



Engaging Partners in change using Outcomes Based Accountability

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What is OBA?

Why is it important?

- Structured way of thinking and taking action
- Focus on improving outcomes:
 - Communities
 - Programmes
- Starts with 'ends' and works backwards to 'means'
- Moves from talk to action – *quickly*
- Simple and useful
- Plain language and common sense
- Inclusive – of agencies, individuals and communities
- Problem solving approach
- Minimum paper!



Partnership work

- Builds on existing 'strong' partnership relationships in Coventry
- Increased focus on outcomes rather than process and service measures
- Better data; better outcomes
- Simple methodology can be used in many areas:
 - Teen Pregnancy
 - LAC numbers
 - Alcohol reduction
 - Cleaner, greener Hillfields



Population accountability

- outcomes for children, families and communities

- Healthy births
- Healthy children and adults
- Children ready for school
- Children succeeding in school
- Young people staying out of trouble
- Stable families
- Families with adequate income
- Safe and supportive communities

Performance accountability



Performance Accountability

For Programs, Agencies and Service Systems

1. Who are our customers?
2. How can we measure if our customers are better off?
3. How can we measure if we are delivering service well?
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 do better?
7. What do we propose to do?

FPSI



Trying hard is not good enough.....

**“If you do what you always
did,**

**you will get what you
always got.”**

Kenneth W. Jenkins
President, Yonkers NY NAACP




The Importance Of Data


- Results culture– (sport, politics, economy)
- What is the context?
- Knowing your killer PIs
- Interpretation: reading or understanding data?
- Importance of secondary data
- Asking the ‘so what?’ question
- Making data accessible to all




Data book



Coventry Children and Young People's Partnership



Data Book 2008



BE HEALTHY

OUTCOME 6 Fewer under 25s are using class A drugs

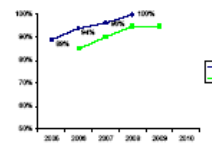
INDICATORS

- 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

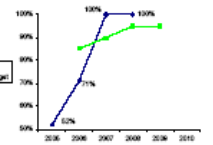
THE TREND

*2008 refers to the first 2 quarters of financial year 07/08

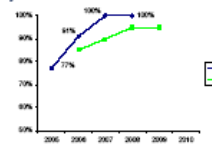
a) All young people assessed by the youth offending service (via asset) to have identified needs in relation to substance misuse



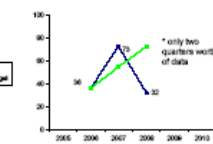
b) To receive appropriate specialist care within 5 working days



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



Page 13 "Turning the Curve" in Coventry

THE STATS

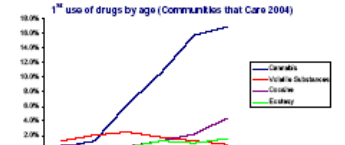
18% of pupils aged 11 to 16 in Coventry claim to have taken drugs. (Communicate that Care Survey Coventry 2005)

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

14% of pupils aged 11 to 16 in Coventry 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. (Communicate 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 (Communicate that Care 2004)



| | 11-16 | 17-24 | 25-34 | 35-44 | 45-54 | 55-64 |
|---------------------|-------|-------|-------|-------|-------|-------|
| Cannabis | 0.8% | 1.3% | 0.2% | 13.6% | 15.7% | 16.0% |
| Volatile Substances | 1.3% | 2.1% | 2.0% | 1.3% | 0.2% | 0.2% |
| Cocaine | 0.2% | 0.2% | 0.2% | 0.1% | 0.1% | 0.4% |
| Ecstasy | 0.1% | 0.1% | 0.1% | 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 worrying, 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'.
*UK, teens and children, young adults, young females, children whose parents misuse drugs and drink.

Page 14 "Turning the Curve" in Coventry



Coventry – annual data day

- Held late winter / early spring
- All partnership groups – strategic and operational; young people and parents
- Externally facilitated
- Review of the year's outcomes
- Priority setting for the following year
- Young people's / parents' views influential



Benefits of good data

- Tells you what's going on!
- Draws others in
- Saves duplication of effort
- Leads to better decision making
- Value for money / lever for resource



Questions to ask myself

(...in addition to the 7 performance accountability questions)

- What are my unit costs?
- Should I use measurement at a point or track?
- Qualitative or quantitative... focus groups or surveys?
- Absolutes or percentages?
- What's important for me to focus on?
 - bottom right hand box –
- **OUTCOMES NOT PROCESS**

Drug/Alcohol Treatment Programme

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



Next steps

- Continue to develop work with children's services and C & YP commissioning board
- Action plans from Turning the Curve Days e.g. sensible drinking, teenage conceptions
- Progress reports to Local Public Service Board
- Grow the approach for the Local Area Agreement
- Report card format for quarterly reporting
- Infiltrate!