TURNING THE CURVE TOOLKIT

‘From Talk to Action – Making a Difference to Children, Young People and Families’ Lives’

This is likely to be a final draft, with minor amendments to be made by the end of October 2006. A final copy will be made available on the DfES website.

Portsmouth Children’s Trust Development Team

August 2006
Foreword

Having worked closely with Portsmouth over the last few years, it gives me great pleasure to recognise all the hard work and efforts of practitioners, managers and local residents who have striven to make a difference to the lives of children and young people across the City. The Turning the Curve approach in Portsmouth and in other areas across the world has great application for those struggling with how you move from talk to action in children’s services and who want practical solutions.

Working at a service and community level, the approach simply enables practitioners, managers and local people to make a direct contribution to better outcomes and to develop a shared responsibility for improvement. Local data on key progress indicators linked to outcomes facilitates this process to flourish and grow. It also answers how you move from agreed outcomes and measures to joint commissioning, service development, and improved performance, using a common language.

This national toolkit will be very helpful in disseminating learning and providing practical tools for others to use. The strength of the work is that it can be applied in numerous settings from rural and urban, to individual services and inter-agency partnerships. It is also ideal for supporting the development of children’s trust arrangements across the country.

So, don’t let this toolkit gather dust, take responsibility to use it and reflect on the applications. It doesn’t matter where you start as long as you make a start.

Mark Friedman, author ‘Trying Hard is Not Good Enough- How to Produce Measurable Improvements for Customers and Communities’.
Background

This toolkit was requested by the Children’s Trust Policy Team (DfES) who recognised the importance for a needs assessment tool based on the ‘Turning the Curve’ process. The importance of needs assessment is stated in the statutory guidance on interagency co-operation, the guidance on the Children and Young People’s Plan¹ and the ‘Joint Planning and Commissioning Framework for Children, Young People and Maternity Services’.² This toolkit includes guidance, pro-formas and case studies. It intends to provide children’s trust partners and other interested agencies with the ‘how’ of needs assessment and to be a product capable of immediate use or of adaptation for local purposes.

Acknowledgements

Thanks in collating and editing this toolkit must go to several people who have helped in different ways. Thanks to Sharon George (Connexions) and Andy Gill (former Children’s Trust Manager), who have adopted it from Mark Friedman’s best selling Trying Hard Is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities.³ Their debt to him resonates throughout this project. Chris Woodfine, Hayden Ginns, Sam Severe, Vicki Stokes, Jo Holmes, and many others who were involved in practical terms or generously provided contributions. Many thanks to them all.

Thanks are due, not least, to the children and families, project workers, and service providers who have trailed this toolkit in Portsmouth. I hope this toolkit will be seen as the practical tool that it is intended to be.

Dr Fran Barry
Consultant

¹ Statutory guidance can be found on the Every Child Matters website: www.everychildmatters.gov.uk
³ Friedman, 2005, ‘Trying Hard is Not Good Enough.’
Introduction

Purpose of Toolkit

1. To disseminate local learning from Portsmouth’s experience in using the ‘Turning the Curve’ approach, particularly in relation to improving community wide outcomes

2. To focus practically on the ‘how’ of using Turning the Curve across different settings and groups

3. To offer a partnership way of working that helps to move from outcomes to needs analysis or assessment to joint commissioning and inter-agency service planning and development

4. To support, nationally, the development of children’s trust arrangements by spreading encouraging practice

Target Audience

The target audience is deliberately broad, as the approach has wide appeal to those involved with the Every Child Matters agenda and improved outcomes, including the following:

✓ Senior strategic managers from the voluntary, community and statutory sectors
✓ Managers of children, young people and family’s services
✓ Those involved in the joint commissioning of children’s services
✓ Those interested in evaluating and monitoring impact and outcomes
✓ Professionals and practitioners working with communities and service users

Using the Toolkit

The toolkit has been designed so it can be used flexibly by different partners. It takes the reader through the essential aspects of data collection on local needs to carrying out a Turning the Curve exercise with different populations, communities, parents, young people, practitioners and strategic managers. The tools, resources and pro-forma have generic application but must be used with sensitivity to local context and needs.

Results Based Accountability (‘Turning the Curve’) What is it? Why do it?

Why bother with Results Accountability? Because we need to improve outcomes for children, young people and families. We also need to be able to show results to taxpayers and communities to whom we offer services. It provides a way to effectively communicate with taxpayers and residents in plain language.

Results or outcomes are conditions of well-being stated in plain language, which residents can easily understand and recognise as important. They include things
much as a prosperous economy, a clean environment, a safe community, healthy children and adults, and children ready for/ succeeding in school.

Indicators are measures that quantify the achievement of results. So, for example: the unemployment rate helps quantify economic prosperity; the percentage of troubled streams helps quantify a clean environment; the percentage of children reading at grade level helps quantify children succeeding in school; or, the teen pregnancy rate helps quantify children ‘staying out of trouble’.

Indicators can be used to create a ‘Report Card’ (the Report Card is discussed at page 24 and a copy is held at Appendix A) on well-being for a geographic area (county/ city/ neighbourhood).

The Report Card provides a way to go from talk to action – both across agencies, and across communities. It depicts a disciplined, business-like thinking process:

1. We start with the ends we want (results and indicators) and work backward to determine/ establish the means to achieve these ends.
2. We establish indicator baselines showing where we’ve been and where we’re headed if we stay on our current course (the trend).
3. Then we consider the story behind the baselines (e.g. the reasons for teenage pregnancy, or poor water quality).
4. Next we consider all the potential partners who can contribute to improving outcomes.
5. Then we consider what would help us to do better than the baseline (i.e. improve the trend), including what available research tells us, and what common sense tells us.
6. Finally, we craft an action strategy that includes ‘no-cost/ low-cost’ actions over a specific period of time.

This process can harness the power of the community to improve conditions, providing a way to hold programmes, agencies and service systems accountable for performance, and help community partnerships bring the public and private sectors together to turn around conditions that are ‘not OK’. In addition, it sometimes requires only a little money to convening these groups, and supporting elements of their action plan.

With this thinking process we can use results to drive budgets, develop cross-agency plans to turn around specific conditions of well-being, tap the contributions of public, private and voluntary sector partners, and harness the power of ‘no-cost/ low-cost actions. We can use this process to inform budget choices over several years, and when one action plan works to improve conditions of well being, it can set the pattern for tackling another. Over time, we can build up the capacity to view progress across agencies and on many different issues and areas.
We must avoid the ‘thousand-pages-of-useless-paper’ versions of performance measurement. We must insist that programs and agencies: identify the 3 or 4 most important measures; make sure these measures focus on customer results, not just the amount of effort; create baselines for these measures, and hold agencies to account to make progress against their baselines. We can use these measures in a simple day-to-day management process that builds databased decision making into the culture of the organisations, and periodically produces what is needed for the budget.

**How does Results Based Accountability Help us Move from Talk to Action?**

The final section of this resource sets out Mark Friedman’s description of running a ‘Turning the Curve’ exercise. It starts with outcomes or conditions of well-being, generating frequency data on key linked indicators, and then quickly moves to partnership working, creating an action plan that will make a difference i.e. turn the curve or get the trend going in the right direction, for example, teenage pregnancy or school attendance.

Health Warning – Portsmouth is still learning!

The work contained within this document represents encouraging practice, but Portsmouth is still learning and developing. They admit that they do not have all the answers. Though the work has built on a positive history of partnership working and community engagement, like most, there remains a struggle around achieving significant change in a climate of scarce resource. One of the significant attractions of ‘Turning the Curve’ are the low cost/ no cost solutions and the emphasis on pooling existing resources to bear down on the actual cause of problems.

**Basic Ideas Behind Results Based Accountability (RBA)**

- Start with ends, work backwards to means. What do we want? How will we recognise it? What will it take to get there?
- Use plain language, not exclusionary jargon.
- Keep accountability for populations separate from accountability for programmes and agencies.
- Use data (indicators and performance measures) to gauge success or failure against a baseline:
  - results or outcomes are end conditions of well-being for populations in a geographic area: children, adults, families and communities. They are the responsibility of partnerships;
  - customer or client results are end conditions of well-being for customers of a programme, agency or service system. They are the responsibility of the managers of the programme or agency.
- Use data to drive a disciplined business-like decision-making process to get better.
- Involve a broad set of partners
- Get from talk to action as quickly as possible.
This step-by-step process starts with a group of partners who wish to improve the quality of life in the community:

Step 1: What are the quality of life conditions we want for the children, adults and families who live in our community?
Step 2: What would these conditions look like if we could see or experience them?
Step 3: How can we measure these conditions?
Step 4: How are we doing on the most important measures?
Step 5: Who are the partners that have a role to play in doing better?
Step 6: What works in order to do better, including no-cost and low-cost ideas?
Step 7: What do we propose to do?
About Portsmouth - Strategy and Joint Commissioning.

Portsmouth, within the children’s trust inter-agency arrangements, has developed a Children and Young Peoples Strategic Partnership. At the heart of the strategic approach has been the development of locally owned outcomes, which was the result of extensive consultation with around 2,500 people in 2002-03. This involved local residents, including young people, and practitioners and managers drawn from all sectors. Portsmouth was one of the first Local Authority areas to fully embrace an outcomes framework.

The ‘Portsmouth 8’ Outcomes:

What we ALL believe and what we are ALL working for!
Children and young people should grow up:

1. Having the right to an active say in any development that affects them
2. Healthy
3. Emotionally secure and confident
4. Having succeeded as far as they can at school
5. Having facilities and opportunities to play safely
6. Having stayed out of trouble
7. Living in a safe place
8. Having the opportunity to succeed in their dreams

Local Ownership of Outcomes

Evidence from the US strongly suggests that local ownership and development of outcomes is important in achieving better results.4

10,000 ‘Portsmouth 8’ credit card sized cards were printed and distributed to staff and local people across the City – highlighting the 8 outcomes listed above. Due to the importance of local ownership and history, it was felt very important that the Portsmouth 8 were not discarded with the development of the 5 Every Child Matters outcomes (Be Healthy; Stay Safe; Enjoy and Achieve; Make a Positive Contribution; and, Achieve Economic Well-being). Hence, work was carried out to map the Portsmouth 8 against the ECM outcomes and incorporate them within the local Children and Young Peoples Plan. Other Local Authority areas, such as Norfolk, have adopted a similar approach.

Joint Commissioning Group

At the centre of the strategic partnership is the Joint Commissioning Group (JCG), which has operational responsibility for the pooling of resources (money, staff time, accommodation, and expertise) against need, reinforced by an inter-agency Partnership Agreement. It also played a vital role in the overall co-ordination and

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4 Friedman, 2005, ‘Trying Hard is Not Good Enough.’
planning of services for children, young people and families, looking for opportunities for better integration and streamlining where there is evidence that to do so would improve outcomes. Portsmouth has been concerned for some time in developing one plan and one vision for the City.

The Joint Commissioning Group (JCG) reports to the Chief Officer Executive Group which sets the strategic priorities for the city in relation to children and family services. The Executive is ultimately accountable for monitoring these priorities and measuring impact. The strength of the strategic framework is that it is structurally simple and flat. The JCG members are as follows:

- 4 Headteachers
- PCT Associate Director
- 2 PCT Community Managers
- Head of Learning & Achievement, Children, Families & Learners
- Youth Services Officer
- Police Chief Inspector
- Head of Community Housing
- Voluntary and Community representation
- Head of Safeguarding
- Head of inclusion & targeted services
- Connexions representation
- Head of improvement
- Commissioning Manager

**Portsmouth’s Children and Young Peoples Plan**

Portsmouth’s statutory single plan has fully embraced the ‘Turning the Curve’ framework (as part of the children trust arrangements). Starting with outcome based priorities set out on a local Report Card on child well-being and then linking this to key progress indicators. Thirteen joint commissioning plans have been produced.

To illustrate how this was achieved please refer to Appendix D, which looks at Priority 10 ‘early identification, prevention and support to children and families (including parenting)’.

**The Children and Young People Strategic Partnership (CYPSP)**

The CYPSP is the main vehicle for delivering local inter-agency children’s trust arrangements and the linked Children and Young Peoples Plan (CYPP). Full details on the Portsmouth children’s trust model can be accessed through the web site at: [http://www.portsmouthcf.org.uk/services/trust.html](http://www.portsmouthcf.org.uk/services/trust.html). To assist with this communication, brief fact sheets have been produced on different aspect of the Children’s Trust Development Teams work. An example is held at Appendix B.

Turning the Curve is being integrated at all levels of the CYPSP. All the partners involved in CYPSP have an annual conference to review progress and set new
priorities. Overleaf is a diagram of the CYPSP. Here is a short bulleted guide on the elements of the partnership:

- **The Joint Commissioning Group** is responsible for: commissioning activity, or pooling resources against need; developing and co-ordinating integrated provision; measuring impact against outcomes; monitoring the Children and Young People Plan (CYPP), etc.

- To support the role of the Joint Commissioning Group (JCG), there are a number of **key sub-groups and partnerships** linked to children’s trust development, for example: Information Sharing and Assessment; Children’s Fund; teenage pregnancy, Children’s Centres, Extended Schools, CAMHS, and crime and disorder etc.

- To support a bottom-up approach, there is community group or partnership input. In particular, the **5 Community Improvement Partnerships**, built around clusters of extended schools. These are one of the key vehicles for joined up provision on the ground. **The Portsmouth 8 Response Group** has a responsibility for early intervention and using the Turning the Curve approach within certain geographical areas.

- **The Executive for Children and Young People** receives reports and recommendations from the JCG, and sets the overall strategy for children and family services and is accountable for the CYPP. It also reports to the **Local Strategic Partnership**, which has crosscutting responsibility for the City’s Community Plan.
Representatives from all meet as ‘Children and Young People’s Strategic Partnership’ (CYPSP)

**Local Strategic Partnerships**
Themes: 1) crime, 2) jobs, 3) education, 4) environment and transport, 5) poverty, 6) housing, 7) health and social care

- **Lead Council Member for children & families**
- **Executive for Children and Young People**
- **Joint Commissioning Group**

Geographically based groups making decisions about support for children and work in their community, for example the 5 Community Improvement Partnerships and the Portsmouth 8 Response Group

**Defined steering and sub groups and existing partnerships**

**National initiatives and strategies**
The ‘Portsmouth 8’ Response Group

As an extension of the work of the JCG, the ‘Portsmouth 8’ Response Group was established. The objectives of the group were to bring together key partners to:

1. Use the outcomes framework and key progress needs indicators to identify geographical hotspots where problems were just beginning to spiral out of control

2. Jointly commission or pool some resource to prevent the escalation of problems, working on the basis that co-ordinated early intervention leads to better outcomes – rather than tackling the problem at crisis point.

3. Use Turning the Curve as the preferred methodology

Community Improvement Partnerships

Building on inter-agency children’s trust pilot work across Portsmouth, the experience has been used to support the development of 5 Community Improvement Partnerships across the City. Each Community Improvement Partnership is directly linked to school clusters and the development of inter-agency extended school provision. The Turning the Curve approach is one of the key aspects of developing shared ways of working across the partnerships. The Portsmouth 8 Response Group has now aligned it’s work to support the process and is currently actively working with two partnerships.

Evaluating and Monitoring Impact

Portsmouth are evaluating and monitoring at a number of levels:

- Through the local Report Card (see Appendix A) on child well-being, which links to the Portsmouth 8 outcomes and priority indicators.

- By producing neighbourhood based data for the Community Improvement Partnerships.

- By building capacity and evaluation in to proposed or newly commissioned services with a greater emphasis on evidence based practice, measuring impact, and forming outside academic partnerships with, for example, Portsmouth University (the Knowledge Transfer Partnership linked to identifying what works in children’s services).

- Through the new Adolescent Health Programme which centred on measuring public health or epidemiological indictors of well-being, effective targeting and social research methods. The learning has been around trying to bend current and new funding streams to allow more capacity, particularly around data analysis and service design. This work allowed Portsmouth to get a better research based understanding of how Portsmouth children were doing in order
to then use the data to plan effective services. Too often money is thrown at a problem without first analysing the needs and the nature and composition of the target group.

- By supporting a simple service performance approach whereby services, schools, and programmes were able to assess their contribution to wider community outcomes (e.g. approach used by the local Children’s Fund and the Children, Families and Learning directorate within the City Council). Here is an example of the model:

**Figure 2**

**Community Outcome**

‘Children and Young People grow up having succeeded as far as they can at school’ / ‘to enjoy and achieve’

**PROGRESS INDICATOR**

\[ \text{Reducing fixed term exclusions} \]

**PERFORMANCE MEASURES examples**

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>WHAT WE DO?</td>
<td>HOW WELL DO WE DO IT?</td>
</tr>
</tbody>
</table>
| No. of children served | % Common measures  
  e.g. staff child ratio, workload ratio, turnover rate, staff morale; % of staff fully trained, % of children/families satisfied, unit costs |
| No. of activities (by type of activity) | % Activity specific measures  
  e.g. % of actions being timely, % actions correct and complete, % of actions meeting standards and achievement levels |

**IS ANYONE BETTER OFF? - RESULTS**

<table>
<thead>
<tr>
<th>Effort</th>
<th>Effect</th>
</tr>
</thead>
</table>
| No. x | % Skills/Knowledge  
  e.g. pupil attainment |
| No. x | % Attitude  
  e.g. towards other peers, parents, others |
| No. x | % Behaviour  
  e.g. fixed term exclusions |
| No. x | % Circumstances  
  e.g. free school meals |

- Finally the Joint Commissioning Group lead on work to streamline and standardise measures used across the City linked to child well-being and young peoples views and attitudes. Robert Goodman’s Strengths and Difficulties questionnaire\(^6\) may be used to get a more rigorous measure of emotional and behavioural well-being (killer indicators) over time and would cover 3 / 4 of the Every Child Matters outcomes.

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\(^5\) Friedman, 2005, ‘Trying Hard is Not Good Enough.’ (see model p 78)

The above work is also being aligned with the Annual Performance Assessment and Joint Area Review framework and joint work with the local University and Dartington-i.\(^7\)

**Logic Modelling**

Dartington-i have produced some excellent evidence based materials and tools to help Local Authorities and partner agencies adopt an outcomes framework and to effectively measure impact. The Logic Modelling approach enables services to be designed around achieving better outcomes for children and young people and this complements the Turning the Curve approach.

**Figure 3**

![Diagram](attachment:image.png)

Too often, rather than starting with outcomes, we start with the outputs. In addition, when jointly commissioning services, there is not always enough attention given to understanding what would work in order to make a difference. Research shows that less then 5% of services have a sound research base and less then 1% of total budget is spent on research and development.

Dartington-i are applying the Logic Modelling approach in working extensively across Ireland to build community based children and families services that deliver evidence based intervention programmes linked to better outcomes. They have used a logical approach to develop children’s services that match needs and intervene to reduce risk factors of poor outcomes (risk and protection model). In other words, there should be a clearly linked relationship or aetiology between outcomes, needs/problems, evidence based activities, investments, and outputs.\(^8\) Figure 3 illustrates this approach.

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7 [www.dartington-i.org](http://www.dartington-i.org)

National Strategic Context, Guidance and Tools

Joint Planning and Commissioning - Nine Key Steps

The Children Act 2004 guidance on the Duty to Cooperate\(^9\) (Inter-agency Cooperation to Improve the Wellbeing of Children: children’s trusts) sets out an overview of joint planning and commissioning in nine steps:

1. Look at the current pattern and recent trends of outcomes for children and young people in their area and compare them against national and relevant local comparators.

2. Look within the overall picture at outcomes for particular groups of young people.

3. Use all this data, and draw on the views of children, young people and their families, local communities and frontline staff, to develop an overall, integrated needs assessment.

4. Agree on the nature and scale of the local challenge, identify the resources available and set priorities for action.

5. Plan the pattern of service most likely to secure priority outcomes, considering carefully the ways in which resources can be increasingly focused on prevention and early intervention.

6. Decide together how best to purchase or provide (commission) those services, including drawing in alternative providers to widen options and increase efficiency.

7. Develop and extend joint commissioning from pooled budgets and pooled resources.

8. Plan for the workforce development and other changes in local processes and ways of working necessary to support delivery.

9. Monitor and review to ensure services are working to deliver the ambitions set out for them.

The above is illustrated in Figure 4.\(^{10}\)

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Figure 4: Joint Planning and Commissioning Cycle

How Results Based Accountability Supports this Process

The Turning the Curve approach practically supports the above process, and specifically helping to get from needs analysis to action quickly, logically and rigorously. The DfES have also published a helpful briefing on needs assessment and service responses, and have produced a checklist of essential questions for partner agencies:

✔ what group of children and young people is being considered?
✔ how are children and young people doing against the range of outcomes?
✔ do the data reveal any trends?
✔ are any outcomes satisfactory for now, and do any need attention?
✔ are any outcomes not being achieved well that could be achieved better?
✔ which children and young people are under-performing against the outcomes?
✔ what are the main characteristics of these children and young people?
✔ do we know what is happening or not happening to make these children and young people under-perform?
✓ can children and young people with similar needs be grouped together?
✓ can these groups be described by the needs they have in common?
✓ can the size of these groups be estimated in order to assess the resource that will be needed?
✓ what are the priorities for achieving the outcomes?
✓ what steps can we take to meet these children and young people’s needs, for example, preventative action such as increasing protective factors and reducing risks?
✓ what evidence is there that particular service interventions and responses can help?
✓ what configuration of policies, practices and services can meet the needs best?
✓ could the provision of additional or differently focused services at an earlier stage have reduced the incidence of need?
✓ what changes have to be made to reconfigure services from what exists now to what we want in the future?
Turning the Curve in Portsmouth

Turning the Curve works as a tool for engaging with people and encouraging people to think outside of the box. In this respect it is a positive formula for change and for making change happen at a pace much faster than many meetings often expect. Its straightforward principles and methodology can be mapped onto many different settings and scenarios. Turning the Curve facilitates community engagement and capacity building and enables professionals to collaborate and share responsibility for making a difference.

Following consultation and training from Mark Friedman, the Joint Commissioning Group decided to pilot the Turning the Curve approach to develop its joint commissioning plan. The following section discusses this and some of the resulting actions from turning the curve exercises on ‘youth nuisance’ and bullying. A copy of the commissioning plan for both early intervention and term exclusions can be found at Appendices D and C.

Turning the Curve on ‘Youth Nuisance’

After careful consideration of needs, it was agreed to tackle ‘youth nuisance’ in one neighbourhood. The main agencies such as the Police, Youth Service, Community Wardens, Schools, Motiv8 (a local voluntary organisation) were brought together by the Children’s Trust Development Team who facilitated the exercise. The work was supplemented by direct work with young people, local families and the local community board. It was also agreed that the starting point would be the key Portsmouth 8 outcome – ‘young people having stayed out of trouble’. The selected proxy progress or outcome was youth related crime, supplemented by data from the Community Wardens on ‘youth nuisance’ incidents.

Here are some of the agreed action points, which came out of the exercise, including ‘low cost/ no cost, solutions’:

1. Conducted a youth survey which involved nearly 100 young people across the area (importantly by using existing staff time and the expertise of the Police to analyse the results)

2. Used the local beat officer and Sure Start to recruit local parents who would be interested in volunteering to run activities for young people

3. On the back of exiting provision, a training and support package for the volunteers

4. Developed the capacity of a key community facility to extend provision to young people

5. The Youth Service were able to imaginatively find some additional resource to staff the building
This work was carried out over a 6-9 month period and resulted in a 35% decrease in specific related youth crime (taken from official Police data) within the neighbourhood and local Community Wardens also reported a significant drop in incidents of youth nuisance.

The process revealed some significant challenges and learning:

- When you bring together a group or virtual team, there are inherent tensions around prioritising time and resources to make a difference. The approach relies heavily on inter-agency trust and goodwill and the ability to see beyond service priorities to take a more holistic approach (‘your problem is my problem’).

- Flexibly pooling resources works but can be difficult to achieve when there are significant financial pressures on services, it has to be recognised that putting bits of resources together (i.e. the 1%’s) you can achieve something that is bigger than the sum of the parts.

- For some, the emphasis on moving from ‘talk to action’ does not happen quick enough.

- It is important to aim high and be aspirational, but accept you may not achieve everything.

**Tackling Bullying – the ‘Play Champions’**

**The Ideal Community?**

The initial ‘Turning the Curve’ meeting was attended by a diverse group of professionals, (health, education, voluntary and statuary organisations) as well as local parents. The issue addressed was ‘what is an ideal community?’ Our task was to formulate a plan that identified a problem within the community. After the group created a collage of their ‘ideal community’, they identified ‘bullying’ in local park and play areas as a key problem.

It is interesting to note that whilst the professional group formulated ways of tackling the problem by costly and managed means, the parents developed a plan that was of ‘low cost/no cost’ and that they felt able to co-ordinate and implement themselves. The outcome of this meeting was a project known as the ‘Play Champions’.

The Play Champions, are a group of local people who hold supervised play and sports sessions in the local play and park areas for families and children. The aim of the project is to reduce incidents of bullying by encouraging families to access less-used local facilities and encourage group participation in leisure activities during school holidays.
Further to the Turning the Curve meeting in February 2004, the Play Champions were recruited by parents who attended the meeting, and in the first instance there were eight of them which grew to fourteen. The Play Champions were supported by a variety of organisations during the initial programme development. They included the Manager of The Portsmouth Network (operated through the local authority Early Years Service), Neighbourhood Wardens, Play and Youth Services, On Track and Children’s Fund. Additional support on event days also came from Health Visitors and staff working in local groups.

During the period February to July 2004 training was organised for parents. They also required personal support as they trained and planned subsequent sessions. This was both time-consuming for the Play Champions and the organisations supporting them. The nature and commitment of volunteers was a key area of concern in these initial stages as the Play Champions questioned their own part in the project. This often meant that they requested regular counselling support and reassurance from the manager of The Portsmouth Network and staff members. One area of particular concern to the parents was self-doubt once they had attended training courses such as health and safety, first aid and child protection.

In some respects the role the parents thought they would be actually taking on became very different from the one they were expected to take on by professionals. However, this was part of the empowerment process. For example, the Play Champions had not expected to be responsible for health and safety in a local park but soon realised that they may become liable if a child was to hurt themselves whilst playing if a site check had not been undertaken prior to the session, hence building professional support time to work collaboratively with local people is important.

The Play Champions organised a number of events during the summer of 2004 which were both successful in terms of people attending and in terms of individual growth, confidence and self esteem. The Play Champions were supported to apply for additional funding for the project and were rewarded with a grant for £3,900 from Portsmouth Council for Community Services. The funding was key to the project in terms of ensuring that each Play Champion had a uniform, were able to purchase good quality sports equipment, and were able to fund a crèche for those members who had very young children whilst they trained or held events.

As with many volunteer projects The Play Champions as individuals gained personally from their experience. In many cases, they used their experience to move on to employment, other volunteering roles or simply away from the project. As these people moved away, the remaining volunteers were expected to increase their time and this was problematic to manage. This was exacerbated because recruiting new Play Champions was not as easy as first thought. While a variety of recruitment campaigns were held, the success was, by and large, due to the efforts of individual local staff who were able to persuade new people to join the project.

The monitoring and evaluating of impact revealed that over 250 families received a Play Champion service. Trend data from the Keele Survey\(^\text{11}\) revealed a decrease

\(^{11}\) Please visit the following site for more details of the Keele survey: [http://www.keele.ac.uk/depts/ed/research/cfss-survey-types.htm](http://www.keele.ac.uk/depts/ed/research/cfss-survey-types.htm)
in incidents of bullying, and the satisfaction ratings from the Play Champions and those receiving a service was high. This was summed up by one parent who stated “we made a difference to the lives of local children and families by offering a service that we owned and developed”.

Top Tips and key learning points – the Play Champions

The Play Champion scheme was a positive outcome from the Turning the Curve process. However, a number of points need to be considered before developing other volunteer projects:

• Ongoing professional support should be factored in, and costed, from the start of the project. Without professional support, the project would have failed.

• All volunteers should have an individual support programme offered to them from the start of the project. This would ensure that they are supported not only through this particular project but through their own growth and developmental needs.

• All partners in the new project should understand their role and level of commitment to avoid any future confusion.

• Don’t assume that partners will easily buy into approach – identify champions.

• Work hard at providing basic inter-agency training and developmental opportunities for senior managers involved in strategy and joint commissioning.

• Analyse ‘needs data’ holistically and systematically over time.

• Have clarity around how Turning the Curve fits into local children’s trust arrangements and communicate it.

• Identify quick wins.

• Identify and manage the tension between being outcomes focussed and driven by service priorities and targets.

General Top Tips on using Turning the Curve in Your Localities

✓ Build local ownership for outcomes framework and Turning the Curve approach.

✓ Spend inter-agency time getting a shared common language.
✓ Integrate local data collection systems on the needs of children, young people and families into one Report Card on child well-being.

✓ Invest in data analysis and getting a clear research base about what works in improving outcomes.

✓ Be clear about the ‘killer’ outcome indicators (please see page 27 for a definition of this term)

✓ Involve children, young people, families, service users and communities in developing strategy, planning services and Turning the Curve. Share responsibility for finding and delivering solutions.

✓ Pool resources to jointly commission action plans, and keep action plans realistic and practical.

✓ Build on local best practice and don’t reinvent the wheel.

✓ Integrate and co-ordinate through Turning the Curve.

✓ Retain needs led focus to cut across service priorities.

✓ Progress and cultural change takes time so be prepared for setbacks.
Monitoring Outcomes and Needs Analysis – Report Card

What is a Report Card and why produce it?

The following details the development of Portsmouth’s first Report Card, which subsequently has been updated, with the development of the Children and Young People’s Plan. You can see the Report Card at Appendix A.

One of Portsmouth’s commitments as a children’s trust was to use a local Report Card to provide information on children’s outcomes which linked progress measures (indicators) for child well-being. The Report Card is a tool to provide data to local people and professionals on how children and young people are progressing across the whole city and within specific communities e.g. the number of children that have been excluded from school, educational achievement, and youth crime etc. There are many benefits, including:

- Enabling council members, employees and community groups to identify priority issues and needs in Portsmouth and to share responsibility for finding and implementing solutions.
- Supporting service planning and joint commissioning work to enable the most effective use of funds and resources.
- Helping agencies and services to measure or identify their contribution towards the ‘Portsmouth 8’ and the 5 Every Child Matters (ECM) outcomes, e.g. how they have contributed to reducing youth crime across the city, and thereby demonstrate service impact.
- Providing visual aids for anyone using the Report Card by having simple trend line graphs linked to outcome indicators on walls of offices or community centres etc.
- Comparing the outcomes for children in Portsmouth against outcomes for children nationally.
- Preparing for future Joint Area Reviews, which assess the performance of Children’s Services across the City.
- Assisting in carrying out the ‘Turning the Curve’ exercise which enables people from all backgrounds to tackle a specific issue, and move from talk to action in one hour.

The Report Card provides information on 60 different progress measures for children and young people in Portsmouth. Most of these progress measures were defined by the Government in the ECM - ‘Outcomes Framework’, but Portsmouth introduced some additional ones locally after extensive consultation. Although Portsmouth was confident that it was reporting on the right progress measures, Portsmouth accepted that sometimes it may be necessary to change how the information was measured. This might be because of changes in how information is recorded, or in the information that the Government requires.
Collecting the information together was a big task, thus Portsmouth focused on 17 ‘Headline’ progress measures in the first Report Card. Sometimes data was not available for all 17 measures. This was usually due to:

- Data not yet collected
- Data held over a number of different services or agencies and therefore in a variety of formats

Where data gaps existed, Portsmouth endeavoured to put in a date when the information would be made available. The Report Card would continue to grow as more work was done across the City on the collection and analysis of data around these progress measures, and as Government defined their data needs. Portsmouth are currently developing a way to get the Report Card out to the communities across the city, and putting it on the web.

**Who is Involved?**

The Report Card progress measures received inter-agency approval following a wide consultation in the autumn of 2004. They were also approved by the Joint Commissioning Group (JCG) (who look at how services are co-ordinated across the city), and the Chief Officer of the Executive Group.

Portsmouth have a strong commitment to involve community groups in developing the content and language used in the Report Card, and continue to seek feedback to ensure it is a useful document for everyone in the City.

**Report Card Format**

The page below lists the ‘Portsmouth 8 Outcomes’. Next to those are the 17 ‘headline’ progress measures that were identified. Next to each progress measure is an indication of where and how this linked into each ECM outcome.

A full Report Card can be viewed at Annex A. The Report Card’s format is as follows. Against each progress measure, Portsmouth entered as much detail as possible around which plan in the city each progress measure linked into. Where data was unavailable and where there was more than one previous year of data available, there is, instead, a graph showing a trend over time. Underneath the graph is a brief commentary about what the trend means to Portsmouth (e.g. is the figure going up or down?) and a report of the main things that are being done by a variety of agencies in Portsmouth to maintain or improve the trend.

**Ownership of Data**

Each piece of commentary within the Report Card was written and is owned by a 'Data Lead' who has particularly strong knowledge in that particular area. Portsmouth tried to ensure that the commentary is as brief and as focused as possible, thus some services or activities might be purposefully omitted. However, all commentaries are open for debate.
### Figure 5: 17 Headline Progress Measures

<table>
<thead>
<tr>
<th>Portsmouth 8</th>
<th>No</th>
<th>Portsmouth Progress Measures</th>
<th>ECM (5 Outcomes)</th>
<th>Planning links</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAVING A SAY</td>
<td>1</td>
<td>% of schools with at least a &quot;Good&quot; for student involvement in Ofsted reports</td>
<td>4. Make a positive contribution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Number of conceptions per 1000 girls aged 15-17</td>
<td>1. Be healthy</td>
<td>Community strategy</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>% of babies born with low birth weight</td>
<td>1. Be healthy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>% of 5 years olds who have experienced tooth decay</td>
<td>1. Be healthy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>% of children obese at 5 years old</td>
<td>1. Be healthy</td>
<td></td>
</tr>
<tr>
<td>HEALTHY</td>
<td>6</td>
<td>% of 11 - 15 yr olds who have experienced bullying in the last year</td>
<td>2. Stay safe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>7a</td>
<td>Rate per 10,000 of children under 18 on the Child Protection Register</td>
<td>2. Stay safe</td>
<td>Dev’ and Improvement statement</td>
</tr>
<tr>
<td></td>
<td>7b</td>
<td>% of Re-registrations to Child Protection Register</td>
<td>2. Stay safe</td>
<td>Dev’ and Impr statement</td>
</tr>
<tr>
<td>EMOTIONAL SECURITY</td>
<td>8</td>
<td>% half days missed through absence</td>
<td>3. Enjoy and Achieve</td>
<td>Education Dev Plan</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>% of pupils receiving a fixed term exclusion</td>
<td>3. Enjoy and Achieve</td>
<td>Education Dev Plan</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>Level of development reached at the end of the Foundation Stage in PSE and CLL, incl. narrowing the gap in the 20% most disadvantaged areas</td>
<td>3. Enjoy and Achieve</td>
<td>Education Dev Plan</td>
</tr>
<tr>
<td></td>
<td>11a</td>
<td>% 16 year aids achieving 5 A *-C GCSEs or equivalent including floor targets</td>
<td>3. Enjoy and Achieve</td>
<td>Education Dev Plan and Community Strategy</td>
</tr>
<tr>
<td></td>
<td>11b</td>
<td>% 16 year aids achieving 5 A *-G GCSEs or equivalent</td>
<td>3. Enjoy and Achieve</td>
<td>Education Dev Plan and Community Strategy</td>
</tr>
<tr>
<td>SUCCEEDING AT SCHOOL</td>
<td>12</td>
<td>% of children reporting positive experiences in a survey of the quality and enjoyment of play opportunities</td>
<td>3. Enjoy and Achieve</td>
<td></td>
</tr>
<tr>
<td>PLAY SAFELY</td>
<td>13a</td>
<td>Number of young people on an Anti-Social Behaviour Order (ASBO)</td>
<td>4. Make a positive contribution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>13b</td>
<td>Number of young people on an Acceptable Behaviour Contract (ABC)</td>
<td>4. Make a positive contribution</td>
<td></td>
</tr>
<tr>
<td></td>
<td>14a</td>
<td>% of young people committing at least one crime</td>
<td>4. Make a positive contribution</td>
<td>Crime and Disorder Strategy</td>
</tr>
<tr>
<td></td>
<td>14b</td>
<td>% of young people re-offending</td>
<td>4. Make a positive contribution</td>
<td>Community Strategy</td>
</tr>
<tr>
<td>STAY OUT OF TROUBLE</td>
<td>15</td>
<td>No. of families with children and pregnant mothers placed in temporary or B&amp;B accommodation</td>
<td>5. Achieve Economic Well-Being</td>
<td></td>
</tr>
<tr>
<td>LIVING IN A SAFE PLACE</td>
<td>16</td>
<td>% of 16 - 18 year olds ‘Not in Education, Employment or Training’ (NEET)</td>
<td>5. Achieve Economic Well-Being</td>
<td>Connexions Plan</td>
</tr>
<tr>
<td></td>
<td>17a</td>
<td>% of children living in relative low income households</td>
<td>5. Achieve Economic Well-Being</td>
<td></td>
</tr>
<tr>
<td></td>
<td>17b</td>
<td>% of children living in workless households</td>
<td>5. Achieve Economic Well-Being</td>
<td></td>
</tr>
</tbody>
</table>
Top Tips – the Report Card

- The Report Card on child well-being can give geographical areas clear data on outcomes and linked indicators or progress measures.
- Report Cards empower communities and professionals to make better-informed decisions and to share responsibility for solutions.
- The Report Card should be linked to joint commissioning, planning and evidence-based decision making about what could work to Turn the Curve.
- Collecting and analysing data takes a lot of time, so build capacity to do the work.
- Gather further knowledge and research in order to identify the ‘killer’ outcome indicators, such as those linked to emotional and behavioural well-being. They are described as ‘killer’ outcome indicators because if they improve, then other, wider, outcomes will also improve.
Useful Material, Practical Examples and Resource

Included in this section:

1. Explaining ‘Turning the Curve’ in Simple Terms – ‘The Leaking Roof’
2. How to Conduct a ‘Turning the Curve’ Exercise
3. Training the Trainer
4. Practical examples of ‘Turning the Curve’:
   a. Parent and Practitioner Participation
   b. Children and Young People Participation
5. Wider Turning the Curve – Examples of Turning the Curve Elsewhere.
6. Websites, Books and Further Information
1. Explaining Turning the Curve in Simple Terms – ‘The Leaking Roof’

(The idea of using results to make decisions is not new. The world has always been about results. Consider the following dialogue:

Have you ever had a leaking roof
Yes

How can you tell it's leaking?
_It’s dripping on my head. It’s coming down the walls. There’s water on the floor._

So you experience a leaking roof in these different ways?
Yes

Now, if you want to measure how badly it was leaking, what could you do?
_I could put out a bucket and measure the number of inches in the bucket after each rainstorm._

On the graph (below) you can see the rising figures for the number of inches of rain over the last three rainstorms. Where do you think this line is headed if we don’t do something about the roof?
_It will keep going up._

Right, the roof is not going to fix itself. We can predict that the inches of water in the bucket will increase. This is what we mean by a **baseline**. A baseline has two parts: a historical part that tells us where we’ve been (the last three rainstorms), and, a forecast part that show where we’re heading if we don’t do things differently. If you’re living in this place, it is not OK for the leak to get worse. You want to follow a path to zero inches of water as fast as possible. This is what we mean by **turning the curve**.

What is the first thing you do when you have a leaking roof?
_Look for the cause of the leak._

Right. Someone’s got to get up on the roof and figure out why it’s leaking. This is the **story behind the baseline**. Who are some of the **partners** who might help you fix the leak?
_A roofer, a family member, a money lender . . ._

Now what works actually to fix a leak? What are some of your choices?
_I could patch it._

And there are some choices about patching materials
_Tar, shingles, Duct tape, or I could get a whole new roof. Maybe sell the house and move somewhere drier._
So, let's review. You've got a leaking roof. It's getting worse and will keep getting worse unless you do something about it. You've got some potential partners and some ideas about how the roof might be fixed. Now, here's the important final questions: What are you actually going to do?
I haven't decided yet.

Ok, but whatever you decide to do becomes your action plan. You decide you can't afford to move or replace the whole roof. Your brother-in-law will come over this weekend and together you will patch the roof as best you can. After you've implemented your action plan, what do you do?
I'd wait for the next rainstorm or spray a hose on the roof to see if it's still leaking.

What happens if there's still water in the bucket after the next rainstorm or the hose test. Is the roof fixed?
No

So, what do you do now?
I'd have to start all over again.

That's right. You missed the cause of the leak the first time. Someone’s' got to get back up there and find out why it's really leaking. You think about your partners again. Think about what works again – maybe duct tape wasn't the best choice of materials. And you would create a second action plan and implement it. Then what do you do?
Wait for the next rainstorm.

Right. This is an iterative process until the roof is fixed. This is the common sense thinking process behind Results Accountability. It's how we solve problems in our everyday lives. Communities working to improve the quality of life, or managers working to improve their programme’s performance can use this same process.
2. How to Conduct a Turning the Curve Exercise

Purpose:

To provide hands on experience of results-based decision making by allowing a group to work on actually turning the curve on a specific indicator of child, adult, family or community well-being.

Large Group Work

Results and Indicators: There are three options for the starting point of this exercise. Option 1 is recommended for groups that have some experience with developing results and indicators. Option 2 is recommended for groups who need to practice choosing indicators. Option 3 is for groups at the very beginning of thinking about the well-being of a particular population. Option 1 is used here - options 2 and 3 are given at the end.

Option 1 (Given set of results and indicators): Let’s pretend that we have an adopted list of results and indicators for children and families (or another population e.g. elders).

An indicator curve to turn: Choose an indicator that is particularly important right now (where the future trend line is ‘not OK’). If possible, present a baseline of actual data for this indicator. If a baseline has not been prepared, then create a working baseline for purposes of the exercise, by asking the following questions: Where are we now? Have things been getting better or worse over the last few years? Has it been getting (better or worse) fast or slow (steepness of baseline)? Where do you think it will go in the next few years if we stay on our current course (i.e. keep doing the same things we’re doing now)?

Partners: Now we’re going to talk about turning this curve. We know that results accountability work involves more than just one agency or department. So let’s talk about who are the partners who have something to contribute to making a difference on this curve? Brainstorm list of potential partners (e.g. churches, schools, police, media, businesses, etc.)

Small Group Work:

Divide people into groups of 6 to 10 (6 is optimal). Have them sit together around tables in a large room, or use breakout rooms if available. Remind people that they will not have enough time to do this ‘right.’ Remember this is an exercise. Remind people to have fun. Ask each group to do the following:

- Pick a time keeper and a reporter.
- Who are you? (5 minutes)
• (part 1): **Pick what community you represent.** You can be the whole state, or a specific county, city or neighbourhood in the state.

• (part 2): **Each person wears two hats:** their everyday role, and one role from the list of potential partners. Only one person per role. (Optional: You may ask that at least one person be from an agency of particular importance to the indicator chosen e.g. schools if 3rd grade reading scores; or human services department if rate of child abuse).

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**The Curve to Turn (5 minutes):** Pick a curve to work on. Discuss the baseline and present at least one forecast of the path you are on if nothing changes. Ask yourself ‘Is this OK?’ If the answer is ‘yes’ then pick another curve.

**The Story Behind the Curve (15 minutes):** What’s going on here? Why does the baseline look the way it does? What are the causes? What are the forces at work? As you try to answer this question keep a side list of things you would like to know more about. This is your information agenda.

**What Works to Turn the Curve (20 minutes):** What do you think would work in this community to turn this curve? Make sure the discussion gets to what each partner could contribute. Make sure the ideas have sharp edges. Be specific. Make sure at least one idea is a no cost or low cost idea.

**Prepare to report (5 minutes):** Choose three what works ideas to report. (One should be for the lead agency if one is identified.) At least one reported item should be no cost low cost.

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**Group Reports:**

Ask each group to report the following:

- What place did you choose to be?
- (Optional) What are the three most important things going on in the story behind the curve? What are the causes? What information did you want that you didn’t have?
- What are your three best ideas about what would work to turn the curve? Be specific! Who would do what, when, where, how? At least one idea must be no cost/low cost.

**Debriefing the exercise**

- How many people think that at least one idea from their group could actually be done and would make a difference?
- What did you learn from this? (e.g. collaboration vs. blame) What was hardest (most frustrating) about this work? Why?
- How many people would like to have other opportunities to work in this way?
• Think of next steps: What is something I could do? What is something I could ask someone else to do, to advance this work? (Allow each person to think about this for 1 minute, then poll the group, or ask tables to report.)

• (Optional) Ask people to speak who took specific partner roles (e.g. what did the school folks have to contribute?) Who else should be in the room for this kind of work? How could you get them to the table?

• (Optional) Where did the groups come up with similar ideas? Does this work begin to suggest how these what works elements might be crafted into a real action agenda? (Note: remind people that this first effort is likely to be a Xmas tree, not a coherent strategy.)

• Review for the group the entire thinking process: results, indicators, baseline, partners, story, what works. Could you do this for real in your community? How many think they could lead this kind of process?

Optional Starting Points for Large Group Work

Option 2 (Given a set of results only): Let’s pretend we have an adopted list of results (for children and families, or another defined population). Let’s pick one and develop indicators for it. Brainstorm a list of candidate indicators. Make sure each is a specific data statement (e.g. ‘rate of full immunizations at age 6’, not ‘immunizations’). Rate each candidate indicator on three criteria, by asking the questions:

• Communication Power: Does the public understand what we mean when we use this data statement?

• Proxy Power: Does this data say something of central importance about the result we are trying to measure? (Remind people that this choosing process is a matter of approximation and political balance).

• Data Power: Do we have high quality and timely data? (High only if people can go back to their office and open a report with the data in it; Medium if it can be developed relatively quickly; Low otherwise.)

Identify indicators which rate high on all three criteria. These are the headline indicators. One of these will be chosen for the next step in the exercise. Note also those which rate high on communication and proxy, but low on data. These become part of the data development agenda. Continue with the work in option 1.

Option 3 (Given a population only): Results-based decision making is about the well-being of a population across a given geographic area (e.g. state, county, city, community). Such a population can be defined as all the people in the geographic area, or a sub-population by age (e.g. children or elders) or other condition (e.g. persons with mental illness). The one definition of sub-population we do not use here is a client population of a particular program, agency or service system. This is the subject of service program performance measurement, a separate, interlocking form of accountability.
Identify results for this population by asking the question: ‘What do we want for these people?’ and also ‘What do they want for themselves?’ The answers are often phrases as ‘Children (elders...) who are...’ (e.g. safe, healthy etc.). We are looking for conditions of well being that will stand up in the public square, that the lay public will understand. This is not yet about data. That comes next when we talk about indicators. And, generally, results statements are not about services. That comes later when we talk about strategies to achieve these conditions of well-being. Services are generally about means, not ends. And results are by definition ends. (See the exception to the rule about the relatively rare times when statements about ‘receiving needed service’ may be the best we can do in articulating results.) Develop a list of candidate results. This is a brainstorming process, and all ideas are OK, if they meet the ‘not data’ and ‘ends, not means’ tests. The list developed here will often be rough, with overlapping statements. In a non-exercise process, there is time to wordsmith these lists and create a balanced and complete set of results statements.

Choose one result to work on in the exercise and continue with the work in option 2.

3. **Training the Trainer**

Portsmouth provided a series of training opportunities for staff who could use ‘Turning the Curve’ in their work. The aim was to enable a wider – (larger and more diverse) group of people to be able to facilitate ‘Turning the Curve’ groups. See Annex E for group handouts.

**The process:**

- Used materials from the website: [www.raguide.org](http://www.raguide.org)
- Create person specification for a Turning the Curve facilitator.
- Prepare a training pack for 2 x half day course.
- Developed a flyer and e-mail to wide range of potential participants/personal contacts.

**Top Tips – Training the Trainer**

- Use and apply the materials to your local context
- Work on getting good outcome linked data on trends and needs
- Prepare and plan for using the Turning the Curve exercise
- Be clear about the distinction between Turning the Curve in service performance, as opposed to improving child well-being at whole community level
- Develop A database on proven interventions with children, young people and families which can be used as part of the process
• Monitor and evaluate the action plan (hold people to account)

• Turning the Curve is an iterative process whereby plans are refined and developed with experience

• Re-run the exercise when new ideas or actions are required

• Chairing a Turning the Curve exercises demands focus and discipline in time keeping and holding people to what they have agreed to do

4. Examples of Turning the Curve

a) Parents and Practitioner Involvement (Portsea)

Group

Children and Young people’s Subgroup. Established as part of the Single Regeneration Budget (SRB) community involvement structure and attended by a small number of parents and larger number of practitioners who work in (and some live in) Portsea.

How did we start?

Group reviewed its purpose and membership. The conclusion was that parental involvement was essential to its purpose and to achieve this, the group needed to focus on local issues, as well as exchange information about local services. Turning the Curve was used as the method to do this. Initially a Report Card showing how children in Portsmouth (and where data could be broken down, in Portsea) were doing. The group decided to focus on reducing fixed term exclusions and resulted in an information leaflet highlighting the range of support available for families. This was agreed to be useful, interesting and fun exercise. Later on, there was concern about road safety, due to a number of casualties and small number of fatalities. The group used Turning the Curve to find solutions to this issue. An action plan was to use staff and recruit other parent volunteers to run kerb craft and cycling proficiency in school time; create a game; and campaign poster to raise awareness of dangers.

Partners

Parents, library, church, voluntary organisation working with disengaged young people, Sure Start, YMCA, Primary School, PCT, Family Education Support Project, Road Safety Officer and Pre-school provider.

Who Facilitated?

Joint Commissioning Manager for CYPSP. Role also provides support to maintain group.
Practical Checklist

1. Need effective ways to attract new parents.
2. Someone to maintain the group – run meetings, send out reminders.
3. Local and inviting venue.
4. Drinks and healthy refreshments – someone to buy.
5. Meeting to be lively, inclusive, interesting and relevant.
6. People who are prepared to do things!
7. Money for refreshments, childcare expenses etc.
9. A time to meet that is convenient for people

b) Children and Young People Involvement (South East Hampshire YMCA - September 2004)

Introduction:

It was decided that the event had to be fun to appeal to young people. The event was held at Fairthorne Manor, so the young people could enjoy the facilities they have to offer and thus there as a reward for helping with the exercise. This event was held July 2004. It involved twelve year 9 pupils selected by King Richards School. The material was translated so that children and young people could understand it.

Plan:

1200: Arrive at Fairthorne
1200 - 1245: Lunch
1245 - 1330: Introductions and ‘Design you own Paulsgrove’.
1330- 1455: Turning the curve exercise.
1500 - 1630: Assault Course.
1630: Leave Fairthorne

This timetable broke the afternoon in to short sessions in order to keep the young people interested and focussed

Exercise

As part of the introductions, a sheet was provided which explained what the children’s trust and the Portsmouth 8 were (see below).
What is a children’s trust?

- Portsmouth was chosen by the government to pilot a new idea - The ‘children’s trust’.
- It’s a new and exciting opportunity to develop and deliver different services, like -
  - Doctors,
  - Teachers,
  - Police
  - Play Workers,
  - Volunteers Play/ Sports Champions
  - Junior Warden Scheme
- It wants to make sure that services are developed for you and your family.
- This is a new idea being tried out in Paulsgrove and Wymering and we need your ideas to come up with the solutions to make things even better.
- Nearly a third of all the people in Paulsgrove are under 19, that is one in three!

This Fact sheet will help you with the task - giving you a few pointers to the issues needing to be addressed.

The Portsmouth Eight

A group of people came together to commit to improving the lives of children and young people in Portsmouth.

They came up with a list of 8 points, which they believe all services working with children and young people should agree to.

They believe children and young people should grow up:

- Having an active say in any development
- Healthy
- Emotionally secure and confident
- Having succeeded as far as they can at school
- Having facilities and opportunities to play safely
- Having stayed out of trouble
- Living in a safe place
- Having opportunities to succeed in achieving their dreams

So, we now know what we are aiming for, we now need to find ways to measure this. We have come up with a few methods to do this, some are quite easy to collect, some need a little more work.

Andy and Nick will explain some of these methods to you during your group time

Exercise - ‘Design our own Paulsgrove’:
First, it was important to get the children & young people to think about the facilities Paulsgrove and Wymering had to offer and also ask them what facilities they would like to see there. It was interesting to see that all groups made the main focus of their communities their school and parks/ play areas. In addition, none of the groups mentioned Police Stations.

This ‘turning the curve’ exercise should only take an hour to complete before each group feedback their ideas. The group of twelve split themselves into two groups of 6 with one facilitator per group, plus another to liaise with both groups.

<table>
<thead>
<tr>
<th>Session timetable:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(10 mins)</strong></td>
</tr>
<tr>
<td><strong>Starting Points</strong>- Read first part of the pack.</td>
</tr>
<tr>
<td>- Decide roles, timekeeper etc.</td>
</tr>
<tr>
<td><strong>(5 mins)</strong></td>
</tr>
<tr>
<td><strong>Getting Ready</strong>  - Each person chooses an envelope and adopt the role inside.</td>
</tr>
<tr>
<td><strong>(5 mins)</strong></td>
</tr>
<tr>
<td><strong>What is Turning the Curve?</strong> - Facilitators to explain to group.</td>
</tr>
<tr>
<td><strong>(5 mins)</strong></td>
</tr>
<tr>
<td><strong>Research</strong>       - Read through the research provided and discuss the problem.</td>
</tr>
<tr>
<td><strong>(20 mins)</strong></td>
</tr>
<tr>
<td><strong>Ideas</strong>          - Discuss ideas in how to improve the problem.</td>
</tr>
<tr>
<td>- Feedback on ideas, which, have and have not worked in the past.</td>
</tr>
<tr>
<td>- Decide how to take things forward and what to do next. At least one of these should be no cost/ low cost.</td>
</tr>
<tr>
<td><strong>15 mins:</strong></td>
</tr>
<tr>
<td><strong>Report</strong>         - Report back to other groups and share ideas.</td>
</tr>
<tr>
<td><strong>15 mins:</strong></td>
</tr>
<tr>
<td><strong>Report (part 2)</strong> - Listen to other group feedback.</td>
</tr>
</tbody>
</table>

There were 7 project packs for the young people to choose from, each focussing on a different ‘Turning the Curve’ subject area. Each group had to select a topic, which they wanted to discuss. One group chose bullying, the other chose teenage pregnancy. The groups then spent 35 minutes reading through the information provided and discussed possible solutions and ideas.

**Ideas generated**

The group discussing bullying did see it as a problem within their school and their community. Their ‘no cost/ low cost’ idea was to develop a ‘safe room’ within their school. This would be a room where pupils could stay at break times and after school if they were worried. They were also interested in installing CCTV cameras and discussed possible ways of funding this. Their main thought for this came from the popularity of sweets from their local sweet shop. The majority of pupils from King Richards School visit this shop at least once a day. Their idea was to add a small price to certain items this could them be saved by the shop and given to the school. This way they could donate money to the scheme whist buying their sweets.
The group discussing teen pregnancy realised that their knowledge on the subject of safe sex had many gaps. They had heard of some forms of contraception but did not know where to get them or how they worked. They also did not know where they should go if they had worries about sexual health. They had all heard terms such as the pill and ‘the morning after pill’ but did not know where to get these or how/when they should be taken. They thought that they were not alone in this and thought this would definitely affect teen pregnancy figures. Their idea was to have more sex education lessons, but that they should help design the course so it covered the areas they were most concerned about. They felt the lessons they had in the past repeated themselves rather than addressing their key concerns. During their feedback session their teacher agreed to have a meeting with them to help set the content of next terms lessons.

Successes

This project was a real success, the young people really enjoyed the day and the information we collected from them was amazing.

The structure of the ‘Turning the Curve’ exercise seemed to work well with the young people as it meant they could focus on each section and had a clear understanding of how long to spend doing this.

The information kits provided for the young people were targeted at the right level. All the young people read through them with confidence without needing to ask for adult support.

It was also a good idea to have a teacher there with them as it meant we could move on straight away with some of their ideas.

The activity at Fairthorne was really popular with everyone and provided a further teambuilding opportunity for all the young people and adults involved.

Problems

This piece of work was relatively problem free, however, timing of the activity needed to be carefully considered. Portsmouth carried out the exercise in July, shortly before the end of the summer term. This meant Portsmouth only had time for one follow up meeting before the term ended. Portsmouth intended to arrange a revisit in the autumn term, but the length of the gap between these meetings was not ideal.

Costs

The cost of this exercise was paid from the consultation money provided by Children’s Fund in the Heart of Portsmouth.

Here is a breakdown of costs:

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost</th>
<th>Analysis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Room Hire and Food</td>
<td>£20 pp + VAT</td>
<td>12 x children</td>
<td>£320 + VAT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 x adults</td>
<td></td>
</tr>
</tbody>
</table>

39
<table>
<thead>
<tr>
<th>Activity</th>
<th>Cost</th>
<th>Details</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fairthorne Activity – Assault course</td>
<td>£8 pp + VAT</td>
<td>12 x children 4 x adults</td>
<td>£128 + VAT</td>
</tr>
<tr>
<td>Planning, Meeting and Reporting time</td>
<td>£20 ph</td>
<td>Meeting x 12 hours Planning x 15 hrs Evaluation x 10 hours</td>
<td>£740</td>
</tr>
<tr>
<td>Facilitation time</td>
<td>£20 ph</td>
<td>4.5 hrs</td>
<td>£90</td>
</tr>
<tr>
<td>Travel</td>
<td>35p pm</td>
<td>6 x 14 miles 1 x 36 miles</td>
<td>£42</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>£1320</strong></td>
</tr>
</tbody>
</table>

**Top Tips – Children and Young People Involvement**

- Ensure the Turning the Curve materials are child friendly
- Prepare for the Turning the Curve event and involve young people
- Spend time to explain the process
- Value young people’s contributions
- Follow-up and offer professional support in implementing agreed action plans
- If relevant, get schools on board at the earliest point

**5. Wider Turning the Curve - Examples of Successfully Turning the Curve Elsewhere**

**North Lincolnshire**

Housing has a significant impact on outcomes for children, North Lincolnshire Council used Turning the Curve to drastically reduce empty properties from 500 in any one day to only 200 (2005). The positive effects were:

- 300 extra families have decent affordable homes
- 300 sets of neighbours are not living in fear of crime that empty properties attract
- Neighbourhoods are less vulnerable to market collapse, vandalism and a general poor environment characterised by boarded up houses
- There are 300 extra streams of rent income which can be reinvested on housing stock improvement

Across England and Wales there is a growing network of areas using Turning the Curve. They include:

- Winchester and Test Valley
- Cheshire
The Improvement and Development Agency (IDEA)

The IDEA are compiling a number of linked case studies.\(^\text{12}\)

- In Haringey the Targeted Pupils Initiative is demonstrating encouraging results in improving educational achievement.

- In Newcastle joint work between the Young Peoples Strategic Partnership and Connexions is showing a decrease in young people aged 16-18 not engaged in employment, education and training (down from 15% in 2003 to 10.6% in 2005).

- In Telford and Wrekin they have worked hard at developing cluster or geographical based data linked to population indicators. There are also some encouraging signs in terms of service performance measures e.g. child protection re-registration rates have dropped and de-registrations have increased.

- NCH (The Children’s Charity) families projects offer housing related support services and the interim evaluation carried out by Sheffield Hallam University has shown a 84% improvement in school attendance, an 80% reduction in the threat of possession action, an 82% reduction in the level of complaints (about antisocial behaviour of tenants); and 95% of families are maintaining their tenancy or have made a planned move.

Boston, USA

Reduced juvenile homicides form 16 per year in 1993 to 0 1996.\(^\text{13}\)

New York City

1. In the late 1990’s overall crime was significantly reduced including a 60% reduction in the Bronx, linked to a zero tolerance policy and the development of integrated data collection and reporting system.\(^\text{14}\)

2. Using the linked Logic Modelling approach Looked After Children rates in New York have been reduced from 50,000 to 18,000 in 2005.\(^\text{15}\)

\(^{12}\) Visit the website for more information at [http://www.idea.gov.uk](http://www.idea.gov.uk)

\(^{13}\) Friedman (2005), ‘Trying Hard is Not Good Enough.’


\(^{15}\) [http://www.dartington-i.org/](http://www.dartington-i.org/)
Montgomery County, Ohio

School attendance was improved from 91% in 1999 to 93.5% in 2003-04.\textsuperscript{16}

Santa Cruz County, California

Levels of alcohol and cannabis use were significantly reduced amongst young people. From 1994 to 2002 alcohol use was reduced by 20% and cannabis use by 16%\textsuperscript{17}

We can change the world – The Tipping Point!

Malcolm Gladwell's (2002) bestselling book *The Tipping Point – How Little Things Can Make Big Difference*\textsuperscript{18} offers a powerful analysis of developing social movements that can make a significant difference. Getting 28% of a target population believing and working for a common cause is the tipping point for unstoppable change. Turning the Curve offers this opportunity to make a big difference to children’s lives, from little acorns, large oak trees grow!

\textsuperscript{16} Friedman, 2005, ‘Trying Hard is Not Good Enough..’
\textsuperscript{17} Friedman, 2005, ‘Trying Hard is Not Good Enough..’
\textsuperscript{18} Gladwell (2002), ‘The Tipping Point – How Little Things Can Make a Big Difference’
6. Websites and further information

Websites

Mark Friedmans website on Results Accountability Implementation:  
http://www.raguide.org

DFES Every Child Matters  
http://www.everychildmatters.gov.uk

DFES Joint Planning and Commissioning Framework for Children, Young People and Maternity Services  
http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/

Dartington-i on Logic Modelling and the outcomes framework:  
http://www.dartington-i.org

Portsmouth Children’s trust:  
http://www.portsmouthcf.org.uk/services/trust.html

Child Trends details evidence based services or programmes that work for children and young people and also looks at the latest data on child well-being:  
http://www.childtrends.org

Further Information

Sharon George, Portsmouth Connexions Manager:  
SharonGeorge@connexions-southcentral.org
Bibliography


http://www.everychildmatters.gov.uk/strategy/planningandcommissioning/

Friedman M (2005) ‘Trying Hard is not Good Enough -How to Produce Measurable Improvements for Customers and Communities’


Gladwell M (2002), The Tipping Point – How Little Things Can Make a Big Difference, Abacus


Appendices:

**Appendix A** (Page: 46)  A Detailed Look at the Report Card

**Appendix B** (Page: 58)  Summary of Portsmouth Children’s Trust Partnership (taken from strategic planning workshop materials)

**Appendix C** (Page: 60)  Portsmouth CYPSP Joint Commissioning Plan (to reduce Fixed Term Exclusions)

**Appendix D** (Page: 56)  Commissioning Plan for CYPP Priority 10 (early identification, prevention and support to children and families (including parenting)).

**Appendix E** (Page 74)  ‘Training the Trainer’ - Handouts
Appendix A: The Report Card (last updated June 06)

Progress Measure 1

% of schools with at least a ‘good’ for student involvement in Ofsted reports
This data will be available in June 2005

Progress Measure 2

Number of conceptions per 1,000 girls aged 15-17

What is the story behind this trend?

• The graph shows that the conception rate is declining.
• This indicates that we will meet our local targets in line with Teenage Pregnancy Strategy.

What are the current main initiatives aimed at maintaining or improving this trend?

• Prevention work which includes training for GP practices on Confidentiality and “How To Make Your Practice More Young People Friendly”
• Improvement of Sex & Relationship Education for young people by ensuring all staff who work with young people are well trained; use of “Baby think It Over” dolls to engage parents and young children.
• Specific contraception and sexual health service for young people.
• Two new community based facilities: “Health 4 UR self” and “Go For It” where young people can access a range of confidential information and advice. School based advice and information only clinics.
- Support for Teenage Parents from the Opportunities Project and the Reintegration Officer, which includes prevention work around second pregnancies.
- Multi-agency work, to ensure that the needs of the young people are met.

**Progress measure 3**

%d of babies born with a low birth weight%

What is the story behind this trend?

- The proportion of births in Portsmouth that have a low weight has increased slightly over the last 10 years
- This is similar to the pattern for England and Wales as a whole
- The reasons for this rise are not known but may be due to the increased use of IVF, which results in higher likelihood of multiple pregnancies
- Low birth weight is more common when mothers smoke, are under the age of twenty and are socio-economically deprived. Multiple pregnancies are also linked to low birth weight.
- The rise in numbers of low birth weight babies in 2001 could in part be due to a higher number of multiple pregnancies and a higher number of stillbirths in that year.
- In Portsmouth the numbers of low birth weight babies is around 170 per year. This has varied from 166 in 1999 to 203 in 2001.

What are the current main initiatives aimed at maintaining or improving this trend?

- Lots of work has been undertaken in Portsmouth with teenage mothers to be, to try and ensure they have as healthy a diet as possible and to encourage the smokers to stop.
- The care of pregnant women by a wide range of staff - Doctors and Midwives in hospital and in the community - includes advice and guidance on a healthy lifestyle. If the mother to be is fit and well, the baby has the best chance of growing well and being a healthy weight at birth.
**Progress Measure 4**

% of 5 year olds who have experienced tooth decay

![Graph showing percentage of 5 year olds with tooth decay](image)

What is the story behind this trend?

- There is no later information on this age group, as the age groups studied nationally have been changed since this survey.
- Year 1 pupils in primary school have been chosen for future samples instead of five year olds. This means that the average age of the group that will be studied from now on is slightly higher and may be just over six years of age.
- A sample survey of this age group was undertaken in the first part of 2004 where it was found that the corresponding figure was slightly lower at 42.3% but I would suggest that this slight variation is not significant.
- The graph shows that 43.5% of five year olds in Portsmouth had experienced dental decay (which may, or may not, have been treated). The reason for this high figure is in part due to the lack of access to NHS dentistry locally (and Nationally).
- We know that dental decay is significantly higher in some areas of Portsmouth than others.

What are the current main initiatives aimed at maintaining or improving this trend?

- Local initiatives are aimed at increasing awareness of the importance of dental care and oral hygiene in the population and improving the access to NHS Dentistry locally.
- The former is being addressed by the targeting of oral health promotion work on the areas of greatest need as identified by the survey.
- In addition to this, the oral health team are involved with the Sure Start project, which is again increasing the awareness of the importance of dental care.
- The access problem is being addressed by an initiative in partnership with Portsmouth City Council that has just started, where extra sessions have been provided to aid the access of five year olds in some of the areas of poorest dental health to NHS dentistry.
• The opening of the School for Professions Complimentary to Dentistry at Portsmouth University should also increase the access to NHS dentistry.

**Progress Measure 5**

% of children obese at 5 years old
[This data is not yet available.]

**Progress Measure 6**

% of 11-15 year olds who have experienced bullying in the last year

What is the story behind this trend?

• This information is taken from the results of the Keele Survey that is carried out across secondary schools in Portsmouth. 25% of pupils complete the questionnaire.

• The % of 11-15 year olds who have experienced bullying over the last year has reduced since the first Keele Survey was undertaken in Portsmouth in 2001.

What are the current main initiatives aimed at maintaining or improving this trend?

• Guidance to schools about how to tackle bullying was re-issued during National Bullying Week in November 2004.

• Portsmouth City Council has an anti-bullying strategy.

• Schools continue to do their own discrete pieces of work around bullying.
Progress Measure 7a

Rate per 10,000 children under 18 on the Child Protection Register

What is the story behind this trend?

- The general trend is upwards (but historically numbers on the register have been subject to wide variations).
- There is some evidence to suggest that at least in part the more recent increase is due to better identification of previously unmet need through initiatives such as Children’s Fund and Sure Start.
- The biggest increase is in children suffering or at the risk of neglect
- There seem to be increasing numbers of parents with substance misuse problems, mental health issues and learning disabilities that affect their capacity to parent.

What are the current main initiatives aimed at maintaining or improving this trend?

- In the medium to longer term, the Children Act 2004 and the children’s trust approach, with the focus on earlier intervention will help to turn the curve downwards.
- Current initiatives include restructuring children’s social care services to improve services at the ‘front end’ to identify needs and provide services more quickly as well as ensure that all children on the child protection register have an allocated social worker
- The development of the Children’s Safeguarding Board will help all the key partners to plan services across the City more effectively
- Work is progressing on developing a ‘single point of contact’ for referrals to children’s services, which should help further improve early identification and response to children’s needs.
- Development of the children’s trust ‘Compact’ will ensure a suitably skilled and qualified workforce across the City.

Progress measure 7b
% of re-registrations to the Child Protection Register

What is the story behind this trend?

- The trend is moving in the right direction and reflects improved assessment of needs and good inter-agency planning to meet these needs.

What are the current main initiatives aimed at maintaining or improving this trend?

- The re-organisation of children’s social care service (See Progress Measure 7a) will help further to improve initial assessment and planning to meet identified needs

Progress measure 8

% of half days missed through absence

What is the story behind this trend?
• This fall in overall absence level has been achieved through sustained improvements in attendance in primary, secondary and special schools since 2002/01 resulting in record levels of school attendance.
• The Joint Commissioning Group is targeting the reduction of fixed term exclusions as part of its work.
• Examples of good practice on preventing exclusion have been collected from schools and shared with other schools.
• A variety of partner agencies are working together to improve the trend and reduce the percentage of pupils receiving exclusion.

Progress Measure 10

% of children reaching a ‘good’ level of development at the end of the Foundation Stage in Personal, Social and Emotional development (PSE) and Communication, Language and Literacy (CLL)

Key: PSE – Personal, Social and Emotional development

Note: After consultation with the DfES, a ‘good’ level of development has been defined as achieving a level 6 in all of the 7 tests shown above. This graph does not quite respond to the Government measure but does show the development in these two area over the last 2 years. The graph will be amended in the next Report Card.

What is the story behind this trend?

• The % of children reaching level 6 at the end of the Foundation Stage in the Personal, Social and Emotional development tests rose slightly in 2003/2004.
• The % of children reaching level 6 at the end of the Foundation Stage in the Communication, Language and Literacy tests dropped slightly in 2003/2004.
• The Foundation Stage profile was only introduced in 2003.
• Practitioners are now being trained in making judgements through moderation meetings.

What are the current main initiatives aimed at maintaining or improving this trend?
• The Early Years and Childcare Team run termly moderation cluster meetings for all year R teachers to practice making judgements.
• All schools have now received a moderation visit

Progress measure 11a & 11b

% 16 year olds achieving 5 A*-C GCSEs or equivalent.
% 16 year olds achieving 5 A*-G GCSEs or equivalent

What is the story behind this trend?

• At 5 A*-C, the trend is positive with year on year improvement occurring for 6 years in a row until 2003.
• Our improvement from 2002 to 2003 was the third highest of the 150 LEAs in the country.
• Despite our dip in 2004, we are in the top 25% of LEAs for our improvement at 5 A*-C over the last three years
• As a result, more pupils are leaving secondary schools with higher grades and are better places to take up employment or further education and training.
• At 5 A*-G, the trend is down, and we are falling away from the national average – this is a cause of concern to us.
• These figures show that although the number of pupils achieving C or higher in 5 GCSE or equivalent examinations is increasing, we have a declining number of pupils who are achieving overall passes, i.e. grade G or better, in 5 subjects.
• As a result, about 400 pupils a year are leaving secondary schools without the 5 passes at GCSE or equivalent, which is a passport to employment and training opportunities.

What are the current main initiatives aimed at maintaining or improving this trend?

We are working with schools to raise standards in the following ways:
• Improving the way the progress of pupils is tracked and how teachers use this information to adapt their teaching to the individual needs of all pupils.
• Increasing the effectiveness of support provided to individual pupils who are at risk of not achieving 5 or more passes at GCSE or equivalent examinations.
• Increasing the effectiveness of support provided to individual pupils who are at risk of not achieving 5 or more passes at GCSE or equivalent examinations at grades above C.
• Ensuring the courses offered to pupils meet their needs, i.e. increasing the range to include more vocational as well as academic courses.
• Improving the clarity of reporting to parents about pupils’ study requirements at GCSE and the progress pupils are making towards their expected grades.
• Sharing between schools the methods that appear to be working to raise standards.

Progress measure 12

% of children reporting positive experiences in a survey of the quality and enjoyment of play opportunities. This data is not yet available in one similar format, but there is information of this kind available from a variety of sources in the city.

Progress measures 13a and 13b

Number of young people on an Anti-Social Behaviour Order (ASBO)
Number of young people on an Acceptable Behaviour Contract (ABC)

Note: It is felt by the Youth Justice Forum that this indicator should be changed for the next report card.

What is the story behind this trend?
• These are baseline figures due to a new procedure in recording ABC’s and ASBOs centrally.
• With regard to ABCs, the trend is likely to rise as multi-agency training and Home Office guidance is to encourage partners to engage with young people by challenging Anti-social behaviour by setting boundaries.

What are the current main initiatives aimed at maintaining or improving this trend?

• The current initiatives include continuing training and support by the Anti Social Behaviour Unit, continuing to record information on the central database and sharing of information.
• In relation to ASBOs, initiatives include multi-agency working to enable comprehensive actions being taken, and also support and enforcement running parallel together.

**Progress measure 15**

Number of families with children and pregnant mothers placed in temporary or B&B accommodation

What is the story behind this trend?

• High levels of homelessness in the city since 2000-2001 have meant that homeless families are often required to wait for suitable accommodation to become available
• In some cases, families are waiting in temporary accommodation while their application is processed
• The Government introduced a new rule from April 2004 requiring local authorities only to use B&B accommodation for families in emergencies and, even then, for no more than six weeks.
In response to this, PCC leased a substantial number of self-contained flats form private landlords for use as temporary accommodation, as a better alternative to B&B.

Stays in this sort of accommodation have tended to be longer.

However, the chart above does not record the fact that the length of stay in B&B for homeless families (as measured by BVPI 183) has fallen considerably in the last two years (from seven weeks in 2002/03 to four weeks in 2004/05).

What are the current main initiatives aimed at maintaining or improving this trend?

PCC’s Homelessness Strategy (2003-2006) details a wide range of measures aimed at reducing homelessness and repeat homelessness, but in reality there will always be emergency cases, where temporary accommodation is needed.

The key to our approach to reducing the use of temporary accommodation (especially B&B) is to prevent homelessness in the first place.

This has been relatively successful, with the number of households accepted as homeless falling in the last two year, but because of the decreasing pool of permanent social housing, it is increasingly difficult to accommodate homeless families without using some form of temporary accommodation.

Progress measure 16

% of 16-18 year olds not in Education, Employment or Training (NEET)
The level of those young people not in education, employment or training (NEET), fluctuates during the course of the year as a result of seasonal factors. However, the trend year on year since December 2002 has shown marked and continuing downward movement. This has been combined with an equally encouraging reduction in those 16 to 18 year olds whose current activity is unknown.

**What are the current main initiatives aimed at maintaining or improving this trend?**

- The intensive work by Connexions personal advisors in partnership with other agencies focussed on helping those young people not in education, employment or training is the main initiative to maintain and improve this trend.
- It is reinforced by programmes such as ‘Positive Activities for Young People’, and ‘Millennium Volunteers’, which increases volunteering opportunities for young people, and many other support schemes.

**Progress measure 17a and 17b**

- % of children living in relative low income households
- % of children living in relative workless households

This data is not yet available.

**What happens next?**

This Report Card is updated every 3 months. For some Progress Measures data is only available annually, but the information about what is being done to maintain or improve the trend may be updated within the year. Portsmouth hope, in future, to have data about each Ward, which will be available to residents via the internet.
### Portsmouth children’s trust pathfinder

#### What is this?

Portsmouth was one of 35 Government pathfinders announced in the summer of 2003; there was a small inter-agency children’s trust Development Team managed by Dr Andy Gill who was seconded in November 2003. The commitment to becoming a Trust was agreed by senior managers across key agencies, local residents and Council members.

Brief Summary/description/definition of the item and what it is:
The Portsmouth children’s trust is not a separate organisation but a way of inter-agency working focussing in on the needs of children, young people and their families with a view to improve life chances or outcomes, through better integrated practice and early intervention. It works through the Children and Young Peoples Strategic Partnership and is committed to the shared vision of the Portsmouth 8 outcomes (linked to the Government 5) and community capacity building. It has a lead with partners to develop an inter-agency change management programme.

#### What is happening nationally?

**Brief summary of national context where relevant:**
The children’s trust approach is enshrined within Every Child Matters and the Children Act 2004 and each Local Authority Area is expected to have a children’s trust by 2008; it is seen as the main vehicle for inter-agency change and improved outcomes. The Governments ‘onion’ diagram fits well with Portsmouth’s, centring on children’s outcomes, integrated front-line delivery, processes and strategy within a clear accountability structure.

#### What has happened in Portsmouth so far?

**Brief description of what has happened in this area across the city historically:**
The children’s trust is working to an agreed Business and implementation plan and the main outcomes include: the full establishment of the strategic partnership; joint work with the Full Service School to establish a community based hub and spokes approach; community capacity building using ‘Turning the Curve’ (look at data on need and develop an action plan in less than an hour); production of a City wide Report Card on child well-being data (linked to progress or outcome indicators); development work on a Single Point of Contact for the City (inter-agency team to offer advice, guidance and support to residents and professionals on accessing support); a draft integrated commissioning plan to reduce fixed term exclusions; an online service directory and draft Information Sharing and Assessment (ISA) Implementation Plan and practitioner toolkit.

#### What is planned in Portsmouth?

Indication of development/direction and strategy in area:
There are 4 key strategic objectives for the Trust:
Integrated joint commissioning plan aimed at reducing fixed term exclusions from schools and possibly one health indicator of need
Within the Paulsgrove and Wymering Pilot there is clear evidence of better integrated practice and delivery against the Portsmouth 8 and Government 5 outcomes
The ISA Implementation Plan begins to demonstrate positive outcomes for practitioners, children and families
The developing change management and workforce reform programme begins to deliver more flexible ways of inter-agency working/integrating to demonstrate children’s needs being met.

Where can I find out more?
List of plans, key contact details and web sites for further resources… where to go for the next level of detail and where to get updates:

Portsmouth children’s trust web page: [http://www.portsmouthcf.org.uk/services/trust.html](http://www.portsmouthcf.org.uk/services/trust.html)
E-mail Sharon George: SharonGeorge@connexions-southcentral.org

**Last Updated: 18.3.05**
Appendix C - Children and Young People’s Strategic Partnership Joint Commissioning Plan to reduce fixed term exclusions

Population concerned

Children and young people of school age i.e. 5 – 16 years in Portsmouth city.

Primary Outcome

‘Children and Young People grow up having succeeded as far as they can at school’ / ‘to enjoy and achieve’ (Portsmouth 8 outcome linked to Government Every Child Matters five outcomes and Community Strategy)

Secondary outcomes – emotionally secure and confident, staying out of trouble, having opportunities to succeed in achieving their dreams

Progress indicator

![Fixed Term Exclusions Graph]

Latest data – Spring 2005 shows that FTE’s are down in all phases (i.e. primary secondary and special schools) when compared with the same time in 2004.

Experience

- behaviour that is difficult to manage in the school
- stress on parents and families, linked behaviour problems at home
- children on the streets during the school day
- increased chance of getting into trouble
- more likely to experience low self esteem
- miss lessons and fall behind in learning
- Costs into adulthood of conduct disorder are estimated to be £70,000, compared with £7,423 for 10 year old with no problem.
Story behind the trend

The following insights come from: discussions at Joint Commissioning Group; group work at Conference in April 2004; and discussions at Portsea Children and Young People’s Subgroup.)

- Systems and management for supporting behaviour in schools can vary. Rates of exclusion are affected by the catchment area of the school, school leadership and ethos.
- There is a point at which schools find behaviour unacceptable – when it affects the safety and learning of other pupils.
- Children who receive a fixed term exclusion are part of a continuum
- A one-off ‘funny 5 minutes – complex’ problems.
- Significant majority are excluded for persistent disruptive behaviour.
- Schools don’t know who to contact to support young person at home.
- Young person may ‘play up’ to be excluded at same time as friend.
- Some young people say lessons are boring.
- One Primary school council perceived that pupils did not see exclusion as a punishment, and described how they would feel if excluded – sad, embarrassed, ashamed.19
- If unauthorised absences (including truancy) reduces, it MAY lead to more exclusions, as numbers in school in greater.
- Most children have behaviour problems as part of normal development and grow out of them.20
- Parenting and family interaction is thought to account for about a third of the variation of antisocial behaviour in children.21
- Children with conduct disorders are more likely to live in lone parent families, parents with no educational qualifications, in families where neither parent is employed, low income households or in social sector housing.22
- Many pupils with difficult behaviour have special educational needs…..have poor language skills, problems with reading and writing often from an early age.23

What works and what might work?

- Quality of environment in education and the community
- Quality parenting i.e. group based programmes have reduced behaviour problems in children aged 3-10.24
- Quality leadership and support to school staff.25
- National Strategies for Primary Behaviour and Attendance
- Quality of resources – support to family in the evening and weekends

19 St Georges School Council Meeting 14th Jan 2005
23 Ofsted (2005), ‘Managing Challenging Behaviour’
• Quality and quantity of skill intervention with multi-agencies i.e. wide range of services that affect behaviour; for example, Primary Behaviour support team, Educational Psychology service, Preventing Youth Offending Project, Connexions, Child and Adolescent Mental Health Services, Youth Inclusion Support Panel, Exclusions and Reintegration Team
• Involves local Beat Officer – i.e. Mayfield School protocol.
• Providing data to schools, so schools can see how they are doing
• Pupils receiving individual review, monitoring and support
• Pastoral Support Plans – for children at risk of permanent exclusion
• Learning community
• Clubs
• Good school meals
• Breakfast/lunch/tea!!!
• ‘No exclusion’ policy (‘Off the wall’ idea)
• Soft room in schools for child or young person to calm down
• Local shops and facilities don’t allow children and young people during school hours
• Good links between home and school
• Preventing undiagnosed post natal depression, which in turn impacts on a child’s behaviour
• Good communication and co-ordination of support to the child and family
• Support to return to school following exclusion
• Training for school staff on working with children with ADHD; ensuring schools know that a child has ADHD.
• Inclusion officer in school to help child/young person to calm down
• ‘excluding’ to other schools in the cluster, rather than to home

What Portsmouth and partners propose to do

Commissioning plan:

The following commitments are in addition to existing services and support systems that impact on fixed term exclusions and improving behaviour. This plan sets out new commitments, thereby turning the curve:

Policy:

a) Inclusive Education Strategy, supported by a series of plans for groups of children at risk of exclusion

b) Discussion with head teachers about purpose of exclusion, what it achieves and alternatives, to understand how ‘exclusions’ are being used across city schools to develop best practice and more effective alternatives.

c) Children’s Fund to review Service Level Agreements (SLAs) with providers to identify which providers can impact on reducing fixed term exclusions

d) Sign off and implement LA/school protocol ‘Managing Incidents involving Drugs’

More support to pupils in schools through:
a) More Primary Mental Health Workers in Excellence Cluster schools, plus support (supervision and consultation)

b) School nurses have training in mental health issues in 2005/6, and seek national money to increase numbers of school nurses

c) Roll out of school/police partnership across more secondary schools (this has been piloted at Mayfield School and involved pre-exclusion meetings for certain kinds of exclusion, involving the young person, parents, head teacher, and police officer).

More support to parents through:

a) Family Support Worker at EC Roberts Centre to support families in temporary accommodation.

b) Paulsgrove ‘turning the curve’ group involving parents of children who have been excluded and key professionals who can offer support.

c) When visiting homes, Health Visitors to be aware of school aged children, ask why they are not at school, and provide support and signpost.

d) Establish ‘Parent Power’ for parents of adolescents.

e) Set up a City ADHD parents led support group.

f) Identify and offer early intervention to new mums with post natal depression (i.e. full implementation of care pathway).

g) Support to young parents through Teen Pregnancy Reintegration Officer and Child and Family Teams – encouraging parents into education and training.

h) Publish and distribute Safe Parenting Handbook

i) Introduce school based Behaviour Support Workers, who visit child and family at home to talk through the reason for exclusion and prevent it happening a second time, and to provide homework

Which existing services are working effectively and which are not?

This is a key question to be addressed more fully in the future by the Joint Commissioning Group to support evidence based commissioning and decommissioning.

How we will monitor progress?

The Joint Commissioning group intends to monitor progress of the plan 3 times a year using 3 types of information:
• Data and trend of number of Fixed Term Exclusions (number of events and pupils involved).

• Updates from agencies on the progress of their contribution(s).

• Performance management information for existing services. The model in Figure 2 (page 14) will be used if a service does not currently have an affective evaluation tool.
Appendix D - Commissioning Plan for CYPP Priority 10 – Early Identification, Prevention and Support to Children and Families (including parenting)

Outcomes Focus and Statement of Need

Emotional and behavioural well-being is key in improving a host of difficulties such as teenage pregnancy, youth crime and educational achievement, hence is clearly reflected in the overarching work linked to Priority 10 of the Children and Young People’s Plan. Importantly the crosscutting nature of the plan means it will beneficially impact on a number of outcomes and indicators contained within other priority areas, this is a significant strength of Portsmouth’s holistic approach.

Story Behind the Current Position

Indicator 1: Breastfeeding

Indicator: % of mothers known to initiate breastfeeding

Across the City breastfeeding rates were improving particularly from birth up to 6 weeks but there was a significant reduction between 6-17 weeks and onwards. The prediction was that rates would steadily improve over the next 3 years but further work was required to extend breastfeeding rates over time.

Why is breastfeeding important?

The research indicates a significant link between breastfeeding and better outcomes for children and young people. For instance in relation to indicators such as educational achievement, reading in boys, bonding and attachment, obesity and better mental health. The bottom line is that the longer you breastfeed the better the outcomes!

What else do we need to know?
We need to fully understand why there is this drop in breastfeeding over time? There is some evidence to suggest that increased inter-agency working, peer and parental support might enhance the duration of breastfeeding.

**Indicator 2: Reduced smoking during pregnancy**

**Indicator:** % of women smoking during pregnancy (also a proxy for infant mortality)

Further discussion was required through the implementation plan to establish whether this was the right indicator as partners indicated that a better measure could possibly be overall parental rates of smoking, specifically those giving up. This would then encompass the dangers of passive smoking to children and young people.

Rates of pregnant women smoking across the City continued to steadily rise and in 2004-05 it was at 19.7%. The prediction for the next 3 years was that it will gradually level out to around 17%. The two Sure Start programme areas showed a 5-6% decrease in smoking during pregnancy and so were bucking the trend.

**Why is reducing smoking during pregnancy important?**

Research shows this indicator does have a link to increased infant mortality, low birth weight and poor developmental outcomes.

**What else do we need to know?**

We need to learn more about what works in reducing smoking levels and the success of such programmes a Sure Start.
Indicator 3: Childcare/Nursery Provision

Indicator: % of early years education settings where children's progress towards the early learning goals is 'good' or better

Research on the ‘High Scope’ programme over the last 35 years in the USA demonstrated a clear, significant, relationship between good quality pre-school provision, particularly play development work and improved outcomes. Such outcomes were maintained or generalised over time. ‘High Scope’ showed that for every $1 you spend, you save $7 in reducing the risk and costs associated with later problems such as crime and delinquency.

The early learning goals indicators were on an upward trend and exceeded the national average with nearly 50% of early years settings reaching “good” or better compared to 32% nationally. The current predicted trend for the next 3 years was that it will level out around 50%.

There was sufficient early years provision across the City. It would, however, be further reinforced by the exciting development of more Children Centres. However, the challenge was that with too many childcare places, how would the quality and affordability be maintained with the need for adjustments in staff to children ratios.

Indicator 4: Take-up of Specialist Provision

As there was no agreed indicator, further work would need to be done on whether to retain it or agree an appropriate measure. There was discussion around early identification provision for children with disabilities but this was covered in CYPP Priority 3.

Indicator 5: Children in Need

Indicator: Children under 18 referred to Social Care - rate per 10,000

Using the definition of Children in Need in Section 17 of the 1989 Children Act, rates steadily climbed which presented significant challenges to colleagues within Social Care. With regards to data on children under 18 referred to Social Care - this has risen from 485.6 (per 10,000) in 2002-03 to 723.8 in 2004-05 taking Portsmouth well above the national average.

Positive work by Social Care was conducted on referral taking procedures (compared to other Local Authorities), controlling waiting times and signposting. The prediction was that with these systems in place and additional support the trend could be reduced over the next 3 years. Recruiting and retaining qualified social work staff would remain a significant challenge, though, as of January 2006 the fieldwork teams were only 1 FTE down.

Government preventative programmes within the City led to an increased detection of need and referral rates to Social Care. The referral rate was also significantly skewed by large levels of inappropriate referrals not meeting Social Care “eligibility criteria or thresholds”.

A key measure of success over time (around 10 years - 2009) was that such preventative programmes and other work would begin to lead to a decrease in child protection and other social care referrals. More importantly, along with other data, it provides evidence that child wellbeing is improving.

Portsmouth realised that there was a need to be consistent in the way they used referral data over time to understand what it was telling them about better outcomes compared to outputs and process information. Portsmouth also realise that they need to look at service performance measures such as waiting and response times, the evidence base to reducing rates of children in need, as well as demands on heavier end statutory services. Refocusing provision towards preventative work already started through the CYPP and work of the JCG.
What Works

• For a literature review of what works linked to this particular priority area (priority 10 of the CYPP), please see http://www.childtrends.org

• Looking at the priority overall, including parenting support, there were a number of cross-cutting headlines around effective ways of working which included:

  o Identifying and supporting families through non-threatening universal services where there was a risk of poor outcomes.

  o Developing the use of a Common Assessment Framework and the role of the Lead Professional to support early identification.

  o Continued and wider use of the Risk and Protection model\(^27\) which focuses on identifying within individual families risk and protective factors linked to good and poor outcomes.

  o Removing barriers between professionals and the local community.

  o Outreach and home visiting services work e.g. Health Visitors and Family Champions.

  o Volunteering and community capacity building e.g. Somerstown Parents Action Group.

  o Turning the Curve work with local communities e.g. Portsea and Paulsgrove and Wymering (Play Champions).

  o Working through, in collaboration, with parents to improve children’s and young peoples behaviour and emotional wellbeing e.g. Parent Power (group work with parents linked to reducing risk of substance misuse). Need locally for better co-ordination of parenting programmes and more support with the teenage years and handling key transitions e.g. 0-8, 8-11, 11-19 yrs.

  o Emotional literacy programmes e.g. PAThS (Promoting Alternative Thinking Strategies), SEAL (Social, Emotional Aspects of Learning), new programme linked to personal, social and emotional development from birth to 5 years, Dinosaur School.

  o Family Learning, Healthy Schools standard and Sex and Relationship Education (SRE) brings together key preventive elements in reducing risk of poor outcomes for children and young people.

  o Children’s Centre and wide coverage, linked to the 5 Community Improvement Partnerships, offers a fantastic opportunity for inter-

agency preventative provision and early intervention.

- Ensuring multi-agency staff have knowledge and understanding of core competencies in working with children and families.

What works – Specific to Indicators

**Indicator 1: Breastfeeding**

- The midwife’s role within the first 48 hours following birth
- The importance of breastfeeding being covered in SRE at schools
- Parent to parent support (mentors) to encourage extended breastfeeding

**Indicator 2: Reduced smoking during pregnancy**

- Specific types of smoking cessation programmes achieved 70% reductions (NHS national research)
- Role of the Health Visitor to support sustainability after the birth
- Wider public health and promotion work

**Indicator 3. Childcare/Nursery Provision**

- Qualified early years teacher involvement
- Good quality training and support
- CHAT (advice and support line)
- Practitioners on the ground who form effective support networks and partnerships

**Indicator 5: Children in Need**

- Matching needs to services
- The notion of a Single Point of Contact for families and professionals to get advice, guidance and support from an inter-agency team on how needs could be best met and in a timely fashion
- Family Group Conferencing and kinship support

**Planned Actions**

The following action plan would be further worked on from the inter-agency group and others, in order to agree details around implementation and milestones over the next 3 years. The five Community Improvement Partnerships would be involved, as they were key delivery and change agents. There was also a linked theme around focusing work on improving emotional and behavioural wellbeing as current research indicated that early intervention in these areas made the biggest difference in terms of better outcomes. In other words, evidence based interventions in these areas would hit the pivotal outcome indicators.
Crosscutting Priority 10 Actions

1. **Effective identified ways of working with families and communities need to be integrated within the inter-agency Workforce Strategy.** The Workforce Strategy group to lead.

2. Requirement for a **Parenting Support Co-ordinator for 2-3 years** who would look to better integrate inter-agency parenting programmes, to identify gaps and attract external funding (develop Parenting Strategy). However, emphasis should be on moving swiftly from “talk to action”! The resource implications depend on whether secondment opportunities were created whereby existing staff changed their roles for an agreed period of time. Children, Families and Learning (CFL) Directorate from Lifelong Learning will with others to lead on parent strategy work (links to Priority 8).

3. Develop the role in conjunction with Portsmouth Council for Community Services and others, of **Volunteering and Community Capacity Building Co-ordinator** for children, young people and family services (links to Priority 8). Parents supporting parents was a significant crosscutting theme as well as parents being directly involved in offering support services e.g. volunteer befrienders, Family Champions. This links well to the Turning the Curve approach. Currently the ABC Sure Start programme manager has just began to work in this area and has agreed to drive it forward.

4. The Portsmouth Primary Care Trust (PCT) are **developing the role of community based Health Trainers** to deliver better public health. This initiative will be integrated and linked with the new Adolescent Health Project, SRE and other children and family services. We should look to train more young people and parents to deliver SRE within schools. The Adolescent Health Project manager will take the lead working with the PCT.

5. The **Adolescent Health Project, Teenage Pregnancy and SRE, linked to early identification and preventative work, need closer integration around needs, common risk factors and better outcomes.** The Teenage Pregnancy Partnership Board are driving this forward and have recently agreed significant action plans to achieve it.

6. **Continued work by the Primary Care Trust on developing the early identification and support programme** for child health promotion (previously known as child health surveillance). Includes work by Health Visitors and School Nurses picking-up early children with disabilities (links to Priority 3).

7. **Co-ordinate work around preventatively improving emotional health or literacy of children and young people** (links to Priority 1 & 2). Work to be led by Aileen Macnaughton (Associate Director, PCT) with partners such as Sure Start, Children’s Fund, Connexions, Healthy Schools. The Adolescent Health Project could steer work.
8. The Children’s Fund, ABC Sure Start and the children’s trust Development Team have jointly commissioned the **Common Assessment Framework and Lead professional Pilot where early intervention** and identification are key features. The children’s trust team are taking this work forward in conjunction with the ISA sub-group (links to Priority 12).

9. The inter-agency City’s Single Point of Contact must be progressed as a key priority by the management group. **The multi-disciplinary team will offer advice, guidance and support to families and professional on appropriate services dependent on needs** (links to Priority 12).

10. **Children’s Centre’s working alongside other preventative provision** will be a key hub of service delivery. Recommended that wherever possible wider family and community support be offered beyond 0-5 services either directly or indirectly through partnerships with existing services. Children’s Centre Strategy Group will progress work.

11. **Inter-agency preventative work targeted at reducing substance misuse and associated risk factors** e.g. through schools, parenting groups, young carers project, joint training and community awareness raising. Early intervention programmes for young people to be provided in the form of parenting programmes delivered within existing drug and alcohol treatment and support services. Benefits for affected young people will be experienced through development of awareness and parenting skills of substance misusing parents. To be co-ordinated by the Young Peoples Safer Portsmouth Partnership.

12. Will **develop a standardised set of instruments to measure improvements in outcomes or child wellbeing**. This will also support whether preventative services and activity is making a difference both in terms of service performance and at a community wide level. The group felt the Goodman’s Strengths and Difficulties Questionnaire would be an ideal start particularly as it measures at least 5 of the Portsmouth 8 and the pivotal indicators of emotional and behavioural wellbeing. A management group reporting to the JCG are progressing the detailed work on this.

Specific action points for each indicator area

**Indicator 1: Breastfeeding**

Target: 2% increase per year across the City

Breastfeeding strategy and implementation work will to work on maintaining improvements and reducing drop-off rates over time. Need to consider extending parent to parent support networks.

Recommend further multi-agency training on improving awareness of the importance of breastfeeding and opportunities to work together to increase rates.
Primary Care Trust to drive work forward with other partners.

**Indicator 2: Reducing smoking during pregnancy**

**Target:** 2% decrease per year across the City

Need to mainstream public health strategies and Sure Start work. JCG will progress work.

**Indicator 3: Childcare/Nursery Provision**

**Target:** Maintain positive position over next 3 years (refer to Children, Families and Learning Business Plan)

Use the opportunity of Children Centres to further drive up early learning goals through promoting research and evidence based practice linked to the Portsmouth 8/ECM 5. Catherine Kickham to take the lead with the Children’s Centre Strategy Group.

**Indicator 4: Take-up of specialist provision**

To consult with others on changing the definition of this indicator or replacing it totally.

Proposed that we adopt the key crosscutting measures of emotional and behavioural wellbeing of children and young people, which supports the overarching action plan for Priority 10 and links well to other priorities. JCG to progress this work.

**Indicator 5: Children in Need**

**Target:** 3% decrease per year in referrals to social care (proxy indicator)

Work with Dartington Social Research Unit and other partners on exploring other ways of reducing rates and linked heavier end work such as child protection registrations and looked after children levels (links to Priority 3). The Children’s Trust Manager and the Assistant Director, Children’s Social Care will take the lead.
Appendix E – Training the trainer handouts

Turning the curve

Training the Trainer
Turning the Curve Training Event

Morning session

• Welcome and Introductions
• Warm up exercise
• What is ‘Turning the Curve’? Leaking roof example
• Feedback – local experience
• Working with partners – discussion
• Strengths and challenges of community working
• Consider how you might use the tool – why? who? how?

Afternoon session

• Looking at the Toolkit – your comments
• Turning the curve – your turn
• How it will be co-ordinated? - feedback
• Preparing for launch
• Report card, what works? - evidence
Your notes
working with partners and communities
Your notes
How you might use ‘Turning the Curve’
Why? Who? How?
Contact points:
*Name, phone number, e-mail address.*
Your notes
Report card, what works? evidence
Turning the Curve

Turn the Curve Exercise
Population Well-being Indicator(s)

5 mins: Starting points
- timekeeper and reporter
- geographic area
- two hats (yours plus partner’s)

5 mins: Baseline
- pick a curve (or curves) to turn
- forecast – OK or not OK?

15 mins: Story behind the baseline
- causes/forces at work
- information/research agenda part 1

20 mins: What works? (What would it take?)
- what works/what doesn’t
- each partner’s contribution
- no cost/low cost ideas
- information/research agenda part 2

5 mins: Report
- baseline story
- 3 best ideas (incl one no/low cost)
- off the wall/funniest idea

FPSI
Results-Based Decision Making
Getting from Talk to Action

Population: e.g. under 5's

Result: e.g. Children enter school healthy and ready to learn. What we want for children in plain language.

Indicators:
(Measures of the result)
1.
2.
3.
4.

Plus how we experience the result

Baselines:
Where we've been & where we're headed

Story behind the baselines:
The causes, the forces at work; the epidemiology of the baselines

Partners with a role to play:
Public and private sector agencies and individuals

What works
What would it take to turn the curve in this community, best practices, best hunches

Criteria
Could include:
Specificity: clear who, what, when, where, how
Leverage: power to turn the curve
Values: consistent with community values
Reach: feasible, affordable

Action Plan and Budget
What we propose to do: multi-year action plan and budget
How the "what works" pieces fit together in a community system of services and supports
Performance Measures: Measures of how well programs, services, supports, agencies and service systems, included in the action plan, are working: How much did we do? How well did we do it? Is anyone better off?
A Simplified View of Results Accountability

for Community-wide efforts to
Improve the well-being of whole populations.

Answer these questions (every week, month, quarter, year)
1. What population are we concerned about?
2. What conditions of well-being do we want for these people? (results)
3. How could we measure these conditions? (experience & indicators)
4. How are we doing on the most important measures? (baselines)
5. Who are the partners who have a role to play in doing better?
6. What works (what would it take) to do better?
7. What do we propose to do?

Put it in this format:

**Result**: Clean Environment

**Indicator baselines**

| | | |

**Story behind the baselines**

**What would it take to turn the curves?**

**What we and our partners propose to do**

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**Optional Appendices**

A. Data Development Agenda

B. Information and Research Agenda (about causes and what works)

C. Secondary Measures detail

D. Partners’ detail

E. Current actions (that are working)

F. Propose next year detail

G. 2 to 10 Year agenda detail
A Simplified View of Performance Accountability
for Programmes, Agencies and Service Systems

Answer these questions (every week, month, quarter, year)

• Who are our customers?
• How can we measure if our customers are better off? (customer results)
• How could we measure if we’re delivering service well?
• How are we doing on the most important of these measures? (baselines and the story behind the baselines)
• Who are the partners who have a role to play in doing better?
• What works (what would it take) to do better?
• What do we propose to do?

Put it in this format:

Result: Road Maintenance

Mission or Purpose of the Programme

Performance Measure Baselines

Story behind the baselines

What will be done to improve performance in the next two years?

Optional Appendices

A. Data Development Agenda
B. Information and Research Agenda (about causes and what works)
C. Secondary Measures detail
D. Partners’ detail
E. Current actions (that are working)
F. Propose next year detail
G. 2 to 10 Year agenda detail

link to budget
A Simplified View of Results Based Grant-making for Foundation and other funders

1. Answer these questions (every week, month, quarter, year)
2. What conditions of well-being do we hope to affect for the better (results)?
3. How would we recognise these conditions in measurable terms (indicators)?
4. For the places we are considering helping, how are they doing on these measures (baselines)?
5. What is the story behind the baselines?
6. Who are the partners who have a potential role to play in doing better?
7. What would it take to turn the curves? What strategy should the community as a whole pursue to make this happen?
8. What is our role in that larger strategy?

Put it in this format:

**Result:** Children live in safe and loving families

**Indicator Baselines**
(and/or Service Systems Performance baselines)

[ ] [ ] [ ]

Story behind the baselines

What would it take (what complete strategy is required) to turn the curves?

Our role in this larger strategy

**Optional Appendices**

A. Data Development Agenda
B. Information and Research Agenda (about causes and what works)
C. Secondary Measures detail
D. Partners’ detail (current & potential)
E. Current actions (that are working)
F. Propose next year detail
G. 2 to 10 Year agenda detail

Link to budget