

Further reading

Parker, R. et al. (1991) Looking after children: assessing outcomes in child care, London, HMSO.

Common Language training pack

What is an outcome?



7.1

- An outcome is the impact of activities (generally speaking a service or set of services) on children's development (generally speaking the reduction of impairment to development).
- A service or the failure to provide the right service can lead to a negative or positive outcome.
- Outcomes should be described precisely, including whose outcome, the dimension of development, the degree of change and over what period.
- Selected outcomes should be few in number and developmentally appropriate.
- It makes more sense to focus efforts on aspects of development that are most amenable to change and that can be supported by the child and their family/community.

Connections

connecting modules
How to make a service
How to do an individual assessment

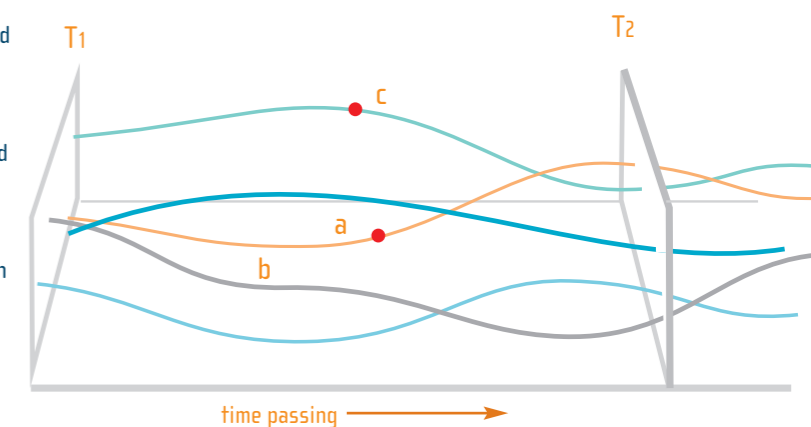


exercises with this lecture
Identifying outcomes

the other lectures in this module
7.2 - What is an output?
7.3 - What is a logic model?
7.4 - How to measure outcomes
7.5 - What is a realistic outcome?
7.6 - What are typical outcomes and outputs selected by communities and children's services agencies?

most relevant Practice tools
Threshold: determining the extent of impairment to children's development
Prediction: perspectives on diagnosis, prognosis and interventions for children in need
Paperwork: the clinical assessment of children in need

The illustration shows two points in time, T_1 and T_2 . In between are several trajectories, each representing some dimension of a child's development. With line **a** the introduction of a service or broader set of activities (represented by the red dot) leads to the improvement of development, or a better outcome. With line **b** there is no activity and a poorer outcome follows. These lines can also be hypothesised in other ways, for example on line **c** an intervention leaves the child worse off than before. In this illustration the outcome is assessed at T_2 .



- 1 In the context of child development and children's services, the word 'outcome' has been used in two ways. First, it has been used as the dictionary would dictate, namely to describe the results or pay-off of an investment, strategy or service. Used in this way, outcome can encompass much more than the impact on children's development, including for example numbers of people served, money spent and consumer satisfaction.
- 2 Second, 'outcome' has been used to get children's services policy makers, managers and practitioners more interested in improving aspects of child development and less focused on process issues, such as whether or not a child's name should be placed on a child protection register and whether or not to make a statement of special educational needs.
- 3 Common Language combines these approaches by defining outcome as the impact of activities (generally speaking a service or set of services) on children's development (generally speaking the reduction of impairment to development). As with all Common Language concepts, this definition works at the level of the individual child and for groups of children.
- 4 Outcome implies a projection from one point in time (T1) to another point in time (T2). In the context of children's services, the projection generally involves a hypothesis about the impact of offering or not offering a service (or broader set of activities) on a child's (or children's) development. For example, a practitioner may say 'If I offer this parenting intervention, I expect the outcome with respect to the child's emotional health to improve'. Similarly, a service designer may predict that educational attainment in a classroom may improve by X points as a result of any intervention; the outcome is predicted and the results prove (or disprove) the accuracy of that prediction.
- 5 As has been pointed out in other modules of this training pack, outcomes need not be positive. A practitioner may predict that the absence or presence of a service will cause a deterioration in aspects of child development. New services may have negative as well as positive effects on children's well-being.
- 6 An outcome is best expressed in terms of a statement, somewhat akin to elements of a logic model (which is covered in more detail in a later presentation). An outcome statement will generally comprise five items: (i) What outcome? (the aspect of child development being addressed); (ii) Who will benefit? (for example, an individual child in need, or group of children targeted by a service); (iii) The predicted direction of development (is the impairment expected to reduce or increase?); (iv) The quantity (how much improvement or deterioration is expected?); and (v) In what time period is the outcome expected?
- 7 The analysis of outcomes requires some precision. The more outcomes that are predicted, the less accurate will be the prediction. It is, for example, more realistic to make moderate and specified improvements to a child's self-esteem and reading capability, than to try to reduce developmental delay, improve socialisation, increase educational attainment and improve behaviour. Whether the focus be an entire country, a local authority, a community or a child, the efficient assessment of outcomes generally demands the careful selection of a limited number of targets. As these outcomes are achieved, subsequent work can address other areas of concern.
- 8 Some analysts talk about 'back pocket outcomes', that is a list of outcomes that can be kept in the back pocket or, put another way, a short list of outcomes that can be easily remembered. When parents lie awake at night worrying about their children's well-being, they generally focus on two or three items, such as happiness and progress at school for example; they do not run through a checklist of 20 or more items that are favoured by some children's services agencies.

- 9 One aspect of the precision required in analysing outcomes is the developmental stage of the child. Take a simple dimension of physical development, such as growth. The rate of growth predicted will be very different in the first year of life than in the first year of secondary school. The need for outcomes to be developmentally appropriate should therefore be taken into account when predicting and measuring outcomes.
- 10 A second aspect of the precision required is being clear about whose outcome is being predicted. In Common Language the primary focus is always the child. However, as will be seen in every module of the training pack, children's well-being is frequently contingent on the well-being of family members. Thus, effective assessments and evaluations will frequently also focus on outcomes for parents, siblings and sometimes wider family members. Children's services organisations also tend to be concerned with improving public, service and professional performance. In Common Language all these issues are considered in terms of 'outputs' not outcomes, a point which is addressed in the next presentation.
- 11 A third aspect of precision is the extent to which an outcome can be measured. There is a requirement to estimate whether the predicted outcome occurs and this means having an estimate of the situation at T1 and again at T2. It is sometimes wrongly assumed that only a limited number of outcomes can be measured, and that many aspects of child well-being, happiness for example, are subjective. Other parts of this module and of the training pack deal with measurement issues and the role of subjectivity.
- 12 Generally speaking, there will be more potential outcomes to achieve than can be 'fitted in the back pocket'. Three rules can help with selection. First, it helps to focus on aspects of impairment that are amenable to change by services. For example, when dealing with a 12-year-old with an IQ of 70 (indicating impairment to intellectual development) who is also showing the first signs of anti-social behaviour (impairment to behavioural development), the behaviour is likely to be more responsive to intervention than is intelligence.
- 13 Linked to the first point, it is important to remember that child development outcome is the product of risks to development and some risks will be more amenable to intervention than others. It makes more sense, for example, for children's services to address emotional impairment that is the product of poor family relationships than intellectual impairment that is the product of genetic pre-disposition (and which, for the child in question at least, will be difficult to alter).
- 14 The second rule that can help with selection is that, just as a single outcome is frequently the product of a causal chain, so one outcome, for example behavioural impairment, often contributes to another outcome, for example emotional impairment. The focus of work is best placed where there is highest leverage; in the example given, concentrating on the behavioural impairment is likely to also reduce emotional problems.
- 15 Third, ownership of the outcome to be achieved is important. If a child and/or family member agree with the practitioner on the primary outcome to be achieved, or if the community agrees with the outcomes targeted by a local authority or children's services agency, then the chances of achieving those outcomes will be enhanced.