Introducing CHILD OUTCOMES a series of bulletins on how Victoria’s children and adolescents are faring.

CHILD OUTCOMES is a bulletin of the Data, Outcomes and Evaluation Division of DEECD. The bulletins are written for professionals and researchers across health, education, community services and government. Each issue will explore aspects of children’s health, development, learning, safety and wellbeing, particularly where new information and data are available.

In this issue

The Victorian Child and Adolescent Outcomes Framework

The Outcomes Framework for Victoria’s children and adolescents includes safety, health, learning, development and wellbeing from birth to 18; reflecting an ecological model that places the child at the centre of family, community and society. In choosing which outcomes should be used to describe how children and young people are faring, the framework has relied on the best available research evidence internationally to choose those things which genuinely make a difference to children and young people, and to establish ways to measure these in meaningful ways. The Outcomes Framework provides a common basis for setting objectives and planning across the whole of government. The Victorian Child and Adolescent Monitoring System will then collect, analyse and prepare reports on relevant data against indicators for each key outcome to measure how children and young people are faring.

Background

Over recent years, the Victorian Government has consciously sought a stronger focus on improving outcomes for children and adolescents. Specific goals were included in Growing Victoria Together (Department of Premier & Cabinet 2001) and Putting Children First... the next steps (Victoria 2004) in response to the Premier’s Children’s Advisory Committee report Joining the Dots (PCAC 2004).

The Child Wellbeing and Safety Act 2005 set out explicit policy principles to guide action for all children everywhere. These principles emphasise:

- collective social responsibility for children;
- that all children need opportunity to reach their potential;
- an outcomes focus; and
- the central importance of parents.

It is within this high level authorising environment that the Victorian Child and Adolescent Outcomes Framework was developed. It sets out to name and describe the outcomes that matter for Victoria’s children and young people and underpin reporting and monitoring. The framework covers the whole of childhood, from before birth and through to adulthood (to age 18 years).

The framework represents a whole of government approach, and involves collaboration between departments in the specification of outcomes and indicators; in the collection of data; and in reporting annually to Cabinet via the Children’s Services Coordination Board.

The Victorian Government is committed to lead action across the community and ensure children are given a higher priority across all Government policies, programs and activities. The framework therefore provides a common basis for setting objectives and planning across the whole of government.

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Why focus on outcomes for children?

Figure 1 Government levers

The focus on outcomes presents an opportunity to shift the focus of policy and programs away from the more traditional process-related output indicators. This also requires a shift in thinking beyond existing services. It is important to consider the full range of levers of government (Figure 1) that can make a difference to the lives of children and their families, and ultimately lead to improved outcomes. This requires shared responsibility and commitment by governments, communities and families.

For example, keeping children safe from harm and injury through falls is likely to be influenced by (1) regulation (heights of play equipment), (2) physical planning (quality play equipment and maintenance of regulations and standards) and (3) universal services promoting safe play and supervision (Public Health 2001). A focus on outcomes facilitates this type of integrated thinking, necessitating a whole of government and whole of community approach.

There is also a need to prioritise where government might place additional effort. This will take account of a range of factors, but importantly should be influenced by both data and evidence-based approaches that are most likely to make a difference. These are usually centred on outcomes, particularly outcomes that the community values. The combination of prioritising outcomes and implementing multifaceted strategies across government is most likely to lead to improved outcomes (Halfon & Hochstein 2002; Centre for Community Child Health 2006).

Why a framework?

The Outcomes Framework (Figure 3) has been designed to reflect the ecology of childhood. This approach stems from the work of social scientists who outlined the notion of systems (micro, meso, macro) or environments around the child that work together to influence outcomes (Bronfenbrenner 1979). At the centre is the child, surrounded by their family, the community that supports families, and then the societal factors that enable communities and families to support children (Figure 2).

The framework thus not only acknowledges the centrality of outcomes for children, it also highlights the other drivers that make a difference. Children's outcomes, while of direct importance, are influenced by many factors within the family, community and society. Therefore, there are many opportunities to improve outcomes, as well as challenges in better utilising these multiple spheres of influence in a more integrated and innovative way. Identification at the family or community level indicates the importance of these factors as 'determinants' or 'influencers' of child safety, health, development, learning or wellbeing (or in some cases, all of these).

For example, if we aim to improve the oral health of children (Children have healthy teeth and gums - a child outcome) we must consider action at three levels, as proposed by the Royal Australasian College of Physicians (Gussy, M, Waters, E, Walsh, O and Kilpatrick, N, 2006):

1. parents brushing children's teeth from a young age with low fluoride toothpaste after 18 months, and offering children less sweet foods (Family level action),
2. fluoridating the water supply where possible (Community level) and
3. ensuring equitable access to dental services (Society level).

We are most likely to significantly influence outcomes when we undertake activities at all levels synergistically and in parallel.

Of the 35 key outcomes included in the Outcomes Framework, 16 relate directly to the child. The remainder - eight to the family, four to the community and seven to the services available to support families - have been chosen to reflect the fact that many outcomes for children are directly related to these known features of the family and the wider society.

Figure 2 Ecology of childhood

Why these outcomes: the outcomes that matter

The work to consider which particular outcomes should be included in this framework began with a review of the best available research evidence, both from Australia and from international sources, on those issues across child health, development, safety, learning and wellbeing that genuinely make a difference to the lives of children, and frameworks that have been utilised successfully elsewhere. Through this process it became clear that supporting the proposed vision and aspirations for children was a growing body of evidence on what matters...
to children and young people; the problems that they often face; and ways in which governments and the broader community can make a difference.

In translating the research evidence into an outcomes framework it was also important that the outcomes could:

• Make a statement about children in terms of issues of direct importance to children, and issues that affect children through parents, communities, services and supports.

• Be specific enough for a series of indicators to be adopted that can provide a comprehensive picture of how children and young people are faring in Victoria.

In establishing the outcomes it was recognised that children all have particular capacities, strengths and problems and that their needs do not neatly fall into single categories, particularly in early childhood. Health, development, safety, learning and wellbeing are all essential, overlapping areas of importance to children and young people.

In this way:

• Child health implies not just the absence of disease since some disease is part of life – but protection from damage or danger as a result of disease, whether physical or psychological.

• Child development implies opportunities needed for growth, maturation and greater complexity in behaviour and interactions with others, all of which change as children grow.

• Child learning implies opportunities for interactions with others and discovery of the world, the acquisition of skills and understandings.

• Child safety implies protection from unreasonable risk of injury, accident, harm or exploitation; and that the places and the people involved in their care do not increase these risks.

• Child wellbeing implies resilience, social confidence, secure cultural identity and protection from prolonged isolation, emotional trauma or exclusion.

These categories are relevant across the whole of childhood. Development is as valuable a guide to understanding adolescence as it is in the preschool years. Risks to safety are as apparent with teenagers driving as they are with newborns sleeping. Learning is literally a lifelong process. And each of these positive outcomes extends to the related positive outcomes identified for young adults.

After considerable research and consultation, 35 key outcomes were identified. Four key principles guided the choice of the 35 key outcomes. They are:

• of known importance to children;

• relevant to all or most children;

• likely to respond to programs of intervention; and

• appropriate for government intervention or support.

Together the outcomes provide a comprehensive overview of the way in which the service system, the community and the family all interact to determine the wellbeing of children, and provide a sound basis for government planning and intervention.

In addition, four population groups have been identified that will receive particular attention, as traditional approaches often overlook these vulnerable subgroups:

• Indigenous children and families.

• Recent/high-need immigrant (including refugee) children and families.

• Families affected by disability.

• Families affected by chronic disadvantage and with complex needs (including children in out of home care).

Making a difference to outcomes: a policy approach

The framework provides a shared basis for setting objectives and planning across the whole of government in order to improve outcomes for children and young people.

Making a difference to outcomes may mean a number of different possibilities, encompassing action across the continuum from positive promotion to quite targeted interventions. For example, we can promote health and wellbeing by promoting certain healthy behaviours such as eating healthy food, brushing teeth and reading to children. It is hoped that these healthy behaviours will also contribute to decreasing rates of obesity, improving literacy levels and lowering rates of dental caries. We can also prevent some problems altogether by immunising children, ensuring children play safely and not exposing children to tobacco smoke.

Finally, we can prevent complications by making sure children with developmental problems or chronic illness receive appropriate early intervention and long term support, finding opportunities for long term stable quality care for children who are abused, and supporting parents in bringing up sometimes difficult children to ensure they all reach their potential.
There is plenty of evidence demonstrating that it is possible to succeed. For example, the past ten years have seen a substantial rise in immunisation rates (Australian Childhood Immunisation Register 2007), falls in the rates of SIDS (Department of Human Services 2006, p. 35), and far more children completing Year 12 or its vocational equivalent (Department of Education and Early Childhood Development 2007). We now detect children with hearing problems earlier than ever (Royal Children’s Hospital 2007, p. 18), and have regulated pool fencing to improve child safety and prevent child drownings (Matthews, Waters & Irvine 2005).

Such successes have required an integrated and sustained approach to change. This same approach is necessary to ensure success in improving outcomes for Victorian children as a whole.

Measuring outcomes

In addition to nominating important outcome areas, it is as essential to consider how indicators might be developed to monitor change over time. Therefore, for each of these 35 key outcomes, a number of indicators have been identified that can provide a good representation of how well Victoria’s aspirations for children are being fulfilled.

In line with best practice (National Health Performance Committee, 2004) the indicators chosen will:

- be worth measuring;
- be measurable for diverse populations;
- be understood by people who need to act;
- galvanise action;
- be relevant to policy and practice;
- reflect results of actions;
- be feasible to collect and report;
- comply with national processes of data definitions; and
- directly relate to the Outcomes Framework.

The development of these indicators, together with the establishment of reporting capacity, are major components of the Victorian Child and Adolescent Monitoring System. These will be outlined in the next Child Outcomes Bulletin.

Figure 3 The Victorian Child and Adolescent Outcome Framework
References


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