

The practical support available from C4EO to support local Early Years outcome improvement



Introduction

Personal introduction

Outcomes of session:

- an understanding of the support available to you from C4EO
- knowledge about how to access it
- an appreciation of one outcome improvement approach (OBA).

Questions at end.



Sector-led improvement

- C4EO is committed to supporting sector-led improvement.
- DCSs want help to ‘build their own capacity’.
- A recognition that there is a vast wealth of expertise, skills and knowledge in children’s services.
- C4EO’s brief is to harness this, spread it and use it to help others in the sector.
- Every Children’s Trust has a strength in at least one thing.



Capacity building

‘Building capacity’ is concerned with:

- **increasing understanding** about ‘what works’ (eg. disseminating knowledge, showcasing examples)
- helping us to **learn from practice** (this is often ahead of research)
- **developing skills** (by working alongside people)
- **promoting new ways of thinking** (e.g.. outcome-focused or system-wide)
- **challenging** current strategies or ways of working.



Capacity building

How?

- Sector Specialists, delivering ...
- Tailored support to Children's Trusts.



Sector Specialists



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Sector Specialists: the what

- Peer advisors (IDeA accredited).
- C4EO-trained.
- Invited in (voluntary engagement, no targeting).
- Acting as ‘human transporters of knowledge’.
- Catalysts for change.
- Working alongside others.
- Increasing understanding of what works and embedding this in local practice.
- Helping to plan for improvement.



Sector Specialists: the who

- ‘From the sector’ – people currently working in children’s services within the region (in any agency).
- With operational credibility and a track record of achieving outcome improvement.
- Typically senior managers.
- DCS endorsed.
- On secondment to C4EO for an agreed number of days (with backfill funding) over 18 months.
- Target is 18 (2 per region).



C4EO Early Years Sector Specialists



Tailored support



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Tailored support

- Sector Specialists now available for assignments ('for the sector').
- May be deployed in an individual agency, or with several agencies in a Trust, or across Trusts within the region.
- Typical assignment might be 5 – 10 days.
- IDeA and C4EO support.
- No cost to the requesting agency.
- Some possible examples



Tailored support: possible menu (1)

1. Help to spread knowledge of 'what works'.
2. Support to use some of the audit tools to assess performance and practice locally.
3. Provide an external perspective to challenge local policy, processes and practice in light of the knowledge base.
4. Help to 'translate' C4EO outputs into an appropriate local improvement plan.



Tailored support: possible menu (2)

5. Facilitate the use of Outcomes Based Accountability (OBA)
6. Arrange to showcase examples of effective practice from the area.
7. Working with key individuals who are leading local change to support them.

etc etc



Outcomes Based Accountability



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Outcomes Based Accountability

Outcomes Based Accountability is made up of two parts:

Population Accountability
about the well-being of
WHOLE POPULATIONS

For Communities – Cities – Counties – Nations

Performance Accountability
about the well-being of
CUSTOMER
POPULATIONS

For Services – Agencies – and Service Systems

Service Performance Measures

Quantity

Quality

Effort

How much
did we do?

How well
did we do it?

Effect

Is anyone better off?
(ie. outcomes for users)

Number

%

Outcomes Based Accountability

Population

OUTCOME

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

eg. young people successful in school or safe communities

INDICATOR

A measure which helps quantify the achievement of an outcome.

eg. rate of 5 A-C GCSE's, crime rate

Service
Performance

PERFORMANCE MEASURE

A measure of how well a service is working.
There are 3 types of measure

Home Start Performance Measures

<p>How <u>much</u> did we do?</p> <ul style="list-style-type: none">• Number of days waiting for service• Number of families supported• Number of volunteers recruited• Number of visits made• Number of information leaflets and formats available• Number of agencies committed to joint commissioning of this service	<p>How <u>well</u> did we do it?</p> <ul style="list-style-type: none">• % parents who waited > 5 weeks for a service• % appointments kept• % families receiving 2 visits a week or more• % families completing the programme• % volunteers completing training programme• % turnover of volunteers• % families saying service appropriate to needs
<p><u>How many</u> are better off?</p> <ul style="list-style-type: none">• Number of parents saying	<p><u>What proportion</u> are better off?</p> <ul style="list-style-type: none">• % parents saying they were less isolated• % parents saying they feel more confident• % parents saying they have less stress/anxiety• % parents saying they experience fewer child behaviour problems• % reduction in CP referrals

Outcomes Based Accountability

POPULATION

Safe community

**OUTCOME
OUTCOME INDICATOR**

Crime rate

SERVICE PERF. MEASURE % crime scenes visited

POPULATION OUTCOME

People have living-wage jobs and income

OUTCOME INDICATOR

% of people with living-wage jobs and income

SERVICE PERF. MEASURE

% of participants in a job training scheme who get living-wage jobs

Outcomes Based Accountability

Population Accountability

(outcomes for a whole population in a geographic area)




Population Accountability


1. What are the quality of life conditions we want for children in early years in (eg. Leeds)
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How well 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?
7. What do we propose to do?




Report card



Coventry Children and Young People's Partnership



Data Book 2008



Working with Children & Young People

BE HEALTHY

OUTCOME 6

Fewer under 25s are using class A drugs

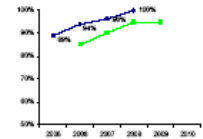
INDICATORS

- Reduce the use of class A drugs & frequent use of any illicit drugs among all YP under 25, especially by the most vulnerable people and reduce the harm caused by illegal drugs, measured by:
 - All young people assessed by YOG (via Asset) to have identified needs in relation to substance misuse (their needs have been identified)
 - To receive appropriate specialist care within 5 working days and, following assessment, access the early intervention and treatment services they require within 10 working days
 - Increasing the number of under 18s receiving structured interventions and treatment
 - Increasing the percentage of under 18s receiving structured interventions and treatments
 - Increase the number of under 18s completing treatment successfully

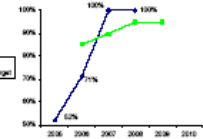
THE TREND

*2008 refers to the first 2 quarters of financial year 0/08

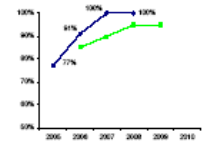
a) All young people assessed by the youth offending service (via Asset) to have identified needs in relation to substance misuse



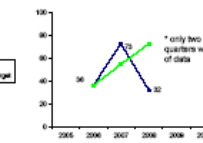
b) To receive appropriate specialist care within 5 working days



c) Following assessment, access the early intervention and treatment services they require within 10 working days



d) Increasing the number of young people aged under 18 completing treatment successfully



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THE STATS

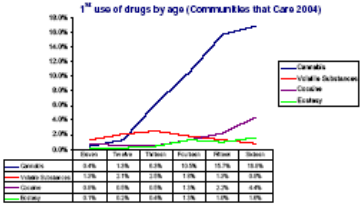
18% of pupils aged 11 to 16 in Coventry claim to have taken drugs. (Coventry's that Care Survey Coventry 2005)

5% of pupils aged 11 to 16 in Coventry indicate they have felt out of control on drugs (Coventry's that Care Survey Coventry 2005)

14% of pupils aged 11 to 16 indicate they have taken cannabis. Only 3% of years 7 and 8 say they have taken cannabis compared to 21% of children in years 9-11. (Coventry's that Care Survey Coventry 2005)

8.4% of 16-24 year olds nationally indicate they have taken class A drugs in the last year (05/06 data British Crime Survey). This is a drop of 0.8% since 1996.

1st use of drugs by age (Communities that Care 2004)



	10 years	12 years	14 years	16 years	18 years	20 years
Cocaine	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
Volatile Substances	0.0%	0.1%	0.1%	0.1%	0.1%	0.1%
Cannabis	0.0%	0.0%	0.0%	0.1%	0.2%	0.4%
Ecstasy	0.0%	0.0%	0.0%	0.1%	0.1%	0.1%

THE STORY BEHIND THE CURVE

OVERVIEW
Levels of drug use by young people have stabilised following significant increases in the 1990s but remains high. This can have a devastating effect on their lives, education, relationships and health. Most worryingly each year an estimated 20,000 young people in the UK become adult problem drug users.

POSITIVE TRENDS
Currently, 100% of young people in Coventry who have identified needs in relation to substance misuse receive appropriate specialist care within five working days, and following assessment, access the early intervention and treatment services they require within 10 working days.

CHALLENGING TRENDS
National figures indicate there is significantly higher use of drugs among 'vulnerable groups'. Young people in more than one 'vulnerable group' are 4 times more to use Class A drugs than those who are part of no 'vulnerable group'.
*IAC, twins and siblings, young offenders, young travellers, children whose parents misuse drugs and alcohol.

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Population Accountability

Killer questions

1. What are the quality of life conditions we want for children in early years in (eg. Leeds)
2. What would these conditions look like if we could see them?
3. How can we measure these conditions?
4. How well 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?
7. What do we propose to do?



A Turning the Curve Exercise

5 min: Starting Points

- timekeeper and reporter
- geographic area
- two hats (yours plus partner's)

10 min: Baseline

- pick an outcome and an indicator curve to turn
- forecast – OK or not OK?

15 min: Story behind the baseline

- causes/forces at work
- information & research agenda part 1 - causes

15 min: What works? (What would it take?)

- what could work to do better?
- each partners contribution
- no-cost / low-cost ideas
- information & research agenda part 2 – what works

**Two
pointers
to action**

10 min: Report convert notes to one page

Further Information on OBA

- Mark Friedman: www.raguide.org
- Outcomes UK: www.oba.uk.net/index.html
- IDeA's Supporting Better Outcomes online Community of Practice:
www.communities.idea.gov.uk



Possible support?

- Help to think through service performance measures?
- Facilitate a Turning the Curve exercise (using evidence from the Knowledge Reviews)?
- Train others in the use of Outcomes Based Accountability?



Accessing tailored support



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Accessing tailored support

Assignments should:

- Align with local priorities (in the LAA).
- Complement any existing improvement support.
- Achieve strategic, systems-level change.
- Accelerate the expected rate of improvement of outcomes.
- Leave a sustainable legacy.
- Generate learning that other agencies can benefit



Tailored support

Process:

- Complete a request – individual agency or collective (see form in packs).
- Discuss needs.
- Matching request (to Sector Specialist and to the schedule).
- Agree terms of reference.
- Assignment.
- End of assignment report.
- Progression Event will highlight achievements.



Questions?

