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This newsletter is produced for members by the UK Outcomes Group



Greetings from Mark Friedman

Welcome to the first edition of *Turning the Curve*. It has never been more important than in times of financial distress to be able to show that our work is making a difference. Outcomes Based Accountability™ (or Results Based Accountability™ as it is known in Wales) is a common sense way to do this. There is a large and growing number of people in the UK and around the world using OBA/RBA to make services more effective for their customers and improve the quality of life in their communities. This worldwide network of practitioners is itself a community. Practitioner communities are most useful for sharing successes and asking questions. I hope you will take advantage of the resources offered in this newsletter to do just that. All best wishes for your success. Mark Friedman

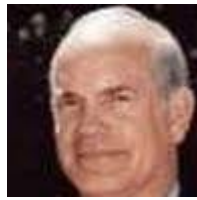
This is the first UK Outcomes Group newsletter. We plan to publish "Turning the Curve" three times a year. Our aim is to ensure that people who have been using Outcomes Based Accountability™ can keep in touch. We want to include:

- *news from colleagues about how they have been making use of OBA, successes and challenges, tools and techniques*
- *a place where people can seek contact with others who may have used OBA in a particular way or for a particular purpose*
- *a summary of news stories where outcomes approaches have been highlighted in the media*
- *brief, commissioned articles about outcomes working*
- *links to useful web-sites, and news about upcoming events*

“...we can make a difference to peoples’ lives by thinking, behaving and delivering services in different ways”

“Government and regulators have combined to distract us by celebrating process over outcome”

“organisations spend more time looking inwards at their efficiencies than outwards at the outcomes for users”



Reflections

Rob Hutchinson CBE, former Director of Social Services in Portsmouth, played a pivotal role in introducing and promoting the use of OBA in the UK. Here he reflects on the outcomes 'journey'

It is remarkable how well known and well understood OBA/RBA is in England and Wales. In 1999 Mark Friedman and Con Hogan (former Director of Social Services in Vermont) visited England for the first time professionally and spoke to staff at the DoH, North Lincolnshire (Mike Pinnock) and Portsmouth. Since then Mark has visited the UK about 15 times and inspired a generation of public sector workers by reminding us how we can make a difference to peoples’ lives by thinking, behaving and delivering services in different ways.

Outcomes for users are, of course the prize through an unremitting understanding of what works and being clear about the difference between the internal efficiency of an organisation and its external effectiveness with service users. Over the past few years, despite the rhetoric, Government and regulators have combined to distract us by celebrating process over outcome and have burdened services and their managers and practitioners with countless (and largely irrelevant) performance indicators. In this top down culture, despite the best efforts of many managers and practitioners, OBA has not helped achieve the kind of culture change it might have done, given the interest it has generated.

It is true that it is widely used to address single issues such as teenage pregnancy, obesity, bullying and the like through exercises such as Turn the Curve. But with a few notable exceptions – like that described in Leeds in this newsletter, as well as increasing numbers of Welsh organisations, it has not achieved a traction where it can be said to have transformed the culture of organisations at all levels.

Top-down performance indicators have created cultures where organisations spend more time looking inwards at their efficiencies than outwards at the outcomes for users. This has not helped the creation of organisations with outcome cultures. But achieving this kind of culture changes is very difficult. More help is required in the management of change to help leaders transform organisations so that their core task of delivering positive outcomes is recognised by staff at all levels and regulators.

Everyone talks about outcomes being the end game but it is difficult to measure what works over short and medium term and politicians are impatient for short term results. So we need to gain encouragement from opportunities that arise. Professor Munro's Report into safeguarding speaks of a radical shift in the way the system works, valuing outcomes above process; how will this happen? OBA can help to give a focus and a challenge

“ OBA has a simple methodology which can help managers to focus on what is working well and to identify where services are not making any difference”

“OFSTED Inspectors have praised our approach highly Don’t be frightened to get it wrong – you can’t! Just do it!”

to whether what is being done is making any difference to anyone and if it is not then what can be done to make children safer. This applies just as much to the way LSCBs work as to the effectiveness of direct services.

With the many financial pressures faced by the public sector, many LAs have found it difficult to have truly strategic discussions about where services should continue and where they should be cut; again OBA has a simple methodology which can help address these types of choices helping managers to focus on what is working well to help users and to identify where services are not making any difference.

OBA/RBA is in itself a process, not an outcome, but it is more relevant than ever as one of the ways to help managers and practitioners focus on what works. This newsletter is designed amongst other things to help share what is working and what is not in applying an OBA approach to the constant search for better outcomes for users.



Val Floy from Spurgeons, writes about the experience of adopting OBA in a voluntary organisation

Spurgeons is a voluntary sector organisation that delivers services to children and families, primarily through contracts from Local Authorities. We are committed to doing the best we can for children and have been using an OBA methodology since 2009 to embed outcomes thinking through the Organisation. It has been an interesting journey to embed this approach in a diverse, complex Organisation that operates in over 50 individual projects, across 7 large geographical ‘hubs’.

What we have learnt on this journey

- Buy-in from Senior Leadership has been key – we set up a strategic group of 3 Directors and senior staff that have driven the implementation
- Adopting a whole Organisation approach – all Departments use performance report cards and customer satisfaction questionnaires
- Performance Report Cards are also used to report to the Board of Trustees and they have been ‘trained’ in OBA
- Identifying a team of Outcomes Champions has helped to embed OBA
- We have devised ‘Spotlight’ cards that are in a format that enables us to communicate the 3 OBA headings to our stakeholders, including parents and Commissioners
- OFSTED Inspectors have praised our approach highly and this has been useful to ‘sell’ the approach throughout our projects
- Don’t be frightened to get it wrong - you can’t! Just do it.....!

There's a place for
your news,
opinions and
articles on
outcomes in
Turning the Curve:

contact
outcomesba@gmail.com

***"...an opportunity
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Mark Friedman, who returns to the UK this Autumn, tells us that sales of his book, 'Trying Hard is Not Good Enough' recently topped 25,000. He also encourages us to look at the 'what's new' page on <http://www.resultsaccountability.com/> where he promises a 'whole boatload of new stuff' this Summer. Ed.

Coalition Coaching



In came the coalition, out went Every Child Matters and its 5 iconic outcomes but in came outcomes frameworks for the NHS, public health and adult care. We asked Andrew Cozens, Local Government Group Strategic Advisor for Children, Families & Health, to comment

The Coalition Government rapidly dismantled much of the performance management and assessment, target and data collection arrangements in local government. With it went much of the familiar machinery by which public services were judged and benchmarked. This has provided an opportunity for the sector to develop its own collaborative and peer challenge arrangements and for councils to shift their focus to getting things right for their people and places. Many councils have turned to the OBA methodology to help them answer these key questions. How are we doing? Are we meeting your needs? Are we making a difference?

This approach has particular application in relation to the new Health and Wellbeing Boards. These are charged with developing strategic needs assessments and strategies to respond to local priorities. The delineation of population and service outcomes is very helpful in working out what the Boards will be there for, and what participating bodies will be commissioning. A Board's regular report can be a report card of curves turning (or not) on poor health and health inequalities.

A round-up of news and articles about **OUTCOMES** in the public sector

Closing residential homes

“Achieving Closure: Good practice in supporting older people during residential care closures” - Health Services Management Centre, University of Birmingham, ADASS and SCIE. This guide suggests that if planned and conducted well, care home closures might be able to *improve outcomes* for older people (if they were in a poor environment before) and might be able to support people through very difficult changes without making things very much worse for them in the mean time.

Adult Social Care Outcomes Framework

The 2011/12 Adult Social Care Outcomes Framework - DH March 2011. This document was published alongside the Government's formal response to the consultation on 'Transparency in outcomes: a framework for adult social care' conducted from November 2010 to February 2011. It sets out the outcome measures included in the first national Adult Social Care Outcomes Framework, for the 2011/12 year. July 2011 saw the publication of the technical handbook supporting this framework, available at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_128362. This provides a detailed description of how indicators are defined and measured. It is also intended to help users/carers and the general public to hold councils to account. It's good to see a commitment to the notion of outcomes, but what a shame that two-thirds of the 15 outcome statements identified do not reflect quality of life conditions for people or communities.

Can outcomes based approaches destroy good outcomes?

‘There are limits to how much charities can measure their impact’ Cathy Ashley and Dan Corry guardian.co.uk, Tuesday 12 July 2011 Family Rights Group – ‘It was useful that FRG had to think about what its outcomes were, how it achieved them and how to collect better data. But there is a limit to what this approach can achieve, and it can force NGOs to focus only on what is measurable. The trend for outcome-based approaches, contracts and finance might in fact help destroy good outcomes’.

Public health outcomes

‘NHS reforms and the search for local solutions’ Ingrid Torjesen [The Guardian](#), 06.07.11 - “Returning responsibility for public health to councils is one of the few health reforms proposed by the government that has been widely welcomed.....Local authorities that make progress on public health outcomes are set to qualify for extra funding in the form of health premiums. But because the outcomes that matter, such as a reduction in childhood obesity, take too long to measure, the outcomes will be based on short-term proxies such as the number of smoking quitters. But this could compound the problems faced by areas with the worst public health. As Dominic Harrison, executive director of public health at Blackburn with Darwen warns, areas "that have largely white middle-class residents are going to improve their outcomes much quicker than areas that are economically and socially challenged".

Innovation

Better for less? [Nick Pearce](#) IPPR 31.03.11 - Transformation in our public services will increasingly be driven by innovation. Innovation will flow

'Thumb-thing' to do with outcomes ...

Impact of partnership on outcomes

Outcomes tools

Local accounts

less from spending cuts, more from deeper trends, such as ageing; technical advances like telecare; prevention; and NHS / social care integration. 'Collective solutions that pool risk, lower unit costs and ensure greater fairness in outcomes are likely to prove superior to private ones. But universal services will have to be deeply personalised and drawn from a variety of providers – public, private and mutual – to secure the levels of responsiveness, as well as the productivity gains, that will ensure their political and fiscal viability'.

“A Simple Solution to measuring Children’s Social Care Outcomes” an article by Nick Berbiers Community Care 04.03.11. In the wake of Munro, he proposes a solution using red, amber and green thumbs. 'I’m not wedded to thumbs if anyone suggests something better, but it is simple and universal in our culture. Red would correspond with “no”, amber “the same”, and green “yes”'. I don't think Nick has discovered OBA yet.

"Whose Outcomes are They Anyway?" - Helen Dickinson, Jon Glasby, Robin Miller, Linda McCarthy, (2009) Report of the Pilot Evaluation of a Joint Service", Journal of Integrated Care, Vol. 17 Iss: 1, pp.37 – 44. Health and social care partnership working is often promoted on the notion that it improves outcomes for service users. Yet there is a lack of evidence linking partnerships to changes in outcomes. The Health Services Management Centre at the University of Birmingham designed the Partnership Outcomes Evaluation Toolkit (POET) specifically to evaluate health and social care partnerships in terms of service user outcomes. This paper reports on the field testing of POET with Sandwell Integrated Support Service.

“Measuring the impact of your organisation's work” - [Liza Ramrayka](#) - [Guardian Professional](#), 17.03.11 - "Government spending cuts and fierce competition for other funding have ramped up pressure on voluntary sector organisations to demonstrate their impact to commissioners, grant-making trusts and donors". She defines impact as the outcomes achieved by your organisation (what happens to service users, their families and so on as a result of your activities) and the wider, longer-term effects of your work. The article goes on to consider two outcomes measurement tools: firstly, the well-established [Outcomes Star](#) – originally developed by Triangle Consulting for homelessness charity St Mungo's, but now with versions for older people, young care-leavers and the mental health sector etc. Secondly she refers to [Ascot](#) – a adult social care outcomes toolkit, launched last year by the PSSRU at Kent University – "this tool captures information about an individual's social care-related quality of life..... looking at eight "domains", including control over daily life, safety, and social participation and involvement. These factors can then be weighted according to perceived importance given to them by the general public or service user. Finally, they are considered against cost data to establish whether a service is providing good outcomes for the amount of money invested".

Following the abolition of adult care annual performance assessments, a **'Promoting Excellence in Councils' Adult Social Care Programme Board'**, involving the LGG, the ADASS, the Care Quality Commission (CQC) and the Department of Health has been established to work on sector-led

development in adult services. This Group is promoting the production of 'local accounts' by councils as a way to meaningfully report back to citizens and consumers about performance. "The Board does not want to be prescriptive about the format, structure and content of local accounts because these are matters for local discretion. However, if local accounts are produced, it is recommended that they be customer-centric and be aimed at the whole community". The experience of report cards within OBA provides a practical model for delivering these accounts.

Each Turning the Curve Newsletter will feature a slightly longer article on some aspect of outcomes practice. David Burnby sets out – below – his recent experience using OBA in Leeds. We thank Leeds City Council for their agreement to use this material



The Leeds Obsessions: A Case Study in Outcome Based Accountability™

It has been my privilege over the last six months to be working with Leeds City Council Children's Services Directorate, training and supporting their staff and representatives from key partner agencies in the use of the Outcome Based Accountability™ (OBA™) framework.

Leeds is the second largest metropolitan borough authority in England with a population of three quarters of a million people. It has 178,000 children and young people aged 0 to 19, which represents 23% of the city's total population. The size and diversity of the city creates opportunities, but also some significant challenges. For example, children and young people's social care in Leeds received over 13,500 referrals in 2009/10 and this is increasing significantly. Leeds has consistently had relatively high numbers of looked after children (95 children per 10,000 in 2010/11) in comparison with statistical neighbours for whom the average is 69. Despite everyone's best efforts, Leeds was in the doldrums with many of the most compelling deprivation indicators for children and young people remaining stubbornly static. A new approach was needed.

Following the appointment of Nigel Richardson as Director of Children's Services in autumn 2010, things began to change. He wasted no time in getting straight to the point: *"We want to be very clear about the outcomes, the things we want to achieve for children and young people in Leeds, and we'll hold ourselves accountable by measuring ourselves against that"*. This clarity of vision was articulated through five outcome statements, declaring the intention that children and young people in Leeds will:

- Be safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Be active citizens who feel they have voice and influence

"We want to be very clear about the outcomes, the things we want to achieve for children and young people in Leeds, and we'll hold ourselves accountable by measuring ourselves against that"

'Of the 17 indicators, three were identified as priorities and became known in Leeds as "The Obsessions"'

"local facilitators now come together on a regular basis to share good practice and information and have access to a dedicated resource web site"

"an excellent way to accelerate the shift to a real multi agency, locality perspective"

These five outcomes were the starting point of the OBA™ journey, and have been defined in measurable terms by 17 indicators. There could have been many more of course, but it was recognised very early on that less is more; better to focus activity on a handful of strong proxy measures as the curves to turn than attempt a scatter-gun approach of trying to hit everything (and missing it all). Of the 17 indicators, three were identified as priorities and became known in Leeds as "The Obsessions". These are:

- Number of looked after children
- School attendance
- 16 – 18 NEET* rate

(* NEET: Not in Education, Employment or Training)

With the outcomes and indicators for the City defined, the next challenge was to move from talk to action. In January 2011, the Children's Services Directorate took the lead on introducing the OBA™ process to staff, Members and key partner agencies across the City before identifying and training a cohort of 36 OBA™ facilitators. In a City as large and diverse as Leeds, a 'one size fits all' approach was not going to work. Although the outcomes and indicators were felt to be right for the City as whole, the forces and drivers in different localities were going to vary significantly. Reflecting this, Leeds is divided into 28 geographical 'clusters' of schools, children's centres and other children's services. The team of local facilitators have been made available to the clusters as a resource to enable a series of locality "Turning the Curve" workshops to take place based around the three obsessions, teasing out the local "Story behind the Baseline". From this, with the engagement of key partners, local cluster plans are being drawn up, the actions from which will in turn contribute towards the desired City wide outcomes. The cohort of local facilitators now come together on a regular basis to share good practice and information and have access to a dedicated resource web site with a special Leeds OBA™ domain.

Stephen Featherstone, Performance Management Officer for the Children's Services Directorate is clear about the benefits; *"From the outset OBA™ has been very popular with staff, managers and partners across Children Leeds. It is viewed as clear, simple and practical. Not a magic formula but a good way to improve the effectiveness of partnership working and help deliver shared outcomes. Evaluation of the OBA™ programme in terms of its impact on key indicators is not yet possible but early indications are that it is having a positive and significant impact. It is proving to be an excellent way to accelerate the shift to a real multi agency, locality perspective"*

Although still early days, Stephen feels that the top critical success factors are:

- Ownership and championing of OBA™ by the Director of Children's services, Children's Trust Board, Chief Executive of the Council and partners across the city.
- Expert training and facilitation programme balancing general awareness for a range of staff and more intensive training for workshop facilitators. Making sure that the majority of facilitators have experience of front line operations, particularly the detail of locality working.
- A clear commitment to use OBA™ to help drive delivery of CYPP outcomes, particularly a relentless focus on driving improvement

" Leeds demonstrates what can be achieved with strong leadership, appropriate staff training and support, a clear focus on outcomes and effective partnership working"

Contact the UK Outcomes Group via its Chair, Dr Andy Gill, at:

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around the 3 CYPP "obsessions:"

- Delivery of the workshops at locality level using good data at a local area level with a clear distinction between the roles of workshop facilitator and locality management, with the latter responsible for delivering improvement.
- Getting the local stories behind the local baselines but watching out for city wide implications.
- Getting all the right partners engaged in the workshop and the follow up work.
- Keeping it simple, focusing on outcomes for children and young people and sticking to the OBA™ methodology and definitions

There's a saying "*start the parade, people will want to join in*". The enthusiasm for OBA™ and the drive towards measurable outcomes is infectious, now spreading across the authority beyond Children's Services, led by the Leeds City Council Chief Executive, Tom Riordan. Leeds demonstrates what can be achieved with strong leadership, appropriate staff training and support, a clear focus on outcomes and effective partnership working.

The UK Outcomes Group was set up in 2009. Its primary focus is making a difference to the lives of children, young people and adults through service improvement, partnership working and community capacity building.

Routed in Outcomes Based Accountability™ and other outcomes based ways of thinking and working, the group will create a **network of advice, support and resources** to maximise impact and cultural change.

The group will have a **strategic role** in identifying support needs and building outcomes change momentum regionally and nationally. It will be deliberately **inclusive**; concerned with active participation from members, talk to action, reflective learning and evidence informed practice.

It will establish **international links** to extend learning and support networks.

Finally, I've offered to edit the first few editions of this newsletter, but can only do this - of course - with your help. So - if you have a story to tell about using OBA, if you have a tip to share, a question that needs an answer, or a frustration to get off your chest, it would be great to hear from you. And I would welcome feedback about this issue.

You can contact me on outcomesba@gmail.com

Steve Pitt July 2011