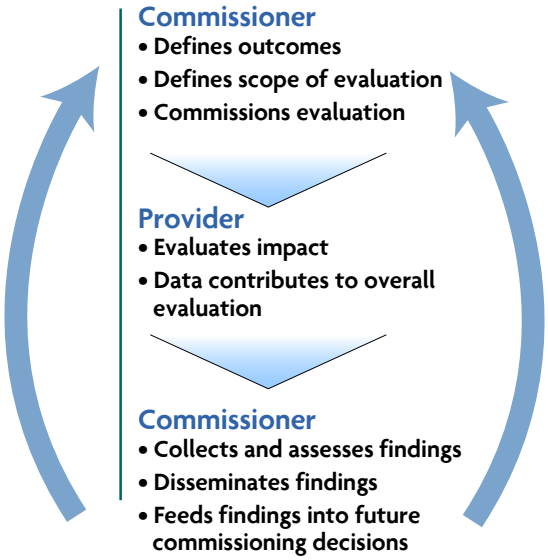
The role of the commissioner is to:

- work with colleagues to determine what is to be evaluated and why
- identify the intended outcomes of the commissioning process
- set clear measures for both intermediate and final outcomes
- define the overall parameters of the evaluation, including what will be evaluated, the timescales for the evaluation, and when evaluation findings or reports can be expected
- identify how the evaluation will be delivered, including the respective roles of other staff, providers or external consultants
- ensure that evaluation findings when they become available are widely disseminated and fed back into future commissioning decisions
- clarify with those conducting the evaluation activities what research outputs and data will be most useful to commissioners and other staff
- ensure that resources are made available for the evaluation, whether this is in terms of time commitments, funding or both
- take an active role in exploring the research findings as they emerge and determining what they mean for the commissioning process, for example, in relation to decisions about commissioning priorities.

The role of providers is to:

- contribute to deliberation over the overall approach to evaluating local speech, language and communication services, including the development and setting of outcome measures, agreements over which data need to be collected, and how the provider can contribute to the data
- build evaluation activities into the service delivery approach, for example setting up user satisfaction surveys, interviews with service users, and collecting data on the impact of services on outcomes
- carry out regular data collection as part of the agreed evaluation process
- provide data and evaluation reports to the commissioner.

Figure 3: Using commissioning to promote evaluation



5. How to conduct an evaluation

Evaluations can be highly complex processes, and there is no single right approach. However, the steps in the evaluation process set out below should provide a useful starting point for considering how to plan a local evaluation.

a) What do you want to evaluate?

To establish a good evaluation plan, it is important to carefully consider exactly what it is you seek to evaluate. The following questions can help commissioners understand what they are evaluating:

- What is the unit of analysis – the whole commissioning process, a service area (for example specialist services), a single service or project, a particular group of service users, or a particular outcome (for example early years outcomes)?
- Is there any particular service area you need more information on to help inform commissioning decisions, for instance, a new service area or where there is a gap in the evidence about a particular process or services for a particular user group?
- Is the intention to evaluate a process – such as how a project or service operates – or is the aim to understand outcomes – i.e. what difference has the project made?
- Are there any service areas for particular user groups you want to find out more about?

b) Identifying the outcomes you want to evaluate

One of the critical challenges we have heard from SLCN commissioning pathfinders and national experts, is that there is a lack of understanding about what outcomes can be used to evaluate the impact of speech, language and communication services and how these can be measured. Where measures do exist, they are not always brought together in a single place. The table in the appendix (page 19) is an attempt to set out a broad range of possible measures in a systematic framework. However, it is very important to go through the process locally of discussing and agreeing what services are aiming to achieve, and how this can best be measured.

c) Mapping the services you want to evaluate

In order to plan your evaluation, it is helpful to first outline all the different components of the services you intend to evaluate in order to develop a 'map' or conceptual model that explains how the services or programmes work in practice – their processes and intended outcomes.

Such a map enables you to more clearly define:

- What outcomes are you seeking to measure?
- What services or processes are you seeking to evaluate?
- What relationships are there between the services or activities you commission and improved outcomes?
- What research questions do you need to ask?

There are several useful approaches for mapping a service, programme or intervention, and these generally involve a logic model.

Logic models

A logic model is a diagram showing the assumed cause-and-effect links between an intervention (or set of interventions) and its intended outputs and outcomes. It provides a framework for developing the questions that the evaluation will seek to answer, and identifying appropriate indicators. Logic models can come in different formats and use different terminology but they provide a structure within which to think through the different elements of whatever is being evaluated. They also provide a starting point for evaluators to unpick the links between inputs, processes, outputs, intermediate and final outcomes, and so to understand how and why a programme has an impact.

Figure 4 on page 12 is a highly simplified diagram of a logic model for an intervention to increase the level of speech, language and communication competence in the wider children's workforce. In reality, most logic models are likely to be much more complicated than this:

- Often an evaluation needs to consider a number of related processes.
- Some processes will have more than one output.
- Some outputs will be the result of more than one process.
- Most outputs will lead to many different outcomes, some causally related to each other, and others not.
- Most outcomes are the result of more than one output.

d) What questions do you want to address?

Typically, evaluations start with an overarching evaluation question or set of questions. These questions set out what the commissioner wants to know through the evaluation. These may relate to finding out about the commissioning process, the impact of a particular service, or whether certain groups of children and young people are being best served by a particular intervention. Questions can be categorised as:

- Know why: Why have we commissioned our existing services? Why have certain interventions and services been implemented? Why do some interventions have more impact than others?
- Know how: How do different interventions work, and what is the difference between a more or less successful intervention?
- Know who: Who decided the range of services on offer? Who is involved in the delivery of services? Who uses the services? Who else is impacted beyond the service user?
- Know what works: Which interventions are working or not, by area, across different schools, for different groups of children and young people and by specific diagnosis?
- Know how much: What are the costs of different interventions and which services are more cost effective? Where should spending be focused to ensure best value for money?

e) How do you want to collect the data?

The processes described above, in particular mapping the service and identifying the research questions, will help shape the appropriate methodology for the evaluation. It is important to remember at this point that the scale of data collection will impact upon the scale of data analysis required at the next stage of the evaluation. The evaluation should be manageable at both ends – there is no point in having great data if there is too much to analyse!

The following questions will help when making decisions about the form and extent of data required for the evaluation. They provide a balance between what is desirable and the practical limits of the evaluation.

What are the sources of evidence to be collected?

- Qualitative and quantitative mix of methodologies: Is the methodology data-led (such as the number of participants, attainment of young people in GCSEs, scores on language assessments) or perspective-led (i.e. thoughts of participants)? Is it a combination of both of these methodologies (qualitative and quantitative)?
- Who needs to be approached? Is it a lot of people in different roles or a specific group (for example, service users)?
- How many people need to be approached? Is the relevant population a large or a small group? Does everyone need to be consulted or can it be a sample?
- There are trade-offs between depth (the amount of detail you can gather) and breadth (the number of cases or respondents you can study). The best balance in any given situation depends on the aim of the evaluation, the time available and your budget.

What are the logistics?

- Time: What are your time limitations for data collection and analysis? What existing evidence is there – both project specific and universally available data sets such as school data – and what needs to be collected? If the evaluation is to consult people, how easy is it to contact them? Do you have sufficient time to undertake an in-depth analysis of all your collected data? For example, qualitative analysis is frequently time-consuming; have you made provision for this process?
- Who will be involved: Who will be involved in collecting and analysing the data? Will you, a colleague, your stakeholders, or a contractor be undertaking this? What experience does the team have in managing evaluations and are there any skills that need bolstering?
- Software: What software do you have that may help your analysis? Relevant software ranges from simple spreadsheets to web-based survey tools and more sophisticated statistical or textual analysis software. Do you need training in this software?
- What is the budget: What are the costs of running the evaluation? Will participants give their time freely or will they need incentives? Will any element of the evaluation need to be outsourced?
- Ethics: All evaluation has ethical implications but certain types need additional consideration. This particularly applies when working with children and young people.

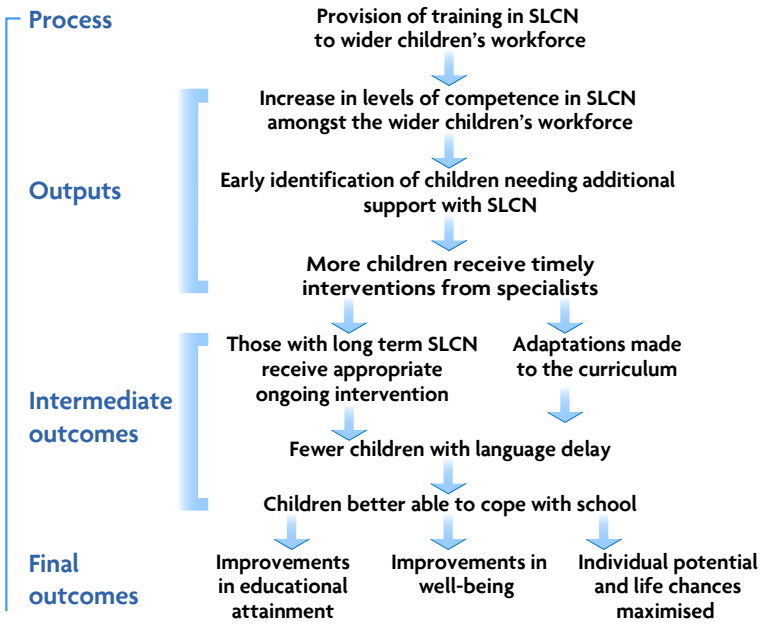
These questions should provide some answers to both the type and depth of required data. There is a wealth of different data collection methodologies available for both qualitative and quantitative sources of evidence and which can be tailored to the specific demands of an evaluation. Each approach comes with its own strengths and weaknesses but, as long as these are taken into consideration, an evaluation can flexibly employ the most appropriate methodologies and extract the most relevant information.

f) Collecting the data

There are three main types of data collection:

- Use of existing data: often basic management data which would be collected anyway, whether or not you were undertaking an evaluation, such as school level data on attainment and behaviour and SLT service process data such as number of appropriate referrals
- Collecting new quantitative data: collected using methods such as collation of professional assessments of service users and surveys of participants.
- Collecting new qualitative data: collected using methods such as interviews with participants, descriptions of activities or discussions with stakeholders, such as children and young people with speech, language and communication needs and their parents (see the User Involvement and Consultation tool for more information).

Figure 4: Simplified example of a logic model



Using existing data

Before collecting any new data, it is a good idea to make a careful assessment of any information that is already easily available. This may be an important resource for your evaluation and save you a lot of time and effort. Existing data might include:

- the original service or programme plans / applications (including budgets)
- monitoring data that you are collecting on projects or programmes
- key performance indicators
- data on educational attainment, attendance and other outcomes (see the table in the appendix)
- completions of the RCSLT's Quality Self Evaluation Tool (Q-SET)
- information already collected from participants when they engage in the programme
- local authority-level data providing background information on the whole population such as unemployment rates; youth offending rates; indices of deprivation, and demographic characteristics (such as ethnicity and religion). These will provide a context for the evaluation. Much of this may already have been collected as part of your needs assessment (see the Needs Assessment tool)
- evidence drawn from other existing studies and databases, for example other local evaluations.

It is important to consider data sharing arrangements at the start of your evaluation, both within your NHS setting / local authority and between partners.

- The Information Commissioner's Office has guidance on data sharing within and across local authorities (www.ico.gov.uk).
- The archive website for the former Department of Constitutional Affairs also has some useful guidance on data-sharing (www.foi.gov.uk/sharing/toolkit/infosharing.htm).

It may be useful to consult with other departments in your NHS setting or local authority or with partners, such as CAMH services, when first planning your evaluation, to ascertain what data is available and whether you can access this. This would be particularly important if you needed to access individual data to trace longer term and indirect impacts, such as the impact of improvements in speech, language and communication on mental health.

Collecting new data

There are many different ways of collecting new data, which will be influenced by the nature of the evaluation questions and scope of the evaluation.

Specifically, the evaluation questions will determine the most appropriate methodology to employ. This might be quantitative (involves numbers and statistics, tests theory and relationships), or qualitative (descriptive, non-numerical, concerned with meanings and explaining). You and your stakeholders might have a preference for one kind of data rather than another or may decide to collect both kinds of evidence.

Table 1, on the next page, gives an overview of the strengths and weaknesses of quantitative and qualitative data.

Table 1: Strengths and weaknesses of quantitative and qualitative data

	Qualitative	Quantitative
Strengths	– Is flexible and can be shaped according to the needs of the evaluation – Enables exploration of the meaning of concepts and events – Produces valid data as issues are explored in sufficient depth to provide clear understanding – Enables study of motivations and patterns of association between factors – Provides a detailed understanding of how individuals interact with their environment, cope with change etc – Naturalistic, captures complexity and subjective experience	– Produces precise, numerical data – Can measure the extent, prevalence, size and strength or observed characteristics, differences, relationships and associations – Can enable you to test whether any observed changes/ differences are likely to be attributable to the project or programme, or could have occurred by accident – Can determine the importance of different factors influencing outcomes – Uses standardised procedures and questioning, enabling reproducibility of results (for instance, allowing comparisons over time or across projects) – Generally seen as authoritative, relatively straightforward to analyse and present – Often readily available in national datasets such as Foundation Stage Profile results, exclusions etc
Weaknesses	– Interviewing methods rely on respondents being reasonably articulate. You also need to consider issues such as translation – Analysis of data to generate findings is not always transparent or replicable – Need to be able to anticipate factors associated with issues to be studied, to design a 'good' sampling strategy (this applies also to quantitative data, if a sampling approach is taken) – May be dismissed as biased, unrepresentative or unscientific.	– Can be costly to collect particularly if the population is 'hard to reach', or there is a need for translation – Structured interviews and surveys hinder the detailed exploration of reasons underpinning decisions or views – Reduces complexity, is pre-structured which means there is little flexibility – Requires key concepts to be clearly defined prior to research taking place, therefore 'fuzzy concepts' are difficult to measure. – Only as good as the measures used: if these are not valid or reliable, the impression of accuracy is spurious. – Often given undue weight by readers, compared with qualitative data.

Ethics and confidentiality

The collection of new qualitative and quantitative data must take into account certain sensitivities and ethical considerations. The four key ethical principles are:

- Harm to participants: Will your research cause harm or distress to those involved? Are there adequate support mechanisms in place if a participant experiences harm or distress?
- Informed consent: Are participants fully aware of the implications of the research? Do they fully understand the consequences of their participation? Do they feel they have a choice whether or not to participate and that they can freely withdraw from the research at any time?
- Invasion of privacy: Do participants feel that they can freely refuse to answer any questions that are uncomfortable or too personal? Is the research completely confidential and anonymous?
- Transparency: Have you been explicit about the aims of your research? Are you researching the areas you said you would (and not covertly gathering other data)?

When conducting research you should ask participants to sign informed consent forms to ensure that they fully agree to take part in your evaluation. Similarly you should provide them with written and oral guarantees about confidentiality and data protection. The Social Research Association (SRA) has detailed guidance on ethics in research and evaluation[16].

You also need to consider:

- Data protection: If you collect personal information in your evaluation you are legally obliged to comply with the data protection act. Detailed guidance on this is provided by the SRA[17].
- Safeguarding children: If working with children aged under 18, you are legally obliged to have Criminal Record Bureau checks.

All evaluation has ethical considerations but working with children and young people particularly so.

16 www.the-sra.org.uk/ethical.htm
17 www.the-sra.org.uk/documents/pdfs/sra_data_protection.pdf

g) Data analysis

Any research findings need to be analysed to draw conclusions about your central evaluation questions. In particular, analysing your data will determine to what extent your project or programme has achieved its desired interim outputs and process indicators, intermediate outcomes and final/longer term outcomes.

The decisions made earlier relating to the type and depth of data collection will influence the type of analysis required and the time needed. Below are some ways by which quantitative and qualitative data can be analysed.

For quantitative data

- coding the data according to categories: for example, activities undertaken, number of attendees, partners involved, changes in perceptions, and increased knowledge
- summarising the totals for different categories: for example, how many and what types of activities took place, who attended and for how long, how many participants changed their perceptions or increased their knowledge, and to what extent
- producing tables and charts to give readers an overall picture of the data
- simple descriptive statistics: for example, it may be useful to calculate percentages such as the percentage of sessions attended by participants, or the average number of participants attending an activity
- undertaking more sophisticated statistical analysis to determine whether observed changes/differences are significant (i.e. whether they are likely to be attributable to the intervention, or could have occurred by accident)
- an accompanying commentary will generally be required: do not just allow the numbers to speak for themselves, as many readers have difficulty interpreting numbers.

For qualitative data

- drawing out the main themes that emerge from your data: for example, effectiveness of an intervention, how the programme was implemented, what factors seemed to be associated with success or failure
- summarising the most important comments that were made for each theme (both the majority and minority comments)
- selection of quotations and examples that match the key comments for each theme
- compiling the information into summaries that can be fed into the final report.

Do not be tempted to mix quantitative and qualitative analysis – for instance 'Five respondents said x'; this gives a misleading impression of accuracy.

h) Dissemination of findings

Most people decide to communicate evaluation results through writing a report.

Reports are a useful way of ensuring that all the data is together in one place, but might not be the best way of communicating with those who can learn from your programme. It is important to feed back the results of your evaluation to those that have helped you or taken part in the research.

Instead of or in addition to a report, it is also worth considering the following.

- a presentation – with discussion – to different groups (professionals, voluntary sector organisations, networks of voluntary organisations, relevant statutory bodies)
- a PowerPoint presentation, which could also be put on a website
- a one or two page information sheet, which is good for easily communicating the main points emerging from the evaluation
- tailored reports, focusing on particular issues of interest to different audiences
- an article in an organisation-wide journal, a professional journal or a newsletter.

The impact of research on practice is affected by a number of factors related to the way the results are disseminated.[18] Timing is critical – in particular in this instance, timing in relation to the commissioning cycle. Other important factors include the accessibility of the findings (for instance, language and style and whether there is a clear, concise summary), whether the implications for policy and practice are clearly spelled out, and how the findings are communicated. Active dissemination (for instance seminars or the use of respected professionals as champions and opinion leaders) is more effective than passive dissemination via a written report.

The case studies on the next two pages illustrate some of the factors behind successful evaluations.

18 see OPM (2005) *The impact of research on policy-making and practice: current status and ways forward.* Audit Commission. www.audit-Commission.gov.uk/nationalstudies/Pages/nsliteraturereview.aspx

Evaluating impact: Southampton case study – the *Every Child a Talker* programme

Background and process: ECaT approach

The Southampton pathfinder has been using the Every Child a Talker (ECaT) programme as one of many provisions to enhance children's early language and communication development. This has been done by encouraging early language consultants in local authorities to work closely with lead practitioners in targeted settings; regularly monitoring how children's language is developing; sharing understanding about how language develops from 0-5 years; and supporting the identification of children who might be falling behind.

The ECaT programme is used by staff in childcare settings, for example nurseries, where members of staff have been trained to monitor children in their care on the basis of listening, speech sounds and talking, and social skills. Children are scored on a six-point scale and this is measured against descriptions by age of where children should be regarding speech, language and communication development.

Process: evaluation of ECaT

The Southampton pathfinder conducted a rigorous evaluation of the ECaT programme, collecting data relevant to the individual children taking part before they engaged in the programme and afterwards, enabling them to track progress over time and attribute these changes to the programme. Data were collected on the children taking part in ECaT in relation to four specific areas of communication: listening and attention, understanding, talking and social communication.

The results show that the percentage of children at risk of delay decreased in every area of communication, for example the percentage of those children at risk of being late talkers went down from 29 per cent to 23 per cent. These percentages are presented in the form of graphs in the report produced by the pathfinder.

The pathfinder also collated questionnaire data on confidence levels as rated by parents and practitioners involved with ECaT. Confidence levels for knowledge and understanding of speech, language and communication issues ranged from 70 to 83 per cent.

Success factors and impact: engaging stakeholders

Key success factors for the ECaT programme include:

- the fact that it is clear with robust outcome measures, which makes for successful ways to evaluate children's speech, language and communication development
- good senior support and effective working relationships between the various providers
- emphasising early detection outcomes regarding behaviour, education, and youth offending rates, to get stakeholders on board
- facilitation of good consultation and giving stakeholders (including both parents and practitioners) a chance to have their say.

Top tips: independent data analysis

- When implementing the ECaT programme, it is important to work closely with PCT and local authority analysts with a commissioning focus, and allow enough time to work together effectively.
- Having an independent analyst look at qualitative findings from your research is a more objective way of evaluating outcomes.
- Where there is a lack of local knowledge of under-5s' speech, language and communication needs, using data from national screening programmes can save time and provide a helpful indication of likely local prevalence rates.
- Consult stakeholders regarding strategy changes, but try to use data that is already available to get other insights, such as service activity data.

Evaluating the impact: school commissioning in Worcestershire

A number of schools in Worcestershire commission additional speech and language therapy services over and above the core NHS provision. Speech and language therapists provided whole-school training in the use of ten key strategies to support children with speech, language and communication needs in class – such as visual timetables and allowing ten seconds between asking a question and asking for a response. They also introduced an approach to teaching new vocabulary in class, a whole-class programme to develop children's listening skills, and a small-group intervention for children in nursery classes to help them develop narrative language.

Evaluation was both quantitative and qualitative. Quantitative information gathered included:

- the percentage of class teachers using the ten key strategies at the start of the school year, when training began, and at the end
- the percentage increase in children's ability to provide definitions of vocabulary taught by the new method, compared to vocabulary taught in the 'usual' way
- the percentage of children rated by their teachers as having adequate listening skills, moderate listening difficulties or severe listening difficulties before and after the taught listening skills programme
- children's scores on a standardised narrative task before and after taking part in the narrative intervention.

On all measures it was possible to show significant impact of the interventions that had been implemented.

School staff and pupils were surveyed to establish their perceptions of the interventions. Their feedback was overwhelmingly positive. Staff said that the strategies had benefited children with additional needs and increased independence of all children. (Head teacher: *'It has had a dramatic effect....It has been impacting on our students particularly narrative, listening and vocabulary. You can see it in their reading, writing and actual work.'* Teacher: *'It has helped me focus on the needs of the children who are not always engaged in a lesson and given me useful strategies to use. The strategies have also helped the rest of the class.'*) The few concerns expressed were mostly related to time constraints.

Children also gave positive feedback: *'You know how to do your work and to listen to the teacher'; 'Task plans help me remember what I need to do'*.

6. Useful resources

Downloadable resources

- There is a wide range of resources on how to evaluate impact of policy programmes at the Policy Hub: www.nationalschool.gov.uk/policyhub/evaluating_policy/

Further reading

- Davidson E J (ed) (2004) *Evaluation Methodology Basics: The Nuts and Bolts of Sound Evaluation*. Sage, London
- Light J, Beukelman D and Reichie J (eds)(2003) *Communicative competence for individuals who use AAC: from research to effective practice*. Jessica Kingsley Publishers.
- Lindsay G, Dockrell J E, Law J, Roulstone S and Vignoles A (2010) *Better communication research programme 1st interim report*. London: DfE. http://publications.education.gov.uk/eOrderingDownload/DFE-RR070.pdf
- Mertens D and McLaughlin J A (2003) *Research and Evaluation Methods in Special Education*. Sage, London
- Rossi P H, Freeman H E and Lipsey M W (2003) *Evaluation: a systematic approach*. Sage, London
- www.nationalschool.gov.uk/policyhub/magenta_book/

Guidance and toolkits

- Royal College of Speech and Language Therapists. *Q-SET, the Quality Self-Evaluation Tool*. www.rcslt.org/resources/qset
- OPM (2005) *The impact of research on policy-making and practice: current status and ways forward*. Audit Commission. www.audit-Commission.gov.uk/nationalstudies/Pages/nsliteraturereview.aspx

Appendix: Process and outcome measures for SLCN interventions and services

The table on the following pages distinguishes between two levels of indicators:

- Process and output measures: these are at a system level, and provide interim indicators of progress
- Outcome measures: these relate to the children and young people concerned, and measure either their speech, language and communication skills or the knock-on effects of speech, language and communication on things like emotional well-being. They include both immediate and longer term outcome measures.

Indicators are arranged by age group and universal, targeted and specialist levels.

Some indicators of progress at targeted and specialist level build on interim indicators at universal level, and assume that these universal indicators are in place. Similarly, some specialist indicators build on others which should already be in place at universal and targeted levels.

Table 2: Process and outcome measures for SLCN interventions and services

Age Group	Levels	Process and output measures (interim measures)	Outcome measures
Early years	Universal	– X per cent of practitioners have completed mandatory professional development units in speech, language and communication in Early Years Foundation Stage Diploma – X per cent of practitioners have achieved universal levels of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – Healthy Child Programme developmental checks at 12 months and 2-2½ years include speech, language and communication element in 100 per cent of cases – Accessible information for parents on SLCN milestones and services is available on Family Information Services or other appropriate local website – Communication supportive environment established in X per cent of early years settings - universal level on I CAN Early Talk framework or relevant local accreditation – X fully-trained 'Every Child a Talker' programme Early Language Lead Practitioners are in place in early years settings – X number of universal parent language–promotion groups are running in children's centres – Reduction in age of referral to speech and language therapy service	– *Improvement in the percentage of all children achieving 6+ points on each of the 7 scales in EYFSP Communication, Language and Literacy Development (CLLD) and Personal, Social and Emotional development (PSED) scales at age five – *Improvements in the percentage of all children achieving 6+ points on Language for communication and thinking scale of EYSFP – *Reduction in percentage achieving three points or below on Language for communication and thinking scale of EYFSP – *Narrowing of the gap between the lowest achieving 20 per cent and the rest on the percentage of children achieving 6+ points on each of the 7 scales in EYFS CLLD and PSD – Reduction in percentage of cohort with language delay, using 'Every Child a Talker' child profiling tool or other screening tool
	Targeted	– Communication supportive environment established in X settings (enhanced level on I CAN Early Talk framework or relevant local accreditation) – X per cent of practitioners have completed mandatory plus optional professional development units in speech, language and communication in Early Years Foundation stage diploma – X per cent of practitioners have achieved the enhanced level of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – X per cent of settings trained and supported by specialists in delivering targeted SLC interventions – X children have accessed targeted group interventions led by trained and supported practitioners – Reduction in number of inappropriate referrals for specialist support	For children involved in targeted interventions provided by their setting with the support of specialists: – An average improvement of at least X points on standardised assessments of speech, language and communication skills** administered pre and post intervention – Increase beyond the normal rate of progress (which is one month gain, on standardised assessment age-equivalents, for every month of intervention).§ The measure might relate, for example, to the percentage achieving a tripling in the normal rate of progress. – Percentage of children who have moved from below average into average range on standardised assessments (or Every Child a Talker child profiling tool, or other EYFS assessment) at the end of period of intervention. Commissioners might specify an expected percentage here – for example, at least 80 per cent – Percentage showing increased well-being, for example using Leuven Involvement Scale for Young Children (Leuven University Press, 2004), a measure of interaction, participation and confidence within the setting

Age Group	Levels	Process and output measures (interim measures)	Outcome measures
	Specialist	– Communication supportive environment established in X settings - specialist level on I CAN Early Talk framework – X per cent of practitioners have achieved the specialist level of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – SLT waiting lists from referral to treatment average no longer than X weeks, and profile of children treated (disadvantage, ethnicity) is representative of general child population	For children receiving specialist support (from an SLT, or in a SLCN specialist nursery or other special provision): – An average improvement of at least X points on standardised assessments of speech, language and communication skills** administered pre and post intervention – Increase beyond the normal rate of progress (which is one month gain, on standardised assessment age-equivalents, for every month of intervention). § The measure might relate, for example, to the percentage achieving a doubling in the normal rate of progress. – Percentage of children who have moved from below average into average range on standardised assessments (or Every Child a Talker child profiling tool, or other EYFS assessment) at the end of period of intervention. Commissioners might specify an expected percentage here. – Percentage showing increased well-being, for example using Leuven Involvement Scale for Young Children (Leuven University Press, 2004), a measure of interaction, participation and confidence within the setting, or parent ratings of child's well-being. For children for whom the appropriate goals are not improvements in measured receptive/expressive language levels (for example children who stammer, children with profound and multiple learning difficulties, AAC users, children with particularly severe and complex SLCN) it would be appropriate to use measures of functional communication (for example, the Dewars and Summers Pragmatics Profile (http://wwwedit.wmin.ac.uk/psychology/pp) and of well-being.

Age Group	Levels	Process and output measures (interim measures)	Outcome measures
Primary	Universal	– X per cent teachers have completed Inclusion Development Programme SLCN module, and/or other substantive training in SLCN, such as ELKLAN or Language for Learning – X per cent of teaching assistants have completed Inclusion Development Programme SLCN module, and/or other substantive training in SLCN, such as ELKLAN or Language for Learning – X per cent of teachers / teaching assistants have achieved universal levels of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – Communication supportive environment established in X per cent of primary schools - universal level on I CAN Primary Talk framework, or relevant local accreditation – Trained school Communication Champions/leads are in place in X primary schools – Accessible information for parents and school staff on SLCN milestones and services is available on relevant local websites – Increase in pupils appropriately identified by their schools as having SLCN	– *Increase in percentage of total cohort achieving age appropriate NC levels in Speaking and Listening at end of Key Stage 1(as assessed by teacher assessment, for example using Assessing Pupil Progress guidance) – *Increase in percentage of total cohort achieving L2+ at end KS1 in Reading and Writing, and L4+ at end KS2 in English – *Reduction in overall fixed-term exclusions from school
	Targeted	– X per cent of teachers and teaching assistants have achieved enhanced levels of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – Communication supportive environment established in x per cent of primary schools – enhanced level on I CAN Primary Talk framework, or relevant local accreditation – X per cent of schools trained and supported by specialists in delivering targeted SLC interventions – X children have accessed targeted interventions led by trained and supported teachers or teaching assistants – X per cent of schools routinely screen all children with behaviour or literacy difficulties to identify any underlying SLCN – Reduction in number of inappropriate referrals for specialist support	For children involved in targeted interventions provided by their school: – Percentage of children making two or more National Curriculum levels of progress in English over a key stage – Percentage of children who have moved from below average into average range on standardised assessments at the end of period of intervention. Commissioners might specify an expected percentage here – Percentage of children supported moving from at risk into normal range on Goodman SDQ emotional health and well-being ratings by teachers, parents, child; commissioners might specify an expected percentage – Increased child self-reported language skills, or well-being, for example using Kidscreen (www.kidscreen.org/), Good Childhood Index (www.childrenssociety.org.uk/wellbeing, or PASS (Pupil Attitudes to School and Self www.w3insights.pass-survey.com/pass.htm) – Reduction in percentage of children supported who receive one or more fixed term exclusions from school – Reduction (as a result of better identification and targeted intervention) in numbers of children at School Action+ or with Statements with SLCN as their primary need

Age Group	Levels	Process and output measures (interim measures)	Outcome measures
	Specialist	– X per cent of practitioners have achieved the specialist level of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – X practitioners have post graduate qualification in SLCN – Communication supportive environment established in X schools - specialist level on ICAN Primary Talk framework or similar local accreditation – SLT Waiting lists from referral to treatment average no longer than X weeks, and profile of children treated (disadvantage, ethnicity) is representative of general child population	For children receiving specialist support (from an SLT, or in a SLCN resourced school or other special provision)/ children with SLCN at School Action+ or with Statements: – Percentage making at least two levels progress on P scales or NC levels over a key stage[§§] – Percentage who have moved from below average into average range on standardised assessments at the end of period of intervention. Commissioners might specify an expected percentage here – Percentage moving from at risk into normal range on Goodman SDQ emotional health and well-being ratings (www.sdqinfo.com/b1.html) by teachers, parents, child; commissioners might specify an expected percentage – Percentage showing increased child self-reported language skills, or well-being, for example using Kidscreen (www.kidscreen.org/), Good Childhood Index (www.childrenssociety.org.uk/wellbeing, or PASS (Pupil Attitudes to School and Self www.w3insights.pass-survey.com/pass.htm) – Reduction in percentage who receive one or more fixed term exclusions from school For children for whom the appropriate goals are not improvements in measured receptive/expressive language levels (for example children who stammer, children with profound and multiple learning difficulties, AAC users, children with particularly severe and complex SLCN) it would be appropriate to use measures of functional communication (for example, the Dewars and Summers Pragmatics Profile http://wwwedit.wmin.ac.uk/psychology/pp) and well-being.

Age Group	Levels	Process and output measures (interim measures)	Outcome measures
Secondary	Universal	– X per cent teachers have completed Inclusion Development Programme: SLCN module, and/or other substantive training in SLCN, such as ELKLAN or Language for Learning – X per cent of teaching assistants have completed Inclusion Development Programme: SLCN module, and/or other substantive training in SLCN, such as ELKLAN or Language for Learning – X per cent of teachers / teaching assistants have achieved universal levels of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – Communication supportive environment established in x per cent of secondary schools - universal level on I CAN Secondary Talk framework – Trained school Communication Champions/leads are in place in X secondary schools – Accessible information for parents and school staff on SLCN milestones and services is available on relevant local websites	– Increase in percentage of total cohort achieving age appropriate NC levels in Speaking and Listening at end of Key Stage 3 (teacher-assessed, using Assessing Pupil Progress) – Increase in percentage of total cohort making two levels gain over a key stage (all subjects, or core subjects) – *Increase in percentage gaining A*-C in GCSE English – *X per cent decrease in overall absence from school – *Reduction in numbers of permanent exclusions from school – *Reduction in fixed-term exclusions from school

Age Group	Levels	Process and output measures (interim measures)	Outcome measures
	Targeted	– X per cent of teachers and teaching assistants have achieved enhanced levels of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – Communication supportive environment established in X per cent of secondary schools – enhanced level on I CAN Secondary Talk framework, or relevant local accreditation – X per cent of schools trained and supported by specialists in delivering targeted SLC interventions – X students have accessed targeted interventions led by trained and supported teachers or teaching assistants – X per cent of schools routinely screen pupils with behavior or literacy difficulties to identify any underlying SLCN	For students involved in targeted interventions provided by their school: – Percentage making two or more National Curriculum levels of progress in all subjects/core subjects, over a key stage – Percentage achieving age appropriate NC levels in Speaking and Listening at end of Key Stage 3(teacher-assessed assessment using APP) – Percentage who attain predicted GCSE grades – Percentage who have moved from below average into average range on standardised assessments at the end of period of intervention. Commissioners might specify an expected percentage here – Percentage moving from at risk into normal range on Goodman SDQ emotional health and wellbeing ratings by teachers, parents, student; commissioners might specify an expected percentage – Increased student self-reported language skills, or wellbeing using, for example,, Kidscreen (www.kidscreen.org/), Good Childhood Index (www.childrenssociety.org.uk/wellbeing, or PASS (Pupil Attitudes to School and Self www.w3insights.pass-survey.com/pass.htm) – Increase in the functional communication skills of students supported, measured by parent or teacher rating or other appropriate measure – Reduced levels of absence – Improved regulation of own behaviour - measured by reduction in behaviour incidents for supported pupils, reduction in days lost to fixed term exclusions from school, reductions in permanent exclusions – Reduction (as a result of better identification and targeted intervention) in numbers of students at School Action+ or with Statements with SLCN as their primary need

Age Group	Levels	Process and output measures (interim measures)	Outcome measures
	Specialist	– X per cent of practitioners have achieved the specialist level of competence as set out in the Speech, Language and Communication Framework www.communicationhelppoint.org.uk/ – X practitioners have post graduate qualification in SLCN. – Communication supportive) environment established in X schools – specialist level on ICAN Secondary Talk framework or similar local accreditation – SLT waiting lists from referral to treatment average no longer than x weeks, and profile of those treated (disadvantage, ethnicity) is representative of general child population	For students receiving specialist support (from an SLT, or in a SLCN resourced school or other special provision)/ students with SLCN at School Action+ or with Statements: – Percentage making at least two levels progress on P scales or NC levels over a Key Stage in English and Maths – Percentage attaining predicted GCSE grades – Percentage who have moved from below average into average range on standardised assessments at the end of period of intervention. Commissioners might specify an expected percentage here – Percentage moving from at risk into normal range on Goodman SDQ emotional health and wellbeing ratings by teachers, parents, child; commissioners might specify an expected percentage – Increased student self-reported language skills, or wellbeing, for example using Kidscreen (www.kidscreen.org/), Good Childhood Index (www.childrenssociety.org.uk/wellbeing, or PASS (Pupil Attitudes to School and Self www.w3insights.pass-survey.com/pass.htm) – Improved regulation of own behaviour, measured by reduction in behaviour incidents, reduction in days lost to fixed term exclusions from school, reductions in permanent exclusions – Increase in engagement, measured by increase in attendance – Increase in functional communication skills, measured by parent or teacher rating or other appropriate measure For students for whom the appropriate goals are not improvements in measured receptive/expressive language levels (for example students who stammer, students with profound and multiple learning difficulties, AAC users, students with particularly severe and complex SLCN it would be particularly appropriate to use measures of functional communication (for example, the Dewars and Summers Pragmatics Profile http://wwwedit.wmin.ac.uk/psychology/pp) and well-being.

Notes for the table

* Indicates that data for the measure is currently published, annually, at local authority area level

**Note: Standardised assessments of language skills may not be appropriate for EAL learners, but changes in raw scores pre- and post-intervention may be used.

§ A 'ratio gain' can be calculated by dividing the average gain in months of progress by the number of months of intervention.

§§ National progression guidance for children with SEN was published in 2009, and allows the progress of pupils with SEN and in particular those working below level 1 of the National Curriculum (known as 'working at P levels') to be compared with similar pupils nationally. The guidance indicates that children will make 2 levels of progress or 2 points on P-scales within one key stage.