The Southend Approach: SERVICE DESIGN FRAMEWORK

Applying Design in an Integrated Context to Create Innovation and Impact

APPROVED BY PARENTS

To be used by organisations in the design of early years' preventions and early interventions

Better Start Southend
our children our community our future

PRESCHOOL LEARNING ALLIANCE

BIG LOTTERY FUND
NATIONAL LOTTERY FUNDED

Version	Annual Review	Author
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Contents

1 Executive Summary

"We want Southend to be known as the best place in this country to bring up a child and be a parent. We can create a community that welcomes every baby and ensures they have the best deal possible."

– Strategy meeting (2014)

"Through major system change and delivery of science and evidence–based interventions, we will transform maternity care, parental support, and ultimately children's and families' lives, with higher aspirations, better education and greater employment chances."

– A Better Start Southend Strategy, 2014, p8

The overall aims for the Big Lottery for A Better Start are ambitious. Its aim is to improve the life chances of young children across England and beyond. In order to do this investment will deliver evidence and science based services and activities. In addition to this all A Better Start sites will be using innovation to support key child developmental outcomes and impact.

Service design is a standardised integrated approach to designing all services within A Better Start Southend (ABSS). It has been co-designed by the Southend team in conjunction with parents , stakeholders and partners with support and quality assurance from Social Research Unit (SRU) at Dartington.

Service design involves **four main components** which are:

- **A. Service scoping and mapping** (process of ensuring that the proposed service meets the A Better Start approach);
- **B. Initial service test and learn deliveries and pilots;**
- **C. Specification** (inc. theory of change, logic model and research process); and
- **D. System readiness** (ensuring that the design is potentially able to achieve delivery at scale on a population wide (universal basis).

All service designs within a Better Start Southend will be quality assured and managed through this process.

This process and guidance documents provides an overview of the service design process which is supported by more detailed guidance.

2 A Better Start Background

"A Better Start matters because babies matter, and parents matter, and humanity and the future of society will depend on us getting it right for babies and early life."

– Kate Billingham CBE, advisor to A Better Start

Aims to improve the life chances of thousands of children across England and beyond.

The overall aim is ambitious.

There is strong evidence that the first few years of life build the foundations for future health and wellbeing, and we believe that supporting a move towards science- and evidence-based prevention interventions, and innovations can make a significant impact on child outcomes.

So far such interventions haven't been tested at scale – and that's what we want to do – by investing heavily in a small number of local areas to test what works, and use that learning to promote a shift in public policy, funding and agency culture away from remedial services to greater investment in prevention in pregnancy and the first few years of life.

Aims to invest heavily in a small number of local areas over a long period of time.

Each area partnership will use this funding, not just to support healthy child outcomes, but to achieve a shift in culture and spending across children and families agencies towards prevention. The changes should deliver less bureaucratic, more joined-up services; services that are prevention-focused; that are needs led and demand-led; that work with a whole family; and that get it right for families first time.

Aims to focus on three key child development outcomes:

Over the next ten years, each area will deliver science- and evidence-based preventative programmes and innovations, policies and services with a focus on the most disadvantaged families. Each of the funded areas has developed local strategies which work towards three key child development outcome priorities:

- Social and emotional development
- Speech and language
- Diet and nutrition

In addition, in Southend, we have chosen to focus on:

- Community resilience
- Systems change

Characteristics of A Better Start approach

"Ultimately, 'A Better Start' will change the way Southend works, lives and thrives. By focusing on the foundations of development, which are the birthright of every child, it will build a community for the future"

– A Better Start Southend Strategy, 2014, p8

Strong communities, built by the people who live in them.

Giving Southend's children the best possible start.

A £40m, 10-year programme to develop and test children's services.

3 Service Design Introduction

"Service design is becoming more prevalent within organisations and the public sector, especially in the UK. It has moved beyond 'ad hoc', to becoming more sought after as businesses seek to engage more imaginative and customer centred approaches to help them define, design, develop and deliver differentiation."

– The Engine Group

Service design was originally developed by Professor Dr Michael Erlhoff from Koln International School of Design (KSID) in the 1990s. Since then the promotion of service design has been used in academic organisations, as well as the private and public sector.

Why is service design so important?

"Design thinking and service design can do far more than make new services visually appealing and easy to use. The skills, tools and attitude design brings, can change projects and businesses. Most importantly it pulls people away from restrictive thinking, makes them collaborate better and adds excitement to teams"

International studies (e.g. The Madano Partnership, 2012) suggest that organisations who value the service design process, often carry out innovations that allow them to be more successful, and have better outcomes. It has also been shown that this is further enhanced where strategy, policy and research, and service design is integrated.

Those who are involved in service design visualise, formulate and create innovative processes to solve problems. They observe and interpret beneficiary journeys and touch points, and take into account environmental conditions (e.g. risk and protective factors) to create new services.

Introduction to this process and guidance

This process and series of standards has been designed by the ABSS team with support from the Social Research Unit (SRU) at Dartington. It has also been co-designed with parents, stakeholders and partners.

The process is supported by a determination as to whether the service is:

- **Evidence-based** (found effective in robust comparison studies e.g. Random Control Trials - RCT);
- **Science-based** (based on best available evidence but not yet been tested in comparison studies),
- **Innovation** (new and untested, but has a theory of change).

and other principles e.g. whether the design is suitable to be implemented on a population wide, or universal scale.

All services for ABSS will be designed, managed, quality assured, commissioned and governed through this process.

The introduction can be read as a summary, with more detailed guidance for those who would like to know more.

"In testing and learning we remain open to ideas and change at all stages"

Parent Champion, 2018

Service Design of new services vs service re-design of existing services

This process and guidance can be used for the purposes of **new service design** and the **redesign of existing services.**

In relation to redesign the tools and methods suggested in Appendix G are intended as suggestions for ways that new and existing services can be reviewed and benchmarked (compared to others to ensure best practice) with the view to creating improved outcomes and impact.

It is expected that service mapping will include the review of:

- Service 'touchpoints' (beneficiary journey) and dependencies (e.g. existing services);
- Policies, procedures and practices;
- Beneficiary outputs, outcomes and collected data;
- Measures of service quality and fidelity (faithful to its original design);
- Existing evaluation and research data (including analysis of need).

In order to support all service designs there is a need to review and develop theories of change (why we think that this service will work), as well as develop a logic model for delivery (what will be delivered).

This is supported by going through a process of working out the evidence based need for the service:

- Protective factors (what this service will do to try and reduce risk factors); and
- Risk factors (what this service is trying to prevent e.g. why a beneficiary may have an increased need for the service).

Examples of possible factors are contained within Appendix C.

Theory of Change and Logic Models

"If you don't know where you are going, any road will take you there"

– Lewis Carol

Both theories of change and logic models:

- Are helpful for testing, challenging thinking, developing outcomes and impact frameworks and successful implementation to scale;
- Make it easier to communicate to others what is proposed and why; and
- Provide a roadmap for transformational change and innovation.

They are therefore a vital part of the service design process, and to the potential impact that the service will achieve.

Theory of Change	The 'how and why' of a service design. What is the theory of how outcomes will be affected?
Logic Model	The 'what' of the implementation logic of a service design.

The definitions and differences between theories of change, and logic models are as follows:

THEORIES OF CHANGE (THE 'HOW' AND 'WHY' OF SERVICE DESIGN)

- A simple, clear and logical explanation of the anticipated outcomes that will be achieved with the target population.
- It was developed by social researchers on both sides of the Atlantic. They:
- Articulate a **theory of the problem**: outline the RISKS that make the poor outcome more likely. This should be **firmly based in current research and evidence**. In addition **protective factors** should be looked at that reduce the impact of risks on children's wellbeing;

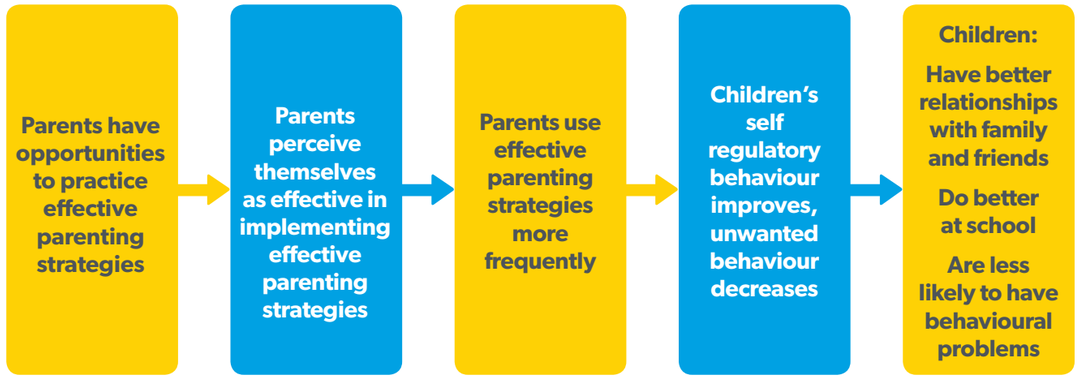
Propose activities that will prevent the risk and / or boost the protective factors. This is known as the **theory of the solution**.

They support critical thinking, providing a pathway for change, and are explanatory.

The theory of the problem and solution can be articulated in the same model, or separately if preferred.

Example extract from a Theory of Change:

Theories of change can also be supplemented by **'if and then'** causal models:



Example 'If and Then' model:

IF
speech and language specialists deliver "Let's Talk with your Baby" to carers and their infants

THEN
carers will gain knowledge and skills in language development

AND IF
carers practice these skills and knowledge at home and in all interactions with their infants

AND THEN
infants will have improved communication and language skills

Care should be taken with developing causal models as external factors e.g. transience etc. can cause the 'if and then' chain to become broken. When identified it is therefore vital that this is taken into consideration in the service design, and in the implementation logic model.

LOGIC MODELS (THE 'WHAT' OF SERVICE DESIGN)

Are a systematic and visual way of presenting and sharing the logic of the way that the service will be implemented:

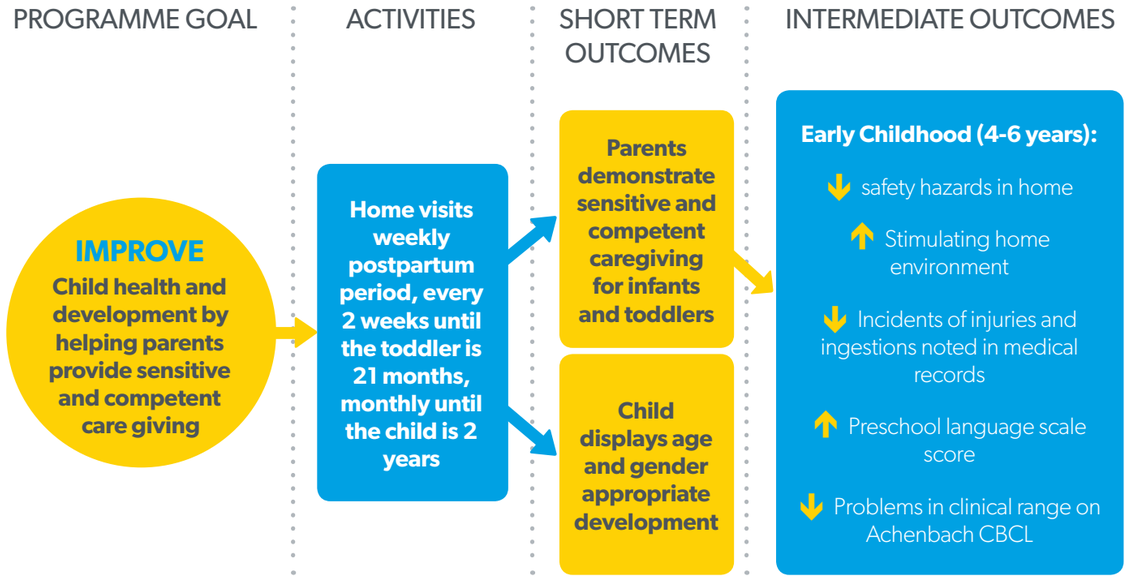
This is usually in the format of:

- Intended Results: outcomes, impact and output
- Your planned work: resources, inputs and activities

They list components, and are representative and descriptive.

Example Logic Model:

Extracts from an ante and post-natal home visiting service logic model:



4 Service Design Form Guidance Overview

The following contains an overview of the service design requirements. Detailed guidance is provided in the service design form guidance [See **Appendix A – (i)**].

There are four main areas within service design. These are:

- Service scoping and mapping (Section A)
- Initial service test and learn deliveries (Section B)
- Specification (Logic and standards of evidence) (Section C); and
- System readiness (Implementation at scale) (Section D).

4a Service scoping and mapping

Service scoping is a method used to form contractual (inc. service level agreements) and commissioning arrangements with delivery partners. For A Better Start this is completed against the characteristics of our approach (e.g. co-production inc. bid task and finish groups, work streams etc.). It is a process and not an activity and examples of techniques can be found in Appendix G.

4b Initial service test and learn deliveries and pilots

This is a delivery which will help produce a working model for future scaled deliveries. All outcomes for these will be recorded (see example test and learn and evidence logs in Appendix). This supports the service review and evaluation process for these deliveries.

This is also supported by best practice techniques from project management and improvement science and innovation.

4c Specification

Is the intervention focused, practical and logical, and what are the standards of evidence?

What is the service trying to achieve?

- What **service design tools and methods** have been used to develop the service design?
- What is the overall **theory of change** (how anticipated outcomes and impact will be achieved)?
- What is the overall **logic model** (implementation logic) for the service?
- What is the **research base** that supports the theory of change?
- What **outcomes and impact** does the service aim to achieve?
- What **risk and protective factors** are related to the service?

Is this a universal (population-wide or targeted (defined part of the population service?

- What is the nature of the **cohort**?
- Are there any **inclusion or exclusion criteria**?

What is provided, by whom, over what period, for how long, with what frequency, where and how?

- What is the frequency of the **inputs**?
- Where are the inputs based?
- What are the **core elements** and what is **adaptable**?

4d System Readiness

Can the system be implemented at scale to the universal or targeted population?

- How has the **needs** for the services been assessed?
- How has the service been **co-produced**?
- How will the service be **accessed**, and how will participants be **retained** in the service?
- Who is the **workforce** and how will they be **developed and trained**?
- What processes are in place to support **fidelity** and the **monitoring** of it?
- How will **quality** be maintained for the service?
- How will the service be **governed and supervised**?
- How will outcomes be **measured and evaluated**?
- When will the service be delivered to **scale**?
- What are the **communication and marketing** plans for the service?
- What **policies and procedures** will be put in place as the result of the service?
- Are there any **risks or ethical issues** that are related to the service?

5 Service Design governance

All A Better Start Southend service designs will be subject to a robust quality approval process and governance structure:

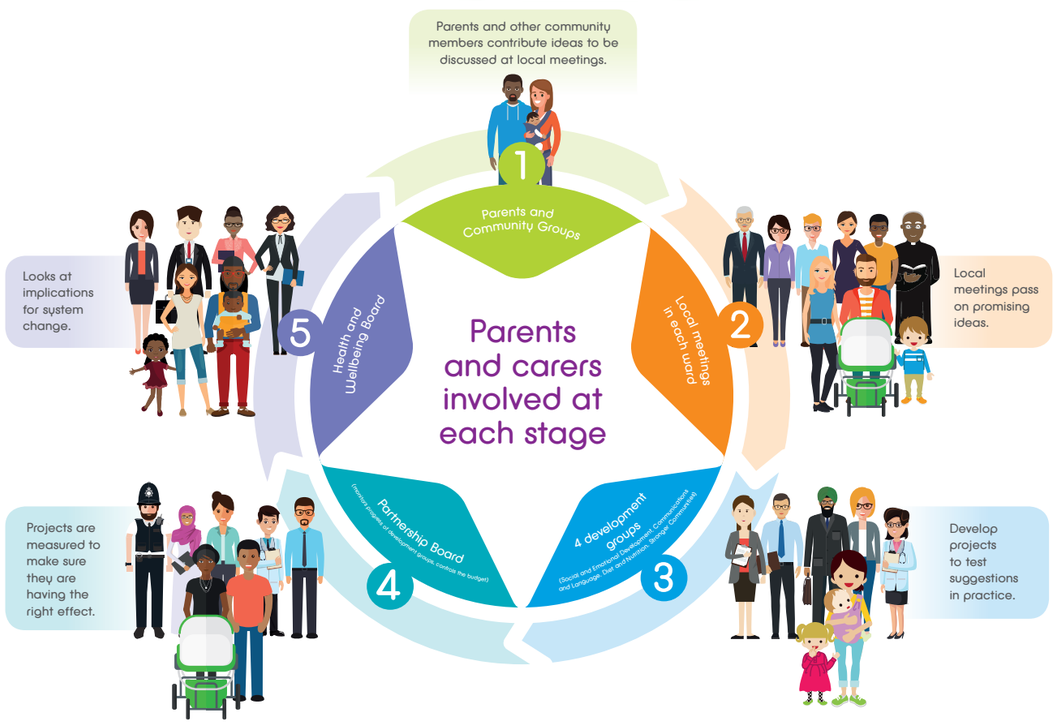
Stage 1 Service Design process

Stage 2 Initial quality assurance

Stage 3 Production of agreed quality assured service design document

Stage 4 On-going quality review of service design document

This will be in accordance with our governance model as follows:



The service design framework supporting this process will be subject to annual review in line with best practice.

6 Service Design Support

Support is available throughout the design process from the A Better Start Team in Southend.

A Better Start Southend

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Appendix A

Service Design Guidance

The following guidance supports the service design process:

Service	What is the service to which this design relates?
Service Description Summary:	Provide a summary of the service here. This should include a summary of the main sections: A. Service Scoping and Mapping B. Initial service test and learn deliveries and pilots C. Specification D. System Readiness
A Better Start Key Developmental Outcome (s) for this service:	Which key developmental outcome (s) does this service design relate to? (e.g. social and emotional, communication and language, diet and nutrition, community resilience and systems change)
A Better Start Specific Outcomes (s) for this service:	Which specific outcomes from the outcomes framework does this service seek to change?
Service Designer (s):	Who are the service designers? And what are their contact details?

A. Service scoping and mapping

Service scoping is a method used to support contractual / service level agreements with delivery partners. In A Better Start Southend
this is completed against the characteristics of the approach (e.g. co-production).

Service design question	Service design question guidance
A1. Who has been involved in the design of this service?	★ How have stakeholders / policy makers been involved in the scoping of the service? ★ How does the service support the outcomes for A Better Start Southend? ★ Who are the main stakeholders in the scoping, and mapping of the service? ★ Which key developmental or local outcome(s) does the service support? (diet and nutrition; social and emotional; communications and language; community resilience; systems change)
A2. Are there any exclusions to the scope of the service design?	★ Is the service universal or targeted in its provision? ★ How will this guide the development of service level agreements for future delivery? ★ What is the terms of reference for the service?
A3. How will the service link to existing strategies, plans, and policies?	★ What governance and legislation applies to the service? ★ What pathway / system does the service support?
A4. What existing / comparable provision or service is there?	★ What current services / provision might link to the service? ★ What is the main delivery site(s) for the current service / provision?
A5. What effect might the service have on existing / comparable provision?	★ What is the likely impact of this service on current provision? ★ Could this result in decommissioning? ★ How has inclusion been reviewed e.g. has an impact assessment / family test been completed? ★ What knowledge and skills do the current workforce have in order for them to deliver future related services? ★ Will any additional workforce development (e.g. inclusion) be required in order to deliver the service?
A6. Is there any particular tie or budgetary constraints in relation to the design of the service?	★ What are the key deliverables of the service? ★ How do the key deliverables link with existing outcomes frameworks? ★ Are there any significant dependencies on the scaling of the service? ★ What is the likely timeline for a pilot / wave of pilots? ★ What are the likely budgetary requirements for the pilot / wave of pilots? ★ When is it anticipated that the service design will be presented through the governance process? ★ If approved what is the likely timeline for full scale delivery?
A7. What scoping and mapping methods have been used?	★ See Appendix F: Service Design Tools and Methods ★ Is there a pathway map for the service?

B. Initial service 'test and learn' deliveries and pilots

A test and learn delivery is an initial delivery or deliveries which produces a working model for future scaled delivery. All outcomes for these deliveries are recorded on a 'test and learn log' (See Appendix D Test and Learn Log).

Service design question	Service design question guidance
B1. What are the plans for test and learning?	★ What is the timeline for initial test and learns? ★ How was the delivery site for the initial delivery decided upon? ★ What data and evidence was the initial test and learn delivery location based upon? ★ How was the delivery site involved in the initial pilot? ★ What were the results of the 'test and learn' service review(s)? ★ What is the planned feedback loop in terms of evaluation? ★ What does this tell us about the impact of future scaling? ★ How will these results impact on further deliveries(s)? ★ Do any of the results of the 'test and learn' service review(s) mean that significant changes needed to be made to the service? ★ Was the developer or delivery partner involved in implementing changes from the service review and evaluation process? ★ Does there need to be any changes to future service level agreements as the result of the service review?

C. Service specificity - Is the service focused, practical, logical and based available evidence or science?

C.1 What is the service trying to achieve?

Service design question	Service design question guidance
C.1.1 What service design tools and methods have been used to develop the service design?	★ What tool (s) and method (s) have been used in the initial stages of the service design e.g. PRINCE 2, scoping etc.? ★ What is the evidence that this has taken place?
C.1.2 What is the overall logic model (implementation logic)? [This can be shown in narrative or graphical form]	Present a clear model against the following questions: ★ What local or national services might link to the services? ★ Is there any local or national equivalent services which have been benchmarked? ★ What are the inputs (investments)? E.g. play and facilitation resources ★ What are the outputs (activities – what we do, and participation – who do we reach)? ★ What are the outcomes (short and mid-term) and impact (long term)? ★ What assumptions does the model take into consideration (e.g. availability of baseline measure)? ★ What are the external factors that need to be taken into consideration (e.g. transience)? ★ This should be for the service. However, it should clearly link to the overall A Better Start Southend developmental outcomes.
C.1.3 What is the overall theory of change (anticipated outcomes and impact)? [This can be shown in narrative or graphical form]	Present a clear model / theory of change against the following: ★ What are the service / activity components e.g. is it group based, what screening or assessment will be used? ★ What are the risk and protective factors e.g. low parental involvement in learning? ★ How does the theory of change support the inclusion agenda (e.g. fathers)? ★ What are the outcomes for the service / activity? ★ How do these link together? ★ What 'if' 'then' statements (causal link(s)) can be made for the service / activity? E.g. If we do strategy x then there will be this outcome. In addition if we do strategy y then there will be this additional outcome. [This should be linked in chains until the long term impact and outcome has been achieved in terms of the model].

Service design question	Service design question guidance
C.1.4 What is the research base that supports the theory of change? [These should be clearly referenced]	★ What was the local research undertaken or commissioned by the task and finish groups that support this theory? ★ What is the general research against the key developmental outcomes? How do we know that this activity / service is likely to be effective [state what is already known in the general research]? ★ What is the specific research base for the service? ★ How do we know that it is likely to be effective / have a positive impact? ★ What is the evidence for the service and the inclusion agenda? ★ What does the original developer of the service propose is the level of evidence (e.g. evidence / science / innovation)? ★ If the service is evidence based at what level is this? E.g. Random Control Trial (RCT), Meta Analyses, Systematic Review ★ Is the evidence ecologically tested (e.g. UK based)?
C.1.5 What are the objectives of the service?	★ To improve…. ★ To encourage….
C.1.6 What outcomes does it seek to achieve?	★ Increased… ★ Reduction in… ★ How does this link to the overall key developmental and operational outcomes? ★ How does this link to the outcomes framework?
C.1.7 What is the size of the desired change and the period over which that change is expected to be evident?	★ What are the baseline and target measures (numerical and percentage)? ★ What are the short, mid-term outcomes? ★ What is the desired overall impact (long term outcome)?
C.1.8 What is the basis for selecting these outcomes?	★ What is the specific research evidence for the service? ★ What is the difference between the target areas and the wider local context? ★ How does this support the A Better Start Southend framework?
C.1.9 What has been the process for deciding this and who has been involved?	★ What task and finish group from the bid process or work-stream task and finish groups developed and agreed the outcome? ★ When did the task and finish groups take place?
C.1.10 What risk factors does the service seek to change?	★ Examples might be teenage parents, carers with poor social support, late or limited pre natal care, poor maternal mental health etc.

Service design question	Service design question guidance
C.1.11 How will changing these contribute to the desired outcomes?	★ How will they provide additional support to counter the risk factor? E.g. social and peer support, learning that can be used at home, early diagnostics etc.
C.1.12 How will the service change these risk factors?	★ Increasing protective factors which are… ★ Examples are use of techniques at home, early diagnostics, peer support ★ Link to any research evidence. This should be clearly referenced.
C.1.13 What protective factors does the service seek to change?	★ What factors will / could counter the risk factors? ★ In some instances these maybe the reverse of the risk factors. ★ Examples are cohesive community, suitable housing, family support
C.1.14 How will changing these contribute to the desired outcomes?	★ How do the protective factors link to the outcomes measures? e.g. "The parent or carer will have a more positive attachment with their infant". ★ What research evidence is there of this link?
C.1.15 How will the service change these protective factors?	★ Decreasing risk factors ★ Does the service promote the strengths or protective factors of the beneficiaries? ★ Early service / baseline? ★ Examples are providing additional home support ★ Link to any research evidence. This should be clearly referenced.

C.2 Who are you trying to help?

Service design question	Service design question guidance
C.2.1 Are there any inclusion / exclusion criteria relating to demographic characteristics (age, gender, ethnic group, socio-economic status, urban / rural etc.)?	★ Who is the intended cohort, and what are their demographics? ★ Is this a population wide service? ★ When will this be scaled up to cover the cohort in the target wards? ★ How will fathers, family members and the community be involved in the service?
C.2.2 Are there any inclusion / exclusion criteria relating to outcomes or risk and protective factors?	★ Is this a universal or a targeted service? ★ Is the service accessible to everyone in the defined population? ★ Do any risk factors mean that a separate tailored programme is needed by any of the cohort?

Service design question	Service design question guidance
C.2.3 What is the basis for selecting this target group?	★ Summary of the local research base, developmental milestones etc. This should be clearly referenced.
C.2.4 What has been the process for deciding this and who has been involved?	★ Who has been involved with deciding who the target group is? E.g. task and finish group from bid process, work stream, co-design and co-production, lead practitioner etc. ★ What tools and methods have been used in this process?

C.3 What is provided, by whom, over what period, for how long, with what frequency, where and how?

Service design question	Service design question guidance
C.3.1 What is the service?	★ What is the specific service? ★ When does it take place, and can it be delivered in an inclusive and accessible environment?
C.3.2 How long does it last?	★ How many weeks is the service?
C.3.3 What is the frequency of inputs (e.g. daily, weekly, monthly)?	★ Daily, weekly, fortnightly, monthly? ★ Are there any home visits to start with? ★ What, if any, assessment will take place, where and when will it be undertaken?
C.3.4 What is the setting for delivery (e.g. group-based, one-to-one, by phone)?	★ Are there different versions of the service that can be made available (e.g. fathers)? ★ What are they? ★ How do they take place?
C.3.5 What elements are core i.e. must be delivered to all participants consistently?	★ What sessions / part of sessions are mandatory for the service? ★ What are the important / crucial messages for the beneficiaries within the service? ★ What needs to be recorded in terms of fidelity?
C.3.6 Which are adaptable (i.e. are optional or can be adjusted to local context)?	★ Are there any additional elements that can be introduced if there is extra time as part of the sessions? ★ Are there any elements of the service that has been adapted specifically for the needs of Southend? ★ Are different versions of the programme needed (e.g. for fathers and those with English as a second language).

D. System readiness – can the service be implemented at scale in the real world context of a public service system?

Service design question	Service design question guidance
D.1 What partnerships are needed to support the effective engagement of participants?	★ Who needs to be involved in order to support engagement? ★ What role will they play in the engagement? ★ How has this been agreed in co-design and co-production? ★ Have delivery site partners been involved at the initial stage of the pilot programme(s)? ★ How were delivery site partners involved at the initial stage of the pilot programme(s)? ★ Is any workforce development required in order to increase engagement in the service? ★ What groups of expectant parents in the wider community have been engaged with in terms of this service?
D.2 Is there evidence that this service is wanted?	★ Link to co-design and co-production ★ How do we know that participants will attend / engage? ★ Is there any evidence from the bid process / work streams? ★ Do the delivery sites have information which supports this?
D.3 Have participants been involved in the design process? **In what way?**	★ How has co-design and production been achieved? ★ If this is an 'out of the box solution', how have parents and community members been involved in making decisions about taking the service forward? ★ Has a pilot service been undertaken? ★ In what way have the pilot (s) been linked to co-production? ★ What feedback have we had from families on the past experiences that they have had of related existing services or services that are no longer available?
D.4 Is it clear how the target population will gain access to the service?	★ How will the service be marketed and communicated? ★ Are the communications clear and inclusive? ★ Will it be on a self-nomination basis only, or for targeted services will there be referral screening?
D.5 Are there clear decision points, explaining who decides what, on what basis, when and in what sequence?	★ How will the service be administrated? ★ Who will be responsible for the process? ★ Who is the delivery partner(s)?

Service design question	Service design question guidance
D.6 What are the relevant access and referral pathways, screening procedures, checks, interviews and so on?	★ Is this a universal or targeted service? ★ What is the process for deciding who receives it and who does it? ★ Who will complete assessments if they are required? ★ Who will be responsible for introducing the participants to the service?
D.7 How will participants be retained in the service?	★ What is the method of retention? ★ Will there be incentives for attendance? ★ Will there be additional support calls, and if so who will do this? ★ What are the signposting gateways? ★ Is there any existing research into drop out rates?
D.8 What training (specific to the service i.e. not generic staff training) needs to be provided and by who?	★ Who will need to be trained to deliver the service? ★ What will their job / role description be? ★ What are the training pathways for the practitioners?
D.9 Who is it for? **Are there different training packages for different people?**	★ What are the particular jobs / roles in the service? ★ Are there separate training pathways / workforce development for different jobs/roles?
D.10 Is there a manual detailing the service?	★ Is there an already established manual detailing the service from the developer, or is one in development as part of the service design process?
D.11 What materials are there to support service delivery?	★ What materials (e.g. hand-outs and slides) are available in order for the service to be effectively delivered with fidelity and quality? ★ Are there detailed training notes, evaluation and fidelity sheets, CDs of material etc?
D.12 What are the anticipated costs for start-up and implementation (i.e. recurrent costs)?	★ What are the costs for test and learn deliveries (s)? ★ Have the unit and service costs been delivered as part of the economics of prevention? ★ What leverage funding in the form of match funding, others grants, support in kind and volunteer support might be available to the service? ★ What are the separate costs needed for start-up, implementation and scaling? ★ By what process has this been calculated? ★ How many participants are likely to engage?

Service design question	Service design question guidance
D.20 (continued) How will implementation be measured and monitored?	★ Has the process for data collection been co-produced (user tested)? ★ Are interim data collection processes required? ★ What are the links to the dashboard? ★ Who are the direct and indirect beneficiaries? ★ How will this be measured? ★ Who will be responsible for monitoring progress? ★ How does this link to the outcomes framework? ★ What are the agreed timelines for formative and independent summative evaluation reporting?
D.21 Can this service be scaled to reach all eligible service users?	★ What is the timetable for 'test and learn' service reviews? ★ What is the proposed timetable for scale up? ★ How will this be achieved?
D.22 What are the communication and marketing plans for the service?	★ What is the communication and marketing plan for the service? ★ How will stakeholders and the community be informed of the availability of the service? ★ Have any community engagement / outreach activities taken place in relation to this service?
D.23 What processes and policies and procedures have been put in place as the result of the service?	★ Has the scoping and mapping been taken into consideration in enabling system readiness? ★ What processes have been identified as the result of the implementation of the service? ★ What policies and procedures have been put in place as the result of the implementation of this service? ★ What governance structure is responsible for the management of the policies and procedures? ★ Is the service inclusive of the whole family (e.g. does it meet the 'family test')? ★ Have participants been involved at the earliest stages (e.g. ante-natally)?
D.24 What risks and / or ethical issues have been identified as a result of the service design?	★ What risk assessment process has been undertaken as the result of the service? ★ Are there any potential ethical issues identified as the result of the service? ★ Who is responsible for ensuring that the impact of the risks / ethical issues are minimised? ★ How is the risk registered and managed? ★ What process will be put in place to mitigate any risk?

Appendix B

A Better Start Southend Outcomes Summary

Appendix C

Risk and protective factors

High Level Risk Factor	Example Sub Risk Factors
Perinatal	★ Teen mother conception rate ★ Maternal smoking at delivery ★ Mothers substance misuse during pregnancy ★ Those not initiating breastfeeding after birth ★ Those not exclusively breastfeeding at 6/8 weeks ★ Late or limited prenatal care
Peer-individual	★ Positive social behaviour ★ Hyperactivity ★ Insufficient exercise
Family	★ Low parental engagement in learning ★ Poor family management ★ Poor parental verbal reasoning ★ Family conflict
Parent	★ Permissive parental attitudes to anti-social behaviour
Community	★ Poor community environment ★ Poor social cohesion
Environment	★ Child Poverty ★ Lack of socially perceived necessities ★ Overcrowded accommodation

PROTECTIVE FACTORS:

These are factors which a service may seek to change in relation to the identified risk factors. Importantly they also play a role in strengthening ***all*** families on a universal basis rather than those who are experiencing risk factors. They are therefore a crucial element in the development of theories of change, and the success of A Better Start Southend.

A focus on protective factors also supports practitioners in building positive / strength based relationships with parents and the community. In also it helps families draw on naturally occurring support networks within the family and community which in turn are critical factors for the families' long-term success.

Example protective factors are:

- ★ Universally available healthcare services;
- ★ Quality childcare and education;
- ★ Sensitive and responsive parenting;
- ★ Positive attachment and reactivity to a young child's needs;
- ★ Knowledge of brain and child development;
- ★ Parental resilience;
- ★ Social and peer support; and
- ★ Positive mental well-being.

Appendix D

A Better Start Southend - Test and Learn Log

Outcome:
Service and Work stream:
Facilitator:
Activity Description:

ID	Date Identified	Entered By	Subject	Situation	Recommendations & Comments	Follow-Up Needed

Appendix E

Service Design Evidence Log

Service:

Date	Attendees	Notes and Actions	Actions Update

Appendix F

Service Design Glossary

Term	Definition
Added Value	Over and above the normal level of delivery. The possibility for delivery beyond the beneficiaries' expectations. Service design can create added value.
Adaptation	Using learning to modify the service (if determined necessary), so that the service is constantly being refined in the way that it is developed.
Blueprinting (service journey)	Mapping a service journey, identifying the processes that constitute the service, isolating anything that can go wrong and establish the duration of the various stages for the journey. Method for exploring mainly qualitative components during different experiences with the service. A service blue print or journey is an operational tool that describes a service in enough detail to implement and maintain it.
Common measures / indicators	Common measures which have been agreed across all five A Better Start sites.
Co-production	Actively involving parents and professionals equally in identifying need solutions and how these are developed.
Design	Service design is a process which aims to develop or improve existing services. It deals with researching, understanding, analysing and solving problems. It should always involve co-production with beneficiaries and stakeholders. It also involves planning, and shaping useful, desirable, effective and efficient beneficiaries experiences across touch points and time.
Design Framework	Documentation that describes the way in which a service should be designed.
Engagement	This refers to the extent that beneficiaries are making contact with the appropriate service. This could be defined as take up (e.g. how many parents offered a service or intervention actually take up that offer), or drop out (e.g. how many parents who started an intervention but did not complete it).
Evaluation	The task of working out whether a course of action is effective. In the present context it refers to the use of social research procedures to investigate systematically the effectiveness of interventions in terms of improving children's health and development.
Evidence based	Pathway or programme which is tested and found to be effective using robust comparison studies. These are usually in the form of Random Control Trials (RCTs). Some assessments of evidence based programmes are classified in terms of preliminary, promising or strong.
Fidelity	The extent to which an intervention is implemented in accordance with intentions, or as designed.
Governance clearance	The process that the service design manager will take to ensure that the design adheres to and clears appropriate governance structures.
Impact	Long term outcome of a service or programme etc.

Term	Definition
Innovation	When service designers develop a new intervention, drawing on a mixture of evidence and logic (the contrast is with the decision to adopt an existing evidence-based intervention).
Journey	All the interactions a beneficiary has with a service over a certain period of time.
Learning	Analysing and evaluating the outcomes of the service so that you can identify 'what works' and whether the size of the effect is sufficient to determine the economics of prevention (value for money).
Leverage	Mutual funds that are added to ABSS funds to provide the service.
Matchfunding	Amount matched by partner and other organisations.
Measures / Indicators	A piece of routinely collected data that at an area level can identify a change over time in an operational outcome. Sometimes referred to as a key performance indicator
Mock-up	Models, illustrations, collages that explain concepts, ideas and visions.
Outcomes	A topic where areas are aiming for improvement / change. **Strategic / key developmental outcomes:** These are the key areas that we are seeking to improve. These are standard across the A Better Start sites. **Overarching outcomes:** These are the outcomes which support the strategic / key developmental outcomes. **Operational outcomes:** Items within strategic / key developmental outcomes which can effect change. They must be measurable and quantifiable. We are interested in measuring changes in these operational outcomes that result from one or more interventions provided to our children and families.
Outputs*	This is a way of describing what is produced with the available or a specified level. This might include: ★ Number of interventions produced ★ Number of versions of a programme ★ Number of people trained ★ Number of parents / children in contact with health visitors.
Pathway	A multidisciplinary tool to manage quality. This concerns the standardisation of care processes for a specific set of beneficiaries. They aim to promote organised and efficient care based on the principles of evidence based practice.
Peer support	Peer support occurs when people provide knowledge, experience, emotional, social or practical help to each other. It commonly refers to an initiative consisting of trained supporters (although it can be provided by peers without training), and can take a number of forms such as peer mentoring, listening, or counselling. Psychosocial processes for this kind of support were initially identified by Mark Salzer in 2002.

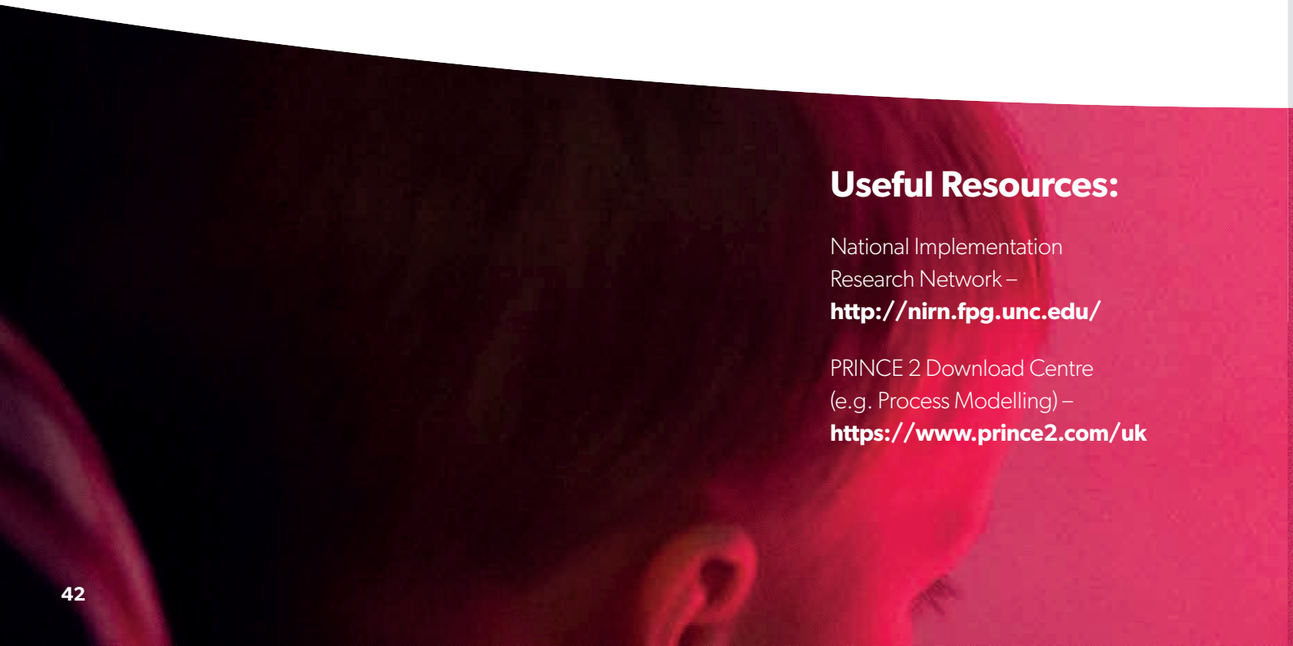
Term	Definition
Policy	Refers to a course of action (or inaction) decided by policy makers to shape how people behave – for example, banning smoking in public places, or withdrawing welfare to encourage people to find work – as well as the provision of resources – for example, to provide housing.
Population Level Interventions	Are those activities that are aimed at changing factors that individuals alone cannot change (e.g. pollution, road safety, community resources, housing provision) as well as activities that effect change in the whole population (rather than targeted or specialist activities) with a view to changing the overall culture and thereby improving the functioning of the whole community as well as the more disadvantaged members of a population.
Practices	Refer to the activities of practitioners and may be broken down into discrete elements or methods aimed at caring for people during times of change and difficulty and helping people to make changes – for example, forming trusting relationships with expectant and new parents, running groups where people can learn from each other, using communication skills that motivate and guide, modelling high-quality infant-caregiver interactions, and using smoking cessation methods.
Processes	Refers to the operating systems that services use to support practices and programmes. These processes may define how families are to be offered services, how their needs are assessed, the competence and training of the workforce, funding, what information is collected and the governance processes that ensure safety and quality for children, families and practitioners.
Programme	Are discrete, structured packages of practices, often captured in manuals, providing tools to guide what should be delivered to whom, when, why, how, and in what order. A programme is usually accompanied by a system of support (for example, technical assistance) to ensure consistent high-quality replication.
Protective Factor	An attribute of an individual of their environment that works in certain contexts to reduce or modify the individual's response to particular combinations of risk and thereby reduces their susceptibility to a range of social or psychological problems.
Prototyping / test and learn	A scaled down system or service or portion of a system which is constructed in a short time, tested, and improved in successive scale ups or revisions.
Quality Improvement / Assurance	Refers to systematic methods to improve the quality of provision to ensure that it is safe, effective, timely, efficient and equitable. Methods include gathering and engaging practitioners in analysing data, client feedback, reflective supervision, coaching, learning events and adapting activities and processes, such as making care pathways clearer.

Term	Definition
Research measures / indicators	Questionnaires: standardised schedules, usually researcher-led and collecting information on individuals. Tests: Standardised assessment of a child or parent, usually by another person (e.g. health visitor, speech and language therapist) but maybe delivered on-line.
Risk Factor	An aspect of an individual or their environment that predisposes the individual to specific social or psychological problems.
Science based	Pathway or programme is based in best development evidence, but have not yet met the evidence based standards in terms of evaluation, quality and impact.
Service	A service can describe a product, a service, a pathway or a programme.
Service Design Manager	The manager that is responsible for ensuring that service designs follow the design process. They also ensure that the service design framework is followed, including the principles of co-production. They are also responsible for ensuring the design follows the governance clearance process, quality standards, and communicating the design process.
Service components	Parts or processes that work together to form a service
Service evidence	This shows the effect and difference that a service design will make.
Service Review	Part of the routine quality improvement cycle. The aim is to 'test and learn' with the view to improving impact, effectiveness and efficiency of the service.
Support in kind	Services and resources provided to ABSS in kind (e.g. attendance at meetings).
System	A system is a collection of components e.g. pathways, services etc. that interact with one another to function as a whole.
Testing	Ensuring that you have robust measures in place that enable the evaluation of effectiveness of the service.
Time points	**Baseline:** this is a point in time or period before the system, pathway or programme starts or before an intervention is used. It measures how areas are performing before it starts, or how children / parents use an intervention. **Post-intervention:** The time point immediately after an intervention. **Follow up:** An assessment made after an intervention is completed.
Touch points	Individual contacts or interactions that make up a beneficiary experience of a service.

Appendix G

Service Design Tools and Methods

- Appreciative Enquiry
- Benchmarking
- Blueprinting
- Business Planning
- Camera Journal
- Cause and Effect Techniques
- Context Analysis
- Critical Incident Technique
- Ecology Mapping
- Ethnography
- Experience Test
- Expert Interviews
- Experience Prototyping
- Focus Groups and facilitated workshops
- Flow Charts
- Gap Analysis
- Interviews
- Improvement Analysis
- Metaphors
- Mind Mapping
- Mood Boards
- Observation
- Prototyping
- Scoping
- Shadowing
- Sticker Vote
- Storyboarding
- SWOT Analysis
- Think Tanking
- Touch Pointing
- Trend Analysis
- User Surveys
- Hexagon Tool (National Implementation Research Network)
- Group creativity methods
- Questionnaires and surveys
- Document Analysis
- Rapid evidence review
- Alternatives generation
- Context diagrams



Useful Resources:

National Implementation Research Network – **http://nirn.fpg.unc.edu/**

PRINCE 2 Download Centre (e.g. Process Modelling) – **https://www.prince2.com/uk**

Appendix H

References

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A Better Start Southend, working in partnership with:

Essex Partnership University NHS Foundation Trust (EPUT)
Essex Police
Pre-school Learning Alliance
Southend-on-Sea Borough Council
Southend Association of Voluntary Services (SAVS)
Southend Clinical Commissioning Group
Southend University Hospital
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