



**NATIONAL  
CHILDREN'S  
BUREAU**

# **Introduction to Outcomes Based Accountability**

Teresa Geraghty

February 2024

# **LINKS**

[ncb.org.uk](https://ncb.org.uk)

# About NCB

**Using evidence to improve outcomes for  
children, young people, families and  
communities**

**POLICY | PROOF | PARTNERSHIP | PRACTICE | PARTICIPATION**

# Today's aims

- To get an understanding of concepts and principles of OBA
- To understand how OBA can be used to improve performance of NLCF projects

# OUTCOMES?

# Long Term



# Discipline

## **PASSION**

for our stories can only carry us so far.

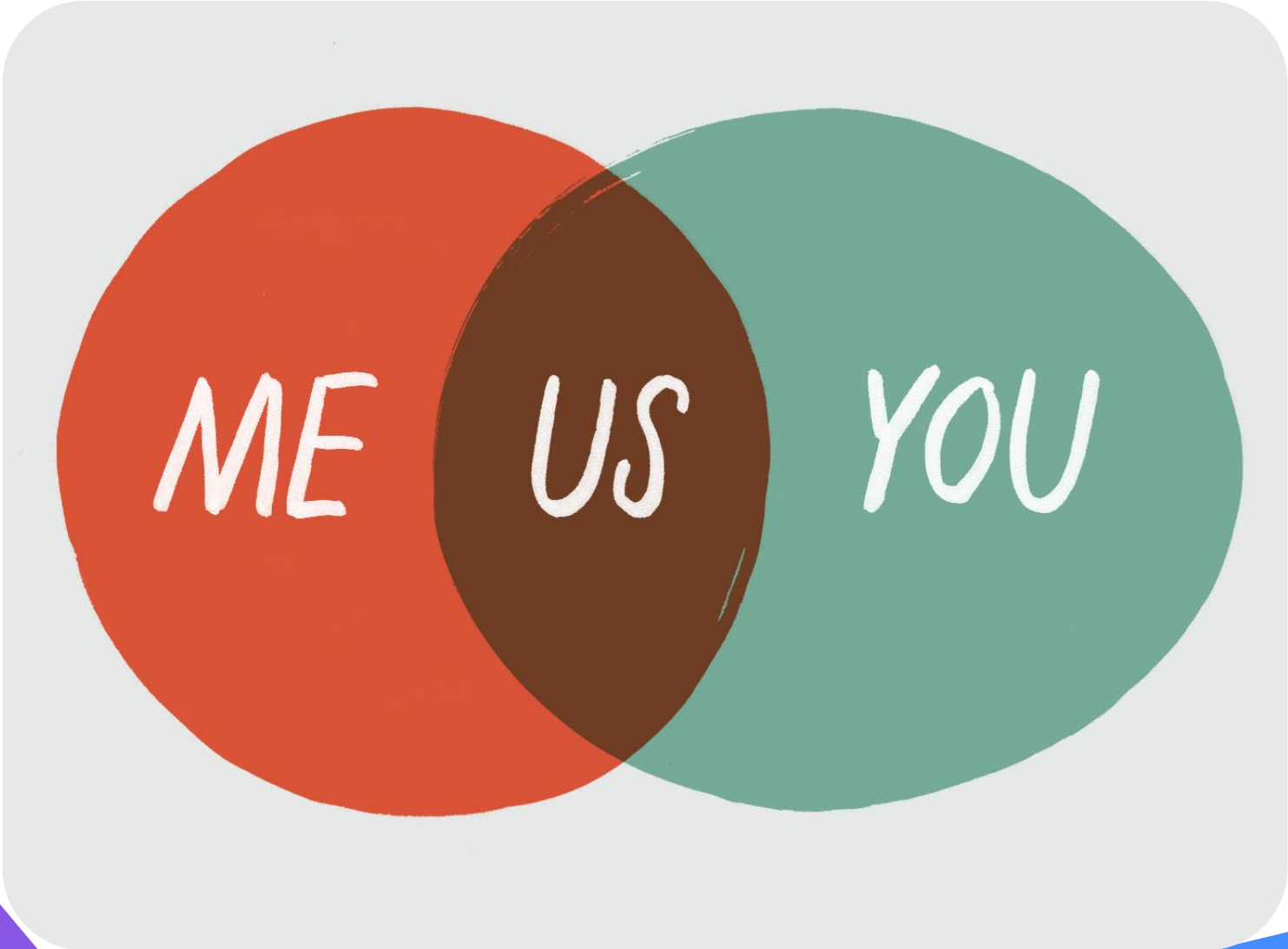
## **SELF-DISCIPLINE**

takes us the rest of the way.

# Engagement



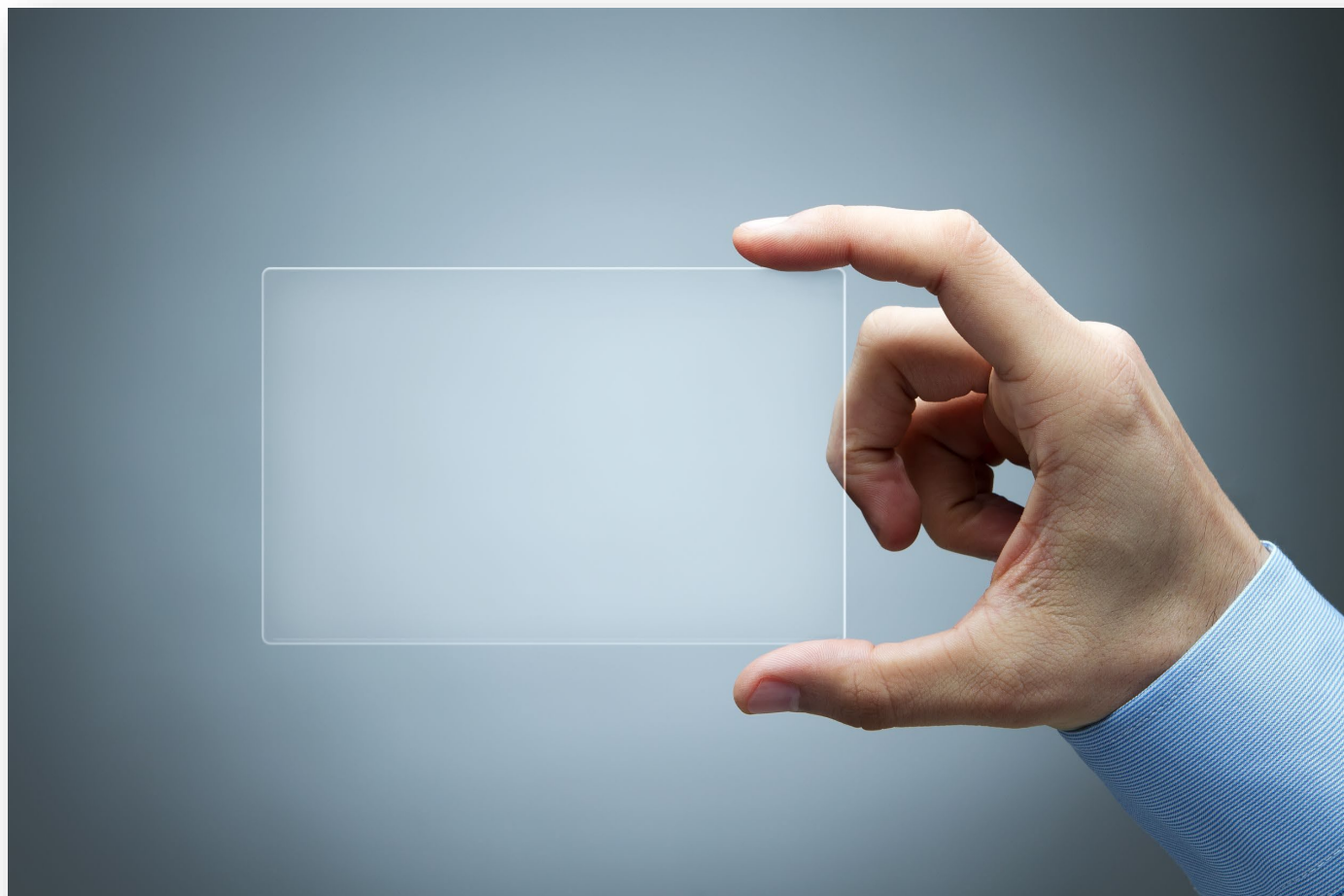
# Collaboration



# Impact

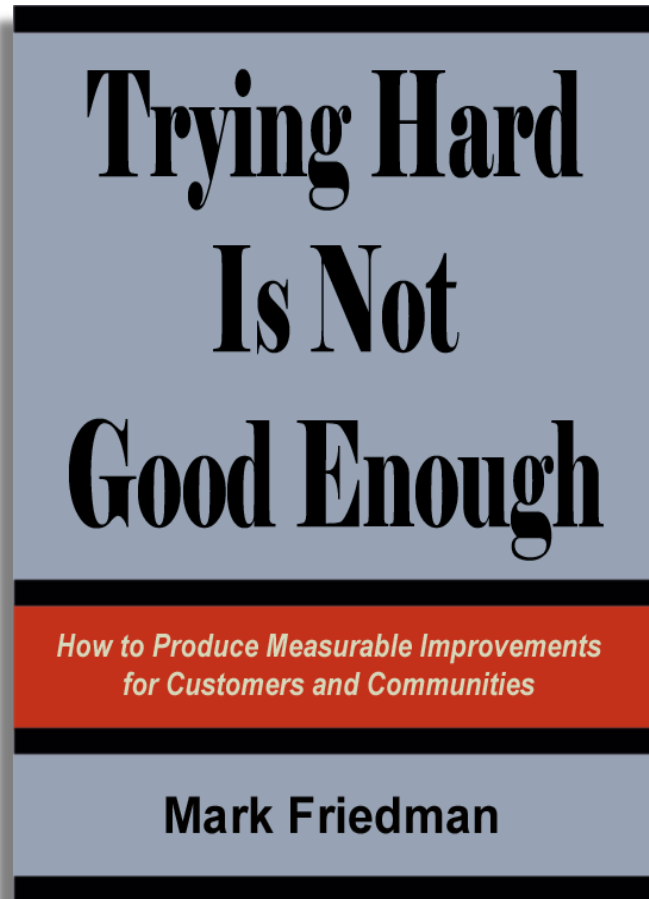


# Transparency



**HOW?**

# What is OBA?

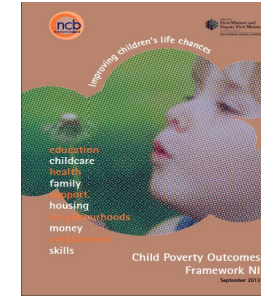


**Mark Friedman**  
**Fiscal Policy**  
**Studies Institute**  
**Santé Fe, New**  
**Mexico**

# OBA in NI



**DRAFT PROGRAMME FOR GOVERNMENT FRAMEWORK**  
2016-21



**SIMPLE**

**COMMON SENSE**

**PLAIN LANGUAGE**

**MINIMUM PAPER**

**USEFUL**

# Outcomes-Based Accountability

is made up of two parts:

## Population Accountability

about the well-being of

WHOLE POPULATIONS

For neighbourhoods – districts – Regions - Counties

## Performance Accountability

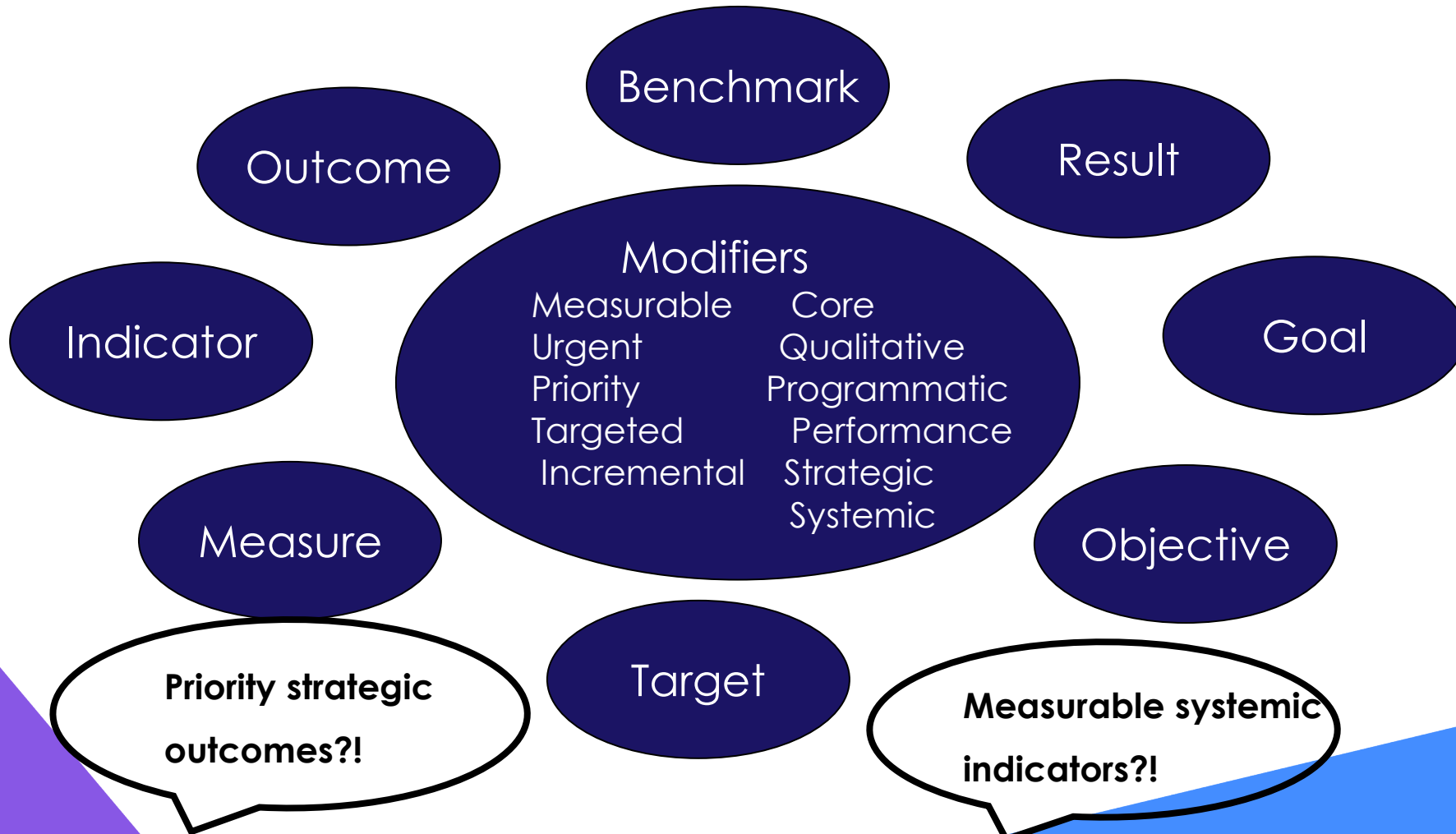
about the well-being of

CLIENT POPULATIONS

For Projects – Agencies – Service providers

# THE LANGUAGE TRAP

Too many terms. Too few definitions. Too little discipline



# Definitions

## OUTCOMES

**Conditions of well-being for children, adults, families or communities**

**Examples: Northern Ireland.....**

- Is a more equal society
- Is a shared society which respects diversity
- Is a confident, welcoming, outward-looking society
- Gives our children and young people the best possible start in life

**Positive, jargon-free statements of well-being in plain language that people can understand**

# Definitions

## INDICATORS

**Measures which help quantify the achievement of an outcome.**

- Gap between highest and lowest deprivation quintile in healthy life expectancy at birth (**NI is a more equal society**)
- % of people who think leisure centres, parks, libraries and shopping centres in their areas are 'shared and open' to both Protestants and Catholics (**NI is a shared society that respects diversity**)
- % of the population who believe their cultural identity is respected by society (**NI is a shared society that respects diversity**)
- % of school leavers achieving a Level 2 or above including English and maths (**giving our children the best possible start in life**)

**How would we recognise these outcomes in measureable terms if we fell over them?**

# Definitions

## PERFORMANCE MEASURES

**A measure to evaluate how well a programme, agency or service system is working**

### Three questions

- How much did we do? (quantity)
- How well did we do it? (quality)
- Is anyone better off as a result? (quantity and quality of effect or service user outcomes)

# From ends to means...

## From talk to action

Population  
Accountability

### OUTCOMES

“ A condition of well-being for children, adults, families or communities”

### INDICATORS

“A measure which helps quantify the achievement of an outcome”

ENDS

Performance  
Accountability

### PERFORMANCE MEASURES

“A measure of how well a programme, agency or service is working.

MEANS



NATIONAL  
CHILDREN'S  
BUREAU

# POPULATION & PERFORMANCE ACCOUNTABILITY

## OUTCOME:

All children and young people in Northern Ireland have the best start in life

## INDICATOR:

% of young people achieving 5A\*-C grades at GCSE

END

CONTRIBUTORY  
RELATIONSHIP

A child mentoring  
and support  
programme

PERFORMANCE MEASURE  
*% attendance at school*

All children in Northern Ireland  
WHOLE POPULATION

MEANS

# OUTCOME, INDICATOR OR PERFORMANCE MEASURE?

Outcome

1. Safe Community

Indicator

2. Crime Rate

Perf. Measure

3. Average Police response time

Outcome

4. A world class workforce

Indicator

5. Adult literacy rate

Outcome

6. People have living wage jobs and income

Indicator

7. % of people achieving 5 A\*-C grades at GCSE

Perf. Measure

8. % Social care users treated with dignity and respect

# Turning the Curve

**POPULATION**

All children in Northern Ireland

**OUTCOME**

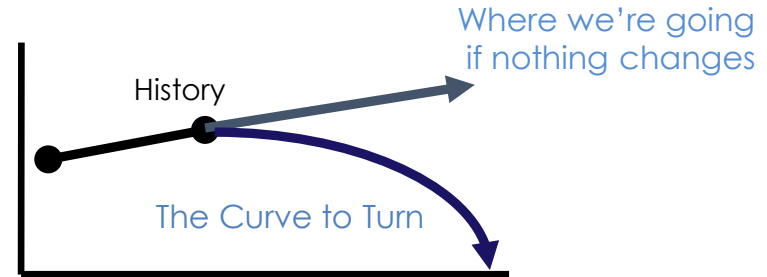
**“are given the best start in life”**

**EXPERIENCE**

What would this outcome look like if we could see it, hear it, feel it?

**INDICATORS & BASELINE**

- For example...
1. Smoking during pregnancy
  2. Low birth weight babies
  3. Children reaching developmental milestones
  4. Childhood obesity rates



**STORY**  
Behind the baselines

- The causes, the forces at work
- What’s driving the baseline

Data development  
Agenda (Pt 1)

**PARTNERS**  
With a role to play

- Public, Private and Voluntary Sector
- Community groups
- Residents

**WHAT WORKS**

- What would it take to turn the curve?
- Best practice
- Best hunches

Data development  
Agenda (Pt 2)

**ACTION PLAN** • What do we propose to do, how and by when

# **Outcomes Based Accountability**

Managing and improving  
performance

**“All Performance Measures  
that have ever existed  
for any service  
in the history of the universe  
involve answering two sets of  
interlocking questions.”**

# Programme Performance Measures

Quantity

Quality

<p><b>How Much</b></p> <p>did we do? ( # )</p>	<p><b>How Well</b></p> <p>did we do it? ( % )</p>
--	---

# Programme Performance Measures

## Effort

How hard did we try?

## Effect

Is anyone better off?

# Programme Performance Measures

	Quantity	Quality
Effort	How much service did we deliver?	How well did we deliver it?
Effect	How much change / effect did we produce?	What quality of change / effect did we produce?

# Programme Performance Measures

Effort	How much did we do?	How well did we do it?
Effect	Is anyone better off? #   %	

# Education

Effort	How much did we do?  <b>Number of students</b>	How well did we do it?  <b>Student-teacher ratio</b>
	Is anyone better off?	
Effect	<b>Number of 16 olds with 5 A to C GCSE's</b>  <b>Number with good school attendance</b>	<b>Percent of 16 yr olds with 5 A to C GCSE's</b>  <b>Percent with good school attendance</b>

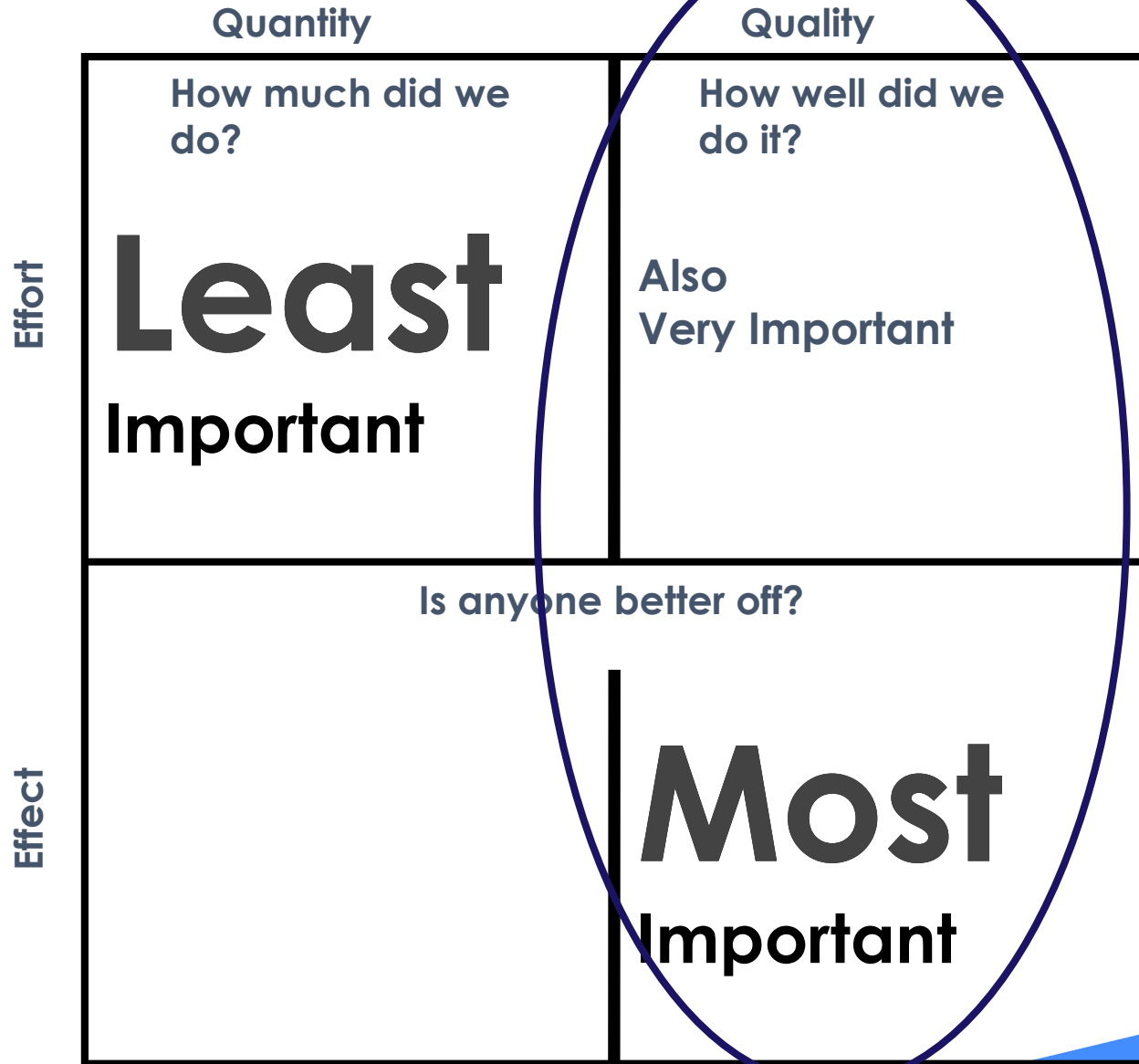
# Drug/Alcohol Treatment Program

Effort	<p>How much did we do?</p> <p><b>Number of persons treated</b></p>	<p>How well did we do it?</p> <p><b>Percent of staff with training/certification</b></p>	
	<p>Is anyone better off?</p> <table border="1"><tr><td><p><b><u>Number</u> of clients off of alcohol &amp; drugs</b></p><ul style="list-style-type: none"><li>- at exit</li><li>- 12 months after exit</li></ul></td><td><p><b><u>Percent</u> of clients off of alcohol &amp; drugs</b></p><ul style="list-style-type: none"><li>- at exit</li><li>- 12 months after exit</li></ul></td></tr></table>		<p><b><u>Number</u> of clients off of alcohol &amp; drugs</b></p> <ul style="list-style-type: none"><li>- at exit</li><li>- 12 months after exit</li></ul>
<p><b><u>Number</u> of clients off of alcohol &amp; drugs</b></p> <ul style="list-style-type: none"><li>- at exit</li><li>- 12 months after exit</li></ul>	<p><b><u>Percent</u> of clients off of alcohol &amp; drugs</b></p> <ul style="list-style-type: none"><li>- at exit</li><li>- 12 months after exit</li></ul>		
Effect			

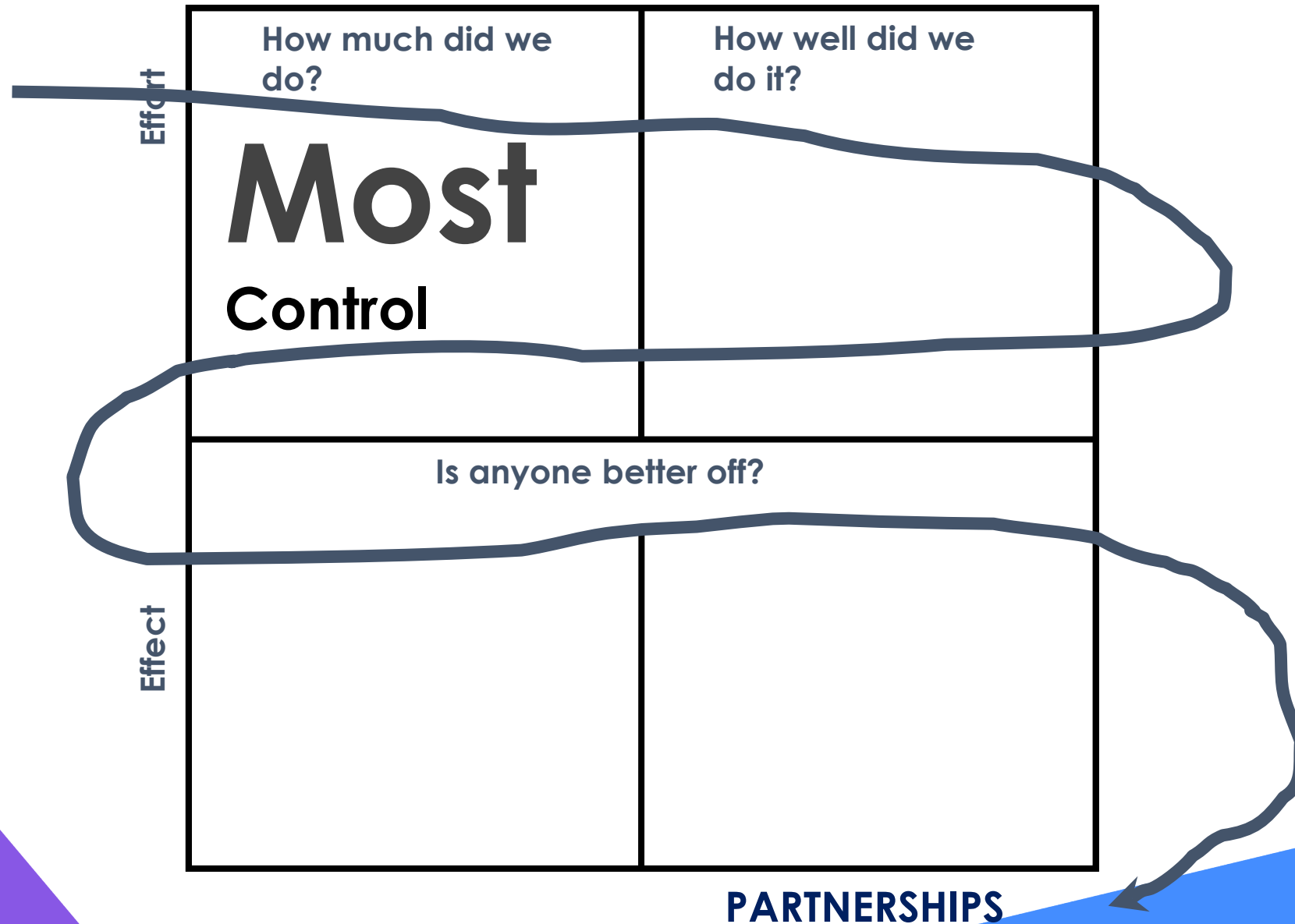
# Smoking Cessation Programme

	Quantity	Quality
Effort	<p>How much did we do?</p> <ul style="list-style-type: none"><li>• Number of clients enrolled</li><li>• Number of courses</li><li>• Number of nicotine patches administered</li></ul>	<p>How well did we do it?</p> <ul style="list-style-type: none"><li>• % of clients completing programme</li><li>• % of counsellors trained to professional standard</li><li>• % of clients saying they were treated well</li></ul>
Effect	<p>Is anyone better off?</p> <ul style="list-style-type: none"><li>• <b>Number/ Percentage smoke free</b><ul style="list-style-type: none"><li>• At exit of programme</li><li>• After 12 months</li></ul></li><li>• <b>Number/Percentage clients saying they are being helped to quit smoking</b></li></ul>	

# Not All Performance Measures Are Created Equal



# The Matter of Control




# Choosing Performance Measures

## Upper Left Quadrant

How much did we do?

- Number of service users
  - (e.g. Vulnerable mothers)
  - (e.g. Children with disabilities)
  - (e.g. Children with speech and language delay)
  - Etc.
- Number of Activities
  - (e.g. Number of website hits)
  - (e.g. Number of activity sessions)
  - (Number of newsletters published)
  - Etc.



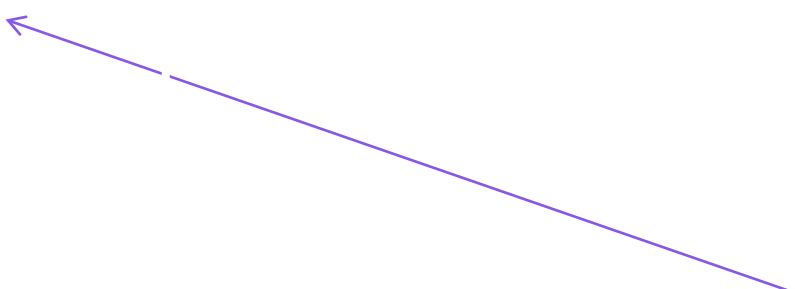
How much did we do?	How well did we do it?
Is anyone better off?	

# Choosing Performance Measures

## Upper Right Quadrant

How well did we do it?

- % Common measures
  - (e.g. % staff turnover rate)
  - (e.g. % qualified/trained staff)
  - (e.g. % staff morale)
  - (e.g. % service user satisfaction)
- % Activity specific measures
  - (e.g. % actions timely and correct)
  - (e.g. % service users completing activity)
  - (e.g. % of actions meeting standards)



How much did we do?	How well did we do it?
Is anyone better off?	

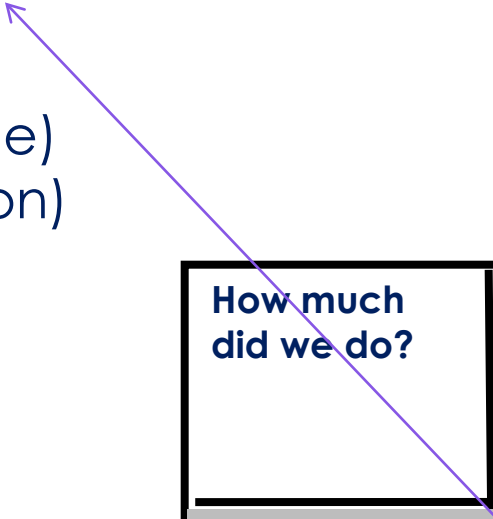
# Choosing Performance Measures

## Lower Quadrants

### Is anyone better off?

Expressed as a NUMBER (for QUANTITY of benefit) and as PERCENTAGE (for QUALITY of benefit)

- Number/percentage (Skills/Knowledge)
- Number/percentage (Attitude/Opinion)
- Number/Percentage (Behaviour)
- Number/Percentage (Circumstance)



How much did we do?	How well did we do it?
Is anyone better off?	

# Finding Performance Measures for Benefit

## Skills/ Knowledge

- e.g. Qualifications
- e.g. Accreditation
- e.g. Test scores
- e.g. Parenting skills
- e.g. Knowledge about benefits systems

## Attitude/Opinion

- e.g. % of students expressing high ambition
- e.g. % customers felt they were helped with their problems

## Behaviour

- e.g. School attendance
- e.g. Tenants paying rent on time
- e.g. Practising safe sex
- e.g. Coming off drugs

## Circumstances

- e.g. people into decent paid jobs
- e.g. Tenants in stable housing
- e.g. In receipt of full benefit entitlement

# Identifying performance measures

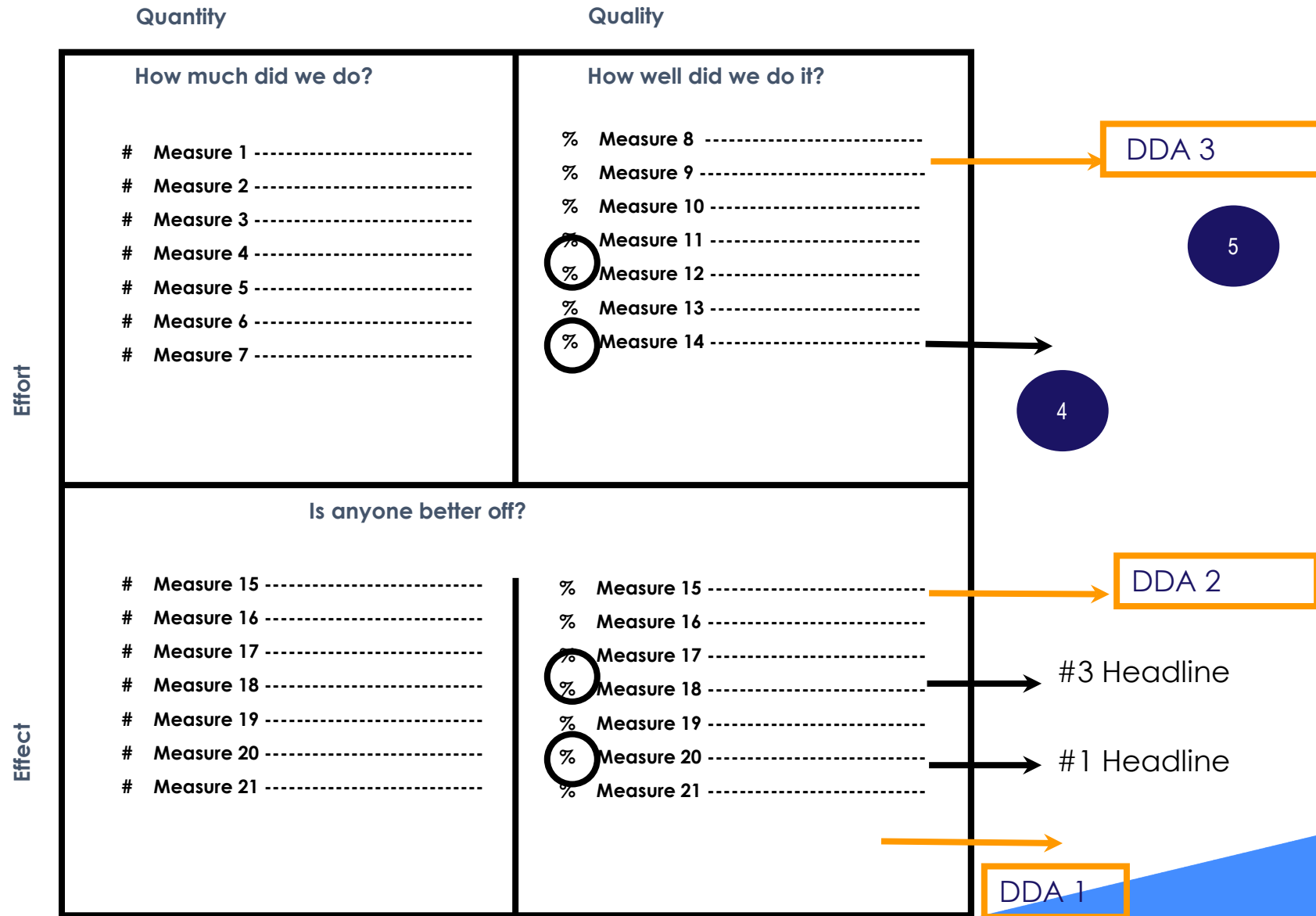
*Exercise: Using the five step method*

# Identifying Performance Measures

## The Five Step Method

<p><b>How much did we do?</b></p> <p>Number of customers served (By service user characteristics)</p> <p>Number of Activities (By type of activity)</p> <p>1</p>	<p><b>How well did we do it?</b></p> <p>% Common measures</p> <p>% Activity measures</p> <p>2</p>
<p><b>Is anyone better off?</b></p> <p><b>(Quantity)</b></p> <p>3</p>	<p><b>(Percentage)</b></p> <p>3</p>

# Choosing Headline Measures and the Data Development Agenda



# Summary of Performance Measures

## Types of Measures found in each Quadrant

<u>How much did we do?</u>	<u>How well did we do it?</u>
<p>No. Clients/ customers served</p> <p>No. activities (by type of activity)</p>	<p>% Common measures e.g. client staff ratio, workload ratio, staff turnover rate, staff morale, % staff fully trained, average waiting times</p> <p>% Activity-specific measures e.g. % timely, % clients completing activity, % correct and complete, % meeting standard</p>
<p><u>Is anyone better off?</u> Number/ Percentage</p> <p>Skills / Knowledge</p> <p>Attitude / Opinion</p> <p>Behaviour</p> <p>Circumstance</p>	

# Young people have better relationships with their support networks and communities

<u>How much did we do?</u>	<u>How well did we do it?</u>
No. of cyp involved	% of participants satisfied with project
No. adults engaged	% likely to continue referring yp in future
No of community groups engaged	% Activity-specific measures, e.g. % timely;
No. activities & type with cyp	% participation rates for all
No. activities & type with adults	
No. activities & type with community groups	
<u>Is anyone better off?</u>	
An increase in the number & proportion of cyp reporting better relationships with support networks and communities	
An increase in the number & proportion of adults from community groups/networks who report better relationships with young people	
An increase in the number & proportion of young people involved in activities with community groups/networks	

# The 7 Performance Accountability Questions



1. Who are our customers?

2. How can we measure if our customers are better off? \_\_\_\_\_ **LR**

3. How can we measure if we are delivering services well? \_\_\_\_\_ **UR**

4. How are we doing on the most important of these measures? \_\_\_\_\_ **Baseline & Story**

5. Who are the partners that have a role to play in doing better?

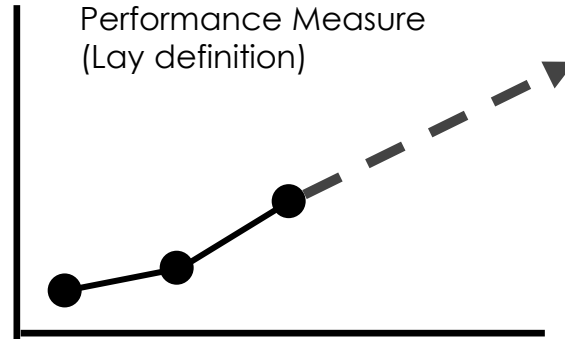
6. What works to do better, including no-cost and low-cost ideas?

7. What do we propose to do?

**ONE PAGE Turn the Curve Report: Performance**

Service: \_\_\_\_\_

Performance Measure  
Baseline



Story behind the baseline

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

Partners

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

Three Best Ideas – What Works

1. -----
2. -----
3. -----No-cost / low-cost
4. ----- **Off the Wall**

Sharp  
Edges

## THE WELSH EPILEPSY UNIT

**Service Description:** The Welsh Epilepsy Unit is a tertiary referral centre for specialist epilepsy services in South Wales. The immediate catchment population covered is 700,000 but many referrals are also taken from elsewhere in Wales. The Unit offers a multidisciplinary approach to epilepsy care and offers a very broad range of services to people with epilepsy, their families and carers.

**DEFINED SERVICE USERS:** Patients with a first suspected seizure or unexplained blackout

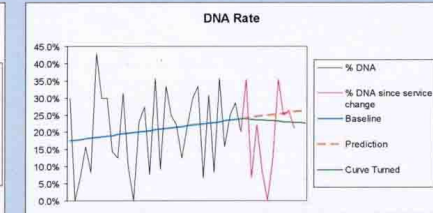
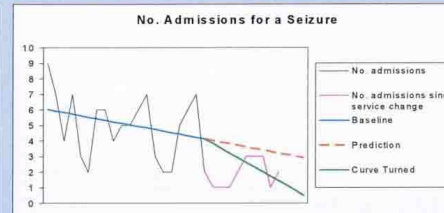
## HEADLINE PERFORMANCE MEASURES

1. % seen by a specialist within 2 weeks (NICE guideline)
2. No. admissions to hospital for a seizure
3. Average waiting time to see a specialist
4. % did not attend (DNA) first seizure clinic

## DATA DEVELOPMENT AGENDA

1. Seizure frequency
2. Death rate
3. % prescribed incorrect medication
4. % who report they feel satisfied or better off

## HOW ARE WE DOING?



## STORY BEHIND THE BASELINE

Limited clinic capacity with unpredictable demand  
Small team – unable to cover absence to prevent clinic cancellation  
Low frequency of clinics causing delay if appointment not suitable for the patient  
Clinic booked by Epilepsy Unit admin staff – if admin staff on leave the clinic slots are not filled  
Consultant triage's fax referrals – delay if unavailable  
Patient anxiety and concern re implications of a diagnosis e.g. driving  
Stigma attached to Epilepsy  
Patients put off by unit name – diagnosis seems pre-determined  
Nurses unable to refer for EEG leading to delay in diagnostics and confirmed diagnosis  
New nurse led emergency unit assessment service for first seizure patients has improved performance measures but out of hours service reverts to old pathway  
Primary Care does not have fast track access for first seizure clinics  
Primary Care are not made aware if a patient DNA's so can't follow up

## PARTNERS WHO CAN HELP US

Emergency Unit, Radiology, Neurophysiology, Medical Records, A&C staff, Consultants, Specialist Nurses, Ambulance Trust, Cardiology, Psychology, Care of the Elderly, Neurosurgery, Prison, Voluntary Sector, Practice Nurses, GP's, Family members/witnesses, Drug & Alcohol Services, Occupational Health, Referral Management Centre, Obstetrics, Management, Communications Department, Patients

## WHAT ARE WE GOING TO DO TO DO TO IMPROVE PERFORMANCE?

1. Change the name of the "Epilepsy Unit" to the "Alan Richens Unit"
2. Develop nurse led first seizure clinics to cover when Consultants unavailable
3. Develop dedicated fast track clinic for Primary Care referrals
4. Enable specialist nurse referral for EEG
5. Develop process to inform Primary Care of DNA

# SUMMARY

# THE LINKAGE between POPULATION and PERFORMANCE

## POPULATION ACCOUNTABILITY

### Healthy Births

Rate of low birth-weight babies

### Children Achieving

Percent achieving good GCSEs

### NEET rate

Percent of young people who are NEET

POPULATION  
OUTCOMES

Contribution  
relationship

## PERFORMANCE ACCOUNTABILITY

### Job Training Programme for 16-24 year olds

# persons receiving training	Unit cost per person trained
# who get living wage jobs	% who get living wage jobs

CUSTOMER  
OUTCOMES

Appropriate  
responsibility

# Different Kinds of Progress

## 1. Data

a. Population indicators Actual turned curves:  
movement for the better away from the baseline.

b. Service performance measures:  
customer progress and better service:  
How much did we do?  
How well did we do it?  
Is anyone better off?

2. Accomplishments: Positive activities, not included above.

3. Anecdotes: Stories behind the statistics that show how individuals are better off.

# OBA in a Nutshell

2 – 3 – 7

**2** - kinds of accountability **plus language discipline**  
Population accountability \_\_\_\_\_ Outcomes & Indicators  
Performance accountability \_\_\_\_\_ Performance measures

**3** - kinds of performance measures.  
How much did we do?  
How well did we do it?  
Is anyone better off?

**7** - questions from ends to means in less than  
an hour. **Baselines and Turning the Curve**

# Measuring Impact Resource: NLCF

- <https://www.tnlcommunityfund.org.uk/funding/managing-your-grant/over-10k>

# Evaluation

Please complete the evaluation form that is in your pack now & leave on the table for collection by NCB staff

**Many thanks for your participation at today's workshop**



**For more information...**

**Teresa Geraghty**

**National Children's Bureau**

The NICVA Building  
61 Duncairn Gardens  
Belfast BT15 2GB

[tgeraghty@ncb.org.uk](mailto:tgeraghty@ncb.org.uk)

Tel: 028 9087 5006

[www.ncb.org.uk/northernireland](http://www.ncb.org.uk/northernireland)

 @ncb\_ni\_tweets

# Thank you



NATIONAL  
CHILDREN'S  
BUREAU

- National Children's Bureau  
[www.ncb.org.uk/northernirel](http://www.ncb.org.uk/northernirel)  
and  
[ncb\\_ni\\_tweets](#)      [ncbfb](#)