

Outcomes Framework

out come. *noun.* ('aut-kem) Something that follows as a result or consequence.



About the Children's Outcomes Project

The Children's Outcomes Project (COP) promotes the work of integrated, multi-sector, place-based initiatives to improve the health and well-being of children. The COP is funded by Nemours, The California Endowment and an anonymous donor and was launched in 2009. The purpose of the COP is both to inform policy and advance promising practices through its collective experience in communities and states and its range of expertise across child-serving systems and different levels of government.

Children's Outcomes Project Initiatives

At the core of the Children's Outcomes Project (COP) is a **learning community** made up of eight state- and community-based initiative teams and a group of national program and advocacy experts. Each team is pursuing strategies to promote integrated, multi-sector, place-based initiatives across the country — in Alameda and Orange Counties, California; in Colorado, Connecticut, and Delaware; in Palm Beach County, Florida and Evansville, Indiana; and in Montgomery County, Maryland.

(See the box on page 3 for a compilation of each initiative's vision/mission statement.)

A Goal of Shared Language, Outcomes, and Measures

Although each state and community initiative is unique in its approach and emphasis, this summary highlights common outcomes shared across the initiatives. Aligning multiple, disparate efforts behind **shared outcomes and measures** offers many opportunities for advancing the types of promising practices and

CHILDREN'S OUTCOMES PROJECT (COP) GOALS

- Create and sustain a learning community
- Advance innovative policies and practices at the community and state levels
- Work collaboratively to inform federal policy

Types of Outcomes

Specific outcomes for each initiative were grouped into seven overlapping domains:

- health
- safety
- early learning and education
- social, emotional, and developmental thriving
- parent and family support
- economic well-being/stability
- capacity and infrastructure

Health – All 8

All eight teams included specific health-related outcomes

Learning/Education – 7

Seven teams included specific outcomes related to early education and school readiness/performance

Economic Well-being – 5

Five teams specifically addressed economic well-being and stability

Social/Emotional/Developmental Thriving – All 8

All eight teams included outcomes related to social-emotional and developmental well-being

Capacity/Infrastructure – 7

Seven teams included specific outcomes recognizing the need for investments in basic capacity

Parent/Family Support – 6

Six teams included outcomes specific to engaging and supporting parent and families

Safety – 3

Three teams included outcomes related to safety, including injury prevention and child abuse/neglect

system-wide changes that COP envisions, as well as for monitoring and tracking progress in spreading these practices and taking them to scale through state and federal policy initiatives. An additional COP goal is to foster a **common language** among the many individuals and organizations committed to improving children's health and well-being.

A Few Caveats . . .

Each state/community team defines goals, outcomes, and strategies in its own way. In some cases, one team's goals might be another team's outcomes. In addition, some teams included specific indicators within their outcomes (e.g., a target for increasing the number of insured children, or decreasing the percentage of children who are obese), while others did not.

For this summary, we used a broad definition of outcomes. We included any intended or anticipated results that were either specifically labeled "outcomes," or were goals stated in a way that made them comparable to outcomes described by other teams. The purpose of this summary is to identify areas of overlap — no matter how goals and outcomes are defined.

We also relied on goals or outcomes that had been captured in writing — most typically, in a logic model, evaluation plan, or planning document. This caveat leads to a few others. First, it represents a snapshot in time — a snapshot that, for some, quickly becomes outdated. For example, some of the community initiatives described in this paper already have shifted their scope within a few months of preparing these documents. From the perspective of the Children's



Outcomes Project, this is often a sign of progress, because it means that teams are adjusting their aspirations in various ways in response to data, innovative ideas, or pragmatic lessons learned about what is and is not realistic.

A more important caveat is that the language of goals and outcomes — especially as captured in logic models and reports — does not always do justice to the



COP Initiatives' Vision and Mission Statements: A Shared Vision of Children's Health and Well-being

ALAMEDA COUNTY, CA
 First 5 Alameda County, CA
 Every Child Counts

Every child will have optimal health, development, and well-being to reach his or her greatest potential.

COLORADO
 Early Childhood Colorado Framework
 All children are valued, healthy, and thriving.

CONNECTICUT
 Community Planning Partnership Initiative
 To support local communities to develop and implement a comprehensive, community-wide plan for young children from birth through age 8 that encompasses early care and education, social, emotional, behavioral and physical health and family supports.

DELAWARE
 Nemours Health and Prevention Services/Partnering for Change
 Optimal health and development for all children.

FLORIDA
 Children's Services of Palm Beach County
 To be innovative leaders creating communities in which children reach their full potential.

INDIANA
 EVSC School-Community Council/Center for Family, School and Community Partnerships
 To establish schools as places of community to enhance youth and family development.

MONTGOMERY COUNTY, MD
 Linkages to Learning/Teaming for Excellence
 Children will be academically successful, healthy, and safe and prepared to be productive citizens.

ORANGE COUNTY, CA
 Children and Families Commission of Orange County
 Orange County's young children need safe, supportive and nurturing environments to be healthy and ready to succeed in life.

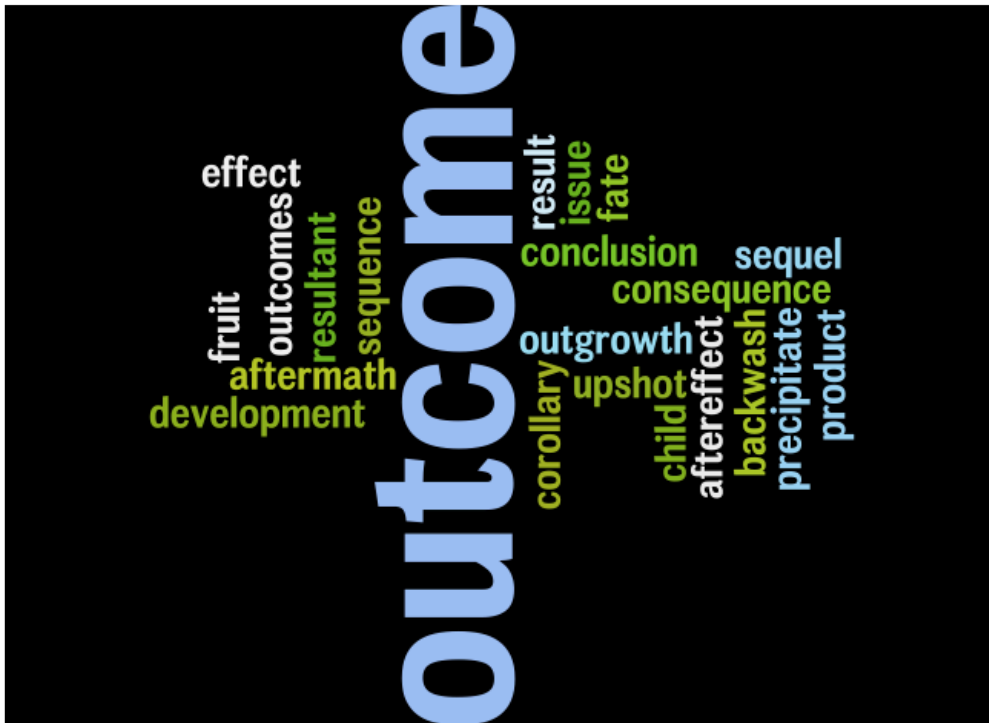
profound, aspirational systems changes that many community initiatives hope to achieve. Addressing inequities between neighborhoods and regions (in social capital, health, education, income, services, political voice, or many other indicators) is one example of an outcome or goal that inspires much of the work, but is not necessarily named explicitly in logic models. Changing entire systems to become more responsive to the needs of children and families is another example.

Because these types of changes — a more equitable distribution of resources, or more responsive and effective systems — are often complex and hard to describe and measure, they do not always appear in documents that focus on specific indicators and tangible signs of progress. However, we recognize that these dimensions are vital and help to bring to life the work of community teams. A section at the end of this summary explores

some of the ways COP teams are thinking about broader and more complicated outcomes, particularly changing the systems in which they operate.

Health Outcomes

All eight initiatives included specific health-related outcomes, recognizing the critical role of addressing health and development early in life. Some health outcomes were embedded in others. For example, a combination of insurance coverage and medical homes was seen as a precursor to many other health outcomes, which included well-child exams, access to prenatal and postnatal care for mothers and babies, preventing childhood obesity, increasing immunization rates, addressing oral health, and controlling specific conditions (particularly asthma).



Social, Emotional, and Developmental Outcomes

All eight initiatives listed outcomes in these domains, recognizing how social, emotional, and developmental progress are key components of children’s health and well-being outcomes. In particular, several teams’ outcomes linked social and emotional competencies (e.g., to form positive relationships and self-regulate behavior in school) to other educational outcomes. Similarly, teams recognized the need for early screening to detect developmental delays and other problems, as well as referrals to high-quality services – again, linking to outcomes related to capacity and infrastructure.

Early Learning and Education Outcomes

All but one initiative included outcomes directly related to early child care and education, school readiness, academic achievement (especially through the juncture of third grade, or ages 8-9), and classroom behavior and self-regulation (including reaching developmental milestones and overlapping with access to social/emotional health resources).

Indiana’s community initiative is focused intensively on providing access through schools to programs and services that promote the health and well-being of children. Hence, their school-related outcomes were more specific than others’ and extended past elementary school and into post-secondary education and achievement.

Sample Outcomes in Each Category

Health

Increase the percent of children in a healthy weight range

Learning/Education

Decreased gaps in school readiness and academic achievement between populations of children

Social, Emotional, and Developmental

Children reach appropriate developmental milestones from birth to age 8

Parent/Family Support

Parents see themselves as partners with child health providers in promoting healthy development

Capacity/

Infrastructure

Increased knowledge, skills and capacity of providers who serve children 0-5

Economic Well-being

Increased availability of resources and supports, including financial and legal, to promote family self-sufficiency

Safety

Children are safe from abuse and neglect

Early childhood and school-related outcomes recognized the connection to capacity and infrastructure, often paralleling outcomes related to provider education, quality standards, and schools' readiness to support their students (in terms of transition planning, records transfers, and referral networks).

Closing gaps and disparities in achievement was a focus of Colorado's learning/school-related outcomes.

Capacity and Infrastructure

As noted earlier, teams recognized that achieving outcomes in any of the other domains would require parallel achievements in capacity and infrastructure. Training providers who serve young children (Alameda County), making high-quality programs available (for example, early childhood education in Florida or mental health screening in Colorado), working more closely with parents, helping more settings meet accreditation and quality standards (Orange County), linking fragmented services in more coordinated ways (Montgomery County), providing medical homes to children and families (Connecticut and Florida) — all of these require significant changes in existing capacity and investments in infrastructure. Moreover, in order to make a lasting difference and affect systems, these changes must be sustained and spread until they are more universally (rather than episodically) available. All of these notions appear in the capacity/infrastructure outcomes specified by the initiatives.

Parent/Family Support

Most of the teams addressed the struggles that parents and families experience as they do their best to raise healthy, happy and productive children. Examples included making parenting education available to share knowledge about developmental stages and how to nurture and support young children (Florida and Orange County, CA), engaging parents as partners (Connecticut, Indiana) and leaders in community and policy work, giving families better tools to select quality early child care programs (Colorado), and improving parent-child bonding as a means of decreasing maternal depression (Florida). Many of these outcomes overlap with those in the capacity/infrastructure domain, because making services and supports available to parents and families would in turn require changes such as broader access to quality services and professional development for providers.

Economic Well-being

The word "poverty" itself did not appear in the outcomes, but the concept was a presence nonetheless. Outcomes related to helping parents meet basic needs (Florida and Alameda County, CA), achieve self-sufficiency and independence (Colorado and Montgomery County, MD), and gain stable housing (Orange County, CA) for themselves and their families were common.

Safety

Safety outcomes were not as commonly specified as other categories, but may also have been implicit in other outcomes (e.g., "enhanced parenting support"). The three initiatives that specifically addressed safety outcomes included reducing child abuse and neglect (Florida and Orange County, CA) and out-of-home placements (Colorado) among their intended outcomes.



Beyond Child-specific Outcomes: Looking at Systems Change

As noted above, initial discussions about the seven domains of outcomes revealed that some important, fundamental outcomes across the COP teams were missing. Systems change is the most common example of a missing, yet important, shared outcome.

In part, this is because outcomes such as systems change are difficult to describe and measure, so they tend to be omitted from logic models and evaluation reports (from which the initial lists and categories of COP initiative outcomes were drawn).

In addition, some broader outcomes are embedded in the more specific categories described above (such as systems changes alluded to within capacity and infrastructure outcomes).

To explore the different ways that COP teams are thinking about broader outcomes in general, and systems change in particular, we conducted a series of discussions and interviews.

Guiding Frameworks

Two frameworks that have been discussed and shared within the COP learning community have influenced an expanded view of the scope of COP outcomes: Results-based Accountability™ and Collective

Impact. As Deitre Epps notes in her paper on the substantial overlap between these two approaches,¹ both try to foster a shared vision or purpose (in Collective Impact, a “common agenda”) as well as the shared measurement systems and accountability that accompany a truly shared vision.

Engagement in Systems Change

The COP initiatives view themselves as engaged in some type of systems change. They recognize that existing systems for children and families are not working optimally for anyone: for the children and families themselves, for the constellation of programs and services within systems, or for the policy makers and elected officials trying to make informed decisions about where to invest scarce resources most effectively.

Defining and Measuring Systems Change

Although COP teams recognize their engagement in systems change and its necessity for their work, they struggle to define and measure outcomes related to systems change. Some specific challenges include identifying where a system starts and stops. “What’s our sphere of influence?” asked one COP team

member, noting that “systems” for children and families necessarily cross silos and sector walls built to protect the turf of health, education, child welfare, juvenile justice, economic development, and others.

A related question is the scope of systems in terms of children and families. Although many COP teams are connected by their work with children, some define childhood as early childhood, while others (especially those involved in education) extend to high school and beyond. “When and how is the loop closed?” asked one COP team member. “Is it when there’s a referral? When the family keeps moving to a solution?” For the purposes of tracking outcomes, these are difficult questions.

Regardless of how they define “children,” COP teams and the systems in which they operate work with parents and caregivers, extending their reach to adults, neighborhoods, communities, and systems — but do not necessarily track outcomes in each of these areas. In Orange County, California, the COP team includes attention to “Life Course” as a way to capture the impact of a mother’s health on her child’s healthy birth and future health status (including health disparities).

¹ Epps D. 2011. Achieving “Collective Impact” with Results-Based Accountability™. Results Leadership Group. Available from: www.resultsleadership.org/documents/RLG_Collective_Impact.pdf.

COP Examples of Systems Change

Despite these challenges, several teams have made progress in defining systems change and outcomes related to those changes.

For example, in **Montgomery County, Maryland**, the Department of Health and Human Services (DHHS) embarked on a long-term transformational effort to integrate and coordinate service delivery across four County departments in 1996 — an effort that is still underway. The goal was to focus on the experiences of DHHS customers across 27 different program sites, sharing information and data to such a degree that customers would tell their story just once (no matter how many different service needs or departments they engaged). This “no wrong door” approach is expected to yield a series of outcomes for DHHS customers (such as earlier identification of individual and family needs, faster delivery of services, improved client functioning and satisfaction) as well as outcomes for the system overall (such as reductions in recidivism, lengths of stay in services or treatment, and improved cooperation across partner programs).

In **Colorado**, an Early Childhood Colorado framework identifies six “foundations” for the work (which attempts to align

state-level work with that of local Early Childhood Councils across the state): building and supporting partnerships, funding and investing, changing policy, building public engagement, sharing accountability, and generating education and leadership opportunities. These foundations are described as “critical systems building elements, essential to reducing the long-standing fragmentation of policies and programs serving young children and their families.” Colorado COP team members find the foundations and their descriptions to be powerful for cross-sector work and helpful for communicating the idea that “a healthy system produces population-level results,” commented one participant. Still, the details and measures — the indicators that tell us these foundations are in place, or strengthening — are elusive.

In **Delaware**, Nemours Health and Prevention Services (NHPS) has joined with health and education stakeholders to launch statewide implementation of Help Me Grow, which will streamline access to support for high-need families by changing systems to provide a centralized telephone access point; community outreach; physician outreach to support early screening and intervention; and data collection (surveillance, case management, referrals, and follow-up) to identify gaps and

barriers impeding the current system. This initiative builds on NHPS’ investment in multi-sector, systems change targeting childhood overweight and obesity that began in 2004.

Conclusion

As COP initiatives continue to respond to the different contexts in which they operate, they will continue to share their experiences within the COP learning community and beyond.

The outcomes described here represent a snapshot of the focus of COP teams’ work — a snapshot that may come into sharper focus or whose landscape may shift as COP initiatives adjust to national and state policy changes, including the implementation of health care reform.

A series of case studies and profiles is planned to continue sharing examples of how changes in policy and practice expand throughout COP communities and networks.

Regardless of what the future may hold, COP teams will continue to assess how they define, measure, and communicate about the outcomes they share not only among members of the COP learning community, but with many others investing in improving the lives of children and families.