

# A Performance and Accountability Framework for a Children's Centre or group of Children's Centres<sup>1</sup>

- Introduction:** How to use the framework
- Appendix 1:** Children's Centre(s) Performance Framework: the relationship between performance accountability and population accountability
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<sup>1</sup> This framework is based on Mark Friedman's "Results Based Accountability" approach and ideas

## **Introduction**

C4EO has developed an accountability and performance framework, designed to assist Children's Centre managers and local authority senior managers with responsibility for Children's Centres, to address firstly, if they are actually improving the lives of those children and families using the Centres and secondly, whether the services being delivered are value for money. C4EO Early years Sector Specialists also reported a need for a tool to help with these issues from their experience of assignments in local authorities.

### **Relevance to Coalition Government's priorities:**

- a framework for assessing whether services in Children's Centres are delivering results and improving the lives of vulnerable families
- driving efficiency and value for money at the local level
- The Graham Allen and Frank Field Reviews - offering support early and improving the life chances of children in poverty

### **How the model works**

The framework is in two parts. Firstly, a performance management system for Children's Centre managers to use in order to address the effectiveness and efficiency of their services and secondly, suggested roles and performance measures for the accountable body/partnership (whatever form that takes in a local authority) which has responsibility for Children's Centres, so it can also measure its own effectiveness and efficiency.

The model/framework starts with the desired outcomes for the whole community (local areas can develop their own if they wish); however, within the community, there will be those families who need extra support and the services provided by Children's Centres.

1. Outcomes/conditions of well-being have been articulated for the whole community and the experience of these outcomes described, ie, what people would experience and how they would feel if the outcomes were achieved. This is important because if you know what the result/outcome looks like, it will help you identify appropriate *population indicators* which measure the achievement of those outcomes. (We have given an example of *healthy lifestyles* and followed this through the steps of the model.)
2. We have suggested *population indicators* for each outcome/result which measure the achievement of the outcomes. These include some of the indicators (results measures) which the government will be trialing in local authority pilot areas, plus some others which reflect wider community issues and which Children's Centres may be required to contribute to in the future.

3. Children's Centre managers examine the data relating to the indicators for their areas; what does it say about how well they are doing against other Children's Centres within the local authority and how does this compare with other authorities and their statistical neighbours? The data may highlight a challenging issue across a number of Centres (eg breastfeeding) or there may be a number of issues in one Centre.
4. What is the story behind each data trend that needs improvement? When this information is reported to the Partnership Board (or whatever strategic accountability structure is in place), it will ask the Children's Centre lead officers/managers to work with their partners to run *Turn the Curve* exercises on each of the data curves needing improvement. (C4EO knowledge reviews and validated local practice can inform the decisions about what works). *One page report cards* for each "turned curve" will be produced and shared with all relevant partners.
5. For each service/programme delivered through the Children's Centre, a *performance quadrant* of performance measures (measuring how much (quantity)? how well (quality)? and what difference was made?) will be produced. Value for money measures will need to be included. Performance quadrants will be the responsibility of service/programme managers of the relevant agencies, in consultation with the Centre lead officer /manager.
6. Reviews of services/programmes are completed by the service managers at agreed intervals and reported to the Centre manager in the form of a one page *Quadrant report card*.
7. *Report card* information is presented to the Children's Centre Partnership Board/Group at regular intervals showing progress on *population indicators*. It is important to be able to identify whether or not services are making a difference to outcomes and as part of this, to be able also to identify effective practice that can be shared and developed across Children's Centres within the Children's Centre family and beyond.
8. The Local Authority/Area Children's Centre Partnership Board/Group needs strong leadership; collective accountability across partners; be outcome- focused and solution oriented. Our framework includes the characteristics of a successful and strong accountable Board (whatever form that takes locally) and performance measures, so its own effectiveness can be measured.

# Children's Centre Performance Management and Accountability Framework

<p><b>1. Population Results/ Outcomes</b> (for the whole community)</p> <p>These will be determined by the local authority or the local community/ neighbourhood partnerships. It is important to remember that no one service, agency or organisation can be solely accountable for a <b>population</b> outcome/result</p>	<p><b>Children and families in their communities have healthy life styles</b></p>	<p><b>Children and families in their communities are secure and protected</b></p>	<p><b>Children and families in their communities are happy and fulfil their potential and beyond</b></p>	<p><b>Children and families in their communities are active and responsible citizens</b></p>	<p><b>Families in their communities are thriving and in work</b></p>
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**Example**

1. Population Outcome/Result

Children and families in their communities have **healthy life styles**

<p><b>1a. The Experience</b> (What it will be like for children and families in their communities when these results/outcomes are achieved)</p> <p>The description of the outcome /result is important as it helps to build a picture of what the outcome/result will look like and also helps to point towards possible population indicators that will help measure progress towards the achievement of the outcome/result.</p> <p>This description of the experience should be jointly agreed by the local authority, partners and local community.</p>	<p>They are physically, mentally, emotionally and sexually healthy and choose not to misuse substances. They engage and take responsibility for supporting each other and other members of the community to live healthy lifestyles in a community that promotes health and well being</p>	<p>They are safe in their homes and neighbourhood from maltreatment, neglect, violence and sexual exploitation; safe from accidental injury and death; safe from bullying and discrimination; safe from crime and anti-social behaviour; they have security and stability and are well cared for in stable families in caring and responsible communities</p>	<p>They are achieving to their potential and are developing broad skills and knowledge from birth through to successful adulthood. They take advantage of opportunities and make informed choices about themselves and their lives</p>	<p>They are engaging in decision-making and actively support the community and environment. They engage in positive behaviour and develop positive relationships. They take responsibility not to engage in anti-social or offending behaviour</p>	<p>They live in decent accommodation and self-sustaining communities. They develop skills to further their education, training and employment opportunities and live in households free from low income</p>
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1a. They are physically, mentally, emotionally and sexually healthy and choose not to misuse substances. They engage and take responsibility for supporting each other and other members of the community to live healthy lifestyles in a community that promotes health and well being

<p><b>2. Population Results/Outcome Indicators</b> (What are the core measures Children’s Centres use to measure progress in achieving improvements in results/outcomes?)</p> <p>These indicators include some of those being trialed with the local authority pilot areas.</p>	<p>% low birth weight in local authority area</p>	<p>% children achieving at least 78points with at least 6 points scored in both CLL and PSED across the EYFS profile</p>
	<p>% take up of 2 yr old free entitlement across the LA area</p>	
	<p>% mothers with post-natal depression in LA area (or parents self-reported emotional well-being)</p>	<p>% breastfeeding initiation and prevalence (at 6-8 weeks after birth), with gap narrowing in the local authority area</p>
	<p>% emergency admissions caused by unintentional or deliberate injuries</p>	<p>% healthy weight at age 4-5 yrs</p>
	<p>% EYFS assessments with gap narrowing in the local authority area</p>	<p>% children in poverty</p>
	<p>% take up of formal childcare in low income working families</p>	<p>% families completing evidence-based parenting programmes</p>

2.

% breastfeeding initiation and prevalence (at 6-8 weeks after birth) with gap narrowing in LA area

% low birth weight in local authority area

<p><b>2a. Other Possible Population Results/ Outcome Indicators</b> (There may be some results/ outcomes that are specific to a Children Centre in a particular community or neighbourhood). <b>Some additional indicators might be selected to highlight a specific issue in an area that needs improvement</b></p>	<p>% teenage conceptions          % NEET          % families in employment          % children on child protection register          % families in stable housing          % Ofsted outcomes rated as good or above</p>	<p>% families feeling safer in neighbourhood          % substance misusing parents          % smokers</p>
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2a.  
 % teenage conceptions

<p><b>3. How well is the /are the Children’s Centre(s) doing on the selected Population Result/Outcome Indicators?</b> It will be for the Children’s Centre(s) Partnership Group/Board to consider the data for each of these indicators and determine how well each Centre is doing. It is important to highlight what is going well, as well as what needs improvement.</p>	<p><i>What does the data say about how well each Children’s Centre is doing against local authority wide performance, statistical neighbours and national level? How are the group of Children’s Centres doing against these population indicators? Are there any ‘hot spots’ highlighted; are any doing exceptionally well or exceptionally poorly?</i></p>	
<p><b>3a. Lines of Enquiry</b>          Does the analysis highlight any particular patterns? This information will be important in the following sections.</p> <p>The indicators considered may highlight <b>an issue across a number of Centres</b> (eg breastfeeding) or <b>a number of issues in one Centre</b>.</p> <p>Alternatively, the indicators may highlight <b>a number of issues across more than one Centre</b> (eg, breastfeeding and obesity issues across <b>all Centres</b> in the partnership area)</p>	<p><b>Specific</b>  <i>Possibly to one population indicator or Children Centre</i></p>	<p><b>Cross Cutting</b>  <i>Possibly affecting more than one population indicator across more than one Children Centre</i></p>

3.  
 Analysis has determined that teenage conception rates are improving across the area – need to highlight effective practice and share more widely across Children’s Centres.

3a.  
 Breast feeding rate is very poor in Children Centre X

3a.  
 Obesity rates are high across all children’s centres in the area.

<p><b>4. Which data curves need improvement?</b> After analysis at 3 and 3a, the Partnership will determine which indicators need a focus for improvement.</p>	<p><i>From the analysis of the data curves, which of them need more focused attention to make progress/improvement to ensure that results/outcomes are achieved?. This does not mean that the indicators that look to be going in the right direction are ignored – these need to continue to be tracked and monitored to ensure progress is sustained.</i></p>
<p><b>4a. Story (forces and factors at work) behind the baseline/data trend, for each indicator measure that needs improvement</b> From the discussion at 4., the Partnership/Board will ask the Children’s Centre lead officers/managers to work with their partners to run “Turn the Curve” exercises on each of the data curves that need improvement.</p>	<p><i>What is the ‘story’ behind each data curve that needs improvement – what are the causes and issues? This could be most easily achieved through facilitated ‘Turn The Curve’ exercises with a resulting Report Card.</i></p> <p><i>For each – the key will be the preparation – the data/information, relevant partners around the table (those who have a role to play/contribute to the discussion and action plan), knowledge of demographics and topic content, will be needed.</i></p>
<p><b>4b. Information and research needed</b> Information on how to run a “Turn the Curve” exercise is given at <b>Appendix 2</b>.</p> <p>C4EO Knowledge Reviews containing evidence of “what works” and costed validated local practice, can be found on the C4EO website.</p>	<p><i>List of questions to be explored about the causes/forces at work (might be a data development need or additional information to be sought).</i></p> <p><i>List of questions about what works (use C4EO’s Knowledge Reviews, validated and costed local practice, costing tool and Sector Specialist expertise to make decisions about the best use of resource to achieve the results needed).</i></p> <p><i>Some data/information may be readily available. Some data/information may not be collected at present and significant investment would be needed to obtain this. A balance needs to be struck between ‘want and need’ – the cost of resource versus benefit, to improving outcomes.</i></p>
<p><b>4c. Population Level Report Card – Action Plan with sharp edges completed from Turn The Curve exercise</b> Information on how to develop Report Cards is given in <b>Appendix 3</b>. It will be the responsibility of the Centre lead officer/manager to ensure that the Report Card(s) are produced and shared with all concerned.</p>	<p><i>What will be done to ‘shine a light’ on outcome improvement, who will do what and when will progress be reported?</i></p> <p><i>At the population level it is important to remember that the accountability for the population indicator does not rest with one service or manager – it is the collective accountability of all partners</i></p>

<p><b>4.</b> Partnership/Board has agreed that:</p> <ul style="list-style-type: none"> <li>• All Centres need to support improvement in obesity rates</li> <li>• Centre X needs to improve breastfeeding rates.</li> </ul>
<p><b>4a</b> Partnership/Board has agreed to delegate:</p> <ul style="list-style-type: none"> <li>• All Centre managers to take forward ‘Turn the Curve’ exercises on obesity with relevant partners.</li> <li>• Centre manager at Centre X also to take forward ‘Turn the Curve’ exercise on Breastfeeding issue at Centre with relevant partners.</li> </ul>
<p><b>4b.</b> Centre managers to have access to C4EO website – Partnership/Board should ensure this is available.</p>
<p><b>4c</b> Centre manager records on the Report Card the agreed actions from the ‘Turn the Curve’ exercise. These need to be sharp and answer the ‘who, what, when’ questions.</p>

**5. Performance Level Quadrants**

(these are needed for each service or programme detailed in the Population Level Report Card action plan). Performance quadrants will be the responsibility of service/programme managers in consultation with the Centre lead officer /manager. Information on the development of Performance quadrants is given in [Appendix 4](#).

*These quadrants can be developed by working through 7 questions as follows:*

1. Who are our customers?
2. How can we measure if our customers are better off? (Lower right box in performance quadrant –see below)
3. How can we measure if we are delivering service well? (Upper right box in performance quadrant – see below)
4. How are we doing on the most important of these measures?
5. Who are the partners with a role to play in doing better?
6. What works, what could work, to improve performance?
7. What do we propose to do next?

**Service/Programme Quadrant**

How much did we do?	How well did we do it?
<b>Outputs (quantity of activity) performance measures</b>	<b>Outputs (quality of activity) performance measures (include cost and value for money measures)</b>
Is anyone better off as a result?	
<b>Outcomes (what difference has been made?) (include cost and value for money measures)</b>	

*Each quadrant can be used to monitor programme/service progress for the particular customer group receiving the programme or service. These will make a contribution to the progress on the population level indicators for Children’s Centres. At this performance level, the accountability for the effectiveness and efficiency of a service or programme belongs to the service/programme manager.*

**6. Performance Report Cards**

These are produced from a review of the performance quadrant/s by the service/ programme managers.

*These can be formulated from the performance quadrants and can be used to show service/programme progress over time. They can also be used to identify effective practice and value for money. The reporting rate for each may differ depending on the importance of the service or programme.*

5. For each action agreed on the ‘turn the curve’ report card, the service or programme manager in consultation with the Centre manager, should draw up a performance quadrant clearly showing the three key elements of ‘how much they will do’ ‘how well they will do it’ and most importantly ‘how they will show if anyone is better off as a result of their efforts’.

An example of a service quadrant is given in [Appendix 5](#)

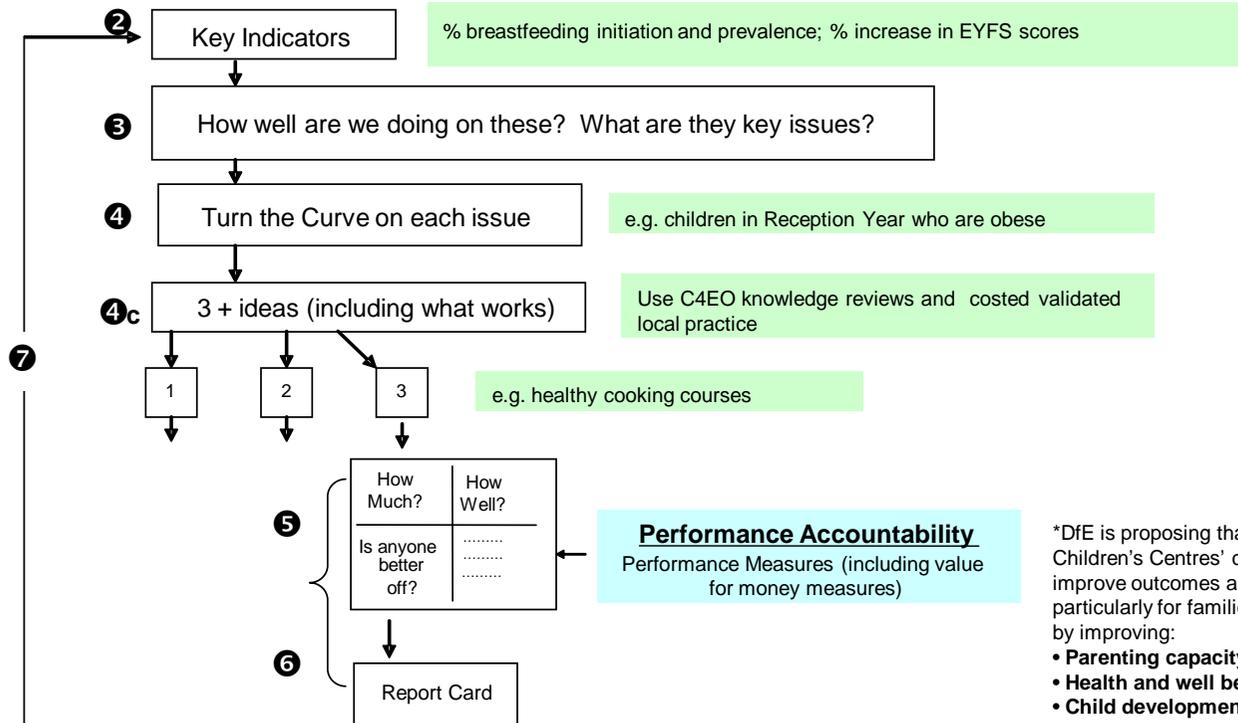
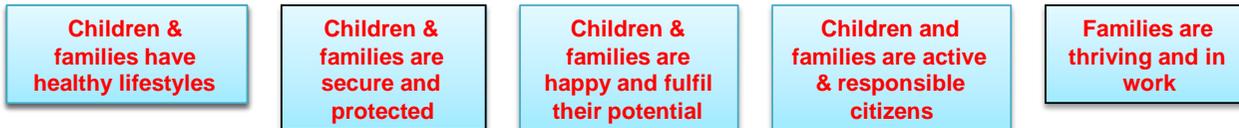
6. Reviews of services and programmes are done by the service managers at agreed intervals and reported to the Centre manager in the form of a Quadrant report card.

<p><b>7. Children’s Centre(s) Partnership Group/Board Reports</b></p> <p>The Children’s Centre lead officer/manager in consultation with the service /programme managers will gather together the data from the performance quadrants to demonstrate progress to the Partnership/Board.</p> <p><b>Appendix 1</b> summarises steps 1 – 7.</p>	<p><i>Report card information is presented to the Children’s Centre Partnership Group/Board at regular (specify) intervals showing progress on the population indicators.</i></p> <p><i>It is important to be able to identify whether or not services are making a difference to the well-being of children and families and as part of this to be able also to identify effective practice that can be shared and developed across Children’s Centres within the Children’s Centre family and beyond.</i></p> <p><i>Population outcome data from those population indicators that are showing good progress should also be reported to the Partnership Group/Board at regular intervals, although possibly less frequently than those that need improvement.</i></p>
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7. The Centre lead officer/manager in consultation with the service/programme managers will gather together the data from the performance quadrants to demonstrate progress to the accountable Partnership Group/Board. See **Appendix 6**.

# Children's Centre(s) Performance Framework\*

**1** Population Outcomes



\*DfE is proposing that Sure Start Children's Centres' core purpose is to improve outcomes and narrow gaps particularly for families in greatest need by improving:

- Parenting capacity.
- Health and well being.
- Child development and school readiness.

## Turn the Curve: Population Level

**Purpose of the exercise:** to provide hands-on experience with outcomes-based decision making by working in a group to turn the curve on a specific issue which is an indicator of child, adult, family or community well-being. The following notes are for the facilitator or organiser of the exercise to help the process of the discussion and conversation.

### 5 mins      Starting Points

- **Timekeeper and Reporter**
  - Appoint someone to keep the group to time through the different steps. This could be someone who will act as the facilitator for the process or a member of the group of partners.
  - Appoint someone to report back at the end and write notes on flip chart.
- **Geographical area**
  - The curve/s will reflect data in a geographic area compared with national data; this is so, we can compare our performance against the national position. (There may be more data available that the facilitator/ organiser of the exercise can feed in after there has been some “free-flowing” conversation around the curve).
- **Two hats (yours plus partner’s)**
  - We know that outcomes-based accountability work at the population level involves more than just one agency; so, we need to identify who are the partners who have something to contribute to making a difference on this curve? Brainstorm the list of potential partners and put them on a separate piece of paper.
  - Then, everyone takes on their own everyday role and a second role from the list of potential partners from the list, who is not present, but who could have something to contribute.

### 5 mins      Baseline

- **Look at curve**
  - Look at the trend that the curve shows and ask:
    - Has the indicator/issue been getting better or worse over the last few years?
    - Has it been getting better or worse, fast or slowly?
    - Where will it go in the next few years if we don’t do anything differently than we are now?
  - At best, it will stay the same if we do nothing differently, but it may get worse.
- **Forecast – OK or not OK?**
  - Ask people if this is acceptable; suggest that we need to work on this issue because it’s showing that we’re currently not doing well enough.

### 15 mins      Story behind the baseline

- **Causes/forces at work**
  - ‘What’s going on here? Why does the baseline look the way it does? What are the causes? Go round the table, each person should contribute, first in their own role and then taking on the role of one of the partners on the list – and ask them to say,

from their point of view and knowledge, why they think the causes behind the issue are (reporter will be taking notes of all this).

- This discussion needs to be kept tight and not to run on, or there is too much focus on the “problems”. Don’t let people jump to solutions/what needs to be done, at this point. Keep them focused on causes.
- **Information and research agenda – causes; what more do we need to know?**
  - During the conversation on causes, it is likely that questions will come up that can’t be answered, for which information will need to be sought outside this exercise. Suggest a list is kept of these – an information agenda.

## **25 mins**      **What works?**

What do people think would work to turn this curve? Through the discussion, each partner needs to have the opportunity to say what they can contribute – a refocusing of different professionals’ time (?); it’s not necessarily about new resources. The ideas much have sharp edges – be as specific as possible (who, what, when, how) – if there’s not time to be that specific, there must be a name against each action who will carry it through. One must be a no cost or low cost idea. Go through the following steps:

- **What is working already?**
  - What do we know either in the locality, the county, and other parts of the country that is working to make an impact on this issue?
- **What else could work?**
  - What ideas do people have about what might work? These all need to be listed by the reporter.
- **No cost/low cost ideas and who is contributing**
  - Emphasise that each should be as ‘sharp edged’ and specific as possible with clear contributions from partners for each. One should be a low cost/no cost idea. Also include “funny/off the wall” ideas.
- **Information and research agenda; is there anything else we need to know?**
  - Is there anything else we should know – again, keep a list of things where more information is needed.

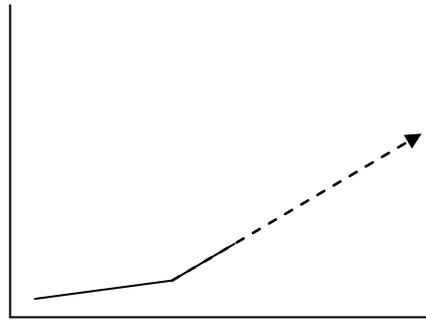
## **5 mins**      **Report**

- **Convert notes to one page – this will form the Report Card (See Appendix 3)**
  - The best 3 ideas should be agreed upon and recorded for the report. At least one should be low cost/no cost. If “funny/off the wall” ideas have been suggested, choose one of these for the report as well.

**Turn the Curve Report Card: Population Level**

Outcome: \_\_\_\_\_

Indicator Baseline:



Story behind the baseline:

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Partners:

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Three Best Ideas: From What Works (one no cost/low cost idea)

*Be as specific as possible*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Population Level Report Cards**

**Purpose:** Report cards are a quick and easy way to record the key elements and action plan from the Turn the Curve exercise and can also be used to regularly monitor and update on progress.

At the population level it is important to start with the Outcome/Result required first and then work backwards towards the means of achieving improvement. The report card is basically a summary of the key points of the Turn the Curve discussion. This will summarise the baseline forecast view along with the partners with a role to play and will detail the main elements of the story behind the data curve. It will also outline the agreed actions to be taken – this is a very important part of the Report Card and should be as detailed as possible – what will be done, by whom, with whom, how, when and how will it be monitored.

For each action it will then be possible to develop a service/programme quadrant of measures that will contribute to the overall population indicator and outcome/result.

The following chart is a useful framework to use to get started as it works together with the Turn the Curve format in Appendix 2.

<b>The Outcome required</b>	
<b>State your population group</b>	
<b>The Indicators measuring the outcome</b>	
<b>The story behind the baseline</b>	
<b>Data Development Agenda</b>	
<b>Key partners</b>	
<b>Ideas to improve performance</b>	

## Service Level Performance Quadrants

<p style="text-align: center;"><b>How Much did we do?</b></p> <p><b># Customers Served</b> (by customer characteristic)</p> <p><b># Activities</b> (by type of activity)</p>	<p style="text-align: center;"><b>How Well did we do it?</b></p> <p><b>% Common Measures</b> Workload ration, staff turnover rate, Staff morale, percentage of staff fully Trained, worker safety, unit cost, Customer satisfaction: Did we treat you Well?</p> <p><b>% Activity-specific measures</b> Percentage of actions timely and correct, Percentage of customers completing Activity, percentage of actions meeting Standards</p>
<p style="text-align: center;"><b>Is anyone</b></p>	<p style="text-align: center;"><b>better off?</b></p> <p><b>% Skills / Knowledge</b> (eg, parenting skills)</p> <p><b>% Attitude / Opinion</b> Including customer satisfaction: Did we help you with your problems?</p> <p><b>% Behaviour</b> (eg, school attendance)</p> <p><b>% Circumstance</b> (eg, in work, in stable housing)</p>

**Performance Quadrant Example: Healthy Eating and Exercise Programme**

<p><b>How much did we do?</b></p> <ul style="list-style-type: none"> <li>• No. of families on 6 week healthy cooking course</li> <li>• No. families using allotments</li> <li>• Fruit and vegetable stall open</li> <li>• No. of volunteers recruited to support allotment developments</li> <li>• No. of families on 6 week healthy exercise programme</li> </ul>	<p><b>How well did we do it?</b></p> <ul style="list-style-type: none"> <li>• % families completing healthy eating course</li> <li>• Unit cost of healthy eating and exercise courses</li> <li>• Cost of allotment activity</li> <li>• % families using allotments at end of course and at 6 months following completion of course</li> <li>• % families completing course buying fresh fruit and vegetables more than once a week</li> <li>• % volunteers increased over 6 month period</li> <li>• % families completing healthy exercise programme</li> </ul>
<p><b>Is anyone</b></p> <ul style="list-style-type: none"> <li>• No. of families cooking at least one meal a day using fresh food.</li> <li>• No. of families exercising regularly at end of programme and 6 months later.</li> <li>• No. of families now eating healthy snacks more than three times a week instead of sweets and crisps</li> <li>• No. of children at healthy weight on transition to school</li> </ul>	<p><b>better off?</b></p> <ul style="list-style-type: none"> <li>• % families cooking at least one meal a day using fresh food.</li> <li>• % families exercising regularly at end of programme and 6 months later.</li> <li>• % families now eating healthy snacks more than three times a week instead of sweets and crisps</li> <li>• % children at healthy weight aged 4-5 yrs</li> <li>• % families satisfied with course support provided</li> <li>•</li> </ul>

## Children's Centres Accountable Partnership Group/Board

In Some localities a large Children's Centre may have its own multi-agency Partnership Group or Board which forms its governance arrangements and is accountable for the Centre. In other localities a Partnership Group or Board may govern a number of Centres in a locality. In addition, there will be some sort of partnership arrangement responsible for all Children's Centres in a local authority area – perhaps the Children's Trust or similar multi-agency Partnership or a sub-group of that Partnership.

A Children's Centre Partnership Group/Board that successfully manages the performance accountability of its Children Centre/s has a number of key characteristics, including:

- **Strong leadership** – giving clear direction and working collaboratively with all partners who have a part to play in improving outcomes
- **Accountability** – ensures collective accountability at population level and holds service managers to account at a performance (client outcomes) level
- **Outcomes focused** – ensures a clear outcomes focus at the population level and at the client focus level; works with partners to promote continuous service development and improvement
- **Solution oriented** – provides clarity on what the desired outcomes are, what they will look like and promotes using and building on what works alongside maximising opportunities to develop services and activities that have a proven effective impact on outcomes for service users.

The Children's Centre Partnership Group/Board will need to put in place a regular periodic process to:

- Review the well being of targeted children and families in the locality according to the population indicators selected.  
The Partnership Group/Board will need to:
  - determine how to plan to ensure that it has all the relevant data against the population indicators selected
  - actively plan for actions to be taken by all partners to make the improvements needed
- Review the performance of services for eligible children and families according to the performance measures selected.  
The Partnership Group/Board will need to:
  - determine how to ensure that it has all the relevant data against the population indicators selected
  - actively plan for actions to be taken by all partners to make the improvements needed

There will be an expectation that the Children Centre Partnership Group/Board will produce a Report Card of its activity and effectiveness based on its performance quadrant. An example of the types of performance measures that could be used are given below.

<p style="text-align: center;"><b>How Much (Quantity)</b> <i>How much did we do?</i></p> <ul style="list-style-type: none"> <li>• Frequency of meetings</li> <li>• No. members attending meetings</li> <li>• No. agencies/services represented</li> <li>• No. members trained in outcomes based performance management approaches/Children’s Centre policies, etc</li> <li>• No. recommendations made</li> <li>• No. member appraisals</li> <li>• No. visits made to Children’s Centres by members</li> <li>• No. Children’s Centre visited (total no.)</li> </ul>	<p style="text-align: center;"><b>How well (Quality)</b> <i>How well did we do it?</i></p> <ul style="list-style-type: none"> <li>• % attendance at meetings</li> <li>• % attendance by agency/service</li> <li>• % recommendations implemented</li> <li>• % member satisfaction about meeting content and focus</li> <li>• % member appraisal completed</li> <li>• % members trained in OBA and other management approaches</li> <li>• % member visits to Children’s Centres</li> <li>• % Children’s Centres visited</li> </ul>
<p style="text-align: center;"><b>What difference did it make?</b> <i>How much change did we produce?</i></p> <ul style="list-style-type: none"> <li>• No. of core indicators needing improvement (need to specify for each Children’s Centre or collective if it’s a cross cutting issue)</li> <li>• No. of implemented recommendations showing successful improvement</li> <li>• No. of members reporting that training has assisted them in their contribution to Children’s Centre improvement</li> <li>• No. of Children’s Centres rated by Ofsted as good or better</li> </ul>	<p style="text-align: center;"><b>What difference did it make?</b> <i>What quality of change did we produce?</i> <i>(Is anyone better off as a result of what we did?)</i></p> <ul style="list-style-type: none"> <li>• % core indicators showing improvement (where curve was going in wrong direction or not turning fast enough)</li> <li>• % implemented recommendations showing successful improvement</li> <li>• % members reporting that training has assisted them in their contribution to Children’s Centre improvement</li> <li>• % Children’s Centres rated by Ofsted as good or better</li> </ul>