Presentation Notes

Learning Outcomes
To review outcomes and measure whether interventions are successful.

Audience  Groups 2-6 (Working Together 2010)  Time  30 minutes

Key Reading


http://www.c4eo.org.uk/
Centre for Excellence and Outcomes in Children and Young People’s Services (C4EO)
Strengths and Difficulties Questionnaires http://www.sdqinfo.org/

www.rip.org.uk
Research in Practice aims to promote positive outcomes for children and families through the use of research evidence.

www.scie.org.uk
Social Care Institute for Excellence gathers knowledge about what works and interprets this into guidance, practical tools and support services.


Links to Common Core
Common Core 1有效沟通和参与，与儿童、年轻人及其家庭和看护者（技能：协商和谈判）。识别每个参与方希望实现的目标，以期达成对儿童或年轻人最可能的和公平的结论。

Measuring outcomes for each child
N21
This presentation focuses on change for the children and families we work with. Often families who come to us for services have so little self-confidence, or are so beset by difficulties, that they feel they can not achieve any change. If we can demonstrate or show to them that things are getting better, and that it is the efforts that they have made, which has caused this change, this is hugely significant for their motivation and sense of having some control over their lives.

Having an outcomes focus helps us to assess children’s needs, plan our work and review whether our activities have brought about change. This is important in all our work with children including those experiencing neglect. Farmer and Lutman (2010) state that:

‘…the children who had experienced the most severe neglect had the poorest outcomes… There needs to be more clarity about how to make a case in care proceedings for neglect cases and a way of working which builds up evidence of children’s progress or lack of it…’

Learning outcomes.

There are many definitions of outcomes with subtle differences in their emphasis. For example, at time outcomes may refer to improvements in a child’s health or development, but some outcomes may impact on the parent’s capacity to parent, which impacts positively on the child, whereas other outcomes for parents may not. In this presentation, we are looking at changes for children and families as a result of our services or activities.

Our starting point is that outcomes are about the effects of what we have done to improve the child’s health and development i.e. our interactions and not just about the services that have been delivered.

This is illustrated in the following quote (see next slide).
Liz Hoggarth, a senior research fellow of the Youth Affairs Unit at De Montfort University, Leicester, has written and trained on outcomes evaluation, especially for those working with children and young people in statutory and third sector organisations (Hoggarth and Comfort 2010).

In this presentation we will consider the benefits of an outcomes based approach, how it can form part of everyday practice and what resources and measuring tools are available to help us in our work. The presentation will focus on outcomes and neglect, highlighting the importance of professional knowledge and research.

Bullet Point 2: Keeps us focused

All research into effective interventions for neglect stresses the significance of a longstanding relationship with a trusted professional and the need for long-term support services. Neglect is often chronic in nature, involving a complex interplay of entrenched family difficulties. Long-term professional commitment may contribute to the building of more secure family attachments.

Frequently, long-term work is associated negatively with the idea of dependency. Research suggests this can be avoided through the use of agreements, goals and reviews. We need to ensure that the passing of time does not de-sensitise practitioners to the neglect suffered by children and that their outcomes are monitored and evaluated to prevent drift.

Bullet Point 3:

Help assess parents’ ability to respond to a child’s needs

Assessing the ability of parents to change is extremely difficult and most effectively carried out by professionals from a range of disciplines. However, most parents who neglect their children want to be good parents and have strengths that can be harnessed. An outcomes focus helps us assess parental ability to change.
Relevant, comprehensive information is crucial in neglect cases - it can be helpful to use the analogy of a jigsaw puzzle with different information fitting together to assist us to make sense of the whole picture.

However, reams of irrelevant information and recording can draw attention away from the significant issues. Good practice highlights the importance of keeping a chronology or record of significant events and incidents. This evidence provides a clear indication of family history and need, which in turn helps to inform the setting of measurable outcomes for the child.

Discussion point: Before showing Slide 9, ask participants to quickly identify different types of evidence. These might include:

- **Recorded observations**: for example, the house has been clean for a week, child has attended nursery regularly on time. This can include observations from others; for example, team around the child, professionals, neighbours.

- **Standardised assessment**: for example, completion of Parenting Daily Hassles Scale in the Family Pack of Questionnaires and Scales (Department of Health, Cox and Bentovim 2000). These can be used as a measurement tool. The Strengths and Difficulties Questionnaire is a validated behavioural screening tool for use with 3-16 year olds (Goodman 1997).

- **Testimonial**: which can include feedback from the child/parent or from others, for example, a teacher or neighbour.

- **Numerical**: quantitative, for example, school attendance, or the height and weight of a child. However, it is important that this evidence is strengthened by other information, for example, indicating how the child presents at school and is able to take up learning opportunities.

- **Objective**: when working with neglect, it is important to build evidence of children's progress, or lack of it, including children’s height and weight gains, and developmental progress in reaching milestones.
Part of measuring change is about communicating effectively with children. Lefevre (2010b) has developed a ‘taxonomy of core capabilities for effective communication with children and young people’. These fall in to 3 domains:

- knowing
- being
- doing.

Knowing includes:

- Knowledge and understanding about child development.
- The impact on communication of the child’s inherited traits/imperfections/capabilities.
- How adverse experiences affect children.
- The purpose of communication.
- How social work role and task may affect communication.
- Appropriate methods, models and skills.

Being includes:

- Emotional and personal capacity and value base and ethical commitments.
- Treating children as competent with a right to participate.
- Being respectful and reliable.
- Taking an anti-oppressive approach.
- Recognising one’s own feelings.
- Being sincere, honest, congruent, open.
- Showing warmth, humanity, humour, enthusiasm.

And Doing includes:

- Skills and techniques for communicating with children.
- Being child centred.
- Going at the child’s pace.
- Listening.
- Using play.
- Using a variety of tools.
The starting point for identifying the outcomes is an assessment of a child’s developmental needs and their parents’ capacity to meet those needs. Thinking about providing services before an assessment can lead us into thinking about our assessment as an assessment of eligibility for a service.

While this is important, it is not an assessment of a child’s developmental need. If a parent is neglecting their child we need to understand why it is happening and what are the causes of the neglectful behaviour.

Only then can we state what we hope to change (our outcome) and the means by which we intend to do so (our outputs or service).

Establishing what unmet need exists requires us to assess the child, their parents’ capacity and the family and environmental factors, and to gather information from them and others involved with their family to analyse this information and draw on what research tells us.

It is most important that an outcomes based approach should be part of every day practice. It is part of the assessment, planning, intervention and review cycle and processes that underpin work with children and families irrespective of our professional backgrounds.

From Farmer and Lutman (2010):

Returning children to their parents. There needs to be more clarity with parents about what changes need to be made, over what timescales before children are returned to them, with a clear contingency plan which is actioned if changes are not forthcoming, together with intensive packages of assistance.

Parental alcohol and drugs misuse. Practice in cases where parents misuse alcohol or drugs needs to include clear expectations that parents will be required to address their substance misuse before children are returned to them and that their use of substances will be closely monitored and reviewed before and during return. In addition, more access to treatment for parental substance misuse problems is required.
In our work, we should aim for long-term outcomes, but we stand more chance of achieving these and being able to measure and evidence change if we break down the long-term outcomes into outcomes that are planned in smaller, practical and more achievable steps. These are known as SMART outcomes, and should lead services towards their final goals – the long-term outcomes and overall aims.

It is important that when working with neglect, that the outcomes have clear timescales and are subject to regular review. This helps prevent drift and guards against workers becomes ‘de-sensitised’ for example, considering a child to be smelly but happy (there was a case where a child died of septicaemia due to having dirty nappies).

It is important to ensure that a rule of optimism is not triumphing over the evidence (Brandon et al. 2009). Ineffective interventions over a long period of time can lead to children not being safeguarded. If the outcomes are SMART, then practitioners are more likely to recognise child protection concerns, take statutory action to effect change leading to better long term outcomes for children.
Remind participants that baseline assessments, ongoing assessment and reviews with accompanying recording are powerful measurement tools.

Remind participants of things to remember, including that measurement tools are there to assist professional judgement, not to replace it. Checklists and similar tools should not be used just for the sake of it. They should be used because they make a contribution and they can help.

**Case specific measures**

At its simplest practitioners need to establish case specific baselines at the start of intervention with a child or young person i.e. what was s/he like before they had any help from the service?

Then at each point of review the same questions need to be asked again and the impact of the intervention should be plotted in relation to whether it has impacted upon the child or young person’s developmental progress.

**Make these measures attractive**

Tools have to be designed with the target audience in mind, and use age appropriate language and images; for example, cartoons and pictures, and smiley faces for children. A simple visual aid to use is a ladder.

**Be consistent**

If the ladder is used, it has to go from a baseline at the bottom to where it is hoping to get to at the top. They should be used consistently with all children and families so that data can be aggregated. Numbers or symbols can be used to identify where the person is on a scale.

**Useful questionnaires and scales**

Useful questionnaires and scales are included in the pack (Department of Health, Cox and Bentovim 2002).

**Strengths and Difficulties Questionnaires (SDQ)**

*The Strengths and Difficulties Questionnaire (SDQ)* is a brief behavioural screening questionnaire about 3-16 year olds and provides information about a child’s behaviour, concentration, emotions and relationships with other people. Scores help to identify areas of particular concern and the need for support or further assessment, but do not constitute a diagnosis in itself.

The Goodman's SDQ is recognised by other professionals as a qualitative measurement tool and local authorities are required to use it with looked after children.

**Home Conditions Scale (The Family Cleanliness Scale (Davie et al. 1984))**. This scale helps with assessing the living circumstances of a child.

**The Parenting Daily Hassles Scale (Crnic and Greenberg 1990; Crnic and Booth 1991)**. This scale aims to assess the frequency and intensity or impact of experiences that can be thought to be a ‘hassle’ to parents. It has been found that parents generally like filling this scale out, because it touches on many aspects of being a parent that are important and familiar to them.
The Outcomes Star™ created by Triangle Consulting is a tool for measuring change over time when working with vulnerable people. A star is used to represent the whole person with each axis reflecting a key area against which progress can be assessed. This slide shows the version for work with parents/carers.

The Outcomes Star™ measures progress for children and families receiving support in order to maximise independence or achieve other goals. There are different versions of the Star for different sectors (for example, homelessness, substance misuse, mental health, young people and families.)

However all versions consists of a number of scales and a Star chart onto which the children and families score on each scale is plotted. The attitudes and behaviour expected at each of the points on each scale are clearly defined in detailed scale descriptions and summary ladders giving the scores some objectivity. These descriptions are based on an explicit model of change that creates coherence across the whole tool.