Tackling inequalities in Early Childhood

A Safe Space to Sleep Programme for South Yorkshire

Using Problem Driven Iterative Adaption tools to tackle problems in a complex, multi-agency and dynamic system.

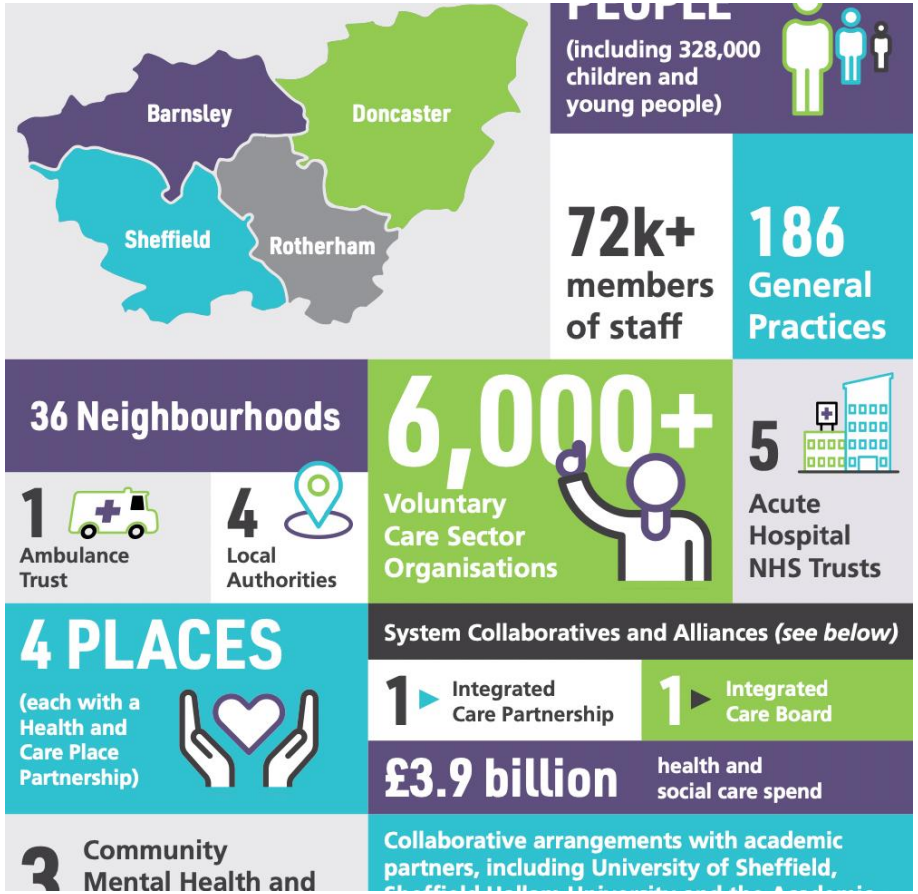
SOUTH YORKSHIRE
SYMCA
MAYORAL COMBINED AUTHORITY

Using collaboration techniques to explore new ways of tackling CYP health inequalities

Why did we choose health inequalities and early years?

1. A complex system – with a statutory obligation to collaborate.
2. A new partnership emerging (ICP) and a mandate for change.
3. A particularly acute issue in South Yorkshire.
4. A commitment from partners for change and action.

A team of 8 established with representation from **public health, service commissioners, the Integrated Care Board, the NHS, the voluntary and community sector, academia and the Mayoral Combined Authority.**



Problem Driven Iterative Adaption: a tool for getting things done in complex environments….

Never start with a solution! At the outset the project team didn't know where we were heading.

Problem definition (a very detailed fishbone): Testing that with partners to destruction.

Developed a Public Value Proposition: what are we tackling and why are we doing it.

Conducted a Change Space Analysis: testing where we can actually make a difference

Identify Entry Points: Agreeing where to actually start (not always where you think!)

Testing our progress: we've been testing our public value proposition and entry points w. stakeholders

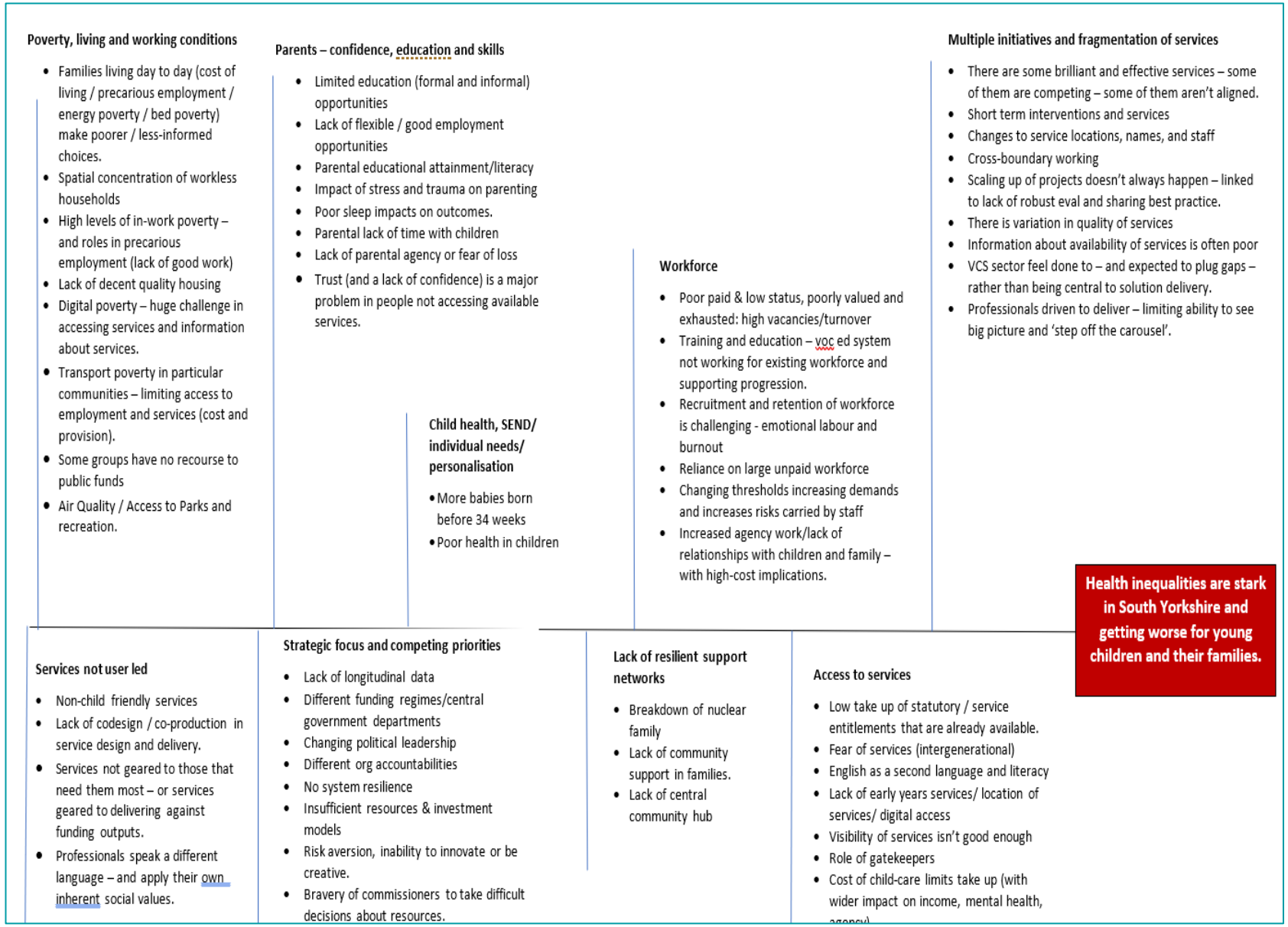
Power of Small Wins – recognise the power of small wins by capturing regular progress updates…

Securing commitment to deliver a UK first 'Safe Space to Sleep Programme' in South Yorkshire.

Our problem fishbone

A tool for exploring the problem identified; and making sure we hear a range of voices

- A complex problem – with lots causes.
- Some system issues, some workforce, some societal.
- We've tested this with hundreds of stakeholders – including at the South Yorkshire Health Inequalities Summit.
- It gave us plenty of potential entry points. Many aren't new to professionals working in this space.
- But knowing your problem helps you work out where we could start.



Our value proposition

The first 5 years of a child's life determine their next 50

"We will tackle the fact that too many of our children are locked out of a successful future and are dying too soon, and we will do this because we want our children to have a good start in life, so they live healthier and happier lives."

The entry points we chose

1. When problems are so large you have to pick some ways in.
2. These routes in need to help you move things on; they need to be generative in nature.
3. They need to be achievable – tested through the 'change space analysis' process.

Entry Point	Activities to make progress	Why
Exploring the diverse / fragmented / complex services:	Understanding refining, testing and mapping the systems of support available in a community we work in.	To gain a deeper understanding of families experience and engage with all those who are involved. Ability to do something about it. Acceptance both that this is an issue and that it can make a substantive impact on outcomes.
Narrowing our target group through data	Agreeing a definition and focus for data enquiry: working hypothesis is that we want to narrow our focus and build richness in our understanding of families at risk of, or currently experiencing poor health outcomes.	Do-able. Can help create support for our effort. By narrowing we make the project real.
Trusted networks	Research / identify best practice, find positive deviants, and deepen our understanding by: - National literature review – role of trusted networks - Identify partners and stakeholders who can help shape policy.	1. Key theme running through stakeholder engagement on fishbone. 2. Helps nudge 'acceptance' of the 3A's – and helps us iterate. 3. Enables us to use existing resources more effectively.
Safe Space to Sleep	1. Providing knowledge, training, & access on the importance of safer sleeping to service providers and parents 2. Provision of appropriate bed, mattresses & bedding 3. Evaluate the impact with users and service provider.	1. This is an entry point that allows us to create a conversation about the wider problem and demonstrate progress – with a large change space. 2. Providing a bed is a potential first contact point with a vulnerable family. 3. Brokers trust between provider & family

All leading to a signature MCA commitment

MCA Board have approved funding of £2.2m to:

1) **Make a difference in the here and now:** Tackling unmet and growing demand for cots, cot beds / toddler beds and moses baskets for children aged 0-5 right across South Yorkshire through the commissioning of specialist voluntary community providers

2) **Test and learn:** Delivering 4 test and learn pilots that are scalable across SY built on a detailed evidence base of what works at a community level. Pilots will take place in Goldthorpe, (Barnsley) Mexborough (Doncaster), Swinton (Rotherham), Gleadless (Sheffield) and will include:

    i) The provision of beds, cots and bedding

    ii) Liaising with housing services and connecting families to access other services

    iii) Utilising new methods of trusted intermediaries in communities – with a focus on testing whether trust and supporting families can improve SStS (and health outcomes)

    iv) Data sharing protocols and activity that deepen the understanding of the issue locally – connecting services better and building a no wrong door approach.

3) **Evaluation programme:** to build an investment case for shifting mainstream resources into prevention, social and community infrastructure capital.

Trusted responsive services can achieve huge change

Stacey, a single carer, arrived at nursery with her two-year-old child and two-year-old grandchild exhausted and desperate for support. She had financial difficulties, was worried about her son's speech and language and had nowhere for her granddaughter to sleep. Nursery staff made an immediate referral to Baby Basics for a bed and sorted out her benefit entitlement. After two months of nursery, she had built trust with staff, started to attend a parent's breakfast club and had even volunteered to become the cook and do her food hygiene training. Stacey's children had started to speak, play and trust adults.

What would success look like?

Inequity of outcomes in early childhood are preventable.

Our success will be measured with equity of outcomes in South Yorkshire.

Every child will have a safe space to sleep, families will be supported by trusted networks and every child will be ready for life (and therefore school).

Measures we can use: Scorecard of indicators, including using metrics we capture already such as reduced infant mortality, reduced teenage suicide, a child's 2.5 years of age developmental report, obesity levels, dental health, gross and fine motor skills, social capabilities (e.g. toileting) by age of 5.

The **long-term prize** is a narrowing of the gap in health inequalities, improvements in overall life expectancy and healthy life expectancy.