



NATIONAL
CHILDREN'S
BUREAU

February 2020

Introduction to Outcomes Based Accountability

Teresa Geraghty

About NCB NI

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

Today's aims

- To get an understanding of concepts and principles of OBA
- To understand how OBA can be used to improve performance of services/programmes

OUTCOMES?

Long Term



Discipline

PASSION

for our stories can only carry us so far.

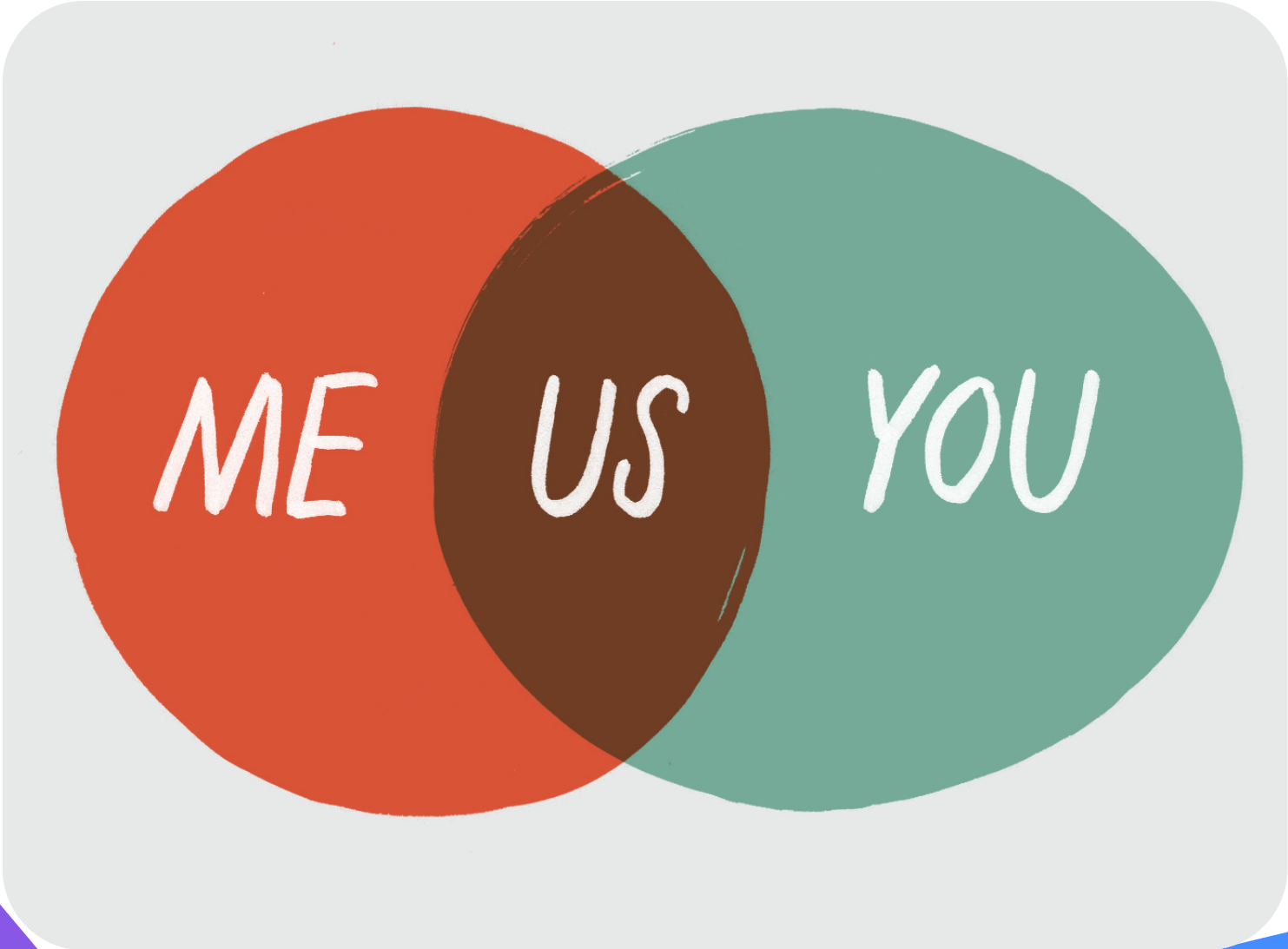
SELF-DISCIPLINE

takes us the rest of the way.

Engagement



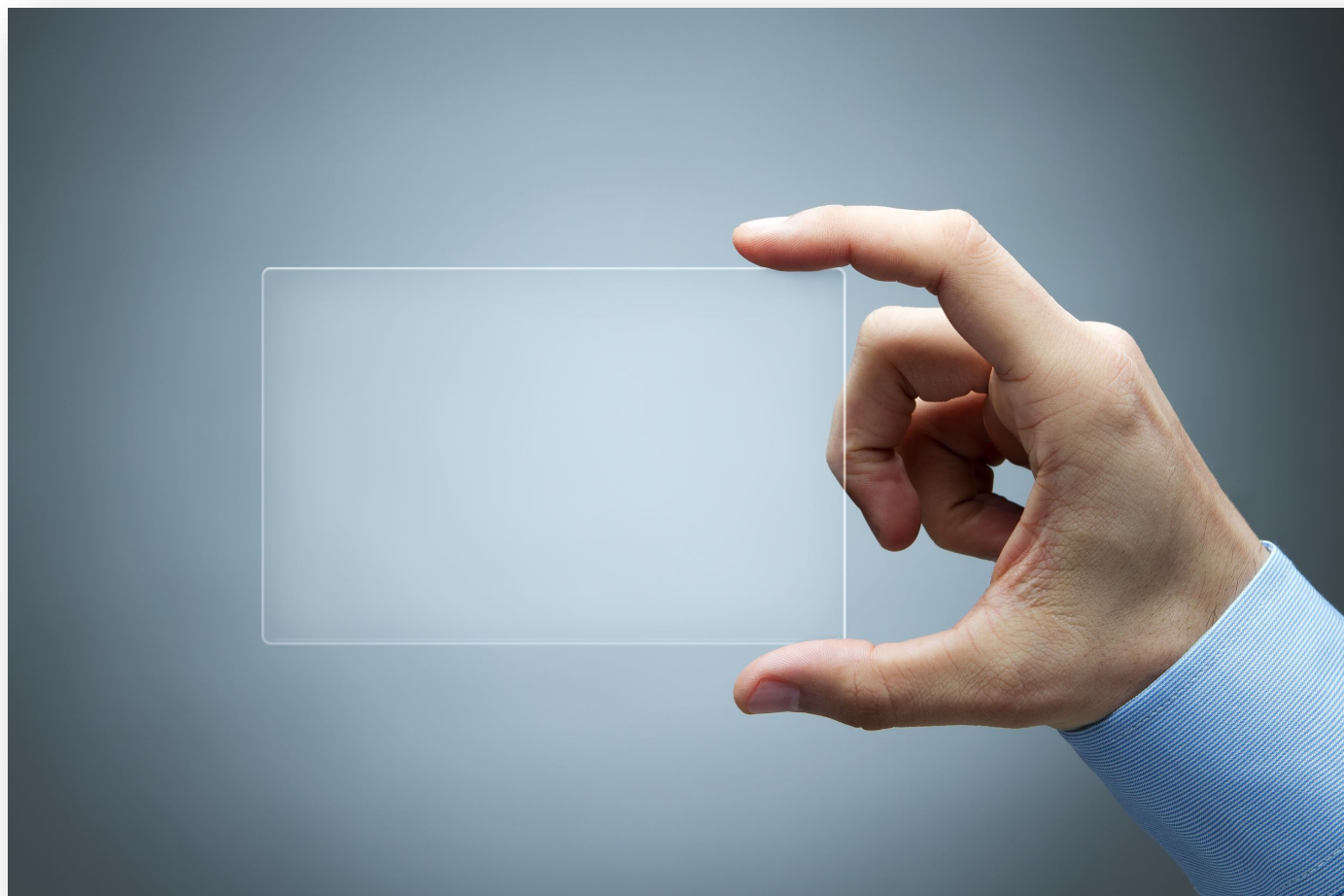
Collaboration



Impact

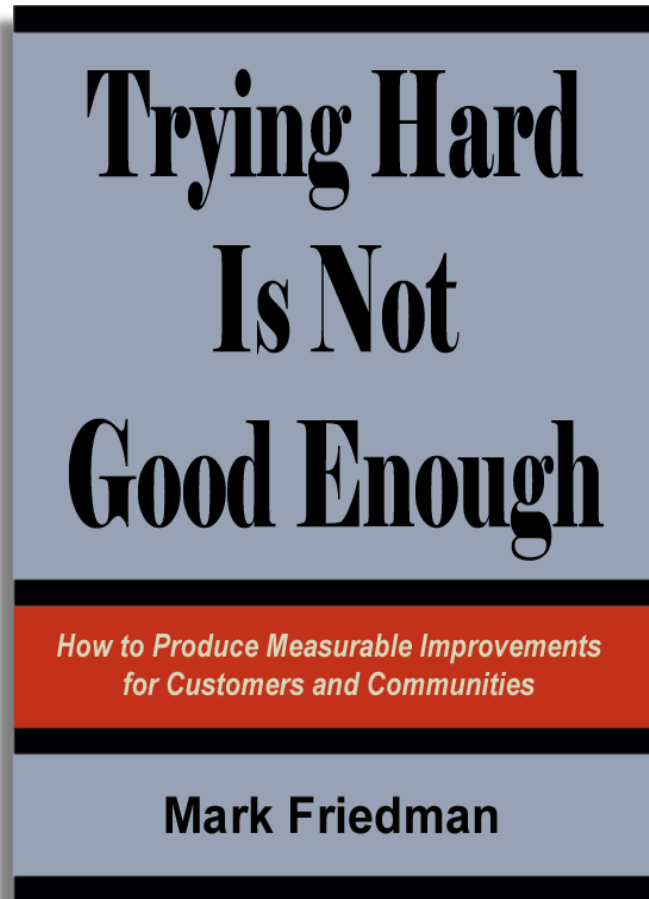


Transparency



HOW?

What is OBA?

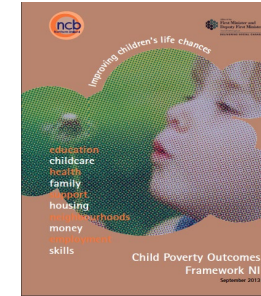


Mark Friedman
Fiscal Policy
Studies Institute
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Mexico

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

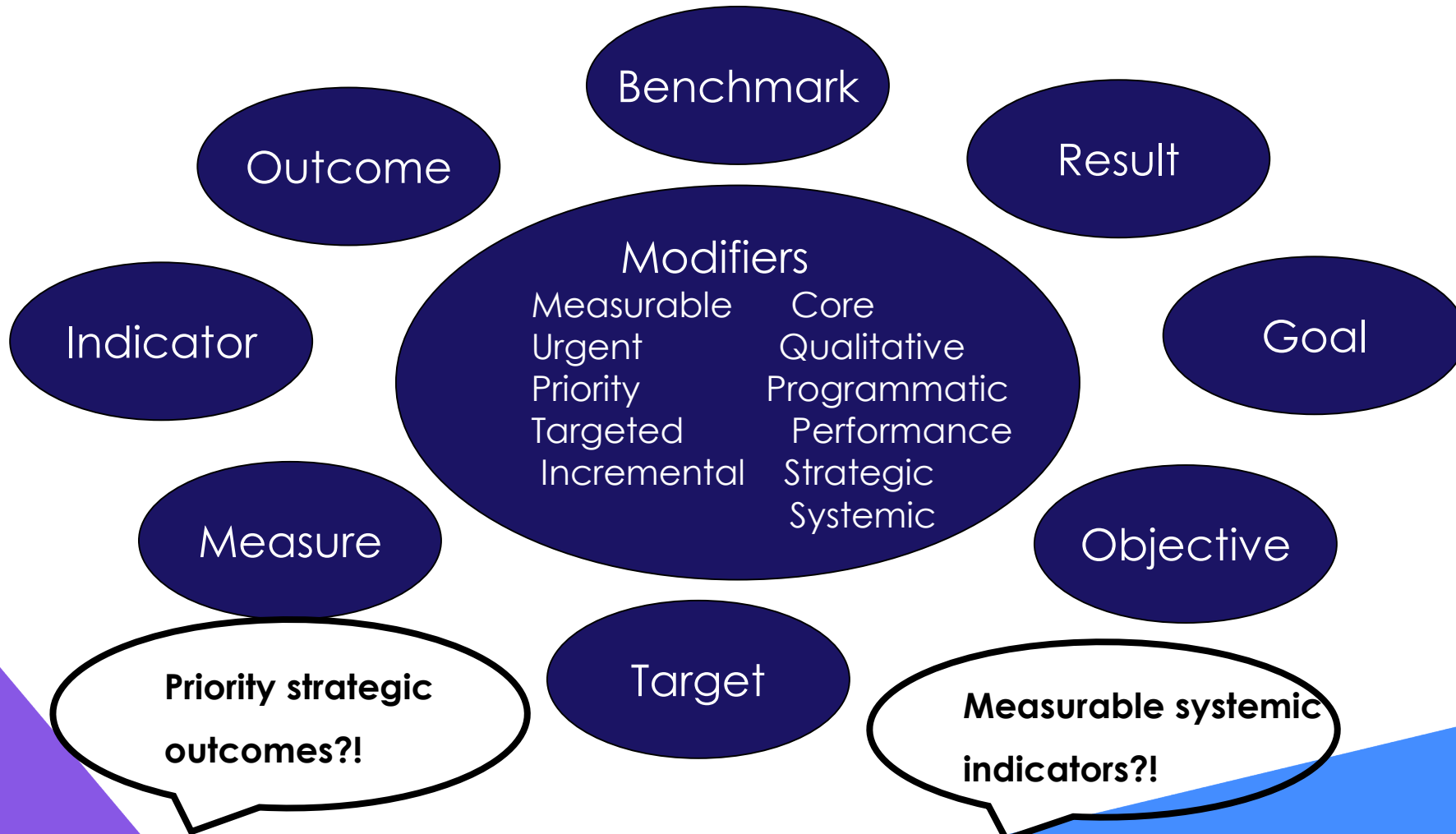
about the well-being of

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

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?



2. What would these conditions look like if we could see them?



3. How can we measure these conditions?



4. How are we doing on the most important of these measures?



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?

POPULATION

All children in Northern Ireland

OUTCOME

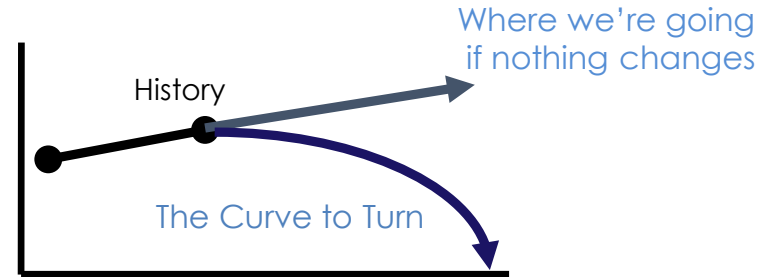
“are given the best start in life”

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)

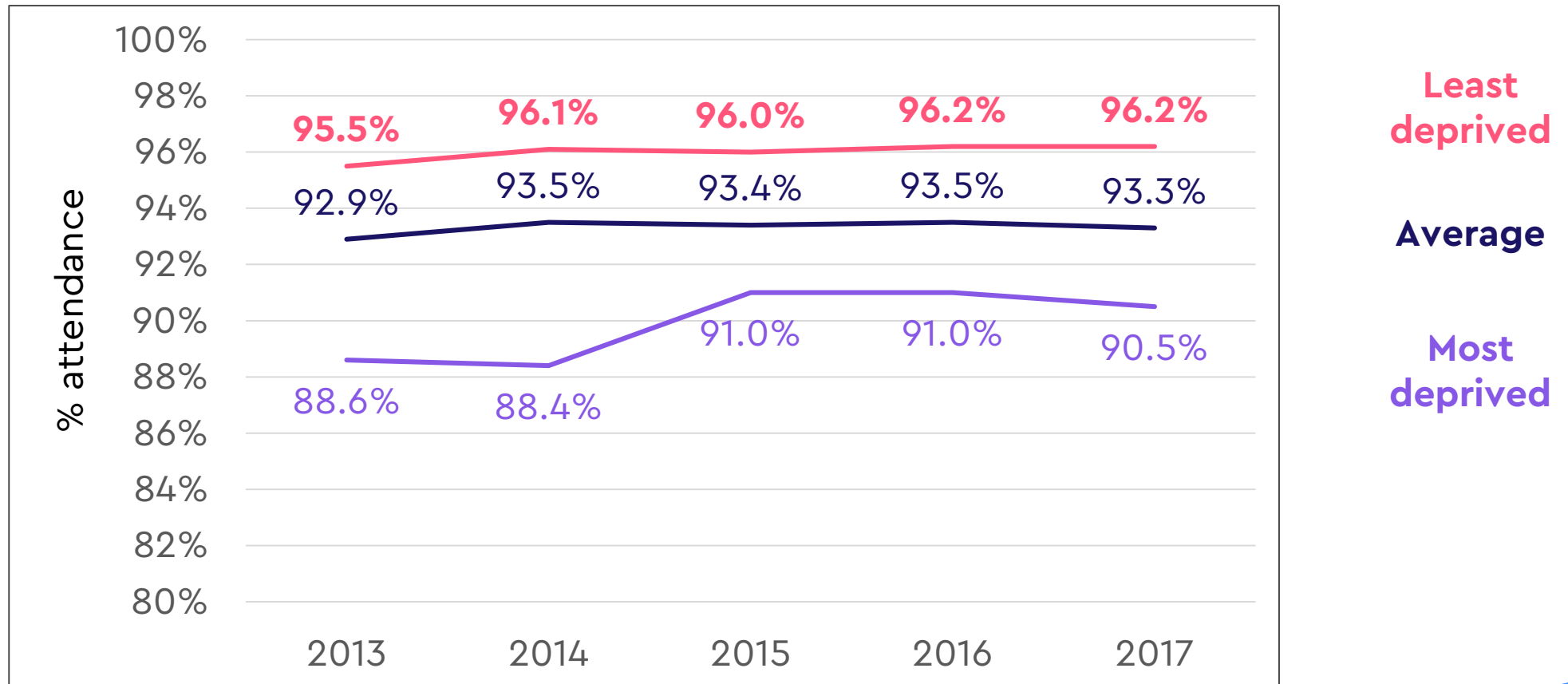
ACTION PLAN • What do we propose to do, how and by when

Sample Outcome and Indicator Data



Outcome: We give our children and young people the best start in life

Indicator 1: % of attendance of young people at post-primary schools



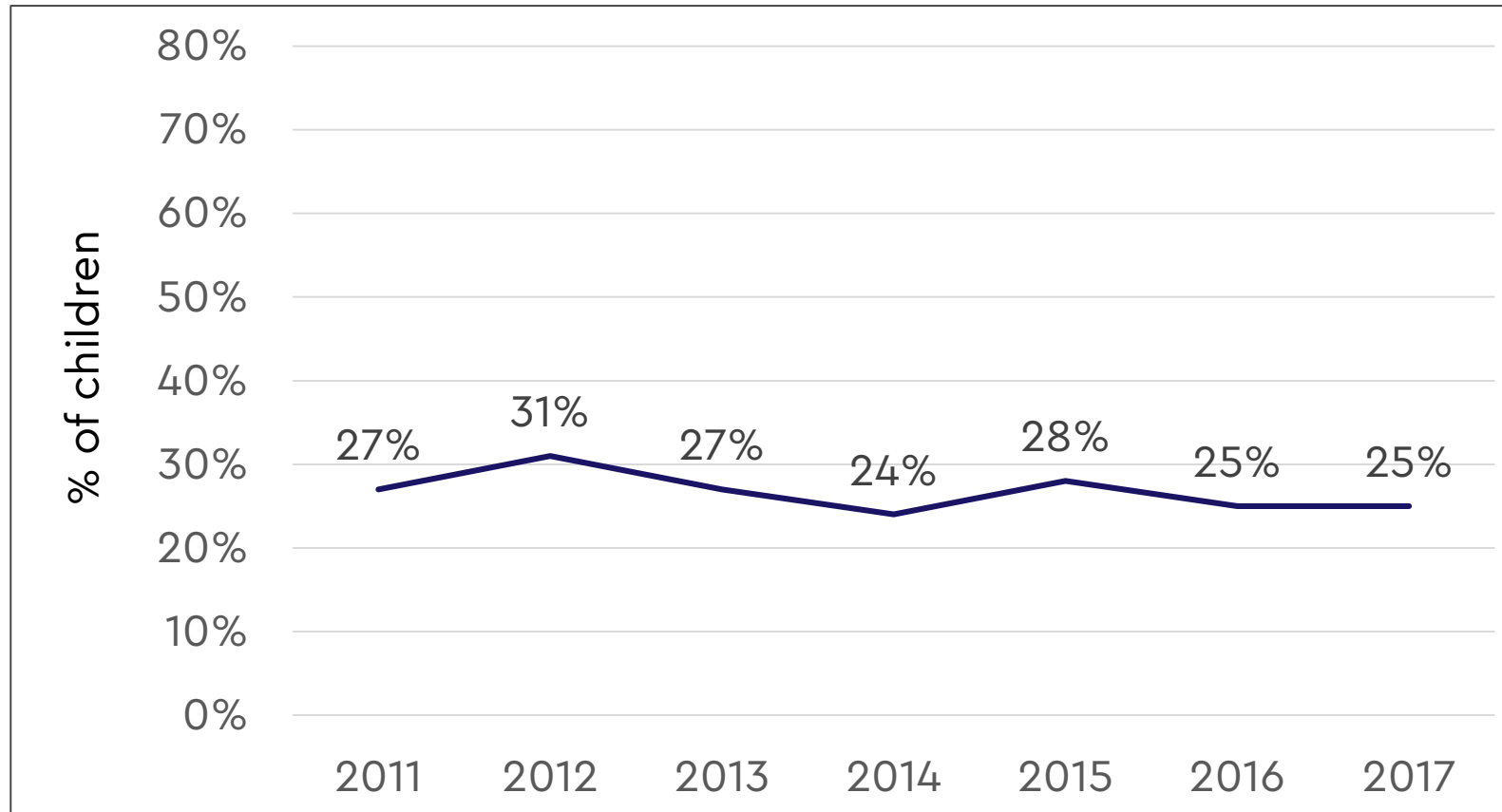
Source: DE

The year refers to financial year, i.e. 2011 refers to 2011/12 etc.

Least deprived is defined as those who attend school with an average Free School Meal (FSME) entitlement rate of 10% or less. Most deprived is defined as those schools with a FSME of 50% or more.

Outcome: We give our children and young people the best start in life

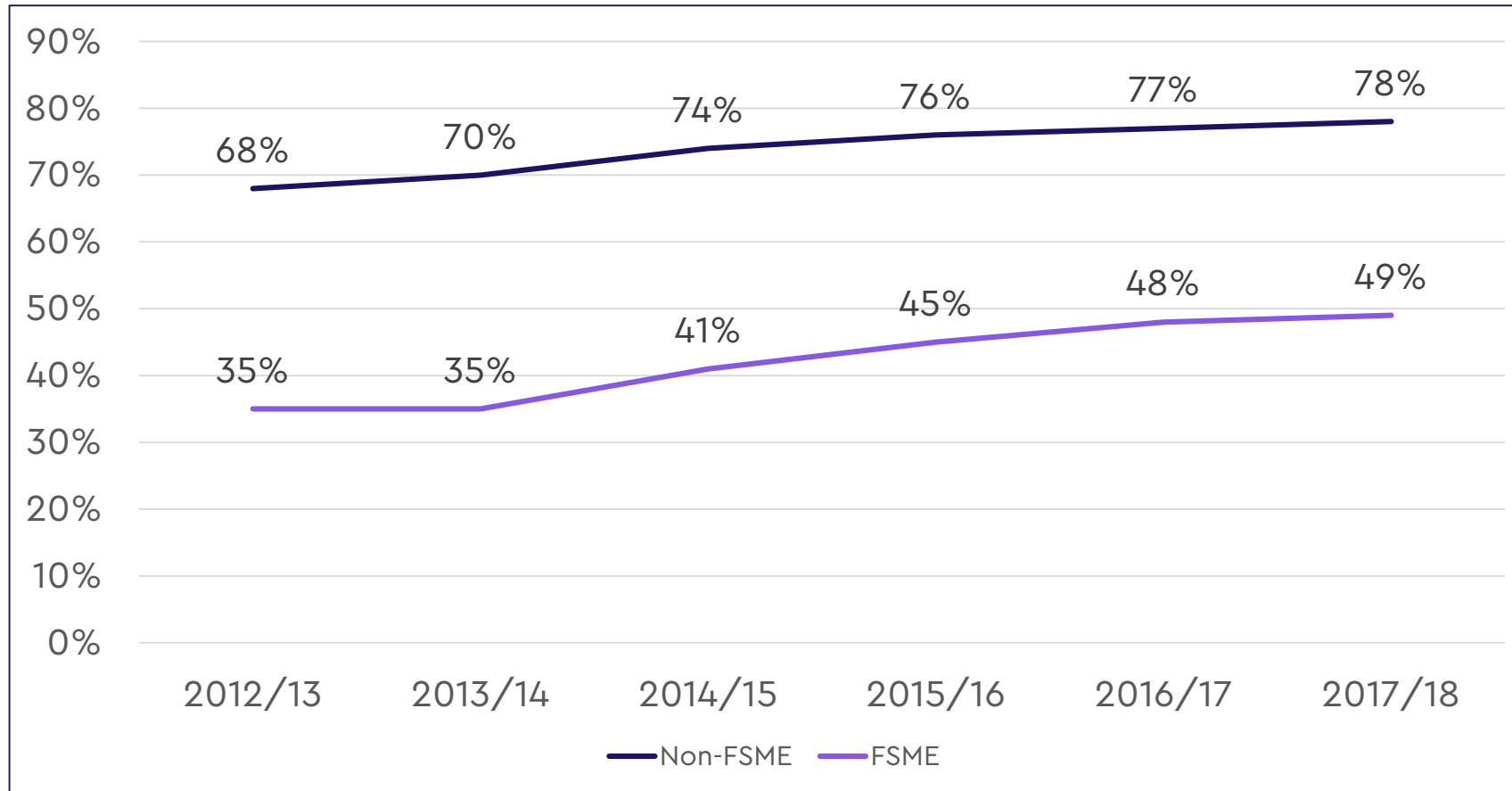
Indicator 2: % of children aged 2-15 years who are overweight or obese



Source: Health Survey Northern Ireland, Department of health
The year refers to financial year, i.e. 2011 refers to 2011/12 etc.

Outcome: We give our children and young people the best start in life

Indicator 3: % of school leavers achieving 5A*-C grades at GCSE by FSM entitlement



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

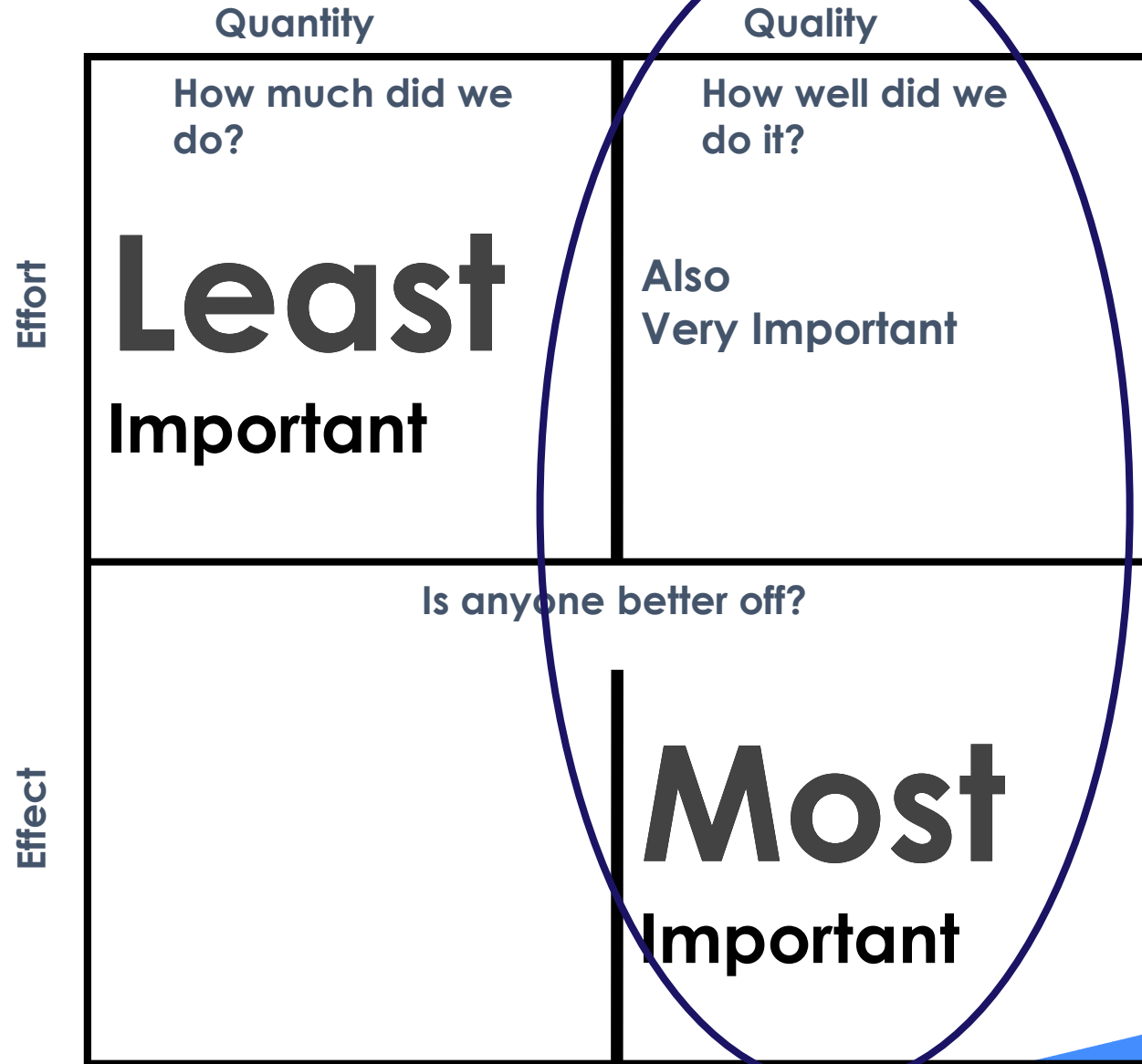
Drug/Alcohol Treatment Program

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>	
	<p>Is anyone better off?</p> <table border="1"><tr><td><p><u>Number</u> of clients off of alcohol & drugs</p><ul style="list-style-type: none">- at exit- 12 months after exit</td><td><p><u>Percent</u> of clients off of alcohol & drugs</p><ul style="list-style-type: none">- at exit- 12 months after exit</td></tr></table>		<p><u>Number</u> of clients off of alcohol & drugs</p> <ul style="list-style-type: none">- at exit- 12 months after exit
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Effect			

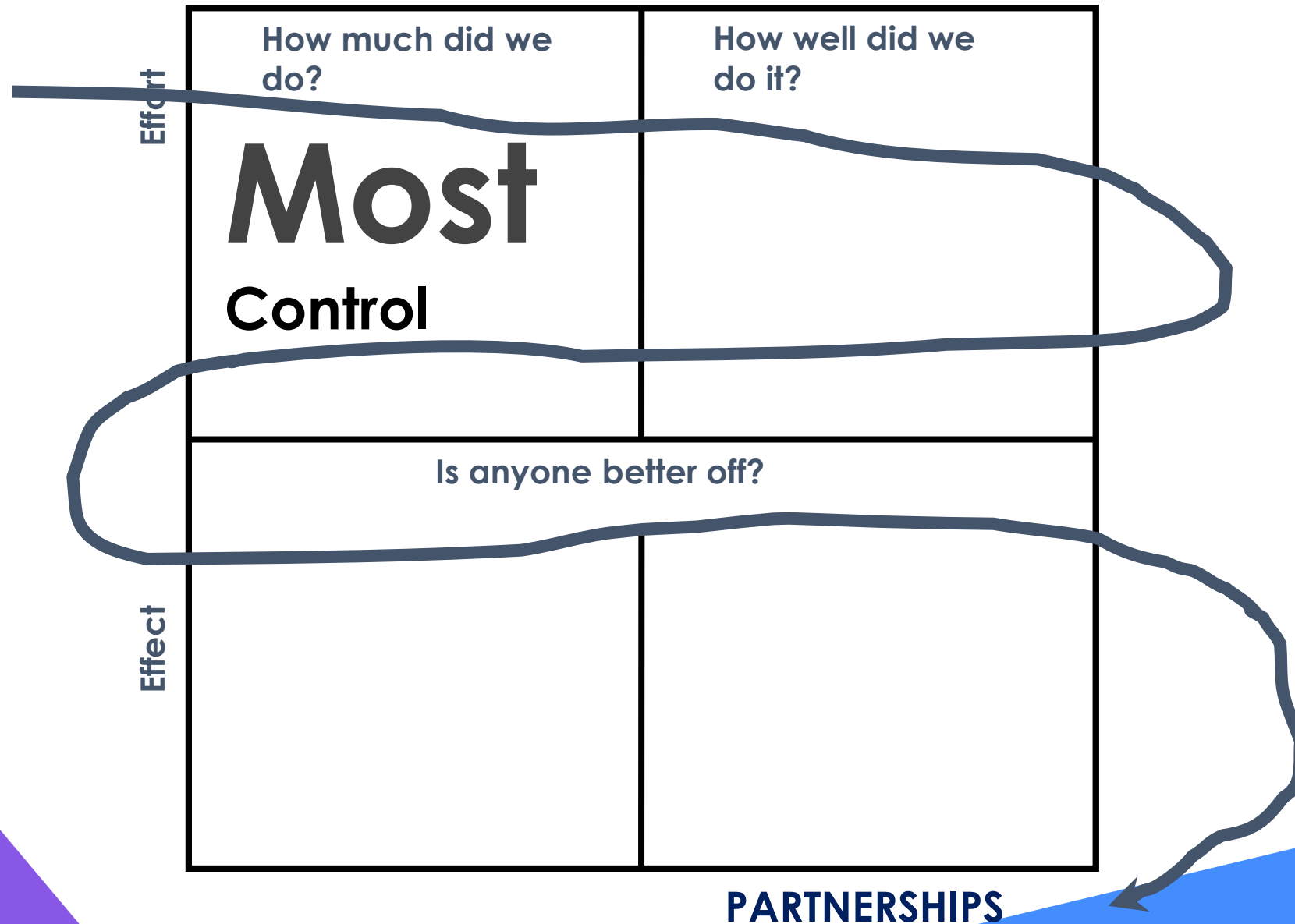
Smoking Cessation Programme

	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 website hits)
 - (e.g. Number of activity sessions)
 - (Number of newsletters published)
 - Etc.



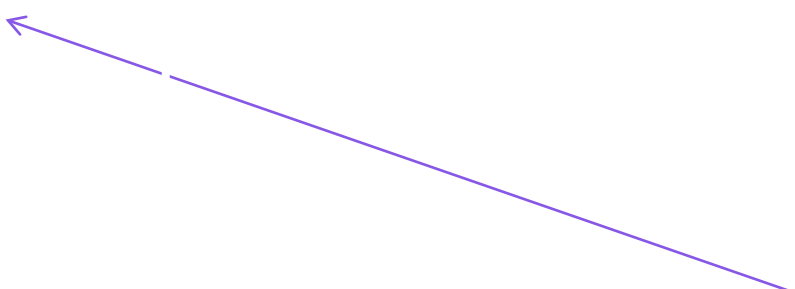
How much did we do?	How well did we do it?
Is anyone better off?	

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?	

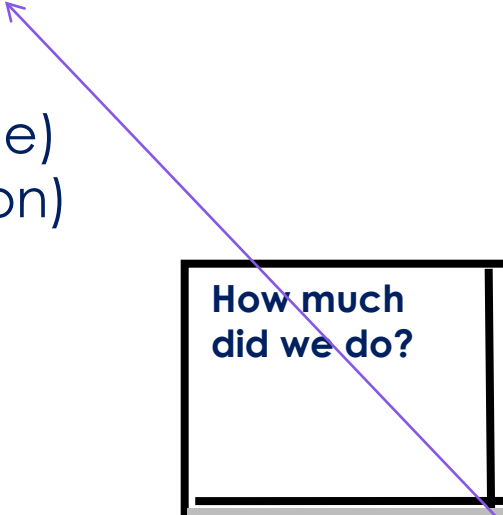
Choosing Performance Measures

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

Identifying performance measures

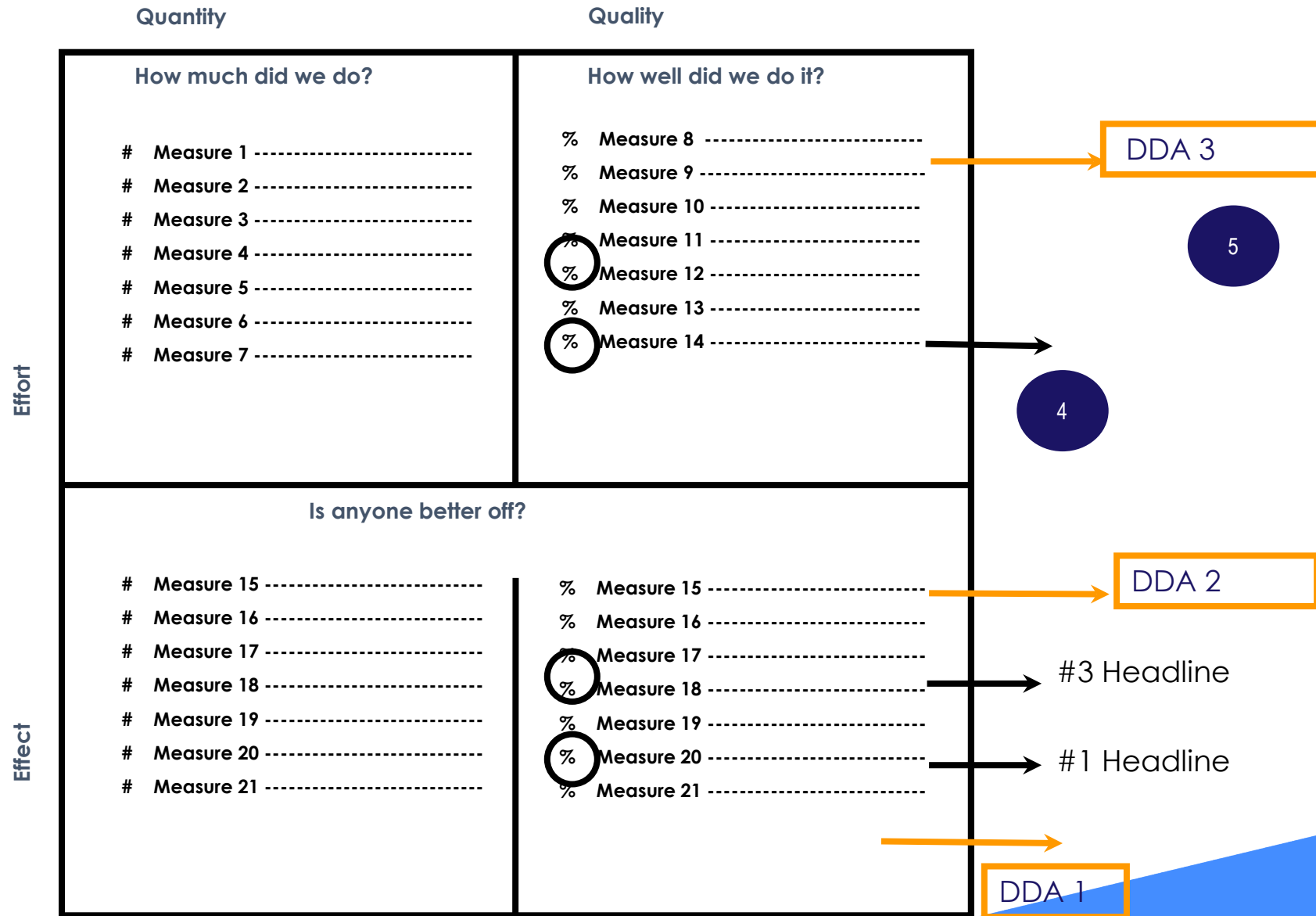
Exercise: Using the five step method

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>Is anyone better off?</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> 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?

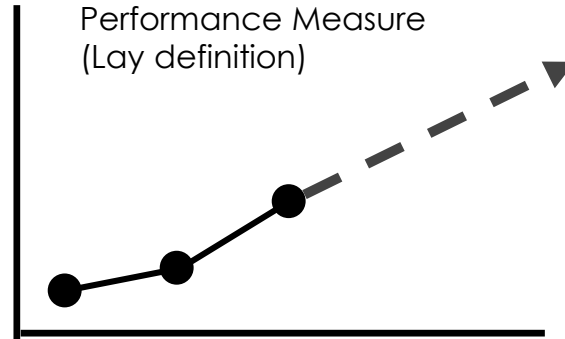
6. What works to do better, including no-cost and low-cost ideas?

7. What do we propose to do?

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

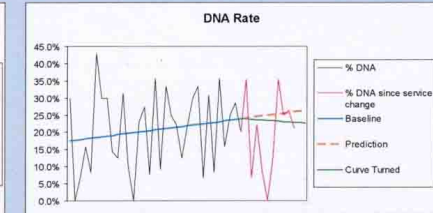
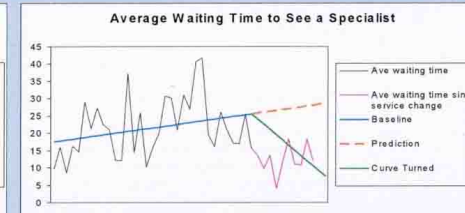
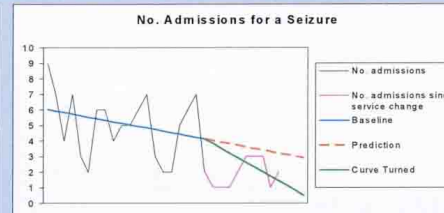
HEADLINE PERFORMANCE MEASURES

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

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

(see separate document)

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**

For more information...

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