

ROUGH GUIDE TO OUTCOMES

Hartlepool Safeguarding Children Board

Introduction

The *Rough Guide to Outcomes*¹ is one of a series of practice guides produced by Hartlepool Safeguarding Children Board which have been designed to be read and used by the range of practitioners and professionals working across children's services in the borough.

All of the *Rough Guides* have been developed to support the valuable work that is carried out with children and young people² and families by identifying the key elements which underpin good practice and incorporating significant messages from research.

It should be noted that *Rough Guide to Outcomes* does not replace, provide the detail of or interpret legislation, policy, frameworks and procedures, which are all subject to change, but focuses more on the 'how to', offering advice, suggesting ideas and providing signposts to sources of information and further reading.

What are outcomes?

Everyone talks or writes about outcomes. This isn't surprising as, since the 1990s, public and voluntary sector organisations have been increasingly required to demonstrate they are improving the health and wellbeing outcomes of the children and families they provide services and interventions to. But really understanding and focusing on outcomes isn't easy. What exactly is an outcome? Which outcomes do we want to achieve? How would we know we'd achieved them? It's so much easier to focus on tasks and activities and what we've produced (visits made, assessments completed, sessions delivered, a plan, a policy, a training course, an after school club). So why do we need to get to grips with outcomes?

Because results, which is what outcomes are, matter.

A long and busy day at work often creates the illusion that we are doing and accomplishing a lot. Ticking off tasks on the to-do list can certainly fill you with a sense of satisfaction at the end of the day. A lot of ticks can be used to show your manager, and convince yourself, how hard you're working. But does a lot of ticks mean it's been the most effective use of your time? Does a lot of ticks mean that you've made a real difference to children and their

¹ Parts of this Rough Guide first appeared in the guidance document From How Much to So What by the same writer and are reproduced with the permission of Redcar and Cleveland Borough Council

² To avoid repetition in subsequent sections, child or children is used to refer to children and young people

families? The simple answer is.....**No**. Yet we have to be able to demonstrate that we've actually helped to change the lives of children and young people for the better. It's what we're all here to do. Otherwise, why are we bothering? For one thing, our services are publicly funded and politicians and taxpayers need to know they're getting value for their ££££s. And the children and families we provide services to need to be confident that those services will make a positive difference to them.

So what exactly is an outcome?

It's something that is noticeably different for a child, or a group of children or a whole population of children, as a result of services and interventions. In other words, ***it's the change and benefits that occur as a result of the work you do***. These changes might happen after a week, a month, six months or longer and can involve:

- Changes in attitude
- Changes in behaviour
- Changes in values
- Changes in knowledge or skills
- Changes in a condition (such as being safe from something, having increased stability, being more confident, more ambitious, financially strong)



If you can easily measure it, it probably isn't an outcome.

Outcomes are what our service users know, think, or can do; how they behave; what their condition is, ***that is different following the service or intervention***. It might be about keeping a situation the same. This is still an outcome: something else probably would have happened without your work or services.

But outcomes can also be negative and, whilst we set out to improve health and wellbeing, our services and interventions can make children sicker, less safe, unhappier as evidenced in a number of Serious Case Reviews and inquiry reports. Clearly, such outcomes are unintended.

What outcomes aren't

Outcomes can sometimes be confused with other concepts which are often used in relation to the work we do in children's services:

Inputs: these are all the resources that contribute to the production and delivery of outputs. Inputs are what we use to do the work - finances, staff, equipment and buildings.

Processes and activities: these are the series of actions that use a range of inputs to produce the desired outputs. Processes and activities describe what we do and the order we do it. Processes produce outputs.

Outputs: these are the products, or goods and services produced. What pops out at the end of a process is an output. Very often, when people talk about outcomes, what they're actually referring to is outputs. Outputs may be defined as "what we produce or deliver". Here are some examples:

PROCESS	OUTPUT
Recruiting staff	Newly appointed people
Making a meal	A plate or plates of food
Assessing a child's needs	An assessment report

Outcomes: are the differences made to service users as a result of inputs, processes and activities, and outputs eg increased confidence, safe from violence in the home, financially stable, increased independence, has fun and enjoys life, safe from bullying, improved communication skills.

Remember.....



Outputs are often wrongly identified as outcomes so it's important to understand the difference between the two. Outputs can usually be seen, touched, easily counted or moved about. If you can get your hands on it, then it's probably an output from some process, not an outcome.

Why we need to focus on outcomes?

Focusing on desired outcomes and evaluating whether they've been achieved is important for number of reasons:

- Change for the better and making a positive difference is what our services are about
- Outcomes help everyone understand and focus on what we're aiming to achieve for a child and motivates people to stick with implementing a plan, even when the going gets tough
- Outcomes ensure accountability and transparency
- Outcomes provide context and meaning for the work we do
- Focusing on outcomes helps us answer the "So what?" question
- Outcomes help children and young people see their own progress
- Focusing on outcomes from the outset helps us to be more creative and innovative in providing the services and interventions to achieve desired outcomes
- Why wouldn't we?

"Seventy parents attended our parenting support classes this year".

"So what? The parents may have hated your classes and learned nothing."

"After 3 months, 65% of parents who attended reported improvements in their children's behaviour after using different strategies which they'd learned in our classes".

Six steps to improving outcomes for children

Step 1: Start with the results and work backwards

Once we know through assessment what isn't going well for children or gives us reason to be concerned about them, it's all too easy to jump to the actions and tasks we're going to

complete or the services we're going to provide without being really clear from the start about the end results we want for those children.

Unless everyone is really clear at the outset about the results or desired outcomes being aimed for (and this has to include children and their parents), no-one will know or be committed to what they need to do to help achieve them. Outcomes give everyone a focus. People will know what they are working towards. Children and their parents can always be involved in identifying the end results they want and this involvement from the outset makes more likely the commitment and motivation to implementing the necessary actions. Services and practitioners know what they should be doing to help and encourage a child or group of children to achieve their outcomes. Children and their parents know what services are helping them to achieve.

So, once you've assessed a child's needs (or the needs of a target group) and have a really clear picture of what needs to change, or stay the same, decide with the child and parents (or community if you're working to improve the outcomes for a group of children), and involving any partners who can help, the specific outcomes or results for that child you will all aim to achieve together. You might find it helpful to paint a picture for the child (if appropriate) and family (or community) of what might or is likely to happen to the child if services do nothing, to help them understand why something needs to change.

Desired outcomes need to be specific, positive, understandable statements of change (or of sustaining something) and usually begin with those who are intended to benefit e.g. a particular child or a target group of children. Examples include 'Jack has improved literacy skills'; 'John's quality of life has improved through better management of his epilepsy'; 'Ellie has increased confidence and greater self esteem'; 'Lily is safe from accidental contact with dangerous drugs and drug equipment'; 'Tanya understands acceptable and unacceptable behaviour'; 'Young people who participated in the project have improved job search skills and improved communication and social skills'. Outcomes such as 'is safe' (safe from what?) and 'is healthy' (what does this mean for a child with a life limiting illness or condition?) are too broad and vague and generally meaningless to children and parents.

Remember.....



The actions we, our partners, a child or parent take, or the tasks we complete or the services we provide, are **never** the outcomes. They are what we do to help get the results and outcomes we want.

Step 2: Knowing outcomes have been achieved

When you've agreed the results you want to aim for, the next step is to work out how you'll know they've been achieved. This is where it gets a bit tricky. If we know that outcomes are about changes in attitudes, behaviour, conditions, or maintaining something, we also know that they are difficult to measure. Unlike concepts like 'weight' and 'height', the concept of outcome isn't absolute and, as a consequence, there are no absolute measures. So we need to agree the things that will *indicate* or signal that we're on track to getting the results we want. Indicators are the steps to achieve the outcomes. You will need to ask and answer the following questions:

What would you expect to see if the outcome had been achieved?

What would the child be able to do?

What would the child have achieved?

What personal qualities, skills, knowledge would they have acquired?

What would make you think "We've been successful, we've made a difference"?

If the outcome for a particular child was to be safe from bullying, what would you like to see that child doing or achieving or acquiring? (Possibly travelling to and from school independently, improving their attendance and performance at school, having increased self esteem and more friends.) If a desired outcome is that a child is safe from accidental contact with drugs and drug equipment in the home, how would you know this had been achieved? If an outcome for a pre school child was that he is ready for school and ready to learn, what would signal that he was? The indicators you choose (and you'll probably need more than one for each outcome) will probably not give the whole picture but, with other pieces of information, such as finding out from the child how they actually feel, will indicate whether change (or no change if we want to sustain or prevent something) is happening.

"We sat down and discussed, 'What does a healthy child look like?' We determined that he or she should not only be physically well but have a sense of independence, of hope, of contribution to the community, of self, of worth, of belonging, and of closeness in relationships. Then we discussed how to measure these qualities in the young people we work with. It really forced us to focus on what we are doing."

(Mary Beth Malm, United Way of America, 1996, p. 62 in Taylor-Powell et al, 2002)

Remember.....



Indicators need to *indicate* a change (or where we are trying to prevent or sustain something, that no change has taken place) and they need to be appropriate to the outcome.

Step 3: Outcomes as positives

When deciding the results or outcomes you want to see, talk about them in positive terms rather than focusing on a child stopping or not doing something. If a child is self harming, obviously everyone wants them to stop. But it's difficult, if not impossible, to build on a negative. What you might want, therefore, is for the child to have increased self esteem or be safe from bullying, dependent on what your assessment of the child is telling you about the story behind the behaviour. A reduction in self harming incidents could then be one of the indicators that the outcome was being achieved.

Step 4: Work out who can help achieve the outcomes and involve them

Outcomes for children are unlikely to be achieved by a single practitioner or service. At the very least the children themselves and their parents and carers need to be involved in helping to get the desired results. But there will be others who are currently involved with the child, eg school staff, health practitioners, social workers, and who should be involved because they have the potential to support the child to achieve their outcomes.

Step 5: Agree the actions everyone will take to achieve the outcomes

Who is going to do what and what are the timescales? You will need to make sure that everyone understands that these are the actions that will help to get the results you all want. *They are not the results*. So if one of the actions is that a parent will attend a parenting skills course to improve their skills around communicating with their children, everyone needs to be clear that, if the parent does attend, this in itself isn't the outcome. The outcome agreed at the beginning might be that the child has a stable and affectionate relationship with the parent. So, the parent completing the parenting skills course is only one indicator that the outcome is being achieved. Also, timescales for actions need to be very specific. There is no place for statements like 'when required or 'ongoing'.

Step 6: Monitor progress along the way

You will need to regularly check that you are on track to achieving the outcomes. Yes, you'll need to make sure everyone has completed their actions but focus on the indicators which you'd decided at the very beginning would tell you whether progress was being made.



Any review of progress should always start and end with the outcomes being aimed for, for the child or young person or the target group or community. This will make sure everyone stays focused on results and clearly connects actions and tasks to achieving those results rather than just concentrating on who did or didn't do what. Let's take as an example a child who is self harming. You know from the assessment that a significant factor is low self esteem. Therefore, the outcome to be aimed for is that the child has increased self esteem and confidence. One of the agreed actions might be to provide one to one counselling sessions. A review would need to check that the professional who agreed to deliver the sessions had actually done so. But this isn't enough. This doesn't provide any information about change in the child's self esteem or confidence. One indicator that would suggest that services are making a difference, and that there has been progress towards achieving the desired result, would be a decrease in the number of self harming incidents

Being clear about outcomes

- Outcomes are about the differences services and interventions make for a child, young person or group of children
- Outcomes are not 5,000 hours of care or teaching or training delivered, bingo! we've hit the target, but 5,000 hours of care or teaching or training delivered, so what?
- Outcomes are statements about the desired end results
- Outcomes are not what practitioners did, how much they did, how well they did it
- Outcomes are not about how satisfied with services children and families are

- Outcomes are about the end results for children, not their parents, though parents will likely need to change or do something differently to help achieve the desired outcomes for the child. In this way, improved outcomes for the parents may be achieved at the same time
- Children and their parents should be involved in deciding outcomes – they are more likely to sign up to working with services if they're clear about the results being aimed for and what will be different as a result of those services and interventions
- Be positive when deciding on results – it's hard to build on negatives like the child not doing something
- Carefully consider how you'll know results have been achieved – what are you going to monitor along the way? Who will need to provide information? What information will they need to provide? In what format? How frequently?
- Involve the right people (those who can help the child or group of children to achieve the outcomes) right at the start. Outcomes then become shared outcomes. We know that partnership working often makes it difficult to demonstrate that the work of one particular service or practitioner has made the difference. In this way, outcomes are the results of everyone working together
- Keep a focus on the outcomes you're aiming to achieve. When reviewing progress, remind everyone what these are, that these are the results for the child or young person everyone is working towards
- If it doesn't look like a child or group of children is going to achieve the outcomes, you'll need to think about changing the services you're providing or the way you're providing them. Don't keep doing the same things and expect to get different results

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Some examples of outcomes and Indicators

DOMAIN	OUTCOME BEING AIMED FOR (The results you want to achieve for the child)	OUTCOME INDICATORS (What will indicate that the results are being achieved)	DATA TO BE COLLECTED (The information you will need to gather to know that progress is being made)
Health	Child enjoys a healthy lifestyle	<p>Child eats a balanced diet</p> <p>Child takes part in physical activities</p> <p>Reduced incidence of tooth decay</p> <p>Child's weight is in healthy range</p> <p>Child is dressed appropriately for weather</p>	<p>Attendances at breakfast club and take up of school lunches (school)</p> <p>Attendances at after school swimming club (instructor)</p> <p>Report from family support worker on parent's understanding and provision of healthy meals</p> <p>Self reports from child</p> <p>Report from School Nurse and dentist following routine checks</p> <p>Report from class teacher on child's presentation</p>
Health	Child has increased confidence and self esteem	<p>No. of self harming incidents</p> <p>Child's involvement in group activities</p> <p>Reduction in child making negative statements about self</p> <p>Child is willing to try new things</p>	<p>Report from parents on child's demeanour, self harming incidence and involvement in activities</p> <p>Self report from child</p> <p>Report from class teacher on child's approach to new</p>

			tasks and participation in group activities
Enjoy and achieve	Child is ready for school and ready to learn	<p>Child gets along with other children</p> <p>Child can follow simple directions</p> <p>Child can sit still for short periods and pay attention</p> <p>Child has basic self care skills – use toilet unaided, dress self</p> <p>Immunisations are up to date</p>	<p>Reports from parents and play group leader</p> <p>Self reporting from child and observation by SW on child's abilities</p> <p>Report from Health Visitor on immunisation take up</p>

Sources and further reading

Friedman, M. (2005) *Trying Hard Is Not Good Enough* Trafford Publishing

Taylor-Powell, E. et al (2002) *Enhancing Program Performance with Logic Models*

Available at <http://www.uwex.edu/ces/lmcourse/>