

Fairer Start Local



York

Working together
so that all children
have a stronger
start and a
brighter future

December 2021

nesta





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Introduction

Fairer Start Local York

Not every baby, toddler or young child gets what they need to thrive. Fairer Start Local is a collaborative programme of work between Nesta and three local authority partners – Stockport, Leeds and York. Fairer Start Local brings together local authority partners' deep knowledge and ideas – about local services, families, children and communities – with Nesta's capabilities and experience of service innovation and improvement.

This report summarises our learning from an initial phase of work, where we ran 16-week rapid discovery projects to explore how innovation could help to transform early years services in each area. The aim of these projects was to produce actionable insights about how to improve support for families in the early years (from conception to age five). In addition, it was an opportunity for the

local areas and Nesta to experience working together, to explore whether there was fertile ground for a longer-term partnership.

Following this discovery phase, we will embark on a three to five-year-long innovation partnership. Working together, Nesta and local authority partners will use evidence-based design, data science and

behavioural insights to develop new ways to make sure that all babies, toddlers and young children have a fair start in life. We will focus on using innovation to uncover new ways of supporting stable and secure family relationships, boosting the mental and physical health of families, increasing access to high-quality childcare, and alleviating the impact of child poverty.

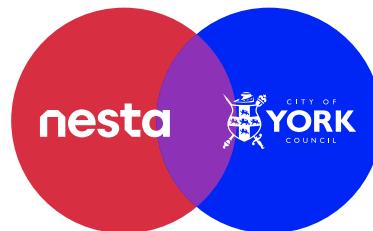


The process

Work together in partnership to test out ideas and potential for long-term partnership

Partnership

Multi-disciplinary team; structured innovation methods; ideas, expertise and networks



Deep understanding of local context; priorities for improvement; local convening power; ambition to redesign services over the long term; capability and drive to innovate locally

Prototype innovative solutions

1

Discovery

2

Develop and test solutions in partnership

3

Evaluate

Discovery of challenges and priorities; defining project focus

Designing solutions and piloting in the real world

Monitoring and evaluating impact

The research question in York

Overview

- > The **vision** is for all children in York to achieve a good start in life.
- > The **opportunity** is to work together in partnership to test ideas and scope potential long-term partnership.
- > The **focus** was on gaining a better understanding of barriers to increase take-up of the two year old offers.
- > The working **hypothesis** is that improving take up of universal (Health Review) and targeted (early years childcare) offers for two year olds, we would contribute to narrowing the gap when children begin school.
- > If successful, the **outcomes** we set out to achieve were:
 - o Better understanding of barriers to take-up.
 - o Testing and evaluating an intervention and creating a long-term plan to further test.
- > Our **learnings** will inform the work of a longer-term collaboration between York and Nesta.



Our work was guided by York's strategic objectives

York's Health and Wellbeing Board strategy 2017-2022: 'Starting and growing well'

During the first two years of life the foundations of a baby's mind are being put in place; when a baby's development falls behind during the first years of life, it is likely to fall even further behind in subsequent years.

Our top priority is to provide excellent, **co-ordinated support** through pregnancy and **the first two years** – the first 1,001 days – **especially for our most vulnerable communities**.

Early Years Improvement Board 2021: 'Starting life well in York'

Our priorities will be to focus on the following:

- > Ensuring that we have developed a **systemic approach** to supporting the development of **speech, language and communication** in the early years and to the early identification of speech, language and communication needs.

- > Full development of the **integrated two-year old assessment**.
- > Improving transitions from pre-birth to birth, home to settings and settings to schools through **better information sharing between professionals, parents and carers**.

Four strategic themes for the early years in York

The first two years of children's lives are a crucial window of opportunity

More co-ordinated and systemic approach between services

Greater support and resource for those most at risk

An emphasis on communication and language



The project focus

If we knew the barriers to parents taking up services for two year olds, we could support more families and improve outcomes for two year olds

Our working hypothesis

That improving take-up of **universal** (Health Review) and **targeted** (early years childcare) offers for two year olds, we would contribute to narrowing the outcome gap.



Project overview

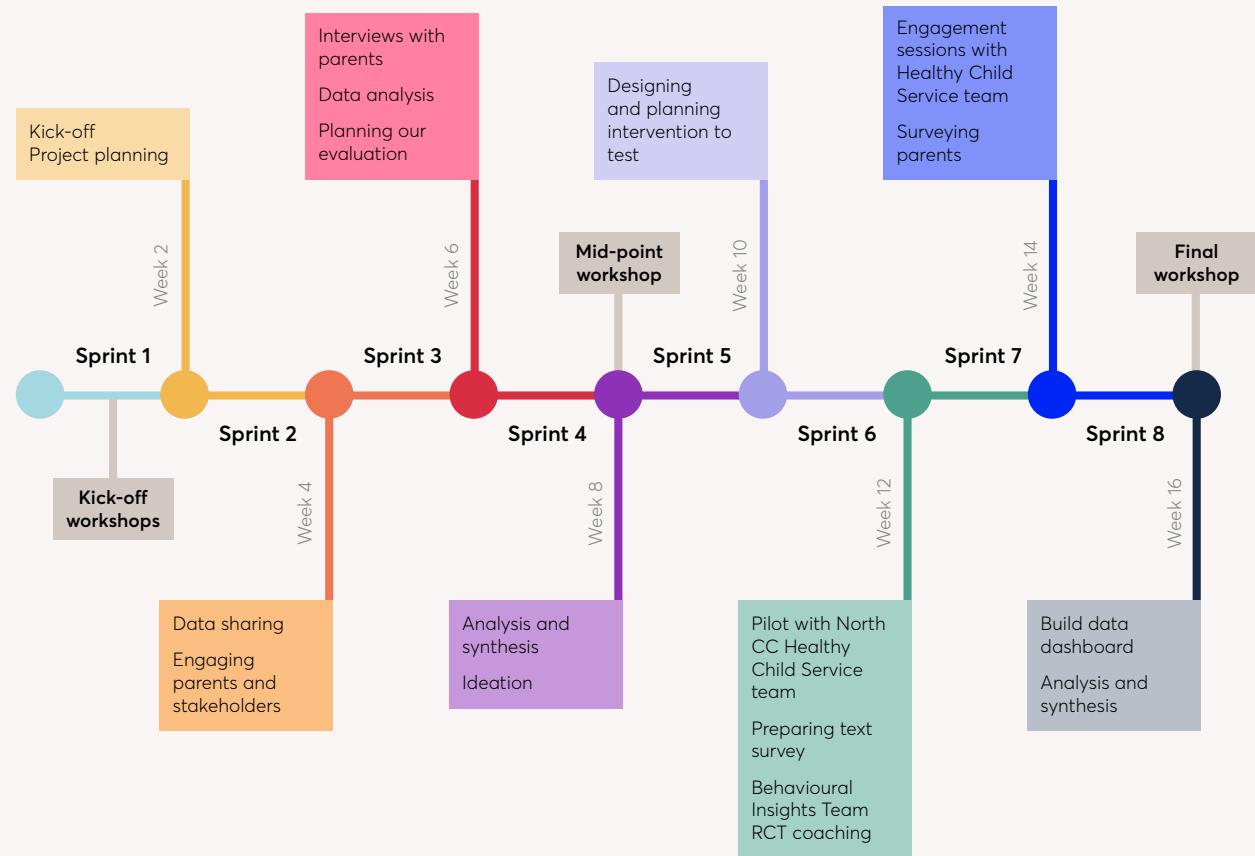
What we did

1. Undertook data analysis to better understand communities within the city and explore the interplay between geography and demographics with rates of take-up and children's outcomes.
2. Engaged with families – via interviews and a text messaging survey – to better understand the barriers to take-up of services and test alternative messaging and language for future communications from the council.
3. Used learnings from data analysis and family engagement to inform the pilot of a new service model for the two-year Health Review in one area of the city, working with the Healthy Child Service team and other professionals to design a more engaging, responsive and targeted service.
4. Developed a data dashboard for the city to enable ongoing use of real-time data (both quantitative and qualitative) and to allow service delivery to be more community responsive in the future.





Discovery phase timeline



Data analysis

Take up of the two-year Health Review is persistently low, reducing the information we have about child development

Outcome indicators	York (19/20)	National (18/19)	Regional (18/19)
% of children who received a 2-2½ year review	72.7%	78%	83.3%
% of children who were at or above the expected level of development at the 2-2½ year review	93.88%	83.3%	88.3%
% of all children who we know were at or above the expected level of development at aged 2-2½	68.2%	64.9%	73.6%

- > Take up of the Health Review has been low in the past (and remains below national and regional benchmarks) but has risen in recent years.
- > Outcomes (using ASQ3) at the review are high compared to national and regional benchmarks but these are only the reports of the children we see.
- > **The children with the poorest outcomes may not be captured in the 68 per cent who we can see are reaching good levels of development.**



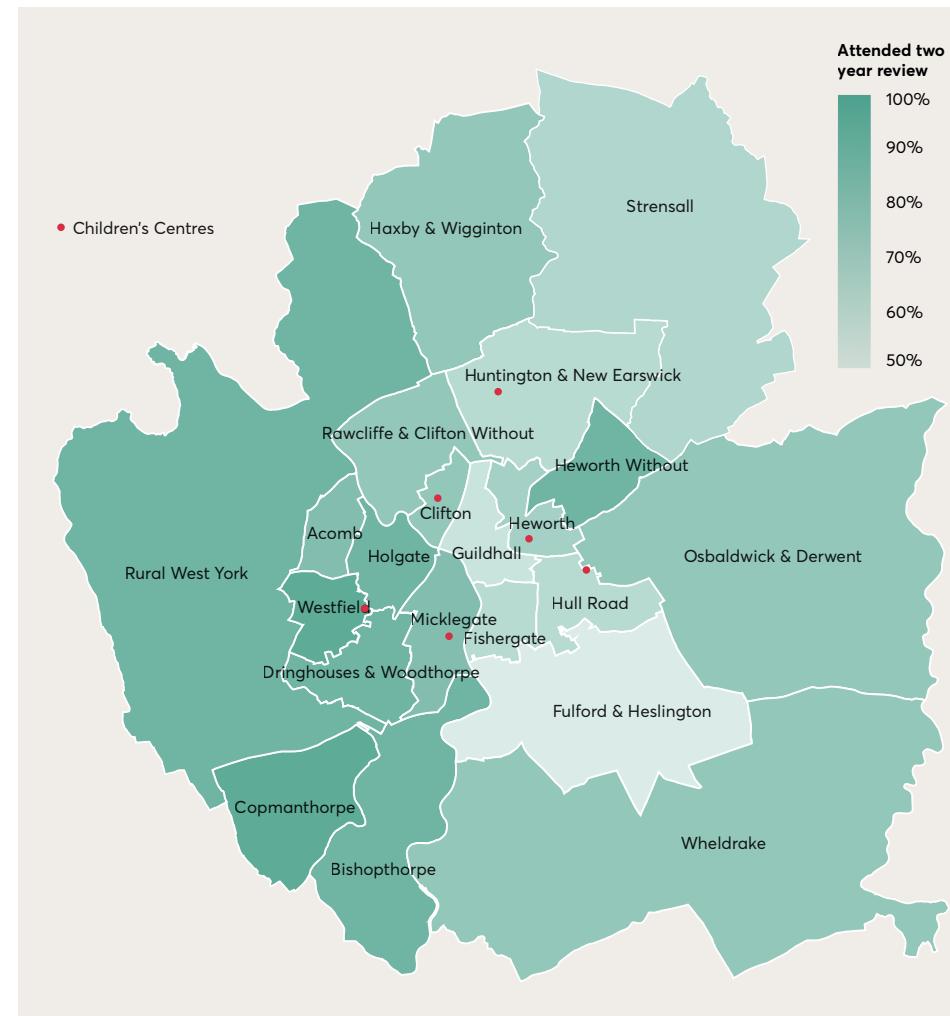
Take-up of Health Review by geographic area

Working from the hypothesis that the families not seen are those at risk of poor outcomes, we began data analysis on who is and is not taking up the two-year old offer.

Health Review data allowed us to look at attendance rates of the two-year Health Review by various demographic and location categories.

One of the most striking differences in terms of uptake seems to be by geographic area.

This 'heat map' of York looks at take-up rates of the two-year Health Review for the two years before COVID-19 pandemic. The darker colours indicate higher take-up. (The more recent data, which covers the COVID-19 year, has been removed as the pandemic will have inevitably changed patterns in service provision and uptake.)



From the data available, we can see that take-up of the Health Review seems to be highest in the West Children's Centre Area, lowest in the North and East. This was interesting as the West's take-up rates were better in the data than expected by professionals; there had been a sense among stakeholders that the West was performing poorly.

Zooming into ward level, the highest non-attendance rates seem to be in the city centre, as well as some key wards in the North & East Children's Centre areas.

The highest non-attendance rates seem to be in Fishergate, Guildhall, Strensall and Fulford and Heslington. Guildhall is one of the most deprived wards in York on the Indices of Multiple Deprivation (IMD). Strensall and Fishergate rank fairly middling in terms of the IMD, but have pockets of deprivation within them. However the most deprived ward in York, Westfield, seems to have relatively high attendance rates. We reflected on why this might be, and posited that possibly there has been more time and attention committed to this ward compared with other wards, and whether there may be lessons to learn from this example.

The pink dots on the map indicate the location of children's centres. Proximity to and the accessibility of children's centres (CCs) might affect take-up and this is an area for further investigation.

We compared this geographical picture of Health Review take-up with data on take-up of the two year old childcare offer. The data was not available in as granular detail, so it was hard to make detailed comparisons. However, it seems uptake rates are now highest in the North of the city, and have improved over the years in this area. It's not clear from the data we currently have whether there is correlation between areas with high/low take-up rates of Health Review and two year old childcare offer. This is an area for further investigation.



Take-up of Health Review by ethnicity



We also looked at uptake of the Health Review by various other demographic categories.

We looked at factors such as gender, number of siblings and whether parents were together or not, but these didn't seem to make much of a difference to take-up (although we will do further checks).

Ethnicity was a factor which seems like it might potentially be associated with rates of Health Review attendance.

As shown in the graph on p13, we've separated the data into pre-COVID-19 (left) and during the COVID-19 year (right) and into normalised attendance (top) and absolute attendance (bottom). Unsurprisingly, take-up among all ethnicities went down in the pandemic, but if we look at the pre-COVID-19 graph (which is considered representative of York in a normal year), we can see the variations between ethnicities.

The normalised graph allows us to see comparative proportions of take-up rates and we can see 'White British', 'Bangladeshi or British Bangladeshi' and 'Black, African, Caribbean or Black British' have the highest take-up rates. If we consider absolute numbers, 'White British' have the most children taking up the Health Review.

There is an obvious caveat which is the relative size of the groups, there are far more 'White British' than any other ethnicity.

Therefore, even though there could be some association between ethnicity and attendance rates, the very small numbers make it hard to be certain about any pattern.

However, it is still a potentially significant finding and we want to explore the relationship between attendance and ethnicity further to ensure we are reaching all children who are not attending their Health Review.



Engaging with families

We interviewed eight parents about their experiences as a parent and with existing services in York.

Parents had broadly positive experiences with early childhood education (ECE) or **childcare**, seeing it as a good opportunity for their child to socialise with others the same age. Other benefits included:

- > Independence and emotional development.
- > Learning and getting ready for school.
- > Play and fun.

Few had reservations about ECE besides cost.

There were some more mixed experiences of the two year old **Health Review** and

health visiting service. Parents emphasised the reassurance a positive experience could provide, and valued practical advice on development issues including:

- > Potty training.
- > Weaning.
- > Speech and language.

Parents emphasised the importance of a consistent, positive relationship with a reliable individual Healthy Child Service professional. Negative experiences tended to be based on feeling judged or criticised, or pressure to

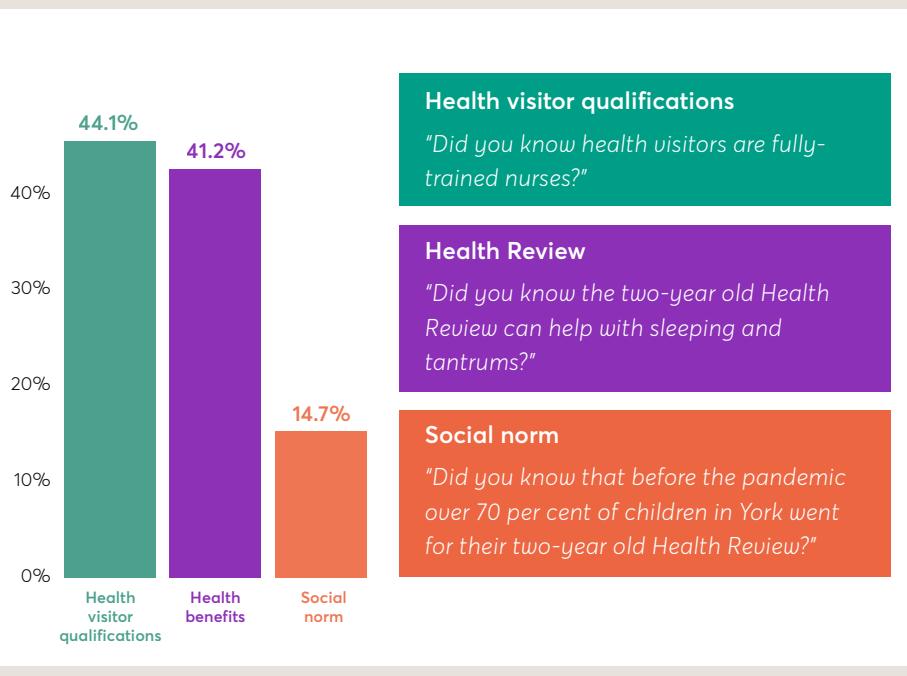
make certain personal parenting decisions (such as around breastfeeding or sleep training).

Due to the limited timescale and the method of recruitment through practitioners, we are unlikely to have had a representative sample. For example, all the parents in our sample had interacted with ECE but not all were eligible for the two year old offer. We would want to conduct a more targeted investigation to explore the barriers and motivations for these parents.

We also surveyed 46 parents by text message to test what messaging might improve take-up of services.

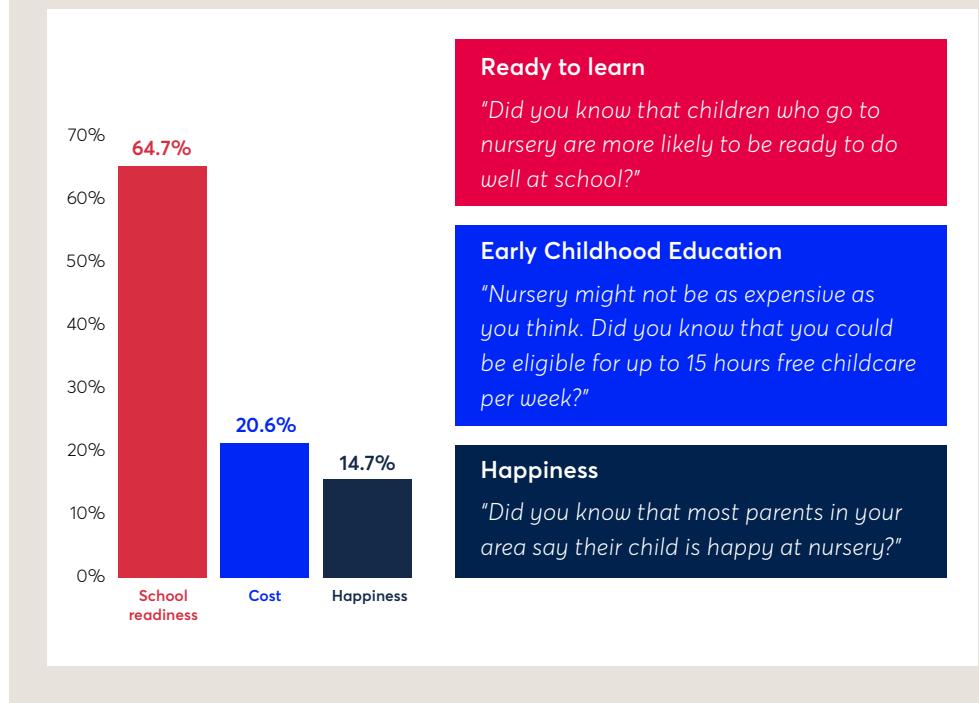
Testing messages – how to improve take-up

Health Review: parents preferred the messages which emphasised the **child health benefits** of Health Reviews, as well as the **qualifications of the nurses involved**, over the message focusing on social norms.



Testing messages – which would be most likely to make parents use a service?

Early childhood education: two in three parents (65 per cent) preferred the message about the benefits of nursery for **helping their child get ready to learn and do well at school**, over cost and happiness themed messages.



Piloting a new approach

To inviting parents to their child's two year old Health Review

In the pilot, we changed the default for the two year old Health Review appointment from an 'opt-in' model to an 'opt-out' model. Previously parents would have received a letter inviting them to 'opt-in' to an appointment, and they would then have to call and arrange a time. The new 'opt-out' letter would invite parents to a pre-booked appointment. If they didn't want to attend, they would need to call the Healthy Child Service to rearrange or cancel. By removing the administrative burden of signing up, the

Healthy Child Service could potentially reach more parents who might otherwise forget to book an appointment.

The new letter was then piloted in the North children's centre reach area in York. Initial findings were positive; during the month of the pilot, nearly 70 per cent of children invited to an appointment in York North were brought to their appointment, compared with 43 per cent of children invited in York West and 18 per cent of children invited in York East, where the old version of the letter was being used.



Our data analysis work so far had found certain indicators that increase the risk of poor outcomes for children, in addition to the safeguarding risk assessment already in place. This short list of indicators is now used by the Healthy Child Service to make decisions about next steps for engaging with families, allowing for a more targeted, needs-led approach.



What?

We tested whether **making Health Review appointments 'opt out' rather than 'opt in' increases take-up** in the North children's centre area of York.

How?

Based on principles:

- > Making **changes to delivery** that include:
 - o Setting a default appointment (an opt-out model).
 - o Phone calls before unannounced call-outs to talk to parents and save health visitor time.
 - o Feeding real-time data into a dashboard to monitor take-up across areas and demographic groups, update risk factors, and focus on the quality of the two year review.
- > Analysing data to **screen risk factors for poorer outcomes** that include:
 - o **Ward** – families living in Clifton, Guildhall, or Huntington and New Earswick.
 - o **Ethnicity** – those identified from a non-white background.
 - o **Non-take-up** of one year review.
 - o **Eligibility** for two year old Early Childhood Education offer.

So that:

For children and families:

- > Increase uptake based on better understanding why some families do not attend.
- > Provide support for children at risk of poor outcomes.



For Healthy Child Service staff and practitioners:

- > Save time and administrative burden.
- > Focus resource on highest need.



To achieve:

- > Better identification of children at risk of poorer outcomes.
- > Opportunity for early intervention through proactive, predictive and personalised approach.



Feedback from practitioners

The Healthy Child Service is open to testing and iterating to better meet families' needs.

On increasing take-up

"York is very small and parents talk to each other and so you've got to give it a bit of time ... Parents are busy – they forget, they're busy. If it's a hospital they don't forget."

On increasing take-up

"The other month we had 10 non-responders and once we had done phone calls and texts then there were two – who we then did 'unannounced' – and in the end we got them too. Phone calls are a good idea and it's more time effective to do that than an unannounced."

On scaling across York

"... they are all delivering two year reviews anyway and can't see it being an issue."

"get the text message service up and running before rolling it out – and a nice, friendly leaflet."

On supporting families where there are risk factors for poor outcomes

"Before, we didn't look through the records – we would have previously done an announced visit at home – so I think this is good and will hopefully save us time."

Developing a data dashboard for York

To support the evaluation of the changes in practices within the Healthy Child Service and to empower the service to be more responsive to community needs going forward, we developed a 'data dashboard' which combines 'real time' quantitative data (such as attendance rates by geography and demographics) with qualitative data (such as reasons for changing or cancelling appointments and feedback from families after reviews). While still in prototype form at the moment, this is being designed in a way that makes it suitable to be a long-term solution for the service.

Next steps for this piece of work include looking at the ways that multiple datasets can be combined (such as uptake of the two year old early childhood education offer) and the insights that this could bring to the local early years system.

Two year old funded early childhood education offer

We have scoped work to increase take-up of the funded two year old early childhood education offer through a randomised control trial (RCT) and other changes.

York's existing take-up is above the national average.

In spring 2020, York incorporated an 'automatic eligibility' policy change, meaning all families on the Department for Work and Pensions (DWP) list, approximately 400 children per term were automatically eligible: 400 children per term, were automatically eligible. Previously the local authority had re-checked eligibility after receiving the DWP list. A year later, take-up was at 86 per cent, an increase of over 10 per cent locally and above the national average of 62 per cent.

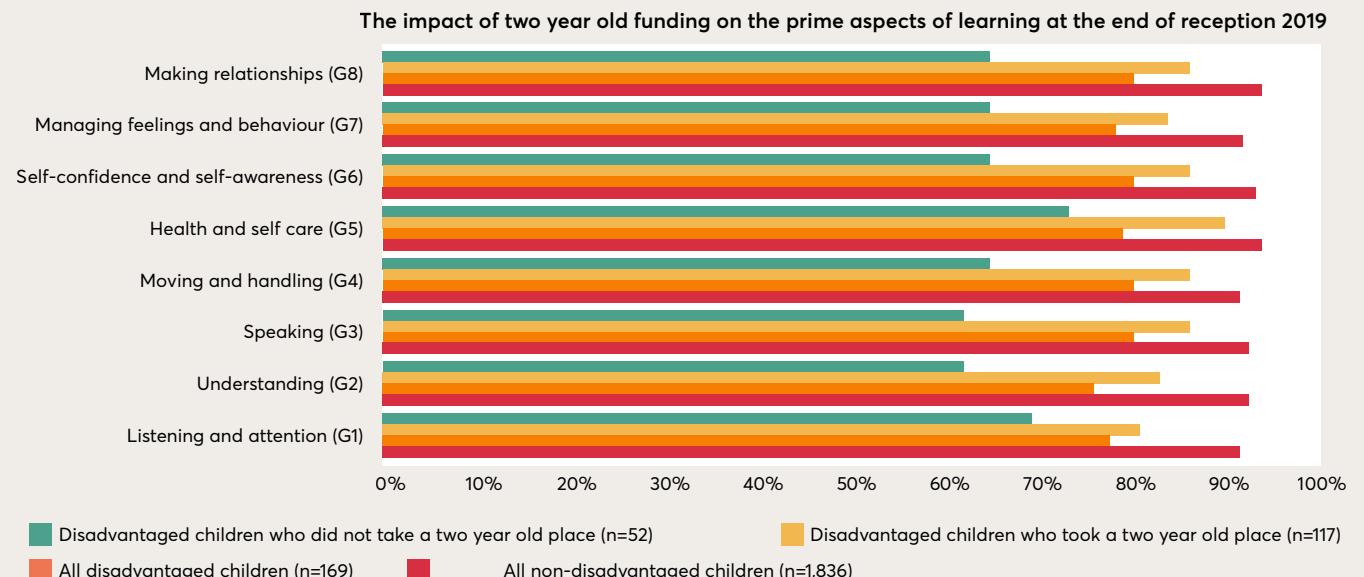
However, challenges persist, including:

- > Written materials can be a barrier, particularly for families with English as an additional language.
- > Formality of tone and official presentation of the letter may be off-putting to some target families.
- > The online information is difficult to navigate and lacks an intuitive user journey.

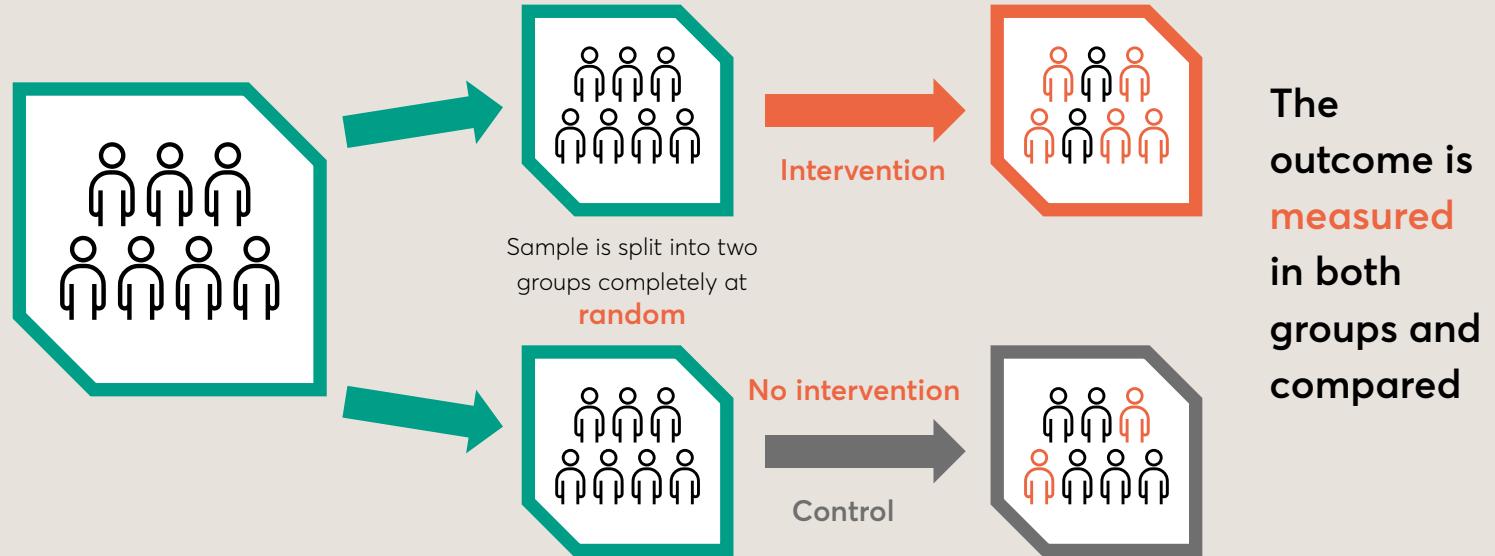
Fairer Start Local are now working with the Behavioural Insights Team, to scope and test potential solutions, including friendlier language, less official branding and replacing the word 'funded' with 'free'.



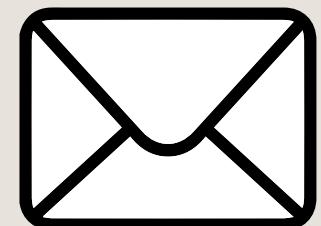
This is an important goal, because take-up of the free entitlement to early education at age two is associated with better child development outcomes



Testing the potential of a randomised controlled trial for changes to the letter – modifying language to make it friendlier and warmer responding to parents' needs.



Investigating changes to written communications to written communications to make them clearer and more accessible.



Next steps

Having tried out these short-term partnerships and found this to be an effective way of working, all of the partners involved in the discovery projects (Nesta, Leeds, Stockport and the Greater Manchester Combined Authority and York) are now committed to building a longer-term collaboration over the next three to five.

The new Fairer Start Local programme, which we are launching in November 2021, will build on the opportunities identified in the discovery phase of work reported here.

Through this partnership, we will develop new ways of supporting families in the early years, and test whether they are successful in closing the outcome gap for disadvantaged children.



About Nesta

We are Nesta, the UK's innovation agency for social good. We design, test and scale solutions to society's biggest problems. Our three missions are to give every child a fair start, help people live healthy lives, and create a sustainable future where the economy works for both people and the planet.

For over 20 years, we have worked to support, encourage and inspire innovation. We work in three roles: as an innovation partner working with frontline organisations to design and test new solutions, as a venture builder supporting new and early stage businesses, and as a system shaper creating the conditions for innovation.

Harnessing the rigour of science and the creativity of design, we work relentlessly to change millions of lives for the better.

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