

Case Study

Developing a strategic outcomes framework and an integrated SEND system in Rochdale

Outcomes-Based Accountability

Outcomes-Based Accountability (OBA) is an approach to shaping change that looks at outcomes, rather than outputs. That means there is a focus on improving outcomes, broadly defined as 'conditions of wellbeing' for a population, and identifying and monitoring how certain actions can make an impact on those outcomes.

It is based on the original work of Mark Friedman, who pioneered the introduction of results-based accountability for services working with children, families and communities. The approach uses a data-driven, decision-making process to help communities improve. It manages complex change processes by starting with the 'ends' and working backwards towards 'means'.

Data is at the heart of this. Once the organisation has agreed the outcomes they are working towards, they are challenged to develop 'data indicators' – the key data sets that will show them whether they are achieving that outcome or falling short. Through this process, even the most complex challenges can be condensed into measurable, actionable and achievable actions.

In January 2021, when Rochdale commissioned the Council for Disabled Children (CDC) to support their ambitious work to develop an integrated service for children and young people with special educational needs (SEND), all partners agreed that a focus on children and young people's outcomes must be at the heart of this work. At that time Rochdale did not have a Strategic Outcomes Framework in place, so different parts of the SEND system were sometimes working in siloes, without a clear picture of the collective impact their work was having.

We agreed that developing a framework using the OBA approach would be a vital foundation for this project to give different SEND services overarching goals and a common set of measurable objectives. To do this, we came together across the SEND system, identifying how all support services and pathways could pivot from being output-focused (focused on what is being delivered and what the system is like) to being outcomes-focused (focused on what difference is being made to children's lives).

This case study will look at our work in Rochdale thematically rather than strictly chronologically, as all pieces of work were developed with a focus on outcomes for children and young people.

Agreeing strategic outcomes

It is important, when agreeing strategic outcomes, to understand the difference between outcomes and outputs. The overarching outcome sought was for children and young people with SEND to live a good life, whilst the outputs were the services, programmes and systems that need to be put in place to support this.

Three half-day workshops were delivered in the first half of 2021 which brought together key stakeholders from across education, health, social care and voluntary and community sector (VCS), along with parent carer representatives. In the first session, it was important to develop a shared understanding of what an outcomes-based framework looks like, and develop an action plan for delivering this outcomes-based approach to SEND commissioning and delivery in Rochdale. At the heart of this was a discussion about what a good life looks like for children and young people with SEND in Rochdale.

Although children and young people weren't involved in these multi-agency sessions, children and young people's engagement sessions were scheduled to ensure they were able to fully engage in the conversation and shape the outcomes. Together, we developed a long list of suggested outcomes and grouped them into eight key themes:

- voice
- emotional wellbeing
- safety
- inclusion
- independence
- support for those who support me
- being hopeful for the future
- physical health
- happiness

The attendees discussed what these outcomes would mean for the children, young people and families they knew and supported and what they meant for their different roles and services. Through these open and honest multi-agency dialogues, the outcomes were refined to seven draft outcomes statements.

Already, this approach was giving everyone a clearer vision of the future of SEND services. However, it was vital to bring in the opinions of children and young people with SEND across the area. We opened up the discussion to a wide group of children, young people and parent carers to hear their thoughts. We held five focus groups for children and young people in both mainstream and special education settings, including a college, a Muslim girl's school, and in short break settings, and through these sessions we consulted with over 60 children and young people from a wide range of backgrounds and needs. We also delivered a parent carer focus group and a parent carer survey that had around 40

responses.

Not only was it crucial that the outcomes statements were meaningful to children and young people, but it was essential that the statements were inclusive and considered the range of needs and experiences of children and young people with SEND. What, for instance, does 'I am healthy' mean for children in a hospice setting, or with a learning disability, or who face significant physical ill health?

As a result of feedback from children and families, all of the suggested outcomes were amended. For example, the suggested outcome 'happy and healthy' was split into two separate outcomes around emotional wellbeing and physical health, whilst the outcomes around being independent and ambitious were merged into one statement which focused on being ready for the future. 'Voice' was also replaced by 'opinions' to reflect the experience of nonverbal children and young people. The final outcomes were:

- **My opinions are valued**

All children and young people are supported to share their views, taking into their account communication needs, and their thoughts are respected. Children and young people have choices, are allowed to take managed risks, and have a say in their own lives

- **I am emotionally well**

Children and young people are happy/content and are supported to recover from difficult times. They are mentally healthy and can access good mental health support.

- **I am as healthy as possible**

Young people's health needs are met quickly, they are supported to be active and pain is well managed

- **I am safe and supported at home, at school, and in the community**

Young people are well supported by a range of adults who understand what matters to them and how to meet their needs. They have a stable and safe home environment and educational environment, and have access to adequate food, clothing and living conditions. Safeguarding and mental health support helps young people to be safe.

- **I am active and involved**

I have opportunities in my community. I can choose from a range of groups that meet my interests and needs and I am supported to participate. I can make friends, learn skills, help others and have fun. I belong to wider networks, and my sensory and social needs are met.

- **I am hopeful and prepared for the future**

I have goals and aspirations for my future. I am supported to take steps towards being independent and am developing life skills and confidence. I have information about jobs and adulthood. I have options and can make my own choices.

- **Those that care for me are supported**

Parent carers, siblings and family, and those who care for me are well supported to do so. They can easily access support for themselves and for me, and do not need to repeat their story to get support.

Planning systems-change: developing a logic model

Alongside this work to identify outcomes, we developed a logic model to help manage the complicated change process towards an integrated and outcomes-based SEND system. Logic models are a way to manage complex change processes to help define what concrete activities are needed to deliver on agreed outcomes. To do this, we started by examining the seven outcomes we wanted to achieve and worked backwards to understand the system outputs that were needed in order to achieve these outcomes. These outputs included a focus on early intervention, coproduction and clear communication with families, and aligning data across services. In this context, outputs can be seen as the ways the system needs to support children and families to achieve the overall outcomes.

Following this, we worked backwards again to consider what activities were needed in order to develop a system that produces these outputs. These are specific pieces of work such as workforce training, mapping and redesigning the early intervention offer for SEND, and refining the Dynamic Support Database. Due to the complexity of this system changed, many actions were identified so these were grouped under key themes:

- Processes and procedures
- Training and development
- Models of care
- Data and information sharing
- Engagement and consultation
- Support for parent carers
- Communication channels
- Integrated working

These activities formed the basis of the action plan.

| Levers and enablers | Activities | Outputs | Outcomes |
|---|---|---|---|
| Existing groups across Rochdale who work on integration and SEND, including SEND Board and Integrated Commissioning Board | Processes/procedures <ul style="list-style-type: none"> - Review and refine EHCP templates to ensure they capture CYP voice - Review and develop plan to address gaps in support for CYP and parent carers - Review and design consistent measurement tools - Review ways of working during Covid-19 - Establish a professional advisory panel | <p>Including Children and young people is the norm. The workforce is confident in acting on children's views.</p> <p>Every EHC Plan captures CYP voice and identifies aspirations and outcomes</p> | My opinions are valued |
| National enablers: <ul style="list-style-type: none"> • SEND Review • Health and Care Bill • NHS Long Term Plan • ID/Autism agenda | Training and development <ul style="list-style-type: none"> - Workforce training on child-centred planning, data sharing, and Learning Disabilities and Autism and Transforming Care. Develop an annual workforce training plan - Workforce recruitment – develop multi-agency recruitment panels (to include CYP), identify shared interview questions and job specs related to outcomes - Inclusion training for schools - Training and support offer for foster carers of children with complex needs | <p>There is a Rochdale wide CYP Participation strategy</p> <p>I here is a comprehensive, all age SEND offer</p> <p>CYP of all ages and families benefit from responsive support/early intervention</p> | I am emotionally well, happy and supported to cope with tough times |
| Covid ways of working and recovery Committed, skilled and flexible workforce Cross sector buy-in | Models of care <ul style="list-style-type: none"> - Establish a lead professional model - Adopt a no-wrong door approach - Establish an integrated care model - Redesign and implement an Early Intervention and prevention offer for SEND - Develop a system wide Transition Strategy | <p>CYP and families receive smooth transitions between services</p> <p>Children's long-term conditions are well managed</p> <p>Emotional support is available for CYP who experience trauma and adversity</p> <p>There is a clear plan for how to address gaps in support for CYP and families</p> | I am as healthy as possible |
| Existing focus on values and relationships | Data and information sharing <ul style="list-style-type: none"> - Develop information sharing agreements - Establish read-only access to other systems - Amend contracts to ensure partners can share patient-level data - Map identifiers used across services and agree shared identifiers - Develop shared KPIs for all services, linked to outcomes - Refine and improve the Dynamic Support Database - Develop a data dashboard | <p>Residential care for those with complex needs is close to home when required</p> <p>Families receive clear and accessible information</p> <p>Communication between services is open and transparent. Partners share information</p> | I am safe and supported at home, at school and in the community |
| Strong leadership – this work is led from the top | | <p>There is multi-disciplinary working to support children with complex needs</p> <p>Health, LA and other partners are integrated at all levels</p> | I am active and am involved in things that interest me in my community |
| SEND alliance | | <p>Carers (including foster carers) have the skills to support Looked After Children's (complex) SEND needs</p> <p>Parents are well supported</p> | Those that care for me are supported |
| Local ownership – the focus is on Rochdale | | Engagement and consultation <ul style="list-style-type: none"> - Engage with young people and families on outcomes framework and this change process - Develop and implement overarching CYP participation strategy - Ongoing input from families e.g. on workforce training plan and gaps | <p>Recruitment is inclusive and the workforce is reflective of all</p> <p>Preparing for adulthood is prioritised and there is joint working with adult services.</p> <p>There is a Rochdale-wide transition strategy</p> |
| Existing work, including CYP Plan, Transition strategy, LD and autism work, Comms plan | Support for parent carers <ul style="list-style-type: none"> - Map what support is available for parent/carers and consider funding the gaps - Develop a programme of evidence-based parenting support, with self-referral - Establish peer support groups for parents including a specific group for the parents of children with mental health needs/specific conditions such as epilepsy/diabetes | <p>Data is aligned and different partners use the same data sets</p> | |
| Engagement with schools | Communication channels <ul style="list-style-type: none"> - Plan of how to make Local Offer work better for professionals, parents and CYP. Develop CYP-friendly LO. - Identify information gaps for families. Develop a family comms plan, including wider use of social media, in order to disseminate clear and accessible information to support parents - CYP see regular examples via comms of where other young people with SEND have aspired - Develop a cross-sector comms plan, identifying opportunities to disseminate information and share good practice across teams. Set up a regular cross-sector newsletter. | | |
| Strong links with diverse voluntary and community sector | Integrated working <ul style="list-style-type: none"> - Review existing links between SEND teams and wider services - Closer working with adult teams, ensure adult representation | | |
| Work happening at GM and regional levels and willingness to share across these footprints | | | |

Measuring Outcomes

Our seven outcomes statements were bold and holistic, drawing together the views of children, young people, families and multi-agency professionals to create a shared vision of the future. However, while outcome statements are necessarily holistic, they need to be broken down in a tangible, measurable way in order to be able to hold systems accountable and to measure progress against the outcomes.

Often, organisations look at what data they already have access to and build objectives around that data. The OBA approach flips this on its head. It makes the important measurable, not the measurable important. First, areas should work out what they would need to know in order to understand whether outcomes were being met. For example, what information would tell us if children and young people with SEND in Rochdale really were safe or were emotionally well? Once areas have identified the key pieces of data that are important for them to know (also called 'data indicators') they can then map what they have and start to plan for how to collect new data indicators.

During the workshops, professionals and parent carers developed a longlist of possible indicators for each outcome. For some outcomes, such as 'I am safe and supported', around 30 data indicators were suggested, ranging from the number of fixed term exclusions to the percentage of young people known to youth justice with identified SEND needs, to the percentage of children who feel safe in their local community. We came up with a long list of 210 different data indicators but while they were all valuable measures, it would not have been feasible for a system to regularly collect and report on so many different data sets, so the next stage was to prioritise the indicators.

Indicators were prioritised based on whether they spoke to a range of audiences, could be underpinned by collectable, robust and quality data, and could potentially act as a 'proxy indicator' that could tell us something more broadly about how well the system was working.

The OBA approach emphasises the importance of collecting data that evidences how much a system has done and how effectively it has delivered services and support, as well as outcomes-based data that shows what change was produced as a result and whether anyone is better off. It is this bottom right quadrant that can be particularly hard to do but which is vital:



Friedman M. (2009) *Trying hard is not good enough*. Fiscal Policies Institute

Indicator Example: I am safe and supported

The outcome statement 'I am safe and supported at home, at school and in the community' was underpinned by seven data indicators:

- Number of children and young people who have received early help assessments or support
- Number of exclusions for children and young people with SEND
- Absence rates for children and young people with SEND
- Number of children and young people with SEND with a Children in Need Plan, Child Protection Plan, Child Sexual Exploitation/Child Criminal Exploitation figures
- Percentage of children in the Early Years Foundation Stage receiving SEN Support or with an EHCP
- Percentage of children and young people who report that they know who to contact in an emergency
- Percentage of school and early years staff who report increased knowledge and awareness of mental health, autism, social communication and sensory needs.

The first five of these data indicators were already being collected to some extent, and the final two could be collected by a questionnaire for young people and teachers respectively, so the data was robust and easily collectible. Data around exclusions and absence can tell us a lot about how well supported a young person is and whether their needs are being met to allow them to participate in education and the wider community. Data around early help and emergency contacts reflects whether there are systems in place to prevent children reaching crisis point, or support them quickly if they do reach a crisis. Together, these data indicators build a picture of how safe and supported children and young people are, and can track any progress made.

Once the indicators were agreed, a focused group of multi-agency senior leaders met to map whether the data was already collected and if not, how it could be gathered. A mapping template prompted them to determine:

- Is data already being collected? If yes, where?
- If it is not already collected, who would collect it and how?
- How frequently would it need to be collected? (Monthly, quarterly, annually)
- Which cohorts to be included? (Just CYP with EHCPs or those on SEN Support)
- Which indicators rely on CYP or family voice and therefore need to be included in a questionnaire?
- A named professional responsible for any new indicator

| Outcomes | Indicators | Are you currently capturing this data? | Comments additional questions to consider | How often would you collect this data? (please indicate if it would be different to annually) |
|-----------------------|---|--|---|---|
| 1. My voice is heard | % CYP with SEND who feel their opinion is valued by those who care for them | | | |
| | % of SEN support & EHC plans reviewed by the CYP | | Would this data best come through an audit/questionnaire/other process? Is this appropriate for very young children, or is it limited to a particular age range (5+/8+?) | |
| | & CYP meeting their outcomes in SEN support & EHC plans | | | |
| | # CYP & families receiving feedback on how their views have been used | | | |
| 2. I am able to learn | % of young people with SEND who are NEET | | | |
| | % CYP with SEND who say they are able to learn and are making progress | | | |
| | % CYP who say they are learning the wider skills they need for their life | | | |

Indicator Mapping List

Spotlight Indicators

The OBA approach suggests that regularly capturing data on a few key 'spotlights' or 'data obsessions' can help to focus activity across services and can have a real impact on improving outcomes for children and young people. These 'spotlights' should be focused priorities that underpin several outcomes and could be regularly reported on. For Rochdale, these were:

1. Children are in school – with data collected on attendance and exclusions
2. Children stay close to home – with data collected on out of area placements

These were chosen because of the ways they underpin safety, community involvement, health, and preparing for adult outcomes. We know that when children stay in school and in an area close to home, they are less likely to be exposed to Adverse Childhood Experiences (ACE), have better mental and physical health outcomes, and are more likely to have positive outcomes in education and into adulthood. By consistently capturing data on these spotlight areas, Rochdale should be able to better understand, at a glance, how well the system is supporting children and young people with SEND.

Data Dashboard

A major challenge for most areas is bringing together key pieces of data which are collected by different services and held on different databases into one central deposit in order to give an overall picture of children and young people's lives and outcomes.

To do this, Rochdale are developing a multi-agency data dashboard which will include data from services across the SEND system including health, local authority, education, social care, and indicators which come from children, young people and parent carers themselves. The aim is to facilitate a holistic approach to data to give a panoramic view of the lives of children and young people with SEND, how services are supporting them, and to keep everyone accountable to the progress being made against the seven strategic outcomes.

Keeping everyone in the loop

Strong internal and external communication has been key to ensure everyone was on the same page. We communicated regularly with professionals, services, and families throughout the process, delivering focus groups, workshops and events and holding regular check-in sessions with system leaders.

We developed a one-page document which summarised Rochdale's vision and strategy for children and young people with SEND and brought together the difference pieces of work in a colourful, visually-engaging way. This 'Plan on a page' encapsulates the vision and seven outcomes we are all working towards, as well as the key data indicators and eight key 'ways we support'.

Raising Rochdale

Making our borough a great place for all to grow up, get on and live well



1 vision

"Rochdale will be a great place to grow up, get on in life and live well. Rochdale will meet the needs of all children and young people with special educational needs and disability, from birth to the age of 25 years. Children, young people and their families will choose their own outcomes and be supported to improve them, together with professionals when needed. Services will be inclusive and easy to access and support will be given at the earliest possible point of need. Getting more help will be easy and there won't be delays."

7 outcomes

These outcomes are what children and young people with Special Education Needs and Disabilities across Rochdale want life to be like, and what we are all working towards together.

My opinions are valued

I am emotionally well

I am as healthy as possible

I am safe and supported at home, at school and in the community

I am active and involved

I am hopeful and prepared for the future

Those that care for me are supported



Count the difference

We want to know that things are improving, and will measure if children and young people:

- ✦ Achieve their goals
- ✦ See their mental health improve
- ✦ Develop as expected
- ✦ Are educated, or in care, within Rochdale or elsewhere
- ✦ Are excluded, or not in education, employment or training
- ✦ Are involved in a social activity
- ✦ Have positive relationships
- ✦ Feel supported (not just children and young people, but their parents/carers too).

8 ways we support

- 1 Children and families will be at the heart of decision making
- 2 The journey to and through support and help will be easy
- 3 There will be training, skills and knowledge to help children with SEND
- 4 Early Help and preventing needs from reaching crisis will be our priority
- 5 Information will be easy to understand and data will be shared
- 6 Communication – we will set up a regular newsletter and improve the local offer
- 7 All organisations in Rochdale will work together
- 8 Diagnosis will not be the only way of getting support.

2 spotlights

1 Children are in school (attendance and exclusions).

WHY? When children are in school they are supported, receive education and are safe.

2 Children stay close to home (educated in and live in Rochdale).

WHY? When children remain close to their home family and community, we can support them, build resilience and help them to achieve positive outcomes into adulthood).



Quality Assurance and Data Collection Tools

Audit tool

To support joint working between CCGs, Local Authorities and health partners, an audit tool was developed. This audit tool pulls together evidence of the processes that Rochdale needed to keep track of to ensure they were running an effective SEND system. Essentially, it would provide a high-level overview of progress.

The tool was broken down into key areas such as leadership, joint commissioning, support, communications and engagement, impact and quality assurance, and early years. Each section was then broken down to specific processes, along with data evidence. The important information is then presented in an accessible Red, Amber, Green (RAG) rating system so the relevant board can easily understand what progress is being made in particular areas. It also includes a facility for a follow-up audit which gives the responsible officer the tools to demonstrate trends in implementation and flag any areas which are not moving towards full compliance.

Through doing this, it is able to support joint commissioning by ensuring a high quality of work across the system and bringing together multi-agency strategic level colleagues once a month to assess the changes and plan accordingly. The tool has a section specifically referring to joint commissioning to ensure this happens effectively.

Dynamic Support Register tool

We have also supported Rochdale to refine their Dynamic Support Register (DSR) as part of our drive to ensure systems were working effectively together and collecting robust data. A DSR is a register of children and young people with learning disabilities and/or autism who may be at risk of reaching the crisis and being admitted into a Tier 4 or another specialist inpatient setting. It helps local NHS services to understand the needs of young people in their area, so care networks can be proactive in making sure they receive the right support at the right time. In Rochdale, the DSR holds information about what areas of a young person's care may require enhanced community support, which helps services to work together closely to ensure good outcomes.

Understanding Needs and Mapping Provision

Joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (JSNA) is a review of the current and future health, education and social care needs of a defined community – in this case the population aged 0–25 living with Special Educational Needs and Disability (SEND) in Rochdale. Putting together a JSNA would mean our work was focused on what was needed, so our outputs could directly target the needs of the community.

CDC worked closely with multi agency professionals and families across Rochdale to develop the JSNA and ensure we included accurate narratives that 'told the story' behind the data that was collated. It examined the full package of SEND provision, from wider questions around the makeup of the SEND population, health provision, education and more, to specific details around the impact of Covid, before predicting future trends and how that will impact provision in the future.

Through examining these in detail, we were able to provide an evidence base to inform the Local Authority and Clinical Commissioning Group SEND strategies and Joint Commissioning Plans for the borough. Categories such as 'Finance' were particularly important in examining the cost of education placements alongside trends in the size and future needs of the SEND population, to ensure Rochdale could plan its provision well into the future. Diving into these Rochdale-specific narratives means that the Local Authority has the tools to cater to their SEND population more effectively and reduce inequalities created through lack of provision.

Ordinarily Available Provision

We carried out a mapping exercise with Rochdale's Ordinarily Available Provision (OAP) working group to make sure that provision was able to cater to range of needs required in the local area. OAP is a term from the SEN Code of Practice and refers to the support that mainstream schools or settings should be able to provide for a child or young person through their agreed funding and resource arrangements.

The aim of our exercise was to maximise this support and enhance the capacity of schools in Rochdale to:

- Meet the needs of all children without the need for additional or different provision
- Identify and meet the special educational needs of children and young people in Rochdale at the earliest point
- Work with and draw on local services to:
 - Develop their own expertise in the above, and
 - Ensure that children access the right level of specialist expertise to ensure their needs are identified and met at the earliest opportunity.

CDC held a launch event with multi-agency professionals (including parent carers) to determine the next steps of building an OAP for Rochdale. We brought our experience of working with other Local Authorities to show them examples of other OAPs and discussed the elements that would be suitable for Rochdale. Then, together, we built a working group to draft and finalise the document.

Following this, Rochdale held a full day event with professionals across the education sector to map all the provisions, categorising them by universal, targeted and specialist, that exist in Rochdale. It is now in the process of consolidating the information gathered from the event, which the staff referred to as 'constructive, creative and productive'. Through this process, Rochdale is on a path to maximising outcomes from their OAP, and ensuring as many young people as possible are able to access the support they need directly from their school. This should be reflected in both spotlight indicators, with more children able to stay at schools which are able to cater to their needs, and more children able to stay close to home where their needs are being met. The impact can then be traced all the way into the outcomes statements, finding recognition under the statement 'I am safe and supported at home, at school, and in the community'.

A similar mapping exercise is now being carried out around Local Pathways, aiming to improve the co-ordination and availability of services and provision. Through doing so, we want to create multi-agency referral pathways for children and young people who require referral to more specialist expertise and enhance the capacity of mainstream schools to identify and meet the needs of children with SEND at the earliest point. CDC will investigate current referrals and pressure points, the stories of children and young people on the pathways, the commissioning landscape, and the range of services across education, health and care. The exercise will give Rochdale a better picture, not only of how systems work individually, but how they work together to bring about better outcomes for children and young people with SEND.

Early intervention and prevention framework

One area Rochdale wanted to develop was its early intervention and prevention framework. An effective early intervention offer can significantly reduce risk factors and improve the protective factors in a child's life, so it was vital that Rochdale's offer was robust and effective. We mapped the existing early intervention offer in Rochdale, Heywood, Middleton and the surrounding areas to assess whether it addressed key protective and risk factors and to gain a clearer understanding of areas of strength and highlight any gaps and areas for improvement.

While the main focus of the research was on children and young people aged 0–25 with SEND, it had a wide scope to ensure it captured all children and young people who might benefit from early intervention services, and whose outcomes could be improved by such intervention.

As a result, it also included services aimed at supporting children and young people's mental health and those with substance misuse issues. To do this, we combined desk research with conversations with professionals from across the local area.

Developing a Strategic Outcomes Framework – The Key Learnings

When agreeing outcomes, we held onto a few overarching principles:

- Listening closely to those involved in and impacted by the SEND system, particularly to children, young people and families, and working with a wide range of partners
- Ensuring the focus remained on children and young people with SEND living a good life, and then determining what the system needs to deliver to enable children to reach these positive life outcomes, rather than focusing on the system itself
- Making the important measurable not the measurable important – identifying and planning to collect data indicators which provided good evidence for each outcome
- Seeing the importance of developing strong evidence to underpin planning, commissioning and delivery

Across this work, we ensured:

- Tools and systems were accessible and easy to use, to ensure everyone could work together seamlessly
- Data was displayed in a way that gave an instant picture of overall progress, so stakeholders could immediately see what was working and what was falling behind
- The tools developed clearly linked back to the seven strategic outcomes – with outcomes as the 'golden thread'



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CHILDREN**

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