

Using Results and Performance Accountability to Improve the Well-being of Children and Families

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Introduction

This paper is about a disciplined thinking process that helps people get from talk to action, specifically actions that will measurably improve the lives of children, families and communities. It is now being used, in whole or in part, in 40 states and at least 6 countries. It breaks with past planning methods in several important ways. First it begins with discipline about language and the use of words to label ideas. Second, it posits a sharp distinction between population and program accountability. And third it offers a common sense progression of work that produces effective actions with minimum paper. While the following sections focus on the well-being of children and their readiness for school, this framework is being applied to the well-being of many other groups, up to and including the well-being of the whole

population of a city, county, state or nation. The entire framework can be found on the website: www.raguide.org.

The most common problem in this work is the problem of language. People come to the table from many different disciplines and many different walks of life. And the way in which we talk about programs and services for children and families varies from place to place and meeting to meeting. This means that the usual state of affairs in planning for children and families is a Tower of Babel, where no one really knows what the other person is saying, but everyone politely pretends that they do. As a consequence, the work is slow, frustrating and often ineffective.

It is possible to exercise language discipline in this work. And the way to do this is to agree on a set of definitions that *start with ideas and not words*. Words are just labels for ideas. And the same idea can have many different labels. The following four ideas are the basis for definitions used at the beginning of this work. Alternative labels are offered:

< A Result (or outcome or goal) is a condition of well-being for children, adults, families or communities, stated in plain English (or plain Spanish, plain Korean, plain Hebrew, etc...). They are things that voters and taxpayers can understand. Results are about the well-being of whole populations, without regard to whether anyone is receiving service. They are about population quality of life, not specific programs, agencies or services. Results include such conditions as: Ahealthy children, children ready for school, children succeeding in school, children staying out of trouble, strong families, safe communities, a clean environment, a prosperous economy."

< An Indicator (or benchmark)¹ is a measure which helps quantify the achievement of a result. Indicators answer the question "How would we recognize a result in measurable terms if we fell over it?" So, for example, the rate of low-birthweight babies helps quantify whether we're getting healthy births or not. Third grade reading scores help quantify whether children are succeeding in school today, and whether they were ready for school three years ago.² The crime rate helps quantify whether we are living in safe communities, etc.

< A Strategy is a coherent collection of actions which has a reasoned chance³ of improving results. Strategies are made up of our best thinking about what works, and include the contributions of many partners. No single action by any one agency can create the improved results we seek.

¹The word benchmark is used to label this idea in a number of states and counties. But it has a very different meaning in the business community where it means the level of achievement of a successful competitor. For this reason, Aindicator@ may be the better choice.

²³rd grade reading scores are a *lagging* indicator of children ready for school.

³This reasoning process is sometimes referred to as Atheory of change.@Or, AWhat is the theory that this might actually work?@There is a whole body of writing on this subject. See the work of Kubisch and Connell..

< A Performance Measure is a measure of how well a program, agency or service system is working. The most important performance measures tell us whether the clients or customers of the service are better off. We sometimes refer to these measures as *client or customer*⁴ results (to distinguish them from *cross-community* or *population* results for all children and families)

The principal distinction here is between *ends and means*. Results and indicators are about the ends we want for children and families. And strategies and performance measures are about the means to get there. Processes that fail to make these crucial distinctions often mix up ends and means. And such processes tend to get mired in the endless all-talk-no-action circles that have disillusioned countless participants in past efforts.

Another important distinction is that between population accountability and program, agency, or service system accountability. These are two profoundly different types of accountability that often get mixed up together. The framework presented in this paper treats them separately, for a very simple reason. Accountability for population well-being can not be assigned to any one person or organization. The health of all children in the county is not the sole responsibility of the county, the state, the national government or any of the many public and private partners who have a role to play. It is by definition a shared responsibility. Program and agency accountability, on the other hand, **can** be assigned to the manager of the program or agency. And this relationship between population and program accountability is **not linear**. In most previous work in this field, there is a continuous progression from population well-being to agency and program performance. For example, **AHealthy children@flows** seamlessly (in a single line) to the health department and down to its various component programs like childhood immunization. In the results accountability framework there is a break between population and program accountability. Many programs and agencies **contribute** to population results by improving client results.

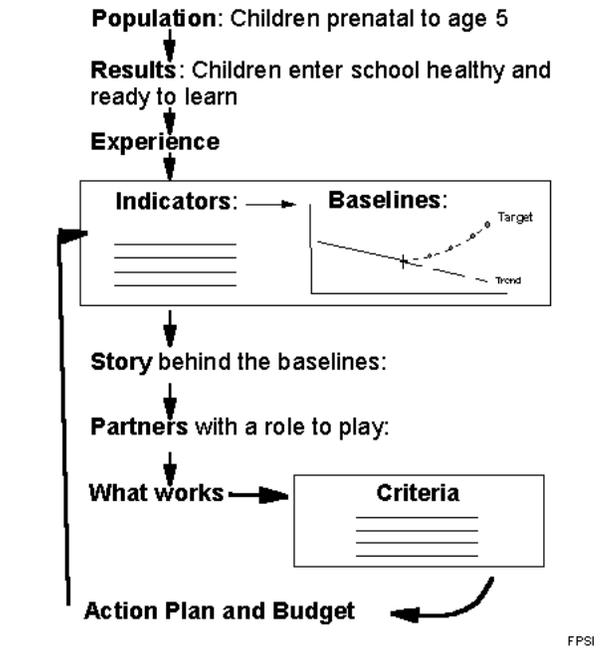
How to help assure that all children are healthy and ready for school

This section presents a very simple, but business-like, thinking process that can help direct the work of creating a strategy for making all children healthy and ready for school, or any other condition of well-being your choose to address. It is the thinking process that underlies all of results accountability, whether the population in question is children, elders or all residents of a given geographic area. Applied to young children and their families, it is the simple set of notions: **AWhat do we want for young children and their families, in plain language?@AHow would we recognize these conditions in measurable terms?@AWhat will it take to get there?@** This process is displayed on the chart in the next section and discussed in more detail on the website: www.raguide.org. In the following paragraphs we will take a quick pass at the basic ideas in each step of the thinking process, and then return to address key ideas in more

⁴Or consumer, patient or student results, depending on the service system.

detail.

Results-Based Decision Making



WHAT DO WE WANT?

Population: Results accountability starts with a whole population without regard to whether they are getting service. In the case of Prop 10 this is all children, prenatal to age 5 who live in the county. It also includes, by extension, all the families in which these children live, or are about to be born. This is important because many of the things which will work to improve the health and school readiness of children involve helping their families, and in particular, their parents, be successful. So Prop 10 is about the well-being of the population of all children *and their families*.

Results: Results are conditions of well-being we would like to say exist for this population. These conditions are stated in plain English (plain Spanish, plain Vietnamese, plain Farsi...) not bureaucratic jargon. The Prop 10 legislation includes the results: **A**children enter school in good health, ready and able to learn, and emotionally well developed.[@] This is a statement that the public can understand, that can be used to communicate the basic purpose of Prop 10 and anchor this work. There are of course many other results for children and families which are important, e.g. all children are safe, all children succeed in school, families are strong and self sufficient, Prop10, if successful, will also make a contribution to these other results.

HOW WOULD WE RECOGNIZE IT?

The next two questions have to do with how we would recognize these conditions if we fell over them, first in terms of experience and then in terms of data.

Experience: How would we recognize these results in our day to day lives in the community? What

would we see, hear, feel, observe? e.g. We would see children playing outside. We would hear young children with good communication skills. We would feel that children were respected and loved in our community.

Indicators: How would we recognize these conditions in measurable terms? Here we are looking for data that tell us whether these conditions exist or not. If the condition is child health, we might look at the rate of low birth-weight babies, or the rate of emergency room accidents. If the result is children succeeding in school we might look at the percent of children reading at grade level or graduating from high school. Some of these data we currently have and can use today in the planning process. Other data, which we would like to have, become part of our data development agenda.

Baselines: For each indicator, we present a picture of where we've been and where we're headed if we stay on our current course. These pictures are called baselines. They allow us to define success as doing better than the baseline.

WHAT WILL IT TAKE TO GET THERE?

Story behind the baselines: Why do these baseline pictures look the way they do? What are the causes and forces at work? This is the epidemiology part of the work. Digging behind the pictures helps us get a handle on what's going on in our community and what might work to do better. As we do this work we bump up against questions where we wish we had more information. This becomes part of our Information and Research Agenda. We will gather this information as best we can between meetings.

Partners: Who are the potential partners (people and agencies, public and private) who have a role to play in doing better?

What works: What do we *think* would work? *What would it take* to do better than the baselines in *this* community? What has worked in other places outside our community? What does the research tell us? Just importantly, what does our own personal experience tell us about what would work here? The answers should draw on the possible contributions of partners; and should involve no-cost and low-cost ideas.

Criteria: If we come up with a long list of things that might work, how do we choose what to actually do? What criteria should guide this selection process? Some criteria to think about include: *Specificity* (Is the idea about specific action not rhetoric?), *Leverage* (Will it make a big or little difference?), *Values* (Is it consistent with our personal and community values?), and *Reach* (Is it feasible to do it this year, next year or 3 to 10 years?).

Action plan and budget: What do we propose to actually do? This should take the form of a multi-year action plan laying out what is to be accomplished by when (goals and objectives). We can then assign

responsibilities and get started. Once you decide on things to be done, projects, programs, no-cost and low-cost actions etc. you can use performance measures to track their progress.

This process can be used to develop a coherent and comprehensive strategy to improve the well being of young children and their families. And while the full development of this thinking may take years, the full thinking process can be used quickly. There are exercises available on the website www.raguide.org which allow you to take a pass at this thinking process in less **than an hour**. The process can then be iterated. Each time you iterate this process, your strategy and action plan gets better.

Use performance accountability to improve program performance

Performance accountability is the second kind of responsibility that Prop 10 Commissions must master. Performance accountability involves identifying the most important performance measures for programs, agencies and service systems and holding managers accountable for doing a good job on those measures. It is somewhat more familiar territory. We have been managing programs and agencies for centuries.

The principle problems with performance measurement is that we tend to pick the wrong measures and we tend not to use them for anything. We tend to build complex, paper intensive processes that actually detract from management because they take a lot of time and are of little or no value to those who manage or oversee programs, agencies and service systems. And it is this latter responsibility - overseeing programs, agencies and service systems - that Prop 10 Commissions must also know how to do well. If we can deal with the matter of picking the right measures and making the system useful, many of the other problems will take care of themselves.⁵

Be clear about what program, agency or service system is being measured. The first order of business in picking the right performance measures is being clear about what is being measured. This is a fence drawing@problem. First we draw a fence around the thing to be measured. It could be a program, like child care center , or a component of a program with some organizational identity, like infant child care. Or it could be an entire organization or agency, like a residential treatment center, or a department of social services. Or it could be an entire service system, like the entire child welfare or child care service system, involving many agencies and their programs.

Next we ask ourselves a few questions about what's inside the fence. Who are our customers? Customers include the direct recipients or beneficiaries of the service. But they may also include others who depend on the program's performance, like related programs and partners. For example, the customers of child care program include the children of the program, but also the parents of those

⁵ See AA Guide to Developing and Using Performance Measures,@The Finance Project, 1997 for more information on this approach.

children, and also the local elementary school where many of these children will enter kindergarten. It is important to consider the full range of customers, because, just like in business, success depends on doing a good job for your customers.

Consider the four types of performance measures and choose the most important.

All performance measures fit into one of four categories, derived from the intersection of *quantity and quality vs. effort and effect*.

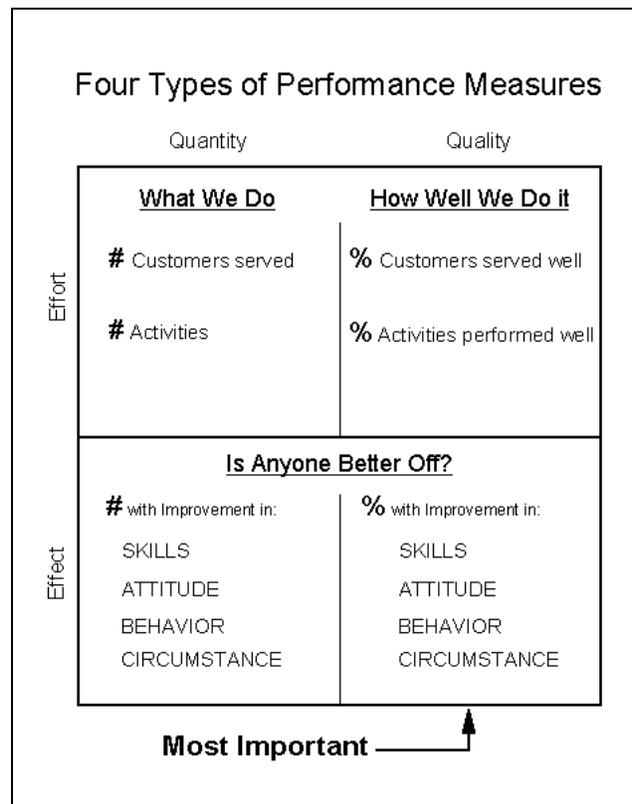
Not all performance measures are of equal importance. There are two general classes of performance measures that are most important: “**Is Anyone Better Off?**” (those that tell us whether our clients’ lives are better - lower right quadrant), and “**How well did we do it?**” (those that tell whether the service and its related functions are done well - upper right quadrant). “How well did we do it?” measures include such things as timeliness of service, accessibility, cultural competence, turnover rate and morale of staff. These measures can be used by managers to steer the administration of the program. If things are late, they work to make them timely. If turnover is high, they work to retain staff.

The most important (Is Anyone Better Off?) measures tell us whether our clients’ or customers’ lives are better as a consequence of receiving the service. We call these measures **Client or customer results**

Usually, in programs which directly deliver services to people client results have to do with four dimensions of **better-offness**.

skills/knowledge, attitude, behavior and circumstance. Did the customers’ skills improve; did their attitude change for the better, did their behavior change for the better, is their life circumstance improved in some demonstrable way? So, for example, if you are

overseeing a child care program, you would want to measure such things as the percent of children with basic literacy skills (skills), the percent of children with a positive self image (attitude); the percent of children exhibiting disruptive behavior (behavior) and the percent of children who are up to date on their immunizations, and the percent who go on to succeed in 1st grade (circumstance).



Create a performance accountability system useful to managers. We do this in three ways. First, we ask managers to assess their performance on their programs performance measures - not on the basis of some absolute standard - or on how other providers are doing - but on whether they are doing better than their own history. We do this using the same technique used for cross community indicators: the notion of baseline. For each performance measure we ask managers to present a baseline of the history of their programs performance, and where their performance is headed. We ask them to do better than their own baseline.

This is the central way in which businesses use data. How are we doing compared to our own history? Later when you have the sophistication and the data, you can begin to develop and use comparisons to the performance of other similar providers with similar mixes of easy and hard cases. And later still, we can compare to standards, when we know what good performance looks like.

In some services, like child care, we have progressed to the point where we have standards for the “How well did we do it?” performance measure above. In child care we know what quality service delivery looks like. We have standards for staffing ratios, percent of staff with certain qualifications, timeliness of service, safety etc.

Next we ask managers to think about the partners who have a role to play in doing better. Programs cannot produce the most important results for customers by themselves.

And, finally managers must ask and answer: What works to improve performance?@Out of this thinking we ask managers to present their best ideas about what needs to be done.

This thinking process is summarized in the 7 questions in the sidebar chart. These 7 questions should be asked and answered at every intersection between a supervisor and a subordinate throughout the system. This means that they could be used in supervisory conferences between supervisors and those who work for them. The questions could also be used by Prop 10 Commissions to assess the performance of programs receiving Prop 10 funding.

for Programs Agencies and Service Systems	
1. <u>Who are our customers, clients, people we serve?</u> (e.g children in a child care program)	
2. <u>How can we measure if our customers/clients are better off?</u> (performance measures about client results - e.g. percent of children with good literacy skills)	
3. <u>How can we measure if we are delivering service well?</u> (e.g child staff ratio, turnover rate etc.)	
4. <u>How are we doing on the most important of these measures?</u> Where have we been; where are we headed? (baselines and the story behind the baselines)	
5. <u>Who are the partners who have a potential role to play in doing better?</u>	
6. <u>What works, what could work to do better than baseline?</u> (best practices, best hunches, including partners= contributions)	
7. <u>What do we propose to do?</u> (multi-year action plan and budget, including no-cost and low-cost items)	
- FPSI	

California's Children and Families First Act

In November, 1998, the voters of California approved a new law known as The California Children and Families First Act or Proposition 10. This law established a new tax on tobacco products as a fund source for investments in the well-being of California's young children and their families. The stated purposes of Prop 10 are **A**promoting, supporting and improving the early development of children from the prenatal stage to five years of age,⁶ ensuring that **A**children prenatal to age five enter school in good health, ready and able to learn and emotionally well developed.⁶ Prop 10 is not just a new source of money but also a chance to mobilize community support for a broad range of actions by public and private sector partners to improve the well-being of children prenatal to age 5.

The above paper is an abridged version of a longer planning guide written for the 58 county Prop 10 commissions set up across the state to administer the new law. The paper sets forth a framework for results-based (or outcome-based) decision making and budgeting for Prop 10 funds. The complete paper (approximately 30 pages) provides additional detail on how to implement the proposed approach and may be read at the UCLA website: <http://healthychild.ucla.edu>

Prop 10 commissions have two types of responsibility. First they must craft a strategy to ensure that ALL children prenatal to age 5 enter school in good health, ready and able to learn and emotionally well developed.⁶ Second, Prop 10 commissions must make sure that the money they spend, as part of that strategy, is well managed and that the programs supported with Prop 10 funds are of the highest quality. It does no good to buy new child care capacity if that capacity is low quality care in poorly managed programs.

In short, Prop 10 commissions must (help) develop a strategy for a total population (all children 0 to 5), and then oversee the implementation of that strategy and the performance of its component parts. This policy brief addresses how commissions can organize their work, and just as importantly, their thinking to do both of these things well. Many Proposition 10 commissions are using this planning guide in whole or in part. The following imaginary press conference illustrates the possible achievements of Proposition 10 if it works effectively to improve the well-being of young children and their families.

An imaginary press conference in 10 years

What we would like to be able to say...

! AGood afternoon Ladies and Gentlemen. We are here today to present the results of our 10 year campaign to assure that every child in this county enters school healthy and ready to learn.

⁶It is best to think about Prop 10 as **A**how to mobilize the resources of the community to make all children healthy and ready for school,⁶ not **A**how to spend the money.⁶

The charts in your package show that when we started this work, less than half the children in this county passed the kindergarten entry assessment, and the percent of children reading at grade level was no better than 45% in the 1st 2nd and 3rd grades. Less than 60% of our children were fully immunized at ages 2 and 5, and rates of hospitalization, unintentional injury and foster care entry for very young children was far above state and national averages. What's worse, nearly all of these measures were headed in the wrong direction

! In the past 10 years the county has made dramatic progress in the well-being of its youngest children and we are beginning to see these improvements pay off in the well-being of adolescents and young adults. Today, nearly all children (96%) pass the kindergarten entry test, and nearly all children are reading at or above grade level in 1st 2nd and 3rd grades. The health of these children is much improved. Nearly every child (99%) is up to date on immunizations at ages 2 and 5. Rates of unintended injury and hospitalization have declined significantly. And we now are well below the state and national averages for rates of child abuse and neglect and entry into foster care.

! We believe that these improvements are directly related to the investments we have made over the past 10 years, using Prop 10 and other funds, and also the combined resources of time energy and commitment of many public and private partners throughout the county. Some of the most important of these investments include...

! Finally, we believe we are seeing a real and direct financial benefit to the county as a result of these improving conditions. Spending for remedial education has declined, state reimbursement for attendance has improved, foster care costs are significantly lower, and we are beginning to see significant reductions in our juvenile justice caseload. Health care costs for young children have shown a marked shift away from expensive remedial care and toward the higher regular utilization of preventive and well-child care. And the county was recently rated among the best places in the state to raise children, a fact we know has affected the decisions of several businesses to stay in or relocate to our communities.

! Your packages include many of the details behind these remarkable accomplishments, and list the many partners who have made contributions over this period. We would like to express our deep gratitude to these people and organizations. We would now be glad to answer any questions you may have.@

The entire planning process can be thought of in terms of **!What would it take to be able to have a press conference like this one in 5 or 10 years?@** Answer this question, and you can throw the rest of this paper away.

Conclusion

We have an historic opportunity to make investments in child and family well-being that will pay off for decades to come. If we just spread money around and hope for the best we will not be remembered for using this opportunity well. If instead we bring business-like discipline to the demands of improving conditions of well-being for young children and their families, then we have a chance to be remembered

differently. The approach offered in this paper can be used to structure planning and budgeting processes that have a good chance to produce the results we want for young children and their families.