Building a better outcomes framework for families:

A story from the Mallee

‘Seeking solutions, shaping Success. Towards stronger more caring communities’.
Agenda

• Overview of and our work together to develop an outcomes management approach for the children of the Mallee

• Discuss why and how we undertook this project and what the results were

• Highlight key challenges and lessons learnt and answer questions
We wanted to build an effective outcomes management approach across the Communities for Children (CfC) and Children and Parenting Support (CAPS)

- Our work together focussed on four key areas:

1. A review of MFC’s current approach to outcomes measurement in CfC and CAPS

2. A new co-designed Better Outcomes Framework for CfC and CAPS

3. A guide to embedding the Better Outcomes Framework with specific Programs and Community Partners

4. Overall recommendations for developing outcomes management across CfC and CAPS

Phase 2 – Embed
Mallee Family Care (MFC) had three key drivers in exploring how outcomes management can prove and improve client outcomes.

On 1 July 2015, DSS introduced the SCORE rating system and for CfC has a requirement that 30% of funded activities are Evidence-Based Programs (this requirement went up to 50% in July 2016).

MFC and Community Partners were keen to understand how outcomes measurement can be used to prove and improve your work.

MFC and Community Partners were committed to collecting and evaluating client outcomes to ensure the best possible outcomes for clients.

MFC has now developed an outcomes framework for the Communities for Children and Children and Parenting Support (CAPS) funding streams.
The Better Outcomes Framework was developed to be aligned with both Department of Social Services’ SCORE and ARACY’s the Nest Framework

Rationale:
• To ensure that the outcomes we measure can more easily be input into the DSS SCORE platform
• To ensure that MFC's outcomes framework is developed in-line with best-practice thinking in the area of child wellbeing
• To ensure that MFC's outcomes framework is consistent with other providers
Effective outcomes management requires the right systems, staff, skills, structure and culture

**Systems:**
- The processes and procedures of the company.
- They reveal business’ daily activities and how decisions are made.
- They determine how business is done - they should be the main focus for managers during a change process.

**Culture:**
- Reflects management style of company’s leaders.

**Structure:**
- Represents the way organisational divisions and units are organised.
- Includes the information of who is accountable to whom.

**Staff**
- Type and number required to function well.
- Approach to recruitment, training, motivation and retention.

**Skills**
- The things an organisation’s employees do well.
- Includes capabilities and competences.
- Skills and competencies need to be fully aligned with any new strategies, structures, or service offerings.

*Adapted from [McKinsey’s 7S Framework](#) of organisational effectiveness, where Systems includes IT and other key processes, and Culture refers to Shared Values and Style combined.*
Mallee Family Care’s Better Outcomes Framework is underpinned by a logic model that links activities to outcomes and ultimately impact.

### Mallee Family Care's Better Outcomes Framework

<table>
<thead>
<tr>
<th>Issue</th>
<th>Participants</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key issue(s) that this programme / organisation addresses</td>
<td>Participants take part</td>
<td>in an activity</td>
<td>leading to immediate consequences</td>
<td>Short and long term consequences</td>
<td>Impact on the issue(s) addressed</td>
</tr>
</tbody>
</table>

**First**

**Inputs**

What money and resources do we use?

**Indicators**

How you will measure or observe the Outcomes

**Then**

**Outcomes**
The Framework draws on the ecological model of child development – also used by the AEDC – to measure outcomes for children, families and the community.

Participants identified in Mallee Family Care workshops

- **Service providers** working with the children and families above
- **Parents, carers and families** of the children above
- **Children** in the Swan Hill, Mildura and Buloke communities aged 0-12 (especially those from vulnerable backgrounds*)

ARACY report
http://www.atsdr.cdc.gov/communityengagement/pce_models.html
We co-designed an over-arching ‘Child Outcomes Logic Model’ that highlighted the data that Mallee Family Care and its partners need to collect.

**Issues**
- Our children are not always able to reach their full potential
- Parents, carers, and families sometimes lack the support and skills they need
- Service providers often work in isolation

**Participants**
- Children (aged 0-12^) in the Swan Hill, Mildura, and Buloke LGA communities (especially those from vulnerable backgrounds)
- Parents, carers and families of the children above
- Service providers working with the children and families above

**Activities**
- Breakfast clubs
- Child and youth support programs
- Playgroups
- Parent programs
- Community connection work
- Sector support and integration

**Outcomes**
- Improved nutrition and healthy lifestyles
- Improved early childhood development and school readiness
- Improved child emotional wellbeing and emotional wellbeing
- Improved participation in school education
- Improved educational performance
- Improved child relationships and communication
- Increased parental confidence and capacity
- Increased parent / family engagement in child learning
- Improved parental emotional wellbeing
- More positive, supportive family environment
- Increased community connections
- Improved partnerships and more supported schools
- More integrated and culturally competent service delivery

**Impact**
- Our children are healthy, happy and reach their full potential
- Our families are stronger and more supportive
- Our service providers are more collaborative
- Our communities are more nurturing and inclusive

**Inputs**
- DSS funding (CAPS & CfC)
- Partner time & money
- Volunteer time

Closely linked to MFC’s CIC Priority Areas
Each of the 15 outcomes was coded to the domains of ARACY’s the Nest.
Our children are not always able to reach their full potential

Children (aged 0-12) in the Swan Hill, Mildura and Buloke LGA communities (especially those from vulnerable backgrounds)

- Breakfast clubs
- Child and youth support programs
- Playgroups

Added service availability, awareness, access and referrals

Improved nutrition and healthy lifestyles
Increased parent / child attachment
Increased play time between children & parents

Improved early childhood development and school readiness

- Improved child emotional wellbeing and emotional wellbeing
- Increased participation in school education
- Improved educational performance
- Improved child relationships and communication

Our children are healthy, happy and reach their full potential
Our families are stronger and more supportive
Our service providers are more collaborative
Our communities are more nurturing and inclusive

Inputs
- DSS funding (CAPS & CfC)
- Partner time & money
- Volunteer time

Key: high-level outcomes are coded to the domains of ARACY’s the Nest

Healthy | Learning | Loved and safe | Participating | Systems & Environment

Closely linked to MFC’s CIC Priority Areas
another is primarily focussed on parents, carers and families
and a final set of outcomes is primarily focussed on service providers
Three key insights can be drawn from MFC’s Better Outcomes logic model

**Access to services is the springboard to a range of outcomes**

- This critical early outcome was seen as springboard to a range of other outcomes across the “Healthy”, “Loved and Safe”, “Learning and “Systems and Environment” domains
- Service availability, awareness, access and referrals need to be captured

**Health/education (other domains) are inter-related and self-reinforcing**

- All of the five outcome domains are inter-related, suggesting that child wellbeing requires activities across a range of areas
- For MFC’s CfC and CAPS programs health and learning were particular self-reinforcing

**Two main outcomes are the cornerstones of MFC overall logic model**

- The most critical linkages in the logic model lead to and stem from just two main outcomes

  - Improved early childhood development and school readiness
  - Increased parental confidence and capacity
To measure the 15 identified outcomes a strong set of indicators was developed through a consultative process.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Participants</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key issue(s) that this programme / organisation addresses</td>
<td>Participants take part</td>
<td>in an activity</td>
<td>leading to immediate consequences</td>
<td>Short and long term consequences</td>
<td>Impact on the issue(s) addressed</td>
</tr>
</tbody>
</table>

**First**

**Inputs**

- What money and resources do we use?

**Then**

**Indicators**

- How you will measure or observe the Outcomes
Initially we are focused on measuring just 10 priority indicators.

<table>
<thead>
<tr>
<th>TAMARIKI OUTCOME</th>
<th>INDICATORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved early childhood development and school readiness</td>
<td>Number / % of children developmentally vulnerable (below the cut off in ASQ3)</td>
</tr>
<tr>
<td></td>
<td>Number and % of children participating in degree-qualified ECE before starting school (3-5 years)</td>
</tr>
<tr>
<td></td>
<td>Hours per week of attendance in ECE (3-5 years)</td>
</tr>
</tbody>
</table>

### Example

- **Issues**: Our children are not always able to reach their full potential.
- **Participants**: Children (aged 0-12) in the Saran Hill, Mildura and Buloke LGA communities (especially those from vulnerable backgrounds).
- **Activities**: Breakfast clubs, Child and youth support programs, Playgroups.
- **Outcomes**: Improved nutrition and healthy lifestyles, Improved early childhood development and school readiness, Improved child emotional wellbeing and emotional wellbeing, Improved child relationships and communication, Increased participation in school education, Improved educational performance.
- **Impact**: Our children are healthy, happy and reach their full potential; Our families are stronger and more supportive; Our service providers are more collaborative.
Overall our 10 priority indicators can be measured with a set of five key tools

<table>
<thead>
<tr>
<th>OUTCOMES</th>
<th>PEEM</th>
<th>Intake / exit forms</th>
<th>VicHealth Partnerships analysis tool</th>
<th>ASQ3</th>
<th>SDQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased service availability, awareness, access and referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased parent / child attachment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased play time between children &amp; parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased parental confidence and capacity</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved partnerships &amp; more supported schools</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved early childhood development and school readiness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More positive, supportive family environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved child emotional wellbeing</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improved child relationships and communication</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>Increased community connections</td>
<td>✔</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
MFC’s Better Outcomes Framework will collect outcomes data at three distinct levels

Outcomes data:

1. **Limited set of outcomes data entered into DSS SCORE** (beginning with CAPS and growing over time and in-line with funding requirements)

2. **Complete set of outcomes data based on the MFC’s Better Outcomes Logic Model** (beginning with priority indicators and growing overtime)

3. **Complete set of outcomes data based on the Program Logic of each CP or relevant Mallee program**

CP = Community Partners
MFC = Mallee Family Care’s own programs

CP*1  CP*2  CP*3  CP*4  CP*5  MFC

DSS SCORE
CAPS  CfC

MFC’s Better Outcomes Framework

New common outcomes platform
MFC will also want to evaluate and report on outcomes achieved by considering geography, demography and outcomes domains

- Under the Better Outcomes Framework, MFC and Community Partners may seek to compare and contrast outcomes achieved across different sites (e.g., Playgroups in Mildura vs Red Cliffs or PuP in Merbein vs Robinvale).

- Mallee Family Care may also want to evaluate and report on outcomes achieved for particular client groups (e.g., indigenous vs non-indigenous, pre-school age children 0-5, and post-school age children).

- To provide an overall picture of the outcomes being achieved for children of the Mallee region, MFC may seek to report on aggregate ‘Learning’ outcomes (more example total numbers of positive shifts achieved across the four key Learning outcomes).
We then went back into the community to embed the Better Outcomes Framework within Programs & Community Partners.
We held workshops together to help our Community Partners to answer the following three simple questions

1. How do we select outcomes?
2. How do we prioritise these outcomes? i.e. which ones are most important and which ones should we focus on measuring.
3. How will we measure these outcomes
   a) What indicators will we use?
   b) What measurement tools will we use?
We have developed an overarching Better Outcomes Framework and we continue to embed it across the CfC and CAPS programs in the Mallee.

**Step 1 – Develop**
Nov 2015 - Feb 2016

The Better Outcomes Framework has been developed (as outlined in Section 2 above and in the Outcomes Spreadsheet).

**Step 2 – Embed**
March – June 2016

Mallee now needs to embed the Framework by taking action in three main areas:

1. **Systems**
2. **Staff & Skills**
3. **Structure & Culture**

**Step 3 – Launch**
July 2016 – June 2017

In this Phase Mallee will launch the data collection approach highlighted in the Outcomes Framework.

**Step 4 – Evolve & Evaluate**
Ongoing

In this Phase Mallee will evolve the Better Outcomes Framework in response to feedback from relevant stakeholders and undertake program specific evaluations (eg SROI).

* Adapted from McKinsey’s 7S Framework of organisational effectiveness, where Systems includes IT and other key processes, and Other captures Structure, as well as Shared Values and Style (i.e. culture).
There are three main lessons we learned throughout this project

Lessons learned

- Getting buy-in from front-line workforce is essential – the systems need to work for them
- Developing a shared outcomes framework requires significant investment (time and money)
- Taking a long-term perspective and keeping it simple can contribute to the uptake of outcomes frameworks

Learn more from the SVA Quarterly
Questions?

Continue the conversation started here today and access a range of related resources on the CFCA website: