EARLY INTERVENTION FOUNDATION

Leading and delivering early childhood services

10 insights from 20 places across England and Wales

February 2022

Ben Lewing, Jean Gross & Donna Molloy

Acknowledgments

This report is the culmination of a year of work which involved important contributions from many different people. We would like to thank them all, in particular: the local coordinators who managed the maturity matrix process at a local level, and generated the learning on which this report is based; EIF's team of associates who supported the work, including the validation leads Becky Fisk, Andrea Richardson, and Kate Freeman; Rhiannon Griffiths and Robyn Tulloch who kept the show on the road, and Helen Burridge who made sense of the data; our critical friend Dan Bristow at the Wales Centre for Public Policy; and colleagues at the Department for Education and in Welsh Government for their enthusiasm, support and patience as the project evolved.

About EIF

The Early Intervention Foundation (EIF) is an independent charity established in 2013 to champion and support the use of effective early intervention to improve the lives of children and young people at risk of experiencing poor outcomes.

Effective early intervention works to prevent problems occurring, or to tackle them head-on when they do, before problems get worse. It also helps to foster a whole set of personal strengths and skills that prepare a child for adult life.

EIF is a research charity, focused on promoting and enabling an evidence-based approach to early intervention. Our work focuses on the developmental issues that can arise during a child's life, from birth to the age of 18, including their physical, cognitive, behavioural and social and emotional development. As a result, our work covers a wide range of policy and service areas, including health, education, families and policing.

Early Intervention Foundation Evidence Quarter, Albany House, Petty France, Westminster, London SW1H 9EA

W: www.EIF.org.uk
E: info@eif.org.uk
T: @TheEIFoundation
P: +44 (0)20 3542 2481

EIF is a registered charity (1152605) and a company limited by guarantee (8066785).

This report is also available in Welsh at: **https://www.eif.org.uk/report/leading-and-delivering-early-childhood-services-10-insights-from-20-places-across-england-and-wales**

Download the Welsh version of the report as a free PDF at: **https://www.eif.org.uk/files/pdf/leading-and-delivering-early-childhood-services-10-insights-from-20-places-across-england-and-wales-welsh.pdf**

EIF IS PROUD TO BE A MEMBER OF THE WHAT WORKS NETWORK

What Works Network

This report was first published in February 2022.

© Early Intervention Foundation 2022

The aim of this report is to support policymakers, practitioners and commissioners to make informed choices. We have reviewed data from authoritative sources but this analysis must be seen as a supplement to, rather than a substitute for, professional judgment. The What Works Network is not responsible for, and cannot guarantee the accuracy of, any analysis produced or cited herein.

Download

This document is available to download as a free PDF at: **https://www.eif.org.uk/report/leading-and-delivering-early-childhood-services-10-insights-from-20-places-across-england-and-wales**

Permission to share
This document is published under a creative commons licence: Attribution-NonCommercial-NoDerivs 2.0 UK **http://creativecommons.org/licenses/by-nc-nd/2.0/uk/**

This publication contains some public sector information licensed under the Open Government Licence v3.0: **http://www.nationalarchives.gov.uk/doc/open-government-licence/version/3/**

For commercial use, please contact **info@eif.org.uk**

Contents

Short case studies: Index **4**

Summary **6**

Introduction **9**

Planning early childhood services 9

Pandemic inequality and recovery 11

The role of evidence in supporting service improvement 12

The maturity matrix and evidence 13

Policy context 14

Stakeholder engagement 16

Plan: How local areas are taking forward strategy, commissioning and workforce planning **18**

Insight 1: Drive the quality of local strategic planning 19

Insight 2: Plan with the whole local resource in mind 26

Lead: How local areas are setting up governance arrangements, and engaging leaders and the wider community **33**

Insight 3: Get the leadership right 34

Insight 4: Support communities to drive change 39

Deliver: How local areas are taking forward the delivery of services and interventions, and sharing information **43**

Insight 5: Get the most out of evidence-based interventions 44

Insight 6: Make multi-agency working work 48

Insight 7: Face the challenge of sharing personal data 55

Insight 8: Information for families – a right not a gift 59

Evaluate: How local areas are understanding impact and using and generating evidence **62**

Insight 9: Step up on measuring outcomes and experience 63

Insight 10: Build a research practice partnership 70

Moving forward **74**

Local system planning 74

Creating the conditions for success at a national level 79

Appendix A: How EIF worked with local areas **83**

Appendix B: Data on Maturity Matrix progress levels **85**

Short case studies: Index

Insight 1: Drive the quality of local strategic planning 19

Caerphilly: Vision for change 19

Islington: Stressors and resilience factors 20

Warrington: Starting from the research evidence 20

Newham: The 50 Steps to a healthier borough 21

Carmarthenshire and Ceredigion: Early years integrated system 22

Islington: Bright Start Profile 23

North Wales: Regional population needs assessment 25

Insight 2: Plan with the whole local resource in mind 26

Newport: Mapping local assets 26

Kirklees: Health and Wellbeing Partnership 27

Cheshire East: Child Health Hubs 27

Flintshire: Creating a learning culture 29

Cardiff: Training needs analysis 31

Tower Hamlets: Multi-agency training 31

Cheshire East: Speech and language therapists 32

Wrexham and Flintshire: CAMHS training the wider workforce 32

Insight 3: Get the leadership right 34

Tower Hamlets: Maternity and early years governance 34

Anglesey: Early years board 35

Islington: Local area partnerships 35

Caerphilly: Local and regional partnerships 36

Cheshire East: Modelling leadership 37

Devon: Leadership roles 38

Insight 4: Support communities to drive change 39

Kirklees: Codesign and peer support 39

Ceredigion: Building a sense of community 40

Tower Hamlets: Parent volunteers 40

Hammersmith and Fulham: Community champions 41

Carmarthenshire: Community Connectors 41

Insight 5: Get the most out of evidence-based interventions 44

Caerphilly: A core offer, not a menu of interventions 46

Devon: Intervention mapping 46

Torfaen: Service mapping data 47

Flintshire: Delivering evidence-based programmes with fidelity 47

Insight 6: Make multi-agency working work 48
Cheshire East: The Parenting Journey 51
Ceredigion: Multidisciplinary family support 51
Devon: Vulnerable Pregnancy Pathway 52
Newport: Key workers and 'What Matters' conversations 52
Torfaen: Person-centred practice 53
Warrington: Early Years Peer Challenge 54
Islington: Maternity care 54
Insight 7: Face the challenge of sharing personal data 55
Cheshire East: Information sharing agreements 56
Ceredigion: Information sharing protocol 57
Tower Hamlets: Developing confidence to share 57
Cardiff: Multi-agency data platform 58
Islington: Integrated business support 58
Insight 8: Information for families – a right not a gift 59
Wrexham: Family information service 60
Ceredigion: Parent guide on early years development 61
Cheshire East: 'No app to replace your lap' 61
Insight 9: Step up on measuring outcomes and experience 63
Tower Hamlets: Outcomes Based Accountability 64
Vale of Glamorgan: Service level data on family distance travelled 65
Solihull: 'Tartan rug' performance scorecard 65
Cardiff: Acting on routine feedback 69
Calderdale and Kirklees: Using feedback on maternity services 69
Insight 10: Build a research practice partnership 70
Cardiff: Tracking the Flying Start cohort 71
Islington: Gathering qualitative data 72
Caerphilly: Scaling up learning 72
Tower Hamlets: Practice – research partnership 73

Summary

The case for supporting families during the early years of a child's life, from conception to age 5, is strong. Early childhood is recognised as a critical period, determining physical, cognitive, social and emotional, and behavioural development in ways that have lifelong effects. The right support for families during this time can fundamentally change lives.

The landscape of support services in maternity and early years, however, is complex and often fragmented. Local authorities, together with their NHS and other local partners, have the task of bringing local services and communities together to ensure that families can get the right intervention at the right time from people with the right level of expertise.

Evidence matters to service improvement. Evidence helps to select interventions that are likely to improve children outcomes. It can show impact, and whether this is because of something that you did rather than other factors. It also helps you to understand your local context, and what kind of support offer is likely to be a good fit for local families.

This report gives 10 insights for leading maternity and early years services, based on the learning from the 20 local areas in England and Wales that used EIF's maternity and early years maturity matrix planning tool in 2021. The messages are illustrated with over 50 practical local examples.

Insight 1	Drive the quality of local strategic planning
Insight 2	Plan with the whole local resource in mind
Insight 3	Get the leadership right
Insight 4	Support communities to drive change
Insight 5	Get the most out of evidence-based interventions
Insight 6	Make multi-agency working work
Insight 7	Face the challenge of sharing personal data
Insight 8	Information for families: a right not a gift
Insight 9	Step up on measuring outcomes and experience
Insight 10	Build a research practice partnership.

The report concludes by identifying how local and national stakeholders should respond as they plan for Covid recovery and seek to improve services in maternity and the early years.

1. Local system planning

There are some key features at the heart of effective local multi-agency planning for maternity and early years systems, which should be embedded in the local arrangements:

- **a good understanding of where you are starting from**, using population needs assessment, local system assessment, and an analysis of other existing evidence and research
- **clear and inclusive partnership structures and processes** for delivering local partnership strategy, emphasising family and community involvement
- **common approaches which support coordinated working,** including a focus on multi-agency support pathways, common processes, sharing of personal data, information for families, workforce development and alignment of resources
- **common approaches for learning, and for measuring improvement,** including defined outcomes, valid and reliable measurement tools, collaboration on evaluation, and creating a local learning culture.

2. Creating the conditions for success at a national level

Many of the issues highlighted in this report are difficult to solve through local action alone. There is an important role for national governments in removing barriers to the development of effective local systems, and in creating the conditions which enable good local system planning by:

- **building local capacity** through an explicit focus on the key functions and roles which drive forward local system planning; and a commitment to funding across financial years so as to enable good local recruitment and workforce stability
- **removing obstacles** by providing national leadership on population needs assessment, workforce planning, information sharing, and outcomes
- **focusing on evidence** by incentivising use of evidence-based programmes, promoting support pathways, mobilising the What Works Network, brokering relationships with academic partners, promoting use of valid and reliable measurement tools, and considering how inspection and regulation frameworks could do more to reinforce local use of evidence
- **raising and maintaining the profile** of maternity and the early years in national policy, signalling the importance of the connection between maternity and early years, and the relationship with wider family policy; simplifing the specification, funding, and reporting requirements of initiatives in maternity and early years; and requiring local areas to publish a local maternity and early years strategy which responds to national policy, and is built around the success factors for local system planning.

This is a frank assessment of some of the strengths and challenges facing local areas as they seek to renew maternity and early years services in the context of a global pandemic and a decade of constrained investment.

Local partners are often passionate and innovative as the many local examples show. Providing high-quality services during pregnancy and the early years is a lifetime commitment for many of the people who took part in using the maturity matrix, from Anglesey to Warrington, and Calderdale to Wrexham.

Yet local partners are also under pressure and facing local symptoms of national challenges. There are fundamental issues to address at national level if local areas are to respond effectively to the ongoing challenging context of inequalities, resource constraints and the consequences of the pandemic.

If we are to realise the potential of early intervention in this crucial stage of child development then this will require a coordinated, resourced, and long-term response, taking action at national and local levels.

Introduction

> *Investing in the early years is one of the smartest things a country can do. Early childhood experiences have a profound impact on brain development – affecting learning, health, behaviour and ultimately, lifetime opportunities.*
>
> **World Bank**[1]

The case for supporting families during the early years of a child's life, from conception to age 5, is strong. Early childhood is recognised as a critical period, determining physical, cognitive, social and emotional, and behavioural development in ways that have lifelong effects. The right support for families during this time can fundamentally change lives.

The landscape of support services in maternity and early years, however, is complex and often fragmented. Almost all families will have contact with midwives, health visitors and practitioners in early education and childcare settings. Some will have contact with peer supporters, voluntary organisations, children's centres, or family hubs. Some may also need more specialist support, for example parents or children who are at risk, struggling with mental health, or in need of housing or employment support.

Local authorities, together with their NHS and other local partners, have the task of bringing local services and communities together to ensure that families can get the right intervention at the right time from people with the right level of expertise. Making this local system work well for children and their families depends on joined-up arrangements for strategy and planning, leading change, delivering effective support, and learning from progress.

This report gives 10 insights for leading maternity and early years services in England and Wales, based on the learning from 20 local areas in England and Wales that used EIF's maternity and early years maturity matrix[2] planning tool in 2021.

Planning early childhood services

EIF has a longstanding interest in supporting local areas to use evidence to improve effective early intervention for children in their early years.

In 2018 we published our analysis[3] of why the UK is yet to consistently realise the benefits that early intervention offers families. We set out how the UK could build a system that supports early intervention by addressing five particularly intransigent barriers to implementing early intervention at scale: insufficient funding; short-term funding; fragmented responsibility; not delivering what works; and gaps in evidence.

The following year we launched the Early Years Transformation Academy[4] to directly respond to these barriers at a local level. The Academy supported teams of maternity and early years leaders to make the local case for why medium- to long-term investment in maternity and early years services is so important, and to identify ways to join up and strengthen

1 See https://www.worldbank.org/en/topic/earlychildhooddevelopment#1

2 See https://www.eif.org.uk/resource/eif-maturity-matrix-maternity-and-early-years

3 Available at https://www.eif.org.uk/report/realising-the-potential-of-early-intervention

4 See https://www.eif.org.uk/resource/early-years-transformation-academy-prospectus-201920

support for families. We published an independent, formative evaluation[5] which stressed the importance of a broad understanding of evidence, which goes beyond the reassuring 'proof' of high-quality intervention impact evaluation, into local evidence about community needs, family experience, workforce skills, intervention implementation quality, and practitioner knowledge.

During the same period we worked with 27 local authority areas in England as part of the Local Government Association's early years peer challenge programme,[6] helping local stakeholders to complete a system self-assessment using a maturity matrix which focused on the early development of speech, language and communication skills.

In 2020 we published the first review in our Planning Early Childhood series, on learning from practice and research on children's centres and family hubs[7] in England. The review showed how the barriers identified in 2018 continued to impact on local arrangements for early intervention in the early years, with limited contemporary research evidence on children's centres and hubs; widespread local experimentation and innovation but a lack of consistent metrics with which to judge effectiveness; and progress in use of evidence-based interventions at risk due to funding pressures and a lack of robust local evaluation.

The 2020 review identified the need to support local system planning, in particular to help local areas to interrogate how their current approaches are performing and identify how to increase the local impact of their services. This has influenced the design of the Family Hubs Development Process[8] which is being used by the National Centre for Family Hubs to support local areas in England to create family hubs. The 2020 review also highlighted the need for common metrics for assessing the local system, which could support benchmarking and create a baseline against which to assess progress in the wake of Covid-19.

The Maternity and Early Years Maturity Matrix was developed by EIF as a response to these challenges, and designed to support local partners to assess their early years system and identify areas for improvement.

Setting a validated baseline

In November 2020 EIF invited local areas in England and Wales to use the maternity and early years maturity matrix to support their work in planning early childhood services, and to set a local baseline which took account of the impact of the pandemic. This report provides a summary of key themes emerging from this work.

EIF provided an online survey for gathering local stakeholder views, advice on how to engage stakeholders, and a light-touch independent panel process for validating local self-assessments. Twenty local areas took part; 10 in England and 10 in Wales.

This report draws on the twenty local area self-assessments to provide a snapshot of system maturity in early childhood services across England and Wales. It sets out the challenges to progress that the local areas reported and identifies practice examples which illustrate how individual local areas have responded to these challenges.

The report is intended to be useful for local leaders who are seeking to develop a more effective, integrated approach to their early childhood support arrangements. It also has implications for national policymaking in both England and Wales in terms of how government can create the conditions for local change to succeed.

5 Available at **https://www.eif.org.uk/report/evaluation-of-the-early-years-transformation-academy**

6 See **https://www.local.gov.uk/about/news/local-government-early-years-peer-review-programme-hailed-independent-evaluation**

7 Available at **https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs**

8 See **https://www.nationalcentreforfamilyhubs.org.uk/toolkits/the-family-hub-development-process/**

Pandemic inequality and recovery

The experiences of the 20 local areas taking part were not defined by the Covid-19 pandemic, but it did significantly impact on the context in which they were operating, including on capacity for strategic planning and demand for, and availability of, support for families.

It is clear that the pandemic has had unequal health, economic and social consequences for families and communities. Some children are at risk of long-term impacts on their social and emotional development, particularly where they are living with high levels of anxiety or bereavement, or in circumstances of family chaos, abuse, or economic hardship. Long-term impact is not inevitable, however, because the right kinds of temporary alterations and sustained support can mitigate this and provide opportunities for disadvantaged children to catch-up.

Providing the right alterations and support is no simple task. Inequalities were rising before the pandemic hit. Rates of child poverty were back to their pre-2010 levels with over four million children affected, and child poverty rates were highest for children living in workless families – in excess of 70 percent.[9] There were large (and increasing) differences between children in more and less deprived areas across many health indicators, including infant mortality, A&E admissions, tooth decay, and obesity.[10] Long-term limiting illnesses, including asthmas, epilepsy, and diabetes affected more than one million children in England.[11] Family risks to children's early development such as substance misuse, domestic violence and mental health disorders were more prevalent in areas affected by poverty and deprivation,[12] and the Children's Commissioner's Vulnerability Index found that 830,000 children experienced domestic abuse in their homes last year. The UK prevalence rate for early language difficulties was between 5% and 8% of all children, and at over 20% for those growing up in low-income households.[13] Pre-Covid, one in five children aged 2.5 years missed their universal development check, which is intended to identify emerging health needs and provide timely help.[14]

How local public services plan early childhood services is critical given this context of deep-rooted inequalities, and longstanding sector concerns about resourcing across local government, the NHS, schools and settings. The pandemic exacerbates the challenges and creates a new urgency, but the fundamentals of planning and delivering a coherent local maternity and early years system remain the same.

9 Marmot, M. et al. (2020) Health Equality in England: The Marmot Review 10 Years On. London: Institute of Health Equality http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf

10 Marmot, M. et al. (2020) Health Equality in England: The Marmot Review 10 Years On. London: Institute of Health Equality. http://www.instituteofhealthequity.org/resources-reports/marmot-review-10-years-on/the-marmot-review-10-years-on-full-report.pdf ; Local area and deprivation differences can be seen in PHE statistics here https://fingertips.phe.org.uk/profile/child-health-profiles/supporting-information/early-years

11 See https://www.childrenscommissioner.gov.uk/vulnerability-in-numbers/groups/children-with-a-limiting-longstanding-illness/

12 See https://www.childrenscommissioner.gov.uk/wp-content/uploads/2020/03/CCO-Health-Inequalities-Briefing.pdf

13 See https://www.eif.org.uk/report/language-as-a-child-wellbeing-indicator

14 While 16% of children at the check were deemed to have not reached the expected level of development for this age as per https://www.gov.uk/government/statistics/child-development-outcomes-at-2-to-2-and-a-half-years-2019-to-2020

The role of evidence in supporting service improvement

Evidence matters to service improvement. Evidence shows you whether you have had an impact, and whether this is because of something that you did rather than other factors. It also helps you to understand your local context, and what kind of support offer is likely to be a good fit for local families.

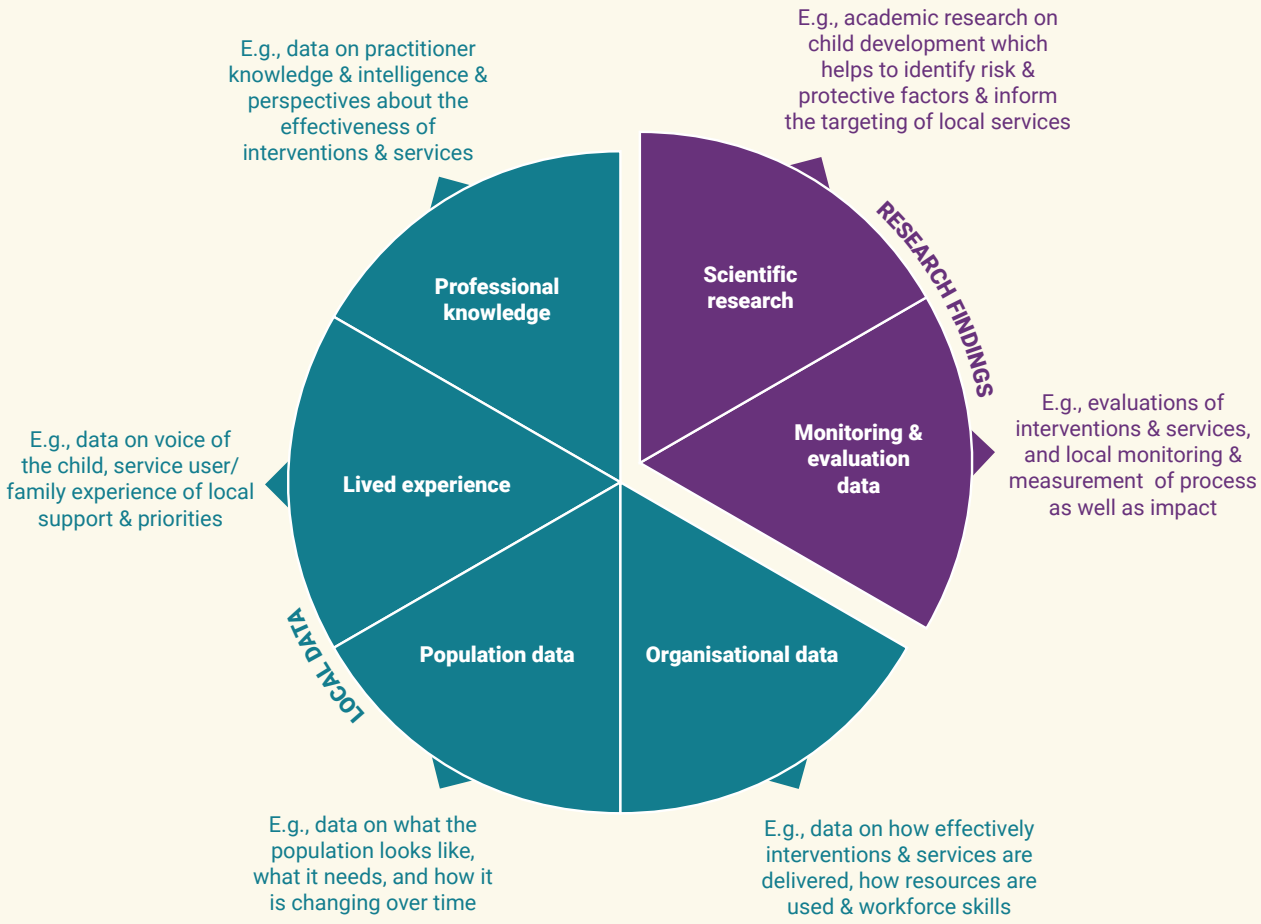
There are different types of evidence which are relevant to the challenge of trying to improve local services. The question of what works to improve child outcomes depends on rigorously establishing causality through experimental methods such as randomised controlled trials (RCTs) or quasi-experimental designs. This type of impact evidence is important. Children and families who receive interventions which have been shown through rigorous testing to have improved outcomes are more likely to benefit, and to a greater degree, than those who receive other services.

Improving services though isn't as simple as 'doing what works'. Other types of evidence are also needed if local areas are to offer effective services for children and families, such as data about local population needs, how services are delivered, who services are reaching or missing, and what support feels like from the perspective of families. These types of evidence may not 'prove' what works, but there can be neither proof nor improvement without this contextual evidence.

Triangulating different sources of knowledge within a structured professional judgement is a vital part of decision-making both in relation to direct practice and commissioning and designing services.

FIGURE 1

Using and generating evidence – combining research findings and local data



The maturity matrix and evidence

The maturity matrix is a multi-agency early intervention system planning tool which asks local stakeholders to review local evidence for the effectiveness of their local arrangements for improving child outcomes, and use their experience to reach consensus about local challenges and priorities for improvement.

EIF's maturity matrices are designed to help local areas to focus on how they use and generate evidence to deliver an effective early intervention system. Sometimes this is about applying findings from child development research to the local context, or commissioning an intervention which has shown that it can improve child outcomes through robust evaluation. Equally important is what local stakeholders do to collect local evidence on how resources are used, which populations groups are doing least well, or what families think of the local arrangements. The process of using the maturity matrix gives a structure for local system planning which draws on all the different types of evidence, and emphasises lived experience and professional knowledge.

The matrix sets out four dimensions of a well-functioning local early intervention system:

1. **PLAN:** The arrangements for planning the local support system for maternity and early years, using data on population needs, and financial and human resources.
2. **LEAD:** How local strategy for maternity and early years is driven by a strategic partnership arrangements and how the local community are involved.
3. **DELIVER:** How operational services are organised in a coherent way to deliver effective support for families.
4. **EVALUATE:** How progress in maternity and early years outcomes is measured, what the experience of support is like from the perspective of families, and how local partners use and generate evidence.

FIGURE 2

EIF's maturity matrix: early intervention system planning tool

The matrix can be used to set a baseline and track progress over time. Working collaboratively, local stakeholders representing services and the community complete a self-assessment, using descriptors to identify progress levels from basic to mature.

FIGURE 3

Progress levels across the maturity matrix

Versions of the Maternity and Early Years Maturity Matrix have been developed for both the English and Welsh context, and are free for any local area to use.[15]

Policy context

Maternity and early years services are a policy priority in both England and Wales. In Wales the early years is defined as the period of life from pre-birth to the end of the Foundation Phase at age 7. In England it covers children up to the end of the school year in which they turn 5.

In Wales, early years is one of five crosscutting priorities named in the Welsh Government's national strategy *Prosperity for all* (2017), with a national strategy first set out in *Building a Brighter Future: Early Years and Childcare Plan* (2013).

Commitment to the longstanding Flying Start programme was reaffirmed in the *Programme for Government 2021-26*,[16] which, alongside the Early Years Integration Transformation Programme[17] and Families First Programme, sets a clear statement of a national emphasis on the use of evidence-based programmes in the delivery of joined-up early intervention for children. The national policy framework in Wales includes an Early Years Outcomes Framework.[18]

In England, the NHS Long Term Plan requires a focus on care quality and outcomes improvements for children's health, envisioning 'a strong start in life for children'. The Government has committed to improving speech, language and communication outcomes for children up to the age of 5 in order to increase social mobility, and has published a 'start for life'[19] vision promising a new focus on integrated services in pregnancy and the first two years of a child's life.

The Public Health Outcomes Framework in England includes indicators relevant to conception to age 5, including child health outcomes and child development at age 2 and a half, and at age 5. Local areas are free to use whatever programmes they choose, with less central prescription than in Wales.

Public health strategies in both England and Wales commit resourcing to early years through their Healthy Child Programmes.

15 Available at https://www.eif.org.uk/resource/eif-maturity-matrix-maternity-and-early-years

16 Available at https://gov.wales/programme-for-government-update

17 See https://www.exchangewales.org/early-years-integration-transformation-programme/

18 Available at https://gov.wales/sites/default/files/publications/2019-07/early-years-outcomes-framework.pdf

19 Available at https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days

Key national maternity and early years initiatives and policies in England

NHS England's Maternity Transformation: aims to provide women with higher quality, safer and more personalised care, as well as improving perinatal mental health services.

Family Nurse Partnership: an intensive home visiting programme commissioned by some local authorities, with a government-funded national support unit.

The Best Start for Life: new plans for integrating and improving services for the first 1001 days of a child's life; includes a requirement for all local areas to develop a Start for Life strategy.

Healthy Child Programme: universal, targeted and specialist services provided by health visiting and school nursing teams, commissioned by local authorities. Provides a minimum of five health visitor checks before the child reaches the age of 2 and a half. Local authorities are responsible for commissioning health visiting services in their area.

Sure Start Children's Centres: local places through which early childhood services are delivered or signposted to, including early education and childcare; social services functions; health services; training and employment services; and information and advice services.

Early learning and childcare: funded by government for the most disadvantaged 2 year olds, and at age 3 for the children of working parents.

New Early Years Foundation Stage curriculum: implemented in all early years settings from September 2021.

Supporting Families Programme (formerly Troubled Families): supports families with multiple needs, including pregnancy period and dependent children up to age 18.

Family Hubs programme: A government programme to create family hubs in every local authority area so as to improve access to help and support for families, strengthen the connection between different services, and prioritise relationships and family strengths. The programme is supported by the National Centre for Family Hubs, and also includes Growing Up Well, which is exploring ways to improve information sharing.

Reducing Parental Conflict programme: supports the use of evidence-based interventions to reduce conflict below the threshold of domestic abuse.

Government Social Mobility Action Plan: work on speech, language and communication (SLC) in the early years, including a parent-facing Hungry Little Minds campaign, a voluntary sector grants programme, a Public Health England model-integrated SLC Pathway, and new tool for identifying SLC needs at age 2.

Key national maternity and early years initiatives and policies in Wales

Maternity Care in Wales – A 5 Year Vision for the Future 2019-24: envisages high-performing multiprofessional teams delivering family-centred care, and includes all-Wales clinical pathways for perinatal mental health care.

First 1000 Days: a national improvement programme led by Public Health Wales, which seeks to reduce adverse childhood experiences and achieve improved child outcomes in the period from conception to 2 years of age.

Healthy Child Wales Programme: a universal health visitor-led programme which provides a minimum of nine visits to families before the child is 4 years old. The seven local health boards in Wales are responsible for commissioning health visiting services for their regions.

Flying Start Programme: provides enhanced health visiting, funded childcare for 2 year olds, and parenting, and speech and language programmes for families in disadvantaged local areas. It includes some outreach to families with identified needs living outside Flying Start areas.

Early Years Integration Transformation Programme (EYITP): a government-funded co-constructed project exploring how early years provision may be reconfigured locally to ensure services are delivered in a more coordinated and joined-up manner. Initially in nine Pathfinder local areas, with the intention of rolling out learning across all Public Service Boards.

Early learning and childcare: a universal early education entitlement to education for 3-4 year olds prior to statutory school age. Local authorities decide whether this provision is in state-run nurseries, which are normally attached to schools, or in private or third sector nurseries.

All-age Curriculum for Wales 2022: new curriculum guidance available from January 2020, replacing the current Foundation Phase Framework for 3 to 7 year olds.

Programme for government 2021-26: pledges continued support for the flagship Flying Start programmes, funded childcare for more families where parents are in education and training, and an expansion of Welsh language early years provision.

Government 'Parenting Give it Time' campaign and resources: provides universal information and support for families.

Talk With Me: national programme launched in November 2020, which aims to raise public awareness of the importance of speech, language and communication; improve the identification of SLC needs in children aged 0 to 4 years and 11 months; update guidance on the evidence for SLC interventions; upskill the childcare, health and social care workforce in Wales to address SLC needs; and embed SLC in Welsh Government policies.

Families First: Welsh government programme for improving outcomes for children, young people and families, with an emphasis on early intervention and multi-agency working. It focuses on support for whole families, rather than individuals.

Stakeholder engagement

Committing to use the EIF maturity matrix is an important statement of intent of the improvement of maternity and early years services for children and families in all of the 20 local areas that took part. It demonstrates a recognition of how important the early years of life are to lifelong health and wellbeing, and how intervening early can reduce risk factors and increase protective factors in a child's life.

It also demonstrates a local commitment to taking multi-agency action in the planning, leadership, delivery and evaluation of the local system. The local areas completed their stakeholder engagement between December 2020 and May 2021, despite lockdowns, social distancing and urgent competing priorities.

Early childhood systems are complex. They involve many different stakeholders, services and organisations from across early education, childcare, health, family support, training and employment, and information and advice.

How it worked in practice

The local authority took the role of coordinator in all of the 20 participating areas. This role included identifying key stakeholders to individually complete an online survey version of the matrix; convening multi-agency stakeholder workshops to review the online survey results and agree progress ratings for each element of the matrix; and completing the matrix workbook for submission to EIF.

Involvement in the different stages varied widely across the local areas. Some completed a small number of online surveys but involved a wider set of stakeholders in the workshops; others collected a large number of individual responses and refined this with a smaller workshop group.

The most important part of the process were the workshops, which were designed to bring together a range of people with different experiences and perspectives on the local system, using a diverse set of insights to build a fuller picture. Local areas were encouraged to bring together staff from both operational and strategic roles, and to find ways of representing the parent and family perspective.

In the context of the pandemic, participation rates in the self assessment and planning process were high. Overall, 679 people completed the online survey and 353 took part in local workshops and group discussions. Although some of the benefits of face-to-face workshops were missed, online meetings appeared to facilitate wider engagement for some.

Across England and Wales, there was good representation of those working in key maternity and early years services, including health visiting, midwifery and children's centres / Flying Start and those working in the voluntary or community sector.

There was less likely to be active involvement from senior leaders, particularly in Wales. Parents were involved in this stage of the process in only one of the 20 local areas. Public health leads were also noticeably absent, reflecting their key role in pandemic recovery and their limited capacity for wider planning work.

Some of these themes are picked up in the later analysis, notably the role of strategic leaders as senior sponsors and the role of community voice within local planning.

TABLE 1

Representation in stakeholder workshops

	England & Wales		Wales		England	
Roles	**Frequency**	**%**	**Frequency**	**%**	**Frequency**	**%**
Public health strategist	4	20	1	10	3	30
Director of children's services / social care / education	3	15	0	0	3	30
Local authority commissioning					7	70
Local authority manager / team leader	20	100	10	100	10	100
Local authority practitioner	9	45	6	60	3	30
Health visitor	13	65	7	70	6	60
Midwife / maternity	12	60	6	60	6	60
Speech & language therapist	9	45	6	60	3	30
Clinical commissioning group					4	40
Other health leaders	12	60	6	60	6	60
Voluntary & community organisations	15	75	6	60	9	90
Children's centre / Family centre / Flying Start	14	70	10	100	4	40
Schools (incl. school nurseries)	8	40	4	40	4	40
Other early years settings	7	35	3	30	4	40
Parents	1	5	0	0	1	10
Families First			2	20		

Plan

How local areas are taking forward strategy, commissioning and workforce planning

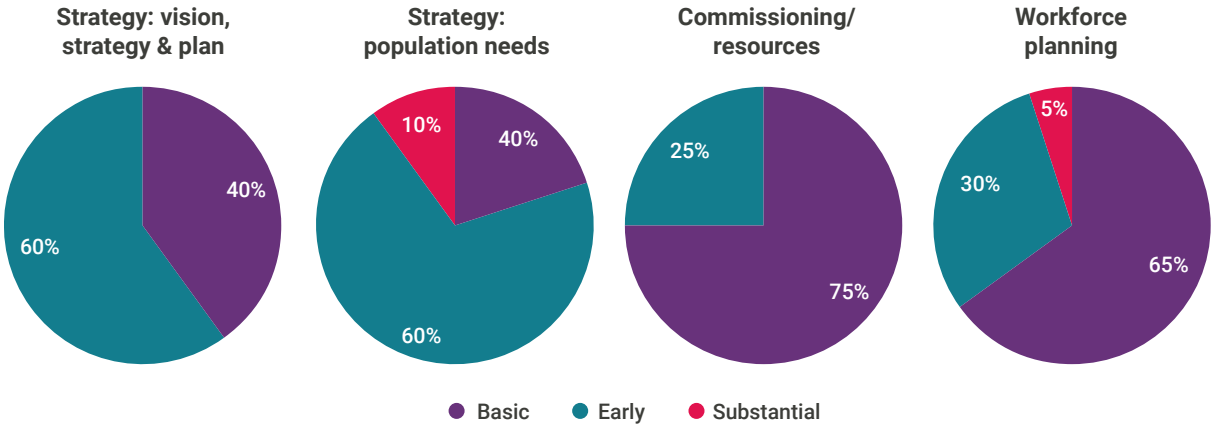
The Plan dimension of the maturity matrix focuses on the local vision, strategy and plan for maternity and early years covering three core elements:

1. what the local vision, strategy and plan is for maternity and the early years, and how well community needs are understood and used to identify priorities for action;
2. how local agencies map, align and pool resources to deliver the local strategy for maternity and early years; and
3. the local arrangements for ensuring that the multi-agency workforce has the right skills and capacity to deliver the local maternity and early years strategy.

The majority of local areas were at basic or early stages of their planning journey. Half of the local areas using the maturity matrix were at the basic level reflecting that they recognised the importance of this work and were committed to taking action, but yet to start moving forward. The majority of the others were rated as early progress, so starting to take action but had yet to see the results.

FIGURE 4

Maturity Matrix progress ratings for the 20 participating areas (England and Wales) across key elements of the Plan dimension



Insight 1: Drive the quality of local strategic planning

The maturity matrix considers whether local multi-agency strategy for maternity and early years is in development or in place; what the scope of local strategy is, and how far it takes account of evidence and population needs, including for those with protected characteristics; whether it is connected to wider local strategies; and whether it is being delivered by an action plan.

The key questions for local strategy are about function rather than form: is there a clear analysis of where things are working well and where they need to improve? What do communities and other stakeholders think is most important? Have relevant decisionmakers agreed the priorities for change, and how they will work together to deliver these? Are there robust arrangements in place for tracking progress and understanding impact? And is the local strategy communicated to, and understood by, the wider set of stakeholders to whom it is relevant?

A written strategy may be an effective way of bringing together the answers to each of these questions. However, it is the steps to answering these questions which are essential for local strategy to work. This includes:

- partners and communities collaborating on an analysis of population needs
- a partnership system assessment, defined governance arrangements
- a process for agreeing priorities for action
- a plan for implementation
- a process for measuring and evaluating progress
- and a plan for engaging and communicating with key stakeholders.

These are the components of effective local strategy, and the publication of a concise and accessible summary of these in the form of a written strategy document can complement them by signalling the importance of this agenda.

CASE STUDY

Caerphilly: Vision for change

Caerphilly worked with Public Health Wales to create an Early Years Logic Model which used a theory of change structure to describe the current challenges and set out a new integrated approach to improve services and outcomes.

The approach responded to feedback from families about the need for more individualised support, and local concerns about inequality, a lack of consistency and silo working.

The Early Years Logic Model described a vision of a single early years services team which shared data and decisionmaking, and focused on identifying and addressing needs early, and supporting families to be in control of decisions. It also described long-term benefits for families, staff, and system effectiveness more broadly.

CASE STUDY

Islington: Stressors and resilience factors

Islington had a multi-agency vision for early childhood services, based on reducing stressors and building resilience for families in order to give every child the best start in life. Stressors were described as 'factors which can make parenting, relationships and healthy development more difficult', and resilience factors as those which 'empower and enable families to work together with others to manage the difficulties in their lives.' The approach was inspired by the work of Better Start Blackpool.

CASE STUDY

Warrington: Starting from the research evidence

Warrington's system-wide approach to improving the identification and support of speech, language and communication needs was based on a comprehensive, documented analysis of research evidence demonstrating the critical importance of the first 17 months in determining later language, and the role of the home learning environment. Research evidence also drove the choice of assessment tools.

Across the 20 local areas using the maturity matrix, few had current, written multi-agency strategies specific to early childhood in the local area. Some areas were making good progress without this, but for many the absence of an explicit strategy was symptomatic of a lack of clarity about priorities or a lack of data on how things were working currently:

- *'There is a culture of doing things rapidly, rather than taking time to step back, understand the need, reflect and see what is happening across the system to meet the needs and avoid duplication.'*
- *'The Integrated Care Partnership can be very adult focused, for example, areas of priority identified are diabetes and frailty – none are child focused.'*
- *'Planning for good early years and maternity outcomes is seen as important. Communication and collaboration between early years and maternity has seen real improvement and priorities are aligned. A lot of work is being done. However, we are lacking a single comprehensive strategy. As a result wider partners may currently be less well informed of the work being planned and undertaken.'*
- *'Danger of multistrategy overload and lack of joined-upness. Need to map strategies.'*
- *'The strategy, such as it exists, sits under the partnership board, and is therefore subject to the needs of that board. There is probably a need for an early years-specific strategy, addressing the needs of families and children (rather than the needs of the organisations). A standout priority is to have a joint strategic plan, informed by local assessments of families' needs, that feeds into a framework for planning.'*
- *'Need to have partners agree on one strategy, priorities and aim – difficult with current pandemic to prioritise this work.'*
- *'Not currently being driven from a high strategic level. Different priorities and different drivers for each partner'.*

Most local areas identified that creating a written strategy would be a positive step forward. According to the self-assessments and the conclusions of the EIF panel,[20] 17 out of the 20 local areas could benefit from focusing on the development of local strategy, with 12 needing to clarify their strategic goals, and 11 needing to move through the sequence of steps which would lead to an explicit local strategy. This sequencing included, for example, confirming the governance arrangements which would oversee progress, using current local data across partners to understand changing population needs – particularly in the context of the pandemic – and engaging stakeholders in reviewing data and identifying priorities for improvement.

National policy drivers

Local partnership strategies generally respond to expectations which are set nationally, whether that be for health and wellbeing strategies,[21] children and young people's mental health strategies[22] or early help strategies.[23, 24]

CASE STUDY

Newham: The 50 Steps to a healthier borough

The first priority in Newham's Health and Wellbeing Strategy for 2020 – 2023* is enabling the best start through pregnancy and early years, and includes five 'steps':

- promote and support healthy pregnancies, childbirth and postnatal care for parents
- give every child in Newham the best start to life
- improve rates of childhood immunisations
- support school readiness for all children
- strengthen partnerships across local authority, clinical commissioning group, maternity, and voluntary, community and faith sectors to ensure a joined-up approach to support families.

The 50 Steps is described as a call to action to partners, the council and the wider community to work together. It is underpinned by a population needs assessment,+ and is supported by an implementation plan and outcomes framework.

* See https://50steps.co.uk/wp-content/uploads/2021/02/50-Steps-Health-and-Wellbeing-Strategy-Final-0221.pdf

\+ The Evidence for Change: https://50steps.co.uk/wp-content/uploads/2021/01/50-Steps-Evidence-Base-Final_compressed.pdf

20 Each workbook submission was reviewed by a validation panel of EIF staff and associates to confirm progress ratings, endorse strengths, and identify ways to accelerate improvement.

21 Health and Social Care Act 2012; and Department of Health (2013) Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies

22 NHS England, children and young people's mental health transformation plans: https://www.england.nhs.uk/mental-health/cyp/transformation/

23 HM Government, Working Together to Safeguard Children emphasises interagency cooperation on early help, stating that the 'early help on offer should draw upon any local assessment of need, including the JSNA and the latest evidence of the effectiveness of early help programmes'... 'This should be done within a structured, evidence-based framework involving regular review to ensure that real progress is being made.'

24 OFSTED, Guidance on Inspecting Local Authority Children's Services (updated December 2021) talks about 'the early help strategy, any associated action plan and relevant management information on the quality, timeliness and impact of the early help provided to children and their families.'

The influence of national policy priorities on local strategies was evidenced in some local areas, particularly in Wales due to area-based programmes such as Flying Start and the Early Years Integration Transformation Programme, which were more explicit about their shared ambitions to improve early childhood services in specific geographical areas, with the intention that learning from these areas would be scaled up across the wider area.

CASE STUDY

Carmarthenshire and Ceredigion: Early years integrated system

Carmarthenshire and Ceredigion Councils, Public Health Wales and Hywel Dda University Health Board collaborated to create a programme to 'transform the delivery of early years services from those that are segmented, and aligned along statutory boundaries, to those that use a placed-based approach'. The business plan set out guiding values, an analysis of the strategic context, the case for change (including benefits, outputs and outcomes), and how the approach can be sustained and scaled.

Each local authority area also published a pathfinder pilot plan describing how they would deploy this programme at a more local level, for example prioritising the capacity and skill mix in health visitor and family centre teams in Ceredigion; and establishing an early years integrated team covering the Gwendraeth Valley in Carmarthenshire.

Best Start For Life: A vision for the 1001 critical days

The Westminster Government's Early Years Healthy Development Review published a vision for babies and younger children in March 2021 which subsequently was influential in the 2021 Spending Review which allocated £500m for children and families.

The Best Start for Life vision identified six action areas:

- **Seamless support for families:** a coherent joined up Start for Life offer available to all families.
- **A welcoming hub for families:** Family Hubs as a place for families to access Start for Life services.
- **The information families need when they need it:** designing digital, virtual and telephone offers around the needs of the family.
- **An empowered Start for Life workforce:** developing a modern, skilled workforce to meet the changing needs of families.
- **Continually improving the Start for Life offer:** improving data, evaluation, outcomes and proportionate inspection.
- **Leadership for change:** ensuring local and national accountability and building the economic case.

local strategy on maternity and early years implied a lack of priority for this in national policy. However, this is likely to change as a result of the Early Years Healthy Development Review[25] which is expected to trigger a greater emphasis in local planning for the first 1001 days of a child's life.

25 See https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf

Both England and Wales have a clearly defined national vision for the development of maternity care. However, the connection between this and the early years system which follows is less clearly defined, and this lack of connection appears to be mirrored at a local level.

Understanding population needs

The maturity matrix specifically considers how local partners share and analyse population-level data about maternity and early years needs and outcomes, and uses this to identify vulnerable groups.

A key step towards creating local strategy is gathering local evidence on which groups of families are struggling, which children are less likely to thrive and why, and then using this to build consensus among partners around the need for change. In order to identify specific priorities for improvement population data needs to be sufficiently granular about different

CASE STUDY

Islington: Bright Start Profile

A specific early years needs assessment underpinned the development of Islington's Bright Start integrated locality provision. The first Bright Start Profile was completed in 2018 and updated in 2021. It covers a range of indicators aligned to the Islington model of stressors and resilience factors, with datasets at both locality and borough level. A wide variety of factors are included, such as food poverty, key health priorities such as adult lifestyle health risks and children's weight, and the availability of nursery places, and child outcomes at age 5.

Early childhood services in Islington are provided in three localities (Bright Start North, South and Central) which are coterminous with ward boundaries. This meant that a picture could be drawn of needs in each locality. While levels of overall disadvantage are similar in each, Bright Start South, for example, had a slightly lower achievement gap at age 5 than other areas.

A survey of family satisfaction with all services provided as part of the early childhood offer was completed by over 200 families. In addition, the health visiting service continued with the national Family and Friends Test.

A number of other needs assessments have been completed which focus on specific areas of the healthy child programme, for example the perinatal mental health needs assessment which brought together data from all relevant services available in the perinatal period. The review used national data to predict probable level of need and compared this with the actual numbers accessing services. It also included a deep dive exploration of 50 cases to explore assessment, provision, user experience and impact. The needs assessment led to plans for a range of support to match need from mild through moderate to acute, including the development of a specialist post in the health visiting team.

Other needs assessments include the health visiting high needs review, with a focus on the proportionately of health visiting input to the universal offer, versus additional support, and a review of obesity in the 0–4 age group, both of which have led to further development work on strategy and partnership.

population groups and local areas, the compounding effects of inequality, as well as future demographic changes.

As a whole, the majority of local areas using the maternity and early years maturity matrix struggled to access sufficient or current data on population needs for families expecting children, or with young children:

- *'There is no formal process to undertake a needs assessment across county with different agencies, all agencies have their own to some degree, which is based on services provided at the time. Need buy in from strategic partners and chief executives across the different agencies for one assessment. A large piece of work and no one person to lead.'*
- *'Flying Start is not linked in to systems to capture population data. If we need data, we have to find it ourselves – there is no data officer in the council.'*
- *'Population data is felt to be overwhelming'*.
- *'JSNA* [joint strategic needs assessment] *requires updating however there is no capacity to update currently.'*
- *'Data sharing across organisations is immature and there is no one clear view of key issues for focus. No JSNA has been published since a 2016 version that focused on childhood obesity.'*

The capacity needed to undertake needs assessments emerged as a common issue. Some local areas noted that they lacked the staffing needed to pull together data across agencies. In Wales, the Public Service Board wellbeing assessments and regional population needs assessments[26] were broad-based and tended not to have detailed or local information about babies and young children. In England, Joint Strategic Needs Assessments similarly often focused more on adults than children or lacked the detail needed for planning maternity and early years strategy.

Many of the maturity matrix submissions reported a lack of involvement of operational leaders in needs assessments. Contributors often saw the process as a remote data exercise carried out at a high level. They were unclear what data was being collated across the system, and how it could support their work.

The engagement of local public health teams who are often responsible for leading this work in local areas has been disrupted due to the demands of the pandemic on public health specialists. However, the ability to use population data to target support and understand how population needs are changing is even more critical than ever to local effectiveness.

» *See* ***North Wales*** *case study*

26 See for example https://www.northwalescollaborative.wales/north-wales-population-assessment/

CASE STUDY

North Wales: Regional population needs assessment

The North Wales Social Care and Wellbeing Services Improvement Collaborative published a regional population assessment in 2017, and a rapid review in 2020* to take account of the impact of Covid-19 on people who receive care and support in North Wales, including children.

Children and young people

We looked at the impact on:

- children with disabilities and/or illness
- children who are care experienced
- children in need of care and support
- children at risk of becoming looked after
- children with emotional and behavioural needs

Some of our findings:

- children's health services were reduced
- many appointments and surgeries were cancelled
- some children's staff were moved to adult services
- some children with long-term conditions missed therapies
- waiting times for referrals and assessments grew
- speech and language sessions were missed
- some children were more worried
- some children worried less
- some parents found they preferred the online support
- demands on charities increased but incomes have been reduced
- there was a lack of ante-natal, postnatal and home visits for new mums
- children in care felt more isolated and lonely
- face-to-face counselling stopped
- some foster carers found lockdown challenging because of behavioural issues
- other foster carers found the children were more settled
- vulnerable children faced more risks during lockdown
- more families needed to use food banks
- domestic abuse increased during lockdown
- Parentline had four times as many calls
- children at risk were less visible to professionals
- children with mental health issues said their symptoms got worse during lockdown
- waiting lists have increased and there may be delays for assessments and services
- the Children's Commissioner is concerned Covid-19 rules harm children's mental and physical health, and their right to play.

* Available at https://www.northwalescollaborative.wales/wp-content/uploads/2020/11/NWRPB-Rapid-Review-%E2%80%93-En.pdf

Insight 2: Plan with the whole local resource in mind

The maturity matrix considers how local financial and human resources are aligned to support maternity and early years strategy, including using strategic commissioning tools in England.[27] The focus is on good data (across partners), on what resources are currently used by public services and others to support families in maternity and early years, and on using this data to identify how resources can be aligned and better connected to achieve greater impact and plug gaps.

A key component of effective local strategy is identifying and aligning resources across the system to deliver agreed priorities for maternity and early years. The resources which underpin the local early childhood system are 'owned' by many different organisations or by communities themselves. Building a coherent overall approach which has the maximum impact depends on a good understanding of the whole picture.

CASE STUDY

Newport: Mapping local assets

Partners and key stakeholders in Gwent(including those in Newport) took part in an intensive six-day mapping exercise to better understand the universal journey for a family and their lived experiences, including when and how they came into contact with services. Families and frontline staff were interviewed and family records were studied so that a picture was gained of families' real experience. The mapping exercise included, amongst others, health, education, child development, childcare, family support, parenting, and mental health. It took account of 'hyper-local' services which are provided by the third sector. It highlighted service duplication and gaps.

The mapping exercise generated a set of principles for Newport's early years transformation programme:

1. Build on the person's strengths, skills and interests, current and historical networks; only then
2. use community assets; only then
3. use statutory or commissioned services.

The mapping exercise was very powerful in identifying and highlighting service gaps and duplication for senior leaders and elected members, supporting the principle of 'right help at the right time', and helping to better align resources across agencies.

27 Commissioning is not a commonly used term used in Wales.

CASE STUDY

Kirklees: Health and Wellbeing Partnership

Kirklees Council and the two Kirklees clinical commissioning groups commissioned a new partnership in 2017 to deliver an integrated healthy child programme in Kirklees. The partnership, now known as 'Thriving Kirklees', is made up of NHS and voluntary sector organisations, and is responsible for delivering a range of services to support children and young people and their families to thrive and be healthy. Including mental health, health visiting, school nursing, and volunteer-led family support.

The purpose of the Kirklees integrated healthy child programme was to transform the commissioning and provision of children and family-centred services, ultimately changing the way in which Kirklees communities received and interacted with the services they required. The initial contract was for five years, with provision for a five-year extension.

A key part of the vision for Thriving Kirklees is to develop voluntary sector-led initiatives, engage with stakeholders across diverse and marginalised communities and provide opportunities for local people to volunteer. A community grants scheme, implemented and managed in partnership with Third Sector Leaders Kirklees, provides funding to pilot and develop community-led health and wellbeing projects.

CASE STUDY

Cheshire East: Child Health Hubs

Cheshire East has a children's joint commissioning group and strategy, which involves the clinical commissioning groups, the local authority, health trusts, public health, representatives from the parents' forum, and young people supported by a participation team.

One joint commission has been the Child Health Hubs. Devised by the Integrated Care Partnership, working with paediatricians, GPs, and the local authority Early Start Service in children's centres, the hub programme aims to improve child and family access and experience across the paediatric system.

Data showed that parents were taking children to hospitals when that could have been avoided. After listening to families' views, some services were located in children's centres, and there are now two Hubs, one for each hospital trust, in which advanced nurse practitioners provide unsettled infant clinics, a jaundice clinic, and drop-in blood tests. The services are very well used, and provide an opportunity to promote the wider children's centre offer to families. GPs have also become more aware of the children's centre offer and more active in signposting families to it.

Cheshire East does not see pooled budgets or shared commissioning posts as essential. Instead their approach is to use data and user experience to identify gaps in services, and then establish which partners are best positioned to draw on national grants or other pots of money to meet needs.

Although some local areas using the maturity matrix were mapping services and aligning resources there were few examples of systematically reviewing all resources available for maternity and early years across partners, and considering how investment could be better used to support strategy priorities. According to the self-assessments and the conclusions of the EIF panel, 18 of the 20 local areas would benefit from collecting resource data across maternity and early years services, and using this to identify opportunities for closer alignment.

From the sample of local areas in England, despite examples of joint commissioning more broadly across child and adult services, it would appear that joint commissioning of maternity and early years services across NHS and local authority partners is not common. Those completing self-assessments often defined joint commissioning as jointly specifying and procuring a single service, rather than more systemic approaches such as collaborating on market management or mapping the available resources:

- *'We are currently at single-agency commissioning, and do not have joint commissioning across maternity and early childhood services. However there are examples of jointly-funded projects and roles in place, and joint plans around SEND.'*
- *'Commissioning is felt to be a barrier to developing vision / strategy. There is a feeling of 'distance' regarding lead commissioners: unsure who is leading in light of ongoing changes. More openness and clarity needed.'*
- *'The ongoing requirement to make year-on-year savings has an impact on long-term planning of services and the offer. As part of the early help programme we will be identifying ways we can develop long-term, sustainable delivery models'.*
- *'No joint commissioning in place, so there will be gaps and duplication. There are lots of commissioned services in the early years that all have different service specifications, priorities, outcomes, and contract end dates. CCG-commissioned services don't have their contracts aligned to be embedded in the early years system and they cross over different footprints. The culture of the local authority is heavily weighted towards a procurement-focused approach rather than meeting the needs of the population.'*

Funding issues were widely reported: a lack of resources, multiple funding streams, and inflexible funding which did not necessarily match demographics. In Wales, the difficulties presented by short-term funding were described as making it difficult to facilitate the strategic and operational transformation and integration which required a longer-term plan:

- *'Often too busy chasing the money – much effort goes into short-term bidding for funding opportunities at the last minute.'*
- *'Unclear about local resources available to support the strategy for maternity and early years and how this can increase impact. The complexity of the funding, notice of funding, and short-term funding provide barriers to real impact.'*
- *'Grant funding is short term and time limited, and there are different priorities on use of funding.'*

Workforce planning

The maturity matrix also focuses on how local partners plan for effective deployment of their biggest investment, their people resource. It considers how well current workforce needs are understood across the maternity and early years system, and how capacity and capability issues are being managed.

Workforce planning is a scaleable business process to understand the current workforce, compare it with the future workforce requirements to deliver organisational strategy, and implement ways to close the gap between the two. According to the Chartered Institute of Personnel and Development, workforce planning is about 'getting the right number of people with the right skills employed in the right place at the right time, at the right cost and on the right contract to deliver an organisation's short and long-term objectives.'

More robust workforce planning is also important to how organisations prioritise trust and relationships between practitioners and families. It can reinforce approaches which are important for developing relationships, such as: building capacity for teams and practitioners to be more flexible and responsive with their time; case management which values consistency or continuity of care; and keeping relationship competencies in mind when recruiting and supervising staff.

CASE STUDY

Flintshire: Creating a learning culture

Flintshire had established a multi-agency task and finish group to plan for workforce development for all those working with children prebirth to 7 years old. The group brought together partners from health, local authority, childcare and the third sector, and reported to the Early Years Pathfinder Partnership. It aimed to analyse and understand workforce needs, address capacity gaps through staff training, service redesign or recruitment, and put in place an agreed and high-quality training and supervision offer which supports the workforce to apply the latest evidence and policy to their practice. Outputs were expected to include an Early Years Workforce Matrix identifying needs across the system, and a roadmap setting out next steps over a two to three year period.

The work is expected to include mapping the existing training offer, and will explore how this might be reconfigured, building on strengths and maximising funding through pooled budgets. A key aim is to create a learning culture where networking and feedback informs future training and practice, and put in place a framework for evaluating the impact of workforce development activities on practice. The group is planning to work with both practitioners and service users to bring their perspectives on training and development needs and activities.

Most of the local areas using the maternity and early years maturity matrix were focused on workforce training rather than workforce planning. Self-assessments were less likely to consider the core competencies required to deliver the local maternity and early years strategy, whether there was the right capacity and capability across key functions, and the steps needed to recruit, remodel or develop the workforce so that it was equipped to deliver local maternity and early years strategy. Few areas had good data about current multi-agency capacity and capability around which to build a local workforce strategy, with 19 out of the 20 local areas likely to benefit from strengthening here according to the self-assessments and the conclusions of the EIF panel:

- *'Workforce planning is often looked at in silos and not a coordinated approach. Individual parts of the system try to solve parts themselves rather than going to a central point, often taking training that is on offer rather than considering if it is appropriate or evidence based.'*
- *'Training is typically arranged in service areas – some examples of training for all from public health, etc. but overall not much joint training. Have we got training records? What are the core skills required? What does the data tell us is a priority for 0–5 services? Need to link training to key outcomes in the early years strategy and add workforce planning to the agenda.'*

This feels particularly important in the context described by many local areas of challenges in recruiting and retaining operational roles such as health visitors, and strategic roles such as transformation leads; and in understanding how to integrate pilot or project staff within the wider system arrangements, as illustrated by the relationship between Flying Start health visitors and 'generic' health visitors in Wales:

- *'Recruitment is difficult in some areas due to the lack of qualified staff. Grant funding inevitably means that funding is short-term. The required calibre of staff do not always wish to undertake a six-month secondment. Short-term funding also means that long-term workforce planning is very difficult.'*
- *'Movement of caseloads between staff can cause breaks in relationships with families and communities.'*

In general there was a message that local workforce recruitment and retention problems were difficult to fix locally and needed to be resolved through national workforce strategy.

Training offer

Despite the difficulties many local areas were experiencing in workforce planning, they frequently had strong training offers on foundational skills relevant to supporting families in maternity and early years.

Some local areas had created learning programmes which combined training with support from local practice experts to apply learning in practice settings. This was an effective way of using the professional skills of specialists within the local workforce to support skills development across the wider workforce.

Some were systematic in collecting multidisciplinary data on workforce training needs and using this to create core skills programmes, rather than focusing on delivering organisation- or intervention-specific training.

CASE STUDY

Cardiff: Training needs analysis

An annual training needs analysis is undertaken across early help in Cardiff. This covers the early intervention workforce, including Families First working partners, Flying Start practitioners, and staff in education and social services and the non-maintained childcare sector. The results are used to develop training programmes for these audiences.

There is a core programme of training available to all early help staff, which includes:

- understanding the roles of different services, such as Cardiff Family Advice and Support, Cardiff Parenting Teams and the Flying Start Advisory Team
- relational and attachment-based practices
- developing children's communication skills
- supporting breastfeeding and understanding the responsibilities of the health visiting service
- eating well in the early years
- additional learning needs
- safeguarding children.

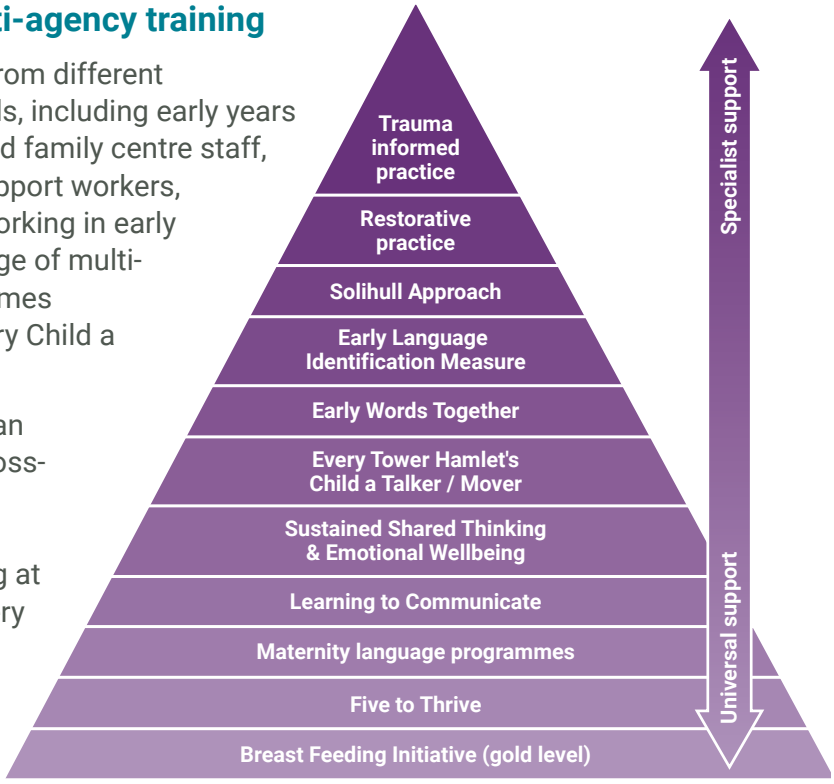
The core programme is also available to partners across Cardiff who work with children and families, including schools-based staff, social care and housing professionals.

CASE STUDY

Tower Hamlets: Multi-agency training

In Tower Hamlets staff from different professional backgrounds, including early years practitioners, children and family centre staff, health visitors, family support workers, school staff, and staff working in early help) participate in a range of multi-agency training programmes such as the national Every Child a Talker training.

There are plans to build an overall programme of cross-organisational training which connects learning opportunities for working at a universal level with every family, as well as with children and families who need more specialist support.



CASE STUDY

Cheshire East: Speech and language therapists

Cheshire East used a two-year invest-to-save pilot to test the impact of employing speech and language therapists to work with targeted early years settings in the most disadvantaged areas. They provided training for staff and supported the use of an assessment and intervention tool. Evaluation showed a strong impact on outcomes, not only in communication and language but also in personal, social and emotional development. As a result the programme has been mainstreamed.

CASE STUDY

Wrexham and Flintshire: CAMHS training the wider workforce

The Early Years (0–7 years) service within North East Wales CAMHS (Wrexham and Flintshire) is a multidisciplinary team which offers specialist support for infant, child and parent mental health, and for parent–infant/child relationships. The service provides specialist psychological assessment and intervention, training and consultation for the local workforce, along with advice to service leaders.

CAMHS has prioritised working with partners to support the skills development of the wider early years workforce. CAMHS collaborated with Flintshire and Wrexham local authorities to develop Video Interaction Guidance (VIG) in early intervention services across both counties, with CAMHS leading the local training of VIG practitioners. Two CAMHS-based clinical psychologists have been funded by the Flintshire Early Years Pathfinder to become accredited supervisors for two cohorts of trainee VIG practitioners. In Wrexham the local authority has committed to fund an additional cohort of trainee VIG practitioners. CAMHS facilitates regular local peer supervision groups known as 'intervisions' and evaluates intervention outcome data.

CAMHS has also developed regular group consultation sessions for local parenting practitioners working within early intervention services. These are led by a clinical psychologist, and focus on increasing skills, knowledge and confidence by supporting practitioners through a shared problem solving process. Practitioners and service managers who have taken part report feeling more skilled in the way that they support families.

Lead

How local areas are setting up governance arrangements, and engaging leaders and the wider community

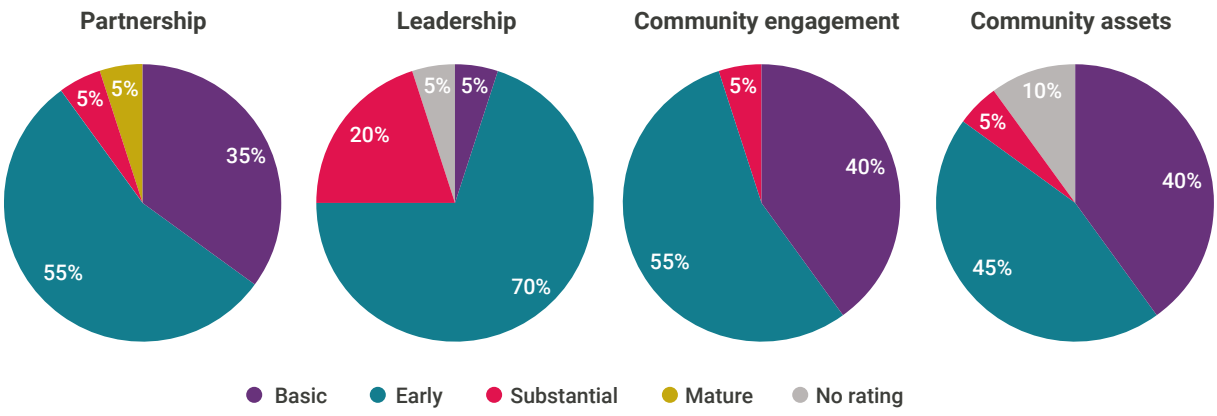
The Lead dimension of the maturity matrix focuses on the strategic partnership and governance arrangements which oversee local strategy for maternity and early years, covering three core elements:

1. the strategic arrangements for joint working between partners, and how this drives forward delivery of local maternity and early years strategy
2. how maternity and early years strategy is led and championed at a local level, and how leadership is distributed across the community and local organisations
3. how families and the local community are engaged in the design and delivery of local maternity and early years strategy, and how community assets are used to sustain change.

Overall, the majority of local areas using the maturity matrix were at the early progress level for the Lead dimension, reflecting that they were taking action but yet to see the results.

FIGURE 5

Maturity Matrix progress ratings for the 20 participating areas (England and Wales) across elements of the Lead dimension



Insight 3: Get the leadership right

The maturity matrix considers individual leadership behaviours as well as how senior leaders collaborate to create effective strategic partnership arrangements to oversee maternity and early years strategy. It focuses on whether there is an active strategic partnership group which is responsible for local maternity and early years goals, and how well partners involved in this group work together. It also considers how far operational and strategic leaders champion this agenda, prioritising investment and communicating the benefits of a more joined-up approach.

The way that perinatal and early years support for families connect can be of life-changing significance to vulnerable families. However, the maternity and early years elements of the local support system for families have very different national policy drivers and local commissioning arrangements.

The maturity matrix is explicit on the connection between maternity and early years services, and the self-assessment process shone a light on the challenges areas face in trying to develop a coherent integrated system given the often separate nature of maternity and early years partnerships and planning at a local level. For some this meant it was difficult to engage maternity services in a planning process led by the local authority. For others, the matrix was the ideal mechanism to bring maternity and early years stakeholders together, building or strengthening relationships and spotting opportunities for collaboration. For others still, this was already business as usual for their strategic partnership arrangements.

Strategic partnerships

Where things were working well, the partnership arrangements for local maternity and early years strategy included a mechanism for bringing together more senior strategic leaders and decisionmakers with responsibility for child and family services; as well as an operational group of service managers and other partners who had more detailed knowledge about maternity and early years services; with clear lines of accountability from one to the other, and good communication in both directions.

CASE STUDY

Tower Hamlets: Maternity and early years governance

Partnership working across maternity and early years services is coordinated through a well established maternity and early years working group. Although planning was paused for a time during the pandemic, the working group leads work on an early years integration plan, with shared key performance indicators, and shared workplans that lead into service workplans and individual performance targets.

The working group brings together senior stakeholders representing maternity commissioning, public health, midwifery, health visiting, early years, early help and the voluntary sector.

The maternity and early years working group is one of four thematic subgroups that deliver objectives agreed by the Children and Families Executive, which is part of Tower Hamlets Together, a strategic partnership between NHS commissioners and providers, the local authority and the Council for Voluntary Services to deliver 'better health through partnership'.

CASE STUDY

Anglesey: Early years board

Anglesey is a small authority, so a key driver for multi-agency working is to make best use of resources to avoid being overwhelmed by different initiatives and projects. This is a key function of the Anglesey Early Years Board, which brings together senior managers from family support, social services, school nursing, health visiting, midwifery, Public Health Wales, leisure, housing, primary schools, childcare and the third sector.

The board share information about current and new projects, support collaboration on funding bids and explore connections and opportunities to link up. Working groups take forward more detailed work across partners, for example embedding Welsh language in the service offer, or support for children with additional learning needs.

One of the working groups focused on looking afresh at the parenting pathway from prebirth. Take-up and engagement with evidence-based programmes was falling, and training staff to deliver these programmes was difficult because of the wide range of programmes, the cost of training and staff turnover. Partners were keen to review how evidence-based programmes fitted into a county-wide support pathway that focused on building confidence, resilience, relationships and social networks. This work included mapping who is trained in what and how they apply this; and creating a new induction process and annual cycle of training for key programmes.

CASE STUDY

Islington: Local area partnerships

The Bright Start governance structure facilitates joint leadership working at every level from the overarching Maternity and Early Childhood Board to the local parent forums.

Each Bright Start locality is led by an area lead (London Borough of Islington) and locality manager (Whittington Health Trust), working in partnership with other agencies including voluntary services, midwifery, social care and education.

Every locality has an Early Childhood Area Partnership Group chaired by parents and attended by families, community groups and professionals, including nursery managers and partners in speech and language therapy, and community learning. These groups look at issues in their area and provide reports and challenges on what provision they would like to develop locally. The meetings are seen as invaluable not only for the formal agenda discussions but also through the incidental conversations and connections made.

Local areas involved in the Early Years Integration Transformation Programme in Wales had in some cases developed strong regional strategic partnerships on health board footprints. Stakeholders in local partnership groups found these governance structures helpful, whilst reflecting on the need to still attend to local as well as regional needs and priorities, and comply with local processes.

CASE STUDY

Caerphilly: Local and regional partnerships

Caerphilly has an active operational partnership group which is open to service managers from across the local maternity and early years system. The group includes midwifery, health visiting, Flying Start, Families First, and is a key group for information sharing, discussion and debate. The group also creates task and finish working groups on key priorities where there is a shared interest or concern. This has included, for example, work on the relationship between generic and Flying Start health visiting; the speech and language local pathway; and scaling up learning from the New Tredegar transformation pilot across the wider area. Managers taking part in the working groups have a mandate to make decisions.

Caerphilly also supports the Gwent early years steering group which coordinates work across the region and reports in to the new Gwent Public Service Board. The steering group helps to avoid unilateral local decisions by focusing on common principles and a unified model which is then adapted to each local context.

Many local areas, however relied on operational leaders to drive local partnership arrangements or reported that accountability for different elements of their work sat across a number of different structures. Governance structures were often arranged around the allocation of central government grants rather than an overall early childhood strategy, and this appeared to encourage a focus on specific projects rather than whole-area planning. Governance structures were further complicated by the lack of coterminosity between local government and the health economy:

- *'There isn't one place where a strategy is held, developed, led and owned around early years, and therefore it is falling through the gaps.'*
- *'Several well established and successful partnerships for specific areas of work or population groups but no overarching partnership.'*
- *'Very disconnected from users of early years services and no clear system leadership. Relationships with health colleagues are good at an operational level but there does not appear to be a coherent strategic lead on early years and maternity services.'*
- *'Too often partners find out about a finished piece of work at a partnership meeting rather than using them to make connections, or incorporate shared learning, experience and practices.'*

Governance structures for early childhood strategy were identified as an issue in almost every local area. According to the self-assessments and the conclusions of the EIF panel:

- seven areas needed to establish partnership arrangements for leading this work
- 12 areas needed to further develop existing strategic arrangements and widen involvement
- 11 areas needed to build greater involvement of maternity and other health stakeholders in the partnership arrangements
- 8 areas needed to strengthen the relationships between the focus on early childhood and wider governance of family and community services.

Overall, EIF made recommendations on strengthening local governance arrangements to 18 out of the 20 participating areas.

Leadership roles

The maturity matrix focuses on the individual leadership behaviours which are needed to drive forward multi-agency maternity and early years strategy, distributed across strategic, operational and community roles.

CASE STUDY

Cheshire East: Modelling leadership

Like other local areas, Cheshire East has had to work hard to ensure that children's issues take their place alongside adult social care in discussions about integrated services, and that partners engage fully with early intervention and prevention. The team feel that a number of key factors have been important in making this happen:

- political support and executive-level leadership within the local authority
- enabling partners to listen to the experience and wishes of families
- finding the people who may not initially know the territory but are keen to make a difference
- persistence in being at the table
- practical demonstrations of how partners can help each other meet their respective organisational goals, for example by using existing assets (buildings and people)
- initially focusing joint work on tangible programmes that have high visibility, so that partners can see work on the ground.

Some local areas described how frequent senior leadership changes could be a barrier to progress, and – particularly in England – local areas described politicians and senior leaders assigning the children's agenda – early childhood specifically, and prevention and early intervention – as low priority:

- *'Early years is "someone else's business". It's not always clear who is leading on what.'*
- *'It is taking a long time to bring about change. The system may not have the right people leading this work across the sectors, and representation at meetings was not always from people on the ground level with senior management not always seeing the issues.'*
- *'Although we identify the family as being at the heart of the system, we do not have adequate family and community representation within the system, for example at board and steering group level. There is a need to ensure families have the right input at the right level to manage expectations.'*

The leadership challenge has also been described for England in the Best Start for Life report[28] which identified leadership for change at both local and national levels as one of its key action areas. The report suggested that the quality of local leadership and accountability is variable, with support for the 1,001 critical days often marginalised at a local level. It proposed 'a designated, locally accountable leader who will take the responsibility for co-commissioning all Start for Life services across the statutory and voluntary sectors'.

28 Available at https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days

The most secure leadership arrangements for maternity and early years partnership and strategy were likely to include:

- a senior sponsor at director or assistant director level, who was an active champion for this work, helping to connect local transformation work on maternity and early years to wider family policy and planning in the local area
- a transformation lead who had specific responsibility for managing the change programme and bringing stakeholders together
- a data, analysis or evaluation lead, with the ability to turn organisational and community data into local evidence, and to put in place robust methods for measuring and evaluating local delivery to better understand effectiveness.

CASE STUDY

Devon: Leadership roles

Devon's Best Start in Life Programme aims to ensure every baby and young child in Devon will be provided with the best start in life by their families, local communities and integrated services, and that families will receive a seamless experience with access to the information and services they need when they need it.

The programme is governed by a multi-agency board consisting of representatives from children's services, early years, health visiting, midwifery and the community and voluntary sector. The board reports into the Devon Children and Families Partnership and has responsibility for the progress of the programme and programme resources.

A public health consultant is the senior responsible officer (SRO) for the programme and chair of the programme board. The SRO has overall responsibility for the delivery and outcomes of the programme.

A programme change manager is responsible for the day-to-day management of the programme, with the authority to lead programme work on behalf of the Programme Board. The programme change manager manages relationships with a wide range of stakeholders and contributors, and reports to the SRO and Programme Board.

Data analysis and intelligence for the programme is provided through the supporting Children's Management Information and Public Health Intelligence Teams. The One Devon Dataset is used to inform delivery – a linked dataset of pseudonymised data that can track individuals, families and communities through the lifespan to develop understanding of system interdependencies, inequalities, needs and costs.

An early years research and evaluation manager was part of the programme team during the initial stages. The role was important in gathering and analysing information on families' experiences of services, including experience of digital delivery during the pandemic response, and worked closely with organisations such as EIF to evaluate the effectiveness of Devon's early years and maternity services.

In practice, few areas were able to demonstrate leadership at all three of these levels. Senior leaders in many local areas were supportive but hands off, leaving operational leaders for early years to drive the transformation agenda. Few areas had dedicated data and analysis capacity that they could call on for this work. These gaps were particularly apparent in Wales, where Flying Start Programme Managers were passionate and well respected champions for this agenda, but were under pressure to manage both operational and strategic demands, and not always well placed to navigate the wider strategic context for family and community services.

Insight 4: Support communities to drive change

The maturity matrix considers how local families and communities are involved in both designing and delivering local strategy for maternity and early years. It moves from formal consultation to participation in governance structures, where decisions about resources are made. It focuses on the role that peer support, community development, and involvement in delivery play in the local strategy. It emphasises support for community leaders.

National policy on maternity and early years often places the involvement of local families and communities at the centre of decisionmaking. Maternity care guidance in both Wales and England emphasise coproduction with women and their families, including creating maternity voices partnerships or maternity services liaison committees, which are independent, formal multidisciplinary committees which influence and share in the decisionmaking of the local maternity system. Sure Start children's centres statutory guidance requires that local families and communities have a say in how children's centres are run, including as part of a children's centre advisory board.

As described by the National Lottery Community Fund,[29] 'co-production means creating, delivering, and evaluating services jointly with people who will use them. It is more than just consulting or informing people about decisions. It's the meaningful involvement of people with lived experience, who bring knowledge and expertise from first hand experience of a situation. What's important is that this lived experience is recognized in a positive light, as a strength rather than as a need or a deficit.'

Across the 20 areas using the matrix there were many examples of involving local parents in service design and delivery.

CASE STUDY

Kirklees: Codesign and peer support

Auntie Pam's is a pregnancy and family support service developed with local women, which is described as seeking to engage with the easy-to-ignore, disengaged or marginalised women and family members. Auntie Pam's 1:1 volunteer peer support offers women the chance to identify and talk through their issues; prioritise needs, solutions and goals; and with support, improve their personal circumstances.

Volunteers are trained to work through basic motivational change cycles that lead to long term improved health and wellbeing change. Women are signposted to other support services and networks where needed. Crucially, volunteers offer a time-rich service, allowing women to set their own pace for engagement and discussion. This is a person-centred approach, enabling women to identify solutions and make their own choices.

Auntie Pam's volunteers have the opportunity to gain a range of Level 2 qualifications. They represent local women on partnership groups, and help shape the local health provider's services and information for families.

29 Available at https://www.ncb.org.uk/sites/default/files/uploads/files/Insight%203%20-%20A%20Better%20Start%20Through%20Better%20Systems%20-%20Parent%20Family%20and%20Community%20Engagement%20-%20FINAL3.pdf

CASE STUDY

Ceredigion: Building a sense of community

Termly reference groups in Ceredigion bring together parents, grassroots community groups, local councillors, third sector organisations, faith groups, employment agencies, play and childcare providers, and family centre and local authority staff to discuss the issues facing their local area and to solve problems.

Building a sense of community is an important strand of Welsh policy. An example is the West Wales Care Partnership of councils, Health Boards and Public Health Wales, and the Pembrokeshire Association of Voluntary Services, which has created a timebank platform to bring communities and individuals together. This is a place where individuals can offer support to or request help from their neighbours and the wider community. Connect 2 Ceredigion has been created not as a place for traditional volunteering, but as a timebank and 'a place for small random acts of kindness between people in Ceredigion, based on the individual skill they have to offer or the specific problem they need to be solved.'

CASE STUDY

Tower Hamlets: Parent volunteers

In Tower Hamlets a volunteer coordinator funded by Job Centre Plus, works across the 12 children and family centres to support parents with work experience in the centres, such as clerical work, supporting universal sessions, or providing conversational English practice.. Where parents are interested in getting into employment, the centres support the engagement with the council's work path team for advice and support.

Parents often progress from volunteering to becoming members of the centres' parent forums, where they look at outcomes, explore issues such as low take up in some families, and advise on activity programmes. Forums have become more diverse over time, with new leaders emerging from a younger generation, including many first-time mothers from local estates.

One of the home learning environment programmes used in the borough is the National Literacy Trust's Early Words Together, where parents initially codeliver sessions alongside nursery staff, and later run them independently. The parents involved have become a powerful group,- speaking at local conferences and taking part in workshops alongside professionals.

CASE STUDY

Hammersmith and Fulham: Community champions

Hammersmith and Fulham fund a community champions volunteer programme of local people who promote health and wellbeing knowledge and services for local residents. The programme at Old Oak Community and Children's Centre* includes maternity champions, who help new and expectant parents from pregnancy through to a baby's first birthday in a range of ways, including preparing for birth, bonding with baby, breastfeeding, and first aid.

* Old Oak Community and Children's Centre: **http://www.communitychampionsuk.org/teams/hammersmith-and-fulham/old-oak/old-oak-home/**

CASE STUDY

Carmarthenshire: Community Connectors

An important development in many parts of Wales is the role of Community Connectors, employed by the local authority and working on asset-based community development. Community Connectors map local services, talk to local people to find out what is missing, and aim to create a movement of change, empowering individuals to become community champions.

Carmarthenshire has piloted this role within the early years team. The Community Connector has identified community assets previously unknown to statutory services, and developed new initiatives like a walking group for mums and active story times, always identifying people in the community who can run these themselves.

However, overall the examples of involving local parents and families tended to be service specific or timebound, rather than part of a consistent and routine local partnership-wide approach for the development of maternity and early years strategy. This is consistent with EIF's study on children's centres and family hubs in 2020[30] which found limited involvement of parents in strategic planning and delivery, and identified that codesign with parents and communities seemed to be most embedded where it is explicit in local strategy.

Across the 20 areas using the maturity matrix there were no examples of partnership-wide engagement mapping or strategies, or of incentives being offered to families for taking part in service design or strategic planning. Local areas were often focused on organising services rather than community development to enable the community to support itself, and a number of submissions identified the need for a shift of mentality from fixer or doer to coworker role.

30 Available at **https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs**

Self-assessments identified the following as key barriers to involving families in designing and delivering services:

- time pressures were a factor for staff but also for families who were less likely to become involved in meetings due to poverty and working multiple jobs.
- the lack of any external 'push', '*there is limited data on the experience of families and no incentive to gather it*'.
- the language used by professionals, '*the language around consultations may be off-putting. It might be better to reframe as 'community conversations'*.
- a reluctance of some families to take up services, which meant that their voices were less likely to be heard.

There was a perception for some of the Wales local areas that a fixed menu of evidence-based interventions as part of 'a top-down, done-to programme' inhibited engagement, discouraging families from wanting to give their feedback on how things could be improved, and discouraging staff from asking for feedback because they felt unable to make changes: '*People are worried that families will say they want services other than the approved list*.'

According to the self-assessments and the conclusions of the EIF panel:

- 19 out of the 20 local areas could benefit from using the development of local maternity and early years strategy as an opportunity to further develop engagement of parents and communities in governance arrangements and decisions about resources.
- All 20 local areas should consider how to encourage community members to take on leadership roles, and identify ways of funding this in a sustainable way.
- Only three local areas appeared ready to create an explicit engagement strategy to formalise their work on community ownership.
- Every local area could benefit from the learning in other places that were further ahead on coproduction, family engagement and parent-to-parent support, for example the five Lottery-funded Better Start sites in England.

Deliver

How local areas are taking forward the delivery of services and interventions, and sharing information

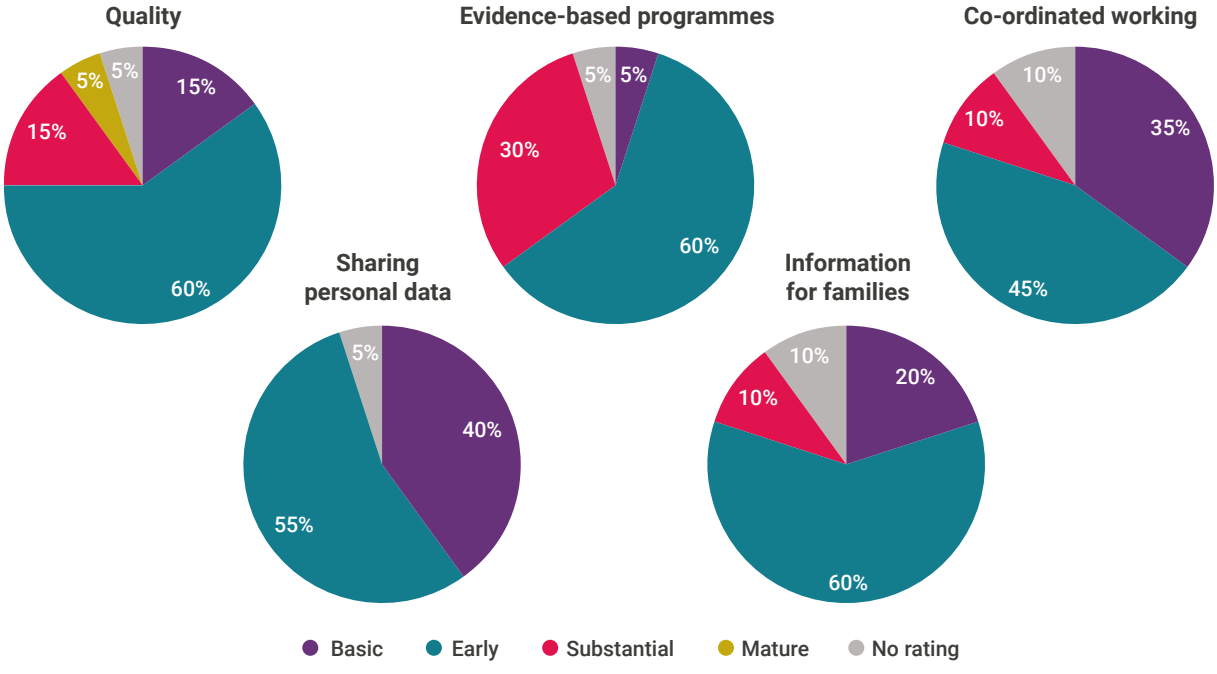
The Deliver dimension of the maturity matrix focuses on the quality and coherence of services and interventions being delivered across the local multi-agency system, covering three core elements:

- How, at an operational level, local services deliver quality maternity and early years services, and how evidence-based programmes are used.
- How local services collaborate with each other using common systems and processes, and collect and share personal data to support care planning.
- What information is available for families about maternity and early years services and where they can find support.

Overall, the majority of the local areas using the maturity matrix were at the early progress level for the Deliver dimension, reflecting that they were taking action but yet to see the results.

FIGURE 6

Maturity Matrix progress ratings for the 20 participating areas (England and Wales) across elements of the Deliver dimension



Insight 5: Get the most out of evidence-based interventions

The maturity matrix considers how far evidence-based interventions are used locally, including parenting programmes and two-generation programmes which help parents to scaffold children's learning at home; and intensive home visiting programmes. It also considers how they are delivered with fidelity, targeted accurately and evaluated for impact.

EIF recommends the use of evidence-based interventions as part the local offer of support for families. EIF defines evidence-based interventions (or programmes) as those which have demonstrated a statistically significant positive impact on at least one child outcome in a rigorously conducted study. Details of 64 such interventions are published in the EIF Guidebook.[31]

Children and families and children who receive interventions which have been shown to improve outcomes are more likely to benefit, and to a greater degree, than those who receive other services. Evidence-based interventions have usually been extensively refined and evaluated in order to test their theory of change, and show what impact they can have on child outcomes, and are often the best route to improving outcomes. Some of these interventions also come with support for implementation, training and measurement.

However, commissioning and delivering evidence-based interventions is not always straightforward. It can be difficult to identify the right intervention which meets the needs of families and fits with the skills and capacity of the workforce, or is a good match with the wider local context in which the intervention would need to be delivered. Nor can families only be offered evidence-based interventions because there are still significant gaps in our understanding of what works, and the right intervention may not always have the best evidence. Interventions which are specific in how they should be delivered, and those which are targeted at children and families who are more vulnerable, are more likely to have been evaluated than other types of interventions. Furthermore, there remain important gaps in the evidence for how well interventions take account of different ethnic and cultural differences.

Most support services available to families have *not* been evaluated, although they may have been designed using a wider body of academic research, and so be considered evidence-informed. An example of this is the Healthy Child Programme.

Across the 20 local areas using the maturity matrix, evidence-based interventions were more extensively available in Wales than in England, largely as a result of national guidance which underpins Flying Start and other Welsh government-funded programmes.

» *See **Flying Start** box on next page*

In both England and Wales, evidence-based programmes actually chosen for local implementation tended to focus on parenting programmes for child behaviour. There was less focus on parenting programmes to support the home learning environment, apart from the Family Nurse Partnership[32] programme which is still widely available in England.

Many of the self-assessment responses from local areas illustrated the challenges of integrating evidence-based programmes as part of the local offer:

- Evidence-based interventions were reported as 'watered down' because of a lack of staff time and capacity to deliver them with fidelity.

31 Available at https://guidebook.eif.org.uk/

32 Available at https://guidebook.eif.org.uk/programme/family-nurse-partnership

- A lack of staff confidence in the delivery of some of the evidence-based interventions had led to 'tweaking' of programmes, and staff were described as feeling uncomfortable with being watched delivering or reflecting with their manager in supervision sessions – 'it's difficult to check fidelity'.
- *'There is a lack of consistency with how evidence based programmes are delivered, monitored and evaluated across the system, and a lack of understanding of integrated evidence-based interventions on offer.'*

Responses from many local areas described a weak link between local data and service planning, or simply a lack of good local data on service effectiveness:

- *'Programme and grant requirements drive monitoring and evaluation. This has shifted focus away from quality and outcomes, and there is little incentive to record information not reported or monitored. At the moment, the focus is on outputs not outcomes and this is a barrier to monitoring and improving service quality.'*
- *'Services are evidence based, and the importance of using evidence-based programmes is well recognised and embedded in service planning. However, programme selection is often driven from outside, so while the evidence is known it is not the responsibility of local decisionmakers to review different options. We receive the evidence, and we use evidence-informed programmes, for example parenting programmes are chosen from a prescribed bank of evidence-based programmes. There might be a greater need if they were identifying different needs locally and deciding on a local offer.'*
- *'An historical belief in interventions delivered by agencies in isolation from other services has meant that families have received the same interventions on multiple occasions. The appropriateness of an intervention has not always been the subject of reflection, funding has continued for that intervention, resulting in families being referred for provision that is already there rather than that which would have suited their needs better.'*

Flying Start: Approved list of evidence-based group parenting programmes

Welsh Government guidance[1] for the delivery of parenting support as part of the Flying Start programme specifies group and one-to-one interventions assessed by the Early Intervention Foundation[2] and the National Academy for Parenting Practitioners as part of an approved list, including:

Assessed by the Early Intervention Foundation:

- Parents as Partners
- Let's Play in Tandem
- Empowering Parents, Empowering Communities (EPEC)

Assessed by the Early Intervention Foundation *and* the National Academy for Parenting Practitioners:

- Family Foundations
- Incredible Years: Parent & Baby; Parent & Toddler
- Triple P / Stepping Stones
- Parents Plus Early Years (PPEY)
- Incredible Years: School Readiness; Pre-school BASIC
- Solihull Approach, Understanding Your Child's Behaviour
- Parents as First Teachers
- New Forest Parenting

» *Back to page 44*

1 Available at https://gov.wales/sites/default/files/publications/2019-07/flying-start-parenting-support-guidance.pdf

2 Interventions assessed by EIF can be found on the EIF Guidebook https://guidebook.eif.org.uk/

CASE STUDY

Caerphilly: A core offer, not a menu of interventions

Caerphilly used The Vanguard Method for systems thinking to better understand the relationship between different kinds of support for families with different levels of need, and this helped to design an early years core offer. The What Matters core team includes health visitors, family workers, midwives and parent–infant mental health practitioners who collaborate rather than refer on. They coordinate support for families, and make sure that interventions are well matched to individual family needs.

Staff are trained in the delivery of a variety of different evidence-based programmes, including Parents as First Teachers, Solihull Approach, Video Interactive Guidance and Circle of Security. There are also a number of locally grown interventions which are more family focused and important for building parent engagement and self-esteem. However, overall , the focus has shifted from group interventions to one-to-one support.

Local arrangements for monitoring the quality and impact of intervention delivery, were also an issue in almost every local area. Overall, 17 of the local areas were identified as likely to benefit from mapping and assessing the effectiveness of the local intervention offer. This would identify the overall pathway of support locally available to families; confirm which interventions are performing well and achieving good outcomes for children; identify gaps and support decisions about priorities for investment.

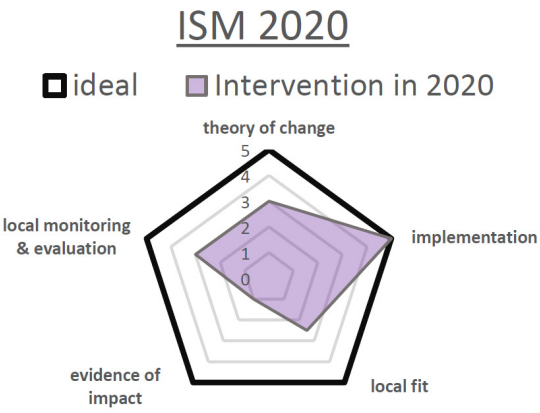
CASE STUDY

Devon: Intervention mapping

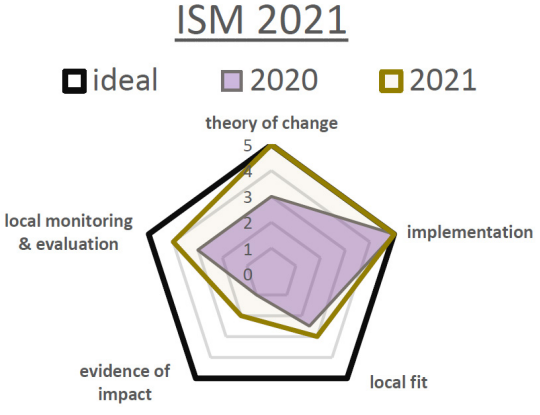
Devon County Council worked with EIF to review current maternity and early years support for children and families. The mapping process explored how effective interventions were individually and as part of a local system, and proposed specific ways to increase impact.

The process rated interventions for the clarity about their theory of change, quality of local implementation, fit with the local context, strength of evidence about impact, and the local arrangements for monitoring and evaluation.

The conclusions of this work focused on ways to strengthen the local monitoring of implementation quality and outcome measurement, and using the local population needs assessment to drive the way that interventions were designed and delivered in Devon.



Baseline Assessment (ISM Score = 2.1)



Progress (ISM Score = 3.8)

CASE STUDY

Torfaen: Service mapping data

Torfaen worked with an independent consultant to create an online database which is used for mapping local services and programmes. The database includes universal, targeted and specialist services for children up to the age of 7, and describes what the services do, how they are funded, who they are for and which partners are involved in delivery. A new early years operational group is being developed which will help grow the database, for example including more of the services delivered by local voluntary sector partners.

The service mapping data is used by the Torfaen Early Years Strategic Group to understand gaps in support for families, and to inform strategic planning and prioritisation. It also supports Torfaen's Early Years Integration Transformation Programme pilot to integrate nationally recommended evidence-based programmes alongside locally identified interventions, and offer more flexible support based on family vulnerability rather than postcodes.

According to the self-assessments and the conclusions of the EIF panel, three quarters of the areas could also benefit specifically from more robust arrangements for monitoring fidelity in the delivery of evidence-based interventions, including reporting on fidelity and impact to senior leaders. Fidelity for evidence-based programmes is important. Providers of these interventions are able to charge for use because of the testing and evaluation work that has already been completed, which acts as a guide to the best way to achieve the greatest impact. Adapting the intervention locally essentially means paying the premium but invalidating the 'warranty'.

CASE STUDY

Flintshire: Delivering evidence-based programmes with fidelity

Flintshire has a strong reputation for using evidence-based and evidence-informed programmes. Much of this has come through the long-standing work on a Flintshire parenting strategy and the work undertaken as part of the Flying Start programme on speech, language and communication.

Parenting programmes are consistently evaluated using the Warwick Edinburgh Mental Health and Wellbeing Scale tool alongside distance travelled measures and, for language, Therapy Outcome Measures (TOMS). Supervision and peer network master classes are in place to ensure programme fidelity. The portfolio of evidence-based programmes also reinforces the importance of building community capacity, through the choice of the volunteer parent-led Empowering Parents Empowering Communities (EPEC) programme.

Insight 6: Make multi-agency working work

The maturity matrix considers key features of joined-up multi-agency working, including family-centred practices such: as 'team around the family'; the use of integrated pathways which describe how vulnerable families are supported across different services; common processes for referral and assessment, and a common language to describe how needs are identified, assessed and met; and sharing of data, including personal data, to support care planning and progress monitoring.

The principle of greater synergy between local partners on the practical arrangements for delivering support to families is embedded in national policy.

In England statutory guidance[33] requires local authorities and relevant partners to work together to deliver early childhood services in an integrated manner, defining this as 'where everyone supporting children works together effectively to put the child at the centre, meet their needs and improve their lives', and where this facilitates access to services and maximises the benefits to families.

In Wales Flying Start strategic guidance[34] for local authorities describes how 'the development of a multi-agency approach to Flying Start is key to the effectiveness of the programme and is instrumental in supporting both children and families, enabling early identification, assessment and referral.'

The rationale for integrated services and interprofessional working is based on the premise that it offers the most effective and efficient way of providing services for families – especially for families from disadvantaged or marginalised backgrounds – by transcending the 'fragmentation' and 'silos' that have been consistently identified as constraining the delivery of services for children and families at a local level.[35]

However, there is little reliable evaluation evidence on the effectiveness of multi-agency integrated systems in improving outcomes for vulnerable children and young people, and a lack of precision in the terms such as 'integration' and 'coordinated working' which are commonly used to describe multi-agency working.[36]

EIF's previous work on children's centres and family hubs in England[37] showed widely varying local arrangements for integrated working, from 'a high degree' to 'not part of what is done'.

How should services be integrated? Messages from practice

*From **'Planning Early Childhood Services in 2020'** (Early Intervention Foundation, England)*

The development of support pathways for families was seen as an important way of creating integration. The lack of joint pathways was said to create disjointed and inconsistent services and sometimes even conflicting approaches. Many areas spoke of families facing multiple 'front doors' to access support, with a variable response depending on the first point of contact.

Box continued on next page »

33 Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/678913/childrens_centre_stat_guidance_april-2013.pdf

34 Available at https://gov.wales/sites/default/files/publications/2019-07/flying-start-strategy-guidance-for-local-authorities.pdf

35 Tunstill et al., (2005) as referenced in EIF's report Planning Early Childhood Services in 2020, available at https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs

36 Multi-agency Systems review (2016), Early Intervention Foundation [unpublished]

37 Available at https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs

« Box continued from previous page

Some areas had developed child journey maps to improve access and reduce the number of 'hand-offs' between services, alongside holistic assessments and simplified referral processes.

Clear protocols for data sharing were seen as fundamental to good interagency working relationships and trust. Establishing these was made easier by focusing on how sharing data could improve outcomes for families in a very practical way.

Most areas talked about the importance of time and relationships to the success of joint working, and emphasised building a shared workplace culture. Although colocation was described by some as helping, it was generally seen not as an essential ingredient and as being more suited to some physical locations than others. Things that were identified as being more important include practitioners from different organisations working together to deliver interventions, and sharing data on the families that different agencies were working with.

Across the 20 local areas using the maturity matrix there were many examples of effective methods for coordinated working, for example on multi-agency pathways and common processes:

» *See **Cheshire East** case study*

» *See **Ceredigion** case study*

» *See **Devon** case study*

» *See **Newport** case study*

» *See **Torfaen** case study*

There were also many challenges to coordinated working identified. What one local area called 'lanyard working' was reported widely in submissions, with practitioners felt to be working in silos and to service-specific strategies, priorities, and outcomes. It was not always recognised that integrated working would help services meet their individual statutory duties; some saw coordination as a threat to their ability to deliver on their individual performance indicators:

- *'Assessments are targeted to a specific child but understanding of need does not consistently take into account what the whole family needs to ensure that appropriate support is put in place.'*
- *'Use of TAF* [team around the family] *is inconsistent for pregnant women and their families. Not enough early prevention work done at that stage.'*
- *'Ad hoc individual services look at how we target families with additional need but it is then not clear within the pathway who is the key worker in the system, so we end up with lots of key workers or none.'*
- *'There is not currently a map or overview of what services and interventions are being offered across the range of providers.'*
- *'Large caseloads have resulted in a lack of flexibility for accepting referrals and a rigidity in thresholds with waiting lists being created.'*
- *'Pathways are in place, but not across services. For example, perinatal mental health is about to launch but is not a fully-integrated model. There may be examples where there is duplication or a mismatch.'*

- *'Pathways are in place but not shared or utilised sufficiently across agencies. Developing integrated pathways can lead to some staff feeling their area of expertise is threatened.'*

The self-assessments commonly noted the lack of a shared language as a barrier to multi-agency working, with services having different understandings of terms like, for example 'vulnerability', or for the continuum from universal to specialist or intensive services. Some talked about resistance to change, and anxiety that greater integration might mean universal, targeted and specialist services becoming blurred, which could lead to less availability of specialist support for children and families who needed it. Others described differences in assessment tools for communication and language used by different services, such as health visitors and early years practitioners in England; and the separate assessment tools (for example the Joint Assessment Family Framework (JAFF) and Family Resilience Assessment Instrument and Tool (FRAIT)) used by health visitors and other family support workers in Wales.

A lack of coordination was reported within as well as between professional groups. In Wales, health visitors are either 'generic' or work within Flying Start teams, and some areas identified issues with how they worked together. Management structures can create their own silos: one local authority in England had brought the health visiting service in house, but information was not shared with early years teams because they were in a different division of the local authority.

According to the self-assessments and the conclusions of the EIF panel, 18 of the 20 local areas could benefit from a stronger focus on integrated multi-agency pathways which focus on the family experience of maternity and early years services. For many this meant a more robust local process for mapping and auditing local interventions to confirm which are performing well and achieving good child outcomes, and reinforcing the arrangements for monitoring implementation quality and impact. Six of the 10 local areas in Wales were also identified as likely to benefit from reviewing the local arrangements for common processes to identify, assess and support vulnerable families.

Local areas noted the challenges of different organisations with different governance and funding structures trying to achieve one approach, drawing on multiple funding streams with differing eligibility criteria and age ranges. However, they were uniformly keen to move towards 'thinking and talking about early childhood services in terms other than the health / care / education divide', and there were examples of service redesign that had overcome barriers to integration.

» *See **Warrington** case study*

Many local areas referred to difficulty in engaging maternity services in integrated work, both in strategic discussions and operationally. Different footprints, with maternity services working across several local authorities, were felt to present a major obstacle.

» *See **Islington** case study*

CASE STUDY

Cheshire East: The Parenting Journey

Cheshire East's Parenting Journey describes the universal and targeted offer for families from prebirth to when the child starts school, bringing together the Healthy Child Programme, the work of children's centres and the work of early years settings. It is presented as a series of 12 bus stops, from antenatal visits at stop one, through Toddlers Together play and learning sessions at stop eight and advice on school readiness at stop 12.

Parent-facing information about the parenting journey is underpinned by guidance for professionals, which describes the offer in more detail and sets out assessment points. These include a developmental assessment at the end of the free education and childcare entitlement for 2 and 3 year olds, undertaken by the early years setting, as well as the usual Healthy Child Programme checks, and the Early Years Foundation Stage profile. Each bus stop has its own key messages to communicate to families.

The Parenting Journey supports early identification of need and provides a gateway to targeted and specialist services through clear, targeted and intensive support pathways linked to the stops on the journey. Integrated pathways have been developed for Communication and Language, and for Personal, Social and Emotional Development.

The Parenting Journey is overseen by a group of senior managers from Early Start, health visiting and midwifery, who scrutinise output and outcome data and ensure integrated working is embedded.

» *Back to page 49*

CASE STUDY

Ceredigion: Multidisciplinary family support

Family support workers in Ceredigion undertake delegated packages of care under the supervision of health visitors. This includes, for example carrying out Healthy Child Wales Programme home visits and WellComm language assessments, involving the health visitor in a full developmental check if the assessment suggests any issues.

Midwives identify risks of perinatal mental health issues early on and involve health visitors and family support workers in providing support before and after the birth. This support could be one-to-one, or attending stress control and emotional wellbeing courses, which are run by family support workers.

As a result, up to 50% of consultations with and referrals to the specialist perinatal mental health team are dealt with by the wider workforce, leaving the specialist team to deliver more intensive support for women with the greatest needs.

» Back to page 49

CASE STUDY

Devon: Vulnerable Pregnancy Pathway

Devon has developed a mutiagency pathway for providing wraparound support for mothers who are identified as needing extra help. The Vulnerable Pregnancy Pathway ensures that the right support is in place for mothers, unborn and newborn babies, and the wider family. It provides a robust interface into wider support services as required, and is underpinned by a comprehensive information-sharing agreement.

Monthly interagency vulnerable pregnancy meetings are the gateway to the Help Us Grow Supported (HUGS) Programme. HUGS is provided by Devon Public Health Nursing health visitors and Action for Children children's centre practitioners working closely with other health and social care professionals through pregnancy and over the first 2.5 years of a child's life.

The pathway facilitates a partnership approach with families, and is intended to: provide better support for pregnant, care-experienced young adults; help children to stay out of care, and support pregnant women who have already had children removed to care; and improve the identification and prevention of neglect.

» Back to page 49

CASE STUDY

Newport: Key workers and 'What Matters' conversations

Pregnant women are allocated a family key worker as part of the early years integration transformation programme in Bettws, Newport. The key worker invites other professionals to work with them and the family, during a weekly 'What Matters' multi-agency professional meeting. The family's views are shared at this meeting, and they are revisited if more indepth discussion is needed.

The process starts with a focus on the family and their presenting issues, and the regular 'What Matters' multi-agency conversations avoid complicated referral routes and service-level threshold requirements.

The needs of the family are considered, with the lead professional allocated up to 10 minutes to outline the issues. The group find a way forward, seeking to support and upskill the family's key worker through joint work. As an example, the key worker will attend the Circle of Security parenting sessions alongside the family, so that 'the family can see that their key person can continue that intervention or support'.

The 'What Matters' conversations are seen as an opportunity to raise awareness and upskill staff across services, including housing for example. The strong collaboration with housing and the voluntary sector is responding to specific needs within the Bettws area.

» *Back to page 49*

CASE STUDY

Torfaen: Person-centred practice

The person-centred practices which are at the heart of the Additional Learning Needs Code for Wales* have been important for embedding multi-agency working in Torfaen.

Person-centred practice is a collection of tools and approaches, based upon a set of shared values, which can be employed to effectively plan *with* a child, rather than *for* them. A person-centred approach helps to develop the child's circle of support by involving all the people who are important in their life, including parents and carers, and professionals working with them.

There are five key principles of person-centred practice:

1. The person is at the centre.
2. Family members and friends are partners in planning.
3. The plan reflects what is important to the person now (and for the future), their capacities and what support they require.
4. The plan helps build the person's place in the community and helps the community to welcome them. It is not just about services and reflects what is possible, not just what is available.
5. The plan results in ongoing listening, learning, and further action.

Person-centred practice in Torfaen has helped partners to work together well and has enhanced family confidence in engaging with services. The local approach has been developed using feedback from families on the benefits of having partners around the table and working through the support that is most helpful to them.

» *Back to page 49*

* Available at https://gov.wales/sites/default/files/publications/2021-03/210326-the-additional-learning-needs-code-for-wales-2021.pdf

CASE STUDY

Warrington: Early Years Peer Challenge

In 2019 Warrington participated in an Early Years Peer Challenge which was led by the Local Government Association. One of the recommendations from the Peer Challenge was to improve the coordination of identification and support for speech, language and communication needs. A multi-agency steering group (involving speech and language therapy, health visiting and local authority early years services) was formed to develop a pathway that would create a system-wide approach.

In pilot areas, where a child is identified at 9–12 month universal health check as being at risk of an emerging language delay, they have a follow-up assessment from a health visiting nursery nurse, using the WellComm screening tool. Where this identifies a need, the child and their family take part in a six-week group intervention at a children's centre, where trained practitioners model strategies and share resources that are agreed and developed across the system. Parents are encouraged to continue to use strategies at home. The health visiting team follow up three months after the initial screening to measure progress.

In addition, resources about early language development are now shared with all parents, whether they are in contact with antenatal services or making the transition into Reception, so that 'parents get the same messages from any service they come across in Warrington regarding speech, language and communication'.

» *Back to page 50*

CASE STUDY

Islington: Maternity care

Maternity care in Islington is distributed across two main hospital providers, with several others seeing small numbers of parents as well. Links with the two main hospitals are strong, particularly at a local level with community clinics running from children centre sites, attendance at the maternity voices forum.

Consultant midwives from both hospitals are members of strategic groups leading multi-agency planning for children and families. Maternity support workers (employed by the two hospitals and variously funded by the hospitals, the CCG and Public Health) work in the locality team supporting midwifery community clinics, facilitating parent support groups and encouraging expectant parents to take up the wider services offered by Bright Start. Health visitors and midwifery teams jointly run the Solihull Journey to Parenthood six-week antenatal course.

Within the Bright Start team a specialist Transition to Parenthood Health Visitor was appointed to develop shared training for staff and streamline communication pathways from midwives to health visitors. One of the two main hospital midwifery services provides health visitors with full booking-in information, and details are shared at locality liaison meetings for other families.

Work with Maternity Voices showed that parents found the midwifery letter introducing a family to the health visitor was not memorable, so an introductory video is in development – one that will carry the Bright Start brand and share Bright Start key messages.

» *Back to page 50*

Insight 7: Face the challenge of sharing personal data

The maturity matrix considers how personal data is shared to support case management and care planning. It focuses on the use of information sharing agreements and common processes to enable electronic sharing of personal maternity and early years data.

Local areas using EIF's planning tools consistently identify sharing personal data as one of the major challenges, despite decades of guidance at a national level, and repeated messages from reviews about the importance of effective information sharing to multi-agency working and outcomes for children.

The 20 areas using the maternity and early years matrix were no different, describing a plethora of local processes and information management systems, and persistent confusions about what information can and can't be shared.

GDPR requirements were seen as having created some confusion about what information can be shared, with different corporate governance arrangements and data protection teams adopting different views.

- *'There is confusion about what information can be safely shared given GDPR and what constitutes consent. People are unwilling to take the risk.'*
- *'Work developed during the pandemic response around sharing of vulnerability data … has enhanced information sharing with partners … at a high level, but on the ground it is still patchy. Staff at operational level are unsure of what information can be shared within data protection regulation and under local information sharing agreements.'*
- *'Different governance teams, sometimes with different advice. Service is caught in the middle, and the information sharing protocol is delayed.'*

Information-sharing agreements were often recognised as a solution, albeit a time-consuming one that was not always well connected to practice.

» See ***Cheshire East*** *case study*

» See ***Ceredigion*** *case study*

» See ***Tower Hamlets*** *case study*

WASPI: Wales Accord on the Sharing of Personal Information

The Wales Accord on the Sharing of Personal Information (WASPI) is supported by the Welsh Government as the 'single' information-sharing framework for Wales.

The purpose of the framework is to enable service-providing organisations directly concerned with the safeguarding, welfare and protection of the wider public to share relevant, minimum and appropriate personal information between them in a lawful, safe and informed way.

This framework applies to all public sector organisations, third sector organisations,those private organisations contracted to deliver relevant services to the public sector, and who provide services involving the health, education, safety, crime prevention and social wellbeing of people in Wales. In particular, it concerns those organisations that hold information about individuals and who may consider it appropriate or necessary to share that information with others.

The accord will be supported within organisations by Information Sharing Protocols and Data Disclosure Agreements.

CASE STUDY

Cheshire East: Information sharing agreements

Some information sharing agreements are in place between Cheshire East Council and Wirral Community Trust. Health visiting and Family Nurse Partnership (FNP) teams seek agreement from clients to share information with the local authority's Early Start team, which includes children's centre staff, early years SEND staff and staff supporting quality in early years settings.

Early Start Hub meetings take place regularly to discuss support for individual children and families, involving the hub manager, lead for communication and inclusion, early years consultant, health visiting team leader, speech and language therapist, and linked nursery or schools. There are also termly multi-agency Locality Data Sharing Meetings to look at local data patterns and plan services based on the needs of the community.

The system means that, for example, children of FNP clients all receive access to specialist children's centre support, while the FNP worker supports the parent to get back into education or work, with help from a children's centre 'Parents First' programme that offers volunteering opportunities, help with CV writing and interview techniques. The developmental progress of FNP children is tracked in their early years setting, using a simple tracking tool developed for use by settings with all funded 2, 3 and 4 year old children. The current tracking system provides an overview of the progress of all vulnerable children in the setting and allows support programmes to be put in place where needed.

» *Back to page 55*

CASE STUDY

Ceredigion: Information sharing protocol

An information sharing protocol has been developed for the Ceredigion Early Years Integration Transformation Programme pathfinder between the Health Board, Ceredigion County Council, Home Start, and other voluntary sector organisations working with children, domestic abuse, and fire and rescue services.

The protocol, developed under WASPI (Wales Accord on the Sharing of Personal Information) describes the types of personal information that will be routinely shared, the ways in which it will be shared and the methods to be used to keep the information secure. It includes a copy of the Privacy Statement Pathfinder Pilot Programme leaflet that is given to families at the first contact by the midwife or health visitor. The leaflet explains: why information is shared ('so that we can ensure that the services offered best match the services you tell us you need or would like'); what information will be gathered (about the child's development and health, and family wellbeing); and who is involved ('the only people who will have day-to-day access to your personal information are the workers who work directly with you or staff who help them to work with you').

Ceredigion have also created a proforma for their pathfinder which records any support a child and their family have had in the early years (0–7 years), pulling together information from a number of databases. It includes the child's Unique Pupil Number, and NHS number; main language; level of health visiting service received; whether development on the Schedule of Growing Skills and WellComm was age appropriate; services and agencies involved; parenting courses attended; uptake of the free childcare offer, and any additional support provided in the childcare setting. The aim is to use the information to populate the 'Teacher Centre' one-pupil, one-record online management information system developed by, and used in Ceredigion schools.

» *Back to page 55*

CASE STUDY

Tower Hamlets: Developing confidence to share

After 18 months of consultation with information governance teams from health and the local authority, there is now a generic NHS email inbox which NHS staff use to share information with council staff. The system is overseen by a quality assurance manager, who forwards information, queries and referrals to the relevant non-NHS member of staff. Before the system was developed, health staff were unsure about what personal information they could pass on, but the secure NHS inbox system has given them greater confidence to share.

» *Back to page 55*

There were many comments about the different IT systems used by services, with 'no one centralised system to obtain, store and share data':

- *'There are currently several different IT systems used for recording work with families across agencies. This is a barrier due to capacity to input into the systems as well as information spread across multiple systems. Practitioners can be unsure of where to look to find relevant family details and case recording.'*
- *'Not all services at present have access to electronic information recording processes some workers are still paper based.'*
- *'There is no way of knowing across the system who is doing okay, and that people are accessing their contacts and progressing well. For example,. a children's centre knowing if a family have had contact with a health visitor. There is a reliance on going into bits of the system to understand that, therefore people can fall through the gaps.'*

Some local areas were in the process of developing promising data systems. Other areas were focused on manually connecting data from different IT systems; or gaining consent with the first member of a multi-agency team to have contact with a family seeking permission to share personal information with other members of the team.

CASE STUDY

Cardiff: Multi-agency data platform

Cardiff are working with a developer on a case management system called Eclipse which will record child and family information. Eclipse can show a family's journey and timeline, and can capture all interventions and professional involvements recorded. The aim is for this system to be used by multiple partners.

CASE STUDY

Islington: Integrated business support

Islington's integrated Bright Start offer for families has brought together community maternity services, health visiting, family support and engagement, speech and language therapy, and CAMHs, which are colocated in children's centres and community health centres in the borough's three localities. In 2018 the post of an integrated Business Support Officer was created with access to all the service data systems. This has supported the development of targeted approaches such as improving uptake of nursery placements. An information sharing agreement is in place and information governance training is provided to all staff.

Insight 8: Information for families – a right not a gift

The maturity matrix considers how local organisations work together to give consistent messages to families about pregnancy and early child development, and the availability of local support services. It also takes account of how well families with protected characteristics are reached.

Local authorities in England and Wales have a statutory duty[38] to provide information to parents or prospective parents about childcare provision and wider family services, paying particular attention to families who might need help to access this. The Welsh Government published revised statutory guidance[39] in 2016 which reinforces a vision for integrated family information services which are user friendly and accessible, and help parents and carers to select the most appropriate local services for them and their children.

There are also specific information duties in both Wales[40] and England[41] for children with additional needs. This includes the requirement to publish a local offer in England which provides clear, comprehensive, accessible and up-to-date information about available provision and how to access it, and makes provision more responsive to local needs and aspirations by directly involving families and service providers in its development and review.

The importance of information for families about child development and the services available to them was given a welcome profile in the recent Early Years Healthy Development Review Report[42] in England, in which 'The information families need when they need it' was a priority action area. The Review noted the importance to parents of being able to

Family information services: Minimum quality standards for Wales

1. **Statement of service:** sometimes known as a statement of customer entitlement summarising the service being delivered to users which reflects local needs.
2. **Information strategy:** specifying how information will be collected and held, and the methods of delivery.
3. **Underpinning principles:** written policies on issues such as accessibility, impartiality, child protection and equal opportunities.
4. **Working with partners:** a plan outlining who key local partners are and how they will be involved in the work of the family information services.
5. **Marketing and publicity:** a plan for how to identify all potential users and their needs, and a formal marketing strategy.
6. **Monitoring and evaluation:** a strategy for how the views of service users will inform and improve the service.
7. **Management:** the practical arrangements for running the service, including the budget and arrangements for annual review of the service.

38 As per the Childcare Act 2006

39 Available at https://gov.wales/sites/default/files/publications/2019-06/childcare-statutory-guidance-for-local-authorities.pdf

40 The Additional Learning Needs Code for Wales 2021, https://gov.wales/sites/default/files/publications/2021-03/the-additional-learning-needs-code-for-wales-2021.pdf

41 Special educational needs and disability code of practice: 0 to 25 years https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf

42 Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf

find trustworthy information quickly, and identified that parents of disabled babies, fathers, and minority ethnic parents are often not getting the information that they need.

Information for families was an area of relative strength for many of the 20 local areas using the maturity matrix, with examples of imaginative ways of using social media and supplementing paper and digital information with in-person advice.

CASE STUDY

Wrexham: Family information service

The family information service (FIS) in Wrexham provides free, impartial help, support and advice on a range of family issues including: childcare and help with the costs of childcare; health care; education and training; leisure services; and finances.

The service actively connects with families through social media, including Facebook pages in English and Welsh, which have over 4,000 followers and posts that regularly receive more than 10,000 reads. Posts include prerecorded and live videos, and during the pandemic there were virtual coffee and chat sessions for families.

Families wanting advice or information can call an FIS helpline, make contact by email, Facebook or Twitter, or come to a regular FIS drop-in at community venues or health clinics. The drop-ins are run by an outreach team of parent support advisers who can also work one-on-one with families, accompanying them to appointments, supporting them to attend groups or connecting them with services. Each adviser has an area of specialism, such as work with asylum seekers, children with additional learning needs (ALN), and early years.

They also work with services to raise awareness of the support available for families, and identify Information, advice and guidance champions. Where families do not meet thresholds for social care there is a loop from the single point of access to offer support to the family through the FIS. There is a similar loop with the Housing Support Gateway, so that families can be supported by FIS with other issues they face whilst their housing needs are being dealt with.

Service evaluation includes a follow-up with families two months after an initial enquiry, and the use of a 'distance travelled' tool where one-to-one support is provided.

CASE STUDY

Ceredigion: Parent guide on early years development

The 'Getting Ready for the Big World' initiative in Ceredigion was a response to concerns that children were coming into nursery and school provision without the necessary skills they needed to succeed. Families tended to be 'in echo chambers', with their expectations for their child's developmental levels shaped by what they saw around them in their community. Families reported that they were missing the reassurance of regular advice and support as a result of shortages of health visitors.

In response, a new short electronic guide* for parents was created. The guide provides information about stages of social, personal and emotional development in the early years, plus tips and resources to help parents boost their child's confidence, encourage positive behaviour, and support them during each stage of their development. The guide was developed through a collaboration between the Council, third-sector run family centres,the community, health visitors, and childcare providers.

* Available at https://www.ceredigion.gov.uk/media/9103/getting-ready-for-the-big-world.pdf

CASE STUDY

Cheshire East: 'No app to replace your lap'

The Parenting Journey+ has a website with a wealth of information to support parents at each stage in their child's development, including videos available on a dedicated YouTube channel. There is a Facebook page with refreshed and engaging content that provides tips and activity ideas for each day of the week. 'Hot topics' such as infant crying and screen time have attracted almost 1,000 views. Messaging like 'there's no app to replace your lap' is carefully crafted and catchy.

\+ See https://www.cheshireeast.gov.uk/livewell/care-and-support-for-children/childrens-centres/parent-journey.aspx

However, some areas were less advanced than others in finding out how families want to access information, and recent developments such as use of specific apps tended to be single-agency.

Barriers to families' access to, and experience of services included lack of knowledge of how to access support, not being empowered to seek it out, or difficulty in articulating what help they need. There were also specific barriers for families with English as an additional language, or additional learning needs.

Digital exclusion as a result of poverty was often mentioned as a barrier to providing information for families. In England it was noted that information is fragmented across partners, with for example the FIS in one area not having 'information on maternity or mental health, which is on the CCG website'.

Evaluate

How local areas are understanding impact and using and generating evidence

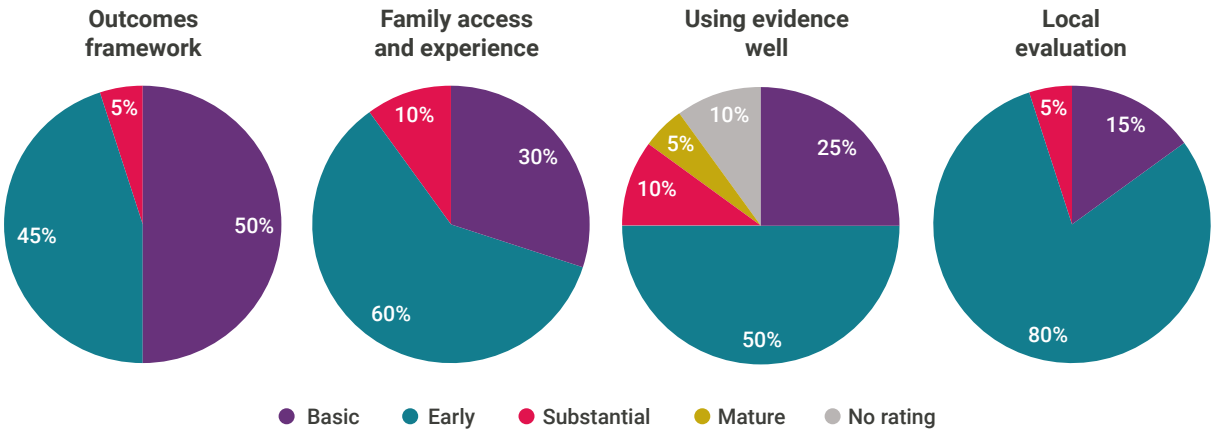
The Evaluate dimension of the maturity matrix focuses on how partners work together to use evidence in making decisions and understanding the impact of local strategy for maternity and early years, covering two core elements:

1. how progress in achieving good maternity and early years outcomes is measured, and what the experience of support is like from the perspective of families
2. how actively local partners use relevant academic research on child development and the impact of interventions to inform local planning, as well as generating knowledge through local evaluation.

Overall, the majority of the local areas using the maturity matrix were at the early progress level for the Evaluate dimension, reflecting that they were taking action but were yet to see the results.

FIGURE 7

Maturity Matrix progress ratings for the 20 participating areas (England and Wales) across elements of the Evaluate dimension



Insight 9: Step up on measuring outcomes and experience

The maturity matrix considers the tools and data used to measure progress in maternity and early years outcomes, including what support feels like from the perspective of families. It considers whether outcomes are improving, and whether partners take action to improve underperformance.

EIF's previous work on children's centres and family hubs in England[43] noted that local areas commonly identify a focus on shared outcomes and outcome frameworks as a priority for improvement, and suggested a greater focus on common metrics for early child outcomes, and the use of robust measurement tools.

The Early Years Healthy Development Review in England also highlighted the importance of agreeing national common outcome measures, and creating 'a common outcomes framework that looks strategically at all of the data that is recorded by different organisations. This will allow us to decide what matters most when measuring outcomes in the 1,001 critical days.'

Outcomes frameworks

The term 'outcomes framework' is commonly used to describe a tool or process which identifies, defines and measures a specific set of outcomes. It is sometimes used to mean a performance scorecard for a specific programme, or for a local set of priorities for change. However, in a system context it is a structure which identifies:

- **outcomes:** the domains of child development which are known from research to be important for children to thrive
- **risk and protective factors:** the factors which have been shown to impact on how likely children are to achieve these outcomes, at a child, family, community and societal level
- **indicators:** the information collected to identify: (i) whether children are thriving, and; (ii) prevalence of risk and protective factors
- **measures:** the assessments or tools used to collect the indicator information, including those that are standardised for the UK context and validated.

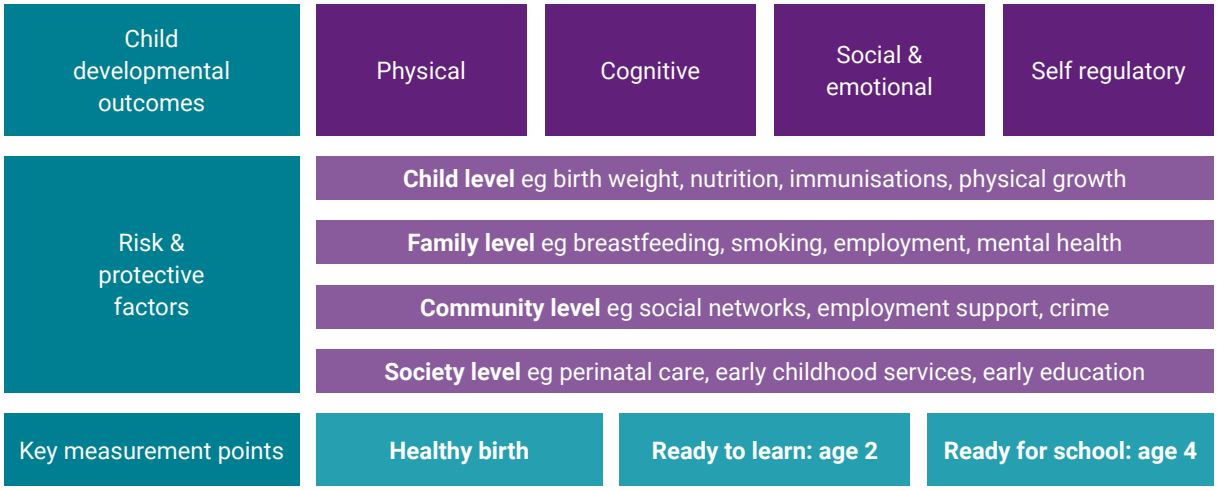
An outcomes framework can be an effective partnership tool, encouraging stakeholders to work towards common longer-term goals by focusing on desired population outcomes rather than individual service deliverables. An outcomes framework can be used in the local context as:

- a conceptual framework to guide local partnership planning, strategic decisionmaking and communication, providing an explicit statement about what is important to local partners based on child development research evidence
- an underpinning structure for local population needs assessment, making sure that this considers all the domains which can affect child outcomes
- a measurement framework, identifying how specific activities and interventions impact on risk and protective factors and contribute to improving outcomes.

43 Available at https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs

FIGURE 8

Example structure for an outcomes framework



According to the self-assessments and the conclusions of the EIF panel 18 of the 20 areas taking part could benefit specifically from creating a local outcomes framework which confirmed the key outcomes across the maternity and early years in which local partners had a common interest, and could be used to direct a shared approach to performance monitoring and improvement.

CASE STUDY

Tower Hamlets: Outcomes Based Accountability

The Outcomes Based Accountability* framework in Tower Hamlets includes both long-term outcomes (school readiness as assessed by the Early Years Foundation Stage Profile at age 5) and medium-term outcomes around improving the home learning environment.

Pre- and post- intervention surveys are used to evaluate behavioural change. For example, in an initiative targeting speech and language, 300 families were identified based on health and other local data, and invited to targeted sessions in children and family centres. Early intervention workers used an initial home learning environment survey, asking families, for example how many times they read to their child or took them to the library. The survey was repeated two months later.

* Outcomes-based Accountability (OBA) and Results-Based Accountability (RBA) both draw from the work of Mark Friedman and the Fiscal Policy Studies Institute: **http://resultsaccountability.com/**. Approaches are built around three simple questions: How much did we do? How well did we do it? Is anyone better off?

CASE STUDY

Vale of Glamorgan: Service level data on family distance travelled

The Vale of Glamorgan use quarterly RBA* reports to track the data collected by key services such as Flying Start and Early Help. These reports include quantity and quality data such as:

- How many parents completed the Parents as Partners programme, and how many sessions did they attend?
- How many professionals attended an awareness programme facilitated by a social worker?
- What kinds of parents were being referred, what were their presenting issues, where did they come from and what kind of support did they receive?
- What was the distance travelled for parents receiving support on domains such as relationship skills, wellbeing, and routine and stability?

The data is reviewed with Flying Start parents and practitioners to explore what has worked well and what hasn't, and used both to tailor the offer and to report on progress to the Flying Start management board.

* Outcomes-based Accountability (OBA) and Results-Based Accountability (RBA) both draw from the work of Mark Friedman and the Fiscal Policy Studies Institute: http://resultsaccountability.com/. Approaches are built around three simple questions: How much did we do? How well did we do it? Is anyone better off?

CASE STUDY

Solihull: 'Tartan rug' performance scorecard

Partners in Solihull wanted to share ownership of their early years data and use this to take action, so they worked together to identify priority performance indicators. The process of agreeing the final set of indicators was important; choosing what to leave out and deciding on whether to include key indicators as success markers beyond age 5.

The agreed indicators include data on the Ages and Stages Questionnaire (ASQ), early years profile, children living in poverty, children with special educational needs and disabilities (SEND), and early education entitlement take up. Each is monitored at ward and borough level.

The data is shared widely as a red, amber or green rated chart known locally as the tartan rug, and a stakeholder group meets routinely to monitor the performance indicators.

The data is used to inform multi-agency planning to meet the needs of each ward area. For example, when the ASQ data for child development between 2 and 2.5 years showed a drop for the first time, key stakeholders came together to review the support they could give to children and families to support communication and boost language development. The process included colleagues from health visiting, education support for settings, public health, parenting support, and speech and language therapy services. It resulted in strengthening both the universal and targeted support available for families.

Participants often mentioned the lack of clear national, regional or local guidance on what outcomes they should seek to achieve and measure within an early childhood strategy as a barrier. Locally, there was sometimes a reported confusion about the meaning of terms like outputs, outcomes and impact. Leaders sometimes felt driven by 'process' and key performance indicators (outputs) rather than measurement of actual impact of services on the lives of on children and families:

- *'Difficult to get organisations to sign up to joint outcomes, and currently different outcomes are being worked towards across system.'*
- *'We need to move away from 'good story telling', be very clear and specific about what we are measuring; more focus on outcomes and less on the method, other than evidence based or evidence informed.'*
- *'Services are currently working to shorter KPIs rather than impact. An early years outcome framework would help support the third sector applying for funding to prove where project work will fit into the wider children's system and promote a more joined-up approach and partnership working.'*
- *'There is no agreed outcome framework across agencies. Any outcomes are focussed on single-agency data. There is no strategic governance to monitor overarching success and improvement.'*
- *'We are a long way from this. There have been a range of restructures and funding reductions that have caused problems with continuing the original KPIs. National changes have also has an impact, for example changes to EYFSP.'*
- *'The school improvement framework and new curriculum for Wales will be in place by next year – integration with preschool age group outcomes may be useful; would have the advantage of focus on supporting transitions and a whole-family approach.'*
- *'We need to be better at measuring family strengths and resilience and parent–infant relationships. Government focus on measuring the child means we are missing a trick.'*

In many cases local areas were finding it difficult to establish a clear outcomes framework for their early childhood work. In England, there was not always good awareness of the Public Health Outcomes Framework[44] and the child and maternal health area profiles,[45] which allow local authorities to compare their outcomes with those of statistical neighbours. In Wales, there was similarly a lack of awareness of the Early Years Outcomes Framework,[46] published in 2015 by the Welsh Government, against which local areas can measure progress. Most areas were reporting on outputs with little focus on child or family-level outcomes.

44 Available at https://fingertips.phe.org.uk/profile/public-health-outcomes-framework

45 Available at https://fingertips.phe.org.uk/profile/child-health-profiles

46 Available at https://gov.wales/sites/default/files/publications/2019-07/early-years-outcomes-framework.pdf

Wales Early Years Outcomes Framework

A 2015 framework[1] using a Results-Based Accountability approach which distinguishes between population outcomes and service performance. The framework was intended to:

- support the coordination of the work of different Welsh Government departments and key stakeholders in relation to early years
- ensure Welsh Government's early years policies are making a positive difference
- help identify where further improvement is needed, and where Welsh Government will need to prioritise in the short-term, medium-term and long-term
- help individuals across the sector, and at different levels, understand the contribution they are making to achieving the outcomes
- support local planning and evaluation.

Outcomes framework with data on population indicators (collected in July 2015)

1 Available at https://gov.wales/sites/default/files/publications/2019-07/early-years-outcomes-framework.pdf

Measurement tools

EIF's previous work on children's centres and family hubs in England[47] also showed variable use of valid and reliable measurement tools to understand intervention effectiveness. Most local areas had described difficulties in providing impact evidence for children's centres and early childhood interventions. Some talked about a lack of clarity on the desired and expected outcomes, which meant that services were not clear on what evidence they should be collecting or how they contributed to overall goals.

While some areas in this earlier work were collecting data on specific programmes, most were not consistently using valid and reliable measurement tools. This was mainly seen as because of a lack of clarity about standardised measures for many services, and limited local expertise in measurement selection. Where outcome data was collected, some areas described finding it difficult to analyse and interpret. Local areas who were confident in their assessment of impact were mainly those that had partnered with academic institutions or research organisations to evaluate local programmes.

These messages were consistent with the experience of many of the 20 local areas using the maternity and early years maturity matrix: *'In some areas valid and reliable measurement tools are commonly used and data is collected but it is not consistently utilised to measure overarching outcomes.'*

Flying Start: Standardised measurement tools

Welsh Government guidance[1] for the delivery of parenting support as part of the Flying Start programme identifies a range of standardised tools[2] to measure distance travelled for children and families. These include:

- Eyberg Child Behaviour Inventory*
- Goodman Strengths and Difficulties Questionnaire*
- Karitane Parenting Confidence Scale
- Infant/Toddler Home Observation for Measurement of the Environment (HOME)
- The Parenting Scale
- Parent Problem Checklist*
- The Kansas Parenting Satisfaction Scale
- Pianta's CPRS (Child Parent Relationship Scale)
- Rosenberg's Self Esteem Scale
- WEMWBS (Warwick and Edinburgh Mental Wellbeing Scale)
- Beck Depression Inventory (BDI).

1 https://gov.wales/sites/default/files/publications/2019-07/flying-start-parenting-support-guidance.pdf

2 An assessment of the psychometric and implementation features of the measures marked with * is available in EIF's RPC Measures Selector, available at https://www.eif.org.uk/resource/rpc-measures-selector

47 Available at https://www.eif.org.uk/report/planning-early-childhood-services-in-2020-learning-from-practice-and-research-on-childrens-centres-and-family-hubs

Family experience

Where local areas had taken steps to understand families' experience and journey through services, they reported powerful learning to inform strategy and service design.

CASE STUDY

Cardiff: Acting on routine feedback

Cardiff Family Advice and Support was a new early help model developed in response to feedback from families about how many times they had to explain their situation. Family help advisers act as a key person, listening to the family's story, providing interventions, advocating on the families behalf, and passing information on to relevant professionals such as those in housing or finance. Referrals for support are made via the Family Gateway, or as a step-down from the Multi-Agency Safeguarding Hub and statutory Children's Services.

CASE STUDY

Calderdale and Kirklees: Using feedback on maternity services

An online survey was created in partnership with Maternity Services, the local authorities, University of Huddersfield, and the Maternity Voices Partnership (MVP) across Calderdale and Kirklees. The survey covered all aspects of the maternity pathway, including mental health and wellbeing, and the results were analysed by researchers at University of Huddersfield and the local MVP.

Women described issues relating to restrictions on partner involvement; access to maternity-related information and antenatal classes; feeling lost in the system; continuity of care; Covid-19 safety measures; and opportunities for face-to-face support.

As a result a number of actions were taken, including:

- changes to visiting arrangements to ensure partners could accompany women to all scans and midwifery or hospital appointments
- updated maternity webpages with key information in regards to the pandemic and a wider range of pregnancy and birth information in line with suggestions made by MVP
- a new 'Who and Where to Contact' guide to services, and a new 'Community Midwifery Enquiry Line' so there is always a midwife available to answer questions and support non-urgent issues
- reverting to face-to-face midwifery appointments as routine and restarting face-to-face antenatal classes in small, socially distanced groups.

Black, Asian and minority ethnic women were under-represented in the survey, so partners established a Health Inequalities Working Group and are conducting face-to-face discovery interviews with women who are less likely to give feedback through the usual channels.

As a whole though, despite every local area being able to point towards individual good examples of family engagement, few local areas had arrangements in place to routinely collect data on family experience. As one area described it, 'There is limited shared data on the overall experience of families who have accessed multiple services and no current incentive to gather this information.'

According to the self-assessments and the conclusions of the EIF panel, 17 of the 20 local areas taking part could benefit from taking a more consistent approach to collecting family feedback on journeys through the maternity and early years system, rather than just individual services within it, and using this to inform service improvement.

Insight 10: Build a research practice partnership

The maturity matrix considers how local evaluation is prioritised and delivered, and considers how far local partners take a consistent approach to evaluation; recognise different standards of evidence; and use evaluation findings to inform both operational and strategic decisions.

Evaluating the impact of early intervention is an essential part of what it means to provide effective services for children and families. Evaluation is the process of examining interventions and practices to determine their value. It checks that the services being provided are effective at preventing poor outcomes, supporting children's development, and achieving the benefits that they are designed to provide. It also provides vital information for how services can adapt and improve.

As EIF reported in 2020, local areas commonly find leading local evaluations challenging. They describe a lack of confidence in planning evaluation, testing and piloting, and a limited local culture or framework for evaluation. A culture of using research and evidence appears to be more prevalent amongst health professionals than other groups. Local areas which have taken action on evaluation have generally benefited from more hands-on support from evaluation experts rather than relying on access to more generic guidance on evaluation alone.

Some of the local areas using the maturity matrix gave examples of how local evaluation was driving their local approach.

» *See **Cardiff** case study*

» *See **Islington** case study*

» *See **Caerphilly** case study*

Reporting on key performance indicators was common, but there were few examples of robust evaluation of projects and services, or of focusing on learning from evaluation, rather than simply reporting on outcomes.

According to the self-assessments and the conclusions of the EIF panel, 15 of the 20 areas that used the maternity and early years maturity matrix could benefit from multi-agency collaboration on evaluation, and on the capture of data about family journeys, so as to build a more consistent approach to evaluation of impact across services:

- *'This is an area that requires a lot of development. There is a challenge with gathering evidence in a consistent way, some service areas have basic practice in this area and struggle with capacity to make this an area of focus.'*
- *'Service areas have individualised systems in place for evaluating;no strategic governance to monitor evaluation or oversight at present.'*

- *'There is a lack of shared learning about what works and what doesn't, including for different community groups'.*
- *'Not enough evaluation of service and interventions is done or built into the beginning of projects, and we don't use consistent standard criteria or quality for evaluation. There isn't a quality improvement approach, more of an 'implementing it without measuring the impact or quality' approach. Across the system there is silo working and not sharing evaluation to then look at collaborative working and solutions.'*
- *'The fragmented nature of services means that individual evaluations are taking place but there is no system-wide learning as a result.'*
- *'Size of caseloads and capacity within the team means that operational concerns overtake the opportunity to develop considerations raised through evaluation.'*
- *'The measuring of impact of services is incoherent and inconsistent and not routinely built into service delivery. Everything happens in isolation of each other's services so people generally don't know the impact their service has on other people, and where learning and shared evidence can be used.'*

EIF also recommended to all except one local area that they should consider establishing or strengthening partnerships with a local academic institution to support the development of the local evidence base.

» *See **Tower Hamlets** case study*

CASE STUDY

Cardiff: Tracking the Flying Start cohort

Cardiff followed its 2008–2009 Flying Start cohort to the end of the Foundation Phase (at age 7), using national school test data to compare the performance of children in Flying Start areas who accessed the programme, with those living in the same areas who did not.

Accessing Flying Start was found to close 62% of the gap for reading, 37% of the gap for numeracy procedural, and 31% of the gap for numeracy reasoning. It was also associated with an increased likelihood of achieving expected outcomes on the Foundation Phase Profile.

The evaluation was used to pose questions about service design and delivery, such as whether there should be more focus in Flying Start on the prerequisite skills for later numeracy as well as language.

Possible reasons for lower Flying Start versus non-Flying Start differentials for language and communication in English than for other areas of learning assessed in the Foundation Phase Profile were explored. Whilst it was concluded that changes made to the Speech and Language Therapy Service and improvements to childcare may show improvements in future cohorts, data on language and communication in Welsh raised questions about the quality of Welsh language provision at the time.

» *Back to page 70*

CASE STUDY

Islington: Gathering qualitative data

Islington uses a range of methods to collect qualitative data about the Bright Start service, which supplements the quantitative data on key performance indicators, which match the stressors and resilience factors in the Bright Start vision.

These methods include, for example: gathering feedback at early childhood area partnership meetings and parent forums; conducting local surveys; collecting compliments and complaints, and individual case study examples; and interactive feedback opportunities in stay and play sessions at children's centres where parents and their children can give their views verbally, or by drawing pictures which all inform and help shape services.

An annual staff questionnaire focuses on what and how integration is working, and the responses are used to support the development of improvements.

» *Back to page 70*

CASE STUDY

Caerphilly: Scaling up learning

New Tredegar, an area made up of three lower super output areas with high levels of deprivation compared to the Wales average, was selected as the focus for Caerphilly's Early Years Integration Transformation Programme.* An internal evaluation brought together the conclusions from the EIF maturity matrix process, Welsh Government evaluation, Vanguard evaluation, interviews with families and core staff, a survey of partners, and analysis of data from What Matters meetings.

The evaluation identified significant improvement in communication between different teams and some important conclusions for wider scaling up of learning across Caerphilly, including:

- the need for larger scale pilot areas to ensure sustainability of the model
- the pressure on health visitor workloads
- the benefits of colocation which was a turning point, especially with GPs
- the need to bring together local authority and health staff at management levels to avoid silo working
- families are still having to repeat their story, which reinforces the need to develop one data sharing system
- further work needed on identifying the skill base, clarifying roles and developing skill mix
- the importance of capacity for change management including a coordinator and a strategic lead, and sufficient time to pause and reflect.

» *Back to page 70*

* See **https://www.exchangewales.org/early-years-integration-transformation-programme/**

CASE STUDY

Tower Hamlets: Practice – research partnership

To better understand the reluctance in some families to take up the offer of funded childcare at age 2, Tower Hamlets worked with a local university on a research programme with the Bangladeshi community.

The new understandings from the research led to the development of extra stay and play sessions in children and family centres, where parents could learn more about early learning at age 2 and take away literature that they could use to convince other family member of the benefits. Grandparents and the second parent were invited to one session, and could see for themselves how their child responded to being in a group environment. Where families remain reluctant, this is understood and the child and family are offered a package of support in the children's centre.

The initiative was set up after the university approached Tower Hamlets due to its large Bangladeshi population. The proposal went through an evaluation and ethics process before the local authority, including public health, agreed to take part. The study focused on nutrition, community values and perception as well as childcare. A further round of the research is due to start in the next few months allowing for further exploration of issues related to Covid-19 and the lockdowns.

> *'The programme gave us indepth feedback on the barriers faced by the local community on certain issues, details which we would not have been able to explore on our own. These types of partnerships allow us to independently verify the effectiveness of existing programmes, as well as gather structured data and feedback to inform commissioning of new services to meet identified and needs.'*

» *Back to page 71*

Moving forward

So what should local and national stakeholders take from the experiences described in this report as they plan for Covid recovery and seek to improve services in maternity and the early years?

Local system planning

There are some key features which are at the heart of effective local multi-agency planning for maternity and early years systems, which should be embedded in the local arrangements.

These are particularly relevant, for example, to local areas working on their local family hubs approach[48], creating a Best Start for Life offer, or further developing their early years integration transformation programme.

A good understanding of where you are starting from

There can be no real strategy for where you want to get to without a good understanding of where you are now, and the priorities for improvement. The development of local strategy on maternity and early years should involve:

- a **population needs assessment** to understand the needs of families in the local area, which is local, sufficiently granular, and takes account of the risk and protective factors which affect early child development.
- a local **system assessment** illustrating how effectively services are currently organised to respond to local population needs, taking account of different perspectives on the local arrangements. This is commonly done by building stakeholder engagement using a planning tool such as the maturity matrix or (in England) the Early Help System Guide;[49] or through a structured process such as The Vanguard method,[50] which was regularly mentioned by local areas in Wales.
- an **analysis of other existing local and national evidence and research**, with an emphasis on the voices and experiences of children and families. As the examples in this report have shown, these other forms of evidence and research include mapping and analysing local resources and services which are 'owned' by different organisations and by communities themselves.

48 National Centre for Family Hubs, 'Family Hubs Development Process' available at https://www.nationalcentreforfamilyhubs.org.uk/toolkits/the-family-hub-development-process/

49 Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878994/TF_Early_Help_System_April_2020.pdf

50 See https://whatisthevanguardmethod.net/about-vanguard-method/

Clear and inclusive partnership structures and processes for delivering local partnership strategy, with an emphasis on family and community involvement

Good partnership working, both strategically and operationally, is fundamental to joined-up local arrangements for maternity and early years support. Effective working relationships depend on opportunities to engage and work through differences, build trust, and constructively challenge each other. Building the local partnership governance arrangements for the maternity and early years system should involve:

- confirming who the **key partners** are, and how they will be involved in the local partnership arrangements, in particular those partners who are less likely to actively contribute but have a key role to play. It should include identifying: how senior leaders and elected members are active champions and advocates for this work; how families and communities codesign strategy and are involved in decisionmaking processes; and how service managers and other professionals drive strategy design and delivery.
- being explicit about **how decisions are made** in the partnership context, and publishing partnership terms of reference
- being explicit about the **partnership vision and priorities**, and where appropriate, setting this out in a written strategy or theory of change
- confirming the **key organisational leadership roles** required to keep strategy delivery and implementation on track, including a senior sponsor, a transformation lead and a lead for data and analysis
- confirming the formal arrangements (including funding) for encouraging **community members to take on leadership roles**, and engaging parents and communities in governance arrangements and decisions about resources
- **planning for implementation**, creating action plans to drive the change process and assess readiness for change
- establishing **working groups on key strategy areas** which are challenging, for example information sharing, community ownership, or measurement and evaluation
- connecting strategy on maternity and early years with **wider local strategy** for families and communities, and taking account of regional and local opportunities to reinforce this work.

Common approaches which support coordinated working

Coordinated working depends on very practical ways of connecting together the activity of different people and organisations so that it feels seamless from the perspective of the family. There are some activities which seem to be particularly important in creating a common multi-agency approach:

- developing integrated **multi-agency support pathways** which focus on the family experience of maternity and early years services. This should build on a local process for mapping and auditing local interventions to confirm which are performing well and achieving good child outcomes, and reviewing how different interventions connect with each other for families with different needs.
- reinforcing the local arrangements for **common processes** to identify, assess and support vulnerable families
- reinforcing the **sharing of personal data** about families, and building formal arrangements to support this using protocols, agreements and practical processes

- emphasising **information and information services** for families as critical to the success of local maternity and early years strategy, and a key vehicle for codesign work with families
- investing in **workforce development** which takes account of organisational and partnership culture, values professional expertise, and is responsive to the practical issues raised by staff about skill and capacity gaps, improving diversity, and improving awareness and confidence levels
- exploring how **joint commissioning and alignment of resources** for maternity and early years services can reinforce coordinated working.

Common approaches for learning and for measuring improvement

Understanding impact across services and at a systemic level depends on some specific ways of working together:

- agreeing a defined set of **desired outcomes for children and their families** which takes account of what is known from research about child development, and has shared ownership across the local partnership. One way of doing this is through a structured tool and process such as an outcomes framework, which can be defined at a national or local level.
- using **valid and reliable measurement tools** consistently across the partnership, including to understand what the experience of support across services feels like to families.
- **collaborating on the design and delivery of evaluations**, sharing ownership of data, building relationships with academic experts, and reinforcing the role of local staff as part of a research practice partnership.
- actively **engaging local stakeholders in the learning journey**, sharing insights and evaluations, and creating opportunities for people to collectively reflect on learning and explore how this can be applied moving forward.

Using evidence to support system planning and delivery

Evidence from a range of sources has a key role to play in supporting local system planning.

How evidence can help What good looks like in using evidence to support local system planning	
1. Local strategy	1.1. Partners explicitly draw on an understanding of the research evidence on: • risk and protective factors related to early child development as they conduct local needs analysis • 'what works' evidence as they review local intervention effectiveness. 1.2. Partners work together to collect, share and analyse local data on: • population needs and inequalities • resources and how these are used • service and system effectiveness • community and stakeholder priorities. 1.3. Partners use the data they have collected to inform local strategy priorities, in particular: • how to best meet the needs of vulnerable population groups and those with protected characteristics • how to balance universal and targeted services • how to fill local gaps in knowledge.

Table continued on next page »

« Table continued from previous page

How evidence can help What good looks like in using evidence to support local system planning	
2. Workforce planning	2.1. Partners work together to collect, share and analyse: • organisational data on workforce needs, using capacity and skills audits; training take-up, experience, and effectiveness; and workforce diversity, and how far this reflects the communities that they serve • community data on community experience of the workforce • data on the wider workforce market, including the availability of the people with the skills and experience that partners need to recruit to if they are to deliver local maternity and early years strategy. 2.2. Partners use the data they have collected to inform: • decisions about skill mix, case loads and supervision • role specifications, recruitment and competency frameworks • the learning and development offer, matching training content to organisational needs, and evaluating the impact of training and learning opportunities.
3. Services and interventions	3.1. Partners match interventions to population needs, and use 'what works' evidence to select interventions and design services. 3.2. Partners use valid and reliable tools to measure impact for families. 3.3. Partners work together to collect, share and analyse: • organisational data on intervention implementation, reach, quality and impact • data from people with lived experience on the effectiveness of services as part of a local family-centred approach • intelligence on intervention effectiveness from practitioners through robust processes such as audits of peer reviews. 3.4. Partners adapt services and interventions based on local evidence and evaluations.
4. Coordinated working	4.1. Partners take account of wider research, practice guidelines and evaluation evidence in the design of local multi-agency processes, for example on screening and assessment tools, or in the design of support pathways. 4.2. Partners work together to collect, share and analyse local data on: • implementation of multi-agency support pathways • lived experience of multi-agency support • practitioner experience of coordinated working. 4.3. Partners adapt multi-agency processes based on local evidence and evaluations.
5. Information for parents	5.1. Partners work together to agree consistent messages about what children need to thrive, based on child development research and risk and protective factors. 5.2. Partners share data and intelligence about information needs, and collect data from parents about the information services that they want and need, and the best ways to make these services accessible. 5.3. Partners share organisational data on current approaches for delivering information for families, and review opportunities to fill gaps and increase impact. 5.4. They work together to collect, share and analyse data on reach and satisfaction, particularly for vulnerable families, and use this to adapt the local information services offer.

Table continued on next page »

« *Table continued from previous page*

How evidence can help What good looks like in using evidence to support local system planning	
6. Outcomes and experience	6.1. Partners agree a set of outcomes that they are collectively working to achieve, based on addressing the risk and protective factors which are important to children's development. 6.2. Partners create a framework based on these outcomes which identifies how data will be collected, analysed and reported across partners to measure progress. 6.3. Partners reinforce the consistent use of valid and reliable measurement tools across services. 6.4. They work together to collect, analyse and report data on family experience of and satisfaction with support, and use this to make improvements. This data includes the needs of those with protected characteristics such as fathers as well as mothers.
7. Local evaluation	7.1. Partners agree a consistent multi-agency approach to evaluation, which is explicit about how different types of evidence are generated and used for different purposes. 7.2. Partners build in proportionate evaluation from the outset for projects, and have a schedule of evaluation for key services and interventions. Partners collaborate on local evaluation where there is a strong multi-agency interest. 7.3. Partners share learning from evaluations, and create opportunities for local stakeholders to review and interact with the findings. Learning from evaluations informs operational decisions as well as the development of local strategy. 7.4. Partners value practitioner researcher skills and knowledge, embedding these within local competency frameworks and recruit to specific roles which support the use of research and local data. 7.5. Partners invest in relationships with academic and research partners to support local arrangements for using and generating evidence.

Creating the conditions for success at a national level

This report also highlights the need for national action to support areas to plan effective services in the early years. Many of the issues highlighted in this report are difficult to solve through local action alone and there is an important role for national governments in removing barriers to the development of effective local systems, and in creating the conditions which enable good local system planning.

1. Building local capacity

The most commonly reported barrier to service improvement across all the elements of the maturity matrix was capacity. Responses noted that staff were often stretched, with 'stripped-back services', long waiting lists and insufficient time to take part in working groups to identify improvements needed, undertake training or consider local data or research evidence.

This pressure on the system at the local level has implications for the ability of local areas to engage with centrally led initiatives or programmes designed to support the improvement of local services. It is difficult to avoid the conclusion that specific and sustained investment in the key functions and roles which drive forward local system planning is necessary – particularly in transformation management and data analysis and evaluation – if local capacity to undertake service improvement is to be found.

There are examples of government-led programmes in both Wales (Early Years Integration Transformation Programme[51]) and England (Family Hubs Programme[52]) which are designed to build local capacity for local system planning. If programmes such as these are to succeed in building local capacity there needs to be an explicit focus on the key functions and roles that drive local system planning forward, and a commitment to funding across financial years so as to enable good local recruitment and workforce stability.

2. Removing obstacles

Some risks and issues are difficult to manage locally and require national leadership or support in order to make progress. Some of the key areas which stood out from this work were:

- **Population needs assessment**

  The majority of participating local areas found developing and using population needs assessment to drive forward their maternity and early years strategy to be a challenge. This is despite a range of existing resources currently being available at regional and national levels. Public Health Wales and the Office for Health Improvement and Disparities in England could take the lead in identifying what kinds of information and support are required to help local areas make progress on achieving the detailed understanding of population needs required for service planning.

- **Workforce planning**

  Few participating areas had good multi-agency data about current workforce capacity, skills and capability on which to build a local workforce strategy, and many local areas described recruitment issues which they felt were difficult for them to address at a local level.

51 See https://www.exchangewales.org/early-years-integration-transformation-programme/

52 See https://www.nationalcentreforfamilyhubs.org.uk/about-us/why-family-hubs/

In Wales the workforce strategy for health and social care[53] sets out the need for a national approach to how the workforce is attracted, trained, developed and supported if the challenges of an ageing workforce, growing demand and changing delivery models are to be met. This strategy is directly relevant to the challenges identified by participating local areas and Welsh government should consider an implementation plan specific to the core maternity and early years workforces.

In England there are similar challenges but a lack of central guidance on the deployment and development of the children and families workforce. There have been calls made for greater central guidance about who does what to support families, and the skills needed for different roles. There have been various suggestions about the need for new national workforce strategies to be developed.[54] There is a case for new work centrally to consider how best to develop the core workforces supporting families in the early years such as midwifery, health visiting, parent and infant mental health, family support, early education, and childcare. This could be part of broader work to develop the family workforce as a whole or specific to the early years.

- **Information sharing**

  The ambitions of governments in both Wales and England for more integrated family support services depend on effective systems and processes for sharing personal data, and a culture that is confident to share. However, despite enabling legislation, extensive national guidance and other initiatives, the sharing of personal data continues to be problematic at a local level.

  In England it is almost decade since a task and finish group, established at the request of ministers, reported[55] on information sharing in the foundation years. The Growing Up Well project, which is part of the wider Family Hubs Programme, could have an important role to play with its focus on testing better information sharing tools and processes.

  In Wales the Accord on the Sharing of Personal Information (WASPI) is well established but did not appear to provide operational reassurance for the local areas taking part in the maturity matrix self-assessment process.

  Making progress in this area requires looking again at information sharing, and the ambitious national steps which could deliver the local information sharing arrangements that are critical to the success of local integrated working.

- **Outcomes frameworks**

  A nationally defined maternity and early years outcomes framework provides a consistent structure for funding, monitoring and reporting, and a clear message across national policy about what matters for any maternity and early years service. It offers a guide for streamlining and joining up government data reporting requirements across local partners and so reducing the pull on local analyst capacity which can be focused on the generation and use of local evidence. It can be used to reinforce the principle of a shared local data set.

  In England there are a number of outcome frameworks being used or considered in key policy initiatives such as family hubs, Best Start for Life, Supporting Families and the Reducing Parental Conflict Programme. The development of an integrated outcomes framework across these key family policy agendas would help bring together a range of

53 Available at https://heiw.nhs.wales/files/workforce-strategy/

54 For example, The Association of Directors of Children's Services have recommended that the government in England 'develop a coordinated workforce strategy, informed by timely and accurate data, covering the full range of professionals working with children, young people and families', see https://adcs.org.uk/assets/documentation/ADCS_Building_a_workforce_that_works_for_all_children_FINAL_11_March_2019.pdf

55 See https://www.foundationyears.org.uk/files/2013/11/Information_Sharing_in_the_Foundation_Years_Report.pdf

programmes aiming to support families and facilitate efforts to join these programmes up at local level.

In Wales the 2015 Early Years Outcomes Framework could be revisited to identify how it can be more visible in driving national and local ambitions.

3. Focusing on evidence

There is a role for national governments in supporting the use of evidence to strengthen local systems and services, taking account of the six different types of data and evidence that are described in the introduction to this report.

Evidence-based programmes are a part of this. There are a set of programmes that have been shown through rigorous testing to improve outcomes for children. These programmes have often been refined over years in response to multiple evaluation findings. Not only are they the 'best bet' for children and families, they also often provide the scaffolding needed to support consistent delivery, such as practitioner training and 'hands-on' implementation support. A set of evidence-based programmes is an important part of a strong early years and maternity service.

Improving services, however, isn't as simple as 'doing what works'. Other types of evidence are vital for effectiveness, including data about local population needs, how services are delivered, who services are reaching or missing, and what support feels like from the perspective of families.

In addition to the steps already described on population needs data and workforce data, governments in England and Wales could promote the wider use of evidence to support local service improvement by:

- incentivising and supporting local areas to increase the availability of evidence-based interventions as part of the local service offer
- promoting the development of pathways of support which combine interventions which are evidence-based as well as those which are evidence informed and locally grown, and the creation of bespoke 'test and learn' arrangements for each
- mobilising the What Works Network and other evidence organisations to work with local partners to support evidence into practice. There should be a focus from the What Works Centres and others on equipping those delivering early intervention to generate evidence that is both rigorous and useful for informing local decisions; and on developing research tools that are relevant and accessible for local commissioners, managers and practitioners.
- exploring how to broker and strengthen relationships between local areas and academic partners to build greater local confidence and capability for designing proportionate evaluations and generating local evidence
- promoting a greater focus on the use of standardised, valid and reliable measurement tools to routinely assess children's progress across local early childhood services
- consider how inspection and regulation frameworks which apply to maternity and early years services or children's services more widely, could do more to review how areas have used evidence in making decisions about services.

4. Raising and maintaining the profile

Maternity and early years systems are a good barometer of wider system quality and effectiveness. They depend on good integration because no single organisation can deliver good family outcomes alone, and lead responsibility is shared by local government and the

NHS. They combine services for adults and for children, and support every family through a universal, targeted and specialist offer.

National policy can drive an emphasis on maternity and the early years and make it easier to design a coherent early childhood offer at a local level, as shown by initiatives like the Early Years Integration Transformation Programme in Wales[56] and Best Start for Life in England.[57] Government could go further by:

- signaling the importance of the connection between maternity and early years policy in national policymaking, including in wider NHS developments such as integrated care systems in England, and reinforce the fit with wider family policy
- simplifing the specification, funding and reporting requirements of initiatives in maternity and early years to make it easier to design a coherent local offer
- requiring local areas to publish a local maternity and early years strategy which responds to national policy, and is built around the success factors for local system planning identified in this report.

Conclusion

This is a frank assessment of some of the strengths and challenges facing local areas as they seek to renew maternity and early years services in the context of a global pandemic and a decade of constrained investment.

Local partners are often passionate and innovative as the many local examples show. Providing high quality services during pregnancy and the early years is a lifetime commitment for many of the people who took part in using the maturity matrix, from Anglesey to Warrington, and Calderdale to Wrexham.

Yet local partners are also under pressure and facing the local symptoms of national challenges. There are fundamental issues to address at national level if local areas are to respond effectively to the ongoing challenging context of inequalities, resource constraints and the consequences of the pandemic.

If we are to realise the potential of early intervention in this crucial stage of child development then this will require a coordinated, resourced and long-term response, taking action at national and local levels.

56 See https://www.exchangewales.org/early-years-integration-transformation-programme/

57 See https://www.gov.uk/government/publications/the-best-start-for-life-a-vision-for-the-1001-critical-days

Appendix A: How EIF worked with local areas

Local areas undertook an initial online stakeholder survey, canvassing the views of a wide range of individuals about the degree of maturity in local early childhood systems.

They then brought together strategic and operational stakeholders to complete the self-assessment together. The self-assessment covered elements within four dimensions of the maturity matrix: plan, lead, deliver and evaluate.

In total 20 local areas took part in the process:

Wales	England
Anglesey	Calderdale
Caerphilly	Cheshire East
Cardiff	Devon
Carmarthenshire	Hammersmith and Fulham
Ceredigion	Islington
Flintshire	Kirklees
Newport	Newham
Torfaen	Solihull
Vale of Glamorgan	Tower Hamlets
Wrexham	Warrington

The self-assessment covered elements within four dimensions:

Local areas used descriptors to self-assess each element on a scale from basic to mature:

Each local area submitted their self-assessment to EIF, using the maturity matrix workbook. They indicated what type of information they held to support their assessment, but were not required to provide any detail, other than in a brief notes section. Each local area also recorded stakeholders' perceived barriers to change, and the priority actions (short, medium and long term) they had collectively identified.

Each local area coordinator received light-touch remote support from an EIF associate, including an initial discussion to clarify any aspects of the submission which were unclear.

Each workbook self-assessment was reviewed by a panel of EIF staff and associates, whose conclusions formed the basis of a short feedback session and written report for the local area, drawing out key strengths and aspects from which others could learn, and making suggestions for next steps, including possible ways of tackling current barriers to progress.

Appendix B: Data on Maturity Matrix progress levels

PROGRESS LEVELS: PLAN

Key elements	Progress levels: England & Wales				Wales				England			
	Basic	Early	Substantial	Mature	Basic	Early	Substantial	Mature	Basic	Early	Substantial	Mature
Strategy: vision, strategy & plan	8	12			6	4			2	8		
Strategy: population needs	4	14	2		3	7			1	7	2	
Commissioning / resources	15	5			8	2			7	3		
Workforce planning	13	6	1		7	3			6	3	1	
Average level for the Plan dimension	*50%*	*46%*	*4%*		*60%*	*40%*			*40%*	*52%*	*8%*	

PROGRESS LEVELS: LEAD

Key elements	Progress levels: England & Wales				Wales				England			
	Basic	Early	Substantial	Mature	Basic	Early	Substantial	Mature	Basic	Early	Substantial	Mature
Partnership	7	11	1	1	4	5	1		3	6		1
Leadership	1	14	4		1	8	1			6	4	
Community engagement	8	11	1		5	5			3	6	1	
Community assets	8	9	1		5	5			3	4	1	
Average level for the Lead dimension	*31%*	*58%*	*9%*	*1%*	*38%*	*58%*	*5%*		*24%*	*58%*	*16%*	*3%*

PROGRESS LEVELS: DELIVER

Key elements	Progress levels: England & Wales				Wales				England			
	Basic	Early	Substantial	Mature	Basic	Early	Substantial	Mature	Basic	Early	Substantial	Mature
Quality	3	12	3	1	2	7	1		1	5	2	1
Evidence-based programmes	1	12	6			6	4		1	6	2	
Co-ordinated working	7	9	2		3	7			4	2	2	
Sharing personal data	8	11			4	6			4	5		
Information for families	4	12	2		2	6	1		2	6	1	
Average level for the Deliver dimension	*25%*	*60%*	*14%*	*1%*	*22%*	*65%*	*12%*		*27%*	*55%*	*16%*	*2%*

PROGRESS LEVELS: EVALUATE

Key elements	Progress levels: England & Wales				Wales				England			
	Basic	Early	Substantial	Mature	Basic	Early	Substantial	Mature	Basic	Early	Substantial	Mature
Outcomes framework	10	9	1		7	3			3	6	1	
Family access and experience	6	12	2		3	7			3	5	2	
Using evidence well	5	10	2	1	3	5	1		2	5	1	1
Local evaluation	3	16	1		2	8			1	8	1	
Average level for the Evaluate dimension	*31%*	*60%*	*8%*	*1%*	*38%*	*59%*	*3%*		*23%*	*61%*	*13%*	*3%*