



Introduction to Outcomes Based Accountability

Training for **LINKS** Groups
September 2017

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 projects funded by the BLF

OUTCOMES?

Long Term



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Discipline

PASSION

for our stories can only carry us so far.

SELF-DISCIPLINE

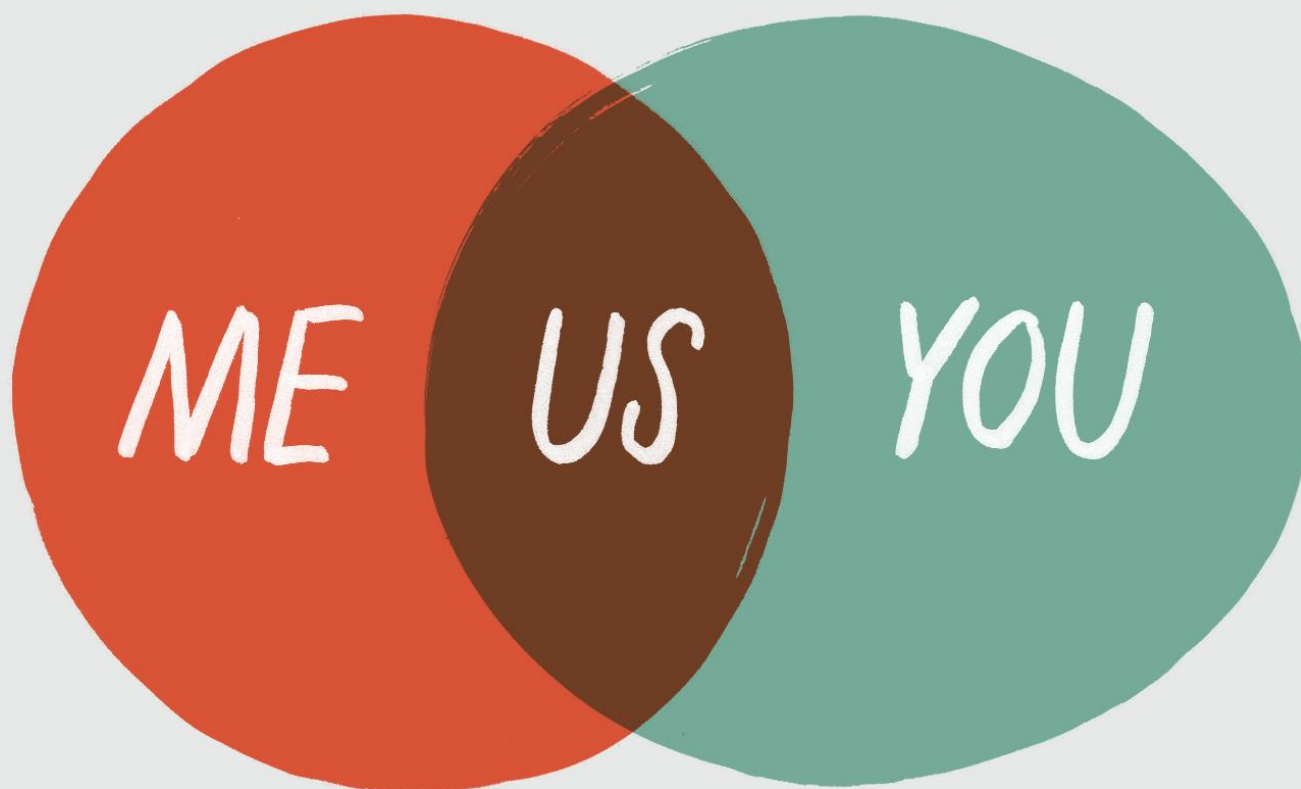
takes us the rest of the way.

Engagement



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Collaboration

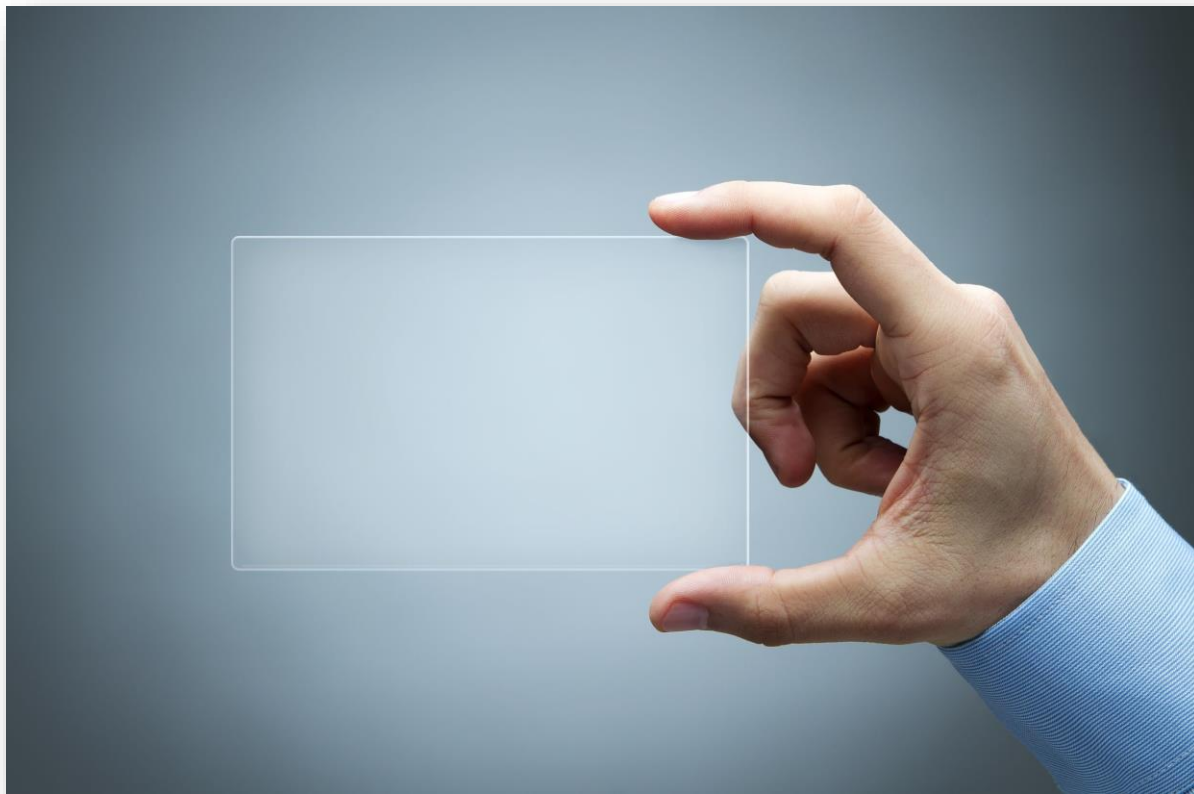


Impact



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Transparency



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HOW?



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What is OBA?

Trying Hard Is Not Good Enough

*How to Produce Measurable Improvements
for Customers and Communities*

Mark Friedman

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

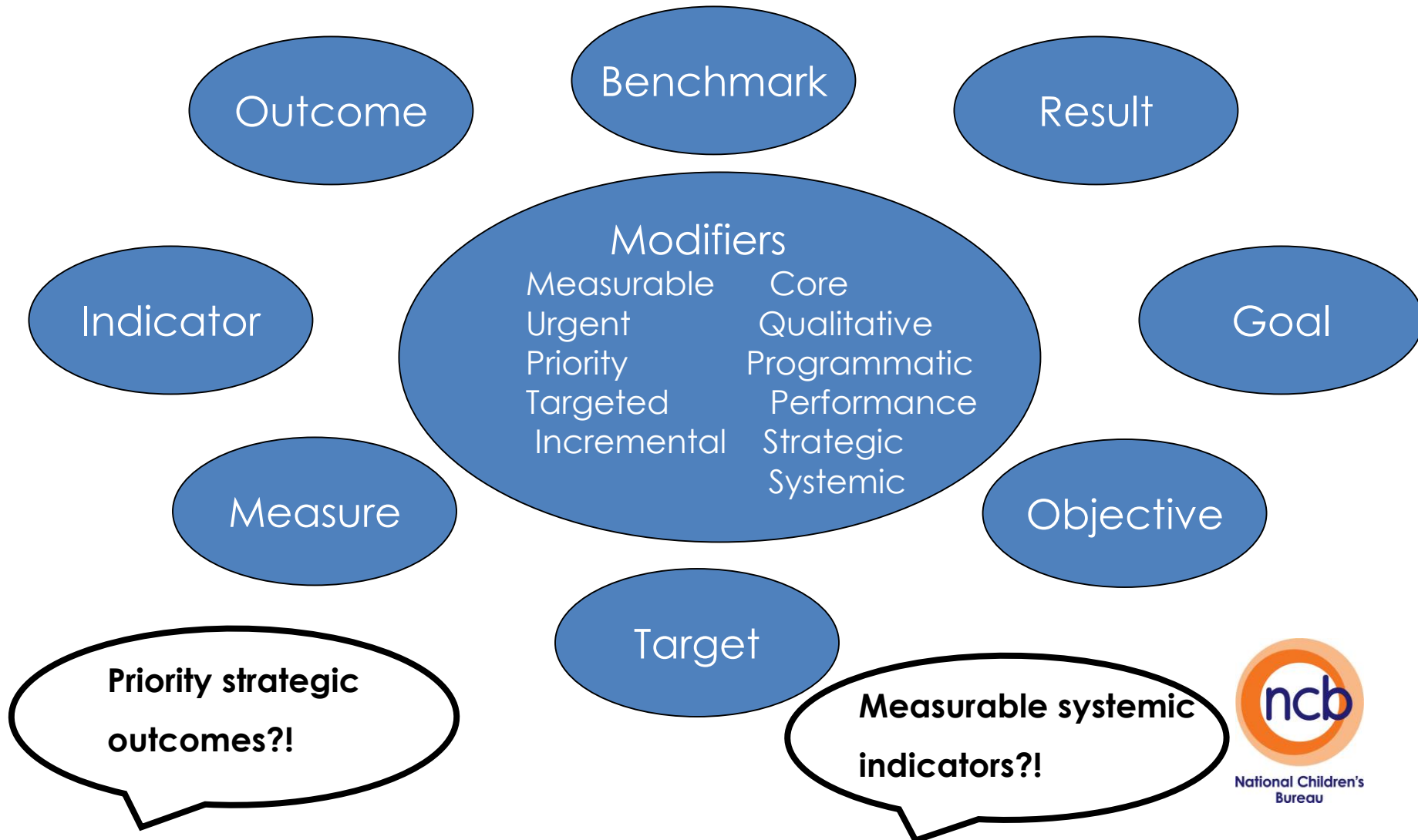
For Projects – Agencies – Service providers



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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 on an everyday basis?

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

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 MEASURES

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

MEANS



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Population
Accountability

Performance
Accountability

POPULATION & PERFORMANCE ACCOUNTABILITY

OUTCOME:

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

INDICATOR:

% low birth weight babies

END

CONTRIBUTORY
RELATIONSHIP

A smoking reduction
programme
In pregnancy

PERFORMANCE MEASURE
*% of mothers with reduced
smoking during pregnancy*

MEANS

All children in Northern Ireland
WHOLE POPULATION



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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

The 7 Population Accountability Questions

1. What are the quality of life conditions we want for the children, adults and families who live in our community? — Outcomes
2. What would these conditions look like if we could see them? — Experience
3. How can we measure these conditions? — Indicators
4. How are we doing on the most important of these measures? — Story behind the baseline
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? — Action Plan

POPULATION

All children in Northern Ireland

OUTCOME

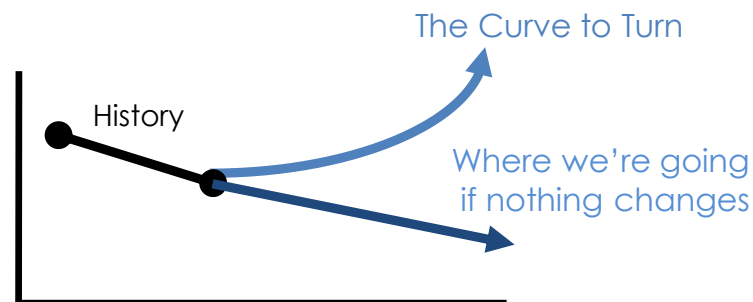
“are given the best start in life”

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



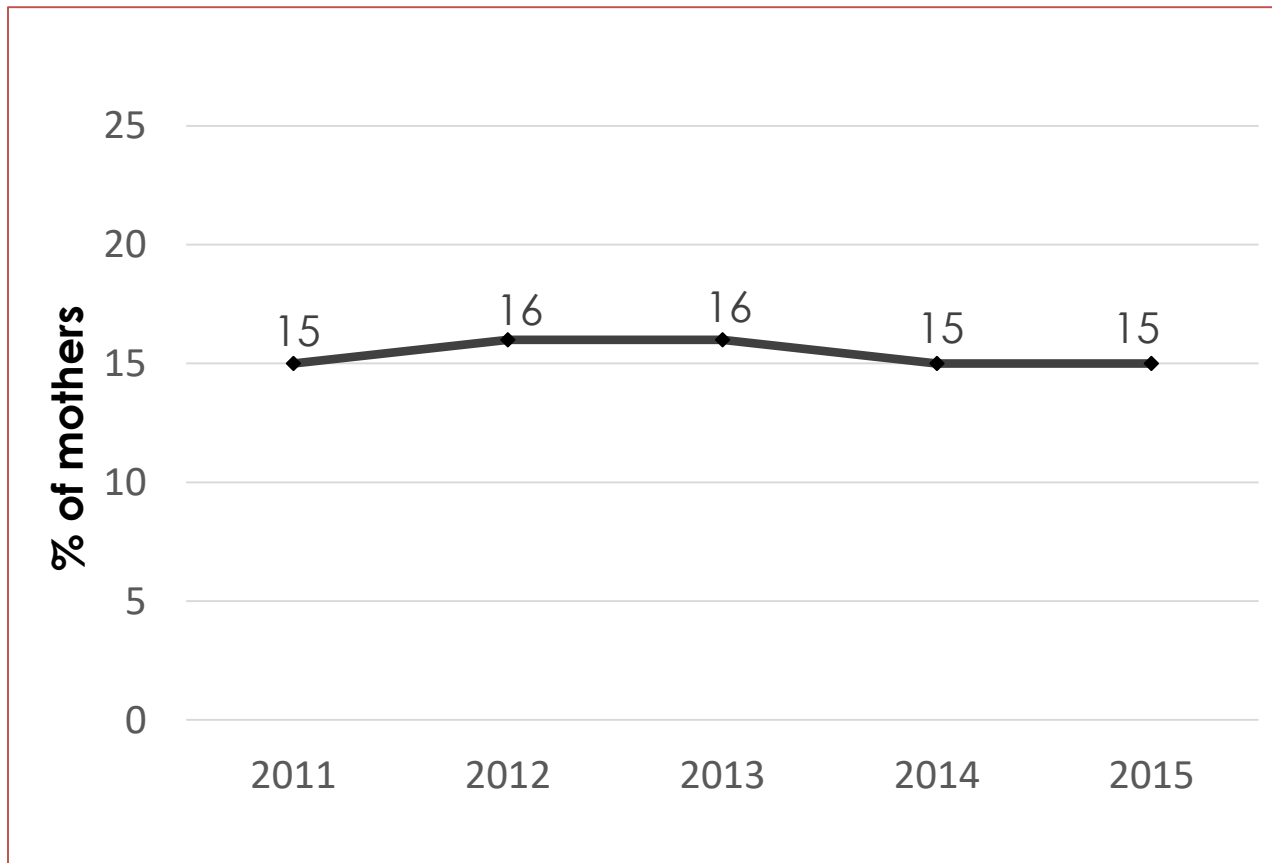
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Sample Outcome and Indicator Data



Outcome 1: All children/young people in NI are healthy

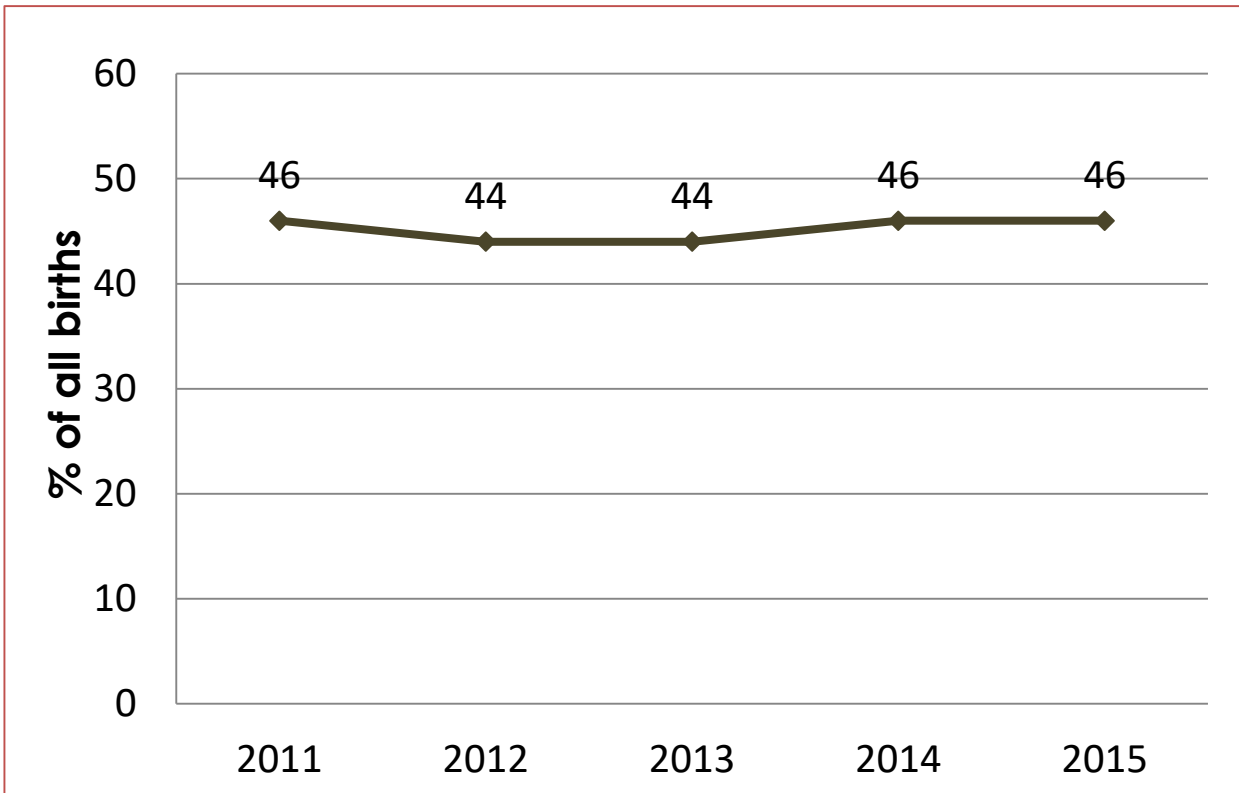
Indicator 1: % of mothers smoking during pregnancy



Source: Department for Health, Social Services and Public Safety

Outcome 1: All children/young people in NI are healthy

Indicator 2: % of mothers breastfeeding at discharge from hospital



Source: Department for Health, Social Services and Public Safety

Outcome 2: All children/young people in NI enjoy learning and achieve

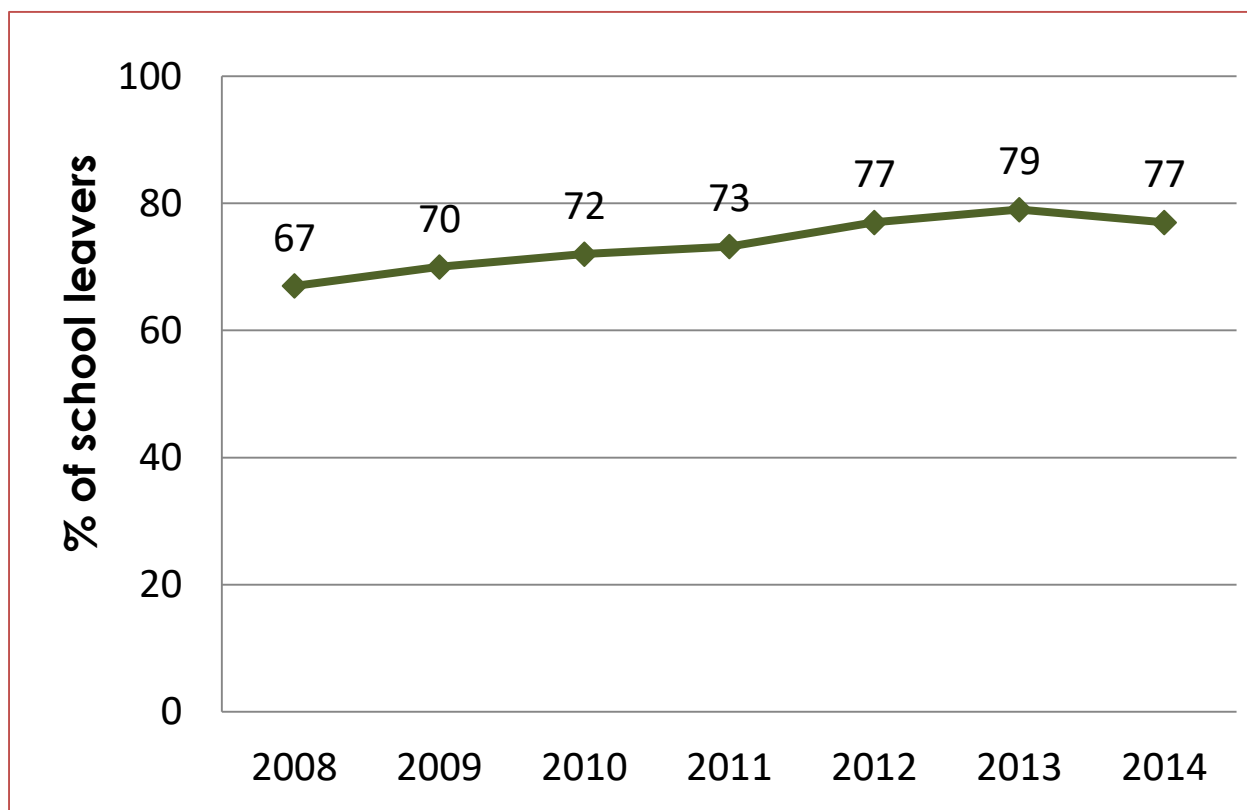
Indicator 1: % of pupil enrolments with less than 85% attendance at post-primary level



Source: Department of Education

Outcome 2: All children/young people in NI enjoy learning and achieve

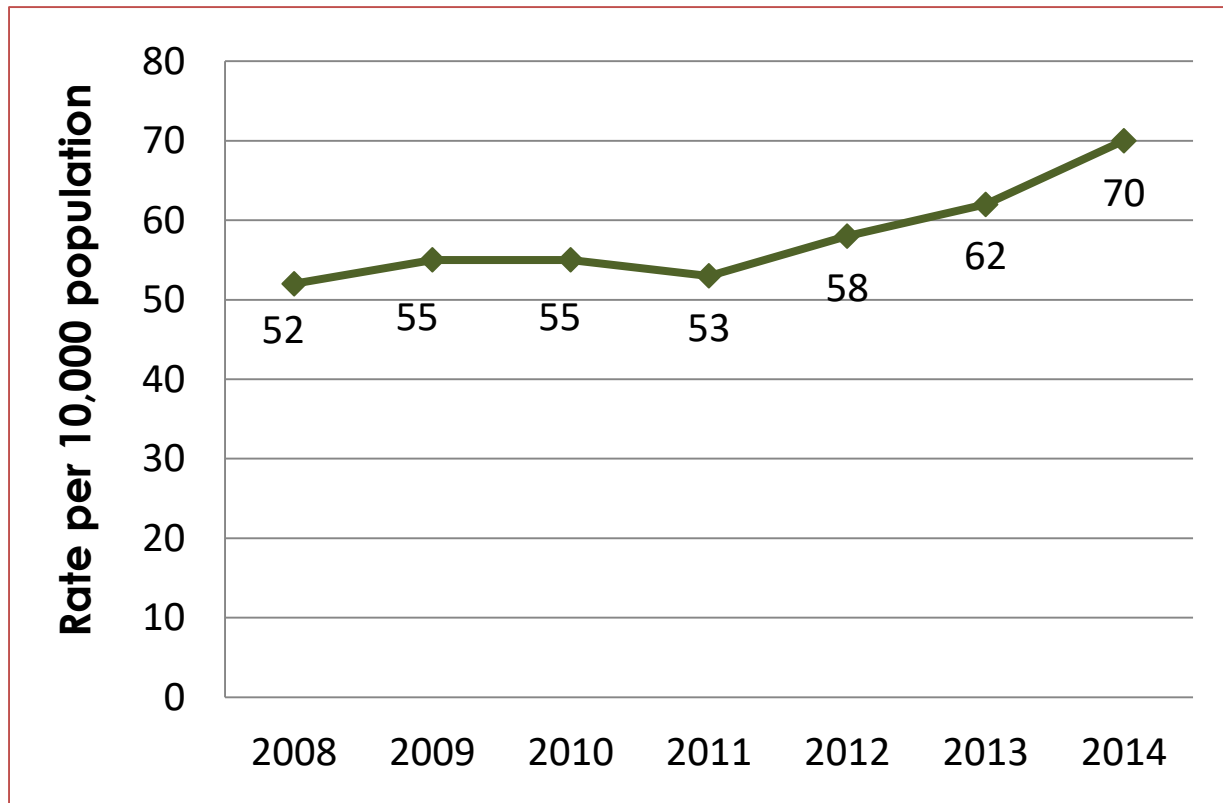
Indicator 2: % of school leavers achieving 5A*-C grades at GCSE



Source: Department of Education

Outcome 3: All children/young people in NI live in safety and stability

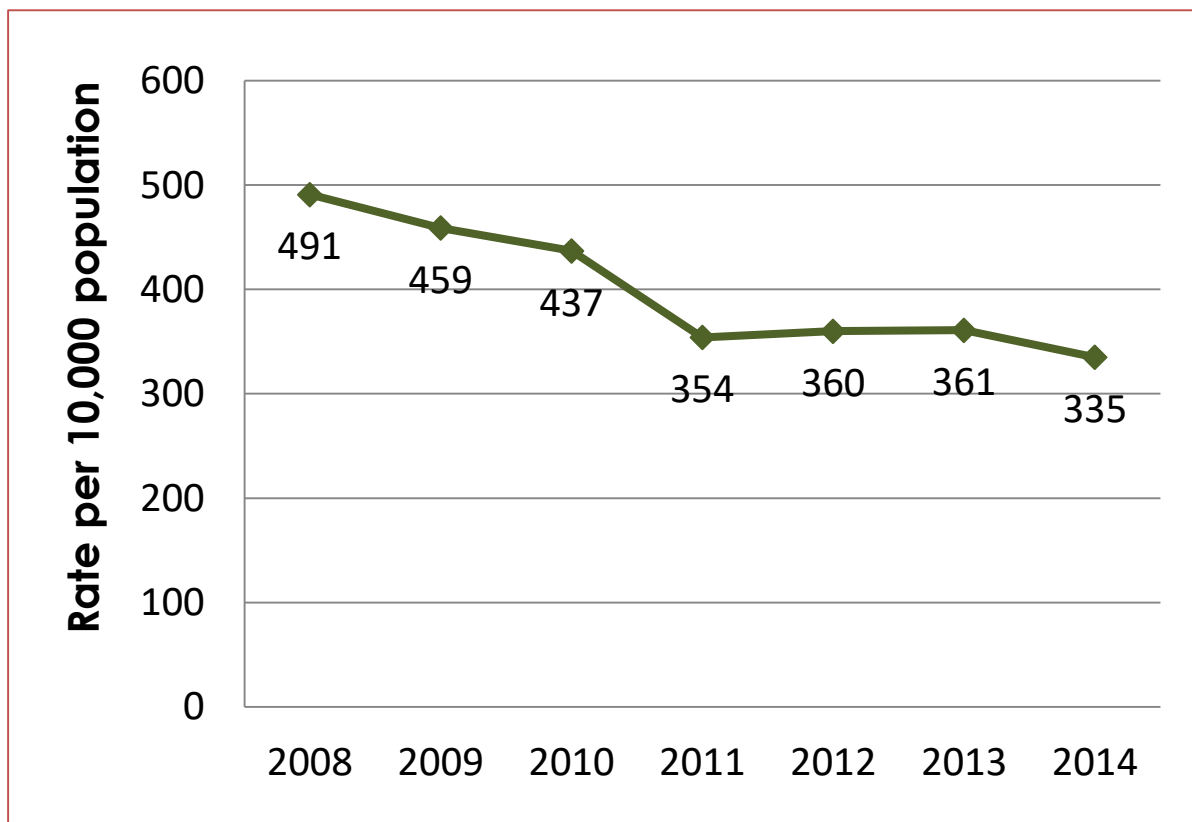
Indicator 1: No. of offences recorded with a domestic abuse motivation per 10,000 of the population



Source: PSNI

Outcome 3: All children/young people in NI live in safety and stability

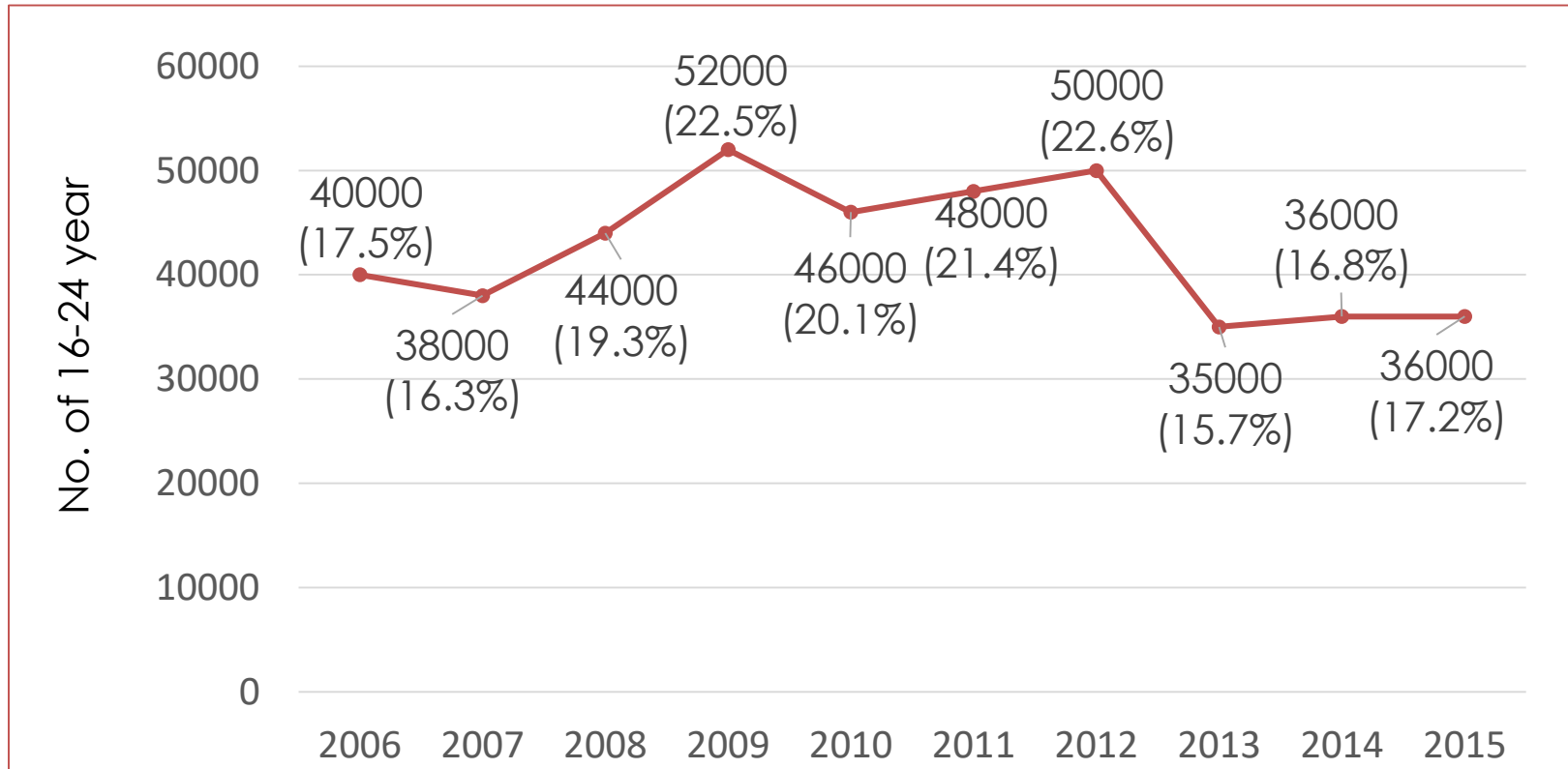
Indicator 2: Number of anti-social behaviour incidents per 10,000 of the population



Source: PSNI

Outcome 4: All children/young people in NI experience economic and environmental well-being

Indicator 1: % of young people 16-24 who are NEET



Source: DFPNI [Quarter 3 data used]

Outcome 4: All children/young people in NI experience economic and environmental well-being

Indicator 2: % of post-primary children entitled to Free School Meals



Source: Department of Education

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

**How
Much**

did we do?

(#)

**How
Well**

did we do it?

(%)



Programme Performance Measures

Effort

How hard did we try?

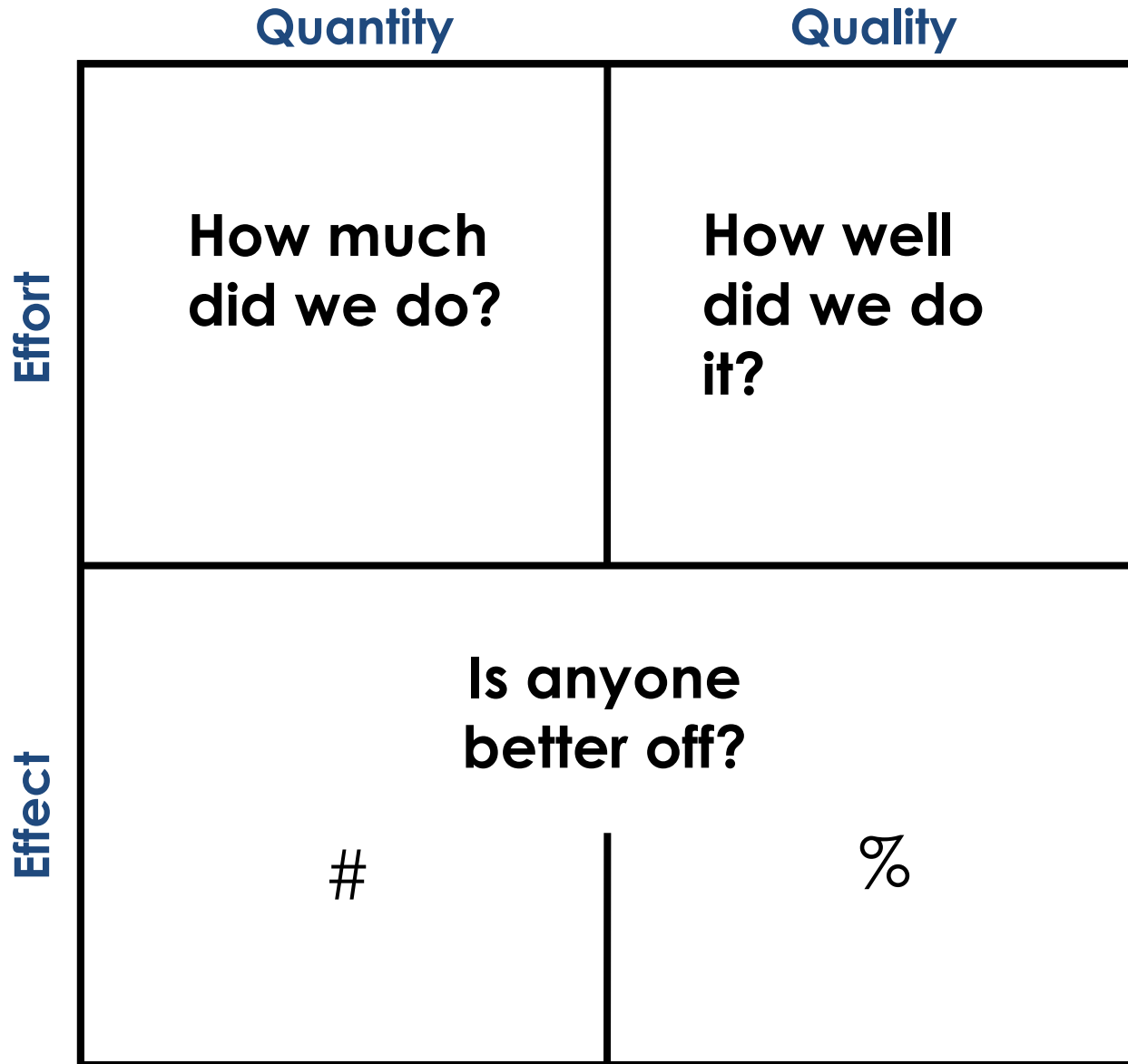
Effect

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



Education

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



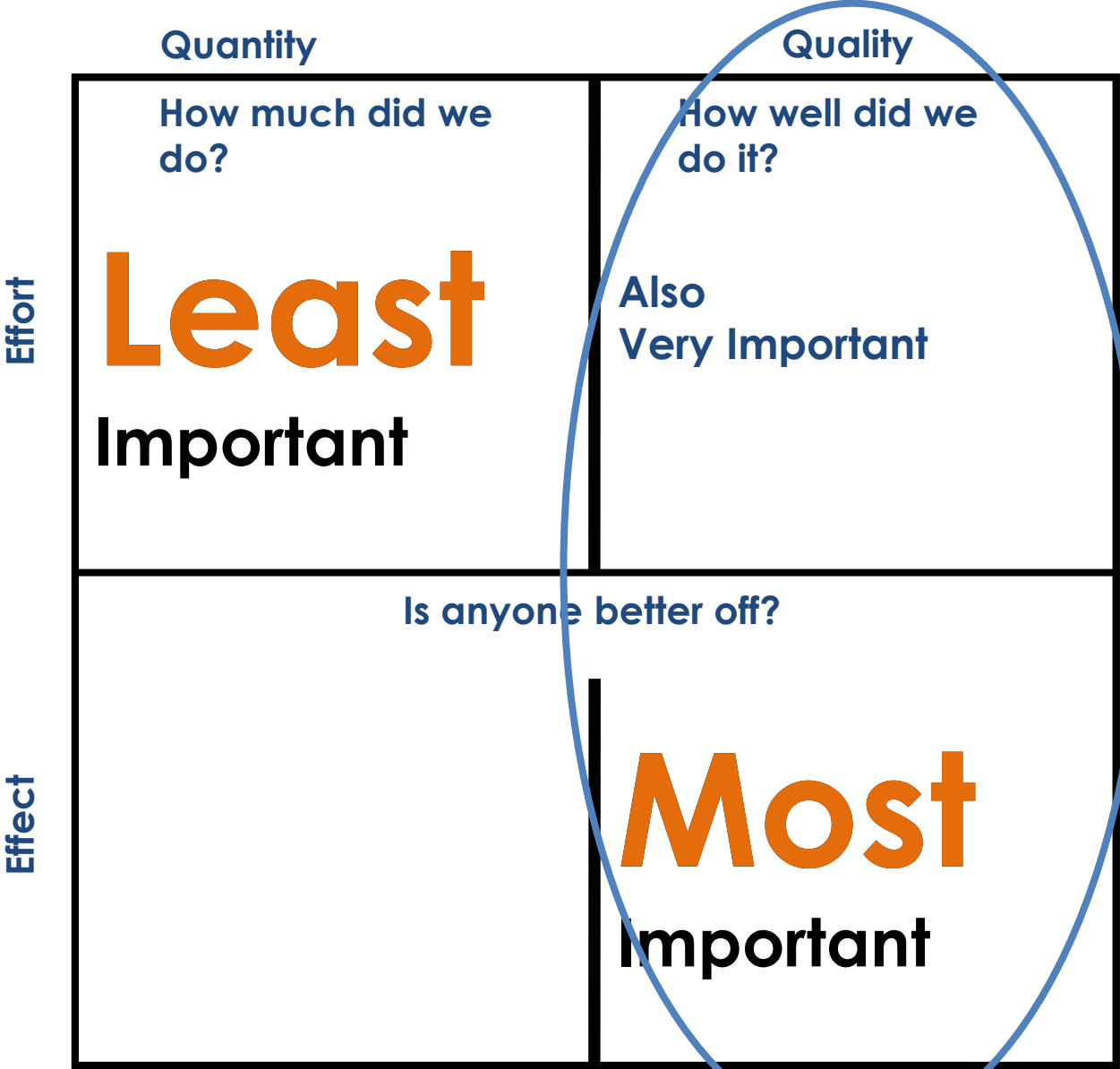
Drug/Alcohol Treatment Program

	Quantity	Quality
Effort	<p>How much did we do?</p> <p>Number of persons treated</p>	<p>How well did we do it?</p> <p>Percent of staff with training/certification</p>
Effect	<p><u>Number</u> of clients off of alcohol & drugs</p> <ul style="list-style-type: none">- at exit- 12 months after exit	<p><u>Percent</u> of clients off of alcohol & drugs</p> <ul style="list-style-type: none">- at exit- 12 months after exit

Smoking Cessation Programme

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

Not All Performance Measures Are Created Equal



The Matter of Control

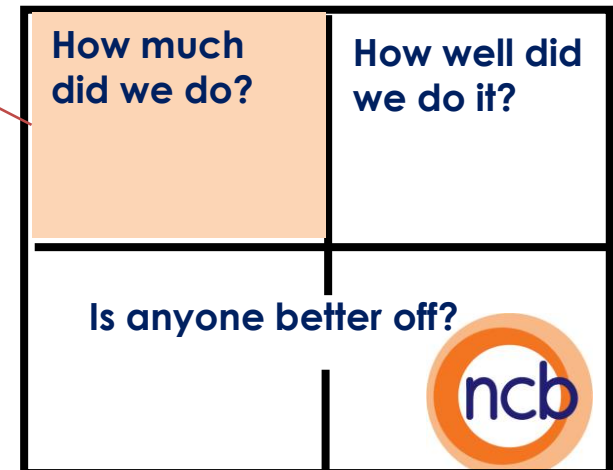


Choosing Performance Measures

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 activity sessions)
 - (Number of newsletters published)
 - Etc.



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)



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. % with a more positive attitude towards those who are different

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

Identifying performance measures

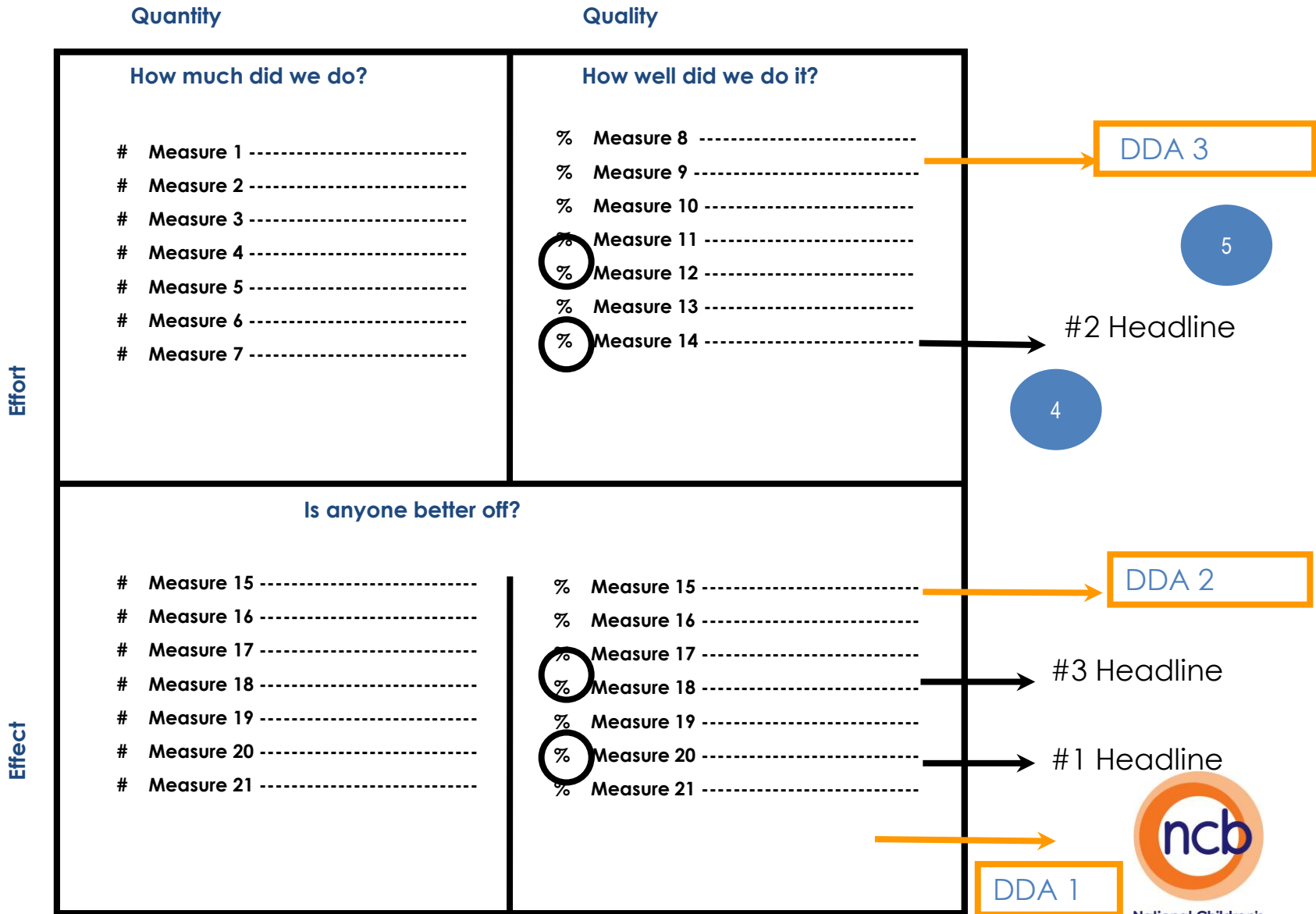
Exercise: Using the five step method

Identifying Performance Measures

The Five Step Method

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

Young people, their support networks and communities are involved in the planning and delivery of the project

<u>How much did we do?</u>	<u>How well did we do it?</u>
<p>No. of cyp involved</p> <p>No. adults engaged</p> <p>No of community groups engaged</p> <p>No. activities & type with cyp</p> <p>No. activities & type with adults</p>	<p>% of participants satisfied with project</p> <p>% likely to continue referring yp in future</p> <p>% Activity-specific measures, e.g. % timely;</p> <p>% participation rates for all</p>
<p style="text-align: center;"><u>Is anyone better off?</u></p> <p>An increase in the number & proportion of cyp involved in planning of the project</p> <p>An increase in the number & proportion of cyp involved in the delivery of the project</p> <p>An increase in the number & proportion of adults who say they have been involved in the planning & delivery of the project</p> <p>An increase in the number of community networks involved in the planning & delivery of the project</p>	

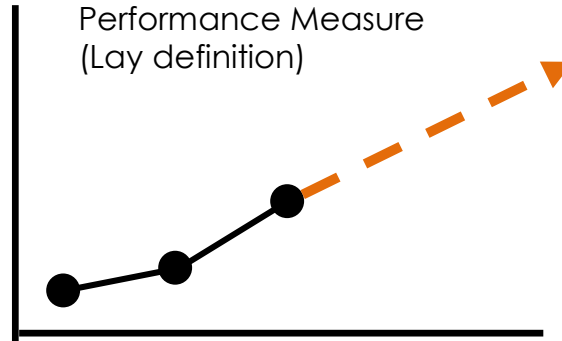
The 7 Performance Accountability Questions

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?



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

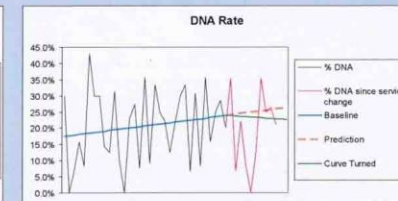
HEADLINE PERFORMANCE MEASURES

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

Stages involved in performance management support for programmes/services

Stage 1: Stakeholder workshop to introduce OBA concepts and develop performance measures quadrant

Stage 2: Establishment of performance management working group to streamline and finalise measures

Stage 3: Exploration of data capture methods, identify methods, tools and systems for plugging gaps

Stage 4: Development of performance report card template for communicating performance progress

Stage 5: Development of performance management support plan

Stage 6: Implementation of performance management support

Colin Report Card No. 13

Programme Performance and Impact
December 2016
Draft Version

“Together we will make a difference”

3. Speech and Language Therapy (SALT)

(a) Background to SALT

- SALT is delivered to P1 & P2 children and is primarily designed for those with mild to moderate speech and language need.
- Typically 3 staff work across 6 primary schools.
- Referrals come from nursery schools, clinics and from primary schools (through teachers/SENCO's) and also come from other sources (e.g. Paediatrician).

(b) Current status of implementation

- This service has operated since February 2012 across six primary schools in the Colin area. In 2015/16, funding was cut resulting in a reduction of 15 hours for one SLT.
- As at 22nd December 2016, a total of 348 young people were referred to the service, and all were assessed. A total of 256 young people have been discharged from the service to date and 92 remain on the client caseload.

(c) Current status of performance data

- The data in this report card refers to the current and closed caseload as at 22nd December 2016.
- Every child is assessed at the beginning and end of the intervention using a combination of assessment measures, e.g. CELF and RAPT.
- An overall assessment is made of the child's speech and language capabilities on a six-point scale.
- This report card presents a summary of this and other performance data.

(d) How much did SALT do?

As at 22nd December 2016:

- 348 pupils assessed to date; 92 on caseload.
- Of those who were discharged from SALT (n=256), a total of 3,730 support sessions were delivered to this group or an average of 14.6 support sessions.
- Of those discharged to date – 63 referrals on to OT (1); Audiology (1); ASD Team (6); Fluency team (4); Community Child Health (1); Physio (1); Community SLT/SLT at health centre (36); Autism Assessment Centre (3); MLD Unit (5), and; other (5).

3. Speech and Language Therapy

(e) How well did SALT do it

Performance measure 1: Average waiting time between referral and assessment is less two weeks

Number assessed since SALT commenced

348

Average wait time for assessment

11 days

No. children waiting more than 2 weeks for assessment

91

Source: SALT programme database.

Key finding

- Average wait time for assessment is within two weeks for almost three-fifths (74%) of young people.

Performance measure 2: Parents satisfied with the Speech and Language Therapy Service

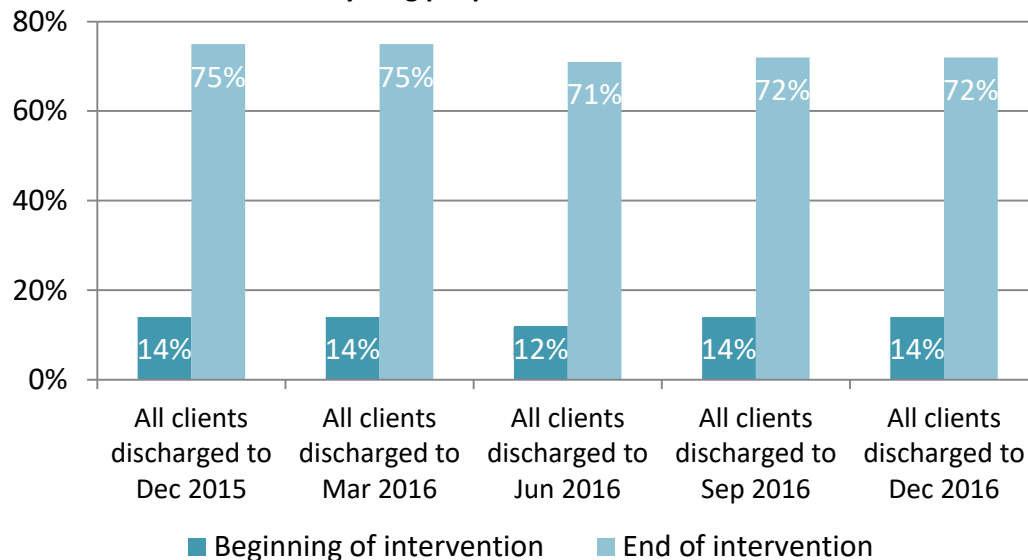
The results from a parental survey indicate that 79% of parents were very satisfied with SALT in 2016 (vs. 97% and 94% in 2014 and 2015 respectively.)

Source: SALT Parental Survey 2014 based on the responses of 36 parents (a response rate of 51%). SALT Parental Survey 2015 Based on the responses of 33 parents (a response rate of 66%). SALT Parental Survey 2016 based on the response of 19 parents (a response rate of 25%)

(f) Is anyone better off?

Performance measure 3: At least 60% of young people are discharged from SALT Within Normal Limits

% of young people 'Within Normal Limits'



Source: Various (CELF, RAPT) No. of assessments: 189 (to December 2015); 200 (to March 2016), 225 (to June 2016); 234 (to September 2016), and; 256 (to December 2016)

Key finding

- Of those who have been discharged from the service up to end of December 2016, just under three-quarters (72%) were within the normal limits for speech and language development at the end of the intervention (vs. 14% at the beginning).
- Of those who were 'Not within normal limits' on discharge (i.e. 28%), one-tenth of this group (10%) had reached their full potential.

4. Time4Me

(a) Background to Time4Me

- Time 4 Me is a therapeutic counselling service for children & their parents/carers.
- It operates during term time and school hours and on the school's grounds.
- Referrals are made to the service by parents/carers or by school staff.

(b) Current status of implementation

- In the current school year (2016/17), 22 young people joined the programme to date.
- As at end of December 2016, 8 of the young people who were receiving the full intervention had completed the programme and had been discharged.

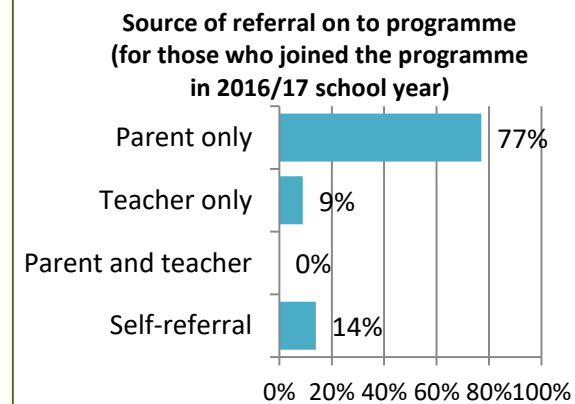
(c) Current status of performance data

- This programme currently uses two instruments to gather data: SDQs and CORs.
- Between July and December 2016, 20 young people completed baseline CORs and 6 young people completed endpoint CORs .
- During the same time period, 18 young people completed baseline SDQs and 5 completed endpoint SDQs.

(d) How much did Time4Me do?

	Jan-Mar 16	Apr-Jun 16	Jul-Sep 16	Oct-Dec 16
No. of new pupils receiving support and of these...	7	30	16	6
... <i>full intervention</i>	5	17	15	5
... <i>brief consultation</i>	2	13	1	1
No. pupils discharged from full intervention programme	17	23	0	8
No. of activities undertaken to promote the service	4	0	10	3

Source: Barnardos programme level database

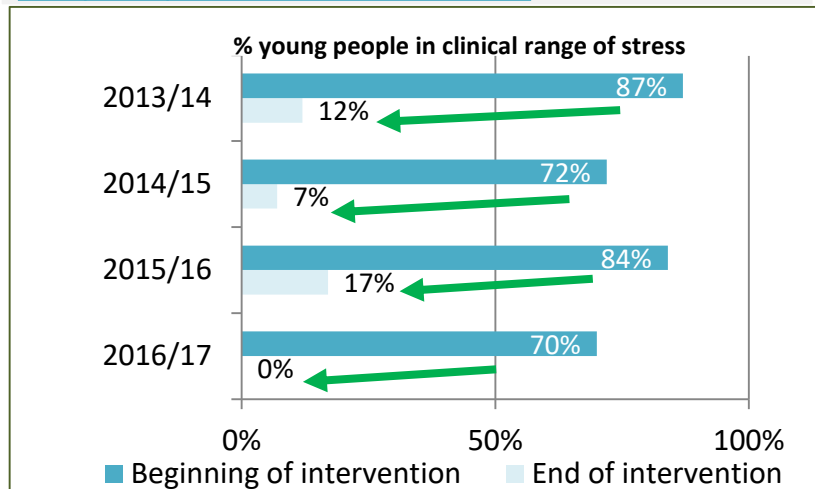


Base: 22. Source: Barnardos programme level database

4. Time4Me

(e) Is anyone better off?

Performance measure 1: % of young people in the clinical range of stress [Note: CORs only completed for children who participate in the full intervention]



Source: Child completed CORs

2013/14: beginning/end is based on 54/50 CORs assessments.

2014/15: beginning/end data is based on 58/55 assessments.

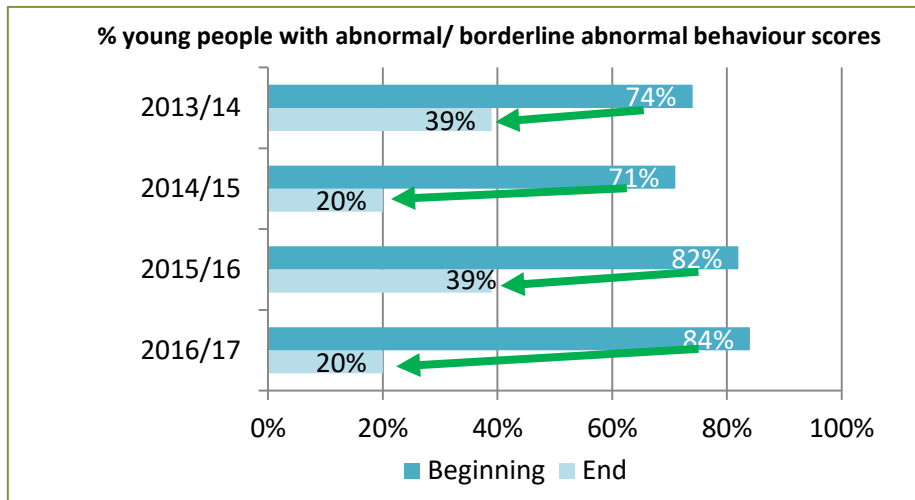
2015/16: beginning/end is based on 50/41 assessments.

2016/17: beginning/end is based on 20/6 assessments

Key finding

In 2015/16, 84% of assessments were in the clinical range and this reduced to 17% by the endpoint. In 2016/17, the proportion of young people assessed in the clinical range was 70% at the baseline and 0% at the endpoint. **[Please note the no. of endpoint assessments completed in 2016/17 is currently low]**

Performance measure 2: The proportion of young people with abnormal or borderline abnormal behaviour scores [Note: SDQs completed for children who participate in the full intervention]



Source: Parent completed SDQs.

2013/14: beginning and end data is based on 43 parent completed questionnaires.

2014/15: beginning and endpoint is based on 58 and 51 completed questionnaires.

2015/16: beginning and endpoint is based on 38 and 33 completed questionnaires.

2016/17: beginning and endpoint is based on 19 and 5 completed questionnaires.

Key finding

- For 2013/14, the % of young people in the 'abnormal' or 'borderline abnormal' range for the SDQ behaviour score reduced from 74% at the baseline to 39% at the end point. The corresponding figures for 2014/15 were 71% and 20%, and for 2015/16 was 82% and 39%.
- For 2016/17, the % of young people in the 'abnormal' or 'borderline abnormal' range was 84% at the baseline and 20% of the endpoint. **[Please note the no. of endpoint assessments in 2016/17 is low]**

6. Colin Adolescent Counselling

(a) Background to Colin Adolescent Counselling

- The Colin Adolescent Counselling Service is targeted at young people aged between 11 and 16 in the Colin area, experiencing significant emotional trauma in their lives. Young people can self-refer or can be referred by others, e.g. parent/carer.
- Young people have typically received 12-15 counselling sessions – in certain circumstances this was extended to 24 or more. Since May 2016 this has been capped at 12 sessions (except where specific agreement is reached with CEIC to extend this.)

(b) Current status of implementation

- The Colin Adolescent Counselling Service has been in operation since June 2013.
- According to the available records, a total of 68 young people were referred to the service. Of these, 12 people are currently in counselling (as at end of December 2016).

(c) Current status of performance data

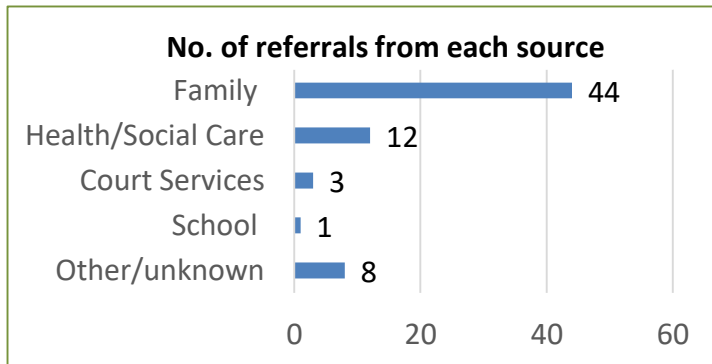
- Performance data for Colin Adolescent Counselling represents all performance data available at end of December 2016 for the total caseload of 68 young people.
- The service uses CORE and SDQs for measuring impact.

(d) How much did Colin Adolescent Counselling do?

- A total of 68 young people have been referred to use the service, of these:
 - 12 are receiving counselling; and
 - 56 have completed counselling and been discharged.

Sessions delivered	Planned	Delivered
Total*	727	751
Avg. per client*	13.0	13.4

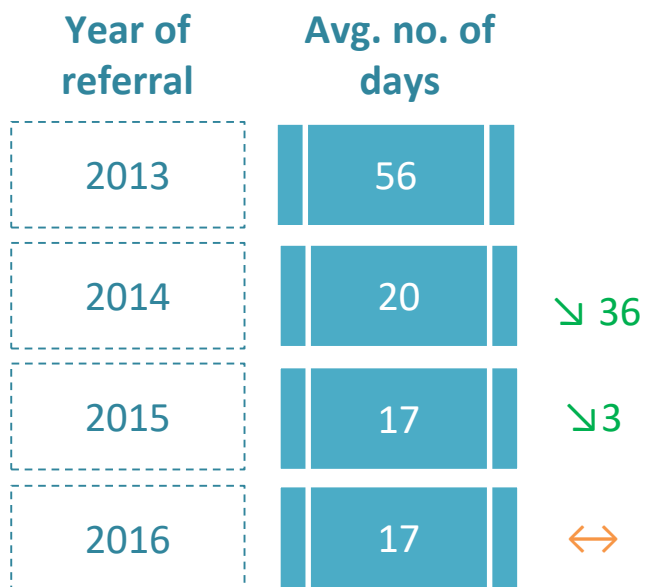
* This is based on 56 clients for whom data were available and who had completed counselling by end of December 2016.



6. Colin Adolescent Counselling

(e) How well did Colin Adolescent Counselling do it?

Performance measure 1: Average waiting time between referral and assessment is two weeks or less



Key finding

Waiting time has reduced significantly from 56 days in 2013 to 20 days in 2014 and then again to 17 days in 2015. Waiting time has remained unchanged in 2016 (at 17 days).

(f) Is anyone better off?

Performance measure 2: Young people experience fewer behavioural difficulties

Average total difficulties score

Year endpoint complete	Average SDQ total difficulties score			No. of assessments
	Baseline	Endpoint	Change	
2013	16	7	↓9	1
2014	17	9	↓8	4
2015	18	9	↓9	12
2016	25	10	↓15	21

Source: Parent SDQs.

Note: Number of completed assessments low, caution should be taken when interpreting this data.

% of young people with an abnormal or borderline abnormal SDQ score

Year endpoint complete	% with an abnormal or borderline abnormal SDQ score			No. of assessments
	Baseline	Endpoint	Change	
2013	100%	0%	↓100 pp	1
2014	75%	0%	↓75 pp	4
2015	75%	25%	↓50 pp	12
2016	100%	19%	↓81 pp	21

Source: Parent SDQs.

Note: Number of completed assessments low, caution should be taken when interpreting this data.

Key finding

Across all four years for which there is data, the average total difficulties score has reduced indicating YP are experiencing fewer difficulties.

Key finding

Across all four years, the proportion of young people with an abnormal or borderline abnormal SDQ score has reduced considerably.

6. Colin Adolescent Counselling

(f) Is anyone better off?

Performance measure 3: The average CORE score reduces over time, indicating that young people are experiencing less psychological distress

CORE is a 10 item scale that is used to measure the severity of problems that may impact on a young person's health. Scores can range from 0 to 40 – lower score indicates better well-being.

Year	Average CORE score			No. of assessments
	Baseline	Endpoint	Change	
2013	16	8	↓8	3
2014	17	4	↓13	6
2015	18	7	↓11	13
2016	17	5	↓12	21

Source: CORE

Note: Number of completed assessments low, caution should be taken when interpreting this data.

Key finding

The average CORE score has reduced between baseline and endpoint each year indicating that overall clients are experiencing less psychological distress.

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

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

Contribution relationship

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**

For more information...

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