



Commissioning for Outcomes and Efficiency

Delivering better outcomes for disabled children



**Promising practice,
tools and resources**



| | |
|---------------------|--|
| Type of paper | This Commissioning Support Programme document explores effective practice and provides practical resources for commissioning for better outcomes for disabled children. |
| Primary audience | Directors of children's services, lead members for children's services, strategic commissioners, children's services managers and providers of services for children with disabilities and their families. |
| Date of publication | November 2010 |



Contents



| | |
|--|----|
| Introduction | 4 |
| Where do I start? | 4 |
| Developing your commissioning skills | 4 |
| Needs assessment: making best use of available data | 5 |
| Promising practice | 7 |
| Resources for more information | 8 |
| Commissioning strategy: joining up governance, commissioning and resource planning | 9 |
| Promising practice | 12 |
| Resources for more information | 14 |
| Service planning: the role of integrated assessment | 16 |
| Promising practice | 17 |
| Resources for more information | 19 |
| Market shaping and procurement | 20 |
| Promising practice | 21 |
| Resources for more information | 22 |
| Improving performance management: using outcomes frameworks | 23 |
| Promising practice | 24 |
| Resources for more information | 25 |

Images used in this publication are by Tomasz Markowski, Jaren Wicklund and Lisa F Young (dreamstime.com) and Diloute, Kim Gunkel and Rich Legg (istockphoto.com)

Introduction

Where do I start?

One priority for children's commissioners is improving the lives of disabled children. Representing a diverse group, disabled children often have highly complex needs requiring multi-agency support across health, social services and education. Some disabled children are technology-dependent, and many others have long-term disabilities requiring varying levels of support over the course of their lives. Requiring a vast and complex array of health, social care and specialist educational services, disabled children particularly stand to benefit from joined-up, whole system approaches to commissioning through the auspices of the local authority and its partners.

This report is designed for those seeking to improve their commissioning of services for disabled children. It will be of use whether you are new to this field or just looking for advice about a particular commissioning challenge. We have brought together some emergent and promising practices with 'top tips' and links to other resources and expertise, including other children's services commissioners.

The report's ideas were compiled from commissioners and other experts, yet the knowledge base appears slim in some places; this is because commissioning in this field is in many ways still developmental. Therefore, this is not a comprehensive or definitive guide. Rather, it aims to point you to the guidance and helpful practices that can improve commissioning. We also hope that, through your participation in the Commissioning Support Programme, you will be encouraged to contribute to an evolving field.

The topics covered in this report are:

- **Needs assessment:** making best use of available data
- **Commissioning strategy:** joining up governance, strategy and resource planning
- **Service planning:** the role of integrated assessment
- **Market shaping and procurement**
- **Improving performance management:** using outcomes frameworks

Developing your commissioning skills

Understanding the basics of effective commissioning is the place to start for new commissioners, and the Commissioning Support Programme can provide support here. Commissioning covers the activities and processes used by people who make decisions about how best to use public resources to improve children's lives. There are

different models of commissioning, but it is essentially a generic process. Strategic commissioning consists of the same key stages. These take commissioners from understanding the needs of children and young people to ensuring that services meet those needs and produce the best outcomes. Most important, experience suggests that the most effective commissioning occurs where there is clear strategic leadership, so that a whole system view can be taken.

The basic stages in the commissioning process can be summarised as:

- **Understand** – understand needs, resources and priorities and agree outcomes
- **Plan** – map and plan sustainable and diverse services to deliver outcomes
- **Do** – procure and develop services based on the plan
- **Review** – monitor service delivery of outcomes and take remedial action if necessary.

These steps form a cycle that is repeated on an ongoing basis so that service provision is continually refined and the best outcomes are achieved. Strategic commissioning can be thought of as service planning plus contestability. It is more than just procurement. This is because commissioners are not restricted to purchasing existing services (whether from in-house or external providers) but can work with providers over the long term to refine current services or develop new ones. One of the core jobs for commissioners is to redesign and reconfigure services, preferably simplifying the system, before deciding what they need from service providers and how to demonstrate that they are contestable.

To develop your commissioning skills, the Commissioning Support Programme has produced a clear and easy to understand introduction to commissioning. [Good Commissioning: Principles and Practice](#) is available from the Commissioning Support Programme website.

The Commissioning Support Programme *A to Z of Commissioning* training materials are organised around 22 online modules. The materials have been developed to help leaders, commissioners, providers and the communities involved in children's services develop a shared understanding of commissioning and the skills needed to improve children's services commissioning. [A to Z of Commissioning materials can be downloaded from the Commissioning Support Programme website.](#)

Needs assessment: making best use of available data

Commissioners seeking to understand the needs of local children with disabilities face numerous hurdles. It is difficult to make accurate estimates of disability in children and young people; this is partly because each traditional service defines disability in different ways. A 'rule of thumb' is that one per cent of the children's population has the most complex needs, but figures by local area may in fact be different; others suggest a figure of 7.7% is more accurate, as this includes all disabilities as defined by the Disabilities Living Allowance. Data are collected by numerous health and social care agencies, as well as schools, and the different categories, definitions and thresholds used across the system add complexity to needs assessment activities. For example, routine data are collected by local authorities on children with statements of special educational needs, but this does not reflect the spectrum of disability and is only a weak proxy measure for severity. In addition, information about individuals may be held in care records that are not linked and, even where data might be available, such as through summary health records, it may be difficult to extrapolate and translate individual experiences into the population-level estimates needed for effective commissioning.

Imperfect data need not preclude improvements in commissioning, however. Understanding needs is still a useful starting point for commissioners. Good needs assessments bring together the best available 'hard' and 'soft' data – quantitative information complemented by experience-based qualitative information from children, young people and their families. Interpreting the data requires a certain degree of technical knowledge and skills in data analysis, along with knowledge of data sources and experience of using population statistics and epidemiology to inform decision-making.

The more comprehensive the needs assessment is, the more likely it will be that commissioning practices can:

- address frustration and misunderstandings for children, young people and their families
- improve information sharing and communication across local authorities and their partners
- improve relationships between commissioners and providers
- support service planning for population groups and enable personalisation.

'Top tips' from commissioners

1. Map your data sources, then investigate and interrogate the data

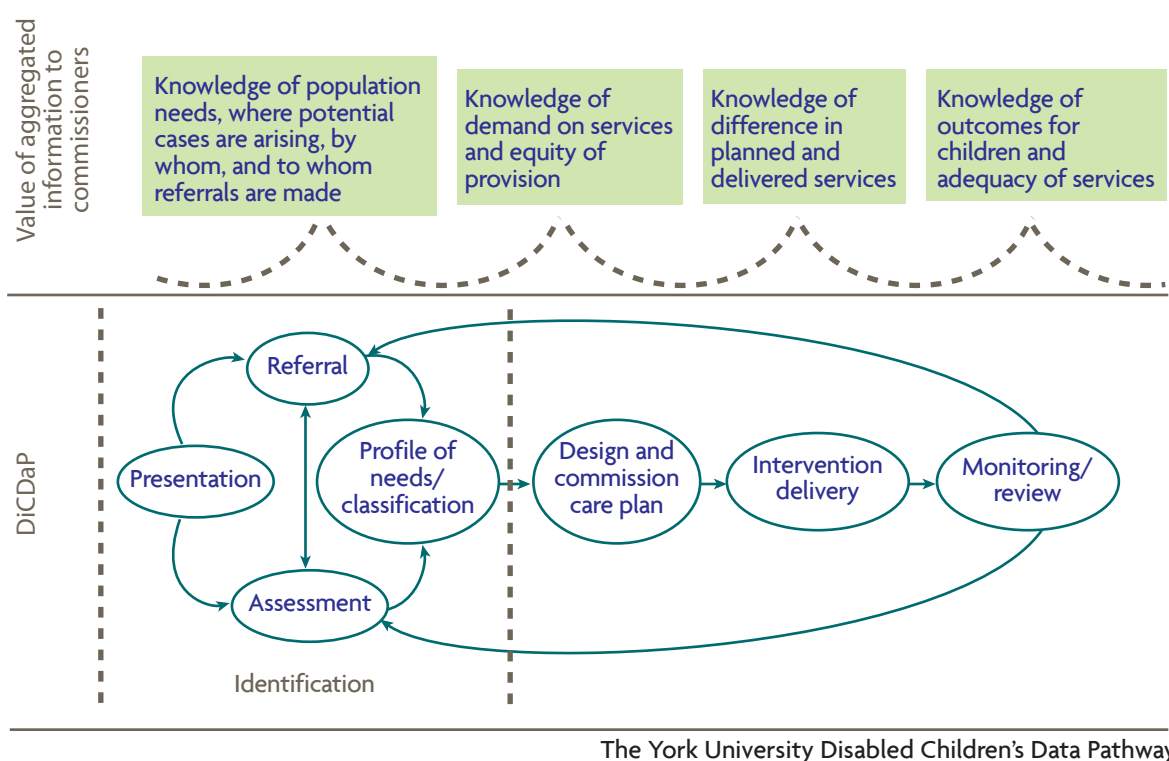
Use the *Disabled Children Data Pathway*, developed by York University, to gain a comprehensive view of data available for your needs assessment. Available data can be broken down into four categories:

- incidence and prevalence data on needs or conditions
- data from care plans or existing services
- information from reviews or monitoring of outcomes
- experience data from children, young people and their parents.

The data pathway is illustrated on the next page. Most of the data available to commissioners will need to be evaluated together to provide an overall estimate of population needs. The main sources of local disability data might include the special education needs register, local information compiled by the Centre for Excellence and Outcomes (C4EO), from social care service users, and through the voluntary register. Local authorities will also have services data that can be mapped geographically, such as the density of known disabled children and service utilisation data for short breaks care by ward. Commissioners should acknowledge the gaps in information – while the datasets overlap, they are not synonymous – and is important to recognise incomplete data as well. For example, data for school-age children are more readily available than data for children in the early years or post-age 16. In addition, data are not routinely collected on packages of care in a way that enables population-level analysis of interventions provided to children in relation to their needs.

The Child and Maternal Health Observatory (ChiMAT) provides interactive child health and school profiles on its website, along with summary needs assessments that include disabilities information. These profiles can be used by children's commissioners to assess their progress on a number of indicators. The disabilities needs assessment summaries include age-specific prevalence projections based on national figures, and they are designed to inform commissioning decisions. However, the data do not directly address the health needs of disabled children.

Commissioners can refer to their scores on the disabled children's services national indicator (NI54). This dataset collects from every local authority and primary care trust the views of parents about their experiences of services for disabled children and young people. The



indicators measure health, education and care, and family support services against the Aiming High core offer, such as choice and involvement in care planning and service development. Data now exist for two indicator surveys, covering the periods of 2008–2009 and 2009–2010. Each year the indicator is calculated by a two-stage postal survey sent to parents of disabled children. The first stage is a screening survey, which is used to identify parents and carers of children with a wide range of disabilities to take part in the main survey. Commissioners can review their local reports: [Local reports for LAs](#) and [Local reports for PCTs](#).

2 Complement your hard data with experience data

There are many approaches commissioners can use to understand the expectations and experiences of disabled children and young people, their parents and carers, and this information should complement any analysis of existing 'hard' data.

For example, commissioners should review the views obtained from parents. Information about their experiences of services for disabled children and young people is now available from every local authority and primary care trust, and it measures parents' views about health, education and care, and family support services, such as choice and involvement in care planning and service development. C4EO has an interactive data tool with area profiles on its website.

In addition to comparing local performance to national performance indicators, promising practice suggests that children's commissioners should create specific opportunities to collect experience data regularly, which will be useful for needs assessment as well as monitoring service performance. There are many options for involving children and young people and for encouraging parent participation. See the resources section below for links to good practice guides from the National Children's Bureau/Council for Disabled Children and Contact a Family.

The promising practice described next presents ways child and parent participation can contribute to needs assessment.

Promising practice

City of Bradford Metropolitan District Council: Mapping disability data

Bradford has brought together a combination of children with disabilities data from different sources as part of their Joint Strategic Needs Assessment (JSNA). Their experience of combining data and service maps produced a set of key priorities for the JSNA. A strategic multi-agency group for disabled children was re-established, and they are now: establishing a population baseline of prevalence of disability; improving transition planning; instituting a consistent approach across the partners; and actively involving disabled children and young people in palliative care. Children with complex health needs are also a priority group.

For more information, contact Steve Bowring:
steve.bowring@bradford.gov.uk



Durham: Parent participation in needs assessment

County Durham conducted a review of the services already available for families of disabled children that revealed the service was failing to meet the needs of disabled children and their families in several areas. Following this review, the service took the decision to work with parents and align their input with the work of senior managers, and to invite them to be involved in an event brokered by Contact a Family (CaF). The conference discussions identified transport, short breaks, and early years provision as key areas raised by the group of parents. CaF's relationship with families was thought to be more effective than that attempted by the local authority, leading Durham to work with CaF as the broker, and use it as its model of participation.

Working with CaF, it was decided that conferences would be used to showcase progress, to raise new agendas and enable parents, professionals and families to meet on a regular basis, at 6-monthly intervals. County Durham has now been using this model of parental participation for more than 18 months, with each conference involving, on average, 100 parents. Parents also help at all stages of the conferences, for example, with designing the invitation leaflets; this enables different groups (who represent the views of diverse groups of people) to be involved. This system creates a 'Catherine Wheel' effect: parents see visible change driven by their views and experiences, and word of mouth encourages increased parental attendance at each conference.

Read the full case study here: [A model of parental participation to facilitate improvements in disabled children's services \(County Durham\)](#) (75 KB)

For more information, contact Paul McGinney, Commissioning Manager, Youth crime, Disabled People, and Safeguarding at Durham County Council: Paul.McGinney@durham.gov.uk

Resources for more information

- The problems associated with capturing information about children with disabilities are well documented in a study by York University (2009): *DH Aiming High for Disabled Children: Improving Data, Final Report*. This study discusses all the issues surrounding data collection. The authors conclude that local authorities and their partners should take responsibility for understanding and analysing data on disabled children across all services and agencies with responsibilities for them. An individual with the right skill sets is required to lead this work with the authority to investigate all available information and drive the changes required. See <http://php.york.ac.uk/inst/yhec/files/resources/FinalReport-Nov09.pdf>
- Commissioners may find the research from the Thomas Coran Research Unit, University of London, on defining disability is relevant to their needs assessments and planning. Appendix B of the report includes helpful summaries of disabled children's data. *Disabled Children: Numbers, Characteristics and Local Service Provision* Ann Mooney, Charlie Owen and June Statham, Thomas Coram Research Unit, Institute of Education, University of London. www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR042.pdf
- ChiMAT's one-stop shop for children's health data pulls together a range of sources and provides useful tools, data and other knowledge to support better commissioning and delivery of children's services. www.chimat.org.uk
- ChiMAT and Durham University are collaborating to integrate intelligence that links information from a number of sources, including disabilities. Special reports and a range of online tools are bringing together demographic, service, finance, activity and outcomes data. See: www.chimat.org.uk or contact the CSM Helpdesk at help@childrensmapping.org.uk
- The Centre for Excellence and Outcomes (C4EO): has aggregated relevant data about disabled children from a variety of sources and made this available on their website. Their interactive tool includes maps and area profiles: www.c4eo.org.uk/themes/disabledchildren/default.aspx?themeid=2&accesstypeid=1
- Good Practice in Children's Participation: National Children's Bureau/Council for Disabled Children resource list: www.ncb.org.uk/resources/publications.aspx
- Good Practice in Parents' Participation: From Contact a Family and the Council for Disabled Children: www.cafamily.org.uk/ParentParticipationGuide.pdf and www.ncb.org.uk/cdc/publications/parent_partnership_services.aspx
- The Commissioning Support Programme's website has a number of tools for commissioners that can support needs assessment: www.commissioningsupport.org.uk/learn-about-commissioning/the-commissioning-process/commissioning-tools.aspx
- The Commissioning Support Programme has been using this tool to support commissioners developing a commissioning strategy for children with complex needs. [Commissioning for children and young people with complex needs: Data capture template pdf \(63.9 KB\)](#) Easily adaptable, it is divided into sections referring to the three types of information usually required to develop an evidence-informed commissioning strategy. It poses key questions that commissioners need to answer, and gives potential data sources that can be used.

Commissioning strategy: joining up governance, commissioning and resource planning

Many local authorities and their partners have found that having a distinct joint governance framework, accompanied by a joint commissioning framework for children with disabilities, accelerates progress with multi-agency working and coordination. Local partnership arrangements have helped to ensure that joint processes and structures deliver better outcomes through commissioning, framework development can lead to the formulation of a joint commissioning strategy, as well as the development of joint processes and outcomes across all universal, specialist and targeted services for disabled children. At an operational level, the joint framework encourages co-location or better coordination of services and agencies, and shared workforce development, such as training and secondments.

Formalising joint commissioning has many benefits. The shared framework:

- provides a strategic, overarching vision and ‘road map’ for commissioners and other agencies
- supports strategic and long-term commissioning decisions and helps avoid short-termism
- develops common and consistent priorities for all agencies in an area, which is helpful for front-line staff and promotes partnership working
- avoids duplication of resources by different agencies
- ensures children and families receive a joined-up, holistic service from all agencies, tailored to their individual needs
- ensures resources can be targeted at early intervention to minimise crisis situations
- provides a baseline plan against which actual delivery and commissioning decisions can be evaluated for impact and effectiveness.

‘Top tips’ from commissioners

3 Create a distinct joint commissioning framework and joint commissioning strategy to meet the needs of children with disabilities

The ability to create a joint commissioning framework and strategy necessarily reflects the culture and maturity of the local partnership arrangements. By necessity, the focus on disabled children takes strategic thinking beyond the customary objectives of existing local plans for children and young people. The most important players are the local authority and the primary care trust because of funding allocations. However, other local partners involved in commissioning and delivering services, including providers, should be involved or consulted in the design of the framework and strategy. The NHS Operating Framework is a key lever that commissioners can use, via the partnership arrangements to support delivery across an area. Some local authorities and their partners have created joint commissioning boards to focus their efforts on disabled children’s services. Children and their parents should also play an integral role in the development of the framework and strategy.

With local authorities and their partners expected to revise their plans in 2010–11, there is an opportunity to go beyond the minimum requirements and to consider ways to improve their commissioning of services for disabled children. For example, agreeing a common set of indicators that all local agencies have signed up to will allow commissioners to evaluate the impact of services better and also help providers to understand their role within the overall local strategic plan for children and young people. In addition, moving away from traditional service descriptions can encourage innovation in service design, especially if the views of children and parents are sought in earnest.

A joint commissioning framework for disabled children should follow agreed commissioning models, which broadly cover ‘understand, plan, do and review’, and align with best practices in health sector commissioning. In addition, the frameworks themselves should be subject to regular review and updating. In relation to a joint commissioning strategy, roles and responsibilities should be clearly assigned and allocated, backed by a clear indication of the resources available and how they will be used (this includes funding but also capital and staff resources).

4 Understand what budgets are available, and consider alignment or joint budgeting

Understanding what resources are available is essential to accurate planning and, with pressures on public spending by local authorities and in health, getting a good grasp on funding for disabled children's services matters even more. Following from a joint commissioning framework and strategy, the local authority and its partners should be able to establish a clearer idea of the resources available from different partners, whether or not ring-fencing is an option. Understanding of what budgets are available can allow multiple partners to address agreed priorities jointly. The joint commissioning framework will clarify who manages the budgets and how investment and disinvestment decisions will be made. Commissioners then have an option to align budgets or to formally join them up through Section 10 or 75 agreements. Knowing the total resources available for children with different levels of need is an essential component of the 'In control' and other approaches to personalisation and individual budgets. (For further information about personalisation, see the CSP 'Learning Together' report: www.commissioningsupport.org.uk/cs/groups/achieving_better_outcomes_group/media/p/1695.aspx)

In many local authorities and their partners, the costs for some services will not be known and there may still be a tendency to reproduce provision on the basis of historical commitments, rather than on an approach that emphasises service improvement and re-design or that tests value for money. Understanding the costs of services, their use, and actual or potential impact is a key business activity when reviewing services and modelling options for improvement.

The tools relating to cost measurement of services and interventions across public services are quite process-driven and service-specific, for example, looking only at the direct costs of service provision. However, children may also be receiving support in universal settings where the indirect costs are harder to calculate, such as at school or nursery. Therefore, when calculating costs, it is

important to consider the indirect costs (and benefits) of service provision. For an example of how to do this, see the following resources section for a link to the report, *The Costs of Short Breaks Provision*, which provides a model that could be used for other services.

Pooling funding from two or more partners into one budget – a pooled budget – provides the scope to combine and concentrate money effectively so that local services are shaped around needs and better outcomes are secured. Managed by one of the partners, a pooled budget also has the potential to generate economies of scale and bring efficiencies.

Legislative powers are in place to enable public sector organisations to pool money and other resources: S10 of the Children Act 2004, and S75 of the NHS Act 2006. Pooled budgets can vary greatly in size, from a single project to a whole service, typically between £10k and £100m in children's services.

5 Consider options for personalisation – individual budgets, budget-holding lead professionals or direct payments

In undertaking resource planning, commissioners should also consider the potential for using individual budgets, budget-holding lead professionals or direct payments as part of their overall commissioning strategy. The underlying principles here are commissioning for personalised outcomes, and the co-production of better outcomes with children and their families, often with service users having greater control over how money is spent. The goal should be to make resources as flexible as possible for families and the professionals supporting them. The Commissioning Support Programme's website has compiled existing resources about personalisation, touching upon different approaches such as direct payments, individual budgets, budget-holding lead professionals and self-directed support.

The agenda around individual budgets in particular is an evolving one. Although this approach was originally

Pooling budgets is appropriate ...

- » for bilateral, or trilateral, arrangements
- » when partners are statutory agencies with powers to pool budgets
- » when organisational boundaries or specialisms hinder the achievement of outcomes
- » for establishing a long-term commitment to clearly specified approaches.

Aligning budgets is appropriate ...

- » when partners include the voluntary or private sector
- » where partners bring specific approaches or solutions to support action or a commonly identified issue
- » when testing flexible or innovative approaches
- » as a low-risk stepping stone to developing pooled budgets,
- » where alignment may be the only option because of different governance and monitoring/audit structures.

pioneered with older people's services, individual budgets (IBs) are currently being piloted for disabled children. An IB in this context has been defined as follows:

'An individual budget (IB) applies to an arrangement whereby a service user gains direct control over the application of funding allocated to them following an assessment process or processes, and where funding is sourced from a number of income streams held by local statutory bodies. The intention in bringing different funding streams together is to go beyond current direct payment arrangements, and provide a more holistic and joined up package of support.

Under IB, the service user will also be offered the support of a broker to help manage the allocation provided – some of which may be in cash form, but can also be services provided in kind. The broker may also hold the budget on behalf of the beneficiary.

Source: *Individual Budgets for Disabled Children and their Families Pilot Specification and Application Pack*

Six local authorities, along with their primary care trust partners, were commissioned to pilot IBs for families with disabled children. The activities of each site are feeding into the national pilot programme, which has been set up to establish if an IB: (1) enables disabled children and their families to have more choice and control over the delivery of their support package; and (2) improves outcomes for some, or all, disabled children and their families.

The pilots will run from April 2009 to March 2011, during which time their activities will be evaluated by a consortium led by SQW Consulting. Initial findings from the first year of the evaluation suggested that a number of families were struggling to cope with their circumstances and had expressed a degree of dissatisfaction with their traditional support packages. This suggests that there is the potential for IBs to improve satisfaction and outcomes for these families, if IBs work as it has been hypothesised they will. In addition, the initial support planning process has shown that support planners are seeking to draw more explicitly on community resources to augment more traditional services and other activities that require funding. As such, the pilot sites have been seeking to develop community capacity to enable families to access local and universal services, which introduces new providers into the mix and creates new forms of service provision.

Early learning suggests that, although expressing greater satisfaction, families continue to need support and training to bolster their decision-making, and that the system needs to be simplified to improve navigation and overall responsiveness. For instance, helping parents and young people to develop the skills to commission services for themselves has been as essential as having a skilled workforce, and some local authorities and their partners have even arranged for joint training programmes to address issues such as safeguarding. Commissioners interested in devolving budgets must therefore not disregard their primary strategic responsibilities for making these approaches work – from joint commissioning frameworks and pooled budgets, to market development and management, and service improvement overall.



Promising practice

Gloucestershire County Council: Examples of a joint commissioning framework and joint commissioning strategy

Gloucestershire County Council has been experiencing a rise in the number of children with disabilities living locally. In addition, they were keenly aware that disabled children fared worse in their outcomes than did their peers, and that families were dissatisfied with the level of support available.

In response, Gloucestershire County Council worked closely with Gloucestershire Primary Care Trust to agree ways to deliver better outcomes for children with disabilities. This resulted in the partnership-wide agreement to an outline joint commissioning strategy in 2007 and the joint county council and PCT bid in 2008 for Pathfinder status as part of the previous government's programme for transforming short breaks. This collaborative approach then culminated in the signing of a joint County Council and PCT Charter modelled on the separate *Every Disabled Child Matters* charters for local authorities and PCTs in December 2009. In both, they agreed to work in partnership to commission and provide effective services, including joint workforce development and support for a parent partnership service. The provisions in the joint commissioning strategy take further the aspirations of the children's and young people's plan and the local area agreement.

The two documents are: the *Every Disabled Child Matters Joint Charter* and *An Outline Commissioning Strategy for Children and Young People*:

www.gloucestershire.gov.uk/index.cfm?articleid=7828

For more information, contact Simon Bilous: simon.bilous@gloucestershire.gov.uk

Leeds: The Disabled Children's Board

The Disabled Children's Board was established in 2007 as part of the Leeds children's trust arrangements. It is effectively an integrated commissioning board. Membership reflects the full range of statutory, voluntary, community and faith sector partners commissioning and delivering children's services. Carers are engaged through a parallel structure, and young people are involved through a range of approaches.

A clear work programme was agreed and subsequently developed into a full joint commissioning strategy.

For more information, contact Martin Ford: martin.ford@nhsleeds.nhs.uk

Pooling and aligning budgets for disabled children's services

The Commissioning Support Programme's website provides a useful summary of how pooled budgets can lead to improved outcomes. The site also includes a 'frequently asked questions' to guide commissioners with joint resourcing decisions.

There are numerous case examples where Section 10 or 75 agreements have been used successfully for commissioning disabled children's services, including:

- » Brighton and Hove – S75 for children with disabilities
- » Derby – S75 for children's disability services
- » Dudley – S75 for children with disabilities
- » Ealing – S10 agreement for integrated services to children with disabilities
- » Newcastle – S75 agreement for provision and commissioning of services for children with high care needs
- » Swindon – S75 agreements for children with disabilities.

For more information see:

www.commissioningsupport.org.uk/about-commissioning/budgets/pooled-budgets.aspx

Sheffield: Using personal budgets to improve outcomes for young people transitioning to adult services

Individual budgets have been used successfully in Sheffield to implement a personalised transition support service. First developed at the Talbot Specialist School, personal budgets were used to plan young people's personal transition to adult services, enabling young people to leave school and to achieve 'active citizenship'. The development of personal budgets required significant behind-the-scenes working across health, education and social services agencies, including both children's and adult social services. The use of individual budgets was complemented by three other strands of work: family leadership, citizenship curriculum and co-ordinated professional support. The results included a smoother transition for young people to adult services, transformation of the transition process, and a better understanding of the roles of schools and peer support during transition.

The model is now being developed further and expanded across Sheffield. The full report describing the work in Sheffield is by Alison Cowen. Called *Personalised Transition: Innovations in health, education and support*, it is available from the Centre for Welfare Reform: www.centreforwelfarereform.org



Resources for more information

- The previous government's guidance for improving disabled children's services may still be helpful for commissioners. For example, the then DCSF produced guidance on joint funding arrangements, including a template commissioners can use for pooling funding and a summary of the legislation supporting both pooled and aligned budgets (2007): www.dcsf.gov.uk/everychildmatters/strategy/managersandleaders/planningandcommissioning/jointfunding/jointfund/
- The Department for Communities and Local Government also published guidance on pooled budgets (2010): www.communities.gov.uk/publications/localgovernment/poolingaligningbudgets?view=Standard
- A 2009 publication for the Department of Health was written with adult services in mind but is still very relevant to commissioners of services for children with complex needs. It explores how to commission in a more personalised way for better outcomes: [Contracting for personalised outcomes: Learning from emerging practice](#) PDF (1.31 MB)
- The publication, *Children's Trusts: A briefing paper on improving financial management* (Audit Commission and CIPFA, 2009), contains a useful information about resource planning, joint budgeting and cross-agency working: www.audit-commission.gov.uk/nationalstudies/localgov/arewethereyet/pages/childrenstrusts.aspx
- Together for Disabled Children published *Developing Effective Joint Working Between Health and Local Authorities* (2009): www.togetherfdc.org/SupportDocuments/DevelopingEffectiveJointWorking.pdf
- The Commissioning Support Programme website has a 'Q&A' about pooling budgets. This paper provides answers to frequently asked questions about partnerships and pooled budgets and explains when and how to formalise arrangements, known practice, options to consider, and some next steps for commissioners: www.commissioningsupport.org.uk/cs/groups/governance_partnerships_and_pooled_budgets/media/p/1609.aspx
- A guide from the National Children's Bureau/Council for Disabled Children (CDC) looks at the reality of implementing direct payments services within a children's legislative context, based on the experience of 13 councils who met with CDC over an 18-month period. [Direct experience: A guide for councils on the implementation of Direct Payments in children's services](#)
- In April 2008, SQW Consulting was commissioned by the then DCSF to undertake a scoping study prior to the piloting of individual budgets (IBs) for families with disabled children. The primary purpose of the study was to inform the development of the IB pilot programme and therefore the research sought to review a range of existing approaches that were being used to deliver IBs and interventions of a similar nature. *Individual budgets (IBs) for families with disabled children: a scoping study* was published in October 2008 and concluded by recommending the use of a 'common delivery model' (CDM) which set out ten key elements to be addressed by the pilot sites. The report can be found at: www.dcsf.gov.uk/everychildmatters/healthandwellbeing/ahdc/individualbudgets/individualbudgets/
- SQW Consulting also led a consortium to evaluate the pilot programme. Up-to-date information on the IB pilot programme and quarterly evaluation progress reports are available at: www.dcsf.gov.uk/everychildmatters/healthandwellbeing/ahdc/individualbudgets/individualbudgets/
- InControl has also published a guide about personalisation and children's services, and it specifically addresses individual budgets and disabled children's services. The publication *Personalisation: Children, Young People and Families* (2010) can be found on the InControl website: www.in-control.org.uk/site/INCO/Templates/General.aspx?pageid=1499&cc=GB
- The Commissioning Support Programme has published online another 'Learning Together' discussion document on personalisation. It covers the theoretical basis for personalisation and co-production, as well as practical examples of how to put the theory in to practice for children's services (individual budgets, budget-holding lead professionals, direct payments, self-directed support, etc.). www.commissioningsupport.org.uk/cs/groups/achieving_better_outcomes_group/media/p/1695.aspx
- The cost calculator for children's services (CCfCS) is software that calculates the costs of social care processes and placements for looked-after children, and has now been expanded to include foster care and short breaks. It facilitates comparisons between the relative value of different types of care, making it easier to estimate the potential benefits of introducing alternative packages. Efforts are under way to extend the model to other children's services. Analyses of costs with respect to the outcomes variables included in the CCfCS are also available at www.ccfcs.org.uk/ *The Costs of Short Breaks Provision* report can be found here: www.dcsf.gov.uk/research/programmeofresearch/index.cfm?type=5

- A template tool on the Commissioning Support Programme's website identifies questions for steering groups or commissioning boards to answer when commencing a project to improve commissioning for children with complex needs:

[Commissioning Strategy Planning Tool – Children with Complex Needs](#) (Institute of Public Care, 2009).

It also includes prompts and examples of issues to stimulate discussion about the scope of and key activities to develop a commissioning strategy. It can be adapted to discussions about commissioning disabled children's services. The CSP website has other tools and resources for commissioning complex needs:

www.commissioningsupport.org.uk/resource-bank/children-and-families/complex-needs-practice.aspx



Service planning: the role of integrated assessment

The use of a uniform integrated assessment process (such as CAF or other similar forms) by all agencies delivering services across the same area creates scope for significant service delivery improvements. Emerging evidence suggests that integrated assessment works best if it is both personalised and outcomes-focused. Better and more consistent use of data can also play an important role in commissioning decisions, including strategic planning for service design and investment decisions. Integrated assessment processes or tools can be jointly developed by commissioners, providers and client steering groups to provide improved access to services, support transition and aid in the transfer of information between organisations. Although CAF is being used more consistently, greater take-up by health providers is often still needed.

The benefits of integrated assessment for strategic commissioning and services planning include:

- a focus on outcomes and the personal ambitions and aspirations of children and young people themselves
- improved quality of data for both commissioners and providers
- greater sharing of information between providers so that children, young people and their families experience a more seamless service
- improved collaboration and communication across organisations
- clarified eligibility criteria for different services
- swifter identification of children and young people who need specialist services or who fall in between universal and specialist services.

'Top tips' from commissioners

6 Implement an integrated assessment process through an entire care pathway

7 Involve children, young people and their parents in re-shaping the assessment process

Commissioners can use local children's services partnership arrangements to work collaboratively in implementing a common, integrated assessment process, such as the CAF. This system will allow for core information to be shared across providers as appropriate, encouraging greater care integration. Working in an integrated way requires clear and transparent communication between all organisations and professionals to create a shared vision of services. The requirements of data protection laws should not be seen as prohibiting data sharing, especially where this will improve care outcomes. The 'promising practice' examples illustrate the role parents can play in shaping effective assessment processes; formal parent participation groups are increasingly common and can be instrumental in streamlining assessment.

The assessment tool or form should be regularly reviewed and updated to ensure it is meeting service needs and identifying the needs of all children and young people. The input of children, young people and their families should be taken into account when re-shaping the assessment process. All those who will use the forms should get training to ensure they complete them appropriately, and this should be supported through auditing the completion of assessment forms regularly to ensure that the full details for each young person are being recorded.

One approach to demonstrating the links between integrated assessment, service integration and better outcomes is to apply the approach through a care pathway. For example, commissioners may ask themselves: how can we best meet the needs of children with speech, language and communication disabilities? Common assessment allows for the development and implementation of a locally based multi-agency database containing core data on disabled children, based on shared and agreed definitions; the data are used to monitor take-up of services against what is known about the local population and for the evaluation of services. Most important, the common dataset can be used to make commissioning decisions that lead to improved outcomes.

Promising practice

North Lincolnshire: Involving parents in re-shaping assessment

North Lincolnshire has involved parent carers in every stage of developing and shaping services for disabled children.

One of the disabled children's task groups was Access and Assessment, which had the remit of reshaping the assessment process. This was a small multi-agency group, which included parent representatives. The group worked through the existing process, identified improvements, and developed a model and a new framework of assessment.

Parents had initially been quite negative about the assessment process, but their issues were turned into opportunities that could be addressed through this working group. The outcome of this process is that parents feel their contribution is valid and that their views are valued. The resulting impact has been that parents have spread the word to other parents, and have been promoting the improvements and the new framework of assessment. They have also taken part in delivering a joint consultation process to both parents and multi-agency partners. This partnership with parents has helped raise their confidence, and the new process will have a positive impact for their disabled children in terms of a speedier and more appropriate access to services.



Leeds: Using coordinated assessment to meet needs

Leeds uses a co-ordinated multi-agency approach towards identifying and meeting the needs of disabled children and young people, to ensure that gate keeping to services is transparent, appropriate, equitable and in keeping with available resources. This approach enables disabled children and young people and their families to receive high quality child and family centred services based on their clearly identified assessed needs. It allows outcomes to be achieved, promotes social inclusion and, wherever possible, enables families to live ordinary lives. Need is defined as 'the ability to benefit from a service, or that provision of a service would prevent deterioration of the child/young person/family's quality of life'. The Leeds Children's and Young People's plan clearly maps levels of need and illustrates where common assessment fits into care planning. See the 'windscreen model' in the CYPP, (page 31) at:

www.leedsarts.org/uploadedFiles/Children_Leeds/Content/Standard_Pages/The_new_Children_and_Young_People's_Plan/CYP-Plan-FINAL.pdf

Children and young people with multiple additional needs require more services than those offered by universal services. Eligibility for services to meet these needs is established by an assessment either through a common assessment or core assessment. Children Leeds has a referral pathway flowchart with clear and agreed multi-agency actions or responses.

A multi-agency review of resources was undertaken; procedures were written and a multi-agency Disabled Children's Allocation Panel formed where all requests and assessments arising from a CAF or other comprehensive assessment are considered. The panel ensures that resources and funding streams are used appropriately for the needs identified and that care plans meet identified needs and outcomes and are personalised to each family as much as possible; and it monitors access to services by all eligible disabled children. Through its database the panel gathers information in order to identify issues, trends and unmet needs to inform future commissioning of services.

For more information contact Barbara Shaw:
barbara.shaw@leeds.gov.uk

Sutton Disability Partnership: Linking coordinated assessment (CONTACTS) with a service planning pathway (IMPACT)

Sutton had several goals in developing its CONTACTS system: to ensure that all disabled children under the age of eight years who were likely to need support from two or more specialist services would have a plan and someone responsible for implementing it; to reduce the time lag between identification or diagnosis and referral to appropriate support services; to prevent children from ‘falling through the net’ at points of transition; and – for children with more complex needs – to enable coordinated multi-agency assessment, planning and care, combined with effective practical and emotional support for families.

The CONTACTS process is used for identifying disabled children, sharing information between agencies, monitoring the implementation of plans and tracking children as they pass through the system. It is accompanied by an integrated assessment and planning pathway (called IMPACTS) for those with more complex needs, and includes having a key worker. Sutton took advantage of Change for Children developments on common assessment forms (CAFs) and lead professionals, both of which were key to extending multi-agency planning beyond the capacity of their social work team.

CONTACTS is a multi-agency panel that meets fortnightly (term time only). It is a coordination, tracking and information sharing process, not a case or planning forum. All cases presented to CONTACTS will have a CAF, a plan and a lead professional. CONTACTS ensures that the agencies that need to be involved in the plan, now or in the future, have the necessary information. Cases are reviewed by CONTACTS every six months. Parents are not present at CONTACTS (it is not for decision-making) but they are sent the notes from the discussion about their child.

IMPACT is a multi-disciplinary, multi-agency process for assessment, planning and review in complex cases. (‘Complex’ could refer to multiple needs or services, or to the need to reconcile different views or interests). Assessment formats include CAFs, CIN initial or core assessments, and other specialist assessments. IMPACT meetings are organised around the needs and wishes of families so the location, timing and format will vary from case to case. Decisions and plans are recorded using the ESP Family Plan format under the heading of ‘desired disabled children’s outcomes’.

Parents have more input into the process via the common assessment, the review and the input of the lead professional. Parents receive minutes with suggested plans of action and time-scales. The result is transparency, assessment and participation.

The multi-agency membership of CONTACTS leads to a sharing of information and resources. It acts as a ‘think tank’, which benefits families as the information is disseminated.

For further information, contact Toby Price: toby.price@sutton.gov.uk

Resources for more information

- The Council for Disabled Children has produced a [statement on eligibility criteria](#) and practice advice. See: www.ncb.org.uk/cdc/latest_news/news_jan-jun_2010/eligibility_criteria_-_practic.aspx
- *Multi-agency Care Pathways for Children with Life-threatening and Life-limiting conditions* (ACT 2004). This document identifies the many and complex needs families have in caring for children with life-limiting or life-threatening conditions. It includes a pathway that ensures child and family engagement is used for service strategy. The tool can be used to develop local care pathways for children with life-limiting conditions. www.act.org.uk/shop.asp?section=143&itemid=126&search=care+pathways
- *Common Assessment Framework Practitioners Guide* (DCSF, 2006): www.londonscb.gov.uk/files/library/caf_practitioners_guide.pdf
- Centre for Excellence and Outcomes (C4EO) has pulled together a catalogue of promising local practice and research reports about improving the well-being of disabled children. The research evidence can help commissioners shape commissioning strategy and service improvement based on 'what works'. See the disability theme on their website: www.c4eo.org.uk.
Three new reports are due out in summer 2010:
 - Ensuring all disabled children and young people and their families receive services which are sufficiently differentiated to meet their diverse needs
 - Improving the well-being of disabled children (up to the age of eight years) and their families through increasing the quality and range of early years intervention
 - Improving the well-being of disabled children and young people through improving access to positive and inclusive activities.
- The previous government published frameworks and other guidance for disabled children's services that might be useful for commissioners seeking to understand clinical pathways for managing complex health needs, continuing care and palliative care. *The National Service Framework for Children, Young People and Maternity and Services: Disabled Children and Young People and those with Complex Health Needs* (DH, 2004) can be found on the archived Department of Health website: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4089112
- *National Framework for Children and Young People's Continuing Care* (Department of Health, 2010). Best practice guidance, this framework set out an equitable, transparent and timely process for assessing, deciding and agreeing bespoke packages of support for children and young people who have continuing care needs that cannot be met by existing services alone. The National Framework includes a continuing care process, a care pathway and an assessment toolkit: www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_114787.pdf
- *Commissioning children and young people's palliative care services: A practical guide for NHS Commissioners* (Department of Health, 2005). This guide helps health services commissioners apply the National Service Framework for children's palliative care, ensuring close working with local authorities and other partners. www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4123874



Market shaping and procurement

At its essence, market shaping is about transforming services. With a joint commissioning strategy established and a clear set of outcomes identified, commissioners now have the imperative, if not the impetus, to purchase services differently. High-level design for services will be based on a review of care pathways, current service performance and the implications of the needs assessment. Market shaping will thus include a variety of mechanisms, such as competitive tendering, commissioning frameworks, service level agreements and grants.

Identifying outcomes at the start of the tendering process ensures that the needs of children and their families are central to service commissioning and delivery. Providers who can clearly communicate and deliver the desired outcomes for the children and families in their area will win contracts. Transparency of actions and motives will lead to stronger working relationships between commissioners, providers and families.

‘Top tips’ from commissioners

8 Use outcomes-focused tenders and contracting

Using outcomes as the starting point in the design of tenders and contracts can bring significant benefits to children and their families. These tenders and contracts are even stronger when they have been designed with all stakeholders, as greater buy-in suggests it is more likely that the outcomes will be met. This approach also assists providers to design services that are closely aligned to the outcomes specified by the local authority and its partners.

Commissioners should use evidence to assess what is currently being delivered and match that with what all stakeholders would like to see as their ideal provision of service. Mapping, ‘logic modelling’, and care pathway analysis are examples of ways commissioners can establish what changes are possible, based on available funding. Collaborative working between commissioners, providers and families will be necessary to understand realistic possibilities for service delivery, although commissioners need to be careful not to show preference to specific providers through the tendering process.

Templates and examples of tenders and contracts are available from the Commissioning Support Programme’s website. These demonstrate ways to communicate the expectations for service provision clearly and transparently.

9 Work jointly with the charities, social enterprises and voluntary organisations to shape services

The significant role of charities, social enterprises and voluntary organisations in delivering services to disabled children, particularly short breaks, means commissioners must carefully plan system and service changes whilst maintaining a level playing field through the use of competitive dialogue.

The evidence base for joint working is growing, particularly in respect of short breaks provision but also in regards to equipment provision. Because many service providers are small providers, they may need support from commissioners to understand how commissioning differs from traditional procurement. They may also be wary of contestability and worry about decommissioning. What these providers often need are larger contracts over longer periods of time, as well as streamlined bidding processes.

Best practice suggests that commissioners are clear and transparent with their tendering intentions, but also that providers be involved – through provider events, for instance – in shaping services in response to changing specifications. To facilitate the marketplace approach and to encourage innovation, the Commissioning Support Programme has designed an online ‘Short Breaks Marketplace’ to bring commissioners and providers together. Launched in 2009, commissioners have used the site to announce their draft commissioning specifications as well as to post tenders. Providers registered to the site are notified of new offers, are able to respond to tenders online, and are able to market their services directly.

Promising practice

Gloucestershire: Market analysis to find gaps and improvement opportunities

Gloucestershire undertook a detailed market analysis of the provision of services for disabled children. The review enabled it to identify gaps in service provision and to identify significant improvement opportunities. Plans were then developed in each service area, with different approaches used to shaping the market for a number of core services and in response to the variation in needs. For example, to nurture the market, free training called 'Inclusion Needs You' is now provided to sports, arts and other leisure activities, and child care providers. Networking between providers has also been actively encouraged, and more providers are now coming on board and some creative partnerships have formed.

A copy of the market analysis is available from: www.gloucestershire.gov.uk/index.cfm?articleid=7828

Tower Hamlets: Close collaboration with Whizz Kidz improves provision of equipment

Whizz Kidz and Tower Hamlets PCT developed an award-winning collaboration to improve access to community equipment for children with disabilities. Disabled children in Tower Hamlets were facing waiting times of over two years for powered wheel chairs. As a charity, Whizz Kidz had the expertise and understanding of the market to respond more effectively to the needs of children and families. Initial collaboration, supported by a grant from the PCT, enabled Whizz Kidz to clear the waiting list and increase the number of children who benefit. Whizz Kids were able to provide high specification and more appropriate equipment than could be purchased by the PCT alone. User satisfaction has also improved, and an evaluation is under way to assess the cost effectiveness of the partnership.

NHS London is now working with Whizz Kidz on a partnership project to improve services across the region. Significant interest has been raised from clusters of PCTs in North East and South East London. Whizz Kidz is helping many PCTs describe 'what good looks like' in their tendering specifications.



Resources for more information

- Together for Disabled Children (TDC) has published: [Developing the Market for Short Breaks v1.0](#) (2009). This document gives advice and examples of practice for local areas interested in developing the marketplace for short break providers. It can be used as a checklist for local areas to examine their current approaches to market development and includes generic information about procurement and market management that are pertinent to the development of all services.
- TDC has also published *Transforming Short Break Services – an Introduction* (2009). See www.togetherfdc.org/SupportDocuments/DevelopingTheMarketForShortBreaks.pdf
- The then DCSF and the Council for Disabled Children published a *Short Breaks Procurement Guide*. See the document (pdf) link from: www.dcsf.gov.uk/everychildmatters/healthandwellbeing/ahdc/shortbreaks/shortbreaks/
- The Commissioning Support Programme is piloting an innovative online marketplace for commissioners and providers of short breaks. Commissioners can post tenders or commissioning specifications, and providers can upload information about their services, their geographic coverage and other pertinent information. Once registered on the site, providers are notified of new tenders. www.shortbreaksmarketplace.org.uk
- *Why Commissioners Should Know about Procurement* is part of a suite of 10 documents published on a DVD entitled *Commercial Skills for Commissioners* launched by the DCSF in 2009. www.commissioningsupport.org.uk/cs/groups/commercial_and_procurement_group/media/p/721.aspx
- There is a wealth of helpful guidance on the CSP website including:
 - *Love your tender* published by Children England in 2009. This is a guide to understanding contracting and how to support organisations to be ready to tender. The guide explains the contracting and procurement processes and the issues surrounding these. It also has activities for each section, signposts to other resources, tips on procurement, checklists on essential points needed for the different stages of the procurement process and a wide range of useful information on things to keep in mind when preparing to tender. www.commissioningsupport.org.uk/cs/CSP/SiteSearch/ResourceBank.aspx?terms=love+your+tender&new=1
 - *Decision Making Guide to Procurement Options*: www.commissioningsupport.org.uk/cs/groups/commercial_and_procurement_group/media/p/389.aspx
- See also the Commercial and Procurement Group's main page on CSP's website: www.commissioningsupport.org.uk/cs/groups/commercial_and_procurement_group/default.aspx

Improving performance management: using outcomes frameworks

An outcomes-based performance management framework is one that assesses the effectiveness of a service in relation to outcomes, not by service outputs. This is a far more effective gauge of the impact that commissioned services are having on people's lives and on the wider community. An outcomes-based performance management framework can complement an outcomes-based approach to tendering for contracts, allowing the performance of services to be measured against the outcomes objectives established in the tendering process. It supports more sophisticated reporting which assesses quality alongside quantity.



'Top tips' from commissioners

10 Involve parents and disabled children and young people in the development of an outcomes framework by asking 'What are the outcomes that matter to you?'

Experience is the bridge between outcomes and indicators. Outcomes frameworks enable commissioners and providers, along with children, young people and their families, to co-produce outcomes, and be jointly responsible for their delivery, which in turn encourages partnership working and more cohesive relationships. Examples of outcomes might include: disabled children and young people are participating in positive activities suited to their needs; parents are reporting that they are receiving good quality and timely services; disabled children and young people are improving their personal achievement by attending high-quality pre-schools or nurseries; disabled children and their parents are given opportunities to participate in decision-making.

11 Incorporate outcomes into your commissioning framework and contracts

What milestones are you setting to support the achievement of locally defined outcomes? And how can you measure them? Seek advice on how to measure outcomes for disabled children in order to understand what constitute legitimate metrics, and incorporate these outcomes into your commissioning frameworks and contracts. Develop local outcomes for commissioning from multiple perspectives, including those of young people, organisations, parents and carers. Outcomes should also look at the impact across the whole community – not just in health, education or social care. For example, this may include the wider impact and added value of short breaks.

'Results based accountability' or 'outcomes based accountability', sometimes also referred to as the 'Turning the Curve' work developed by Mark Friedman, is fairly widely used by public services. This is a disciplined approach which starts with the end points and works backwards in a step-by-step fashion towards developing the means to deliver those ends. It follows a structured set of questions, beginning with the quality-of-life conditions and working backwards towards the actions that would be necessary to bring these about. A 'results based accountability' dialogue would aim to use plain language and effective communication to allow stakeholders and communities to progress quickly from talk to action.

Promising practice

Newcastle: Parents and carers participation strategy and action plan

Newcastle has created several ways for parents and carers to work as partners in support of better commissioning and the delivery of services to disabled children. The Parent Participation Steering Group has been running for several years, and Newcastle has jointly developed a Parents and Carers Participation Strategy.

They approach parent participation at three levels: strategic, operational and at the front-line of service delivery. Parents and carers are considered experts for the sake of service improvements. The Parent Participation Steering Group now has a clear set of action plans for improving parent participation at all levels. The action plans are linked directly to desired outcomes, and they describe what is desired, how it will be taken forward, by whom, and with what resources.

www.newcastlechildrenservices.org.uk/wwwfileroot/microsites/childrenservices/newfiles/mcs_Parent_Carer_Participation_Action_Plan_2006.pdf.uk/mcs_parents

North Lincolnshire: Parent participation and feedback

A disabled children's task group was formed to look at participation and feedback. This was a multi-agency group, which included parent representatives. One objective was to ensure there was continuous feedback, as parents outlined this as a key issue. Several parents had stated, 'What's the point in telling you what we want? Nothing will happen.'

Subsequently, they engaged with over 200 parent carers through a series of participation processes including surveys, attendance at parent groups, a number of consultation events and a major conference with the Council for Disabled Children (Christine Lenehan was the guest speaker).

In addition, a consultation group of about 10 disabled children and young people ranging in age from 8 to 18 was established. The group named themselves the 'Thumbs Up' group. As part of the short breaks development, the Thumbs Up group gave their views on the type of activities they enjoy. As well as taking part in the consultation processes, a DVD was produced and the group presented this at the 'Thumbs Up for Disabled Children' conference.

As a result of input from parents, two major new services were developed. The outcome for disabled children and young people is that they are now taking part in, and enjoying, activities that they have helped to develop.

Gloucestershire County Council: 'Better Information for Better Outcomes' monitoring system

Gloucestershire has designed a system that makes it possible to know what outcomes are being achieved for disabled children. The BIBO system also allows them to understand how resources are being used; where there is greater demand for services; and where there are gaps. Information is aggregated from all individual assessments, and parent perceptions are included as baseline measures.

For more information, contact Alison Cathles:
Alison.cathles@gloucestershire.gov.uk

Resources for more information

- Together for Disabled Children has published *Adopting an Outcomes Approach* (2009), which includes helpful definitions and examples of how Sutton and other local authorities and their partners have used an outcomes-based approach when commissioning new services. It includes the outcomes measures they used.
www.togetherfdc.org/SupportDocuments/AdoptingAnOutcomesApproachV1.pdf
- Centre for Excellence and Outcomes (C4EO) has included an Outcomes Based Accountability (OBA) toolkit on its website: www.C4EO.org.uk. The toolkit contains a range of audit tools, templates and outcomes based practice. Commissioners will find OBA approaches useful for developing commissioning strategy and joint working. C4EO also has sector specialists available to work with children's commissioners to improve outcomes in their key research areas: early years, disability, vulnerable (looked after children), safeguarding, child poverty, schools and communities, youth, and families, parents and carers.

