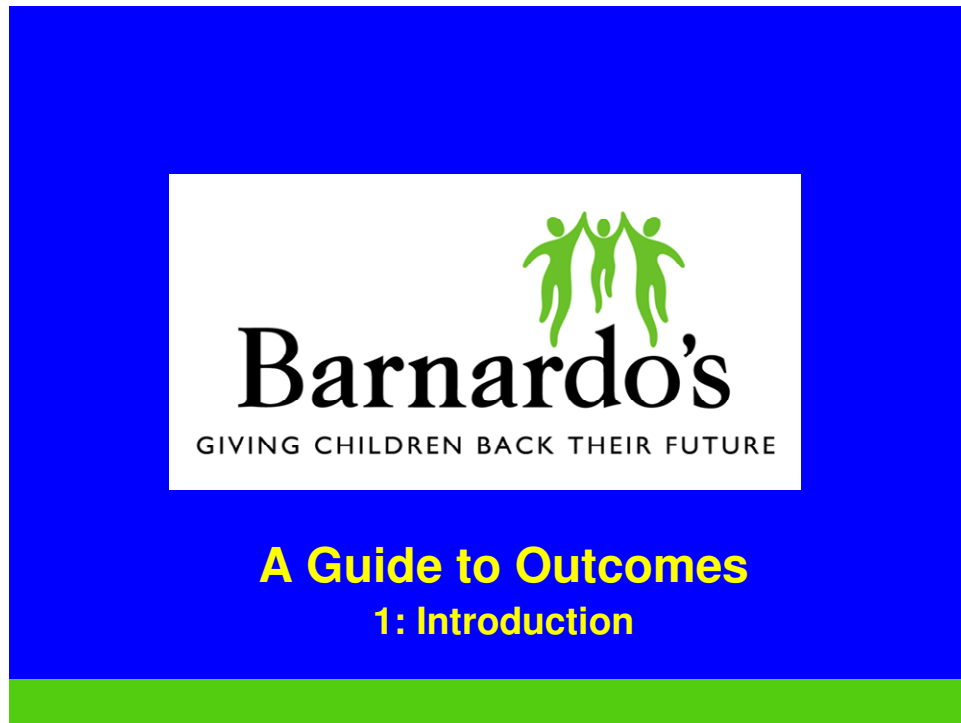


## **Section 2**

# **A Guide to Outcomes**



## This guide answers the questions...

- What are outcomes?
- Why are outcomes important?
- Inputs, outputs and outcomes – what's the difference?
- How can services identify appropriate outcomes?



**All** our services should make a difference to the lives of the children, young people, families and communities with whom we work. When planning new work, or reviewing your service, it might seem obvious to start by considering what *skills or resources* we have, and only then to think about what we are trying to *achieve*. This short guide suggests we reverse this sequence.

In identifying outcomes, we start with a vision of positive long-term change for children, parents, families, communities and which route we need to take to achieve this vision – just as we would not start a journey without knowing the destination. Once we know our final destination we can plot the steps needed to get there without taking any unnecessary diversions.

Outcomes need to be:

- *About changes for people, not just about the service that has been delivered*
- *About the effects of what we have done, the changes that occur for children, parents, families and communities*
- *Owned by stakeholders - including service users*

Setting outcomes needs to be a meaningful exercise and not just be used to justify what we already do. It should involve genuine reflection on practice. We should be willing to change how we deliver services in order to achieve the best outcomes for our service users. The most relevant long term outcomes for children's services over the coming years are those linked to the Every Child Matters framework.

### **Every Child Matters Outcomes**

- *Be healthy*
- *Stay safe*
- *Enjoy and achieve*
- *Make a positive contribution*
- *Have economic well-being*

These are very broad outcomes. Some are long-term and all are likely to be the responsibility of multiple agencies - but they do set the context for our provision of Children's Services. The work we undertake on outcomes should contribute to one or more of these long-term outcomes for children.

## Inputs, Outputs & Outcomes

- **INPUTS** = The **resources** we use – money; time; staff; premises; knowledge
- **OUTPUTS** = The **things** we do - have meetings; teach lessons; write reports; visit service users; provide activities
- **OUTCOMES** = The **changes** that occur – better health; fewer crimes; improved academic performance; happier families; less violence



**Terminology** can be unnecessarily confusing. However, in order to plan and monitor work, we need to be clear about what any one of our given activities actually is. Most of our work can be split into three categories:

An **INPUT** is any resource that we purchase and import into our organisation to help do our job. Inputs include:

- *The staff or volunteers in our organisation.*
- *The training or staff development courses that we purchase from others.*
- *Administrative resources from paperclips to computer software and hardware.*
- *Sources of knowledge or expertise that we import to improve our services.*
- *Books, CD-Roms and manuals – like this one.*

An **OUTPUT** is a product or activity which these inputs help us create. Outputs include:

- *The meetings we arrange or to which we contribute.*
- *The training or staff development courses that we provide to others.*
- *The health, social care or education programmes we run.*
- *The visits we make to service users.*
- *The reports that we write.*

An **OUTCOME** deserves a page of its own.....

## What is an outcome?

Something that happens or changes in service users lives ... what we might call "a result"

Outcomes should be...

- About what has **changed for people**
- About the **effects** of our actions
- About **what matters** to the people on the receiving end



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**An OUTCOME** is a result. Outcomes may be positive, negative or neutral. We want children to become, for example, healthier, happier, richer and safer but it is also possible that our actions, despite our best intentions, may make them sicker, unhappier, poorer and endangered. It is also possible that our actions may have no impact at all.

Whatever the result, an outcome is what happens to a service user, for good or bad, as a consequence of what we do.

An outcome focused approach can help organisations:

- *Recruit and retain skilled staff.*
- *Motivate and manage the work of volunteers.*
- *Explain their purpose to funders and service users.*
- *Gain public recognition for its work.*

It is easier to set measurable outcomes when planning new work, but is never too late to reflect on or change your existing practice. In reality, many services have new strands of work being planned and funded on a fairly regular basis, providing opportunities to reflect, review and set outcomes.

Outcomes need to be agreed by your stakeholders including service users, funders and partner agencies. Make sure that the outcomes chosen have a clear relevance to the terms of any service level agreements.

Setting measurable outcomes means that we have a framework against which we and others can measure progress. We should commit to providing services that 'work', that is, are most likely to deliver these outcomes for service users. This involves choosing interventions that are based on some evidence of effectiveness.

## Why bother with outcomes?

If we don't ask ourselves challenging, outcome-focused questions then:

Services may experience 'mission creep' and loss of focus

We won't know whether we are making a difference or not



We may lose funding if we can't show results

We won't know how to improve our work



**Having** a plan of what we are trying to achieve for our service users, and how we plan to get there, makes it easier to demonstrate that we are on the right track and to make the necessary changes when we are not.

Identifying and measuring outcomes is important because:

- Changing things for the better is the point and purpose of our efforts.
- Outcomes help us stay focused on positive change for service users.
- Outcomes help to keep us accountable to service users, funders and society.

If we don't ask ourselves these challenging, outcome-focused questions then:

- Services may become ineffective or irrelevant.
- We may lose funding if we can't demonstrate positive outcomes.
- We won't know what difference we're making and whether we're doing the best we can for our service users.

### Example - *Parenting support*

If we only report progress on **outputs**, for example:  
*'80 parents attended parenting classes during the year'*

...we leave ourselves open to challenge. Someone could say:  
*'So what? The parents may have hated your classes and learned very little.'*

If we report **outcomes**, we have a stronger claim to programme effectiveness:  
*'After a 3 month programme, 65 per cent of parents reported a 'considerable' improvement in the behaviour of their children. No improvement was noted for those on the waiting list.'*

**To be useful, outcomes must...**

- Be congruent with national and local priorities
- Make sense to service users
- Be measurable
- Lie within the purview of the service



**An** outcome based approach is meant to produce better results for service users, not just enable services to feed information to regulatory bodies. To be useful, outcomes should:

- *Describe a process of change – the situation of service users should be different after our involvement compared to before.*
- *Plausibly link our activities to what we wish to achieve for the service user.*
- *Be of importance to those on the receiving end of our work.*
- *Be based on priorities identified locally by elected members.*
- *Lie within the purview of the service, that is, connected to something for which the service is responsible.*

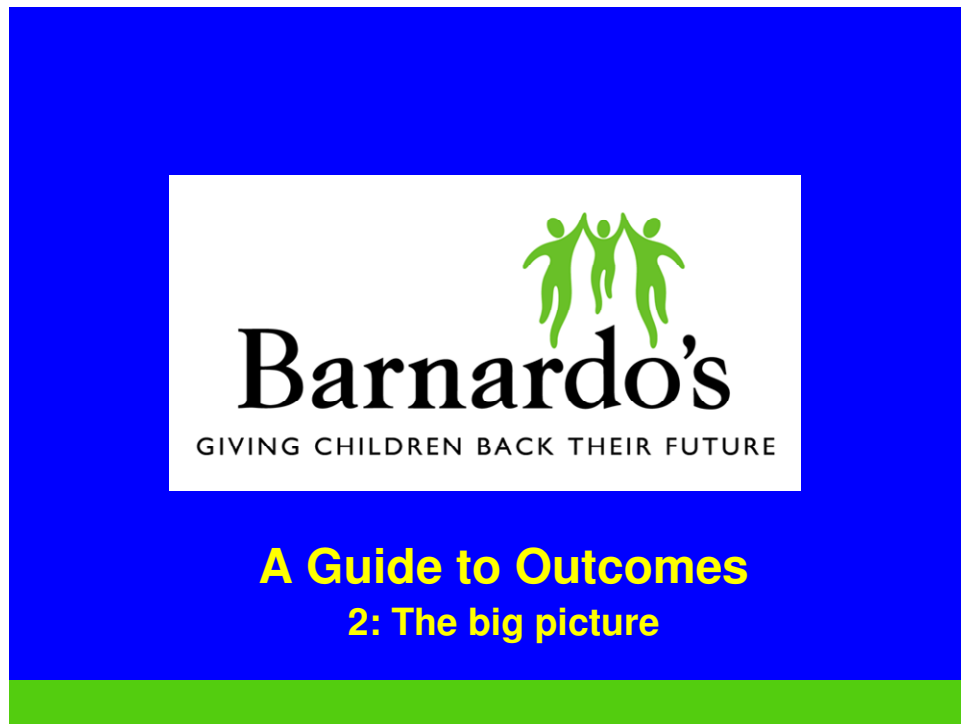
In some cases, we may judge the success of our work on activities or events that are, strictly speaking, outputs rather than outcomes. “Proxy outcomes” are a legitimate way for a service to evaluate their work in some contexts, though they are invariably a weaker form of assurance that we are on the right track.

**Example - Preventing rare events.**

Child and adolescent mental health services may be charged with trying to help reduce suicide rates. Suicides among young people are infrequent – around 2 per day by young people under 25 years in the UK – and hence trends, whether up or down, are only noticeable at a large district or national level, not at the level of a single CAMHS. Suicide *attempts*, on the other hand, are much more common. While prevention of suicide might be the outcome we are pursuing, reducing the number of suicide attempts is both more achievable and will constitute a plausible proxy outcome.

**Example – A strong proven relationship between a particular output and a corresponding outcome.**

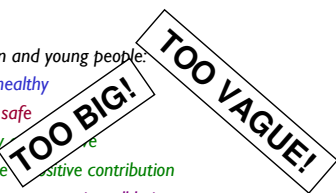
Educational outcomes are concerned with learning achievements. While school attendance is a key indicator for schools, school registers only measure whether a child is present, not whether they have learnt anything. Nonetheless, we know that schools with better attendance records produce better scholastic results. Low levels of absenteeism are thus a reasonably good proxy outcome for learning achievements.



**Every Child Matters**

Children and young people:

- Are healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being



**While** outcomes need to be set at a strategic level for organisational purposes – in the case of Every Child Matters, at a UK level – these outcomes will only have limited use at a local, small scale level as descriptors of what services do. Virtually every activity in the statutory, NGO and independent health, education and social care sectors can be described as fitting into one or more of these outcome areas. Setting outcomes at local level requires activities to fit within this overarching outcome structure, but to be recognisable as meaningful goals by service users. To explain the work of a service, we need to be clear about our immediate aims, our long term aims and how these aims will be achieved. For example:

| Every child should...          | Long term outcome                                   | Immediate outcome                  | How will this be achieved?                   |
|--------------------------------|---|------------------------------------|--|
| ..be healthy                   | Less coronary heart disease                         | Reduce fat content in lunch boxes  | School based education programme.            |
| ..stay safe                    | Fewer children victims of violent crime             | Safe public play areas             | Recruit play co-ordinators                   |
| ..enjoy and achieve            | Increase proportion of children in higher education | More children in education post 16 | Learning mentors for under-achievers         |
| ..make a positive contribution | Less inappropriate sexual behaviour by young males  | High risk males identified         | Early referral and treatment                 |
| ..achieve economic well-being  | Fewer children living in poverty                    | Reduce debt burden                 | Establish links with credit unions and CABs. |

There are different conventions for describing the outcomes we want to help our service users achieve. Some people prefer to use the future tense, such as:

*Sally will stay on in full time education after the age of 16.*

...others prefer to use the past tense, such as:

*Sally has stayed on in full time education past the age of 16.*

...and others prefer the present tense, such as:

*Sally is in full time education after the age of 16.*

It doesn't really matter which you use as long as the stated outcomes use clear and understandable language.

**We know children are *healthier* when.....**

- Children have fewer behavioural problems
- Parents have fewer emotional problems
- Fewer children use class A drugs
- Fewer teenagers have unsafe sex
- Child obesity is reduced

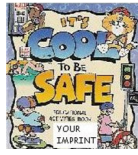


**The World Health Organisation defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. This recognises the role of social factors in promoting good health and stresses the importance of outcomes that express emotional as well as physical well-being. For example:**

|                      | <b>Long term outcomes</b>   | <b>Relevant issues</b>   | <b>Some example of measurable outcomes</b>  |
|----------------------|---|--|---|
| <b>1. Be Healthy</b> | <p>Children enjoy good physical health.</p> <p>Children have a healthy lifestyle.</p> <p>Children enjoy good emotional, mental and spiritual health</p> | <p>Early child health &amp; development (inc maternity)</p> <p>General healthy lifestyle (inc. diet, exercise, disease prevention inc. appointments kept, services used)</p> <p>Mental health (inc. therapeutic work, counselling, prevention, reduced isolation, bullying)</p> <p>Disability / learning disability.</p> <p>Race and gender identity</p> <p>Substance misuse (inc. smoking, alcohol, drugs, volatile substances)</p> <p>Sexual health (inc HIV prevention, lifestyle, sexuality, gender)</p> | <ol style="list-style-type: none"> <li>1. Children are receiving a nutritious diet (e.g. Breakfast club).</li> <li>2. The children’s anxiety and / or depression is reduced (e.g. counselling service).</li> <li>3. Parents have improved understanding of the child’s emotional well being / mental health needs and are engaging with appropriate services (e.g. mental health support service).</li> <li>4. Parent takes responsibility for child’s developmental needs e.g. keeping appointments with health visitor, clinic, etc (e.g. family health service).</li> <li>5. Parent/carer will have an increased awareness of their child’s development and have increased skills in promoting their child’s development (e.g. nursery service).</li> <li>6. Child or young person understands the physical and emotional developmental changes of childhood/adolescence (e.g. sexual health service).</li> <li>7. Child or young person has access to (appropriate) sex education and improved sexual relational knowledge (e.g. sexual health service).</li> <li>8. Families of disabled children will have one point of contact to a co-ordinated system of support (e.g. key worker scheme)</li> <li>9. Children are safe from accidental contact with dangerous drugs and drug equipment (e.g. substance misuse support service)</li> </ol> |

**We know children are safer when...**

- Children do not witness domestic abuse
- Children are not bullied in school
- Children are not harmed by motor vehicles
- Fewer children need to be looked after
- Fewer children suffer accidents within the home



**Creating safer environments involves actions by professionals, parents, children and the broader community. For example:**

|                              | <b>Long term outcomes</b>   | <b>Relevant issues</b>  | <b>Some examples of measurable outcomes</b>   |
|------------------------------|---|---|---|
| <b>2. Are safe from harm</b> | <p>Children are free from abuse and the risk of abuse.</p> <p>Children are protected from harm and neglect.</p> <p>Children grow up able to look after themselves</p> | <p>Safeguarding - risk assessment &amp; reduction</p> <p>Exposure to violence accidental injury and death</p> <p>Bullying and discrimination</p> <p>Information and education on safety &amp; risk</p> <p>Accommodation – related safety</p> <p>Crime and anti-social behaviour</p> | <ol style="list-style-type: none"> <li>1. The home is a safe place for the child and their carer (e.g. Home Safety service).</li> <li>2. Child is safe from accidental contact with dangerous drugs and drug equipment (e.g. substance misuse support service).</li> <li>3. Children are safe from seeing or receiving violence in the home (e.g. domestic violence support)</li> <li>4. Family/carer(s) and other network members can identify ways of keeping children and young people safe (e.g. safety training).</li> <li>5. Children are not being bullied. (e.g. peer support programme).</li> <li>6. Children are experiencing fewer accidents in the home (e.g. home safety service).</li> <li>7. Young people are at reduced risk of abuse through prostitution. (e.g. sexual exploitation service)</li> <li>8. Sexually exploited or at risk young people have safe accommodation / reduced drug use / re-engagement with education (e.g. sexual exploitation service).</li> <li>9. Neighbourhoods are kept safe for children and young people (e.g. community safety initiative).</li> <li>10. Children are not involved in behaviour that puts them at risk of victimisation or of offending (e.g. information &amp; advice service)</li> </ol> |

**We know children are *enjoying and achieving* when...**

- Looked after children perform better in school
- More schools achieve the Healthy Schools Standard
- More parents support children's learning
- Children use safe public play provision
- School attendance improves



**Enjoying** and achieving means the need to protect children should be balanced with giving children opportunities to manage reasonable levels of risk free from adult scrutiny. For example:

|  | <b>Long term outcomes</b>   | <b>Relevant issues</b>  | <b>Some examples of measurable outcomes</b>  |
|--|---|---|--|
| <b>3 .Have opportunities to learn, enjoy and achieve</b> | <p>Children fulfil their potential</p> <p>Children reach adulthood with the necessary skills</p> <p>Communities provide activities which enrich and involve children and young people</p> | <p>Self esteem, confidence/assertiveness</p> <p>Personal development</p> <p>Distinctive gifts understood &amp; encouraged</p> <p>Life skills</p> <p>Recreation, play, creativity, fun</p> <p>Attend and enjoy school</p> <p>Educational achievement</p> | <ol style="list-style-type: none"> <li>1. Children are able to develop and sustain friendships (e.g. relationships education programme)</li> <li>2. Children's self-esteem is increased (e.g. young carers project).</li> <li>3. Children understand how their appearance / behaviour are perceived by others.</li> <li>4. Children engage in accessible and appropriate play and social activities they enjoy (e.g. inclusive play scheme)</li> <li>5. Children and young people in need have positive and supportive social networks (e.g. children's rights service).</li> <li>6. Children recognise and develop their skills and talents (e.g. skills development and training programme).</li> <li>7. Children demonstrate more coping strategies (e.g. transitions service / one to one support).</li> <li>8. Children will be active learners according to their age and stage of development. (e.g. nursery service).</li> <li>9. Children will be able to use the learning environment, daily routine, range of equipment and strategies to plan, carry out their plans and recall what they have done (e.g. nursery service).</li> <li>10. Disabled children will enjoy new experiences and to develop wider social networks (e.g. short breaks service).</li> </ol> |

**We know children are making a positive contribution when...**

- Fixed and period exclusions are reduced
- Pupils elect school council members
- Levels of offending are reduced
- More 18 year olds vote
- Children contribute to local planning processes



**Positive** contributions by children are an indication that young people are involved with and participating in issues that affect them. For example:

|  | Long term outcomes   | Relevant issues   | Some examples of measurable outcomes  |
|--|--|---|---|
| <b>4. Belong and contribute to their communities</b> | <p>Children make a positive contribution to the community and to society.</p> <p>Children will be treated as citizens now, with a voice in society</p> | <p>Making informed choices, having a voice.</p> <p>Helping others.</p> <p>Reducing offending, anti-social behaviour, violence.</p> <p>Development of community cohesion.</p> <p>Involvement in participative activity, influencing, lobbying.</p> <p>Develop confidence and enterprising behaviour.</p> | <ol style="list-style-type: none"> <li>1. Children and young people in care or in need have the opportunity to influence decisions which affect them (e.g. children's rights service)</li> <li>2. Children are listened to and have opportunities to actively participate in service planning and delivery (e.g. participation service)</li> <li>3. Children and young people participate in relevant influencing and lobbying activities (e.g. participation service).</li> <li>4. Children are able to interact appropriately with peers and others (e.g. relationship education programme / peer mentoring).</li> <li>5. The neighbourhood is a lively, child friendly, supportive place to live (e.g. neighbourhood centre).</li> <li>6. Children will be able to work with others to resolve problems or conflict constructively (e.g. citizenship curriculum).</li> <li>7. Children will show an awareness of the rights of others and their responsibility to uphold those rights (e.g. citizenship curriculum).</li> <li>8. Children will make informed choices in relation to specific areas, e.g. <i>play or money</i></li> <li>9. Children are not involved in behaviour that puts themselves at risk of victimisation, or of offending (e.g. information &amp; advice service).</li> <li>10. Young people are involved in and made welcome at community events (e.g. youth support service)</li> <li>11. The community expresses pride in its young people (e.g.. community development projects).</li> </ol> |

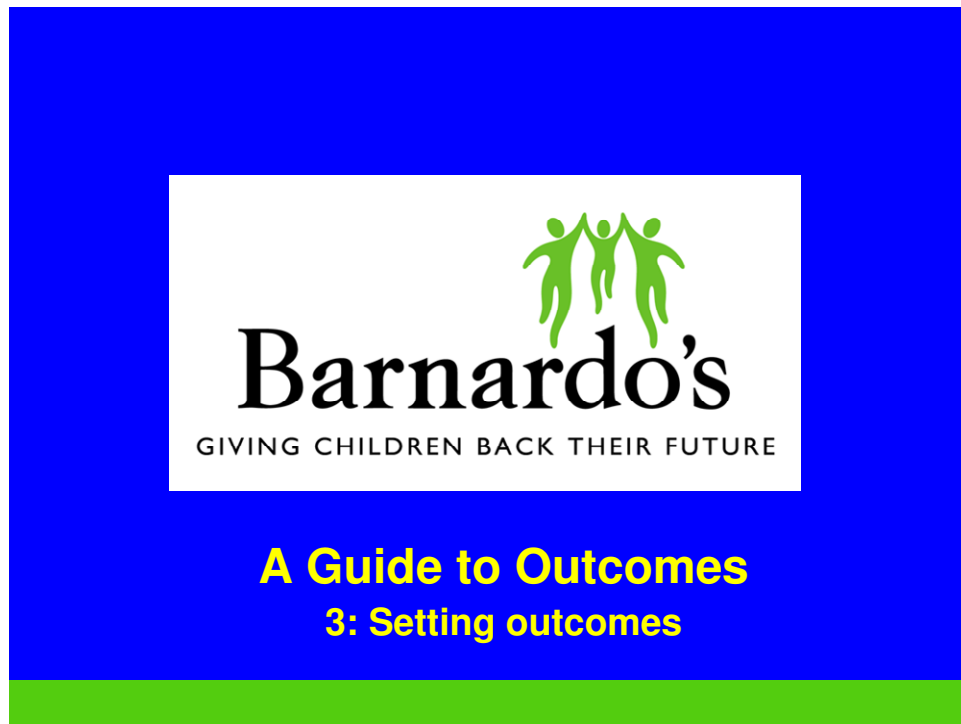
**We know children are *achieving economic well-being* when...**

- Young people are in education, employment or training
- Young people have secure housing
- Fewer children live in poverty
- Public space is more child friendly
- Public transport is affordable, accessible and efficient



**As well as ensuring an adequate family income, future economic well-being increasingly depends on the acquisition of transferable skills in a highly competitive job market. For example:**

|                               |   |  |  |
|-------------------------------|---|--|--|
| <b>5. Economic well-being</b> | <p>Children are free from poverty &amp; discrimination</p> <p>Children have positive social lives.</p> <p>Parents are able to combine caring and work</p> <p>Children and young people have opportunities for education, training and employment.</p> | <p>School attendance, inclusion</p> <p>Educational attainment and achievement</p> <p>Qualifications skills and competences (inc literacy etc)</p> <p>Further education &amp; vocational training</p> <p>Benefits, grants, service take up</p> <p>Employment</p> <p>Accommodation / housing</p> <p>Access to transport and material goods</p> | <ol style="list-style-type: none"> <li>1. Children will have continuity / stability in their education arrangements.(e.g. education support service).</li> <li>2. Children are accessing the National Curriculum and achieving their educational potential (e.g. education support service).</li> <li>3. Children are in school regularly (e.g. Breakfast Club).</li> <li>4. Children are happy in school and making progress (e.g. education support service).</li> <li>5. Children and young people in care or in need have the confidence and skills necessary to engage with decision makers (e.g. children's rights service).</li> <li>6. Children have improved skills in literacy / numeracy / IT skills (e.g. after school club).</li> <li>7. Young people/ parents / families are in receipt of all the welfare benefits they are entitled to (e.g. welfare rights service).</li> <li>8. Young people are encouraged and supported to remain in education or training after 16 (e.g. careers support service).</li> <li>9. Young people have improved job-searching skills (e.g. careers service).</li> <li>10. Young people have access to safe, affordable independent accommodation (e.g. housing support / leaving care service).</li> <li>11. Parents resume education / training (e.g. Community Development Service)</li> <li>12. Families have the necessary resources to support children (e.g. family support service)</li> </ol> |
|-------------------------------|---|--|--|



## Think SMART

- Specific
- Measurable
- Achievable
- Realistic
- Time-based



**Services** work within finite resources, in the real world. As practitioners and managers you have to do the best you can, with the resources you receive, in the time you have available.

You can and should aim for long-term outcomes but you stand more chance of making a contribution by breaking these down into outcomes that are planned in smaller, more practical and achievable steps. These are known as measurable or SMART outcomes and should lead you towards the bigger picture.

|  |  |
|--|--|
| <p>Outcomes should be:</p> <p><b>S</b>pecific<br/> <b>M</b>easurable<br/> <b>A</b>chievable<br/> <b>R</b>ealistic<br/> <b>T</b>ime-limited</p> | <p><i>Specific</i> outcomes deal with discrete, rather than broad dimensions.</p> <p><i>Measurable</i> outcomes enable managers to monitor performance.</p> <p><i>Achievable</i> outcomes enable us to build on success.</p> <p><i>Realistic</i> outcomes enable us to work within our resources and skill levels.</p> <p><i>Time-limited</i> outcomes help us stay motivated.</p> |
|--|--|

| OUTCOMES            | SMART                                      | NOT SMART                                |
|---------------------|--|--|
| <i>Specific</i>     | Improve mobility, behaviour, housing       | Improve “well-being”                     |
| <i>Measurable</i>   | Can be expressed numerically               | Can only be expressed through narrative  |
| <i>Achievable</i>   | Fewer exclusions of minority ethnic pupils | End oppression                           |
| <i>Realistic</i>    | A 5 per cent decline in youth offending    | A 90 per cent decline in youth offending |
| <i>Time-limited</i> | To be achieved within a stated time period | Objectives with no deadline attached     |

We know that, often, work with children and families has no final end point, rather it proceeds in a series of stages.

Nonetheless, the **SMART** principle can usually be applied, if only by making our outcomes *more* specific, *more* measurable, *more* achievable, *more* realistic and *more* time limited. There are few services that are unable to refine their outcomes to make them **SMART**er.

## The Four Steps...



Step 4: Plot Milestones

Step 3: Decide on an appropriate intervention or service

Step 2: Agree measures for each of these long term outcomes.

Step 1: Identify the intended long term outcomes of your work for service users.



**With** your team or steering group, work through the following four steps to identify outcomes for your service:

**STEP 1:** Identify the intended *long term outcomes* of your work for your service users.

**TIP:** Wherever possible, focus on outcomes that can be directly attributable to what *you* – and not others - do. This may be difficult where different services are trying to achieve the same outcomes. One solution is to consider the furthest forward point in time that your actions can reasonably be expected to affect children or families, before other factors become relevant. For example, a service which aims to help children with challenging behaviours settle in primary schools may set its end point outcome at the end of Year 1 and not take responsibility for what happens subsequently.

**STEP 2:** Plan measurable outcomes for each of these overall aims.

**TIP:** Many services make the mistake of having too many aims and objectives and thus far too many outcomes. If your service can express its core business in no more than a few outcomes – sometimes one is enough – then your energy can be more narrowly focused. Most services with long lists of outcomes are either a) stating the same outcome in different ways and/or b) mixing outputs with outcomes.

**STEP 3:** Decide on the type of *service or intervention* you could deliver to give the best possible chance of these outcomes being achieved within the resources available.

**TIP:** There is an old saying that if all you have in your toolkit is a hammer, every problem becomes a nail. Similarly, people's needs are often met by services based on the skills, beliefs or interests that practitioners just happen to have. When planning a new service, or reviewing an existing one, consult widely on what approaches may be the most successful in achieving the outcomes you seek. Membership of a research consortium like Research in Practice is often a useful investment.

**STEP 4:** Plan the process in stages.

**TIP:** The length of the stages depends on the nature of the task. However, it is always best to keep the interval between stages as short as possible because a) time erodes motivation b) attention spans are limited c) staff move on, teams are re-organised and priorities change.

**Step 1: Identify the intended long term outcomes of your work for service users**

Outcomes are expressed as positive statements of change for service users, for example ...

- Children are protected from bullying
- Parents are able to combine caring and work
- Disabled children can choose to attend mainstream schools
- Teenage mothers can remain in education



**Remember** that “long-term” means...

*...the length of time your service can reasonably expect – or is expected by funders - to make the effect of its interventions last.*

For example, an adoption service may wish to measure its success by the number of placements made which continue without interruption until the child reaches their majority – a possible 18 years. Conversely, a bereavement service may expect, in most cases, the outcome of their work – the psycho-social adjustment of children to their circumstances - to be fulfilled in a maximum of 12 months.

**STEP 1:** Identify the intended *long term outcomes* of your work for your service users.

Outcomes are expressed as positive statements of change for service users and usually begin with those who are meant to benefit, for example:

- Children are protected from bullying.
- Parents are able to combine caring and work.
- Disabled children can choose to attend mainstream schools.
- Teenage mothers can remain in education.

While these are all long term outcomes, they may be accomplished within specific time frames. We now need to consider what immediate outcomes can help create a route to the accomplishment of the long term ones.

**Step 2: Agree measures for each of these long term outcomes.**

We need to ask:

- What would have changed for service users if we were successful?
  - What would they be able to do?
  - What would they have achieved?
- What personal qualities, knowledge or resources would they have?



**These** long term aims give us the context and general direction for our work. However, you now need to consider these outcomes from the service users' perspective.

**STEP 2:** The next step is to plan intermediate measurable outcomes for each of these overall aims. To help with this, think about what would have changed for your service users if you were successful, for example:

- What would they be able to do?
- What would they have achieved?
- What personal qualities, skills, knowledge or resources would they have acquired?

Using the same examples, we can try and suggest some answers to these questions:

| <b>Long term outcome</b>                                  | <b>What would they be able to do?</b>                                | <b>What would they have achieved?</b>               | <b>What qualities etc. would they have?</b>            |
|---|--|---|--|
| Children are protected from bullying                      | Travel to school and back without fear; avoid episodes of self-harm. | Better academic performance and school attendance.  | Self-esteem; more friends.                             |
| Parents are able to combine caring with work              | Generate more income; less vulnerability to depression               | Better quality of family life; a vocational career. | Wider social networks; qualifications.                 |
| Disabled children can choose to attend mainstream schools | Mix with ordinary children; receive more valued education.           | Educational qualifications; status.                 | Self confidence; competitiveness.                      |
| Teenage mothers can remain in education                   | Combine caring with study; retain aspirations.                       | Chance to escape from poverty; vocational skills.   | Preparedness for further education; earning potential. |

**Step 3: Decide on an appropriate intervention or service**

We need to ask:

- What kind of service or intervention is most likely to deliver these outcomes?
- Is our chosen approach supported by a plausible evidence base?
- Do we have the necessary resources, skills and sustainability?



**Before** the intermediate stages can be outcomes can be agreed, the tools, strategies and infrastructure best suited to achieving the long term outcomes must be defined.

**STEP 3:** Having identified measurable outcomes, the next step is to decide on the type of *service or intervention* you could deliver to maximise the chance of these outcomes being achieved within the resources available. The table below provides a structure which can help you consider whether and how your chosen intervention can plausibly claim to achieve these outcomes.

| Long term outcome   | Intervention | Justification | Skills/resources needed |
|---|--------------|---------------|-------------------------|
| e.g. Children are protected from bullying.                      |              |               |                         |
| e.g. Parents are able to combine caring with work.              |              |               |                         |
| e.g. Disabled children can choose to attend mainstream schools. |              |               |                         |
| e.g. Teenage mothers can remain in education.                   |              |               |                         |

#### Step 4: Plot Milestones

- It can take time for some outcomes to be achieved and demonstrated.
- To aid service planning and delivery, we need to fill in the stages on the route towards long term outcomes.
- Milestones or indicators can help us stay on track.
- For example .....



**The final stage is mapping a course towards the final, overall outcome which is logical and achievable.**

**STEP 4:** It can take time for outcomes to be achieved and demonstrated. To aid service planning and delivery, you need to plan the process in stages. Reflect on what will need to have changed at each interim point.

The table below provides a method of planning and tracking the path towards the achievement of child-focused outcomes. For any given outcome, the timescale may be longer or shorter. However, a good rule of thumb is that stages should not be more than three months and the path towards the overall outcome no more than two years.

| Outcome | Timeline – progress towards measurable outcome |                  |                    |                    |
|---------|--|------------------|--------------------|--------------------|
|         | 3 month (output)                               | 6 month (output) | 12 month (outcome) | 18 month (outcome) |
|         |  |                  |                    |                    |
|         |  |                  |                    |                    |
|         |  |                  |                    |                    |
|         |  |                  |                    |                    |

The final section on setting outcomes gives some worked examples using this model.



**A Guide to Outcomes**  
**4: Examples**

**Outcome-based strategies are not always easy...**

Some typical problems are:

- The simplification of complex issues
- Responsibilities split between multiple agencies
- Outcomes may not become apparent for many years
- Only proxy measurement of outcomes may be practical
- The views of professionals and users may differ
- Data collection must be resourced
- The value of process can be diminished
- Outcome-based strategies may be associated with excessive regulation
- ...you can probably think of more!



**Despite** these many potential difficulties, all services should be able to describe briefly and succinctly what they are trying to achieve and how they plan to achieve it. Some examples are in the table below:

**Example 1: A family support service**

|  |   |
|--|---|
| <b>Outcome Framework</b>                     | <i>Have a positive family life</i>  |
| <b>Long Term outcome</b>                     | Relationships between parents and children improve.<br>Child is happier.            |
| <b>Measurable outcomes/changes</b>           | Improved communication between parents and child.<br>Increased parental confidence. |
| <b>Services/interventions (i.e. outputs)</b> | Provide parenting classes   |
| <b>Interim outcomes</b>                      | Parental confidence improving.<br>Parents developing skills for boundary setting.   |

**Example 2: A home safety initiative**

|  |  |
|--|--|
| <b>Outcome Framework</b>                     | Enjoy emotional, physical and mental health  |
| <b>Long term outcome</b>                     | Safe, healthy children   |
| <b>Measurable outcomes/changes</b>           | Fewer accidents to children<br>Fewer child admissions to local A&E                                 |
| <b>Services/interventions (i.e. outputs)</b> | Home safety visits.<br>Provide safety devices /adaptations to the home.                            |
| <b>Interim outcomes</b>                      | Children's awareness of home safety is increasing.<br>Parents have an escape plan in case of fire. |

**Example 3: Buddying service for vulnerable children transferring to secondary school**

|  |  |
|--|--|
| <b>Outcome Framework</b>                     | Have opportunities to learn, enjoy and achieve   |
| <b>Long Term Outcomes</b>                    | Children are happier, take a fuller part in school and have more stable lives  |
| <b>Measurable Outcomes</b>                   | Children report feeling less isolated, get practical help, have increased self-esteem and demonstrate more coping strategies |
| <b>Services/interventions (i.e. outputs)</b> | Sensitive multi-method buddying service provided for 100 vulnerable children per year  |
| <b>Interim outcomes</b>                      | Children starting to demonstrate coping strategies.<br>Children accessing after school activities.                           |

## A Home Safety Programme

| Measurable Outcome                                      | 3 month                                      | 6 month  | 12 month                                   | 18 month                            |
|---|--|--|--|-------------------------------------|
| Children under 5 years are safe from domestic accidents | Recruit & train safety worker                | Devise & start delivery of home safety programme | Parental awareness of home safety improves | Measure accident frequency          |
|   | Take baseline measures of accident frequency | Install safety equipment                         | Parents have home fire escape plan         | Fewer accidents to children under 5 |



Other examples are:

| Outcome Outputs  | 3 month (output)   | 6 month (output)   | 12 month (outcome)   | 24 month (outcome)  |
|--|--|--|--|---|
| Children will attend school regularly.   | Recruit and train learning mentors.                                  | Weekly programme of sessions established with target children,                   | Children's school attendance increasing.   | Children attending school regularly.  |
| Children will have an improved diet.   | Programme of classroom sessions devised in negotiation with schools. | Healthy eating programme delivered in 6 target schools.                          | Increased consumption of fruit and vegetables amongst target children.               | Children have an improved diet.   |
| Children and young people will participate appropriately in relevant influencing and lobbying activities | Children consulted on methods and focus of lobbying activities.      | Trainers recruited and briefed   | Children and young people trained and supported to take part in lobbying activities, | Children and young people participate appropriately in relevant influencing and lobbying activities |
| The home will be a safe place for the child and their carer  | Recruit and train home safety worker.                                | Devise and start delivery of home safety programme and install safety equipment. | Reduced rate of accidents at home to under 5s. Parents have home escape plan.        | The home is a safe place for the child and their carer  |

## A Healthy Eating Programme

| Measurable Outcome  | 3 month   | 6 month  | 12 month  | 24 month   |
|---|---|--|---|--|
| <b>Children will bring more nutritious lunchboxes to school</b> | Baseline measures of lunchbox contents<br><br>Programme of sessions devised with school | Healthy eating programme delivered in 6 target schools | Lunchbox content re-examined<br><br>Increased presence of fruit & veg in lunchboxes | Intervention extended to more schools<br><br>Children have improved diet |



**Using** the model on the previous page, insert outcomes, outputs and staged achievements for your own services. Adjust or shorten the time periods to fit a realistic scale of accomplishment.

| <b>Outcome</b> | <b>month</b><br>(output) | <b>month</b><br>(output) | <b>month</b><br>(outcome) | <b>month</b><br>(outcome) |
|----------------|--------------------------|--------------------------|---------------------------|---------------------------|
| <b>Outputs</b> |                          |                          |                           |                           |
|                |                          |                          |                           |                           |
|                |                          |                          |                           |                           |
|                |                          |                          |                           |                           |
|                |                          |                          |                           |                           |
|                |                          |                          |                           |                           |
|                |                          |                          |                           |                           |
|                |                          |                          |                           |                           |

## Next Steps – evaluating our work

How can we measuring & demonstrate progress towards achievement of our outcomes?

- What sources of information are there?
- What do we have already?
- In what other ways can we collect evidence?
- Who will do it, how - and when.....?



**There** is a cost, in terms of time and money, to all collection of data. Data collection strategies should be ‘fit for purpose’. This means collecting information that is directly focused on your service objectives, in no more depth and no more frequently than is necessary. The table below gives some examples of the ‘what’, ‘why’ and ‘when’ of data collection.

| <b>Parents are confident and positive in their parenting</b>  |  |                                |
|---|--|--------------------------------|
| <b>What data could you collect? What could you measure?</b>   | <b>Where and how?</b>  | <b>When?</b>                   |
| No. of parents attending parenting classes.   | Attendance records.  | End of sessions.               |
| Changes in levels of parental stress  | Self reported stress levels.<br>Parenting Daily Hassles measure. | Before and after intervention. |
| <b>Parents takes responsibility for child’s developmental needs</b>   |  |                                |
| No. of parents attending child’s healthcare appointments with child / No. of appointments kept.                 | Health / service records. Attendance records.                    | Before and after intervention  |
| Changes in health status / number of health problems experienced by children.                                   | Medical / dental records or registers through Health Authority.  | End of intervention.           |
| <b>Children live in safe home environments</b>  |  |                                |
| <b>What data could you collect? What could you measure?</b>   | <b>Where and how?</b>  | <b>When?</b>                   |
| Parent/children knowledge of keeping safe strategies (internet safety, safety on street, unwelcome touches etc) | Feedback from service sessions on safety                         | Annually                       |
| Parents knowledge of home safety and ability to minimize hazards and risks                                      | Observing parents behaviour. Home conditions assessment.         | At start and end of input      |
| <b>Care leavers have the same opportunities as their peers</b>  |  |                                |
| No. of care leavers obtaining at least 5 GCSE passes.   | Exam results / school records.                                   | End of input.                  |
| No. of care leavers enrolled on further education courses.  | College records.   | Annually                       |
| <b>Young people participate in service-planning</b>   |  |                                |
| No. of young people consulted on service planning issues.   | Service planning records.  | Annually                       |
| Children’s views on their involvement in service planning.  | Feedback from young people.                                      | Annually                       |
| <b>Young people have access to safe, affordable independent accommodation</b>                                   |  |                                |
| No. of young people living in appropriate accommodation, (i.e. safe, affordable, independent)                   | Service user records. Views of young people.                     | Quarterly                      |
| No. of young people accessing housing advice.   | Log of calls/ enquiries received.                                | Monthly                        |

Too much data can be as harmful as not having enough. Just collecting information is insufficient – you must allocate time to dealing with its implications. This is a key issue in the evaluation of services, to which we now turn.