A Better Start through Better Systems

Insights from The National Lottery Community Fund's A Better Start Programme

Contents

About A Better Start

A Better Start is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK.

Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

A Better Start is place-based and enabling systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. A Better Start is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

The National Children's Bureau (NCB) is designing and delivering an ambitious programme of shared learning and development support for A Better Start, working within, across and beyond the five partnership areas. The programme is funded by The National Lottery Community Fund.

Our aim is to amplify the impact of these programmes by:

- Embedding a culture of learning within and between the partnerships.

- Harnessing the best available evidence about what works in improving outcomes for children.

- Sharing the partnerships' experiences in creating innovative services far and wide, so that others working in early childhood development or place-based systems change can benefit.

Introduction

This is the first of a series of Programme Insights that will collate and share the learning emerging from A Better Start (ABS) on a range of key issues, in order to inform the work of others in improving outcomes for young children. Given the mix of evidence and practice examples, this report will be of interest to all staff and stakeholders of the five A Better Start Partnerships, as well as a much wider audience including the statutory and voluntary sectors, academics, professional bodies, funders and those interested in 'what works' to better support children and families.

This first edition focuses on systems change, and provides:
- An overview of the literature on the definitions and components of systems change.
- Highlights from some contemporary approaches to implementing effective systems change.
- An outline of systems change within the ABS context, including some practical case studies.
- Key learning points from ABS to strengthen the existing evidence and support others in this area of work.

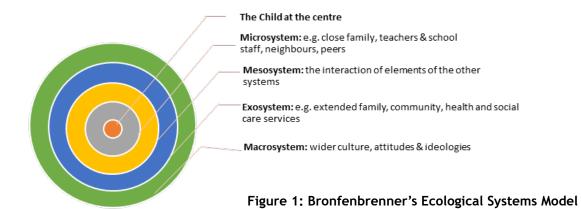# Definitions, components and approaches to systems change

Definitions and components

Systems change is a common concept in research, service and practice development literature across all fields of interest, however there is no consistent definition. This is because it is dependent on the elements of a system that need to change, and the approach taken to change them, which look very different in different contexts. Firstly, it is important to define what is meant by a system, before considering what needs to change within that system. A good starting point is the Oxford English Dictionary, which defines a system as:

'A set of things working together as part of a mechanism or interconnecting network; a complex whole'

Whilst the literature provides many definitions and examples of systems, they all have several things in common:
- Multiple components.
- Points of interaction and interdependence.
- Rules which govern these interactions.
- Boundaries within which the system operates.

When used in the context of society and the systems which impact children and families, Bronfenbrenner's (1979) Ecological Systems Model is a useful statement of the components of the wider system within which a child exists, and the complex interactions between them (see Figure 1 below).

The Child at the centre

Microsystem: e.g. close family, teachers & school staff, neighbours, peers

Mesosystem: the interaction of elements of the other systems

Exosystem: e.g. extended family, community, health and social care services

Macrosystem: wider culture, attitudes & ideologies

Figure 1: Bronfenbrenner's Ecological Systems Model

The components which make up a social system may be:

- **Organisations:** these may include statutory, private, voluntary or community services; may be primarily concerned with issues such as health, education, social care or justice; and may operate at local, national or global levels.
- **Individuals:** including children, parents, wider family, practitioners and professionals, policy makers, commissioners.
- **Resources:** these may be physical (e.g. buildings, equipment or funding to purchase such things) or social (such as volunteers, skills, experience)
- **Rules to govern interactions:** these may be organisational strategies, local or national policy or legislation, even religious or moral codes followed by a community.

The New Philanthropy Capital (NPC) guide to systems change defines it as:

> **"...an intentional process designed to alter the status quo by shifting the function or structure of an identified system with purposeful interventions."**

Due to the nature of connections within the system, a change to one element can trigger change across other elements; efforts to bring about systems change may be focused on any of the above elements.

Many systems change approaches have been developed to help services, organisations, and partnerships understand the system within which they operate, the issues which need to be addressed, and the ways in which these can be changed. There is no 'one size fits all' model, since systems can differ dramatically from one another. The approach used will therefore depend on which elements have been defined as critical to a particular system.

By way of example, the Centre for Evaluation Innovation (2014) defines a system as being made up of:

- *pathways* (arrangements within and between services which help a service user move from one to the next)
- *institutional structures* (including policies, resources, operating procedures).

Positive systems change will therefore focus on:

- *improving pathways* (for example increasing the capacity of services, the quality of delivery, or the connections between services) or on
- *improving institutional structures* (e.g. removing internal barriers, providing incentives, streamlining procedures).

The Lankelly Chase/NPC (2015) guide to systems change specifies three questions for consideration prior to any attempt at systems change:

- *What change is needed?*
- *Why is it needed?*
- *What might be the unintended consequences?*

The Guide also notes overarching principles to help 'plan for change', including:

- *Understanding needs and assets:* in particular, it is critical to understand the needs of beneficiaries of a system. This information should be gathered by directly engaging with service users to ensure their voice is heard.
- *Engaging multiple actors:* engaging a wide range of stakeholders, including service users, delivery organisations and policy makers, in the discussions from the outset.
- *Map the system:* understanding the components of the system, as well as the way they work together and where the boundaries lie.
- *Work with others:* collaboration and coproduction are essential, within and often outside of the system and with stakeholders at all levels.
- *Distribute leadership:* shared ownership is critical, therefore leadership for elements of the systems change should be distributed both within organisations (top down and bottom up) and across organisations.
- *Foster a learning culture:* an ongoing ethos of plan, do, review, and reflect.

Contemporary approaches to implementing systems change

There are numerous initiatives, from The National Lottery Community Fund and others, which provide valuable learning on systems change in practice. A range of these are highlighted below.

Headstart

This five-year programme funded by The National Lottery Community Fund, aims to improve mental health and wellbeing for young people aged 10-16 across six local-authority-led partnerships. In evaluating the ongoing work of the project, the Evidence

Based Practice Unit (EBPU) identified common elements across the Headstart sites which were seen as a catalyst for *systems change*.

These included:
- Workforce, organisational or individual transformation
- An increased emphasis on prevention or early intervention
- A shift to a joined-up system
- A shift to a shared or embedded language, understanding or approach
- Continuation of 'what works'
- Influencing practice, policy and commissioning
- Emphasis on coproduction

Headstart partnerships also identified a number of factors that were key to success. These included: building relationships and networks in order to win 'hearts and minds'; aligning Headstart to the local and national agenda where possible thereby helping to embed Headstart within existing systems; and thinking about sustainability and systems change early in the process and planning services with this in mind.

Fulfilling Lives

Funded by The National Lottery Community Fund, Fulfilling Lives is an eight-year programme across 12 partnerships that aims to improve the support available for people with multiple and complex needs. The Fulfilling Lives programme highlights that systems change must be beneficial, sustainable and transformational, rather than a one-off change or even 'doing the same thing under a different name'. Additionally, it shouldn't be tokenistic, or overly reliant on key individuals. Across the 12 Fulfilling Lives partnerships, priorities for systems change differ, however common themes have been identified (TNLCF, 2019). These include:
- Developing the role of co-production within systems change.
- Embedding a culture of systems change thinking within wider partners.
- Improving workforce development (in particular, a trauma-informed and strengths-based approach).
- Improving access to services, as well as service transitions.

An example of one Fulfilling Lives partnership is Golden Key in Bristol. For that project, systems change priorities included building capacity and understanding for systems leadership across the area; supporting the wider Systems One City Plan to ensure alignment with wider strategic priorities; and supporting the coproduction of people with lived experience across all aspects of the programme.

Camden Model of Social Work

Since 2017, the Tavistock Foundation has worked with the London Borough of Camden to continually improve their children's social work services through a systems change approach. The aim was to encourage shared accountability within and between services, and to support practitioners to think about the whole family when working with a child. The Tavistock Foundation focused on workforce development as a driver for change. Rather than a training model, they developed a new model of supervision, which included group mentoring, to encourage shared learning and responsibility. This model is now being expanded further across the system by embedding within senior leadership team practice and working with commissioners to further embed the approach across relevant services.

From this project, Tavistock has identified a number of *lessons for systems change:*

- Investment in relationship building, between and across levels of management, helps to integrate the workforce. This requires time and opportunities to meet and engage.
- Consistent messaging should be promoted across all levels and sectors of the workforce.
- It is important to clearly articulate a theory of change from the beginning, with a clear focus on the desired outcomes for service users and identification of the system elements that need to change to contribute, and then work to get buy-in for the model from the wider workforce.
- Feedback should be gathered throughout the process from those involved to identify areas for improvement.

Summary

- *Systems can be complex*, involving numerous components interacting with one another, governed by a set of rules. The wider context within which they operate will also impact the way the systems.

- When attempting to change systems, first it is necessary **to *identify the specific components*** within the system and ***how they interact***, then identify the areas that might need to change and devise a plan to do so.

- At each stage, the *use of evidence* will make systems change more effective, by understanding need and identifying what works.

- While the approach taken will be different in each situation, ***common components*** include workforce development, joining up of services, and coproduction with service users.

- Systems cannot be changed by one person or organisation alone, rather the process ***must involve collaboration with all key partners.***

- It is also important to remember that when engaging in systems change, the ***journey can be as important as the end result,*** therefore the process should be continually reviewed and revised appropriately.

Systems change within A Better Start

Systems change is a central component of A Better Start. With the significant investment made comes the expectation that the systems involved will change to provide better support to parents and their children. Changes are anticipated at the level of practice, services, organisations and policies and the extent to which these changes are achieved will influence the legacy of the programme.

What are the systems involved?

ABS programmes are partnerships rather than standalone services, which aim to build upon and enhance other sources of support. While A Better Start focuses on specific wards within areas, the wider aspiration is that at the end of the 10-year funding, change will be seen far beyond those wards, with local health and social care systems, early education provision, local authority services and voluntary sector organisations all prioritising healthy development in pregnancy and the first years of a child's life.

What are the expected changes?

Systems change within ABS concerns the 'how' as opposed to just the 'what'. It is about identifying each individual piece of the puzzle and understanding how they all work together to create a whole. An ABS Special Interest Group was established in 2016 to review ongoing work across the sites to influence systems change, and identify common areas of focus. Five overarching domains within which systems change may be effected were identified.

These domains map strongly to the NPC principles of planning for change discussed in the previous section:

1. *A shift of resources towards prevention:* this necessitates a change in culture and spending towards preventative services and models of working, with a commitment to evidence and need-informed service development.

2. *Upskilling the workforce and sharing learning:* a supported and knowledgeable workforce provide a better service for families, and the skills and knowledge learned will be applicable far beyond the scope of the ABS project.

3. *Integration across sectors:* true partnership working, sharing of information and data, and joining up of services to provide a 'pathway of support' for children and families.

4. *Parent & community-led service:* the focus must be on empowering parents and communities so that, beyond the ABS project, they have the skills, confidence and experience to continue.

5. *Putting the family at the centre of services:* this includes a commitment to coproduction, ensuring that the voices of parents, families and indeed young children contribute to service design and delivery, and indeed that services actually meet the needs of children and families.

Case studies

ABS is now five years into implementation and while undoubtedly challenges have been faced, not least in regard to financial cuts within the wider children's sector, there is much learning to be shared in relation to systems change.

Blackpool Better Start: Enhanced Health Visiting Offer

The enhanced health visiting offer was developed with parents and health staff as part of a commissioning review of health visiting, led by the Centre for Early Child Development Blackpool, alongside Public Health. Over a two-year period, a major service review and redesign was undertaken, involving health visitors and parents, to ensure the service was parent-led and met the distinct needs of the town. The new service went live across Blackpool in April 2018 and will be fully implemented by April 2020. The service now incorporates eight mandatory visits starting from 28 weeks gestation, with a final integrated review (between health and education) when children are 3.5 years old. The enhanced model includes a universal offer of Baby Steps antenatal & postnatal education programme, and additional targeted services (including Family Nurse Partnership) for families requiring intensive support.

Whilst the new model is delivered within the same envelope of funding as the previous service, the review, including new training tools and materials, and consultants to lead the review, cost approximately £1 million. However, in the year 2018/19, 8367 children under four, 504 pregnant women and 181 health professionals have benefitted from the new model.

How is the programme influencing systems change?

Working in partnership: Blackpool Better Start undertook the review of health visiting in partnership with Public Health (Blackpool) and the Institute of Health Visiting. The agreed model is now being delivered universally across Blackpool, not just the initial ABS target wards, meaning that ABS has

contributed to sustainable systems change beyond the ABS programme. During the review process, a range of partners including health professionals, parents, ABS team and public health representatives worked together through review, planning, and development, and this partnership working has continued in the delivery of the new service.

Workforce and service development: Alongside improved services for children and families, the new model has provided various opportunities for workforce development. Health staff have been trained in trauma informed approaches, part of a town wide strategy driven through ABS. Furthermore, health visitors are now trained in and receive monthly peer to peer supervision, building skills and capacity and supporting workforce wellbeing. Staff were very positive about the potential for interpersonal support, learning and reflecting on practice which these sessions can bring.

Informing service design: Blackpool Better Start has a multi-agency finance and commissioning group who consider each intervention and its impact. Over the next four years, the enhanced health visiting model, along with other ABS services, will be scrutinised, with a commitment to commissioning those new services demonstrating impact. In a further move towards a lasting legacy, all future local authority commissioning will now involve parents in service redesign. A quality assurance framework is in place for the health visiting service, and the new model has also changed the way health data is recorded and used, contributing to a more effective and efficient service for families beyond the ABS work.

Preventative approach to antenatal care and education: The enhanced antenatal

offer is built on a public health approach, with the additional visits designed to identify and address issues and to proactively support families in the early weeks and months who may not previously have engaged with services. The additional visits also allow for stronger relationships to be built between health professionals and families. In the longer term, this should reduce the need for families to access services later in the child's life.

What difference is it making for children and families, now and in the future?

Children and families now see their health visitor more frequently, especially in the early weeks following birth; this supports better relationships between families and health visitors, a need identified by Blackpool families themselves. Through the three year review, completed in partnership with child care settings, health visitors now carry out a more comprehensive assessment on every child. This gives a more holistic picture of the child's development and progress as they prepare to start school, and allows for early detection of any developmental concerns and facilitates access to specialist services at an earlier opportunity if required.
There has been positive feedback from practitioners and families following the changes:

Staff and parents alike were positive about the potential of the additional visits, providing additional opportunities for responsiveness to, and understanding of, babies' needs and allowing better communication between families and services.

Parents said they didn't like being told what they already know. The Elicit - Provide - Elicit (EPE) framework, derived from Motivational Interviewing, is designed to prevent this; the practitioner first asks the client their existing knowledge before providing any further information, then reviews the clients knowledge again at the end. This ensures information is provided in a timely and neutral way, respecting the autonomy of the parent to make good decisions. Parents appreciated professionals giving them credit for their own knowledge, skills and insight in parenting their child.

Key learning

Finding ways to build and maintain trust with people who will be affected by the systems change: There was some initial concern from health colleagues that changes were to be made to an already functioning health visiting system by an organisation not actively involved in delivery. Working in partnership with the Institute of Health Visiting provided credibility and gave reassurance for practitioners that changes made would be in alignment with the Institute's beliefs and principles. Seconding two health visitors into the review team to drive the change and to engage face-to-face with colleagues also helped to secure buy-in, as did the use of health visitors to lead and pilot elements of the change. An external consultant was also engaged to lead consultations with health visitors, provide them with a contact through which to raise concerns, and ensure that practitioner voice was fully sought.

For more information on this project, contact Merle Davies **merle.cecd@nspcc.org.uk**
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Better Start Bradford (BSB): Innovation Hub and SystmOne development

The Better Start Bradford Innovation Hub is a partnership between BSB and Born in Bradford (BIB), an internationally recognised, applied research programme that aims to improve health and wellbeing through the development and evaluation of interventions to promote health, and the application of research into practice (www.borninbradford. nhs.uk). The Innovation Hub will recruit 5000 families living in the BSB areas, and will use routinely collected data to track children's development and their use of services (both statutory and BSB provision) in order to evaluate the impact of the programme.

How is the programme influencing systems change?

Using routinely collected data, such as breastfeeding rates or child weight, to evaluate services is an efficient way to gather information, and ensures that this data can be used to directly inform services and commissioning. However, there are numerous challenges to using routine data including poor quality, missing, inconsistent or unreliable data across agencies which prevent it being linked up to help understand the overall picture of a child's development. The Innovation Hub has worked with BSB services and children's service partners to develop strategies to overcome these challenges and change the data systems across organisations. Examples of this work include:

Integrating evaluation into practice: The Innovation Hub monitors and evaluates all BSB interventions. However, this approach leads to challenges for both the evaluators, who have no control over the design, implementation or data collection, and for providers, who have control of the design and implementation but have to realign their priorities to meet the often resource-intensive data capture and reporting requirements of an evaluation. To help embed evaluation within everyday practice, the Innovation Hub has co-produced a set of guides (https://borninbradford. nhs.uk/what-we-do/pregnancy-early-years/ toolkit/), including:

- *Service Design: An Operational Guide*
- *Implementation & Monitoring Toolkit*
- *BIBBS Evaluation Framework*

The toolkits are designed to help service delivery organisations think about requirements for implementation and evaluation in a logical order, ensuring plans are fully integrated from the beginning. The tools also help researchers be more pragmatic in their approach to evaluation of services delivered in practice.

Enhancing the validity and impact of routine data: Robust research requires the use of valid and reliable outcome measures. However, many locally developed programmes develop their own assessment tools, or adapt existing tools to fit their needs, thereby weakening the validity of the measure. Health Visitors complete a three to four month visit to assess mother-child attachment, as recommended by the National Institute for Clinical Excellence; however, no particular measure is recommended for use with babies. Consequently the assessment in Bradford (and other places across the UK) is based on subjective observations.

To support evaluation of the impact of interventions on attachment, the Innovation Hub has worked with health visitors, their managers and commissioners to pilot the

use of the validated Maternal Postnatal Attachment Scale (MPAS). While the pilot findings showed that the tool was neither feasible nor meaningful to practitioners or mothers, there was a clear need for a structured tool. A simpler screening tool is now being co-designed with health visitors, and will be tested to explore its value and usability, and ultimately whether it helps to identify attachment issues. The co-production of a validated and meaningful measure of attachment has the potential to have a huge impact across the country, enabling health visitors to appropriately identify need and, critically, ensure families receive appropriate support.

Enhancing data linkage and data quality: One of the most commonly reported issues in understanding the needs of young children is the lack of shared data systems across health, social care and education services. BSB projects are delivered by a wide variety of organisations, meaning that data systems vary in their quality, and hold different unique identifiers for participants, making it very difficult for services to build a full picture of the child and their family. The Innovation Hub is leading on the implementation of a shared data system (SystmOne) across BSB projects, which will link to GP data and use NHS numbers as the unique identifier. This will enable higher quality data collection, faster reporting and timely information sharing. Learning from this work will have systems change implications far beyond ABS. Indeed, a shared child record across all of children's services is a longer-term goal shared by partners across Bradford.

What difference is it making for children and families, now and in the future?

Integrated evaluation processes will support services to make informed decisions about interventions that meet family needs, are feasible for practitioners to deliver and ultimately positively impact children's outcomes. Indeed, evaluations have already supported the BSB partnership board to make difficult re-commissioning decisions with confidence.

The SystmOne pilot has already positively impacted practice as all services can now see a safeguarding flag, improving the safety of practitioners on home visits, and ensuring better care for vulnerable families. The wider ambition of a shared child record should have a positive impact on the care of families from multiple organisations.

Key learning

Partnership working: Systems change requires partnership working from all organisations and at all levels of an organisation. Members of the local community, service providers and researchers must be involved at each stage of intervention development and evaluation as co-production of innovations and tools can really make a difference in building realistic and achievable models of practice that can also be evaluated.

For more information on this project, contact Josie Dickerson josie.dickerson@bthft.nhs.uk

Lambeth Early Action Partnership (LEAP): Workforce development strategy

LEAP's workforce development strategy aims to increase knowledge and understanding of child development and related issues across the early years workforce by delivery of a number of key training components, including a core offer focused on the three ABS outcome areas (social and emotional learning, diet and nutrition, language and communication) which are open to all; targeted training for a specific audience; and a range of training and practice sharing events and activities. Up to 2019, LEAP has provided training to 553 practitioners across 91 organisations, representing children centres, health visiting, midwifery, GPs, social care, early help, PVIs (private voluntary and independent settings) breastfeeding peer supporters, domestic violence services, CAMHS, primary schools, childminders, dieticians, voluntary and community sector and police.

> "[the training was] very engaging and educational. [It] opened my eyes to the forms and underlying causes of domestic violence."
>
> (Practitioner)

How is the programme influencing systems change?

Creating a shared vision and language: Workforce development is a key component of LEAP's systems change strand, aiming to upskill and improve the knowledge of the workforce across the local authority, health, voluntary and community sector; support collaborative working and sharing of information; and bring about a shared vision and common framework for working with families. This will ultimately contribute to a more integrated early years workforce through enforcement of a common language. *Working in partnership:* LEAP has actively sought opportunities to deliver training in partnership with other organisations. For example, LEAP recently delivered trauma-informed practice training in partnership with Lambeth Council's Early Help Team as part of a locality pilot; this was in direct response to a borough-wide focus on serious youth violence. Through this training, LEAP engaged with local early years, education, social care, voluntary, health, police, serious youth offending and housing services. This has helped to maximise potential reach through access to extended professional networks, strengthened the credibility of their training offer, and demonstrates LEAP's links with the wider system and alignment to local priorities.

What difference is it making for children and families, now and in the future?

LEAP's various workforce development activities have led to an increase in practitioner's knowledge and understanding of key early child development topics, as well as increased confidence in supporting the children and families that they work with. For example:

- 90% of midwives felt their ability to support mothers who are threatened by homelessness increased as a result of LEAP's housing training.

- 100% of professionals felt their knowledge of the role of food, diet and nutrition for children 0-4 year olds increased as a result of LEAP's diet and nutrition training, and 86% felt more confident to raise the issue of nutrition and physical activity and weight with parents and carers.

- 74% of professionals felt more confident giving advice to parents/carers whose children are experiencing sleep difficulties as a result of LEAP's sleep training.

"Great training: relevant, interesting and well thought out strategies that are clear enough to replicate with families."

(Practitioner)

Key learning

Finding innovative ways to secure engagement among the target audience: The team has on occasion struggled to engage all sectors, for example due to stretched workloads. To address this issue, LEAP has embraced a multi-method approach. Short 'Knowledge Makes Change' seminars and more intensive shared learning events take place regularly to inspire and inform on 'what works' for young children and families. They also support network building and are an opportunity to provide information about LEAP's services.

Bespoke training has been developed to reach practitioners who struggle to engage in open access training opportunities due to workload and/or working patterns (e.g. the housing training offered to health care professionals, where the training is taken to their clinics and delivered within protected team meeting times). In addition to face-to-face training, an e-learning option will be developed to allow practitioners to learn at their own pace and to fit around working commitments.

For more information on this project, contact Angharad Lewis, Early Childhood Workforce Officer **alewis@ncb.org.uk**

Small Steps Big Changes (SSBC) Nottingham: 'Think Dads' Training

Engaging dads in programmes and services is a struggle for many organisations in the early years sector. 'Think Dads' training is one of SSBC's 'Dads Advisory Group' strategic actions, aiming to help services recognise the importance of dads in parenting, and to empower professionals to make a change towards 'father-inclusive' practice.

How is the programme influencing systems change?

Upskilling the workforce: The training has been developed to support the entire children's workforce in the city, not just within the SSBC wards, but across other community organisations working with families. Following a successful pilot, a 'train the trainer' model was rolled out across the city, offering opportunities for organisations to train together and to support one another, and providing opportunity to broaden the skills of practitioners. So far, the programme has been delivered to 246 participants across 21 organisations, including statutory, voluntary and private sectors.

Embedding 'father-inclusive practice' in business as usual: During the training, attendees are encouraged to develop an action plan for their own organisation, and to embed this in their working practices on their return. Across the wider SSBC partnership, services and resources are being reviewed to ensure their core messages align with the 'Think Dads' ethos and encourage wider inclusive practice. The training continues to be developed as new research, evidence, and session feedback becomes available, to ensure that it has the capacity to change practice, both within ABS and beyond.

What difference is it making for children and families, now and in the future?

'Think Dads' aims to support services to better engage dads, which in turn should contribute to better outcomes for children and families themselves through higher a higher rate of engagement as well as services more tailored towards meeting the needs of dads. In a move towards sustainability, there are plans in place to make 'Think Dads' training part of the compulsory induction training package for all public services in Nottingham working with children and families. Additionally, work will take place with fathers and male role models to build on the training and incorporate an organisation 'maturity rating', based on an organisation's demonstrable commitment to father-inclusive practice. The training will help organisations to understand the importance of dads in a child's development, and ensure the dad's voice and needs are considered and sought in the same way as mums in order to better inform services. Already, attendees have self-reported an increase in father engagement in services. The impact of the training will continue to be evaluated in the coming year in order to continually develop and improve the service.

Key learning

Build on evidence and best practice: The 'Think Dads' training was developed through the Dad's Advisory Group. Early on in the development process, the need for the training to be built upon evidence and best practice was recognised, thereby ensuring its relevance to practice and applicability to a variety of organisations across Nottingham.

Seek support from people with relevant expertise: Members of the team felt it was important to source expertise to help develop the training, and engaged David Bartlett of The Fatherhood Institute to support the work. To ensure that the training had the potential for reach across the city, a 'train the trainer' method of delivery was adopted to share resources and maximise capacity to deliver across a number of organisations. This worked really well, with 14 delivery-ready trainers trained in the first year.

Help practitioners to see things from the perspective of the service users: Changing the system is more effective when you can change hearts and minds, bringing the appropriate people on board in the early stages. One of the key learning points has been the greater insight gained through stepping into the shoes of the user groups. Through delivering the training, it is clear that the workforce has begun to assess their own practice and personal circumstance before they can implement wider change; this realisation has led to a greater impact in terms of getting the workforce thinking and feeling from a father's perspective.

For more information on this project, contact **ncp.ssbc.admin@nhs.net**

A Better Start Southend (ABSS): Let's Talk - addressing children's speech, language and communication needs.

The Let's Talk programme is a collaborative approach between health and education to support children's speech & language development. The approach has several components, including training and support for Early Years practitioners as well as early identification and intervention work with families. It also offers a suite of courses designed to be implemented at a universal and targeted level. A key element of success is that there is a strong alignment between services, with education and health working collaboratively to address children's speech, language and communication needs.

How is the programme influencing systems change?

A workforce development approach:
The ABSS Communication and Language Advisors are two specialist teachers who have engaged 90% of the early years settings within the ABSS wards. The advisors support a 'Communications Champion' in each setting to help them improve their communication skills. They also guide and support early years providers to reflect on their styles of interaction with the children, and to consider how the physical make-up of the learning environments can support positive communication. Practitioners have been trained to use the Wellcomm screening tool to identify any delays in children's communication skills, and consequently put interventions in place to better support the children they work with.

> **"It's been so useful how the screen [screening tool] highlights those hidden children who appear to be fine but the subtle information from the screen shows areas that need to be further supported."**
>
> (Practitioner)

Originally, the ABSS team screened the children themselves. However, the practitioners have received training from the team and now implement it independently. Additionally, and by working collaboratively with the Let's Talk team, there is now an allocated Speech and Language Therapist to support the practitioners in each setting engaged in the programme. The workforce within the early years settings are delighted with this approach.

Equipping parents to support communication: The Let's Talk Team of Speech and Language Therapists offer a suite of courses and other activities aimed at educating and supporting parents and carers to develop their child's speech and language skills. They are able to identify speech and language development delays early on, so that help can be given and the need for intervention at a later date is reduced. This means parents will also be better equipped to support any future children they might have, or older children already in the household, therefore widening reach.

> **"It's great how those who have gone to the Let's Talk Sessions come back so positive about the courses."**
>
> (Practitioner)

Ensuring children can access support when needed: A challenge experienced in the clinical service was that a significant number of children were not being brought to appointments. By building better relationships with the families through face-to-face contacts and regular texts and phone calls, the Let's Talk Team are now seeing a reduction in the number of children failing to attend clinical appointments in the

ABSS wards. A 'Talking Walk In' system was devised in response to the need to allocate children to the most appropriate pathway. This now means that children can be seen either at home, in their settings, or at their local children's centre delivering one of the Let's Talk courses. The Let's Talk Team also work alongside vulnerable families having developed closer links with key partners such as, Health visitors, Family Nurse Partnership and the local food bank.

What difference is it making for children and families, now and in the future?

Since the introduction of the Let's Talk suite of activities, a tangible improvement has been seen in terms of children's speech and language needs. The shift in resources towards prevention has resulted in a significant drop in the number of children being referred to statutory speech and language support, as well as a decrease in 'inappropriate' referrals. The work has also positively impacted practice within the early years settings taking part in the approach, with practitioners now more sensitive to

maximising their interactions with children. This increases the potential reach of the work beyond the current cohort of children and contributes to a legacy beyond the lifespan of the ABS project.

Key learning

Build strong relationships with key players: Establishing relationships with the head teachers, senior leadership teams, managers and owners of early years settings was key to ensuring that the most appropriate person, with the time, skills and commitment, was chosen as the 'communications champion' in each setting.

Identify and implement simple changes that can make a difference: The allocation of a speech therapist to each setting has meant that trusted relationships have been built and that duplication of multiple therapists visiting the setting to see various children has ceased.

For more information on this project, contact ABSS Speech and Communication Specialists Lynsey Weston lynsey.weston@eyalliance.org.uk or Sian Ansell sian.ansell@eyalliance.org.uk

Lessons from A Better Start

Looking at the evidence from ABS implementation to date, there are a number of common elements which are driving forward systems change:

1. Effective partnership working

Good partnership working must be central to all attempts at systems change. Investment must be made in building trust and forming relationships to ensure buy-in from key partners from the beginning. There are many ways to do this, however, critically, relationships at all level, from senior management through to frontline practitioners, must be invested in. Taking opportunities to co-design programmes or tools will help all partners to take ownership of planned changes.

2. Winning hearts and minds

While investment in services now may create savings later on, ultimately a focus on prevention will reduce the need for a child or family to access more intensive intervention later in life. These benefits are not immediate and those involved in prevention work can often become disheartened along the journey. Constant reinforcing of the benefits of prevention in terms of children and family outcomes must take place and systems leaders play a critical role in this.

3. Aligning strategic priorities

Creating a shared vision and a common language across organisations and services not only supports collaboration and integration but supports consistency of service for children and families and contributes to overall improved outcomes.

4. Tailoring approaches to workforce development

It is vital that systems change strategies offer a range of approaches to engage and meet the needs of the workforce. This can include formal training, e-learning, opportunities for continued professional development, secondments, supervision and mentoring. When an effective strategy is implemented, longer term changes to culture and ways of working are achieved.

5. Using expertise and evidence

The use of evidence and drawing on external expertise can really support complex change initiatives. Specifically, these strategies will give credibility to the planned changes and help to build trust across the partners involved in the process when they can see a clear link between the evidence, their practice and stakeholders whose opinions they respect.

6. Engaging the service user

Involving services users in the conception, design and delivery of services will ensure they are fit for purpose, meet the needs of the community, and continue to do so as needs change. This will be considered in more detail in the next issue of this publication.

Glossary of terms

B

Better Evidence for a Better Start - Better Evidence for a Better Start is the methodology the Social Research Unit at Dartington will be using to provide support to the fifteen shortlisted areas to develop their evidence-based prevention strategies for the early years. It is a slightly adapted version of Evidence2Success, a methodology developed by the Social Research Unit at Dartington in partnership with the Annie E Casey Foundation and the Social Development Research Group.

C

ChiMat (the Child and Maternal Health Observatory) - ChiMat was established in 2008 as a national public health observatory to provide wide-ranging, authoritative data, evidence and practice related to children's, young people's and maternal health. ChiMat provided Big Lottery Fund with health data that was used in the assessment of A Better Start.

Community - A group of people who share common characteristics, interests or values. A community may also be defined by living in the same geographical area.

Coproduction – a model whereby service users and community members are involved in service design and delivery, importantly, as equal partners.

E

Early Intervention – identifying need and providing support as early as possible to improve outcomes for children or families.

Evaluation – a systematic process by which data is collected and analysed to demonstrate the effectiveness of a programme or service on its service users.

Evidence-based interventions/Evidence-based practice - When an intervention is 'tested and effective': 'tested' means that

the intervention has been put through its paces by a high-quality impact evaluation; 'effective' means that there is strong evidence from that evaluation that the intervention makes life better for children or families. An intervention is therefore 'evidence-based' when it has been evaluated robustly and found to have a clear positive effect on a relevant outcome for children or families.

F

Fidelity - The extent to which an intervention is implemented in accordance with intentions, or as designed.

H

Holistic – Treating the whole person, rather than as individual parts, and recognising the ways in which health, education and social care services interact with one another to collectively impact a child's life.

I

Implementation – Process of putting a plan or decision into action. For A Better Start this means using evidence on what works from implementation science to effectively bridge the gap between science and practice to ensure that interventions shown to be effective elsewhere produce similar outcomes when implemented in our local sites. Where interventions are innovative we use the same principles to ensure that they are put into practice and monitored effectively to test their effectiveness in improving outcomes for children.

Innovation - When service designers develop a new intervention, drawing on a mixture of evidence and logic (the contrast is with the decision to adopt an existing evidence-based intervention).

Intervention - An activity (programme, policy, practice or process) aimed at achieving an outcome.

Intervention impact - The impact (positive or negative) of an intervention on relevant outcomes according to one or more robust impact evaluations.

Intervention specificity - The extent to which an intervention is focused, practical, logical and designed using the best available evidence.

L

Logic model - A set of implicit or explicit assumptions (based on knowledge about child development and evidence concerning what works for whom, when and why) about the nature of the links between investments, activities and outcomes.

N

Need - In relation to an intervention this refers to how many individuals in a specified population match the target group for the intervention. In relation to a child or family, this refers to the particular vulnerabilities or issues which must be addressed.

O

Outcome - The effect of a process (such as an intervention) on a child's health and development.

P

Prevention - Activity to stop a social or psychological problem happening in the first place.

Proportionate Universalism – Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage.

Protective factor - An attribute of an individual or their environment that works in certain contexts to reduce or modify the individual's response to particular combinations of risk and thereby reduces

their susceptibility to a range of social or psychological problems.

Public Health approach - A model that addresses health or social problems in a comprehensive way. It is population based and linked to a concern for the underlying socio-economic and wider determinants of health and wellbeing. It emphasises collective responsibility for health and partnerships with all those who contribute to the health and wellbeing of the community.

R

Reliability - the degree to which an assessment tool produces stable and consistent results.

S

Scale - An intervention is 'at scale' when it is available to many if not most of the children and families for whom it is intended within a given jurisdiction. Usually this requires that it be embedded in a public service system. Science-based interventions - An intervention that is 'science-based' is not yet evaluated but is a new intervention, developed using a mixture of science and evidence, and logic (see also 'Innovation').

Screening tool - a checklist used by professionals to identify developmental delays in a particular domain/domains. The tool does not provide a diagnostic; further assessment would then be required. Service design - The process of designing a new intervention based on the best-available science and evidence.

Site Partnership - The local partnership that is the decision-making body for A Better Start in each local area. It shares accountability for child outcomes between statutory agencies, the voluntary and community sector and members of the community.

Sustainability – In the ABS context, the aim that changes made to the system will be maintained and continue beyond the lifetime of ABS.

T

Theory of change - The logic that connects an intervention to its intended outcomes and the rationale for why it should achieve what it seeks to achieve.

Train the trainer - A model of training in an approach or intervention where a set of practitioners are trained to be able to deliver training to others, so that knowledge can be cascaded down more rapidly.

Trauma-Informed Practice - an approach to working with families which recognises the potential impact of past traumatic experiences and reflects on this when working with an individual.

U

Universal Services - Services based in the community which are available to all. Children's Universal Services include health visitors, GPs, midwives and school nurses.

V

Validity – how well an assessment tool actually measures what it is supposed to measure.

W

'What works' – What the evidence tells us is effective in addressing issues.

Workforce development - a focus on building the skills of those working with children and families. This might be through formal qualifications, training (formal and informal) in approaches, interventions; or through continued professional development, including supervision processes and provision of ongoing knowledge and opportunities/experience

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A Better Start

A Better Start is a ten-year programme set up by The National Lottery Community Fund. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life.

For more information visit
tnlcommunityfund.org.uk

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