

PRACTICE

Refocusing on Outcomes

When it comes to the long-term impact of HHS policy and program delivery on individuals, families and society as a whole, it's time for a reality check.

By Martin Duggan

THE TERM “OUTCOMES” IS heavily used in our field—we use it all the time to try to express some positive trait or impact on the recipients of social services. Unfortunately, though, it has become all too often misused or misinterpreted. Let's look at what it really means and its implications on policy makers and service delivery professionals.

At its very simplest, focusing on outcomes is about significantly reducing long-term costs by eliminating the core issues people face, rather than just treating the symptoms. Examples include:

- » Reducing long-term unemployment by ensuring that people of all ages have the skills they need for the economic conditions of today and the future versus those of the past
- » Reducing crime by ensuring young people finish school and move into work immediately versus the temptation of crime
- » Reducing medical costs associated with diabetes by improving diet and exercise.

These examples and many more share the common characteristic that they involve embedded issues, have long-term impact and are tough to deal with through existing programs. They require a new approach—and a reality check on the nature of today's policy and program delivery.

Core Components of Outcomes-Focused Programs

At the most basic level, outcomes-oriented programs must encompass the following two essential philosophies:

- » The “**outcomes framework**” guides policy and program thinking—we have to reorient all policies and programs to that framework. Without ensuring that programs are designed and truly operate in an outcomes framework, the program really focuses only on producing an output, which may or may not be what the client actually requires to address his or her need.

Outcomes frameworks do exist. For example, the New Zealand Ministry of Social Development publishes an annual Social Report¹ that uses an outcomes framework to measure the success of the social programming in that country. It has clearly defined domains of interest and a clearly defined desired outcome, and it uses a set of indicators to display progress toward that outcome.

The Canadian Management Accountably Framework² provides a tool for mapping programs to outcomes. The Australian government has a strong

outcomes framework, but in reality it is aligned to a departmental model³, assuming that the outcome can be met from a single department and its programs. Until recently, the government of the United Kingdom extended the Australian model to wider Public Service Agreements⁴, which assumed the delivery would be wider than just a single department or even level of government.

- » A “**service delivery framework**” defines responsibility and accountability for delivering outcomes to the people in need. Without front-line service delivery professionals being able to bring together the complete range of services and benefits available from governments and the wider community, achieving an outcome for an individual and family is more hope than reality.

There are fewer examples of good service delivery frameworks, as most countries still operate a siloed policy, program and service delivery model. One of the earliest attempts to break that model was Centrelink in Australia, which brought together service delivery for multiple agencies. This has evolved into a broader Service Delivery Department focusing on wider human services integration.

Other examples include Service Canada, which took the principles from Australia and attempted a wider outcome-based government remodeling⁵. A more recent example is the Community Link⁶ operation in New Zealand, where various government and nongovernment organizations come together under one roof and have an Integrated Service Response Framework⁷ to deliver outcomes for people most in need.

These two philosophies—the outcomes framework and the service delivery framework—to-

gether can allow the myriad programs and services available from the governments and the nongovernment sectors to come together to achieve true meaningful progress. Without either of these frameworks, programs will be designed to produce an output that has little impact on the core issue, or they will be used in ways that provide inappropriate or inadequate impact on the core need of the individual—they might even overlap and counter yet another program.

5 Keys to Successful Outcomes-Focused Programs

To successfully implement outcomes and achieve real results for people, there are five essential characteristics that must be adopted at all levels of the policy and service delivery chain:

Invest in one area to get benefits in many.

This is a fundamental difference between the outcomes model and the traditional program model, in which you invest in a single area and expect results only in that area. For example, the U.K. Health Service (a national program organized regionally but not devolved to local government) is investing £1 billion⁸ (about \$159 billion) a year on social care (run by local government). The new vision⁹ for Adult Social Care services focuses on prevention and brings together purchasers from Regional Health Authorities and local government with suppliers to ensure that purchasers and providers all work together to improve the effectiveness and efficiency of care—for instance, to prevent the use of high-cost hospital services by providing better support at home.

Allow time to get results. Focusing on embedded social problems that typically have been neglected or even in some cases exacerbated by traditional programs requires time. In most of the outcomes frameworks described earlier, the

timeframes are from five years to twenty years. This does not mean, of course, that near-term impact cannot be achieved—it can—but many of these programs aim to address hardcore issues that have taken time to create and take time to turn around. Build realistic milestones into your plan to show progress.

Ensure that service delivery encompasses a wide variety of programs and potential interventions. In the end, the outcomes framework is only successful if it has significant impact on the ground. What quickly becomes clear is that multiple organizations (both government and nongovernment) need to be involved in service delivery. Sometimes these services can be contracted by government, but in many cases, the key is to coordinate the inputs from many to achieve the desired outcome. In New Zealand, the Community Link unites service delivery from a broad range of partners¹⁰ under one roof. In Australia, Centrelink provides service on behalf of 36 partner policy departments and other organizations¹¹.

Build in incentives and/or conditionality. One of the more challenging aspects of focusing on outcomes is that you are typically trying to change embedded behaviors. Quite often these behaviors are multigenerational and conditioned from the environment surrounding the target group. Conditional cash transfers have been used to facilitate much of the outcomes-focused work that has been undertaken in the developing world, and their use is likely to spread into the developed world over the next decade. This allows use of income-related programming to target long-term health, education and inequality issues. Where they have been used, the results¹² have often been startling. There has been a significant impact on child growth and a decline in rural infant mortality in Mexico, for example.¹³ In Bangladesh, elementary school enrollment increased as much as 17 percent due to Food for Education.¹⁴ In Columbia, secondary

school enrollment rose from 65 percent to 70 percent and from 5 percent to 10 percent in urban areas.¹⁵ It is not just the developing world that is using these incentives. New York City has been conducting trials with similar programs and the early results look favorable.¹⁶

Re-evaluate historical programs. Often, existing service delivery programs have been in place for many years and their original purpose is no longer relevant, so it is essential to revisit and refocus with a fresh perspective. Several governments around the world are reviewing their historical programs to determine if they are still current. The benefit review now being undertaken in the U.K. is a good example. The complex and often overlapping income support programs have evolved in such a way that the Coalition Government has identified two key problems with the current system: 1) Work incentives are poor, and 2) the system is too complex. A new Universal Credit¹⁷ aims to reform the 38 or so income-related programs, simplifying them and ensuring that work pays and that the withdrawal rate of the combination of benefits does not create perverse incentives. Already, historical programs have been heavily modified to focus on outcomes such as changing the eligibility model of disability benefits¹⁸ from asking “Are you disabled?” to “What work can you do?”

In Germany, the government response to the recession was not to increase or extend unemployment benefits, but to redirect current programming to encourage employers to keep skilled staff by subsidizing the employment.¹⁹ Not only was this less costly than redundancy and unemployment benefits, but it allowed employers to respond quickly to any upturn in demand.

To achieve outcomes, some element of all these characteristics must be employed. The political and popular support needs to be there to invest in new social programming and to look at the person and the family across all the

interventions that might be available. If governments can make the changes necessary to refocus on outcomes and mobilize the complete spectrum of service delivery, then it is possible to truly impact the social issues in a country, make long-term cost reductions in social programming and increase economic performance.

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