

Turning the Curve Stories





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Turning the Curve Stories

- i) *'Turning the Curve stories'* is a phrase used to describe case studies illustrating the different ways that Outcome-based Accountability has been planned and implemented. Calling them 'stories' is a way of emphasising the importance of plain, common language when bringing different agencies, professional disciplines and individuals together in partnership. It seeks to avoid the kind of jargon that would exclude service users and other local people from the process.
- ii) According to Mark Friedman, the leading American authority on Outcome-based Accountability:
- "Telling stories is the oldest form of communication, the oldest form of retained knowledge, and the oldest way in which we transform life experience into useful lessons. The idea of telling stories allows each partner to explain her or his perspective on how we got where we are today."*
- iii) This is relevant to the case studies in this chapter, which describes different ways that *Turning the Curve* is being used to plan and deliver better outcomes for children and young people in England. The 'stories' were gathered during the summer of 2007 by talking to managers and practitioners who have been closely involved with Outcome-based Accountability in their partnership, agency, service or organisation. Those interviewed, included a range of senior children's services staff in local authorities, development and review managers, joint commissioning officers, local strategic partnership managers, Connexions managers, a head teacher and a specialist worker in a children's centre. They talked about their experiences of the *Turning the Curve* process. These, in some cases, were limited to the early months of the planning phase and in others extended to two or more years into implementation. Some gave examples of planning for better outcomes at 'population' level; and others of where an improvement in service 'performance' was being sought. For further information, the paper *Better Outcomes for Children and Young People – From Talk To Action* can be found at www.everychildmatters.gov.uk/
- iv) Information and data about use of *Turning the Curve* has been gathered and summarised, as closely as proved possible, in 'report card' formats. These use standard headings based on the key steps for getting 'from talk to action' described by Friedman.
- v) It should be emphasised that the 'stories' reported here record the experiences of those applying the methodologies and belong to the interviewees. They are not based on independent observation of the processes they describe, and the baselines and other data recorded have been supplied by the agencies and organisations. The learning points given for each case study are, likewise, a summary of the views of the interviewees and other participants, rather than the authors or the Department for Children, Schools and Families.

- vi) To assist recognition of the different stages in the *Turning the Curve* process, the 14 locations (including one national voluntary agency, NCH) and 18 case studies are presented in three clusters:

Planning Phase:

1. Essex: *Children and Young People's Plan*;
2. Gloucestershire: *Children and Young People's Plan*; and
3. London Borough of Haringey: *Extended day and play scheme provision for disabled children and young people*.

Implementation Phase:

4. Cheshire: *Preventing re-offending among first-time young offenders; Promoting positive parenting*;
5. Corby: *Improving school attendance*;
6. Kent: *Enabling children to feel safer; Improving school attendance*;
7. Kingston-upon-Hull: *Greater participation of young carers in play and out-of-school learning; Bullying prevention*;
8. Solihull: *Involving fathers in a children's centre*;
9. Telford and Wrekin: *Improving school attendance; and*
10. Winchester: *Community Strategy*.

Outcomes Phase

(including evidence of *Turning the Curve*):

11. NCH: *Improving the lives of children who are service users; Reducing the number of children and families at risk of eviction because of anti-social behaviour*;
12. Newcastle-upon-Tyne: *Reducing the proportion of young people not in education, employment or training*;
13. North Lincolnshire: *Reducing the harm caused to children by domestic violence*; and
14. Portsmouth: *Children and Young People's Plan*.

Additional Example

15. Birmingham: *Children and Young People's Plan*.

Here, the City Council has adopted a different approach to outcome-based service planning, using a logic model.

Acknowledgements

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Planning Phase



1. Essex

Background

1. After meeting Mark Friedman, the American advocate of Outcome-based Accountability¹ at a 2005 event organised by IDeA (the Innovation and Development Agency), the county's former Director of Children's Services recommended the Outcome-based Accountability model as a good way of presenting the Essex Children and Young People's Plan. A county seminar on Outcome-based Accountability was held for the lead officers for each of 12 priority areas to be included in their plan and selected partners (around 30 people) in 2006.
2. The first Essex plan in Outcome-based Accountability format was produced in 2006, followed by a revised format in 2007. Managers report that feedback has so far been very positive, particularly for the way that goals, actions and targets are presented with supporting data. A version of the plan for young people has been produced; and summary versions are being produced for parents and carers; staff in childcare settings and schools; and staff in the local authority and their partner agencies.
3. Two people have been trained as Outcome-based Accountability trainers but it is anticipated that it will take time before all practitioners start to think automatically in terms of outcomes, rather than service outputs.
4. 'Report cards' for each district within the county are prepared on a six monthly basis with indicators shown for each specific objective and a 'traffic light' to indicate whether progress is being made towards targets.
5. The wider Local Area Agreement (LAA) for 2006 also follows the Outcome-based Accountability format across the four themes. The intention is that it will eventually be used for all services in the agreement.

1a. Essex Children and Young People's Plan

Population

Children and young people living in Essex.

Outcomes

The five *Every Child Matters*² 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

Four of these are illustrated here:

- The percentage of obese children between the ages of 5 and 10 years (**Figure 1**);
- The rate of pregnancies among young women under 18 years of age (**Figure 2**);
- Attainment and achievement at Key Stage 2 (pupils aged 10-11) in English and Maths (**Figure 3**); and
- The number of young people aged 16-18 who are employed or in full-time education or training (**Figure 4**).

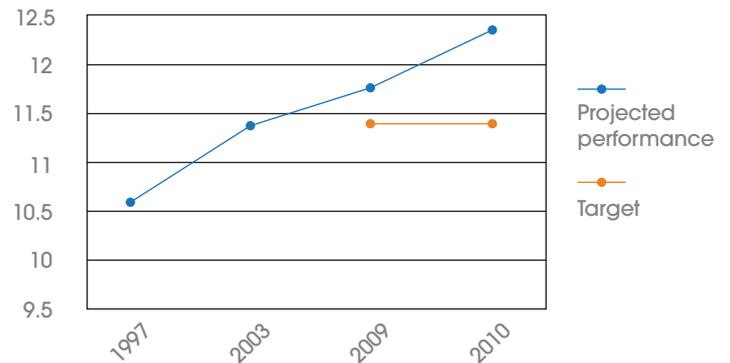
Baselines

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

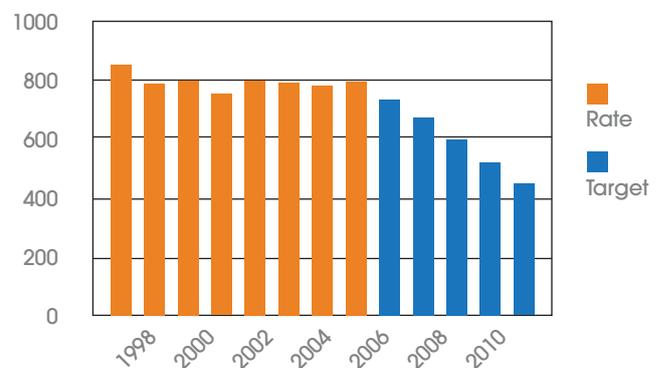


Reduce under-18 pregnancies

Story behind the baseline

- Reductions in the rate of conception under 18 have been smaller than in comparable areas (subsequent figures for 2006 not available at the time of planning) showed a small increase.
- Teenage pregnancy is associated with risks of poor health and social outcomes for both mothers and babies.

Fig 2.
Reduce under-18 pregnancies



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.

Increase education, employment or training among 16-18-year olds

Story behind the baseline

- Young people who are not in education, employment or training do not gain skills and are at risk of social exclusion.
- Some rural areas have higher than average proportions of young people who are not in education, employment or training than urban areas; transport and access can be factors.
- Difficult to reach’ groups, such as travellers, have higher proportions of young people not in education, employment or training.

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

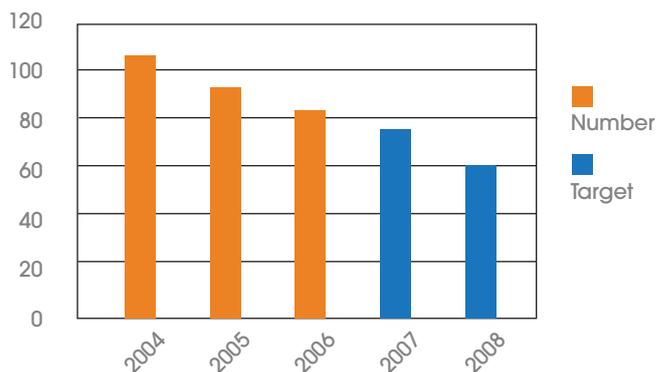
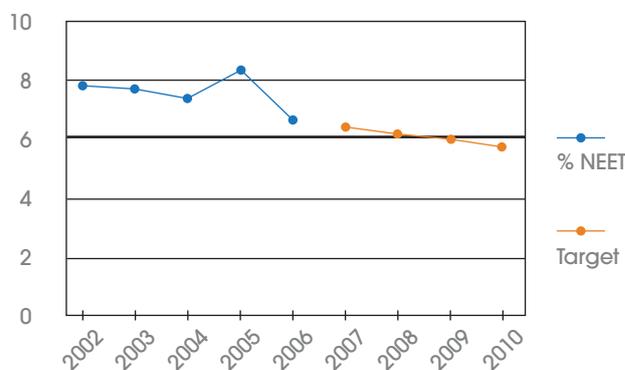


Fig 4. Percentage of 16-18 year olds not in education, employment or training



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.

Reduce under-18 pregnancies by:

- PCTs, General Practitioners and midwives providing advice for young women;
- PCTs providing appropriate and welcoming family planning services;
- school nurses, voluntary organisations, Connexions and children's centres providing advice and support;
- schools providing high quality sex and relationships education;
- clinics in schools;
- youth services providing personal development programmes; and
- providing support for boys and young men.

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.

Reduce 16-18-year olds not in education, employment or training by:

- Connexions, children’s centres, Special Education Needs service supporting parents under the age of 18;
- Educational Welfare Service identifying and working on causes of non-attendance;
- schools widening curriculum, to include vocational options and work/college experience and personalised learning;
- role models and mentors discussing jobs in schools; and
- Connexions personal advisers and Job Centre Plus staff liaising to ensure good transitions for those young people not in education, employment or training who transfer to adult services.

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 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.

References

1. Friedman, M. *Trying Hard is Not Good Enough. How to produce measurable improvements for customers and communities*. 2005. Oxford: Trafford Publications; 2005
2. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf

2.

Gloucestershire

Background

1. During the first six months of 2007, Gloucestershire's Children and Young People's Strategic Partnership used *Turning the Curve*¹ to re-orientate its Children and Young People's Plan (CYPP) to ensure that its targets have a stronger focus on achieving better outcomes. The impetus came from attendance by a group of senior managers from Gloucestershire County Council's Children and Young People Directorate and other agencies at a seminar on Outcome-based Accountability. The CYPP for 2006-2009 identified priority areas selected by the strategic partnership on the basis of statistical indicators, an analysis of needs and consultations with stakeholders, including children and young people which were:
 - emotional health and wellbeing;
 - personal safety;
 - children and young people with disabilities;
 - attainment of looked-after children and other vulnerable groups;
 - support for young families;
 - young offenders; and
 - better choices for 14-19 year olds.
2. It was subsequently agreed that the Business Plan for 2006-07 laid more emphasis on meeting process targets than was desirable, and too little on the better results for children and young people that it was expected to achieve. A UK consultant with considerable experience of Outcome-based Accountability methods was retained to lead a 'training for trainers' sessions with selected staff. This, in turn, enabled them to lead separate *Turning the Curve* workshops for each priority area. There was relevant multi-agency participation at each workshop, as well as representation from Gloucestershire's six districts and the voluntary sector. Participants were sent information packs in advance, including relevant data. Working in groups, they were asked to suggest the 'story behind the baseline' and produce their three best ideas for turning the trend curve in a positive direction, including low-cost and no-cost proposals.
3. The Business Plan for 2007-08 takes account of the second annual needs assessment and specific outcomes identified by Ofsted and the Commission for Social Care Inspection in the Annual Performance Assessment as requiring further investigation. These are:
 - co-ordination of inter-agency work with children and young people with disabilities;
 - mental health and emotional well-being needs;
 - substance misuse; and
 - Youth offending, especially first-time offending and young offenders in foster care.

4. Proposals from the *Turning the Curve* workshops, including no cost and low cost ideas, are listed in the plan under their own heading for each priority area. Some that could not be scheduled for immediate implementation have been retained for future action.
5. Headings in the Business Plan were changed and re-ordered to reflect the new orientation towards outcomes. It was also decided to ensure that outcomes for vulnerable and other specific groups of children and young people were identified throughout the plan, instead of being grouped in one place. For example, actions planned to improve outcomes for disabled children are no longer limited to the 'Stay Safe' priority.
6. Although children, young people and parent representatives were not involved in the *Turning the Curve* workshops in 2007, it was intended to ensure their participation in future years.
7. Gloucestershire officials described *Turning the Curve* as "a tool among many" for examining difficult or low performance issues and achieving community consultation in a straightforward way using plain English to communicate.
8. The County Council's Improvement Network of chief officers agreed in mid 2007 that *Turning the Curve* should be used to plan better results across the whole range of council services whenever there is evidence of low performance. This will be overseen by a Performance Scrutiny Group of lead members.

2a. Gloucestershire Children and Young People's Plan

Population

Children and young people living in Gloucestershire.

Outcomes

The national *Every Child Matters*² outcomes:

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

Experience

Children and young people would have more things to do, feel safer at school and in their communities; and receive more help in choosing careers and learning options. They would enjoy the same access to high quality education wherever they live in Gloucestershire, regardless of ability or needs.

Indicators

The three examples of baselines shown below draw on data from the 2006 needs assessment commissioned by the Gloucestershire Children and Young People's Strategic Partnership. They were used for a series of *Turning the Curve* workshops in early 2007.

Examples of baselines

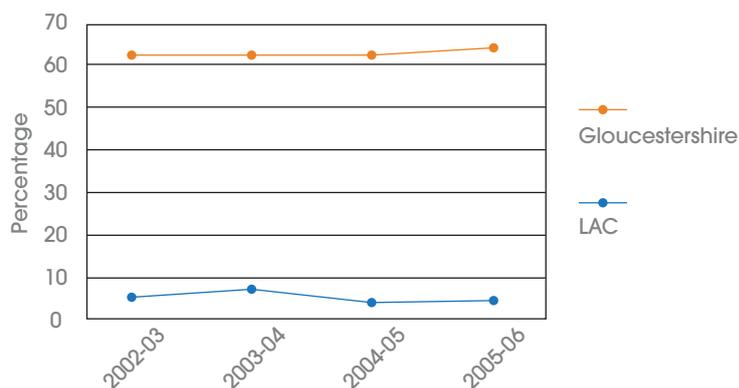
Improve attainment of vulnerable children and young people (children in care)

Story behind the baseline

- Looked After Children were likely to experience poorer health and education outcomes, including poorer access to support services and progression to learning after age 16.
- At this time, only one in 20 were achieving five or more GCSEs at grades A* to C.
- This compared with the majority (61 per cent) of all Gloucestershire students aged 16.

The percentage of young people leaving care aged 16 or over with 5 or more GCSEs at grade A*-C or a GNVQ compared to Gloucestershire overall

Fig 1. The percentage of young people leaving care aged 16 or over with five or more GCSEs at grade A*-C or a GNVQ compared to Gloucestershire overall



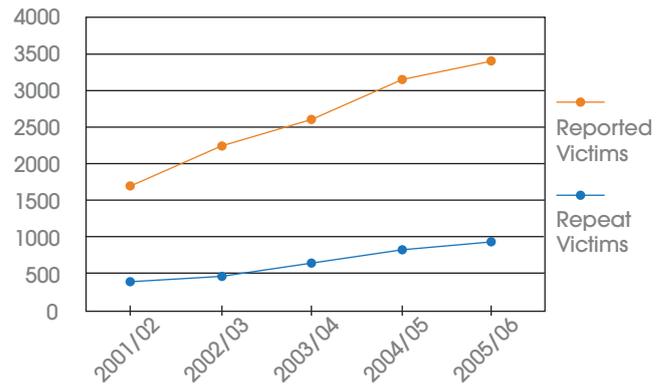
Source: Gloucestershire County Council

Improve support for children and young people exposed to domestic abuse

Story behind the baseline

- Reported incidents of domestic violence and repeat incidents in Gloucestershire were increasing.
- In an on-line pupil survey, almost half of local children in Years 8 and 10 reported witnessing or being involved in domestic abuse.
- The number of child welfare concerns logged by the Gloucestershire Police Domestic Violence Unit increased during 2006.

Fig 2. Reported incidents of domestic violence, and repeated incidents



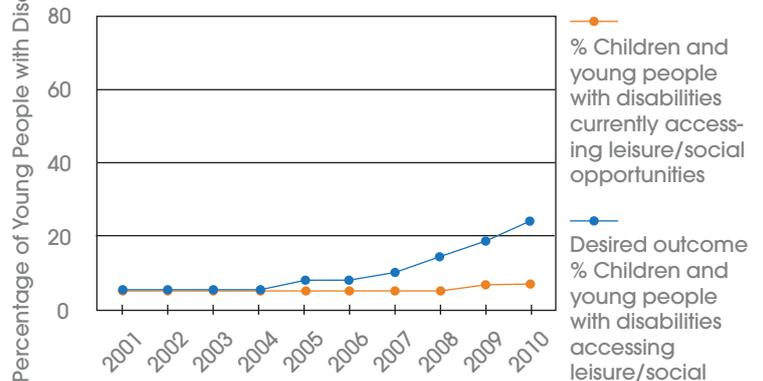
Source: Gloucestershire County Council

Improve young people with disabilities accessing mainstream leisure opportunities

Story behind the baseline

- Consultations with local parents of children and young people with disabilities showed strong dissatisfaction with the levels and some times the quality of support.
- It was likely that only a small minority of disabled children and young people currently used mainstream leisure and social facilities in Gloucestershire.

Fig 3. Percentage young people with disabilities in Gloucester that access mainstream leisure/social opportunities



Source: Notional curve based on national data. Local data was not available.

Partners

The Partners responsible for the Children and Young People's Plan, include Gloucestershire County Council, the NHS (Primary Care Trusts), six district councils, voluntary and community sector groups, police, the probation service, Connexions and the Learning and Skills Council. Under the county's emerging Children's Trust arrangements a Partnership Board oversees the plan, which is implemented and monitored by an Executive Group. Programme Boards have been established to manage change projects in specific services. Gloucestershire's Safeguarding Children Board also reports to the Partnership Board.

Examples of action needed to succeed – what works

(Proposals from the Turning the Curve workshops shown in italic)

Improve attainment of children in care by:

- setting up a 'virtual academy' for Looked After Children and young people;
- establishing closer alignment between Personal Education Plans, the Common Assessment Framework, reviews and academic monitoring;
- developing information and training for foster carers and head of children's homes to support achievement; and
- providing more opportunities to participate in activities outside school.

Improve support for children and young people exposed to domestic abuse by:

- reviewing the impact of County Council's Domestic Abuse Policy. Extend use of the Common Assessment Framework by police where children and young people are affected by domestic abuse;
- establishing a new Change Project across the CYPSP focused on support and protection for children and young people exposed to domestic abuse;
- *providing domestic abuse training for all school staff;*
- *providing information for young people (via schools); and*
- *researching local data in relation to homelessness and school exclusions etc.*

Improve access for children and young people with disabilities to mainstream leisure and social opportunities by:

- reviewing access to leisure facilities in each District Council area;
- ensuring that District plans include specific action to access of children and young people with disabilities;
- improving access to out of school wraparound services for children and young people with disabilities (enabling more parents to return to work);
- *providing training and support for providers of leisure and social opportunities, including disability awareness workshops, and support in maintaining safe access;*
- *enhancing existing leisure card scheme to give children and young people with disabilities access to more facilities; and*
- *developing an existing 'buddy' scheme for children and young people with disabilities run by the voluntary sector.*

Action plan or strategy

The Gloucestershire Children and Young People's Partnership's 2007-8 Business Plan, specifies current aims in more than 50 different areas and identifies actions and monitoring measurements. These are grouped under the five *Every Child Matters* outcomes and the Partnership's Change Programme, which includes targets for increasing children and young people involvement in decision-making, improving access to services and maximising the use of existing resources.

Budget

The 2007-8 Business Plan specifies the funding streams for each activity, including the lead partner, joint funding arrangements (where relevant) and specific central government grants.

Monitoring and evaluation

Monitoring data is reviewed on a quarterly basis with exception to data that can only be updated once a year.

Learning points

- Preparation for *Turning the Curve* workshops is important. This includes the materials, graphs and charts given to participants.
- It is better to have real baseline data available where possible rather than working with notional curves.
- It proved useful to have a mix of staff from different managerial levels involved in the workshops and spread between tables.
- Participants mostly enjoyed working to the tight timescale required by the *Turning the Curve* workshop, although some found it hard to get focused.
- Feedback from participants suggested the emphasis on Plain English in Outcome-based Accountability was especially motivating.
- *Turning the Curve* workshops ideally need to be held earlier in the annual planning cycle than January.
- Good ideas from workshops require buy in from senior managers who have the authority over resources to make things happen and carry the ideas forward.
- Use of *Turning the Curve* has already achieved a more outcome-focused Children and Young People Plan, but the crucial test will be whether implementation leads to better outcomes.

References

1. Friedman, M. *Trying Hard is Not Good Enough. How to produce measurable improvements for customers and communities*. 2005. Oxford: Trafford Publications; 2005
2. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf

3.

London Borough of Haringey

Background

1. Senior officers within Haringey's Children's Department have been trained to facilitate the *Turning the Curve*¹ process. A leadership team, comprising first to fourth tier officers, has used the process during 2007 to progress a number of priority areas within *Changing Lives*, the Haringey Children and Young People's Plan. These priorities include work to improve the integration of services for children with disabilities in order to deliver Standard 8 of the *National Service Framework for Children, Young People and Maternity Services*². This states that:

'Children and young people who are disabled or who have complex needs receive co-ordinated, high quality and family centred services which are based on assessed needs, which promote social inclusion and, where possible, which enable them and their families to live ordinary lives'.
2. In seeking to deliver the five *Every Child Matters*³ Outcomes, Haringey's plan seeks to ensure that specialist services are combined with universal services, including extended schools and children's centres that are accessible to disabled children. Objectives have been set for ensuring that parents and carers receive accurate and timely advice about the full range of services available; and that staff receive disability equality training and other training to ensure they have the core competencies to work with disabled children. The plan also requires that disabled children and their families to be involved in the planning, commissioning and monitoring of both specialist and universal services.
3. In the context of achieving better outcomes, there was a widely-recognised need to increase the amount of extended day and play provision available for disabled children and young people in the Borough. A *Turning the Curve* 'problem solving' session was facilitated by the Head of Inclusion who had been one of the original facilitators within the Department.
4. It should be noted that the process described in the example below is at an early stage and the action plan (at the time of writing) was still being developed in consultation with disabled children, young people and their parents.

3a. Haringey: Extended day and play scheme provision for disabled children and young people

Users

Children and young people with disabilities in the London Borough of Haringey.

Outcomes

The five *Every Child Matters*³ Outcomes and removing particular barriers faced by disabled children and young people in achieving them.

Delivery

Improved day and play scheme opportunities.

Outputs

- Children and young people with disabilities are able to access extended day and play facilities, within their local community and as close to home as possible.
- A majority using inclusive settings where their unique strengths are valued and their differences respected and understood.

Baselines

Consultations and mapping of services for disabled children and young people in the Borough has showed there is not enough extended day and holiday play scheme provision to meet demand and the increasing complexity of their needs. Existing provision is generally not inclusive and there is very little choice. At the same time there are rising expectations among parents and carers, children and young people that high quality play provision should be available outside the school day and during school holidays.

Story behind the baselines

- The number of children with complex needs has increased; this is particularly evident for children and young people on the autistic spectrum, those with complex health needs and those with communication difficulties.
- A growing number of universal play services cater for children and young people with special educational needs but places are limited for children and young people with complex needs.
- New schemes (usually offering a small number of places for disabled children) have been added to existing provision when small amounts of budget become available. There has often been uncertainty year on year as to whether necessary funding will continue.
- There are a small number of dedicated schemes in the holidays for children with disabilities. Children known to the scheme have tended to continue to attend each year. Parents are increasingly disappointed and concerned that some 'lucky' children receive a service while others do not.
- Persisting with the existing levels of service seems likely to lead to increased frustration and pressure on families that, in some cases, can contribute to family breakdown.

Partners

Those involved in the initial *Turning the Curve* exercise were:

- Special Schools;
- Children with Disabilities Team;
- Extended Day Service;
- Family Link Service;
- Family Support Service;
- Play Service;
- Markfield Voluntary Service;
- Tottenham Hotspurs Foundation;
- Team Spirit Voluntary Service;
- Additional Needs and Disabilities;
- 4Children;
- Childcare Sufficiency; and
- Education Looked-After Children Service.

Action needed to succeed

The initial planning day agreed the following points, which are being pursued:

- use three geographically-based children networks that cover the borough to develop clusters of extended day and play provision;
- explore using young people (including those not in education, employment or training) as escorts and mentors to accompany and support disabled children attending schemes;
- renegotiate contracts with transport drivers and escorts to enable them to work both in the centres during school holidays as well as providing transport;
- develop an agreed strategy through consultation with children, young people and their families;
- organise a day conference for key managers to plan and secure ownership of the strategy; and
- appoint a champion for children and young people with disabilities in relation to this area.

It was also agreed that the planning process should be guided by the need to:

- learn from best practice elsewhere;
- consolidate knowledge and awareness of the current situation;
- identify potential barriers with the help of parents/carers and providers in problem solving process; and
- avoid organising activities and provision to fit an 'agencies' agenda rather than the agenda fitting families' needs.

Action plan or strategy

The action plan, at the time of writing, is still being developed. The declared intention is to draft a strategy that increases the extended day and play provision for children and young people with disabilities which:

- is informed by stakeholders;
- is informed by more detailed knowledge of young people and their priority needs and interests;
- provides a continuum of provision to match the continuum of need against an agreed timetable;
- takes account of all current funding and realigns funding as necessary;
- identifies gaps in provision and ways to address these gaps;
- shows the number of places available to cater for different levels of need, including universal services and those for children and young people with high support needs;
- makes the criteria and decision making for specialist services transparent;
- is aligned to all key strategies within the Council and partner agencies, with particular emphasis on the commissioning strategy;
- is closely aligned with strategies for respite support for families of disabled children and young people and for direct payments;
- addresses the training needs of all staff in provider services; and
- provides information to families on services available, how to access them and the costs involved.

Monitoring and evaluation

The project plan will be devised and overseen by the Integrating Services for Children with Disabilities Steering Group. The Steering Group is chaired by the Deputy Director (Children and Families) and includes representatives from:

- Additional Needs and Disabilities;
- Family Support;
- School Standards and Inclusion;
- Haringey Primary Care Trust;
- Child Development Centre;
- Markfield Voluntary Organisation;
- Special Schools;
- Commissioning; and
- Children's Networks.

A mapping exercise was completed in 2007 to compare where disabled children live in the Borough against service locations. The group also aims to draw up new specifications for play and holiday services that match the complexity of needs and the location of young people. The intention is to arrange a range of provision, including individual and small group services. A 'critical friends' parents and carers group has been established to support and challenge the implementation process.

Budget

It is intended to identify all relevant funding streams, including their source, terms and sustainability. The unit costs of providing different levels of service will also be explored.

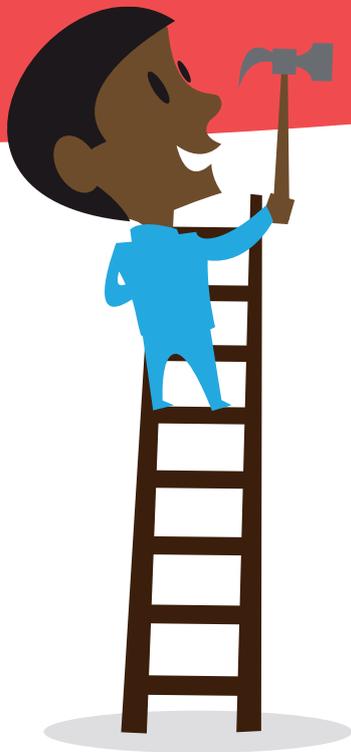
Learning points

- The *Turning the Curve* process provided problem solving tools in an area where it had previously proved hard to find the way forward. It helped participants to break through circular arguments about resources ('we need more places' - 'we need more money');
- The most significant decision was to define a continuum of need, and draw up a continuum of provision with users and their families. It was anticipated that existing funding could be prioritised against this continuum and a coherent case made for additional funding to fill the gaps;
- The initial exercise required staff from statutory and voluntary services, commissioners and providers to stand back from their individual roles; and
- It was considered important to involve parents, carers and users as critical friends to keep the continuum under review.

References

1. Friedman, M. *Trying Hard is Not Good Enough. How to produce measurable improvements for customers and communities*. 2005. Oxford: Trafford Publications; 2005.
2. Department of Health; Department for Education and Skills. *National Service Framework for Children, Young People and Maternity Services*. London: DH; 2004
3. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf

Implementation Phase



4. Cheshire

Background

1. Cheshire County Council has been using Outcome-based Accountability¹ procedures for more than three years, and has worked with the American proponent, Mark Friedman, to help them develop their approach. A group of around 30 'Champions for Outcome-based Accountability' has been established across the County.
2. The Cheshire Children and Young People Strategic Plan highlights the intention to use Outcome-based Accountability methods to test success in delivering the five *Every Child Matters*² outcomes, and to refresh the plan each year in the light of progress and changing priorities. It also emphasises the scope, through Outcome-based Accountability, for involving service users and the local community in planning services.
3. In 2005, the Cheshire Children's Fund commissioned an independent consultant to work with five of the Children sub-groups of the county's Local Strategic Partnerships (LSPs) to assist in developing a shared approach to commissioning services with a view to improving outcomes for children and young people. Each sub-group was asked to identify two or three outcomes on which to work, linked to the key priorities in the Children and Young People Plan¹.
4. The Children and Young People Partnership group covering the Borough of Crewe and Nantwich chose two key priority outcomes: keeping young people out of trouble and improving the quality of parenting.

¹ The number of focus outcomes was limited in accordance with the principle that if 'everything is important, nothing is important' – and to ensure an emphasis on action.

4a. Cheshire: Preventing re-offending among first-time young offenders

Population

Young people aged 10-14 years from St. Barnabas ward who commit a first time offence of criminal damage and/or violence.

Outcome

Young people will engage in pro-social activities and behaviour and stay out of trouble.

Experience

Young people who commit a first-time offence of criminal damage or violence will see a revised inter-agency service to meet their needs, including use of the Child Assessment Framework and improved programmes of support. They will experience increased motivation to stay out of trouble, improved thinking and communication skills, and greater stability at school and at home.

Indicators

- Number of first-time young offenders.
- Number of recidivist offenders.
- Crime rate in relation to criminal damage, violence, reports of youth nuisance.
- Number of children engaged in positive activities.

Work was proposed to identify further local information in relation to youth offending.

Baselines

A review of relatively common volume crimes indicated that most offences going to court in the Borough of Crewe and Nantwich between April 2005 and March 2006 were committed by young people from two wards, one of which was St Barnabas. Violence towards a person was the biggest volume crime, followed by criminal damage and theft. (See **Figure 1**.)

In relation to criminal damage, the local Youth Offending Team (YOT) had worked with 44 young people aged 10 to 17 between April 2005 and March 2006. Of these, 42 were young men and two were young women. The YOT had also worked with 32 young men and 10 young women found guilty of theft. Most of these young people were found to live in St. Barnabas or one other ward. A similar picture emerged from baseline information about violent offences, although first-time offenders were more typically found guilty of theft and criminal damage.

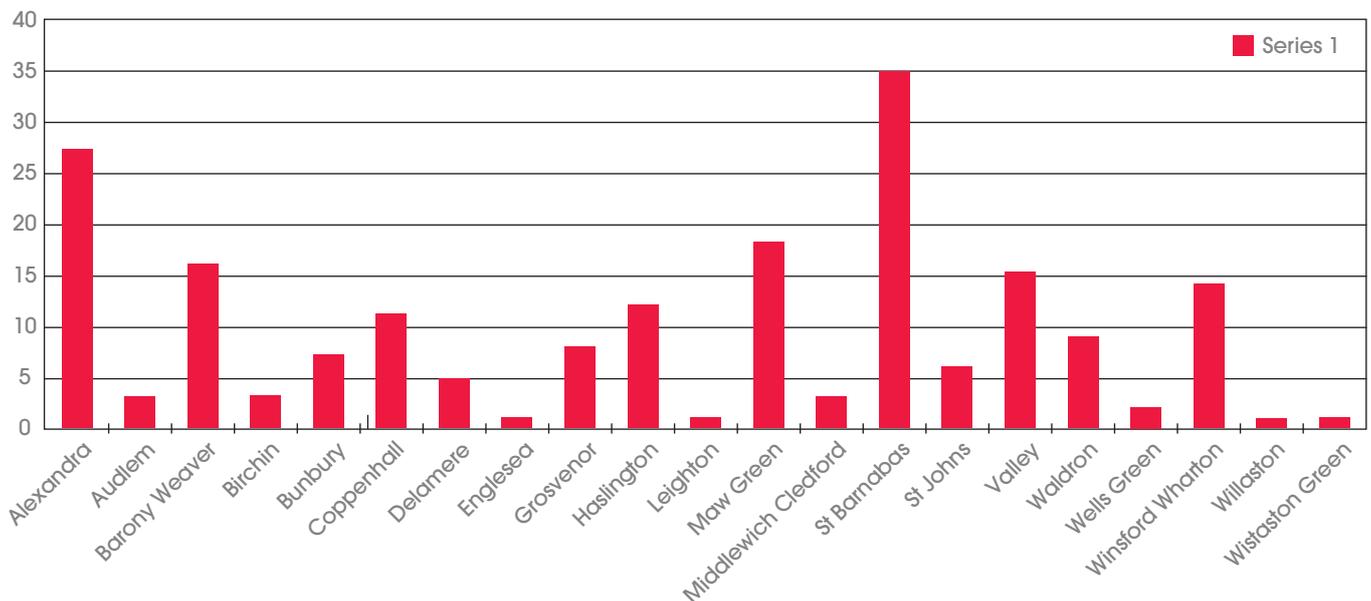
Story behind the Baseline

- In accord with national research, local Youth Offending Team data suggests that young men and women guilty of criminal damage, theft and violence against the person frequently have chaotic lifestyles and experience problems with their education, employment or training.
- Those guilty of criminal damage often show poor thinking and reasoning skills, low victim empathy and low motivation to change. They tend to start offending at an early age and are at high risk of re-offending.

A small-scale investigation into the backgrounds of young offenders referred to the YOT after being found guilty of criminal damage, theft or violence suggested that:

- Young women committing theft or violent offences tend to have particular problems with family, personal relationships and associated living arrangements. They are also likely to have problems with rational thinking and display low motivation to change. First offences among young women tend to be theft but others included drunk and disorderly, burglary and common assault.
- Young men convicted of theft often have chaotic lifestyles, and are also often involved in substance misuse, have low motivation to change, low victim empathy and poor thinking skills. First offences show no particular pattern and range from trespassing on a railway to minor assaults. Although young men committing violent offences were less likely to have problems with their family and living arrangements than young women, they displayed impaired thinking and low victim empathy.

Fig 1.
Volume crime by wards



Partners

YOT, community and sports development, social care services, schools, Action 06, alcohol services, youth services, Connexions, police, Crewe and Nantwich Borough Council Young Persons Accommodation Services, Primary Care Trust, young people, parents.

Action needed to succeed – what works

- An integrated and multi-agency approach to assessment and provision of services.
- Work on increasing the motivation for individuals, including their aspirations, sense of worth and access to suitable role models.
- Assisting individuals with thinking skills, including communication and problem-solving skills.
- Helping young people to stabilise their lives, including programmes for their parents, other family support and work with schools.
- Further opportunities for education, employment or training.

Action plan or strategy

- Change the way first time offenders were routed into preventive services and assessed across agencies.
- Ensure that services are delivered in a more integrated way.
- Assessment of the families of young people found guilty of a first offence in St. Barnabas using the Common Assessment Framework to facilitate an integrated 'team around the child' approach.
- Support programme for families to improve the quality of parenting and parent-child relations.
- An increase in the range and number of services available (with some partner agencies changing their access criteria to accommodate this).

- Youth Service to deliver more preventative work in St. Barnabas.
- The YOT and other agencies to use St. Barnabas ward as a local base.

In addition it was agreed that:

- Further assessments should be made of action needed to prevent youth crime with a view to implementing changes in 2008;
- The funding available to support young first-time offenders from all sources – not just those directly concerned with preventing crime and disorder – would be examined; and
- The overlap and links between the Children and Young People Plan and the county's Crime and Disorder Reduction Plan would be assessed to achieve greater coherence and integration.

Budget

There was no extra funding for this work. Most of the actions were considered feasible because the partners agreed to work in a different way.

Monitoring and evaluation

The Children's Sub-Group of the LSP considered whether their governance arrangements were robust enough to take the plan forward. This led to changes in the structure and membership of the Strategic Partnership. The Children Sub-Group became a smaller Children and Young People Commissioning and Delivery Board with new terms of reference focusing on improved outcomes for children and young people.

'Task and finish' groups linked to the key priority outcomes have been established to take forward the action plan. These report regularly to the Commissioning and Delivery Board, which monitors performance management information and the delivery of outcomes.

4b. 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)³.

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'.

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

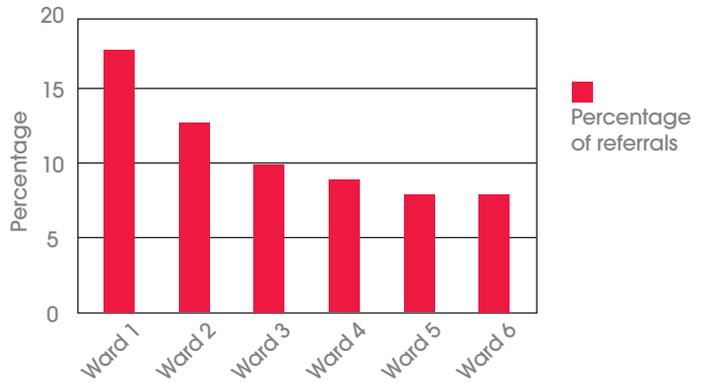
In 2005/06 there were 1,403 recorded referrals to Social Services covering 808 different children in Crewe and Nantwich. Six wards accounted for 66 per cent of referrals with St Barnabas (shown as Ward 1 in Figure 1) accounting for 18 per cent of all referrals, more than any other ward.

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

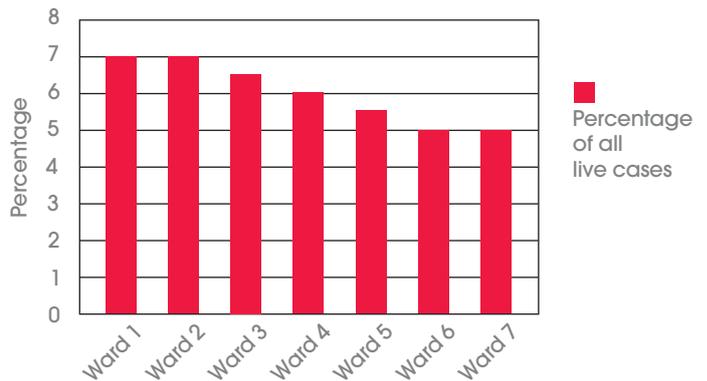
- The St. Barnabas ward is disadvantaged with a relatively high proportion of lone-parent households where parents may be under particular stress.
- Of the children and young people referred to CAMHS, behaviour and emotional difficulties feature significantly.
- Problems associated with parenting difficulties 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



Source:

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'.

References

1. Friedman, M. *Trying Hard is Not Good Enough. How to produce measurable improvements for customers and communities.* 2005. Oxford: Trafford Publications; 2005
2. Department for Education and Skills. *Every Child Matters: Change for Children.* London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf
3. Children's Workforce Development Council (2007) *Common Assessment Framework for children and young people: managers' guide.* www.everychildmatters.gov.uk/resources-and-practice/IG00063/

5. Corby

Background

1. Woodnewton, a large primary school in Corby, Northamptonshire serves a disadvantaged neighbourhood where eight out of ten households have incomes in the bottom 30 per cent of the national distribution and the proportion of adults with further or higher education qualifications is exceptionally low. In September 2006, separate infants and junior schools on adjoining sites were merged creating an exceptionally large primary school with more than 700 children on roll. The school, which is working towards 'Thinking School Accreditation' with Exeter University has sought active parent participation in its 'Learning Community' including provision of a Community Room for parents in school and parenting skills programmes. It is also employs a Parent Support Adviser as part of the Department for Children, Schools and Families' (DCSF) pilot initiative.
2. The head teacher was introduced to Outcome-based Accountability¹ through a seminar with its American champion, Mark Friedman, organised by the Research Base Corby's Pen Green Children's Centre. In the Spring Term of 2007, following concerns that attendance at the combined school was falling slightly below the national average, it was decided to hold a *Turning the Curve* workshop with staff, parents, the Parent Support Adviser, an educational welfare officer and others. The workshop was facilitated by a trained member of staff from Pen Green Research Base.
3. The school is planning to take forward its action plan, including discussions with parents of children with a poor attendance record and those whose children's attendance record has recently improved to obtain further help in identifying effective support measures.
4. It is plans to use *Turning the Curve* as the basis for an initiative in 2007-8 to improve children's reading skills and attainment.

5a. Corby: Attendance levels at Woodnewton

Users

Children aged 4 to 11 (Reception to Year 6) on the school roll and their parents.

Outcomes

Improvement in children's attendance (initial target 95 per cent across the school) as a contribution to their improved educational attainment.

Delivery

- Targeted support for children whose attendance (whether authorised or unauthorised) or persistent lateness is giving cause for concern.
- Support to be provided by the Parent Support Adviser and school administration staff, managed by the head teacher and her deputies.

Outputs

- School in contact with parents of children whose attendance is causing concern.
- Appropriate forms of support (various) delivered to/accessed by children whose attendance is causing concern and their parents.

Baselines

Pupil absence levels for the school reached 8.74 per cent in 2005/06 falling to 6.46 per cent in 2006/07, including 16 persistently absent pupils. (No baseline chart)

Story behind the baselines

- There has been a slow upward 'drift' in levels of absence indicating a problem that ought to be 'nipped in the bud'.
- Different reasons for poor attendance among individual children. Particular attendance problems occur:
 - on Monday and Fridays;
 - among children living away from the main catchment area;
 - due to term-time holidays;
 - in families under stress (including those with new babies);
 - among ethnic and religious minorities;
 - among vulnerable children (including 'young carers' with a sick or disabled parent); and
 - in children and families with health problems.
- The school already has some preventive measures in place, including a breakfast club, as well as phone calls and letters to parents whose children are absent without explanation and some (time-limited) taxi provision for children who live beyond walking distance whose families have difficulties getting them to school.
- There is scope for additional support and other action to achieve improved attendance.

Partners

Parents, teachers, reception and administration staff, midday supervisors, Education Welfare Officer, Parent Support Adviser, local Home-Start (home visiting) volunteers.

Action needed to succeed

- Tighter monitoring of non-attendance.
- Parent Support Adviser to contact parents of children with worst 10 per cent of attendance records.
- Supervised 'walking bus' to collect children and bring them safely to school.
- Collect/provide more transport for children whose families are in difficulties and live in outlying areas.
- Expand breakfast club to include parents.
- 8am alarm calls to parents of persistent non-attenders who request them.
- Giving alarm clocks to willing parents.
- 'Good attendance' awards for children.
- Family trips to recognise children's improved attendance.
- Target Mondays and Fridays.

Action plan or strategy

Some actions were implemented in the summer term 2007 (including alarm calls). A final action plan will be agreed after round table discussions with parents, including parents of children with poor attendance records and those whose children's attendance has recently improved.

Monitoring and evaluation

Attendance data is collected at twice-daily registration. Headline data (see **Figure 1**) will be collated on a half-term basis.

Budget

The Family Support Adviser is funded as part of a national DCSF pilot scheme. Most of the ideas proposed for the action plan are 'low cost' or 'no cost'. Others, such as family trips, can be covered by 'one-off' grants

Learning points

- *Turning the Curve* is easy to understand, but it requires you to be precise about the issues and how you are going to tackle them. It's a good way of ensuring that people stay focused.
- The process can help you to be less territorial, to share power with other stakeholders and listen to other people's voices.
- It can be helpful to use an external, *Turning the Curve*-trained facilitator.
- The process encourages you to think less about 'hard to reach' children and families and more about the ways that your services may be 'hard to reach' for them.
- It is important to maintain the impetus after the initial workshop(s) and be very disciplined about arranging follow-up meetings and implementation dates.
- As a process, *Turning the Curve* could be applied equally well to other aspects of school improvement (Woodnewton is planning a workshop on improving standards at Key Stages 1 and 2 in writing).

References

1. Friedman, M. *Trying Hard is Not Good Enough. How to produce measurable improvements for customers and communities*. 2005. Oxford: Trafford Publications; 2005

Fig 1.
Headline data on attendance

How much did we do?	How well did we do it?
<ul style="list-style-type: none"> • Number of parents of children with poor attendance records who were contacted/ offered different types of support; and • Number of parents who accepted support. 	<ul style="list-style-type: none"> • Proportion of parents of children with poor attendance records who were contacted; • Proportion of parents who accepted support; and • Feedback from parents and staff on usefulness and effectiveness of the support provided.
Is anyone better off?	
<ul style="list-style-type: none"> • Number of children whose half-day attendance records are below national average and target level set for the school; • Number of children whose attendance levels are below 90 per cent and 80 per cent thresholds; • Number of authorised and unauthorised half-day absences; and • Number of children who are persistently late for school. 	<ul style="list-style-type: none"> • Proportion of children whose attendance records are below a) national average (94 per cent) and b) school target (95 per cent); • Proportion of children whose attendance levels are below the 90 per cent and 80 per cent thresholds; • Proportion of authorised and unauthorised absence among children; and • Proportion of children who are persistently late.

6.

Kent

1. Kent's joint commissioning team became interested in the Outcome-based Accountability¹ process in 2006 after a senior manager attended a training course for trainers. Following a further presentation event, the county council senior management committed £50,000 for Outcome-based Accountability training events in the county.
2. Events in 2007 were used to spread knowledge and understanding about Outcome-based Accountability and *Turning the Curve*, through the county's children's services, which included a county wide event for members of the Kent Children's Trust Board. It has also been used as a planning tool in some of the county's Local Children's Services pathfinder areas.
3. The Kent Children and Young People's Plan for 2007 has been written in terms of achieving outcomes using the five *Every Child Matters*² outcomes and the framework follows the Outcome-based Accountability approach by identifying 18 population indicators. These include measures of mortality among children and young people, hospital admissions for injury and illness, obesity, personal safety, educational attainment, making a positive contribution, and housing conditions. Data is produced in the 'report card' format for the Kent Children and Young People Partnership and for the local children's services partnerships in each of our localities.
4. Five staff have been trained as trainers for Outcome-based Accountability and a further 20 are part of a support network. In all, around 250 people from a range of agencies have been trained. The three pathfinder local children's services partnerships in the county are using the Outcome-based Accountability approach and tools.
5. Various *Turning the Curve* exercises have been run for planning groups at local level. The first example below is at 'population' level and describes how a *Turning the Curve* workshop in Swale district planned to tackle one of seven priority outcomes – 'making children feel safer'. The group came up with a large number of ideas, from which three were selected for action. The second example describes the use of *Turning the Curve* by a primary school in Sittingbourne to improve levels of attendance.

Population accountability

6a. Kent: Enabling children to feel safer in Swale district

Population

Children and young people living in Swale.

Outcome

Children and young people feeling safer.

Experience

Children and young people would not only be safer from dangers such as traffic, bullying, health problems and 'stranger danger' but would also *feel* safer and more confident. There would be more safe places to play.

Baseline

Although children are objectively safer than in the past, their experiences and perceptions are those of being unsafe. The proportion feeling unsafe has been measured for a single point in time only. Future surveys will identify any change in this measure.

Story behind the baseline

- Some parents keep children at home because of fears for their safety.
- Younger children are frightened by the behaviour of older children.
- Groups of young people hang around shops, town centre and other places.
- Police need to keep moving on young people.
- Young people have nowhere to go.
- Parks and open spaces feel unsafe – locked, littered and unlit.
- Older young people and adults are drinking and taking drugs in parks.
- Particular challenges for young people include teenage pregnancy and drugs.
- The media concentrates on bad news stories about young people's anti-social behaviour, which negatively affects children and young people's perceptions.

Partners

All those involved in the children's service planning in the district and school cluster area, including police, fire service, young people, parents, community representatives, voluntary sector, schools, Connexions, youth service, Youth Offenders Team, social service, education officer, health, district council.

Action needed to succeed - what works

Suggestions from the *Turning the Curve* workshop included:

- Extended schools – offering facilities and activities for children and young people outside school hours;
- targeting specific play areas to make them as safe as possible;
- working with the media to be more positive about young people and how safe the environment really is;
- engaging a health worker to talk to young people about sex and drug problems; and
- more information and ‘signposting’ about activities and safe places to play that are already available.

Action plan or strategy

The wider group of partners met to work on the suggestions for action and three key actions were agreed on to take forward.

- Making better use of activities/facilities offered by extended schools. It was decided to produce a leaflet describing how, when and where activities and school facilities could be accessed.
- A project for children to write ‘good news’ stories for local newspapers, such as the ‘walking buses’ and other positive safety activities.
- A local recreation ground to be targeted for safety and other measures to improve its attractiveness and use.

Budget

Turning the Curve training was funded by the County Council. The Swale workshop (like other local planning groups) aimed to find as many ‘no’ or ‘low’ cost solutions as possible. The first ideas were both “no cost/low cost” ideas and, therefore, straightforward to implement.

Monitoring and evaluation

Progress on the initial baseline is to be monitored by repeating the survey of local school children that yielded the baseline data.

Performance accountability

6b. Kent: Improving attendance at Milton Court Primary School, Sittingbourne

Users

All children attending the Milton Court Primary School.

Outcomes

- Improved attendance at Milton Court Primary School.
- Children will feel more involved and positive about school. There will be more stability and less disruption to their classes, giving them a better environment in which to learn.
- Parents will feel more involved in their children's schooling and will be more supportive of their learning.

Delivery

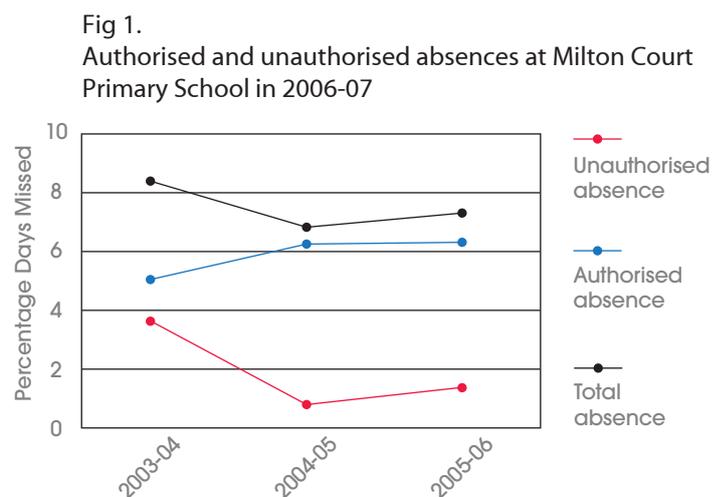
- Procedures in and out of school to help pupils arrive safely and on time.
- Outreach work with the parents of children who are persistently absent.

Outputs

- More days when (both) school gates are supervised.
- More regular attendance by an Education Welfare Officer.
- More children reaching registration on time.
- Increased satisfaction among teachers with punctuality and attendance.

Baseline

Rates of authorised and unauthorised absence at the school in 2006-7 were causing concern to staff. Although the trend was not increasing, it had not fallen significantly over three years, and was higher than in comparable local schools.



Story behind the baseline

- Some children are being marked down as 'late' (L) or 'Unauthorised Absent' (U) because they are outside the school gates with their parents at registration time. This has led to classes starting late and is disruptive to learning.
- Some parents do not value school because of their own bad experiences or current problems.
- Some parents keep all their children at home if only one child is sick.
- Some children do not want to attend and their parents collude with this.
- Particular streets can be identified where the attendance of children who live there is poor.

Partners

Deputy head teacher, Family Liaison Officer, children's centre manager for school site, Health Visitor, Education Welfare Officer, school nurse, children's social services district manager.

Action needed to succeed

A local planning group for the school undertook a *Turning the Curve* exercise at the start of the summer term 2007. Ideas included:

- Supervision at the morning gates to encourage children to come in;
- Sending letters to parents of children most frequently absent, followed- up by joint visits from the school nurse and a family liaison officer;
- Breakfast club, targeted at families at risk;
- Community police officer visits to families;
- Parenting groups;
- Rewarding good attendance; and
- Family liaison officer undertaking survey of parents for ideas of what might improve attendance.

Action plan or strategy

The top idea was to place a member of school staff on each of the two gates every morning before the start of school to talk to parents and encourage children to come in on time. Staff arranged this on a rota basis. It was also agreed that the Education Welfare Officer would visit the school once a month.

Monitoring and evaluation

Data was being collated at the time of writing, but after a term of implementation, school staff reported that:

- attendance improved amongst those who were coming late (data is being analysed as the attendance marking system has changed);
- lessons were starting on time and children were on task;
- class teachers were not distracted by parents bringing children in late;
- children were calmer and not being disturbed by children coming in late;
- children's concentration improved in the early part of class;
- school security had improved; and
- the Family Liaison Officer takes children from parents at the school building entrance and makes a note of any issues that parents want to raise with teachers, preventing teachers from being sidetracked.

Budget

The school gate supervision did not entail additional cost, as staff were already present. The visits by an Education Welfare Officer were part of existing responsibilities and made their contact easier with some of the families.

Learning points

- Training events on Outcome-based Accountability need to be well facilitated, to keep participants focused on the ideas of outcomes and baseline measures – and without becoming too pessimistic about the situations that need to change.
- People find it difficult to think in terms of outcomes (other than the five *Every Child Matters* outcomes). Some ‘talk the talk’ before fully understanding it.
- Working on many small ideas can often be more helpful than on one big idea.
- The approach is applicable at all levels: to very small services/projects and to a whole planning framework or strategy.
- The link between population outcomes, indicators and performance measures for each of the actions identified was illustrated in a single handout devised by Kent. Participants found it helpful to see how small actions can contribute to bigger ‘population’ issues; and
- Monitoring is important (rather than evaluation) to track changes as they occur and interpret the possible reasons for them and changing course if necessary. This approach encourages constant reappraisal of what is working and what difference it is making.

Reference

1. Friedman, M. *Trying Hard is Not Good Enough. How to produce measurable improvements for customers and communities*. 2005. Oxford: Trafford Publications; 2005
2. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf

7.

Kingston upon Hull

Background

1. Hull's Children and Young People's Strategic Partnership has been working with the ideas of Outcome-based Accountability for the past three years. Mark Friedman's work in the United States and Britain has had a major influence on the Partnership's approach to assessing progress towards better outcomes. Annual Outcome-based Accountability¹ workshops are held in the City and a large number of managers both within the Partnership and across the Council have been trained in the approach.
2. The Partnership has agreed a simple quarterly scorecard report that relies on a small number of outcome measures under each of six outcomes (children and young people, during consultation, said they wanted to separate out the 'enjoy and achieve' outcome under *Every Child Matters*² into two themes). The City Council is now working to develop a complementary model of performance reporting that focuses on "the things that need to go well within the Council for the Partnership to achieve its goals". Hull City Council is also working with the Hull Teaching Primary Care Trust (PCT) to enrich its understanding of the needs and service preferences of children, young people and their families through the process of Joint Strategic Needs Assessment. This will help them to understand 'the story behind the curve'.
3. The Partnership has six outcome groups that report to the Board. These groups act as 'custodians' for the outcomes by tracking and supporting progress towards each of the objectives within the Partnership's plan that relate to each outcome. It is intended that in the future, these six groups will play a major role in influencing in the commissioning of services.
4. The *Turning the Curve* methodology has been extensively used by multi-agency task teams on specific performance areas where change is required. Examples include both 'population' and 'performance' approaches as defined by the Outcome-based Accountability model. The topics addressed include:
 - attendance in primary and secondary schools;
 - young people's behaviour in secondary schools;
 - teenage pregnancy;
 - reducing the number of Looked After Children;
 - reducing the number of young people not in education, employment, or training;
 - greater participation in quality play provision, cultural activities and out of school hours learning by children and young people from black and ethnic minority backgrounds; and by Looked After Children and young carers; and
 - tackling bullying.

The case studies that follow highlight work that was carried out in two priority areas: greater participation of young carers in play and out of school hours learning; and action to reduce bullying.

7a. Hull: greater participation of young carers in play and out of school-hours learning

This *Turning the Curve* exercise was carried out by the Children and Young People's Partnership sub-group looking at the *Every Child Matters* outcome 'Make a Positive Contribution'. Young carers were identified as a priority group in the city's Children and Young People's Plan.

The Population

Young carers of all age groups in Hull. (Young carers are defined as children and young people whose life is affected by looking after someone with a disability or a long-term illness. They carry out significant caring tasks and assume a level of responsibility that is inappropriate to their age. The impact of taking on an inappropriate caring role can include underachievement or absenteeism at school, mental or physical ill health.

Outcome

Young carers should be able to access a range of quality play provision, cultural activities and out of school learning including sport, the arts and leisure activities.

Experience

More young carers will be accessing the above activities to enhance their quality of life

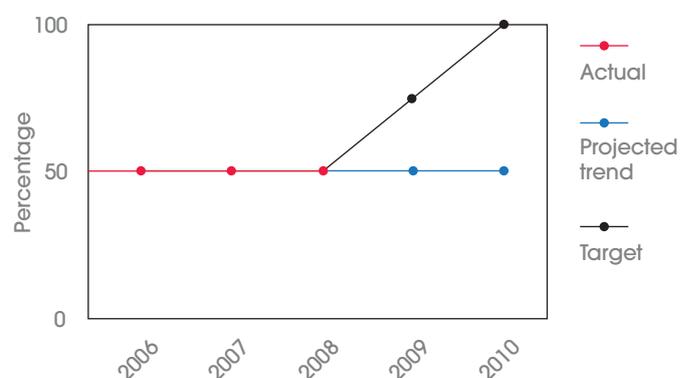
Indicators

An increase in the proportion of young carers accessing activities.

Baseline

This baseline information was collected by carrying out a survey of young carers. It was projected that if current provision continued unchanged little more than half of young carers would continue to access play, cultural and out of school-hours services. It was decided to set a target of 100 per cent access by 2010 (projecting a linear year-on-year increase, rather than a 'curve').

Fig 1.
Percentage of young carers accessing services



Story behind the baseline

- Young carers find it hard to join in activities because of family commitments and responsibilities imposed by others.
- They need to prioritise out of school time for other free time activities (e.g. homework, feeding pets).
- They worry about what is happening at home when not there.
- They have difficulties maintaining friendships and are concerned about the way they are viewed by peers (stigma, bullying etc.).
- The cost of facilities can act as a barrier.
- They are unaware of the benefits of participation.
- Parents are unable to help with transport.
- Schools and other organisations lack understanding of the issues affecting them.

Partners

Young carers, parents, young carers projects, Enjoy Outcome Group, JAR 2007, Young Carers Project Steering Group.

Action needed to succeed - what works

- Extending existing projects and services.
- Free bus passes for young carers.
- Safe travel to facilities – safe buses/walking buses.
- An identified support worker in schools (resource packs and training requires).
- Taster sessions at play and out of school hours facilities.
- Raising awareness of the facilities available.

Action plan or strategy

- Meetings with local sports clubs and a grant (competitive bidding process) for sports clubs to provide activities and transport for young carers.
- Work with the local Young People's Parliament to see how buses and other transport can be made more friendly, safe and accessible.
- Work to investigate the options for mentors/volunteers to accompany young carers to 'taster sessions'.

Budget

Work to be funded through a grant with sports clubs.

Monitoring and evaluation

Progress will be monitored by the Outcome Group looking at 'Making a Positive Contribution'. This group meets every six weeks. The work will also be monitored in other forums including the local steering group for young carers.

7b. Hull: action to prevent bullying

Hull City Council has a long standing commitment to reducing bullying in schools. Its Children's Services Anti-bullying project has a record of good practice and achieving positive outcomes, including the development of a support group approach that is cited in Government anti-bullying guidance³.

A 'TellUs' survey of pupils conducted in June/July 2006 confirmed that bullying is a relatively small issue for most children and young people in Hull. However, for those who are bullied, it can seriously affect learning as well as their emotional health and wellbeing. Bullying has been included as a continuing priority in Hull's Children and Young People's Plan.

The population

All children and young people at primary and secondary school in Hull.

Outcome

Prevent children and young people becoming involved in, or affected by bullying. (Defined as: "Any incident which is perceived to be bullying by the victim or any other person.")

Experience

All partner agencies will be committed to ensuring that:

- all children and young people feel safe and are listened to; and
- action taken regarding their concerns is effective and positive for them.

Agencies specifically concerned with improving relationships between young people will be committed to:

- promoting positive relationships in the community and schools;
- engaging young people in finding solutions to their difficulties;
- understanding young people's perceptions of the effectiveness of the anti-bullying interventions available; and
- championing proposals at activities such as a 'What Works' conference.

Indicators

- The proportion of children and young people who report they:
 - are safe and happy at school;
 - are safe in the local area around school;
 - have experienced racist bullying; and
 - have experienced homophobic bullying.
- parents views about bullying and discrimination.
- reports of bullying among specially vulnerable groups, identified as:
 - children in special schools;
 - children in children's homes;
 - children changing secondary schools;
 - children whose parents complain to the authority; and
 - children whose parents choose to educate them at home.

Baselines

A Hull 'TellUs' survey of children and young people conducted in June / July 2006 obtained responses from 617 children and young people aged between 10 and 15. Of these 49 per cent described themselves as feeling 'very safe and happy at school' (3 percentage points better than the national average) and 46 per cent as 'quite safe and happy at school'. Among the 5 per cent who said they were 'not very safe and happy at school' (2 percentage points below the national average) a majority said that school being stricter with bullies would help. (See **Figure 1**.)

Asked how safe they felt in the local area around school, 25 per cent said they felt 'very safe', 58 per cent 'quite safe' and 17 per cent 'not very safe'. (See **Figure 2**.)

Half those who felt 'quite safe' and two thirds of those who felt 'not very safe', said they would like to see more protection from bullies and gangs.

Young people consulted during preparation the Children and Young People's Plan also expressed some concerns about bullying, but also confirmed their awareness of anti-bullying strategies embedded in schools, referring for instance to 'Buddy' schemes.

A survey on experiences of racism among 13 and 14 year old pupils in Hull found that most thought the school environment was safe most of the time. But a significant number said they had heard of or witnessed racist incidents in school. The extent of homophobic bullying is unknown in Hull and it is agreed that more information is required.

Fig 1.
TellUs survey June/July 2006

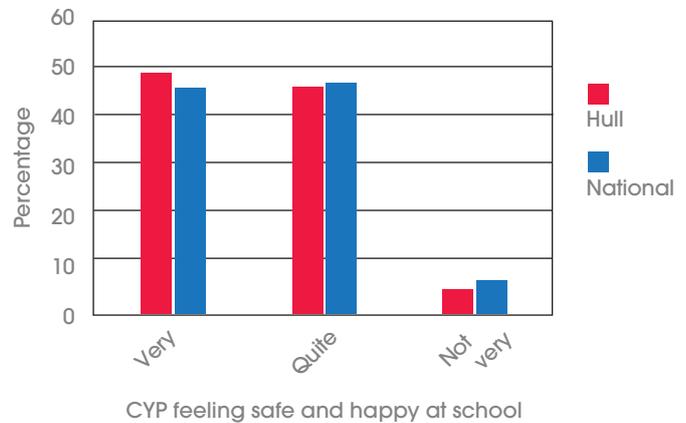
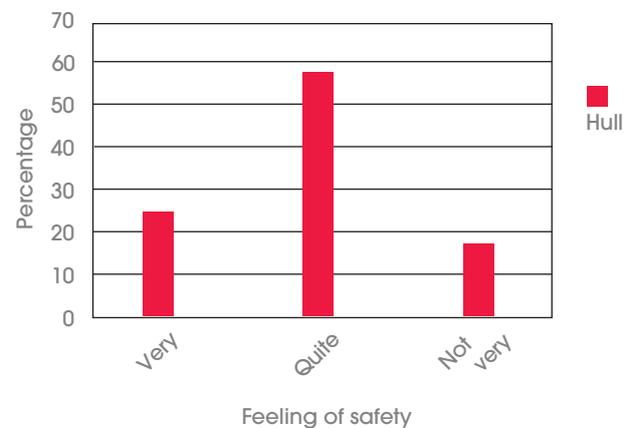


Fig 2.
CYP who felt safe in the local area around school



Story behind the baseline

- Existing anti-bullying policies appear to be effective, but more could be done.
- Greater understanding is needed of the extent of bullying.
- There is scope for greater clarity about the services available to children and young people to reduce bullying.
- There is scope for more targeted support to support the victims of bullying, racism, homophobia and discrimination, particularly to children and young people in the groups identified as specially vulnerable.
- More could be done to encourage victims to report incidents of bullying.

Partners

Agencies that provide support and advice to reduce bullying including:

- BEST teams;
- Children and Young People Services Anti-Bullying Project;
- Community Anti-Bullying Project;
- Connexions;
- Family Assessment Unit;
- Hill and East Riding Young Carers Project;
- Hull Youth Council;
- Inter-Agency Link Team;
- KIDS – Parent Partnership Service;
- Psychological Service;
- Rights and Participation Project;
- Young Victims of Crime Project;
- The Warren;
- Hate Crime Co-ordinator;
- Healthy Schools Team;
- Pupil Services;
- Humberside Police; and
- Anti-Bullying Alliance [Yorkshire and Humber Region].

Action needed to succeed – what works

- Local co-ordination of relevant anti-bullying advice, programmes and activities under *Every Child Matters*, the Respect agenda for reducing anti-social behaviour, and guidance from the Department for Children, Schools and Families and Ofsted on preventing bullying in schools³.
- A continued local emphasis on ‘solution-focused’ anti-bullying work, including ‘development of the support group approach that has already proved effective.
- Anti-bullying support and advice offered to young people via a free phone line.
- Clear policies and practices in agencies to prevent bullying.
- Promotion of ‘Buddy’ schemes, support groups and peer mentoring to support victims and encourage an anti-bullying

Action plan or strategy

The anti-bullying action plan for 2006-07 is detailed below:

Desired Outcome	Action Required
<p>Children and young people report with confidence that bullying in all its forms is dealt with effectively</p>	<ul style="list-style-type: none"> • Articulate an informed view of the extent of bullying in Hull. • Collect statistics from surveys, inspection judgements and reports from services. • Include the results of mass surveys conducted by schools and other partners. • Include the impact as perceived by young people of the effectiveness of local services' actions to reduce bullying. • Report the findings to young people in a form that they can easily understand. • Be sure that the extent of bullying is significantly less than for statistical neighbours.
<p>Bullying issues are dealt with as effectively as possible in schools</p>	<ul style="list-style-type: none"> • Monitor and assess the effectiveness and support provided through School Anti-Bullying Policies. • Encourage schools to undertake anti-bullying accreditation through supported self review.
<p>Strategies in place to deal effectively with bullying in children's homes</p>	<ul style="list-style-type: none"> • Children's Homes anti-bullying policies to be monitored on an annual basis and their effectiveness assessed. • Monitor the risk assessment of vulnerability to abuse and bullying in residential settings.
<p>Looked-after children report with confidence that bullying is dealt with effectively</p>	<ul style="list-style-type: none"> • Identify the proportion of looked-after children who report being affected by bullying and discrimination (in liaison with Social Care and Health) and make provision to reduce it.

Desired Outcome	Action Required
Improved access to support for the victims of bullying	<ul style="list-style-type: none"> • Produce contact details of services available to support victims of bullying.
Identified groups feel less vulnerable and receive targeted support	<ul style="list-style-type: none"> • Provide targeted support for vulnerable groups. • Be alert to concerns regarding racist and homophobic and disability bullying.
Reduce homophobic and racist bullying in line with the national Respect agenda	<ul style="list-style-type: none"> • Collect data to assess the incidence of racist bullying, improving compliance and enabling support to be targeted. • Ensure the workforce is trained to enable young people and staff to recognise racism and deal with it effectively when it occurs. • Pilot and evaluate work on homophobic bullying with five schools, including developing a staff training package.
Members of the workforce use the best available methods when working with troubled young people	<ul style="list-style-type: none"> • Ensure through training, that innovative and proven practice such as 'solution focused approaches' are used still more widely by more LA staff and by partners, particularly to support vulnerable groups of young people.
Improve relationships between children and young people in schools	<ul style="list-style-type: none"> • Promote positive relationships through the roll-out of the Social and Emotional Aspects of Learning (SEAL) curriculum to primary schools and development of this approach in Secondary schools.
Help given to young people matches their needs and aspirations	<ul style="list-style-type: none"> • Promote greater involvement of young people in planning provision (more than just consultation). • Engage the local Safeguarding Board in preventative work to encourage children and young people to report bullying and discrimination including a 'What Works' conference.

Budget

Most of the action plan will be funded through officer time, access to training budgets and £10,000 for event costs.

Monitoring and evaluation

The action plan will be monitored through the Children and Young People Strategic Partnership.

Learning points

- Outcome-based Accountability engages people, and transcends professional boundaries.
- It contributes to the cultural shift of looking at the 'whole child', and assists in removing the 'silo culture'.
- The approach is easy to follow, and focuses people's minds on the outcome(s) you are trying to achieve. You don't have to invest a lot of time in helping people to understand the model because people pick it up fairly quickly.
- Although *Turning the Curve* process is relatively easy to pursue, it is implementation that really counts.
- The structure of the strategic partnership needs to be 'fit for purpose'.
- There needs to be consistency of thinking across the strategic partnership and outcome group.
- It is important to make sure that participants in *Turning the Curve* understand how the process fits into the planning and performance management framework.
- Language is important – it is crucial to get the terminology right.

Reference

1. Friedman, M. *Trying Hard is Not Good Enough. How to produce measurable improvements for customers and communities*. 2005. Oxford: Trafford Publications; 2005.
2. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf
3. Department for Education and Skills. *Bullying: Don't Suffer in Silence – an anti-bullying pack for schools*. London: DfES; 2004

8.

Solihull

Background

1. Chelmsley Wood Children's Centre in Solihull (formerly a Sure Start Local Programme) serves around 1,200 families with children under five in a disadvantaged neighbourhood in the north of the Borough. Local concerns include, relatively high rates of teenage pregnancy, smoking during pregnancy and male unemployment.
2. A *Turning the Curve*¹ exercise was carried out in early 2006 in response to evidence that only seven percent of fathers registered on the Children's Centre database were accessing its services. This was viewed as disappointing given the emphasis within Sure Start on involving parents of both sexes; and the evidence that the active involvement of fathers in children's care and upbringing is associated with better long-term outcomes, including school attainment and mental health^{2,3}.
3. The *Turning the Curve* process was instigated by Anne Gladstone, a member of the multi-disciplinary staff team who specialised in working with adults wishing to return to learning. It was undertaken as an action research project towards a Masters degree in Integrated Provision for Children and Families from Leicester University, working with the Pen Green Centre in Corby. In addition to analysing Chelmsley Wood Centre's database with colleagues, she actively sought the views of fathers, including those not currently using services, to obtain the story behind the baseline and identify changes that would help improve the levels of participation.

Performance accountability

8a. Involving fathers: Chelmsley Wood Children's Centre, Solihull

Users

Children from pregnancy to age five and their parents, living in the area served by the Chelmsley Wood Sure Start Local Programme, and the successor children's centre.

Outcomes

Improved long-term developmental, educational and health outcomes supported through greater involvement of fathers in their care and upbringing.

Delivery

- Greater efforts to contact fathers from their partner's pregnancy onwards to make them aware of services.
- Events and activities specifically designed for fathers and children.
- Contact with mothers and fathers to highlight the benefits of men's closer involvement in parenting.

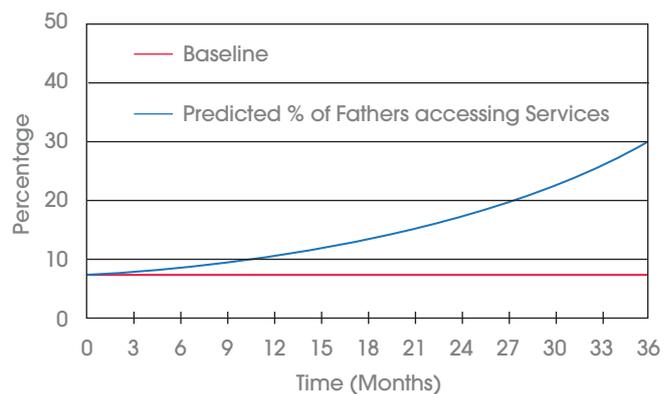
Outputs

- The Children's Centre is in contact with more fathers on its data base.
- Increase in the number of fathers accessing the Children Centre services.

Baselines

Early in 2006, it was established that only 7.3 percent of fathers in families registered with the then Sure Start programme were accessing services. This was expected to increase in the year ahead to around eight percent if existing resources, including a fathers' worker were maintained. Nevertheless, the *Turning the Curve* exercise suggested the potential for a projected increase to 10 percent over a year, rising to 30 percent over three years.

Fig 1.
Percentage of fathers accessing services



Source: Gladstone (unpublished).

Story behind the baselines

In-depth interviews with a small group of fathers of children using the centre in 2005, including fathers who did not access services themselves showed that^{4,5}:

- fathers perceived Sure Start as being predominantly for women and children;
- accessing the kind of services offered by Sure Start was not seen as the kind of thing men do; and
- fathers were very aware of the potential benefits for children and parents accessing Sure Start.

It was also apparent that:

- Sure Start tended to be seen as a female environment;
- fathers felt out of place and unimportant and therefore treated as if they were tagging along or merely tolerated;
- fathers did not feel they were communicated with directly, and did not think the word parents meant them;
- methods of communication were not always appropriate;
- services were not provided at times that suited fathers; and
- not knowing anyone at the Centre made fathers' participation difficult.

Partners

Fathers and members of the multi-disciplinary team at the Children's Centre, including the fathers' worker, infant and adult mental health care specialist, adult education specialist and administrator. Fathers' views, including those of men who were not using the Centre, were obtained through postal questionnaires and follow-up phone calls.

Action needed to succeed

- Involvement of fathers from the start during their partner's pregnancy.
- Group activities for fathers at accessible times, including weekends.
- Practical sessions where fathers could make things with their children.
- Information for mothers as well as fathers about better child outcomes associated with father involvement.

- Changes to visual images and signs at the Centre to make it clearer so that its services are for parents of both sexes.
- Specific references to fathers in publicity materials.
- Staff participation in a Fathers Network Group set up by children's centres and local services.
- More male members of staff.

Action plan or strategy

Signage and publicity changes were implemented in 2006, but progress in establishing the group activities for fathers was delayed while the Sure Start Local Programme was re-organised into a neighbourhood children's centre. It is now part of the North Solihull Children's Centre Network that includes a manager assigned to take a lead on fathers work. In addition, three fathers' workers cover the North of Solihull, and are organising and becoming involved in a range of projects and activities. These include encouragement for fathers-to-be to attend ante-natal support groups at the Centre.

Fathers have been engaged through participation in a national project called 'Putting Dads in the Picture', promoted by offering a free professional portrait of fathers with their children. Other activities have included a football match for dads and a series of football events at Aston Villa Football Club linked to story telling. Existing Saturday morning groups for fathers have continued and occasional trips and outings have been arranged.

A Fathers Network Group has been established by the lead manager working with fathers, bringing together professionals across the **Borough of Solihull** who are working with fathers or who have an interest in that area.

Monitoring and evaluation

The Centre's database will continue to be used to measure the number and proportion of fathers from registered families that are accessing services. The number of fathers attending the proposed groups will be monitored. It is also intended to ask fathers about their experiences of the Centre; and whether their thinking about the accessibility and appropriateness of services has started to change. Anecdotally, the number of fathers using the Centre's services is thought to have improved.

Budget

The components of the Action plan were chosen to be no cost or low cost, anticipating that they could be implemented without additional funding. The cost of follow-up phone calls to fathers, as part of the consultation exercise, was minimised by using volunteer callers.

Learning points

- Participants find the initial simplicity and clarity of *Turning the Curve*¹ appealing, combining knowledge with common sense.
- The approach is a good way of bringing people together from different backgrounds and levels of responsibility to work on better outcomes.
- The process ensures that the purpose of the project is kept in focus and allows progress to be measured in an easily understandable way. This, in turn, makes it easier to justify the chosen strategy and to shape future developments and funding decisions.
- Any changes that arise from the Action Plan require sensitive and informed handling. Staff should be clear that the Plan is a way of improving outcomes, not a criticism of their existing work.
- It is essential to ensure that managerial support and structures are in place to make sure action plans can be implemented and followed through.

References

1. Mark Friedman (2005) *Trying Hard is not Good Enough*. Oxford: Trafford Publishing.
2. See, for example: Ghate, D.; Shaw, C. & Hazel, N. (2000) *Fathers and family centres: Engaging fathers in preventive services*. York: Joseph Rowntree Foundation.
3. Lloyd, N.; O'Brien, M. & Lewis C. (2003) *Fathers in Sure Start. The National Evaluation of Sure Start (NESS)*. Birkbeck, University of London, Institute for the Study of Children, Families and Social Issues.
4. From Gladstone, A. (Unpublished—a) *What do fathers think about accessing services at Chelmsley Wood Children's Centre?* MA dissertation, Leicester University and the Pen Green Centre, January 2006;
5. Gladstone, A. (Unpublished) *Involving Fathers in Services at a Children's Centre. A report on the process of attempting to 'turn the curve' on involving fathers in services*. MA dissertation, Leicester University and the Pen Green Centre, June 2006.

9.

Telford and Wrekin

Background

1. Telford and Wrekin Local Authority, a unitary authority, has made considerable use of Outcome-based Accountability¹ principles and processes in recent years. It is also the only authority in the UK to have been awarded 'beacon' status for two areas of children's services – integrated children's services (2005-06) and early intervention: children at risk (2006-07). Telford and Wrekin was a Children's Trust pilot area and also a trailblazer for the Information Sharing and Assessment (ISA) initiative.
2. The Local Authority views its multi-disciplinary team around the child approach to children's services, where co-ordinated professionals address a family's needs, as a good example of Outcome-based Accountability principles being applied. By ensuring that a range of skills and knowledge are on call, it takes a holistic approach to tackling the root causes of problems. It starts by looking at individual outcomes, and has many characteristics in common with Outcome-based Accountability, including promoting common language, reducing duplication, partners working together in a whole system approach, holding individuals to account for action agreed.
3. The Children's Trust arrangements also support a focus on outcomes. Governance and accountability is through the Children and Young People's Strategic Partnership Board (C&YPSPB), which reports to the Local Strategic Partnership. The Board has five multi-agency sub-groups that reflect the *Every Child Matters*² outcomes, as well as a number of cross-cutting groups that report to it. The Children and Young People's Plan sets the benchmark for performance and measuring outcomes, highlighting priority changes, how they will be achieved and what evidence will be used to demonstrate change.
4. Geographically, Telford and Wrekin has been divided into five school and community clusters, each of which is served by a Change for Children Board. These boards oversee the integration of services, identify local gaps and duplications in provision and are also expected to pursue three specific outcomes identified as priorities in their area. Two of these are determined through data analysis, and one based on the perceptions and priorities of local people. The Change for Children Boards use Outcome-based Accountability as a way of helping them think through what outcome they want to achieve, and how they will go about doing this. An example from the South Telford 'cluster' follows.

5. Promoting an outcome-based approach to commissioning and delivering services for children, young people and families has required a shift in culture across many partner organisations. To enable this, chief officers from the partner agencies worked with Birmingham University to identify what needed to be done. This helped to ensure consistency in the leadership messages from different organisations. Over an eighteen month period managers and staff were brought together on a multi-agency basis to actively promote cultural change.
6. As well as ensuring strong leadership, Telford and Wrekin established a series of cross-cutting, multi-agency groups on IT group, communications, legal issues and human resources to develop a model of integrated working. The groups developed protocols for key issues, such as data and information sharing. Three co-ordinators appointed to pilot Information Sharing and Assessment also acted as cultural change champions.
7. In 2006/ 07 these co-ordinator posts were replaced by integrated service managers in each of the school and community clusters. Their responsibilities include, providing locally accessible, early support, managing a multi-agency team, implementing common processes, improving information sharing and training and supporting staff. Their teams include, Education Welfare Officers, Youth Inclusion Support Workers, Behavioural Support Teachers, Parenting Support Workers, School Nurses, Learning Support Teachers, Early Years Family Support and Primary Mental Health Workers.

9a. Improving school attendance in South Telford

Population

Primary and secondary school pupils in South Telford.

Outcome

Improvement in the number of children and young people regularly attending school.

Experience

Improved educational attainment linked to better attendance and raised awareness of why school attendance matters.

Indicators

Increase in the number and percentage of children attending school.

Baseline

A needs analysis of children and young people by the South Telford School and Community Cluster showed that school attendance was below the national average.

Story behind the baseline

South Telford has the highest proportion of children living in poverty in Telford and Wrekin, including an above-average proportion of lone parent families. It also has:

- a very high dependency on public transport;
- a higher than national average rate of special education needs;
- high rates of young people not in education, employment or training;
- the highest rate of youth offending in Telford and Wrekin;
- a high rate of children and young people becoming looked after; and
- a number of children and young people were in part-time education programmes but they were seen as legally absent.

Participants in the *Turning the Curve* process (*workshop held in early 2007*) also suggested that:

- many parents of young people who truanted lacked motivation or condoned their unauthorised absence from school;
- common reasons for unauthorised absences were, parent had an afternoon appointment that prevented them picking their child up from school; alarm clock did not go off; child not well without clear symptoms; or no money for bus fares; and
- some sanctions used by schools to prevent truanting were ineffective.

Partners

Schools, Education Welfare Officers (EWOs), Local Authority Attendance Support Leader, Integrated Services Manager, Police, Chair of the Change for Children Board, parents and community organisations.

Action needed to succeed – what works

- Home visits on first day of absence.
- Persistent absenteeism to be challenged by schools and followed up by EWOs.
- Attendance panels in schools involving parents to address persistent absenteeism.
- Parenting contacts and parenting programmes.
- Fixed penalty notices would be given to parents who do not respond to other approaches.

Action plan or strategy

A 'Stay Safe Sweep' over a week in May 2007 to focus on the issue of promoting positive school attendance.

- Every child of school age receives a Department for Children, Schools and Families (DCSF) leaflet promoting the importance of school attendance³.
- Parents and community organisations are given 'Missing School, Missing Out' leaflets, promoting attendance and highlighting parental responsibilities.
- Primary and secondary school assemblies focusing on attendance, including rewards for improved attendance.
- A home visit made to all children showing an unauthorised registration mark to ascertain why the child is not in school.
- Home visits are made to parents of children who were persistently absent, with clear messages about statutory follow-up measures.
- Parents of persistent truants are invited to take part in attendance panels to explore why their children are not attending school.
- Truancy Patrols to target places where young people are known to go when truanting.

- A police truancy patrol to distribute leaflets and stop parents with children of school age during the school day to ascertain why the child is not in school.
- Secondary schools to organise patrols to look for students leaving during a break or lunch-time without authorisation.
- The 'Stay Safe Sweep' event to be promoted on local radio, and visits to be made to parent and community groups to discuss the issue.

Monitoring and evaluation

The amount of activity during the 'Stay Safe' Sweep was monitored and reported to the Change for Children Board. During the week:

- 76 children were stopped on the streets unaccompanied;
- five children were stopped with a parent or appropriate adult; and
- 135 home visits were made, including 45 where there was no answer.

A further action plan is being put together based on the findings from this work.

Learning points

- The *Turning the Curve* approach helped people to become a lot clearer about what they were trying to achieve and why.
- It ensured greater levels of accountability.
- The approach encourages people to have a common language and goal.
- Having parents as part of the process, challenges professionals to use simple language.
- The process enables people to think out of the box instead of doing what they always do.
- People often look for complicated solutions. Outcome-based Accountability enables them to focus on the simpler things that can be changed.
- It is important to ensure that change to achieve outcomes is not treated as a short-term approach.

References

1. Mark Friedman (2005) *Trying Hard is not Good Enough*. Oxford: Trafford Publishing.
2. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf
3. Department for Education and Skills. *Is your child missing out? School attendance: Information to parents*. London DfES; 2007.

10.

Winchester

Background

1. Winchester Local Authority has used Outcome-based Accountability¹ to update its community strategy on behalf of the Local Strategic Partnership (LSP). The Partnership has a wide range of members, including health, voluntary sector, police, Chamber of commerce, transport forum and sports and leisure as well as Hampshire Local Authority. Although, the Partnership's interests include, the well-being of local children, young people and families, the community strategy covers the whole sustainability agenda.
2. One of the managers responsible for the community plan attended an Outcome-based Accountability event in 2005, at which the American expert, Mark Friedman explained the approach. The same manager later undertook the training of trainers and ran a *Turning the Curve* seminar with Mark Friedman for all 19 members of the Partnership Board. Two other officers, including the LSP manager, were trained as trainers and workshops were run on children's well-being, and older people's well-being. *Turning the Curve* has since been used to consider local responses to climate change in order to inform a new climate change plan for the Local Authority.
3. Winchester Local Authority is now developing its corporate strategy along Outcome-based Accountability lines.
4. The advent of the new National Performance Framework has led to a review of indicators within the community strategy, and these have been adjusted where appropriate so that agencies are not monitoring multiple similar indicators. Data availability has been a problem for the Partnership and it is anticipated that the National Indicator Set will help to establish baselines where there have been gaps.

Population accountability

10a. Winchester Community Strategy

Population

People living in the area served by Winchester Local Authority.

Outcomes

Five outcomes identified as local priorities:

- health and well-being;
- freedom from fear;
- economic prosperity;
- high quality environment; and
- inclusive society.

For each outcome, between three and five more specific outcomes have been identified as priorities for the Community Plan, in agreement with partner agencies, making 21 priority outcomes overall.

Experience

Adults, children and young people will be healthier and safer. They will feel safe at home and in the local area; and will be able to enjoy their environment without causing excessive risk to natural resources and the climate. They will be able to live in good quality housing they can afford, have access to the community amenities and facilities they need. They will have sufficient income to live on. People will feel accepted without discrimination.

Indicators

Three examples of priorities based on curves to turn that have been included in the Plan are illustrated here:

- to stop the upward trend in obesity in children and adults;
- to improve standards in private and affordable housing; and
- to reduce average carbon dioxide emissions per head for the Winchester area.

Baselines

Stop the upward trend in obesity in children and adults

Story behind the baseline

- Obesity gives rise to significant dangers to health, particularly from diabetes and heart disease.
- Obesity has risen nationally three-fold since 1980. Winchester figures reflect the national picture (see **Figures 1** and **2**).
- The main reasons are the reduction in physical activity and the increasing proportion of fat in the diet.

Fig 1. Percentage of obesity in men and women in England (Body Mass Index of 30+)

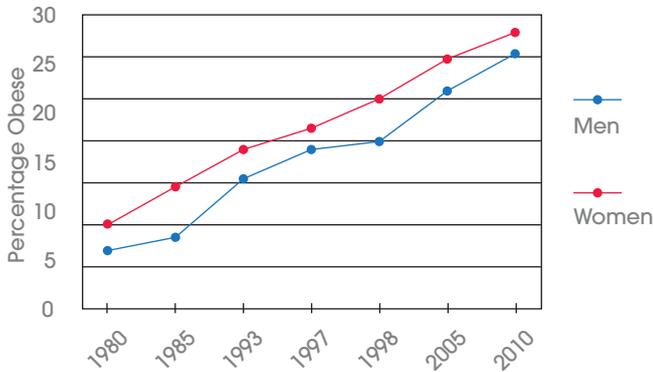
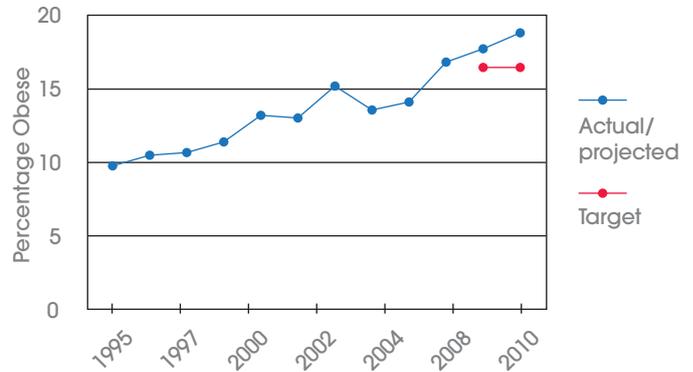


Fig 2. Obesity among under 11 year olds in England. No figures available for the Winchester area.

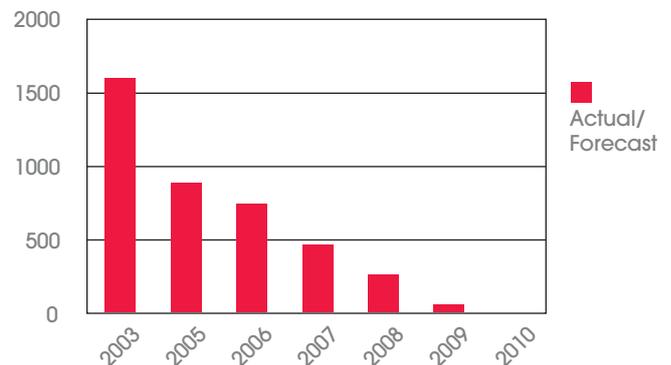


Improve standards in private and affordable housing

Story behind the baseline

- The standard of housing has a profound effect on health and well-being.
- Private and rented housing is beyond the reach of many of those who work in Winchester and have a local connection. (See **Figure 4**.)
- The number of council and other registered social landlord (RSL) properties failing to reach 'decent homes' standards in Winchester has fallen and will continue to decline. (See **Figure 3**.)

Fig 3. Number of social housing properties in Winchester failing to meet national standards for decent homes

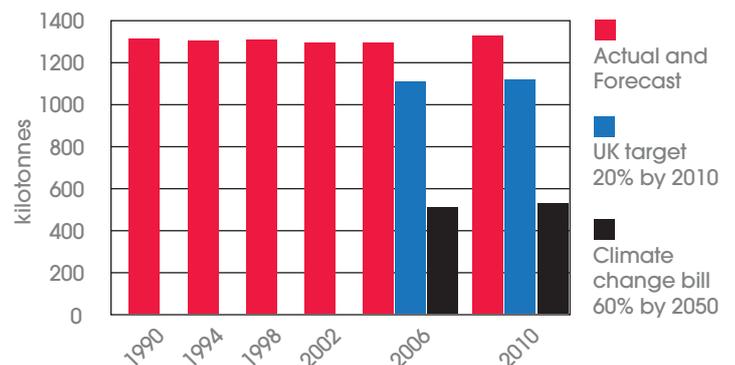


Reduce average carbon dioxide emissions per head

Story behind the baseline

- Reducing levels emitted is essential if Winchester is to play its part in meeting national targets for halting further increase in climate change.
- Winchester has a comparatively high percentage of households with large, inefficient cars and large houses producing high carbon emissions.

Fig 4. Winchester CO₂ emission figures and targets (kilotonnes) – DEFRA estimates



Partners

Winchester Local Authority, parish councils, Hampshire Local Authority, Primary Care Trusts, voluntary sector, police, community safety partners, sports and leisure, housing, Chamber of commerce, tourism partnership, the Transport Forum and Local Authority members.

Action needed to succeed - what works

Stop the upward trend in obesity by:

- making a wide range of sports and leisure opportunities available locally for all adults and children;
- adults participating in sports or physical activity five days a week;
- school pupils participating in two hours per week high quality PE and sport; and
- adults spending one hour per week helping a sports club or event on a voluntary basis.

Improve standards in private and affordable housing:

- raising the proportion of council and other RSL homes meeting the decent homes standard;
- Increasing the number of private homes occupied by vulnerable households brought up to the Decent Homes standard; and
- ensuring a high proportion of new homes built locally are affordable dwellings.

Reduce average carbon dioxide emissions by:

- making public transport good enough to encourage people not to use private cars for most journeys;
- essential services being provided locally or via the internet, to avoid unnecessary journeys;
- encouraging walking and cycling;
- reducing CO² emissions in the council's housing stock and buildings owned by all partners in the LSP;
- encouraging homeowners and businesses to reduce CO² emissions; and
- reducing landfill by encouraging recycling and bin collections.

Action plan or strategy

All members of the Local Strategic Partnership belong to one of five strategic outcome groups representing the five outcomes identified within the community strategy. The most worrying trends have been chosen as specific priorities action plans and have been developed to meet them. In order to avoid silos developing, all agendas are open to all partnerships to raise issues, which cut across the outcomes, e.g. climate change, children and young people.

Budget

There has been little impact on budgets as yet. Each agency still has control of its own resources but some pooling is anticipated.

Monitoring and evaluation

As seen above, limited local baseline data is available for the identified priorities. Some assumptions have to be made for Winchester by extrapolation from national figures. The strategic outcome groups have identified a number of proxy indicators from existing measures.

Learning points

- Mark Friedman's initial presentation made a significant difference to people's understanding and enthusiasm for the approach.
- *Turning the Curve* workshop participants have found it difficult to make projections of future trends. Skills training may be needed.
- Many of the key outcomes lack baselines at the local level. Further work is needed to be able to monitor them properly but the National Indicator Set, and coalescence around Local Authority Agreement (LAA) priorities should help to ensure the commissioning of appropriate research.
- Current action on agreed priorities is dominated by national targets set for the partner agencies. Many partner agencies, such as the Primary Care Trust, have to meet the national targets and fear penalties for failing to do so, making it harder to be committed to working on the joint community target. They are also less willing to share resources to meet joint targets, as their own targets take priority. This inhibits the scope of local collaboration. It is anticipated that the new National Performance Framework for local authorities and partnerships² will help.
- It is important to ensure that elected councillors and Local Authority officers understand the value of targeting outcomes (including those for which the Local Authority does not have lead responsibility) and the ways that outcomes differ from service processes.
- Enabling the corporate approach and strategy of the Local Authority to follow the multi-agency approach of the community strategy, which has required a significant change in approach and culture.

References

1. Mark Friedman (2005) *Trying Hard is not Good Enough*. Oxford: Trafford Publishing.
2. Department for Communities and Local Government (2007) *The New Performance Framework for Local Authorities & Local Authority Partnerships: Single Set of National Indicators*. www.communities.gov.uk/documents/localgovernment/pdf/505713.pdf

Outcomes Phase



11. NCH

1. NCH (formerly known as National Children's Home) is a national UK charity founded in 1869, working in England, Wales, Scotland and Northern Ireland. Its work is broadly classified into four areas:
 - children in care (Looked After Children);
 - disability and health;
 - early years and family support; and
 - youth.
2. Its services include family and community centres, children's services in rural areas and services for disabled children and their families. It also provides placements for adoption, foster care, residential family centres and special schools. Its youth services include youth justice, youth homelessness projects and services for young people leaving care.

Involvement with Outcomes-Based Accountability

3. The Outcome-based Accountability work in NCH was initiated by a manager who attended a presentation by the American expert, Mark Friedman¹. Five NCH staff undertook the *Turning the Curve*¹ training for trainers in 2006 and 2007.
4. There are two current levels of activity undertaken by NCH to improve performance that relate to Outcome-based Accountability. One, described below, is a recent corporate initiative to improve general service delivery. The other concerns the performance of individual projects, such as the initiative to improve preventive services for families who have been evicted or are at risk of homelessness through their anti-social behaviour, which is also described below. The intervention, in the North of England, is based on another NCH project in Dundee.

Performance accountability

11a. NCH: Improving the lives of children and young people receiving an NCH service

Users

Children and young people who receive a service from NCH. This definition includes all those for whom a service is formally requested at local level, usually through a local authority. It does not include those who may attend a family centre or other facility on a drop-in basis. NCH runs around 500 projects for children and families, supporting some 160,000 children and young people.

Outcomes

Young people will have their real needs met appropriately, such as giving those who are looked after by local authorities a sense of belonging, comparable to that experienced by children who are looked after by their own families. Their assessed needs will be met, leading to improvement in the five *Every Child Matters*² (ECM) outcomes: be healthy, stay safe, enjoy and achieve, make a positive contribute, achieve economic well-being.

Delivery

The recording of baselines and actions in terms of intended outcomes and their achievement, and using shared definitions of these. The development of an outcome-focused culture within NCH.

Outputs

The number of referrals, assessments, services provided, family support visits and group sessions.

Baselines

Baseline data will be assembled from December 2007 when new assessment and monitoring systems go live (see below).

Story behind the baselines

- Staff working in children's services tend to think in terms of service provision, rather than the outcomes for children and young people.
- They may not sufficiently consider the issues that are important to young people, such as a sense of belonging.

Partners

Staff at all levels within NCH, including senior management, local authorities, which NCH has service level agreements, housing agencies, other voluntary organisations.

Action needed to succeed

- All NCH staff to use a new system (E-ASPIRE) for assessment of desired outcomes, actions, dates, achievements and review.
- All staff to receive training on the outcomes-based approach, starting with senior management.
- Gradual introduction of the model through selected local champions.

Action plan or strategy

Once the E-ASPIRE system is active it will be possible to define baselines and monitor performance, achievements and outcomes across all services provided by NCH. Training in Outcome-based Accountability has already taken place with 10 people in an organisation, identified as likely champions at different levels. The intention to shift the culture of the organisation has been announced by senior management; and training will gradually be cascaded down to front line staff.

Budget

Costs to date have included the time of the NCH Performance Outcomes Manager and her team, some senior management time, training days for 10 staff and time to allow staff to attend training days. Other costs include, developing the new recording system, ASPIRE, and training staff in its use.

Learning points

- The Outcome-based Accountability process started at operational level but it had to be endorsed by senior management in order to be owned by the organisation and spread back down again.
- Persistence is needed over a long period to get Outcome-based Accountability ideas accepted at the different levels in an organisation.
- Giving people at all levels the opportunity to go to training courses is essential.
- The corporate infrastructure of a large organisation can be helpful when used to support ideas.
- Do not waste time debating theoretically what the difference is between 'outputs' and 'outcomes' as this can go on for a long time.

Performance accountability

11b. NCH: preventive services for families at risk of homelessness through anti-social behaviour

Users

- 157 families in six local authorities (Blackburn, Bolton, Manchester, Oldham, Salford, Sheffield) who had been evicted or were at risk of homelessness due to anti-social behaviour.
- Local communities experiencing anti-social behaviour.

Outcomes

- Reductions in anti-social behaviour by client families.
- More families able to remain in their homes without threat of eviction as a result.
- Better behaviour among children and young people, and improved school attendance.

Delivery

The projects operate three models of intervention, some using more than one model. The first is the delivery of intensive support to families in their existing tenancies, the second (dispersed) is the delivery of intensive support to families who are living in a tenancy managed by NCH with a licensing agreement with the family, and the third is managed accommodation in a residential unit with 24 hour support. A support worker provides 10 hours per week contact with the family, running parenting courses and activities for the children. Managed accommodation is available for families with the most severe problems; usually a flat around a residential core with firm rules about being home at given times and limiting visitors.

Outputs

- Number of families provided with intensive support.
- Number of families provided with residential support.

Baselines

- 14 percent of client families have already been evicted from their homes.
- 77 percent are at risk of homelessness and would be evicted without intensive support.
- 38 percent of children in client families are at high or medium risk of going into care.
- 79 percent of families have at least one vulnerable child.
- 47 percent of families have a history of violence in the home.
- 94 percent of families are experiencing school problems with at least one child, particularly non-attendance.

Story behind the baselines

- A high level of complaints about serious anti-social behaviour in local neighbourhoods in Bolton, Blackburn, Manchester, Oldham and Salford.
- Most complaints were about young people making a nuisance of themselves, neighbour conflicts and disputes, damage to property, and noise which could usually be traced to a small number of families in each area with multiple problems.
- The disruption caused by these families placed them at high or critical risk of eviction.
- At the same time, the children and young people in those families risk exceptionally poor developmental and educational outcomes and long-term social exclusion.
- All the families had already started down the route to eviction, from verbal and written warnings to Anti-Social Behaviour Contracts and Anti-Social Behaviour Orders, towards formal eviction proceedings and homelessness.

Partners

NCH, Local Authority Intensive Family Support Teams, housing agencies, community safety groups, social services, police, schools, health services, Sheffield Hallam University.

Action needed to succeed – what works

- Specialist intensive support for the families with the greatest problems to help them to change their behaviour, involving a range of local agencies and flexible support.
- Some residential provision for those with severe problems, including mental health problems, learning disabilities and substance misuse.

Action plan or strategy

Specialist teams established to support families, using a mix of disciplines and agencies, so they can draw on a range of resources to address childcare, health, education and parenting etc.

Monitoring and evaluation

How much did we do?	How well did we do it?
<ul style="list-style-type: none"> • 157 families received help from intensive family support teams, including 239 adults and 484 children. • 11 families received residential support. 	<ul style="list-style-type: none"> • 157 families received help from intensive family support teams, including 239 adults and 484 children. • 11 families received residential support.
Is anyone better off?	
<ul style="list-style-type: none"> • 133 families had no risk of losing their tenancy as anti-social behaviour had ceased or reduced significantly. • 126 families were living in a stable tenancy without risk of homelessness. • children in 12 families improved school attendance significantly. • children in 10 families no longer excluded from school. 	<ul style="list-style-type: none"> • 85% of the families had no risk of losing their tenancy as anti-social behaviour had ceased or reduced significantly. • 80% of the families were living in a stable tenancy without risk of homelessness. • children's mental health was judged to have improved in 40% of families. • children's school attendance improved significantly in 52% of families with attendance problem. • children are no longer excluded from school in 50% of families where they had been.

Quadrant

Based on monitoring after two years by NCH, shows how the intensive multi-agency support being provided, not only led to a major reduction in the number of client families at risk of eviction or homelessness, but there were also improvements in children's mental health and school attendance, including the removal of school exclusion orders.

Budget

In 2003/04, the average unit cost concluded case was £22,663 for support teams working in residential units and £3,954 - £5,991 for teams working without a residential unit. Teams consist of four to ten staff, plus administration, night support and a cleaner, depending on whether the team is working in a residential unit. Funding has mostly come from the Supporting People initiative, local authorities and the Youth Task Force (formerly Respect Unit). The Children's Fund has also contributed to projects in some areas.

Learning points

- The involvement of relevant agencies is essential. The initiative began with housing agencies but the intervention involved helped with parenting, child care, boundary setting and education, as well as practical help and emotional support.
- All agencies need to be involved from the start with local people represented on the Steering Group. Keeping the commitment of all agencies is vital.
- Joint training is helpful and so are multi-agency referral panels.
- Project workers had to be very flexible, not bound by professional roles, and adapt to whatever needs arose.
- Short-term funding inhibited the project's stability, such as continuity of employment for staff.
- An external evaluation team was helpful in identifying baseline measures, and ways to monitor progress and maintain a focus on outcomes.

References

1. Mark Friedman (2005) *Trying Hard is not Good Enough*. Oxford: Trafford Publishing.
2. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf

12.

Newcastle upon Tyne

Background

1. As a member of Newcastle's Children and Young People's Strategic Partnership, the Local Authority's manager for Connexions holds lead responsibility for action to support the 'achieving economic well-being' outcome under *Every Child Matters*¹. She and her management team have been using Outcomes-based Accountability² for some years at a population level, to improve outcomes for young people; and at a performance level to improve the efficiency and effectiveness of the Local Connexions Service.
2. Historically Newcastle-upon-Tyne and the surrounding sub-region have had high levels of young people who are not in education, employment or training. Reducing the number of those not in education, employment or training levels among 16-18 year olds was identified as a priority outcome for the Newcastle Children and Young People's Strategic Partnership; and the Outcome-based Accountability process has been used to plan and implement changes. Work started in 2003, and the 'report card' shows good evidence that the Curve on not in education, employment or training is being successfully turned.

Performance accountability

12a. Reducing the number of young people not in education, employment or training in Newcastle upon Tyne

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.

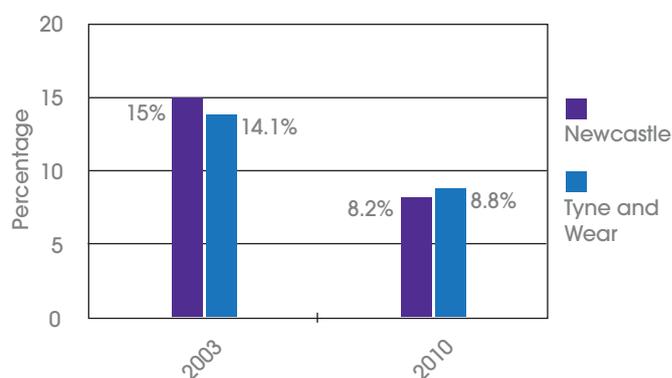
Indicators

- 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.

Baseline

Figure 1 shows the baseline for the number of 16-18 year 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.

Fig 1.
Percentage of 16-18 year olds not in education, employment or training in 2003 and target set for 2010



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*² 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 multi-agency 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' clients 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 clients not in education, employment or training more effectively.
 - Staff were encouraged to work with the 'whole' person, and overcome all the barriers faced by clients, 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.

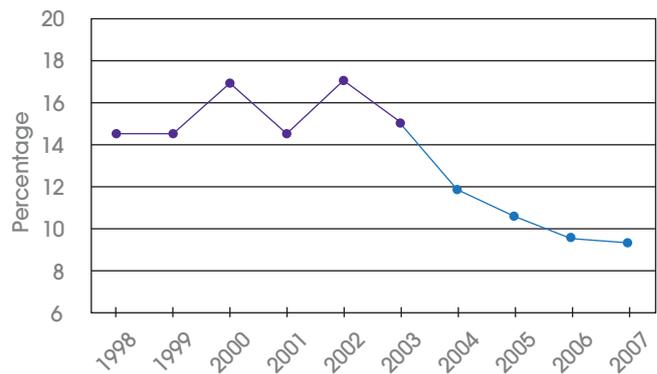
Monitoring and evaluation

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.)

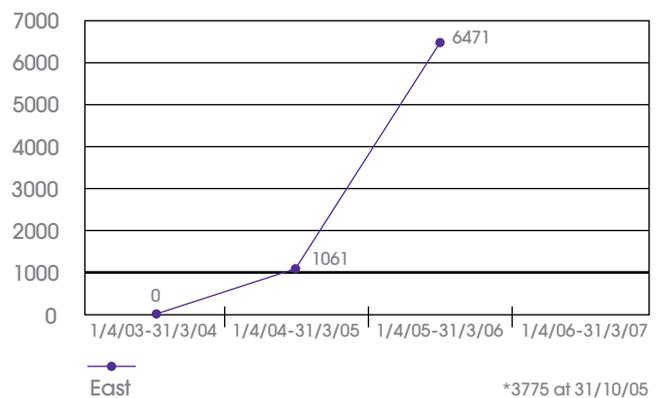
The quadrant (Figure 4) gives a further example of how the *Turning the Curve* process was used to improve service delivery. It relates to the review of staff deployment within the Newcastle Connexions office, and the discovery that the number of clients attending on Monday mornings was unacceptably 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</p> <p>Three people seen Monday morning.</p> <p>AFTER ACTION (six months)</p> <p>10 young people seen Monday morning.</p> <p>Appropriate call-ins by personal advisers and referrals from partner agencies.</p> <p>Personal advisers able to get clients appropriate interviews for the same week.</p>	<p>BEFORE</p> <p>No complaints.</p> <p>AFTER ACTION</p> <p>On average one complaint per month dealt with by procedures.</p>
Is anyone better off?	
<p>BEFORE</p> <p>Of 12 young people per month seen Monday morning, an average of three moved to employment, education or training.</p> <p>AFTER ACTION</p> <p>Of 40 young people per month seen Monday morning, an average 18 moved to employment, education or training.</p>	<p>BEFORE</p> <p>Of 12 young people per month seen Monday morning, an average 25% moved to employment education or training.</p> <p>AFTER ACTION</p> <p>Of 40 young people per month seen Monday morning, an average 45% moved to employment, education or training.</p>

Source: Connexions Tyne & 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.

References

1. Friedman, M. *Trying Hard is Not Good Enough. How to produce measurable improvements for customers and communities.* 2005. Oxford: Trafford Publications; 2005
2. Department for Education and Skills. *Every Child Matters: Change for Children.* London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf

13.

North Lincolnshire

Background

1. North Lincolnshire, as a unitary authority is among the local authorities that have pioneered the use of Outcome-based Accountability in the UK. Mark Friedman and Con Hogan, leading American advocates of Outcome-based Accountability¹, helped to initiate the work in 2000 when the local authority started to look for a different way of evaluating the impact of its services. Mark Friedman has returned regularly to support the developing programme and hold workshops.
2. Outcome-based Accountability has been applied in different areas of local authority provision, including housing where it has been used to reduce the number of empty properties at any one time. Working before the 2004 *Children Act*² and the *Every Child Matters*³ outcomes for children and young people, the Local Authority developed its own list of seven priority outcomes, agreed through a needs analysis and consultation with children and young people locally. These were that children and young people will:
 - be healthy;
 - keep safe;
 - get the most out of life and have the chance to achieve aspirations;
 - be active citizens;
 - stay out of trouble;
 - choose healthy lifestyles; and
 - be free from the effects of poverty.
3. North Lincolnshire became a Children's Pathfinder Trust, and continued to develop its approach. As part of the Trust's model, all partners agreed to work towards achieving the seven outcomes, and this helped establish a new culture of working together to achieve better outcomes.
4. At the same time, North Lincolnshire developed a Common Assessment Framework (CAF)⁴ for understanding the needs of children, young people and their parents, which informed the subsequent national framework. In doing so, the Local Authority developed criteria for different thresholds of need, mild, moderate and major. This work underlined the relevance of the priority outcomes that had been chosen.
5. Following the *Children Act* 2004, North Lincolnshire adopted the (very similar) five *Every Child Matters* outcomes. Its Children and Young People's Plan 2006-2009 specifies 15 priorities linked to the outcomes. The partnership, governance and accountability arrangements for the Children's Trust have also been reviewed. As part of new arrangements for 2007, five *Turning the Curve* action groups have been established that focus on the five outcomes. These groups report to the Children's Board Executive Groups and the Children's Board. Each group takes responsibility for monitoring, reporting on and supporting the implementation of the priorities identified for its particular outcome.

6. North Lincolnshire has also reviewed its planning, commissioning and performance processes; and used Outcome-based Accountability concepts to develop its Performance Framework. In addition to collecting data on performance indicators, it is considered important to obtain feedback on activity issues and from children, young people and their families. For example, children over eight in care, care leavers and others who have accessed support services, have been surveyed during 2007 for their views.
7. The example of a *Turning the Curve* process given below concerns action to reduce the negative impact of domestic violence on outcomes for children.

Performance accountability

13a. Reducing the harm caused to children and young people by domestic violence in North Lincolnshire

Population

All children and young people in North Lincolnshire.

Outcome

Reduce the harm caused to children and young people's safety, emotional health and long-term welfare by domestic violence.

Experience

Children will experience a reduction in domestic violence, a reduction in family breakdown and living at home will be safer and more secure. Families and the wider population will be more aware of the implications of domestic violence and conflict in the home.

Indicators

- Fewer domestic violence incidents reported to the police.
- A decrease in repeat victimisation rates.
- A reduction in the number of child protection case conferences where domestic violence is a concern.
- A reduction in re-registrations on the child protection register where domestic violence was a primary concern.
- A reduction in repeat referrals for children in need where domestic violence was a concern.

Baseline

- Between April 2004 and March 2005 there were 181 incidents of domestic violence referred to Social Services in North Lincolnshire that involved families with children.
- More than two thirds of referrals involved at least one serious incident of actual domestic violence; a fifth followed at least three lesser incidents in the previous 12 months.
- A total of 1,826 incidents of domestic violence were reported to police in North Lincolnshire in 2005/6. (See **Figures 1, 2, 3.**)
- Four out of ten child protection conferences in North Lincolnshire featured domestic violence as a major concern in 2005/6. (See **Figure 2.**)
- Domestic violence was a serious child protection issue in the cases of five out of 13 children who were re-registered in 2005/6. (See **Figure 3.**)

Story behind the baseline

- Nationally, an estimated one in four women are exposed to domestic violence by partners at some point in their lives.
- In families where domestic violence occurs, children witness about 75 percent of incidents. In half of all domestic violence situations they are directly abused themselves.
- Research shows that children often suffer serious long-term damage through living in a home where domestic violence is taking place, even though they may not be directly harmed themselves.
- Child protection staff in North Lincolnshire report that in almost two thirds of cases involving domestic violence, the main trigger for referral is problems with child contact.
- There is not enough support or accommodation for families victimised and re-victimised by domestic violence in North Lincolnshire. In particular, families need more support where a perpetrator of domestic violence has been imprisoned, to prevent the offender from re-establishing their position within the family on release.
- There is too little support available for perpetrators of domestic violence who seek help.

Partners

Police, education services, probation services, children's social care, housing services, health services, courts, local magistrates, women's refuge, victims of domestic violence, victim support advocates, local communities, children and young people, Humber Justices Forum, Women's Aid, key voluntary and community organisations, Safer Neighbourhoods Partnerships, Local Safeguarding Children Board.

Action needed to succeed - what works

- Raise awareness of domestic violence.
- Ensure effective partnership working to deal with domestic violence.
- Strengthen longer term strategic planning through the Domestic Violence Strategy and Local Safeguarding Children's Board (LCSB).
- Review and improve baseline data for measuring the incidence of domestic violence, and make it more useful as a basis for action and performance management.
- Develop an information sharing agreement among partners to speed the sharing of confidential information.
- Develop a partnership domestic violence pathway into services.
- Deliver further training on domestic violence.
- Work with courts to develop better assessment arrangements for contact cases involving domestic violence.
- Establish a Multi-Agency Risk Assessment Conference (MARAC) process.
- Develop support for victims of domestic abuse.

Action plan or strategy

Many of the actions listed above were completed in the first year. The one year review of the North Lincolnshire Children and Young People Plan for 2007 proposes further action that includes:

- improving the data collection and monitoring of performance and activity on domestic violence;
- finalising and implementing the Domestic Violence Pathway;
- conducting audits within agencies to review the extent of the issue in their work, and the range of available responses;
- Safer Neighbourhoods Partnership and the Local Safeguarding Children Board to take a lead on ensuring compliance from all agencies in completing the Domestic Violence Count;
- a training and awareness programme for 2007-2008;
- a strong emphasis on awareness raising with children and young people as well as professionals;
- on-line learning packs to be delivered to schools;
- further work to embed in the new Multi-Agency Risk Assessment Conference (MARAC) process; and
- continued work with local housing providers to develop a zero tolerance approach to perpetrators of domestic abuse.

Budget

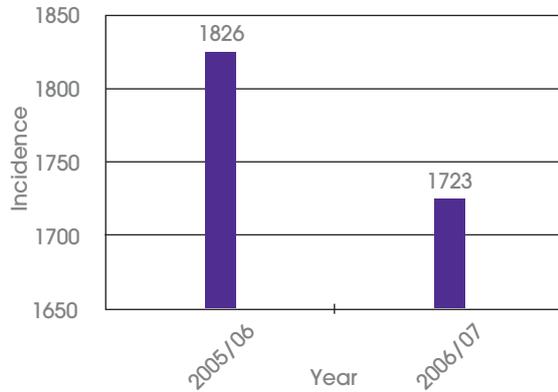
The strategy was financed from the current budgets of the partner agencies.

Monitoring and evaluation

There is evidence from one year's data that the Curve, in relation to domestic violence has already begun to turn. Nonetheless, it is recognised that trend data for several years will be needed to be sure that domestic violence is genuinely declining in North Lincolnshire.

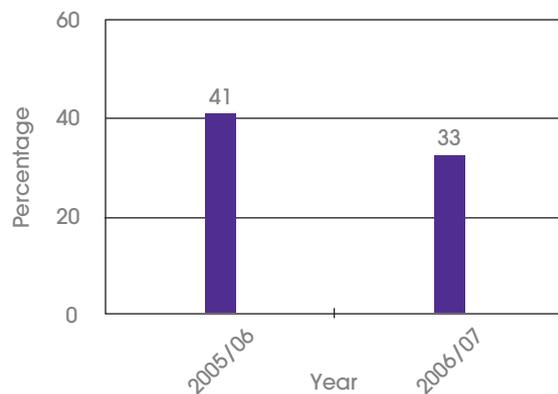
- There were 1,723 domestic violence incidents reported to the police in 2006/7; down 6 percentage points on the 2005/6 figure (Figure 1). This figure equates to a proportion of 11.02 incidents per 1000 population. This is higher than the neighbouring authority of East Yorkshire (7.33) but not as high as North East Lincolnshire (19.30) or Hull (20.12).

Fig 1. Incidence of domestic violence in North Lincolnshire



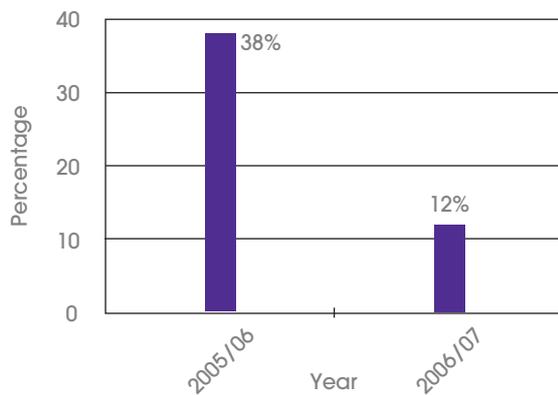
- In 2006-7, 59 out of 179 child protection case conferences featured domestic violence as a major concern (33 percent) compared with 69 out of 168 (41 percent) the previous year.

Fig 2. Percentage of case conferences featuring domestic violence as a major concern in North Lincolnshire



- Domestic violence was a primary concern with one child out of 14 (12 percent) that were re-registered on the Child Protection Register during 2006-7. This compared with 5 out of from 13 (38 percent) the previous year. (See **Figure 3.**)

Fig 3. Re-registrations on the child protection register where domestic violence was a major concern



Performance information on outcomes is presented on a quarterly basis to the North Lincolnshire Children’s Board. Progress on individual priorities is monitored through quarterly reports on the Outcome Delivery Plan.

Learning points

- Focusing on outcomes and Outcome-based Accountability requires strong leadership. Leaders need to take responsibility for driving the process forward and have a real commitment to working this way.
- Embedding Outcome-based Accountability in the culture of partner organisations also requires strong leadership and takes time. In the early days, in North Lincolnshire many people did not fully understand Outcome-based Accountability, or thought it did not fit with their agenda. Since then Outcome-based Accountability has become embedded in the organisational culture, and an unspoken understanding has emerged.
- It is essential to secure the resources needed to implement the action plan.
- Do not leave the task of driving the process forward to one section or department in one partner organisation. All partners need to be involved in implementation, even though it may seem like hard work to persuade and engage more people.
- Everything takes longer than you think. It is a case of two steps forward and one step back.
- Developing a common language across partners is crucial.
- Do not set absolute goals or targets that are easy to fail or reach. Aim to improve the situation, 'turn the curve' and make a difference.
- Lots of factors impact on the outcome; and it is seldom just one thing that makes a difference but usually several different things.

References

1. Mark Friedman (2005) *Trying Hard is not Good Enough*. Oxford: Trafford Publishing.
2. *Children Act 2004*. London: The Stationary Office; 2004.
3. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf
4. Children's Workforce Development Council (2007) *Common Assessment Framework for children and young people: managers' guide*. www.everychildmatters.gov.uk/resources-and-practice/IG00063/

14.

Portsmouth

Background

1. Portsmouth has championed the concept of results-based service planning in England, building on innovative work in the 1990s, to involve communities in regeneration through devolved, neighbourhood boards¹. Use of Friedman's Outcome-based Accountability tools² to plan integrated services for children, young people and families coincided with the City becoming a Pathfinder Children's Trust³. The arrangements have been delivered by a Children and Young People Strategic Partnership (CYPSP), which includes a Chief Officer Executive Group and a Joint Commissioning Group of senior agency managers, including head teachers.
2. During 2002-03, consultations with around 2,500 people, including children, young people, parents, managers and front-line staff, led to the adoption of eight target outcomes. The 'Portsmouth 8' outcomes were retained after the *Children Act 2004*⁴ because they were considered to match and complement the five *Every Child Matters*⁵ outcomes.
3. Turning the Curve workshops, including initial training led by Mark Friedman, have been used to inform and update the Portsmouth Children and Young People's Plan. Ten priority areas for improving children and young people's outcomes have been identified:
 - safety and health;
 - emotional well-being;
 - children with disabilities;
 - attainment;
 - access to education;
 - reducing anti-social behaviour;
 - readiness for employment/adult life;
 - positive opportunities and achievements;
 - children in care (Looked After Children); and
 - positive parenting and early identification and support.
4. Three cross-cutting priorities relating to service management have also been identified:
 - improve inter-agency data collection, management, analysis and sharing;
 - improve commissioning framework to ensure value for money and cost effectiveness; and
 - implement local workforce strategy.

5. Portsmouth has used *Turning the Curve*² as the basis for continued community engagement in helping to agree priorities and commission work packages that will deliver better outcomes for children, young people and families at neighbourhood level through five Community Improvement Partnerships. A *Turning the Curve Toolkit*, published by the Portsmouth Children's Trust Development Team⁶, describes two examples of successful community action launched in this way:
 - *Play champions*: a neighbourhood *Turning the Curve*² exercise identified problems with bullying and anti-social behaviour that were deterring children, young people and families from using local parks and playgrounds. Parents were prominent in proposing the recruitment of volunteer 'play champions' who were trained to hold supervised play and sport sessions. Monitoring subsequently showed reduced levels of bullying and high satisfaction levels among families using the service, and the play champions themselves.
 - *Youth nuisance*: one of the five community improvement areas brought police, the youth service, community wardens, schools and local voluntary groups together to pursue a *Turning the Curve* process about nuisance behaviour in the neighbourhood. Their work was supplemented by consultations with young people, families and the Local Community Board. No cost and low-cost solutions that were subsequently implemented, included recruitment of parents to run activities for young people and enabling a local community building to open its doors to young people. A significant drop in relevant crime and nuisance incidents was recorded in the area following implementation.
6. *Turning the Curve*² has also been used by senior managers to seek solutions to specific problems. For example:
 - *Young people not in education, employment of training*. Portsmouth Connexions service became concerned in September 2006 that fewer school leavers had registered for Further Education courses than anticipated. A *Turning the Curve*² exercise suggested the problem might relate to young people enjoying the unseasonably warm autumn weather. Local colleges were approached and agreed to allow a second intake of students, enabling 34 young people to start their courses in January 2007.

The Portsmouth Children and Young People's Plan 'report card'

7. Since Autumn 2004, Portsmouth has produced and routinely updated a 'report card' for outcomes relating to children and young people. This originally described 17 'headline' indicators. It has subsequently been revised to provide a robust monitoring process in respect of the 13 outcome-based priorities in its Children and Young People's Plan with 42 different indicators of progress. The current indicators have been selected following a thorough evaluation of need, and consequently, focus on areas in need of improvement. They are graded R(ed) A(mber) or G(reen) depending on whether trends are moving in the targeted direction.
8. Four examples of the 'report card' indicators, as updated in summer 2007, are shown below. The charts follow Friedman's advice² in showing historic trends. They compare Portsmouth's data with the equivalent national average. The charts show local targets, not projections, for future years. Progress in *Turning the Curve*², such as clearly demonstrated success in the case of young people not in education, employment or training, can be visualised by imagining an additional dotted line following the trend in data before the Action Plan was implemented.

Population accountability

14a. Portsmouth Children and Young People's Plan

Population

Children and young people living in Portsmouth.

Outcomes

The national *Every Child Matters*⁴ outcomes:

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

The 'Portsmouth 8' Outcomes: Children and young people should grow up:

- having the right to an active say in any development that affects them;
- healthy;
- emotionally secure and confident;
- having succeeded as far as they can at school;
- having facilities and opportunities to play safely;
- having stayed out of trouble;
- living in a safe place; and
- having the opportunity to succeed in their dreams.

Experience

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

Indicators

Of the 42 progress measures being monitored, four are illustrated as examples.

- teenage pregnancies – conceptions per 1,000 girls aged 15-17;
- children who are overweight or obese at age 11;
- pupils achieving 5+ GCSE passes at grades A*-C, including English and maths; and
- percentage of 16-18 year-olds not in education, employment or training.

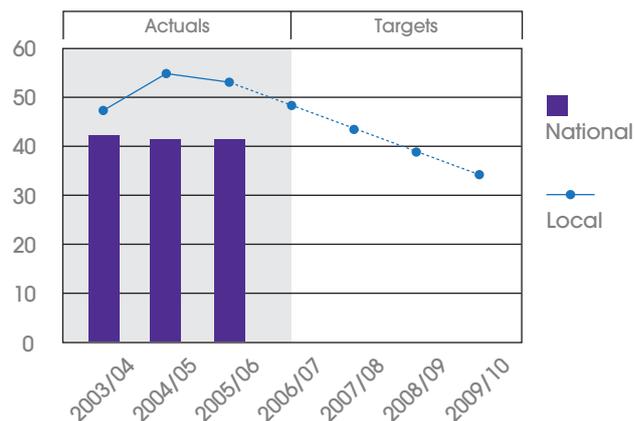
Examples of baselines

Teenage pregnancies

Story behind the baseline

- Children born to teenagers are more likely to experience a range of negative outcomes in later life; and are up to three times more likely to become a teenage parent themselves.
- Since 2003-04 the proportion of teenage conceptions in Portsmouth has moved above the national average with problems. (See **Figure 1**.)

Fig 1. Conceptions per 1000 females aged 15-17



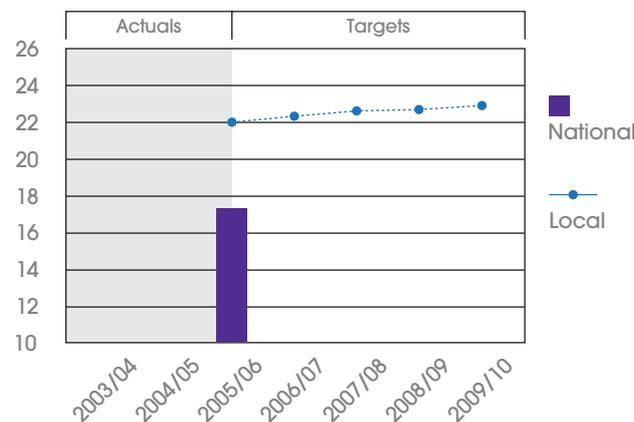
Source: Portsmouth CYPSP

Children who are obese at 11 years old

Story behind the baseline

- Nationally, the proportion of overweight and obese children is rising and expected to increase.
- Obesity levels among Portsmouth children are higher than the national average.
- It has been agreed that the realistic aim for local action would be a lower rate of increase, holding the levels in Portsmouth as near steady as possible.
- RAG rating: Red. (See **Figure 2**.)

Fig 2. Percentage of children aged 11



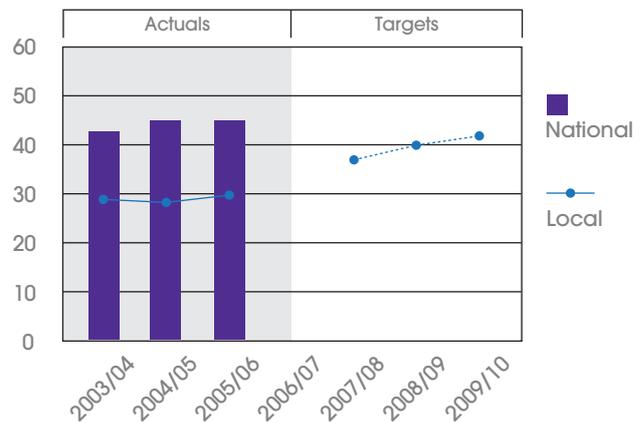
Source: Portsmouth CYPSP

Pupils achieving 5+ GCSE passes at A*-C, including English and maths

Story behind the baseline

- Until 2003 there were six years of annual improvement in pupils obtaining five or more grades A* to C, including English and Maths
- Attainment levels in Portsmouth have reached a plateau in recent years at a level below the national average.
- 400 pupils a year in Portsmouth leave without five GCSE passes or equivalent qualifications, commonly viewed as the passport to employment and training opportunities. (See **Figure 3**.)

Fig 3. Percentage of pupils aged 16 achieving 5+ GCSEs graded A* to C, including English and Maths



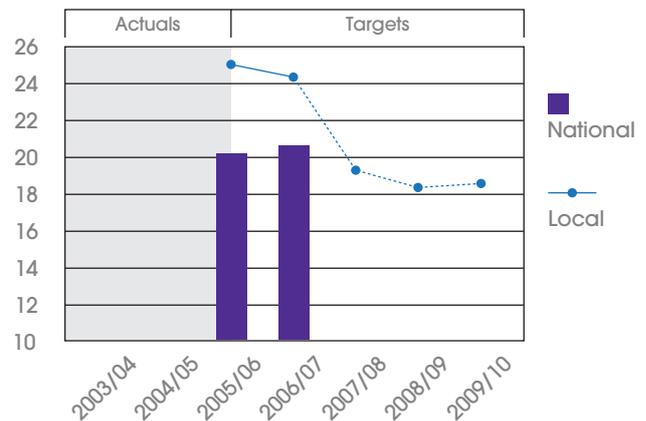
Source: Portsmouth CYPSP

16-18-year olds not in education, employment or training

Story behind the baseline

- Being a person identified as not in education, employment or training is a predictor of later unemployment, low incomes, teenage motherhood, depression and poor physical health.
- Since December 2002 there has been an improvement from 15% to 11% of 16-18 year-olds who are not in education, employment or training in Portsmouth.
- The proportion of people identified as not in education, employment or training in Portsmouth is still above the national average.
- It is targeted to fall below the national average in the next three years.
- RAG rating: Green. (See **Figure 4**.)

Fig 4. Percentage of 16-18 year-olds not in employment, education or training – active and non-active in labour market.



Source: Portsmouth CYPSP

Partners

A Joint Commissioning Group (JCG) of second-tier Managers reports to the Executive for Children and Young People's Strategic Partnership (CYPSP) made up of agency directors. The JCG includes head teachers and representatives from voluntary and community organisations, as well as Managers from the Primary Care Trust, education, Children's Services, youth services, community safety, Connexions and the Police. It also includes a representative of the five Community Improvement Partnerships (CIPs) based on clusters of Extended Schools.

Examples of action needed to succeed - what works

Teenage pregnancy rates

- Provision of contraception/sexual health services, trusted by teenagers.
- Strong delivery of sex and relationships education by schools.
- Workforce training on sex and relationship issues within mainstream partner agencies.
- A clear Youth Service remit to tackle teenage pregnancy and young people's sexual health.
- Support to reduce second conceptions and support teenage parents back into education, employment or training.
- Alternative schooling provision for young parents where appropriate.
- Teenage Pregnancy Re-Integration Officer for under 16's.
- Maternity Outreach Worker.
- Nursery facility for up to 10 babies.
- Multi-agency young parents programmes.
- Support for teenage parents who would otherwise be identified as not in education, employment or training.
- Infant Mental Health Service to help young parents with bonding and attachment.
- Support groups for young parents providing structured opportunities for informal learning, education or training and social support.
- Referral system for young parents in care or care leavers.
- Referral system for young parents needing information and advice on housing.

Children who are obese

- Improve opportunities and support to enable people to eat healthily by using innovative community interventions.
- Support people with greatest need and those in areas of deprivation and health inequality, schools, workplaces and other community settings.
- Increase opportunities and support for walking, cycling and other physical activity in community settings, including schools.
- Appoint additional school nurses.
- Identify obesity in the local parenting strategy, as attitudes and behaviours towards food are often learned at an early stage through parenting.
- Review relevant programmes, projects and evaluations.

Pupils achieving five or more GCSE passes, including English and maths

- Improve tracking of individual pupil progress linked to teaching.
- Additional support for young people at risk of not achieving five or more passes, or who are borderline for achieving grade C.
- Increase range of GCSE courses, including more vocational subjects.
- Clearer information for parents about GCSE study requirements.
- Ensure parents are able to support their children's learning through opportunities to access high quality multi-media materials that explain key concepts in English and mathematics.
- Ensure teachers know standards and progress in each year group in English, mathematics and science.
- Focus activity on targeted pupils to raise rates of progress, in particular among underachieving groups.
- Collaboration with other parties to remove barriers to learning for targeted pupils, especially where behaviour and attendance are hindering progress.
- Ensure schools use appropriate intervention strategies to increase the number of pupils working at age expectations and above.
- Implement study support in targeted secondary schools to develop literacy and numeracy skills based on links with Portsmouth Football Club.

16-18-year olds not in education, employment or training

- Intensive work by Connexions personal advisers in partnership with other agencies to help young people not in education.
- Promotion of volunteering opportunities for young people.

- School-based staff liaise with college and training providers to support young people before, during and after transition.
- Training providers identify young people at risk of not completing training and establish intensive support programmes to minimise the risk of not achieving a positive outcome.
- Connexions and Youth Service staff to encourage young people who are not in education, employment or training, to become involved in personal development opportunities, including participation in Connexions and Youth Council activities and volunteering.
- Each young person identified as not in education, employment or training is given a named Personal Adviser and contacted by them at least every month.

Action plan or strategy

Portsmouth Local Authority Children and Young People's Plan 2007/8 – 2009/10 sets out the strategy and associated plans for implementation, including the examples given above and many others covered by the 13 priorities. The priorities are specifically linked to areas for improvement identified in the Local Authority's Annual Performance Assessment (APA) by Ofsted and the Commission for Social Care Inspection, as well as those specified in the Child and Young People block of the Local Area Agreement.

Budget

The Joint Commissioning Group is operationally responsible for the aligning of budgets between the partner agencies, staff and other resources, in relation to need. These arrangements are supported by inter-agency partnership agreements. The Children and Young People's Plan reports on the balance of preventative and reactive services, the resource implications of the proposed strategies, and how funding will be aligned.

Monitoring and evaluation

The Portsmouth CYPSP guides progress in achieving better outcomes by updating its 'report card' every three months, although, some data can only be updated annually.

Learning points

- Outcome-based Accountability has succeeded in making partners understand that everyone has a part to play in delivering better outcomes.
- It is important to build local ownership for the outcomes framework and *Turning the Curve*² approach.
- Spend inter-agency time getting a shared common language.
- Integrate local data collection systems on the needs of children, young people and families into one 'report card' on child well-being.
- Invest in data analysis and get a clear research base about what works in improving outcomes.
- Be clear about the main outcome indicators.
- Involve children, young people, families, service users and communities in developing strategy, planning services and in *Turning the Curve*².
- Share responsibility for finding and delivering solutions.
- Ensure you have the right partners who are in a position to commit resources.
- Pool resources to jointly commission action plans, and keep action plans realistic and practical.
- Build on local best practice and avoid reinventing the wheel.
- Integrate and co-ordinate through *Turning the Curve*².
- Retain a needs led focus to cut across service priorities.
- Recognise that progress and cultural change take time.
- Be prepared for setbacks.
- *Turning the Curve*² is easy to grasp and offers a quick route for getting started and for moving 'from talk to action'.
- It is not a one-off, problem-solving exercise and only takes root by being repeated.
- Managers who promote Outcome-based Accountability need to be replaced as champions within the partnership if they move on.

References

1. Utting, D, Rose, W & Pugh, G (2001) *Better results for children and families: involving communities in planning services based on outcomes*. London: National Council for Voluntary Child Care Organisations
2. Mark Friedman (2005) *Trying Hard is not Good Enough*. Oxford: Trafford Publishing.
3. McAuley, C & Cleaver, D (2006) *Improving service delivery – introducing outcomes-based accountability*. London: IDeA (Improvement and development agency).
4. *Children Act 2004*. London: The Stationary Office; 2004.
5. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf
6. Portsmouth Children's Trust Development Team (2006) *A Turning the Curve Toolkit*. Download available from: www.everychildmatters.gov.uk/resources-and-practice/search/EP00201/



Additional Example

15.

Supplementary case study: Birmingham

Background

1. Birmingham has adopted an outcome-based approach to planning integrated services for children and young people. This has been based on a form of 'logic modelling' known as Common Language^{1,2,3} rather than *Turning the Curve*⁴. It is included as a supplementary case study because there appear to be instructive similarities, as well as differences.
2. The Local Authority, England's largest local authority in terms of population has initiated a Business Transformation Project concerned with every aspect of the Local Authority's work; and is aiming to achieve best practice and efficiency savings that will release additional funds for frontline services. Children's Services is one of nine themed programmes included in the project.
3. It was decided that the transformation of Children's Services should take place through Children's Trust arrangements bringing together 30 leaders of partner organisations, initiated in April 2006. It was also agreed that any major restructuring of departments or delivery arrangements should be based on a clearer understanding of how the Trust can achieve better outcomes for children and young people.

The logic modelling process

4. Advisers from Dartington-i, (a service development organisation linked to the independent Dartington Social Research Unit) were commissioned to lead the development of outcome based children's services, using a logic modelling approach. This has included community surveys with representative samples of 6,000 children and young people, using on-line questionnaires with primary and secondary school students in the local area; and also surveying 500 families with children under seven. In addition, a number of focus groups have been organised with school leavers.
5. The epidemiological data from these surveys on health, well-being and other circumstances was gathered early in 2007 using questions taken from standard instruments. This enabled direct comparisons between the responses from Birmingham and those given nationally; and in some cases, internationally. For example, the surveys suggested that children from Birmingham, during their early years and in infant school were doing well, compared with national averages in terms of their physical and emotional health and their behaviour. Nevertheless, the picture changed for older children where behavioural problems, depression, anxiety and other measures of emotional well-being were significantly worse. Young people in Birmingham were also shown to be less sociable and less respectful of adults than the national average for their peers.

6. Results from the epidemiological survey (which will be repeated annually) were combined with evidence from other needs assessment work carried out by the Local Authority and its partners in the Children's Trust. The process also included a review of national policy objectives relating to outcomes and evidence collated by Dartington-i of programmes and services that have been shown by research to deliver positive outcomes for children and families.

Priorities

7. The logic modelling process led to priority outcomes being identified under six priority themes:
 - physical health;
 - numeracy and literacy;
 - improved emotional health;
 - improved behaviour;
 - social literacy; and
 - job skills.
8. It has also been agreed that action to deliver these outcomes should be organised developmentally, pregnancy to age five; age 6-11; age 12-18; age 18-25; and that action should be considered at two different levels: all children in Birmingham (universal) and vulnerable children (targeted).

Cost-effectiveness

9. In a continuing process, calculations have been made of the numbers of children and young people for whom outcomes would need to improve in order to reach different target levels. For example, a five percent reduction in the incidence of conduct

disorder would be equivalent to 7,800 children in Birmingham. This information is contributing to an understanding of the immediate costs of investing in prevention and the savings that might be expected to have flowed from the investment after ten years.

Planning structures

10. The process has been steered by a leadership group of senior managers from the partner organisations, who contributed a total of six days spent working through the Logic Modelling/ Common Language approach. The resulting priority outcomes were assessed 'reality checked' through a consultation with 300 managers and practitioners.

Notional 'report card'

11. Birmingham has taken a different approach to outcome-based planning to the *Turning the Curve*⁴ process. This has required an investment in survey data and senior staff time that is different to the needs assessments and community consultation, used by other local authorities whose Children and Young People Plans have adopted the Outcome-based Accountability process, advocated by Mark Friedman⁴.
12. Nevertheless, the following notional 'report card' constructed by the authors, using the same Friedman-inspired headings as other case studies in this report helps to demonstrate the overlaps. It suggests a potential for combining and synthesising the two approaches that may merit further consideration.

Population accountability

15a. Birmingham Children and Young People's Plan

Population

Children and young people living in the City of Birmingham.

Outcomes

The five *Every Child Matters*⁵ outcomes with priority given to improved:

- readiness to learn at different developmental stages, including good social and cultural skills as well as literacy and numeracy skills;
- emotional health, contributing to children feeling more positive about themselves, as well as safe and secure;
- behaviour and more positive interaction with parents and adults, as well as other children;
- social literacy, contributing to the improvement of relationships amongst peer groups and with adults, which can in turn contribute to young people making a positive contribution and social cohesion; and
- skills as young people move to independence and adulthood, enabling young people to enter the labour market or extend their education and training.

Experience

Children and young people in Birmingham will grow up being healthier and safer, enjoying their childhood more, and better able to achieve their potential in and out of school. They will make a more positive contribution to their families, schools and communities, and be better placed to achieve economic well-being as adults.

Indicators

Three examples of indicators are illustrated from the 2007 epidemiological survey of children and young people in Birmingham, led by Dartington-i.

- Levels of conduct problems.
- Levels of depression.
- Quality of peer relationships.

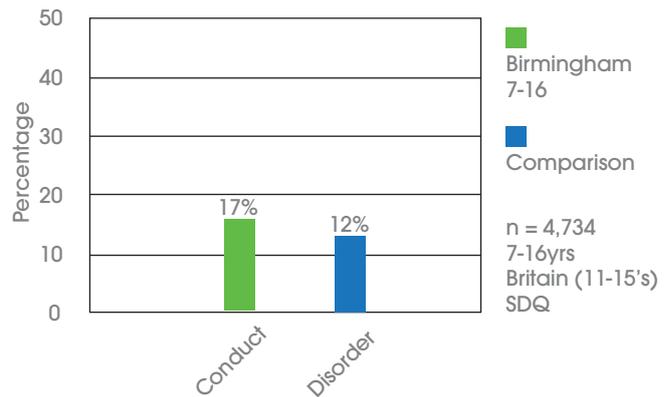
Baselines

Conduct problems

Story behind the baseline

- Conduct problems which were assessed using the Strengths and Difficulties Questionnaire instrument, are more common among children and young people aged 7-16 in Birmingham than among 11-15 year-olds nationally. (See **Figure 1.**)
- Child and adolescent conduct problems are associated with an increased risk of poor adult outcomes and long-term social exclusion.

Fig 1.
Mental Health: Conduct



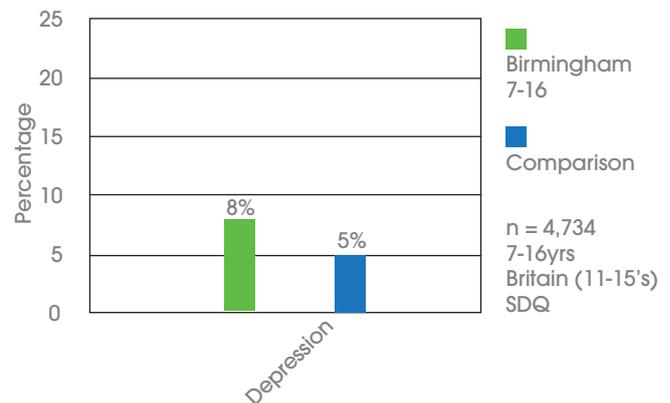
Source: Dartington-i

Depression

Story behind the baseline

- Depression (assessed using the Strengths and Difficulties Questionnaire instrument) are more common among children and young people aged 7-16 in Birmingham than among 11 to 15-year olds nationally. (See **Figure 2.**)
- West Midlands emerged less well than the national average from a recent study of adult depression.
- Likely to be linked to relative high levels of family poverty and deprivation.

Fig 2.
Mental Health: Emotions



Source: Dartington-i

Peer relationships

Story behind the baseline

- Young people in Birmingham aged 7-16 are more likely to report problems with peer relationships than the national average for 11 to 15-year olds. (See **Figure 3**.)
- Peer relationship problems appear to increase after the transition from primary school to secondary school, however, this needs further investigation.

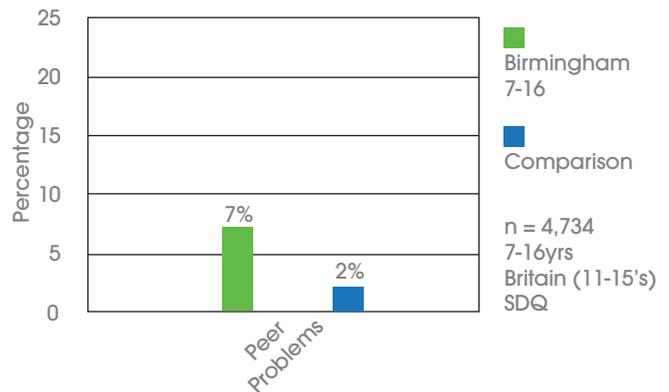
Partners

Thirty statutory and voluntary agencies working with children, young people and families in Birmingham, including the Local Authority, Primary Care Trust, police, Connexions, Learning and Skills Council, schools and voluntary and community organisations.

Action needed to succeed – what works

- Effective, evidence-based programmes and services.
- Those being considered for implementation, include *The Incredible Years* parenting programme⁶ and *PATHS* (Promoting Alternative Thinking Strategies) curriculum⁷.

Fig 3.
Engagement: Peer Nations



Source: Dartington-i

Action plan or strategy

Planning phase still under way at the time of writing.

Budget

The Logic Modelling process, including surveys and analysis, has cost £150,000. The potential cost effectiveness of effective interventions and services is being assessed but children’s services may seek around £27m from the Birmingham’s transformation programme, with an expectation that this will deliver £75m benefits over a decade, which can be further invested in children’s services. It is recognised that investment will need to be accompanied by disinvestment in services that are not achieving the required outcomes.

Monitoring and evaluation

This will include repetition of the baseline epidemiological survey on an annual basis.

Learning points

- Be clear that the Children's Trust is about planning for outcomes.
- Do not waste time, energy and resources on agency restructuring before you have planned outcomes.
- Secure the necessary political backing. In Birmingham, the Cabinet members for children's, adult and community services were involved from the outset.
- Make sure you involve practitioners in shaping the agenda.
- Do not try to do too much. Birmingham were clear they could not cope with more than six priority areas.
- Accept that you can not do everything and that non-priority areas will not get as much attention.
- Consider working with an independent, external body that can give the process added impetus. See and say things from the outside that might not be noticed or said on the inside.

References

1. Little M., Axford, N., Hobbs, T. and Morpeth, L., (forthcoming June 2008) *Service Design for Children's Services*, Dartington: Warren House Press.
2. Axford, N., Berry, V., Renshaw, J., Hobbs T., and Little. M. (forthcoming Jan 2009) *Epidemiology for Children's Services: Data for Designing Services*.
3. Monitoring Trends, Dartington: Warren House Press.
4. Mark Friedman (2005) *Trying Hard is not Good Enough*. Oxford: Trafford Publishing.
5. Department for Education and Skills. *Every Child Matters: Change for Children*. London: DfES; 2004 www.everychildmatters.gov.uk/_files/F9E3F941DC8D4580539EE4C743E9371D.pdf
6. Webster-Stratton, C. (1998) *The Incredible Years, parents, teacher and child training series*. Blueprints for Violence Prevention. Colorado: Centre for the Study and Prevention of Violence, University of Colorado.
7. Greenberg, M.T., Kusché, C. A. & Mihalic, S. (1998) *Promoting Alternative Thinking Strategies*. Blueprints for Violence Prevention. Colorado: Centre for the Study and Prevention of Violence, University of Colorado.

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