

Tool 1 - Promoting Outcomes - Is Your Vision Compelling and Outward Looking?

(Adapted from Hodson and Cooke – Research in Practice 2007)

Does your vision:	✓	X
1. Have a historical dimension		
2. Include the need for change and promote benefits for stakeholders		
3. Link to current national and local frameworks		
4. Set out better outcomes for children and families		
5. Explain what will look different in terms of services, behaviours, skills and systems		
6. Have emotional content (how people will feel)		
7. Set out clear indicators for change that will be measured		
8. Promote aspirations for a better future		
9. Appeal to higher values and beliefs		
10. Define direction rather than process		
11. Relate to all stakeholders		
12. Summarise as a short tag-line		

Tool 2 – Audit Tool to check if outcomes-based leadership principles are embedded within your current leadership development framework

Does your leadership framework:	✓	X
1. Set a Clear, Compelling and Shared Vision (refer to Tool 1)		
2. Set Realistic Direction and Strategy with a robust expectation of developing an outcomes-approach		
3. Consult and engage with all stakeholders from the outset to shape developments		
4. Identify key indicators or success measures		
5. Promote systemic corporate and partnership working with a move away from silo working		
6. Agree specific lines of accountability for regular monitoring of progress		
7. Promote and model a culture of participation of children, young people and their families which is modelled, shared and understood at all levels		
8. Establish a culture of outcomes though leading by example and modelling the changed behaviour you are asking of others – through core values of integrity, respect, courtesy, honesty and fairness to establish trust		
9. Communicate your vision to all levels and at all time		
10. Initiate and sustain change by resourcing, selecting, developing, empowering and supporting a network of appropriate champions at all levels to develop others to implement the required changes (mentor and support)		

Tool 3 - Self Audit Tool to benchmark your organisation's readiness for working in an outcomes-based way

KEY AREAS TO BENCHMARK	Not yet commenced work 1	Development just underway 2	Some progress made 3	Good progress made 4	Fully incorporated into practice 5
There is a customer focus to service development and delivery at all levels					
Professional approach from staff, managers and politicians					
Outcomes are defined and agreed at a strategic level					
Key partnerships are effective and ethical					
Active involvement of, and listening to, children, young people and their families					
Data is routinely and actively used in report cards at all levels and publicly displayed					
Joint commissioning of services					
Budgets and other resources are pooled					
Needs analysis is a focus for strategic planning frameworks					
Whole authority/locality commitment to population improvement					
A common language between partners is established					
Contributions are made at all levels to performance and population outcomes					

Tool 4 - Benchmarking Your Partnership for Outcomes-Based Ways of Working

Benchmark		No – action needed	No – but action is in hand	Yes – but needs improving	Yes – is working well
1.	Partners share a common vision and language				
2.	Partners have agreed key outcomes for collaboration				
3.	Partners model strong leadership and emotional intelligence to handle inter-organisational pressures				
4.	Partners have established appropriate governance and accountability frameworks to work within an outcomes framework				
5.	Partners continuously and regularly review their effectiveness in making a difference to population well being				
6.	Partners use appropriate outcomes-based indicators to measure effectiveness of services and receive regular report cards at board level				
7.	Partners promote and model customer participation and involvement at all times				

Tool 8 – Choosing a Common Language (Based On Friedman 2005)

Framework Idea		Common label for each idea	Frequently chosen national terms	Locally agreed terms
A.	Basics			
B.	Other Important Ideas – Part 1			
C.	Other Important Ideas – Part 2			
D.	Types of Performance Measures			
E.	A Range of Modifiers			

Tool 11 - Proformas for Turning the Curve Exercises

Improving Service Performance

Running a Turning the Curve Exercise

Small Group Work: Agree 6 to 10 (8 is optimal) team members to take part. Have them sit together around a table in front of a flip chart and stand.

Remind people that they will not have enough time to do this "right." Remember this is an exercise. Remind people to have fun.

Outline the 3 Turning the Curve key principles:

1. Talk to Action in less than an hour
2. Taking personal responsibility to carry out agreed action points
3. Making a difference to children's lives!

Ask the group to do the following:

Pick a time keeper and a note taker (to record key points on the flip chart)

Who are you? (5 minutes)

(Part 1): Identify a service to work on: The service that the teams is accountable for delivering

(Part 2): Each person wears two hats: Their everyday role, and a potential partner who would have an interest in the selected performance measure. Only one person per role. This could include a young person or parent if looking at reducing the rate of repeat child protection plans.

The Curve to Turn (10 minutes): Pick a performance curve to work on from the lower right service performance quadrants ("is anyone better off" measures). Discuss the baseline and present at least one forecast of the path you are on if nothing changes. Ask yourself "Is this OK?" If the answer is "yes" then pick another curve.

The Story Behind the Curve (15 minutes): What's going on here? Why does the baseline look the way it does? What are the causes? What are the forces at work? As you try to answer this question keep a side list of things you would like to know more about. This is your information or research agenda.

What Works to Turn the Curve (What Would it Take?) (15 minutes): What do you think would work to turn the curve? Make sure the discussion gets to what each partner could contribute. Identify pointers to action. Make sure the ideas have sharp edges (SMART). Be specific. Make sure at least one idea is a no cost or low cost idea. Identify any required additional what works information and research.

Prepare to report (10 minutes): Choose three what works best ideas and one “off the wall” idea to report. At least one item should be no cost low cost. The action plan should have no jargon, be realistic, timescaled and lead people identified against each action point.

Afterwards: Within 48 hours arrange for the report to be typed up and distributed, should not be any longer than one side of A4. Within 4 weeks review the action plan and hard and soft impact data. Have the action plan as a standing agenda item at team meetings to assess whether the curve is turning. If the action plan needs changing or refining because of the lack of impact, re-run the Turning the Curve exercise. Use the Turning the Curve questions to focus people’s minds when discussing progress and service performance.

Turn the Curve Exercise: Service Performance

5 min:

Starting Points

- Timekeeper and reporter
- Identify a service to work on
- Two hats (yours plus partner's)

10min:

Performance Measure Baseline

- Choose one measure to work on – from the lower right quadrant
- Forecast – OK or not OK?

15 min:

Story behind the baseline

- Causes/forces at work
- Information and research agenda part 1 – causes

15 min:

What works? (What would it take?)

- What could work to do better?
- Each partner's contribution
- No-cost / low-cost ideas
- Information and research agenda part 2 – what works?

**Two
pointers
to action**

10 min:

Report

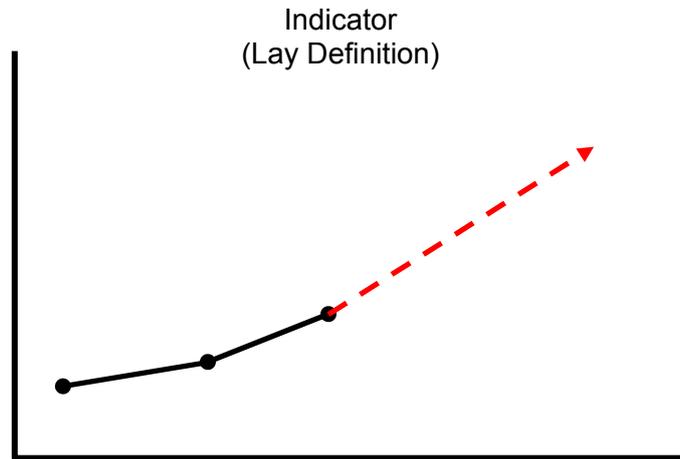
- Convert notes to one page

ONE PAGE Turn the Curve Report: Performance

Service: _____

Performance

Measure Baseline



Story behind the baseline

------(List as many as needed)

Partners

------(List as many as needed)

Three Best Ideas – What Works

1. -----

2. -----

3. -----No-cost / low-cost

4. -----Off the wall

**Sharp
Edges**

Turn the Curve Exercise: Population Well-being

5 min:

Starting Points

- Timekeeper and reporter
- Geographic area
- Two hats (yours plus partner's)

10min:

Baseline

- Pick an outcome and an indicator curve to turn
- Forecast – OK or not OK?

15 min:

Story behind the baseline

- Causes/forces at work
- Information and research agenda part 1 – causes

15 min:

What works? (What would it take?)

- What could work to do better?
- Each partner's contribution
- No-cost / low-cost ideas
- Information and research agenda part 2 – what works?

**Two
pointers
to action**

10 min:

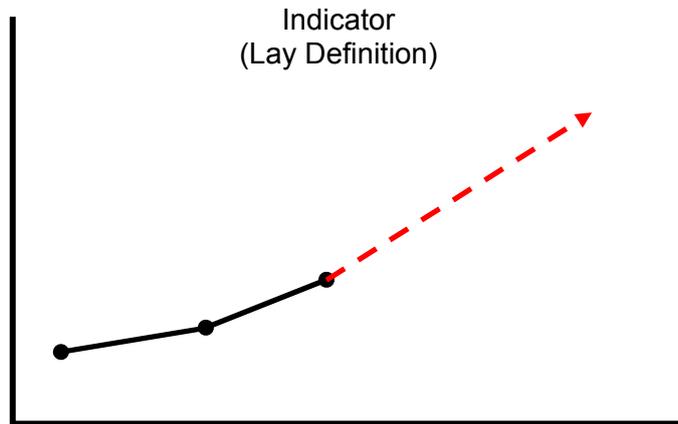
Report

- Convert notes to one page

ONE PAGE Turn the Curve Report: Population

Outcome: _____

Indicator Baseline



Story behind the baseline

------(List as many as needed)

Partners

------(List as many as needed)

Three Best Ideas – What Works

5. -----

6. -----

7. -----No-cost / low-cost

8. -----Off the wall

**Sharp
Edges**

Top Tips in Running a Turning the Curve Exercise

- Prepare – simple trend line, what works, size of group
- Model commitment and enthusiasm to make a difference to children’s lives – “talk to action in less than an hour”.
- Keeping to agreed times.
- Wearing two hats.
- Contribution from all partners – young people, parents and residents
- Encourage personal responsibility for agreed actions
- Action Plan should not be “woolly”
- Hold yourself and others to account
- Don’t be afraid to alter plan if curve is not turning
- Practice is everything – have a go! Won’t get it right the first time.

Examples of Turning the Curve Stories

(From the DCSF Publication 2008)

Example 1	PLANNING PHASE – Essex Children and Young People’s Plan
Example 2	IMPLEMENTATION PHASE – Cheshire Promoting Positive Parenting
Example 3	OUTCOMES PHASE – Newcastle-Upon-Tyne – Reducing the proportion of young people not in education, employment or training

Example 1. PLANNING PHASE – Essex Children and Young People’s Plan

Population

Children and young people living in Essex.

Outcomes

The five *Every Child Matters* outcomes:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution; and
- achieve economic well-being.

Under each of these themes, between two and four specific outcomes have been identified as priorities by the County Council and partner agencies, following consultation, making 12 priority outcomes overall.

Experience

Children and young people will be healthier and safer. They will enjoy their childhood, feeling confident in their ability to achieve their potential in education, at work and to make a positive contribution as ‘included’ and valued members of the community.

Indicators - Two of these are illustrated here:

- The percentage of obese children between the ages of 5 and 10 years
- Attainment and achievement at Key Stage 2 (pupils aged 10-11) in English and Maths

Baselines

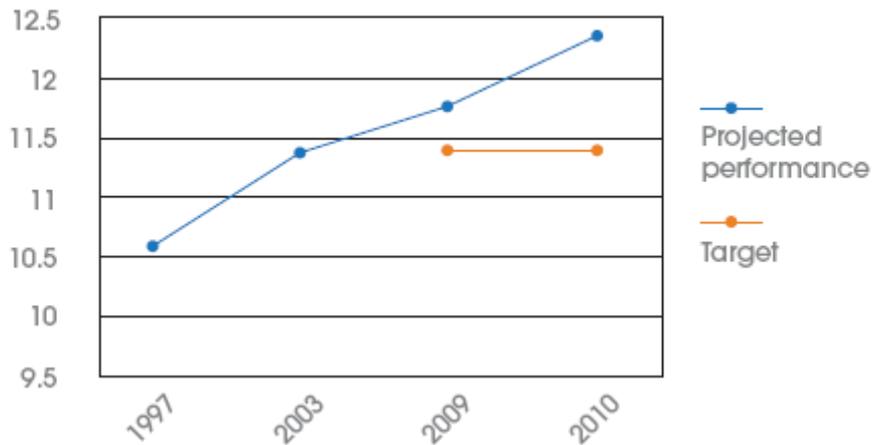
Reduce childhood obesity

Story behind the baseline

- Childhood obesity can lead to physical and mental health difficulties in adolescence and later life with a reduction in life expectancy.
- Obesity is more prevalent in semi-skilled and unskilled manual groups than other groups

- In 2002 almost 30 per cent of children aged 2 to 15 were either obese or overweight; more than half will be obese by 2020 if the rate continues to increase as at present.

Fig 1.
Reduce childhood obesity

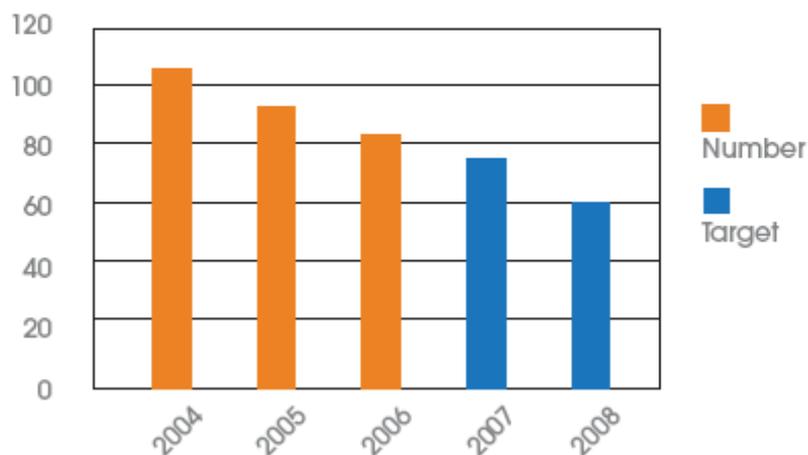


Improve attainment and achievement at Key Stage 2

Story behind the baseline

- Educational attainment at Key Stage 2 is a central indicator of attainment at Key Stage 4 and has a significant influence on a young person's life chances.
- In 2004 there were 105 primary schools in Essex where fewer than 65 per cent achieved level 4 at Key Stage 2 and where fewer than 70 per cent are expected to achieve this in English and Maths in 2009.

Fig 3.
Number of schools below floor targets in Key Stage 2: English and/or maths



Partners

The County Children and Young People's Strategic Partnership (CYPSP) has 11 local Children and Young People's Strategic Boards (CYPSB) responsible for delivery, with a wide range of partners, including districts, Primary Care Trusts (PCTs), police, voluntary sector, and schools. Local Authority staff have been re-organised into local, multi-disciplinary teams in 29 locations. Each of the identified priorities has a lead officer who convenes multi-agency groups to develop action plans to meet the targets jointly.

Action needed to succeed - what works

Reduce childhood obesity by:

- providing education, advice and support for parents and carers by midwives, health visitors, voluntary groups and early years service;
- providing healthy food in schools;
- providing Physical Education in schools;
- promoting walking to school; and
- local authority providing areas for play and recreation.

Improve attainment and achievement at Key Stage 2 by:

- County council libraries and adult learning providing family learning programmes;
- Early years services improving partnerships with parents;
- Educational Welfare Service supporting parents to engage with learning and promote peer coaching;
- schools providing a relevant creative curriculum to promote enjoyment of learning;
- concentrating on schools with above average numbers of the lowest achievers; and
- supporting programmes for travellers, school 'refusers' and excluded pupils.

Action plan or strategy

The lead officer for each of the 12 identified priorities convenes a multi-agency group to develop action plans and oversee their implementation.

Some of these priorities are already covered by multi-agency groups, such as those concerned with youth offending, mental health, substance misuse and obesity. The LAA also follows an outcomes based approach in the area of children's services, with the intention that other areas will follow.

Training seminars in Outcome-based Accountability have been provided for the lead officers and key partners. The expectation is that the training will need to be repeated at regular intervals. The review of the Children and Young and People's Plan will be framed in terms of outcomes and this will be a major contribution to the Joint Area Review (JAR) inspection in 2008.

Implementation is the responsibility of the 11 local CYPSBs, supported by 29 local Teams Around Schools, Children and Communities (TASCCs). A few services remain centrally managed such as the Youth Offending Team, Looked After Children service, special educational needs and under achieving schools.

Budget

There has been little impact on budget so far, except for training and funding for the schools survey. A significant level of funding for commissioning outcomes is expected to come by pooling resources through the Children and Young People's Strategic Board. This will require agreement on the priorities for targeted resources and establishing multi-agency groups to deliver the outcomes. It is intended to remove the duplication of services by some agencies by improving coordination.

Monitoring and Evaluation

Existing baseline data has been supplemented by conducting a schools survey (carried out between January and February 2007). This used a standard questionnaire developed by the Schools Health Education Unit to ask about substance use, bullying, community activity and other aspects of children and young people's lives in around 13 per cent of schools (around 7,000 pupils in 55 primary and 22 secondary). This will be repeated each year.

Each of the 11 local CYPSBs has its own targets to meet and receives a report card each year that compares performance in its area with Essex as a whole. From 2008, performance comparisons will also be made between districts that have the most similar terms of deprivation and other indicators.

Learning points

- Getting managers and practitioners to think in terms of outcomes is a key challenge. Providing training and written guidance is helpful, especially using the Outcome-based Accountability 'quadrants' to illustrate what is meant by outcomes.
- The County Council, as a source of ideas and influence, can take a lead among Local Area Agreement partners - including the districts and boroughs - to implement the children and young people's agenda, whilst recognising the key roles of all other partners.
- Having a senior officer taking the lead and providing guidance helps.
- Influencing inspectors to adopt an outcomes focused approach is important.
- Choosing priorities that fit with national targets helps to get the approach started, as partners will readily accept them and relevant data is available.
- There is a need for good baseline measures. The school survey proved useful and provided comparative feedback to participating schools. The county was able to fund this.

Example 2. IMPLEMENTATION PHASE – Cheshire Promoting Positive Parenting

Population

Parents and children living in St. Barnabas Ward, Crewe, with a particular emphasis on a targeted group of 50-100 children in need identified through the Common Assessment Framework (CAF).

Outcome

Parents will be better able to form and sustain positive relationships with their children, confidently manage their behaviour and support their learning.

Experience

Many more opportunities and activities for parents and children during a 'Year of the Family'.

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Indicators

- How children perceive the support they receive for learning from their parents.
- How far parents who have participated in parenting groups and one-to-one support services say they feel more confident in managing their children's behaviour, learning and daily routine (including, bedtimes, getting ready for school and mealtimes).
- Attendance and punctuality levels at school.
- Children's readiness and capacity to learn.
- Referrals to social care services.
- Referrals to child and adolescent mental health services (CAMHS).

Baseline

In 2005/06 there were 1,403 recorded referrals to Social Services covering 808 different children in Crewe and Nantwich. Six wards accounted for 66 per cent of referrals with St Barnabas (shown as Ward 1 in Figure 1) accounting for 18 per cent of all referrals, more than any other ward.

In 2005/06 there were 334 referrals to CAMHS for Crewe and Nantwich of which 197 became live cases. Four out of ten live cases came from 6 wards in Crewe with the highest number coming from St Barnabas (Ward 1 in Figure 2) and one other ward.

Story behind the baseline

- The St. Barnabas ward is disadvantaged with a relatively high proportion of lone-parent households where parents may be under particular stress.
- Of the children and young people referred to CAMHS, behaviour and emotional difficulties feature significantly.
- Problems associated with parenting difficulties include:
 - Breakdown of home/school relationships.
 - Adult anxiety and depression.
 - Isolated and unsupported families.
 - Difficult and challenging behaviour from children and young people.
 - Lack of home routine re: bedtime, getting ready for school, mealtimes.
 - Children's diminished readiness and capacity to learn.

Fig 1.
Referrals to Social Services from the Top Six
Wards in Crewe and Nantwich in 2006/06

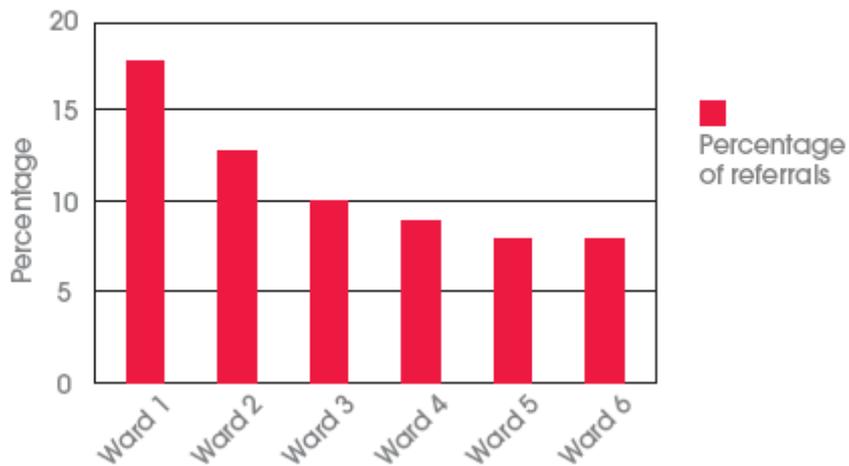
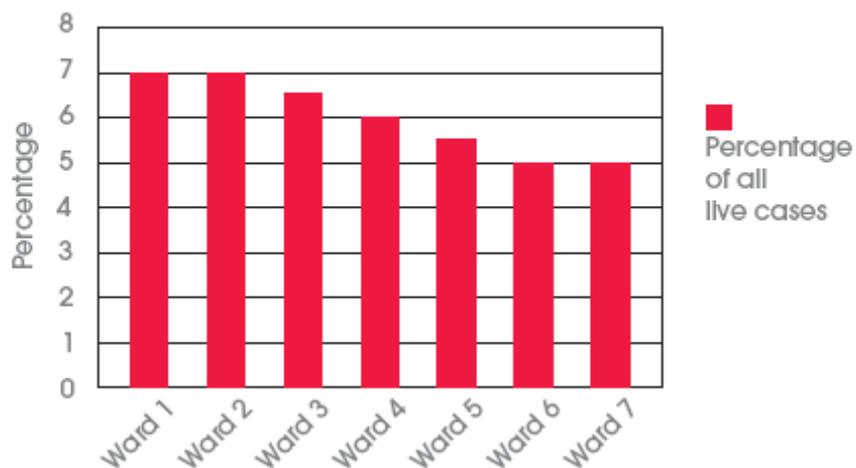


Fig 2.
Crewe and Nantwich CAMHS Referrals for
the Top Seven Wards 2005-06



Partners

Children and young people, extended families, schools, Youth Inclusion and Support Panel, leisure services, parenting partnership, voluntary agencies, children centres, health, Crewe and Nantwich District Council, housing, extended services, Cheshire County Council.

Action needed to succeed

- An audit of the parenting support and family learning services already available in the neighbourhood.

- A better understanding of the types of parenting and family learning services most likely to improve outcomes at different stages in children's development – including both universal and targeted approaches.

Action plan or strategy

'Year of the Family' was chosen as an overarching title for a range of planned series of mini-events, activities and campaigns around five themes:

- happy and healthy grown ups;
- having fun and learning together;
- sorting tantrums and bedtimes;
- happy and healthy little ones; and
- making St. Barnabas a great place to live.

An information leaflet was produced to help launch the campaign (see below). A multi-agency working group was also set up to develop and deliver the campaign.

Budget

£10,000 was identified through the Children's Fund for campaigning work. Other work was funded through agencies adjusting their existing ways of working.

Monitoring and evaluation

A 'task and finish' group reported regularly to the Children and Young People Commissioning and Delivery Board. One of its key roles was to monitor performance management information and the delivery of outcomes.

Learning points

- The *Turning the Curve* process helped participants to understand what was required to redesign services across agencies, as opposed to working in departmental or disciplinary 'silos'.
- Participants discovered they had more power to instigate change than they had previously thought.
- Strong leadership for the process and reinforcement of the need to improve actual outcomes for children and young people is crucial.
- The implementation of action plans needs to be project managed. The project manager in Crewe and Nantwich has played an important part in ensuring the delivery of the actions needed to achieve better outcomes.

- It is important for organisations to share information about unmet needs and reach consensus on its implications in order to improve outcomes.
- Areas of unmet need that fall between the cracks of existing services also need to be recognised and ‘owned’. Leadership must be provided across services as well as within services.
- Tackling too many priorities, or a large outcome with many different facets, may create difficulties. A tighter focus can make it easier to plan actions to improve outcomes for a particular group of children.
- Understanding the ‘story behind the baseline’ may require a significant amount of new information to be collated, based on additional data collected from partner agencies.
- Outcome-based Accountability is very helpful to assist a partnership that is already working well, but seems unlikely to prove so helpful if a partnership is poor or ‘stuck’.

Example 3. OUTCOMES PHASE – Newcastle-Upon-Tyne – Reducing the proportion of young people not in education, employment or training

Population

All young people living in Newcastle aged 16-18.

Outcome

Reduce the numbers of young people not engaged in employment, education or training.

Experience

More young people involved in education, training and employment. Fewer young people becoming disengaged from learning and employment. More young people empowered to access opportunities in the broadest sense, having overcome barriers that are currently holding them back.

Indicators

- Number and proportion of young people 16-18 who are not in education, employment or training.
- Participation rates in learning for 16-18 year olds.

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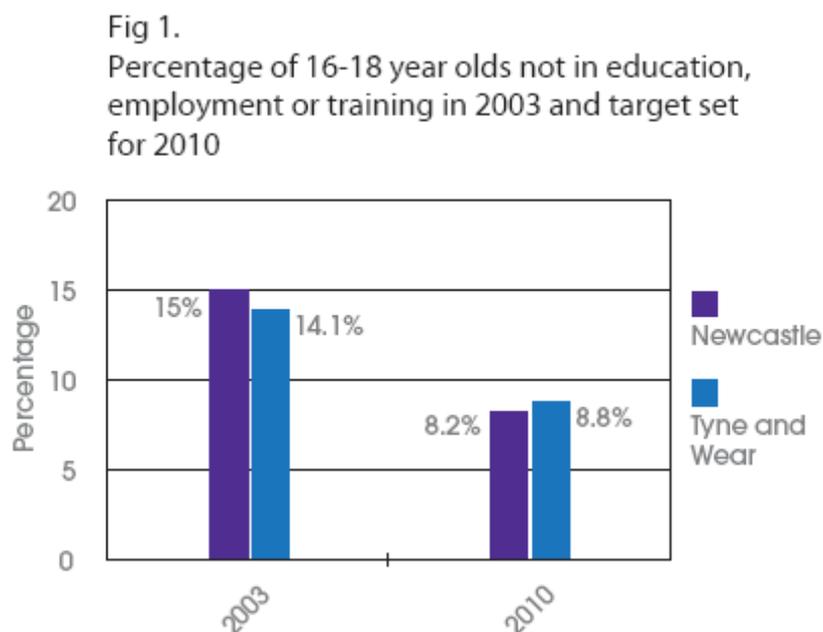
More young people involved in education, training and employment. Fewer young people becoming disengaged from learning and employment. More young people empowered to access opportunities in the broadest sense, having overcome barriers that are currently holding them back.

Indicators

- Number and proportion of young people 16-18 who are not in education, employment or training.
- Participation rates in learning for 16-18 year olds.

Baseline

Figure 1 shows the baseline for the number of 16-18 year olds not in education, employment or training in Newcastle (and Tyne and Wear) for 2003 and the target set for 2010. Before 2003, the proportion of young people who were not in education, employment or training in Newcastle had remained static at the same level of about 15 percent for many years.



Story behind the baseline

- Newcastle has high levels of poverty and deprivation.
- A comparatively high proportion of adults of working age in Newcastle live in households where nobody is in paid work.
- Teenage pregnancy rates are high compared to the rest of England.
- There are relatively high numbers of Looked After Children.
- There are high levels of childhood obesity.
- Alcohol and a binge drinking party culture are important local issues.
- Agencies had been working in isolation to improve outcomes for children but a joined up approach to look at the whole child or young person was lacking.
- There was no clear prevention strategy for those identified as not in education, employment or training.

Partners

Connexions, Local Skills Council, education services, social care services, housing services, regeneration, adult learning, police, Youth Offending Service, schools, health services, community and voluntary sector organisations, UXL (a local training provider) educational welfare, JobCentre Plus, Benefit Agency.

Action needed to succeed – what works

- New strategies for preventing and tackling young people's non-involvement in education, employment or training.
- Commission new services that help young people overcome barriers to engagement in education, employment and training.
- Maintain closer contact with young people and track their progress, using improved co-operation between agencies.
- Change the culture of organisations so there is a focus on outcomes for young people rather than individual aspects of service delivery, e.g. training.
- Better multi-agency partnership working and better information sharing protocols to track and support young people.
- Better understanding of those not in education, employment or training data and local needs among young people.
- A review of staffing to ensure that limited resources are deployed to maximum effect.

The *Turning the Curve* process produced a number of low cost or no cost ideas that were also implemented. For example:

- a personal adviser sending Christmas cards to young people with whom she had lost touch. This led to re-established contact with many young people not in education, employment or training who were helped to obtain education, employment and training; and
- asking young people to put their email address on the progression planning questionnaire, helping their personal Connexions advisers to keep in contact. It was noted that young people often disliked being texted by adults and changed their mobile phones more often than their email address.

Action plan or strategy

Six main objectives were agreed for the strategy to reduce the percentage of people identified as not in education, employment or training.

- A Not in Education, Employment or Training Preventative Strategy for young people aged 13 and over to ensure that they are given timely, appropriate, individual and impartial information, advice, and guidance.
- A Not in Education, Employment or Training Remedial Strategy offering targeted and timely information, advice and guidance and support to young people not engaged in education, employment or training.
- Measures to enable young people from vulnerable groups to access the additional support, including referral to specialist agencies, to help them overcome barriers and engage in employment, education and training.
- Ensure that Connexions delivery staff, know how their work contributes to reduction not in education, employment or training targets, and can evaluate the outcomes they are helping young people to achieve.
- Monitor and evaluate the quantity and quality of Learning and Skills Council funded provision across Tyne and Wear, and seek improvements where needed.
- Make information and training available to 'significant adults' in young people's lives, so they can guide them towards employment, education and training.

Implementing the strategy has involved work in many different areas.

- A wider range of services were commissioned to assist and support young people.
- Partner organisations were drawn into a closer working relationship with the Connexions Service, including regular multiagency meetings.
- Work took place in Connexions and partner agencies to change the culture, so that staff were clear about the ways they could contribute to better outcomes for young people.
- Annual 'Switch On' events were introduced bringing education and training providers together to make school students aged 15 and 16 more aware of their options.

- A review of staff deployment within Connexions revealed more efficient ways of using staff time and resources to contact and support young people. Systems for 'calling-in' customers were revised to improve effectiveness. (See Figure 4.)
- A more flexible approach was introduced to funding and support for young people not in education, employment or training needing urgent financial help.
- Initiatives were developed for engaging and assessing customers not in education, employment or training more effectively.
- Staff were encouraged to work with the 'whole' person, and overcome all the barriers faced by customers, rather than following a pre-determined process or activity.
- Staff were given a clear message, 'Only do something if you know it will make a difference'.

Budget

Money to implement the strategy has come from the Connexions Service.

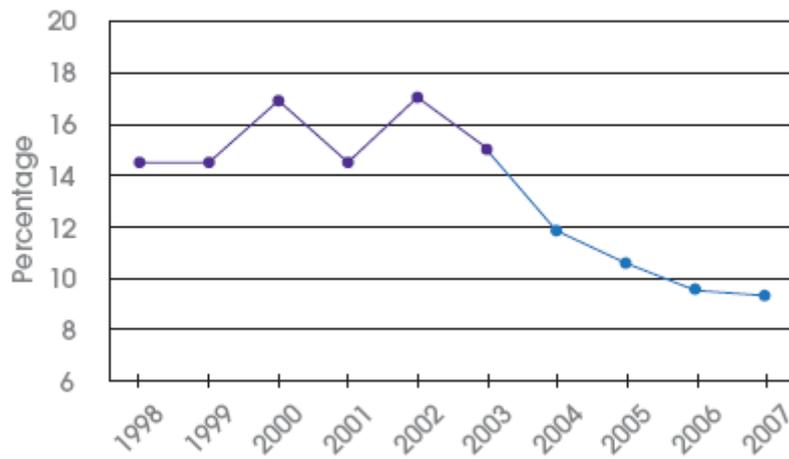
Monitoring and evaluation

Monitoring shows there has been a substantial drop in the proportion of young people aged 16 to 19 in Newcastle who are not in education, employment or training from 15 percent in 2003 to 9.3 percent in 2007 (Figure 2). This is a sharper fall than for the surrounding Tyne and Wear area.

The number of interventions from voluntary and community organisations working with young people has increased considerably, highlighting the value of a partnership approach, and the extension of provision for young people. (See Figure 3.)

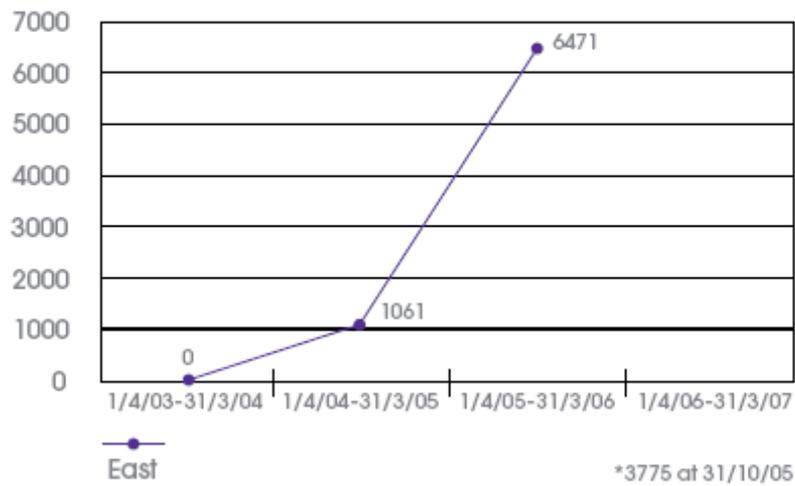
The quadrant (Figure 4) gives a further example of how the *Turning the Curve* process was used to improve service delivery. It relates to the review of staff deployment within the Newcastle Connexions office, and the discovery that the number of customers attending on Monday mornings was unacceptably low.

Fig 2.
Proportion of young people aged 16-19
not in education, employment or training



Source: Connexions Tyne & Wear

Fig 3.
Voluntary and community organisation
interventions Newcastle



Source: Connexions Tyne & Wear

Fig 4.
Service Delivery: Newcastle Connexions

How much did we do?	How well did we do it?
<p>BEFORE Three people seen Monday morning.</p> <p>AFTER ACTION (six months) 10 young people seen Monday morning. Appropriate call –ins by personal advisers and referrals from partner agencies. Personal advisers able to get customers appropriate interviews for the same week.</p>	<p>BEFORE No complaints.</p> <p>AFTER ACTION On average one complaint per month dealt with by procedures.</p>
Is anyone better off?	
<p>BEFORE Of 12 young people per month seen Monday morning, an average of three moved to employment, education or training.</p> <p>AFTER ACTION Of 40 young people per month seen Monday morning, an average 18 moved to employment, education and training.</p>	<p>BEFORE Of 12 young people per month seen Monday morning, an average 25% moved to employment, education or training.</p> <p>AFTER ACTION Of 40 young people per month seen Monday morning, an average 45% moved to employment, education or training.</p>

Source: Connexions Tyne and Wear

Learning points

- Outcome-based Accountability is common sense – you can not argue with it.
- It is simple to understand and implement, and is very practical.
- It helps to ensure services and processes produce results, otherwise why have them.
- It enables partners to identify how they can work together.
- It provides a way of measuring outcomes.
- Leadership and commitment to driving outcomes are crucial – it needs a champion.

- This is not a quick-fix model. Managers and staff need to be prepared for the long haul.
- If something does not work, do not give up - try something different.
- It is crucial to gather and analyse all the information available across all agencies about achieving the outcome.
- Keep the process fresh by ensuring there are new and different approaches to developing services being considered all the time.
- Accept people's ideas and do not be afraid to give them a go.
- Constantly re-evaluate what you do.
- Hold people to account.
- Keep up the enthusiasm and passion for outcomes.
- Although the Curve has been successfully 'turned' on young people identified as not in education, employment or training in recent years. It is evident that more of the same will not necessarily continue to achieve improvements. New ways of working need to be considered to improve outcomes, such as linking with adult services to target households where no adults are in employment.

Tool 12A - Report Card Example – Coventry Data Book



Coventry Children and Young People's Partnership



Data Book 2008



Working with Children & Young People

BE HEALTHY

OUTCOME 6 Fewer under 25s are using class A drugs

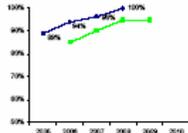
INDICATORS

- Reduce the use of class A drugs & frequent use of any illicit drugs among all YP under 25, especially by the most vulnerable people and reduce the harm caused by illegal drugs, measured by:
 - All young people assessed by YOS (via Asset) to have identified needs in relation to substance misuse (their needs have been identified)
 - To receive appropriate specialist care within 5 working days and, following assessment, access the early intervention and treatment services they require within 10 working days
 - Increasing the number of under 18s receiving structured interventions and treatment
 - Increasing the percentage of under 18s receiving structured interventions and treatments
 - Increase the number of under 18s completing treatment successfully

THE TREND

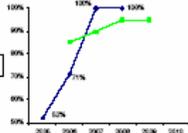
*2008 refers to the first 2 quarters of financial year 0 2008

a) All young people assessed by the youth offending service (via asset) to have identified needs in relation to substance misuse



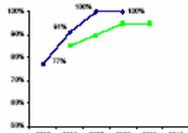
Year	Coventry	City Target
2006	94%	92%
2007	96%	94%
2008	98%	96%
2009	100%	98%
2010	100%	100%

b) To receive appropriate specialist care within 5 working days,



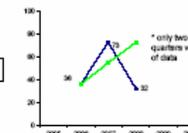
Year	Coventry	City Target
2006	62%	70%
2007	75%	85%
2008	95%	95%
2009	100%	98%
2010	100%	100%

c) Following assessment, access the early intervention and treatment services they require within 10 working days



Year	Coventry	City Target
2006	87%	85%
2007	91%	88%
2008	95%	92%
2009	98%	95%
2010	100%	98%

d) Increasing the number of young people aged under 18 completing treatment successfully



Year	Coventry	City Target
2005	36	42
2006	45	50
2007	75	65
2008	42	50
2009	55	60
2010	65	70

* only two quarters worth of data

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THE STATS

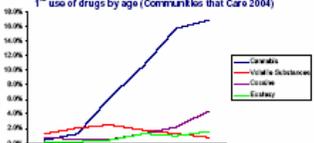
18% of pupils aged 11 to 16 in Coventry claim to have taken drugs. (Coventry's that Care Survey Coventry 2005)

5% of pupils aged 11 to 16 in Coventry indicate they have felt out of control on drugs (Coventry's that Care Survey Coventry 2005)

14% of pupils aged 11 to 16 indicate they have taken cannabis. Only 3% of years 7 and 8 say they have taken cannabis compared to 21% of children in years 9-11. (Coventry's that Care Survey Coventry 2005)

8.4% of 16-24 year olds nationally indicate they have taken class A drugs in the last year (05/06 data British Crime Survey). This is a drop of 0.8% since 1996.

1st use of drugs by age (Coventry's that Care 2004)



Age	Cannabis	Volatile Substances	Cocaine	Ecstasy
11-12	0.4%	1.2%	0.2%	0.1%
13-14	1.2%	2.1%	0.3%	0.2%
15-16	1.3%	1.3%	0.2%	0.2%
17-18	0.9%	0.9%	0.2%	0.2%
19-20	1.1%	1.2%	0.2%	0.2%
21-22	2.2%	2.2%	0.2%	0.2%
23-24	4.4%	4.4%	0.2%	0.2%

THE STORY BEHIND THE CURVE

OVERVIEW
Levels of drug use by young people have stabilised following significant increases in the 1990's but remains high. This can have a devastating effect on their lives, education, relationships and health. Most worryingly, each year an estimated 20,000 young people in the UK become adult problem drug users.

POSITIVE TRENDS
Currently, 100% of young people in Coventry who have identified needs in relation to substance misuse receive appropriate specialist care within five working days, and following assessment, access the early intervention and treatment services they require within 10 working days.

CHALLENGING TRENDS
National figures indicate there is significantly higher use of drugs among 'vulnerable groups'. Young people in more than one 'vulnerable group' are 4 times more to use Class A drugs than those who are part of no 'vulnerable group'.
*VAC: vulnerable and excluded, young offenders, young homeless, children whose parents misuse drugs and alcohol.

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Tool 12B - Report Card Example– National Children’s Progress Card - Teenage Pregnancy

National Children’s Progress Card

Outcome

All young people live healthy lifestyles.

Indicators

- % reduction of teenage conceptions.
- % reduction in sexually transmitted diseases.
- % reduction in family disruptions
- %reduction in teenage homelessness.

Results

- 40 conceptions per 1000 young women under 18
- 11% of young people having STIs
- 45 young people per 1000 regarded as homeless.

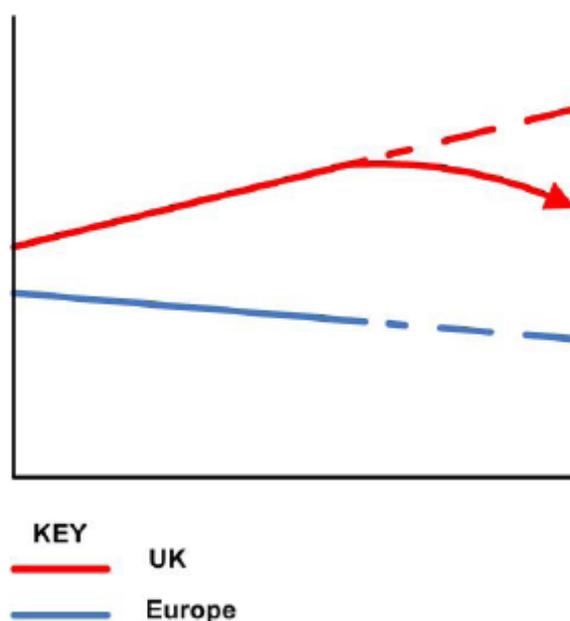
Understanding the Results

Research shows that high incidence of teenage pregnancy occurs for two reasons. Firstly, it occurs through family breakdown leading to young women being rejected from the home developing a life of isolation, homelessness, drug abuse and falling pregnant. The second reason is acceptance within certain communities that being a young parent is acceptable.

What works?

1. Intensive work to prevent family breakdown (*Essex*).
2. Where family breakdown occurs intensive work to return home (*Kent*).
3. Named workers to liaise with young women (*Middlesbrough*).
4. Widespread availability of contraception (*Middlesbrough*).

JN MSC Teenage Pregnancy
[Teenage Pregnancy Research Findings]



Teenage pregnancy comparison

Tool 12C - Local Children's Progress Card – Local Authority X – Teenage Pregnancy

Local Authority X

Outcome

All young people live healthy lifestyles.

What works?

Indicators

- % reduction of teenage conceptions.
- % reduction in sexually transmitted diseases.
- % reduction in family disruptions
- %reduction in teenage homelessness.

Actions taken from last year's plan

Results

Graph

Understanding the Results

Actions to be taken this year

Tool 17 - Effective Behaviours in Outcomes-Focused Partnerships, Groups and Teams

This is a tool to help you think about how you and your group or team is working, particularly with respect to developing a focus on outcomes within contributions to group meetings, briefings, learning and development events, supervision and appraisals.

Please review the list of behaviours below and rate each on a scale of 0 to 5 where 0 = Low and 5 = High, in terms of:

- How effective your own contribution is for each of the statements?
- How effective you judge your group or team to be for each of the statements?

Behaviour	How effective is own contribution?	How effective is the group or team?	What action might be taken to develop these areas?
Using the available evidence-base and data to define outcomes			
Developing skills to use an outcomes approach e.g. Turning the Curve			
Linking with champions to improve, develop and learn from others			
Sharing best practice			
Being analytical and using data and report cards to review effectiveness			
Promoting a Customer Focus			

Behaviour	How effective is own contribution?	How effective is the group or team?	What action might be taken to develop these areas?
Listening effectively to and involving children and young people and parents			
Reaching decisions by consensus			
Collaborating and Promoting a Partnership Approach with a Common Language and Understanding			
Considering where outcomes fit within a common vision and integrated agenda			
Using the strengths of everyone in the team			
Helping to motivate others			
Recognising and valuing differences and diversity			
Celebrating impact and achievements			

Tool 18 – Supervision Pro-forma for Outcomes-Based Practice

Staff Member:	Manager:	Date of Meeting:
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Agenda:	Analysis & Comments	On Reflection What Action is Proposed?
Outcomes and performance on case work		
1. Which customers have you worked with since we last met?		
2. In each case – how can we measure if our customers are better off? (Benchmark against ECM outcomes.....)		
3. How can we measure if we are delivering services well? (meeting national targets, service targets)		
4. How are we doing on the most important of these measures? (Use a scale of 1 – 5)		
5. Which partners have a role to play in doing better?		

Agenda:	Analysis & Comments	On Reflection What Action is Proposed?
6. What is working well to improve things, including no-cost and low-cost ideas?		
Have you considered Safeguarding and Risk Assessment Issues?		
Learning and development needs		
Support needed		
Sign Off Supervisee	Supervisor	Date and Time of Next Meeting

Tool 21 - Route Map - Getting Started with Outcomes Based Accountability

1) Introduction and Purpose

The purpose of this Route Map is to provide a practical tool on how to get started with using Outcomes Based Accountability (OBA) and has been developed as part of the IDeA Supporting Better Outcomes Project. It distinguishes between population and service performance accountability and provides checklists of key areas to consider. The work is based on experience with over 20 Local Authorities and their partners and has a particular focus on improving outcomes for children and young people though the ideas are equally applicable to other groups.

2) Target Group

The primary target groups for this tool are:

- Strategic and service managers
- Joint commissioning
- Team managers
- Practitioners interested in improving outcomes for their service users
- Community development workers

3) Where to start?

This depends on your position within an organisation, a senior manager who is part of the local Children and Young People's Strategic Partnership may want to start a dialogue with partners on improving outcomes across a local authority area (*population accountability*) whilst a Social Worker could be more interested in talking to his colleagues at a team meeting on how they measure outcomes for customers (*service performance accountability*).

Routes 1 and 2 below are geared to provide ideas on what to do dependent on your starting point and interest.

Top Tips

- In the final analysis it does not matter where you start as long as you make a start! This tool takes a logical, sequential approach but feel free to go straight to practicing for instance using Turning the Curve, described later on
- Keep things realistic and be more ambitious about less
- Ask yourself, what would it take to improve outcomes for children?

4) Route Map 1 - Improving Outcomes across Whole Communities

Population accountability is concerned with improving outcomes for whole populations at the community, City, County or national levels. The focus is on partnership groups who have an interest in a particular outcome such as we want all our children to Be Healthy (using the Every Child Matters framework) and improving the outcome indicators that help to quantify whether the outcome is being achieved e.g. the rate of obesity in young people.

Step 1 - Getting Ready for Action - Developing your Thinking

Checklist of Key Areas to Consider:

- How comfortable and confident do I feel about the OBA model?
- If I need support or training on OBA where could I go? Consider using the Idea Better Outcomes Community of Practice (<http://www.communities.idea.gov.uk/c/71536/home.do>) or contact Outcomes UK (<http://www.outcomesuk.com>). Read Mark Friedman's book or watch his DVD (<http://www.raquide.org>)
- Are there colleagues or partners who would be interested in the approach? How can you work together and offer mutual support? Use a group you are already a member of

- See OBA as a set of tools that can be aligned with other outcome based ways of working, build on existing local best practice, do not duplicate, and dependent on the outcome is there an existing partnership group that may be able to support the work?
- How can OBA support better inspection results, for instance evidence of improving outcomes for children will contribute to a better Joint Area Review judgment?

Top Tips

- Start with better outcomes for children etc and then work logically backwards on key activities, try to avoid focusing on outputs and developing lengthy plans – get from talk to action as quickly as possible
- Develop a clear timeline in your mind – aim to have formulated your basic implementation ideas within a month

Step 2 – Making a Start – Making a Difference

Checklist of Key Areas to Consider:

- Discuss your implementation ideas at the appropriate partnership group e.g. Community Safety Partnership for reducing youth crime and anti-social behaviour
- Is there a neighbourhood forum or group which would be a vehicle for local people to get involved in making a difference for their children; focus on ‘what are they concerned about?’ e.g. healthy children, safety, clean environment. Would they be interested to work with professionals on Turning the Curve or improving the life chances for local children?
- Is there an inter-agency willingness to develop a locally owned set of outcomes or is it more realistic to work to the Every Child Matters 5 outcomes?

- Get support from the relevant partnership group to support your implementation plan; ensure that where appropriate senior managers are fully briefed and committed. Recommend trying to improve one or two outcome indicators linked to the Children and Young peoples Plan, don't be over ambitious
- The implementation plan must consider awareness raising, training and developing staff in using Outcomes Based Accountability. Can agencies flexibly pool resources or jointly commission the training? As a rule of thumb, half or full day with senior managers and a full day with staff who will directly implement or pilot the approach would be sufficient to start the work
- If such support is not forthcoming, don't give up. Are there creative opportunities for you to carry out a small pilot which will hopefully convince the sceptics?

Step 3 – Getting from Talk to Action

Checklist of Key Areas to Consider:

- Work with others to develop a simple Report Card on child well-being for the geographical area you are focusing on which defines the key outcomes, outcome indicators (as simple trend lines) and the story behind the baseline trends. This will not be complete but agree a data development plan, start with existing data. See **Tool 12** for an excellent example of a Report Card developed by Coventry's Children and Young Peoples Partnership, the full version can be downloaded at <http://www.coventrycypsp.org.uk>
- Deliver training and awareness raising work, focus on the use of the Turning the Curve tool linked to the Report Card which will be the vehicles to get from talk to action and to monitor impact over time. Turning the Curve is a group exercise which takes 50 minutes where you start with an outcome you wish to achieve and then work on turning an indicator in the right direction through partnership effort. It specifically looks at the causes and forces at work driving the trend in the wrong direction, what could work to improve the situation, who are the key partners you need around the table and generating a 4 point action plan which must include a low cost or no cost idea. See **Tool 11** for copies of the Turning the Curve exercise pro-formas

- The above training and development work should further refine your implementation plan and reinforce shared commitment and responsibility to make a difference
- Turning the Curve activity should be focused at the strategic level and encouraging community or neighbourhood based work which actively involves local residents and young people (top down and bottom up approach).
- Following the training the delivery plan should be implemented and progress monitored by the partnership group(s); this will involve staff running the Turning the Curve exercise within specific communities and delivering action plans. The purpose being to bear down on the causes of problems and to generate hard and soft data that the curve is turning or not.

Top Tips

Facilitating a successful Turning the Curve Exercise:

- Prepare – simple trend line, What Works, size of group (ideally no more than 10)
- Model commitment and enthusiasm to make a difference to children's lives – “talk to action in less than an hour”
- Keep to agreed times
- Encourage the wearing of 2 hats through the exercise (your job and an interested person e.g. parent)
- Encourage participation from all partners – young people, parents and residents
- Encourage personal responsibility for agreed actions
- Action Plan should not be “fuzzy”
- Hold yourself and others to account
- Don't be afraid to alter plan if curve is not turning
- Practice is everything – have a go! You won't get it right the first time

5) Route Map 2 – Improving Outcomes for Service Users – Performance Accountability

To avoid undue repetition please read Route Map 1 as the key ideas/thinking, principles and processes equally apply to improving outcomes for service users.

Performance accountability is concerned with managers and staff who are responsible for improving outcomes for service users or customers. It focuses on three key performance measurement areas: “how much we do” (quantity), “how well we do it” (quality) and the most important, “is anyone better off” (customer outcomes)?

Step 1 - Getting Ready for Action - Developing Your Thinking

Checklist of Key Areas to Consider:

- Experiment with others using the service performance questions to develop meaningful service performance measures, focus on how your service measures customer outcomes or doesn't? Use the 4 quadrants linked to the three key performance measurement areas (**Tool 13**).

Top Tips

Examples of outcome performance measures for children's services using Mark Friedman's headings (2005):

% Skills / Knowledge

1. Pupils achieving 5 A-C GCSE's
2. Improved parenting skills
3. Children better able to keep themselves safe

% Attitude / Opinion

1. Customers who believe that the service has helped them with their difficulties
2. Pupils with higher personal aspirations for academic achievement
3. Children reporting improved self-confidence or self-esteem

% Behaviour

1. Reduction of child behaviour problems within the home
2. Young people re-offending
3. Reduction of children experiencing repeat child abuse

% Circumstances

1. Children returned home from being looked after by the Local Authority
2. Children Not in Education, Employment or Training (NEET)
3. Children accommodated by the Local Authority

Step 2 – Making a Start – Making a Difference

Checklist of Key Areas to Consider:

- Performance accountability work can be focused at two levels, firstly across a whole service and secondly at team level, ideally it should be both
- Your implementation plan should clearly identify managerial accountabilities for improving performance trends
- Try to identify teams who would be willing to start using the OBA ideas and a training and development plan, identify champions
- Focus firstly on one or two key outcome based performance measures
- Take implementation plans to the senior management team or if at practitioner level initiate a discussion with your supervisor and immediate colleagues

Step 3 – Getting from Talk to Action

Checklist of Key Areas to Consider:

- Ideally develop a Report Card for the whole service linked to headline customer outcome measures
- Begin to get Charts on the Walls at team level that show simple performance trend lines
- The simplest way of measuring service performance is to ask service users two questions: “did we treat you well” and “did we help you with your difficulties”; the user is then asked to rate their answer using a 0-5 rating scale. This allows pre and post evaluation and for the data to be collated and tracked/charted over time
- Following awareness raising and training and development work, begin to get teams to use the Turning the Curve tool to reinforce performance accountability (same process as previously described but applied to improving or turning a performance measure)
- Consider the key partners who can help with improving service performance
- Supervision and Team meetings should become more result or outcome focused using Mark Friedman’s 7 key questions (Page 74)

- Ensure that clear reporting mechanisms are in place for reporting progress and monitoring impact e.g. senior management team could establish a Performance Management Board
- Celebrate successes!