

Bristol Parenting Support Strategy

**Providers Outcome Based Performance Management
Toolkit**

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Purpose

Bristol Children and Young People's Partnership has agreed an outcome based commissioning framework and CYP plan that sets out a new approach to deliver outcomes from Every Child Matters (ECM). The plan includes one local strategic objective within each ECM outcome domain and a suite of KPIs that will demonstrate achievement.

The forthcoming Parenting Support Strategy aligns its outcome to ECM and sets support objectives that parenting programmes will achieve to contribute to the outcomes.

This toolkit is designed to:

- Help parenting programmes demonstrate their contribution to CYP outcomes
- Provide a common approach for all parenting programmes which ensures that the impact of their work is validated consistently
- Help commissioners make informed decisions about the contribution of parenting programmes towards ECM outcomes and local strategic priorities

By aligning to ECM outcomes the Parenting Support Strategy commits itself to the demonstration of results by measuring the impact and improvements on the lives of children and young people. As a consequence of the parenting programmes there will be benefits for adults and the wider family unit. This toolkit allows these to be demonstrated and quantified, but is ultimately a tool to demonstrate the improvements for children and young people.

Funding for parenting projects will continue to come from a number of sources both within the remit of Bristol City Council commissioning arrangements and from other funders. As such providers will be asked to report a range of verifiable input, output and outcome data to different funders. Therefore this toolkit is not intended to give providers more unnecessary performance management commitments. It allows for a range of verification methods to be used to demonstrate achievement towards ECM outcomes. However it requires providers to be able to demonstrate the impact of their interventions on children and young people specifically – not just improvements for parents or families as a whole.

An Outcome Approach

The currency of 'outcomes' is now common language within children's services from national strategy to local delivery. In the context of this toolkit, and within the commissioning framework, we define outcomes as:

- Specific changes in behaviour, condition and / or satisfaction which demonstrate gains, results or impacts for children and young people

To be able to align activity to outcomes and express gains, results and impacts all providers need to demonstrate clarity to commissioners and funders about the characteristics and needs of their clients and a baseline from which to demonstrate improvement.

The toolkit incorporates:

- 1 An *outcome verifying framework* that shows the alignment of results against the outcome requirements of both the Bristol Parenting Support Strategy and the Bristol Children and Young People Strategic Plan.

This clearly describes the questions that providers must answer and commissioner must verify to confirm the delivery of activity and associated impacts on families to meet the agreed strategic outcomes.

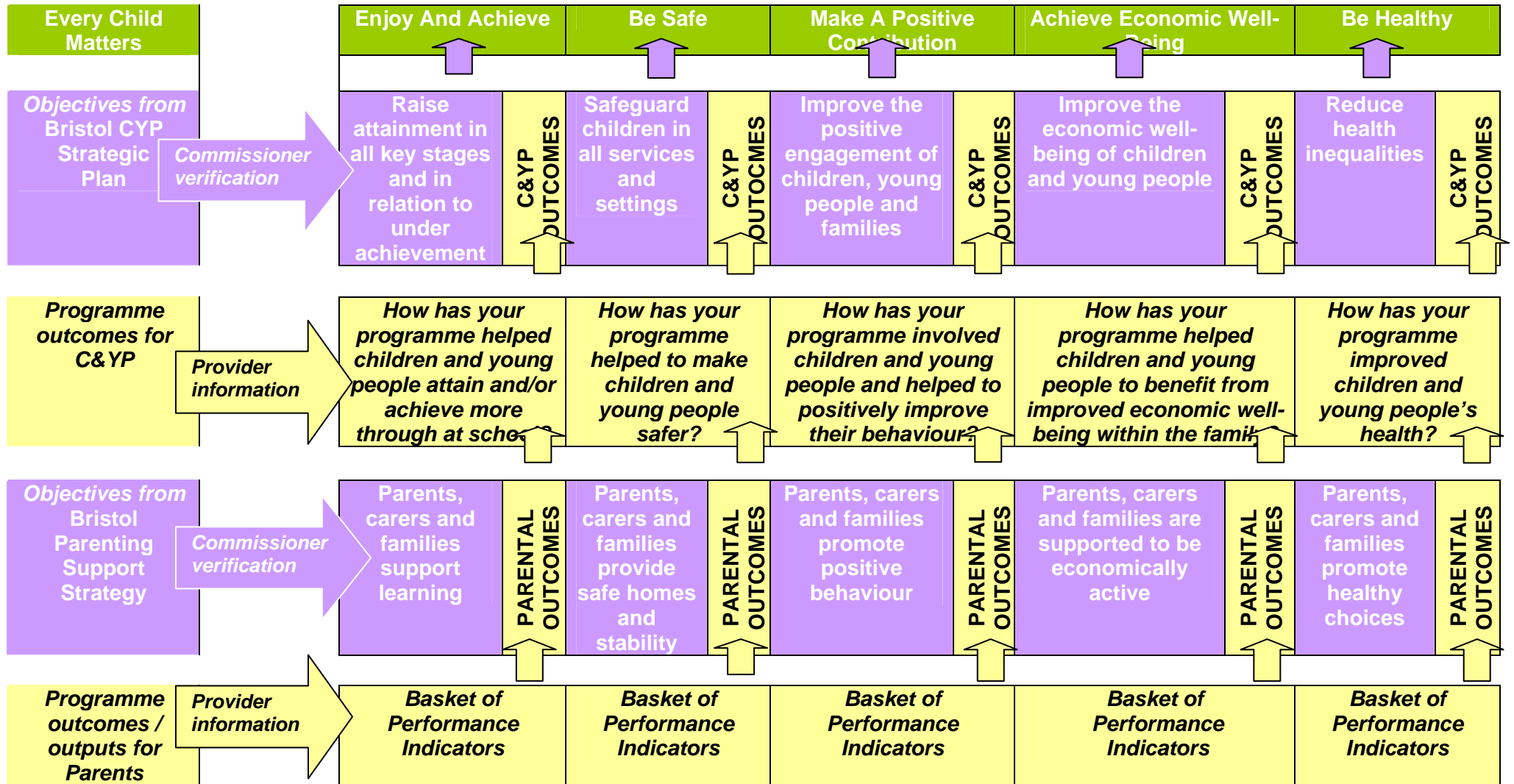
- 2 A *basket of indicators* that describes and gives example of the type of measures that commissioner will expect providers to use to demonstrate successful completion of programme activity *and* family outcome achievements

- 3 A *Programme Outcome Planner*, which providers can use to describe:

- Customers
- Service and programme
- Deliverable outcomes

The planner is based on an outcome planning tool that is being adopted across future commissioning rounds by the Bristol CYP Partnership Joint Commissioning Team.

1 Outcome Verifying Framework



Outcome Verification - using a Basket of Indicators

In Bristol commissioners are very aware that many programmes and projects are currently funded from a range of sources and therefore are required to produce performance data against a range of indicators. As such the approach to this outcome verification tool is not to expect providers to produce another set of performance management data.

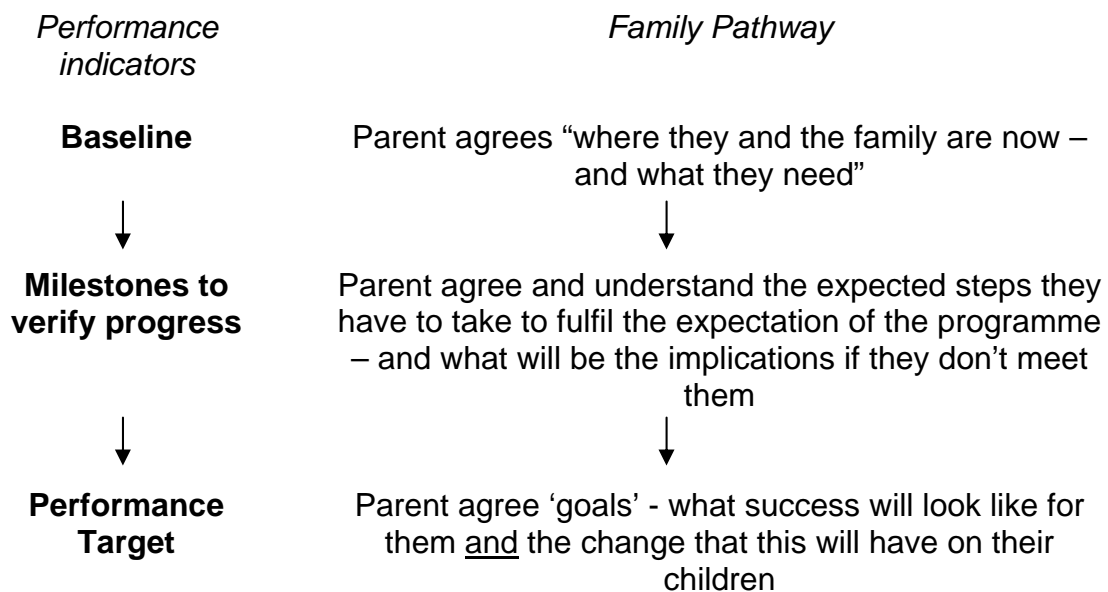
The range and diversity of the portfolio of parenting programmes in Bristol is such that there is not one common 'tool' that will meet everyone's needs and crucially deliver the information commissioners need to start demonstrating robust outcomes. Therefore providers will be required to demonstrate outcomes for both parents **and** their children through reporting back a basket of indicators, which should allow them to use much of the validation data already collected.

Distance Travelled

Performance management data should satisfy three conditions:

1. Meeting the programme outputs for funders – i.e. delivery of services described and throughput
2. Showing that the programme makes a clear and verifiable contribution to the wider outcomes achieved by both parents and their children
3. Indicating the *distance travelled* by an individual family and/or a cohort of families using the programme

Measuring the distance travelled requires an alignment of



Key to measuring distance travelled is to ensure that the *parent(s) are part of the goal setting for both themselves and their family*. This should be captured during assessment and included in the initial action plan, contract and/or care pathway, and then continually tracked throughout the time the family is involved in the programme.

The *programme outcome planner* (below) includes guidance on setting performance targets and personal goals and a milestone pathway.

Using a basket of indicators

To demonstrate the outcomes that your project is achieving you will need to think of a range of ways to measure success.

Below is set out a “basket of indicators” - that is the kind of data sources you should be using to help measure what outcomes your clients achieve:

- 1. Self-reported data – parents and children**
- 2. Peer reported data – other family members, carers, advocates, friends**
- 3. Programme staff assessment data**
- 4. Other external professionals assessment data – teachers, health visitors etc.**
- 5. Empirical data**
- 6. Formal third party evaluation**

All data verification relies on each party understanding the **baseline** – where the parent is “at” when they begin the programme - and reporting **changes** from that position – improvement, increase, deterioration, decrease – towards the **target or goal** – where the parent wants to get to.

Details of each of these data types is set out below:

1. Self-reported data

This data is the easiest to collect, as it constitutes the client reporting back on what they have achieved, how they have modified their behaviour, how they feel and so forth. Most organisations collect this data to some extent as this area encompasses client satisfaction surveys, feedback forms, self-assessment forms and the like.

Self-reported data, in addition to being the easiest data to collect, is also probably the cheapest way to collect data.

Examples of self reported data:

- Diaries – day to day progress and achievements
- Personal ratings – i.e. of satisfaction, happiness, well-being, patience
- Achievement verification – confirmation of being able to perform a task or skill that you could not previously (both for parents and children)
- Empirical data (see below)

Self-reported data can be written or verified through discussion with programme staff or others. However there must be a clear definition between what is self reported data communicated to someone else and reported data from that other person i.e. in casenotes:

<i>Casenotes entry</i>	<i>Data Type</i>
“Jeanette reported that she had coked three meals this week.”	Self reported
“Jeanette’s mother said that Jeanette told her she had been had shopping on Tuesday and had bought only fresh or frozen food and no ready-meals.”	Peer reported
“Paul’s teacher reported that Jeanette had been packing fresh fruit and sandwiches made with brown bread into Paul’s lunchbox.”	Other external professional assessment
“Jeanette showed me the contents of the larder and fridge which included fresh vegetables, pasta and rice and no ready meals.”	Programme staff assessment

2. Peer reported data

Whilst parenting programmes are looking for primary outcomes for parents and their children, there are often benefits for others outside the immediate family - wider family members, carers, neighbours and friends. Peer reported data relies on widening the feedback loop. It relies on clear understanding about the scope of what is being assessed and consent from all involved to share and verify data. Peer reported validation has the advantage of giving verification of distance travelled and successful outcomes from those that know the family best.

Examples of peer reported data:

- Confirmation by others of client self reported data
- Separate verification to programme staff
- Peer surveys
- Group meetings - i.e. family meetings, family group conferencing, case conferences
- Formal reporting – i.e. reduction / increase in complaints from neighbours; requests for interventions from family members

3. Other external professionals assessment data

This kind of data involves verifying data and achievements through other professionals that have an interaction with the parents and/or children. It is likely to use similar methodologies to programme staff reporting on their own performance indicators for working with the family i.e. school attainment, improved health etc. This kind of data has the added strength of being more objective and therefore potentially more robust. This type of outcome tracking is particularly useful if it can encourage inter-agency working when a family is receiving support from more than one agency on developing elements of parenting and child development.

Given that it requires the use of external parties, this form of data tends to take longer to collect and may come in a form that needs to be adjusted or disaggregated.

4. Programme staff assessment data

This kind of data describes the assessment of achievements by professionals who have engaged with/worked with clients within the project or programme. Using their experience and knowledge, the professional carries out an assessment of changes in the client, be these emotional, behavioural or physical. Again, many organisations already collect data of this sort, be it through case notes, client evaluations or the like.

It is fast becoming regular practice to see co-assessment where client and their support worker discuss and agree client self-assessment scores and distance travelled through their care pathway.

As with self-reported data, this data is relatively quick and cheap to collect.

Examples of staff assessment data:

- Physical – observational changes in physical appearance of parent, child, home etc.
- Communicational – changes in the conversational and non-verbal communication of parent and /or child: frequency of contact, enthusiasm for engagement, improvement in vocabulary and descriptive ability
- Achievement – witnessing of new skills and tasks by parent and /or child
- Empirical – counting and measuring attendance and achievements

5. Empirical data

Empirical incorporates all that can be objectively observed and counted. Empirical data therefore can include things such as height, weight, blood pressure and other such values that can be accurately measured. Clearly not all services will be able to collect empirical data, as this data is not necessarily relevant to services that deal with emotional rather than physical change. For empirical data to be of value it needs to be tracked over time from a recordable baseline to a final result.

This data is the most robust at delivering verification in many aspects of 'distance travelled' but brings with it the cost of any equipment needed to carry out the assessments. Empirical data can include self, programme worker or third party verification – but be sure that everyone is using the same metrics.

Examples of empirical data:

- Counting – i.e. number of cigarettes smoked, sessions completed, food bought, activities undertaken, money saved / spent, qualifications achieved, jobs started
- Measuring – i.e. weight, height, blood pressure, test results, aptitude, physical development
- Observation – i.e. play skills, care skills, communication ability, vocabulary

6. Formal Third Party Evaluation

This involves a formal independent evaluation of achievements. This is likely to be carried out across a sample group of one or more projects it will seek to verify global outputs and outcomes and often link to cost benefit and wider benchmarking. It is useful for providers and commissioners to help them understand the wider and longer-term impact of a service, but it is likely to take a number of months and be expensive.

Examples of third party evaluation:

- End of programme evaluation
- During programme validation
- Case study
- Client sampling – pre, during and post-programme sampling
- Control groups

Triangulating your data

It is important that, whatever data source you use to verify your outcomes, that it makes a clear case that you have achieved what you say you have achieved. You should therefore ensure that the data you present is *externally verifiable* – i.e. that a neutral outside observer, looking at your data, would come to the same conclusion about client outcomes that you are achieving.

To ensure that the data is externally verifiable providers will need to “triangulate” the data – that is, using more than one form of data. In verifying programme outcomes to best align to Bristol Parenting Support Strategy and to Bristol Children and Young People's Plan providers will be expected to triangulate data from **three** forms of data.

In practice this might mean collecting self-assessment questionnaires / feedback forms from clients, and balancing this subjective data against more objective data – which might be a peer assessment, the assessment of a member of staff/caseworker, or against firm empirical data.

By triangulating the data, you will provide a much more nuanced picture of the success of your work, which goes far beyond merely counting how many clients you come into contact with. It also ensures that your project is not open to accusations of providing distorted, partial or misleading data when describing the outcomes achieved.

And triangulated data must contribute to doing two things:

- 1 Demonstrating direct outcomes for parents within the family as a result of the programme or intervention
- 2 Demonstrating beneficial impact on the children within the family

Example: Smoking Cessation Project

A young mums smoking cessation project has been commissioned by a Local Authority to tackle the issue of smoking during and after pregnancy. The project has set an outcome for its clients that the mums it engages with will not only quit smoking during the programme, but will remain non-smokers for 3 months after completion of the programme.

In agreeing to participate in the project mums agree their target to be smoke-free and also agree other aspects of their behaviour change that the project will help them with i.e. how the money normally spent on cigarettes will benefit them and their children; dealing with anxiety and withdrawal, health benefits for them and their children etc.

To verify the impact of the project to commissioners, the project uses several data sources that, collectively, clearly indicate the kind of successes that are being achieved. The data sources used are:

- Client smoking diaries
- Key worker assessment
- Peak-flow monitor readings

The smoking diaries contains self-assessment data in which clients record how many cigarettes they used to smoke, the numbers smoked whilst cutting down, and how long they have been “smoke-free” for. They also record how the mums feel about the withdrawal process and associated wellbeing and physical health.

The key worker assessment is a log kept by the smoking cessation worker who evaluates the progress of the client over the duration of the project, and so constitutes a professional assessment of the client’s progress.

The peak-flow monitor readings (which measure lung capacity) were taken at regular stages over the course of the project and show improvements in lung capacity over time among clients who stop smoking, and so constitute objective empirical data.

The data sources, taken collectively, are able to provide the programme with an accurate picture of the success of the programme in terms of reduce smoking, being smoke free, successful use of money, and personal and family wellbeing

Programme Outcome Planner

Q1: WHO ARE YOUR CUSTOMERS (and what sets them apart)

Customers are parents and carers who **directly interact** with your programme. If you work directly with children you need to include them too. They generally have a **need or problem or are behaving in a way that the commissioner seeks to change** to improve their parenting and the outcomes for their children.

You need to list the characteristics that best define your customer group. They might be characteristics of the individual and/or their environment, and they should include some reference to the severity of their problem or need.

An example of customers for a health eating programme

Customer Characteristics:

- Parents of children where at least one is aged under 11
- Living in Newtown South ward
- At least 50% come single parent households
- Parent is classed as severely overweight or obese (BMI index)
- Referred by GP or health visitor

Describe the characteristics of the customers you will serve

Q2: WHAT ARE YOUR PERFORMANCE TARGETS

What defines success and how do you know you have achieved it? Performance targets should be *the specific changes in behaviour, condition or satisfaction* that you expect from parents taking part in your programme. Performance Targets are defined in advance of “doing business”, they must be tangible, verifiable, and within the realm of possibility for your programme to influence

In simple form, an effective performance target answers two questions:

- a. What do our customers “look like” when we consider them a success?
- b. How many of them will “look like” that when our interaction with them is complete?

Four steps, followed in sequence, will help you devise performance targets for your programme:

1. Identifying the changes or conditions you seek;
2. Specifying the degree of change you consider a success;
3. Estimating how many customers will change;
4. Stating how you will verify that it happened.

Step 1 - Identify the areas of change you seek for your customers

Setting the target for change implies some comparison to current or expected behaviour or condition of your customers. In many programmes, reduction in negative or destructive behaviours is often what is sought (poor eating, smoking, less children in care etc.). These can also be stated in terms of increasing positive behaviour - for example, increasing the number of positive peer friendships, making better informed decisions in family relationships, etc.

Some examples:

- Improving grades earned and overall school attendance - an **educational** change;
- Reducing the number and intensity of arguments with family members - a **social** change;
- Getting and keeping paid work - an **employment** change;
- Following prenatal nutrition and cutting down alcohol - a **medical** change.

Step 2 - Specify how much change is required for you to consider it a success

Your target must consider the question of degree. How much change; change maintained for how long; a condition with certain *minimum requirements* achieved. When you can clearly articulate this you have developed the content of your performance target.

Some examples:

- Arguing with family members once per week as compared to once a day;
- Forming at least one friendship with a peer at your child's school as compared to none;
- Reducing the amount of alcohol consumed from 8-10 units per day to none;
- Getting a job that pays at least minimum wage and keeping it for at least six months;

Setting Targets	
Step 1 - Kind of change or condition (the kind of behaviour or conditions you seek required)	Step 2 - Degree required for success (how much of it, for how long, minimum required)

Step 3 - Now make your *projection* of how many customers you/your programme will succeed

Of the		customers we work with, we will succeed with	
- or -			
We will succeed with		%	% of the customers we work with

Step 4 - State how you will verify that your targets are met

Verifying is a simple way of determining that the performance targets have or have not been achieved. Without verification, there is no way of knowing whether customers are actually benefiting from a service.

Your programme may have to meet a range of performance indicators that you are required to meet from one or more commissioners and/or funders. So this is where you pick from your *basket of indicators*.

Decide what indicators you are going to use that will demonstrate both:

1. Outputs and outcomes for the parents you work with
2. Answers the question “*what were the outcomes for their children*”

The indicators you pick must demonstrate alignment with the Performance Target – i.e. verify the target itself and/or steps on the *client milestone ladder* (see below)

YOUR BASKET OF INDICATORS: Specify how you will verify target achievement for each area of change stated earlier

	Indicator:	Data Type:	Evidence:
1	<i>Parental weight loss</i>	<ul style="list-style-type: none"> ▪ <i>Self report</i> ▪ <i>Programme worker</i> ▪ <i>Empirical</i> 	<i>Parents eating diary</i> <i>Weekly weigh in; physical – observation</i> <i>Weight reduction (baseline x – target y)</i>
2	<i>Childs health</i>	<ul style="list-style-type: none"> ▪ <i>Self report</i> ▪ <i>Third party</i> ▪ <i>Empirical</i> 	<i>Parent recipe record; children reporting healthier eating</i> <i>School reporting, Health Visitor reporting and measurement</i> <i>Weight loss, physical development</i>

Q3: DEFINING THE CLIENT MILESTONE LADDER

Effective programmes need a way to “track” progress to ensure that the initiative is on course to reach the performance target. They also need a way to make course corrections if they find they are off-track. A **Client Milestone Ladder** is a way of showing clients, funders and commissioners the expected steps that the client will be expected to go through to reach the intended performance target. It can be thought of in the same way as a care pathway. The ladder will be a few key steps that your client will be expected to get to on the way to meeting the programme performance target. Each step should represent an incremental behaviour change for the client. It needs to be about what *they* do for themselves – not what you or your staff do.

For example a step on the ladder would be:

“Client is referred and is assessed as suitable for the programme,” not

“Referral received and assessment made by worker.”

However to define the steps in client terms it is sometimes easier to think about what you and your staff do to support a client. Then translate that into what the client needs to do to get to that point. By lining up your product steps with the anticipated customer behaviours, a clear picture of the programme emerges.

These “customer behaviours” are the basis for customer milestones, and will be highly important since they give an early indication whether a project is on course to reach its performance target. They will form a chronological progression of behaviours critical to the eventual achievement of the performance target. Essentially they become a ‘care pathway’.

An Example

Performance Target:

50 Parents will have reached their agreed target weight and demonstrate a positive change in the eating habits of their family

Programme steps	MILESTONE LADDER
1. receive referral, carry out assessment and agree suitability	Parent attends assessment, wants to take part and is accepted onto project
2. appoint key worker and agree action plan	Parent commits to project and agrees their goals regarding weight loss and improvement in nutritional skills
3. review progress after four sessions	Parent attends four sessions, has lost weight and demonstrates they have bought healthy food
4. review progress after eight sessions	Parent attends eight sessions, has sustained weight loss and verifies they feel healthier
5. completed programme	Parent completes programme and verifies that their whole families eating habits and diet have improved

Often you know that not every client you work with will finish the programme or meet the target. Using the ladder you can predict how many people might not make it to each stage, and so determine how many of your clients will achieve your programme targets.

Understanding this 'dropout' rate helps providers to negotiate with funders and commissioners the differential between input and throughput targets (i.e. people seen, sessions offered) and the outcomes (i.e. successful completions, benefits to children).

For example:


MILESTONE LADDER	Number Achieving
Parent attends assessment, wants to take part and is accepted onto project	100
Parent commits to project and agrees their goals regarding weight loss and improvement in nutritional skills	90
Parent attends four sessions, has lost weight and demonstrates they have bought healthy food	70
Parent attends eight sessions, has sustained weight loss and verifies they feel healthier	60
Parent competes programme and verifies that their whole families eating habits and diet have improved	50



50 Parents will have reached their agreed target weight and demonstrate a positive change in the eating habits of their family

If you know that your project has a potential for people to drop out at certain stages then you might want to think of it as a *funnel* rather than a ladder. The funnel is used to convey the phenomenon that the programme starts out with more people receiving service (top of the funnel) than benefit from service (bottom of the funnel).

MILESTONE FUNNEL	
Parent attends assessment, wants to take part and is accepted onto project	100
Parent commits to project and agrees their goals regarding weight loss and improvement in nutritional skills	90
Parent attends four sessions, has lost weight and demonstrates they have bought healthy food	70
Parent attends eight sessions, has sustained weight loss and verifies they feel healthier	60
Parent competes programme and verifies that their whole families eating habits and diet have improved	50



50 Parents will have reached their agreed target weight and demonstrate a positive change in the eating habits of their family

BASKET OF INDICATORS TRACKER

Programme:

	Indicator	Data type	Parental * Outcome	CYP+ Outcome	Evidence
1					
2					
3					
4					

* aligned to Bristol Parenting Support Strategy

+ aligned to Bristol Children and Young People Plan