

Practitioner Guide to LEAP's Shared Measurement System

October 2021

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List of acronyms and initialisms

General

BMI	Body Mass Index
CPD	Continuing Professional Development
ECD	Early Childhood Development
E&R	Evaluation and Research
MEL	Monitoring, Evaluation and Learning
NPC	New Philanthropy Capital
SMS	Shared Measurement System
RTK	The Right to Know
ToC	Theory of Change

LEAP services

CAN	Community Activity and Nutrition
EPEC	Empowering Parents, Empowering Communities
FNP	Family Nurse Partnership
REAL	Raising Early Achievement in Literacy
SaLT	Speech and Language Therapy

Agreed outcome-based measurement tools

ASQ-3	Ages and Stages Questionnaire
ASQ-SE	Ages and Stages Questionnaire: Social-Emotional
CORE-10	Clinical Outcomes in Routine Evaluation
C-CAMC	Common Concerns about my Child
DC: 0-5	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
EHLEI	Early Home Learning Environment Toolkit
EYFS profile	Early years foundation stage profile
IPAQ	International Physical Activity Questionnaire
MORS-SF	Mothers Object Relations Scale – Short Form
NIH social support	National Institute of Health social support
PRFQ	Parental Reflective Functioning Questionnaire
PAI	Prenatal Attachment Inventory
SWEMWBS	Short Warwick Edinburgh Mental Well-being Scale

1. Background

The first phase of the Lambeth Early Action Partnership (LEAP) (2015–2020) was focused on establishing and developing services. The second phase (2020–2025) is focusing on monitoring our progress and evaluating our effectiveness and impact as a programme.

To inform, prepare for, and navigate the second phase of LEAP, we commissioned support from two external consultancies, New Philanthropy Capital (NPC) and the Right to Know (RTK). A huge amount of work has been completed since January 2020, to develop LEAP's Shared Measurement System (SMS) and to establish our Theories of Change (ToC) which act as the blueprint for our evaluation.

This work has included:

- Refreshing LEAP's programme ToC and long-term outcomes;
- Developing LEAP's domain ToCs and long-term outcomes;
- Developing service level narrative ToCs and ToC 'on a page' diagrams;
- SMS meetings held with services to discuss and agree the measurement tools best suited to measuring service's medium and long-term outcomes.

Throughout this process we worked closely with members of the LEAP community, including practitioners, service leads, partners and families. This collaborative approach means that LEAP's SMS reflects the principles of partnership working and collective impact and has been informed throughout by the views of, and feedback from, key stakeholders.

The development of LEAP's SMS is complete and we are now moving into the implementation phase. This document is one of four publications developed to support the implementation and confirmation of the SMS.

2. About this document

This Practitioner Guide is for early years professionals working for, or with, a LEAP service. The intended audience includes practitioners, service leads and strand leads. It provides an overview, background and context to LEAP's SMS, including an outline of the methodology used to develop the SMS. It is one of four publications which have been developed to support the implementation of LEAP's new SMS. The other publications are:

Publication 2: SMS Technical Report

- This report accompanies the Practitioner Guide; has further detail on the methodology, outcomes, and selected measurement tools in the SMS. It includes recommendations for Local and National Government and further research.
- Intended for a wide audience of LEAP partners, stakeholders and commissioners.

Publication 3: Monitoring, Evaluation and Learning (MEL) Frameworks

- Each LEAP service will receive a bespoke MEL Framework which will act as a 'measurement toolkit' for practitioners. It contains copies of service's confirmed measurement tools and data collection forms.
- The MEL Frameworks will support services to collect high quality, robust and consistent data across all LEAP's required data categories (user data, engagement data, feedback data, outcome data and impact data).
- Intended for an internal audience of LEAP practitioners, service leads and strand leads.

Publication 4: Collation of LEAPs ToCs and outcomes

- A compendium of all LEAP's refreshed Theories of Change (ToC) at all levels: programme, domain, and service.
- It will be updated and revisited regularly by the E&R Team to ensure it remains up-to-date and accurate over time.
- Intended for a broad internal and, where appropriate, external audience.

These publications will be shared directly with the relevant audience. They are also saved on LEAP's secure document storage system, [SharePoint](#).

3. Introduction to LEAP

LEAP is one of five local partnerships which make up [A Better Start](#) (ABS). ABS is a national ten-year (2015–2025) programme funded by The National Lottery Community Fund (TNLCF) which aims to improve the life chances of babies, very young children and families by changing the way services are commissioned and delivered.

3.1. LEAP's approach

Evidence shows that early intervention can improve outcomes for children and families,¹ but there are limits to what single initiatives working in isolation can achieve.² This is because children's lives are shaped by multi-level and interactive influences, including family, education and care, neighbourhood, and social and cultural contexts.³

LEAP uses a place-based, collective impact approach to help us achieve our ultimate goals. This means we bring together people and organisations to share information and work in mutually reinforcing ways to contribute to our shared impact of:

- Improved Early Childhood Development (ECD) outcomes for all LEAP children.
- Substantive improvement for those at greatest risk of poor outcomes.

In other words, a place-based collective impact initiative, can be used to answer the questions: how do we make a difference in this geographic location, together? And, further, how do we show it?

As a place-based programme, LEAP aims to support children and families living in the four Lambeth wards by:

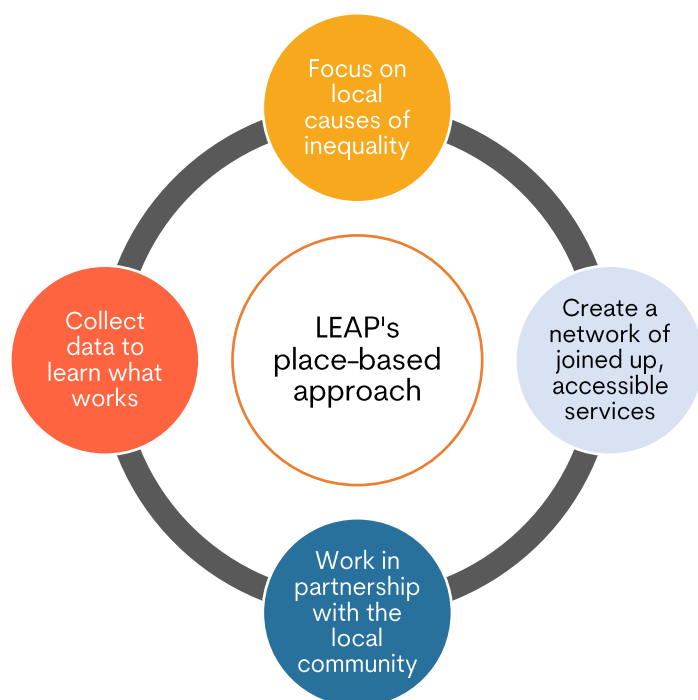
- **Focusing on local causes of inequality;**
LEAP services target issues like poor housing, unemployment, social isolation, and inadequate access to early years provision, all of which can lead to a shortfall in support for those most in need.
- **Creating a network of joined up, accessible services;**
LEAP works to bring different providers together into a partnership delivering coordinated services.
- **Working in partnership with the local community;**
LEAP encourages and supports local residents to get involved in making decisions about issues that need tackling and how best to deal with them;
- **Collecting data to learn what works;**
LEAP uses data on service delivery, user feedback and service impact to learn what works best and adapts the programme accordingly.

¹ See: <https://www.eif.org.uk/why-it-matters/how-do-we-know-it-works/>

² For example, see: Dyson, A., Kerr, K. and Wellings, C. (2013) *Developing Children's Zones for England: What's the Evidence?* London: Save the Children.

³ See overviews of early childhood development, for example: The Handbook of Child Psychology and Developmental Science: <https://bit.ly/2TCzmkR>; Encyclopedia on Early Childhood Development: <http://www.child-encyclopedia.com/>; Harvard Centre on the Developing Child: <https://developingchild.harvard.edu/>

Figure 1: LEAP's place-based approach



3.2. LEAP's ten years

During the first half of LEAP, and especially during the early years, LEAP's focus was on understanding the context, building relationships, and designing, developing and implementing our programme. We therefore implemented a set of early performance indicators, managed by the LEAP data team, to help us monitor our progress.

On entering the second half of LEAP, the routine MEL system will include LEAP's SMS, to help us track progress towards our intended long-term impact. We can expect to start seeing some significant progress in things like people's attitudes, skills and behaviour (e.g., changes in professional practice, or changes in individual behaviour), and with systems change (e.g., changes in culture, funding and policy). These changes serve as the gateway to LEAP's ultimate, population-level impact (improving ECD and reducing inequalities), which we expect to see in our later years.⁴

⁴ Preskill, et al. *Guide to Evaluating Collective Impact*. USA: Collective Impact Forum / FSG.

4. Development of LEAP's Shared Measurement System

4.1. How the Shared Measurement System will support LEAP

Proving that placed-based initiatives make a difference is particularly challenging. LEAP's evaluation needs to show how services work together to create change for children and families.

The SMS will integrate data from LEAP's services and initiatives, and enable us to monitor our performance, compare performance across services, track progress towards outcomes, and identify opportunities for learning and improvement.

LEAP services attended workshops with the LEAP Core Team to select the most appropriate common outcome indicators and measurement tools for their service, to support their routine MEL approach.

LEAP's SMS offers:

- a common set of outcome measurement tools;
- output indicators to support practitioners monitor their delivery;
- Key Learning Questions across all services;
- simplified data collection procedures to reduce the burden on practitioners;
- additional data support for services to support accurate and robust collection of data; and
- An integrated data platform to support data reporting and analysis.

An overview of the activities and outputs commissioned and overseen by LEAP to support the development of LEAP's SMS can be seen in Figure 2. Where relevant, links are provided to the documents.

Figure 2: Key activities and stakeholders involved in the development of LEAP's Shared Measurement System

	LEAP core team	LEAP services and practitioners	Local families	Local senior managers	National measurement experts	NPC	RTK
8. SMS meetings held with services to agree outcomes and measurement tools							
7. One-page ToC diagrams developed for LEAP's services, domains and programme							
6. Recommended measurement tools for LEAP to use, informed by: a. Evidence review of outcome-based measurement tools b. Consultations with local families and senior managers and national measurement experts							
5. Service's narrative ToCs refreshed							
4. Domain ToCs and long-term outcomes developed							
3. Programme ToC diagram and long-term outcomes refreshed							
2. Systems map of the factors affecting child outcomes in the early years developed							
1. Evidence review of Early Childhood Development outcomes and place-based approaches written							

4.2. Why collect data?

LEAP needs evidence to show funders, local authorities and the public that developing and actively supporting a range of services makes a difference. Collecting good data will support the evaluation of the LEAP programme. The data collected by the SMS will evidence:

1. how individual services improve early childhood outcomes; and
2. how service providers can make an even greater difference for children and families by working in partnership with one another.

This evidence will be crucial to make the case to funders, local authorities and the general public that LEAP services are worth funding, an argument that will be critical when LEAP's funding comes to an end in 2025.

Collecting data to evaluate the LEAP programme and services will support LEAP in five key ways:

1. to understand what works — is the programme making a difference?
2. to demonstrate to funders and the community that putting resources into early childhood services is worthwhile;
3. to support continual service and practice improvement;
4. to enable practitioners to support their service beneficiaries most effectively through critical self-assessment and effective planning, and;
5. to learn about the most effective way to give children a better start and pass that knowledge on to other practitioners and early years settings.

To gain this understanding, the LEAP evaluation needs service providers to provide data on both delivery and impact.

Delivery data will enable LEAP to find out if services are:

- being delivered as planned;
- reaching their intended target population;
- providing people with the knowledge and confidence they need to change their behaviour.

Impact data will help determine:

- if services are improving ECD outcomes;
- how much improvement is evident;
- whether improvements are successfully reducing inequalities.

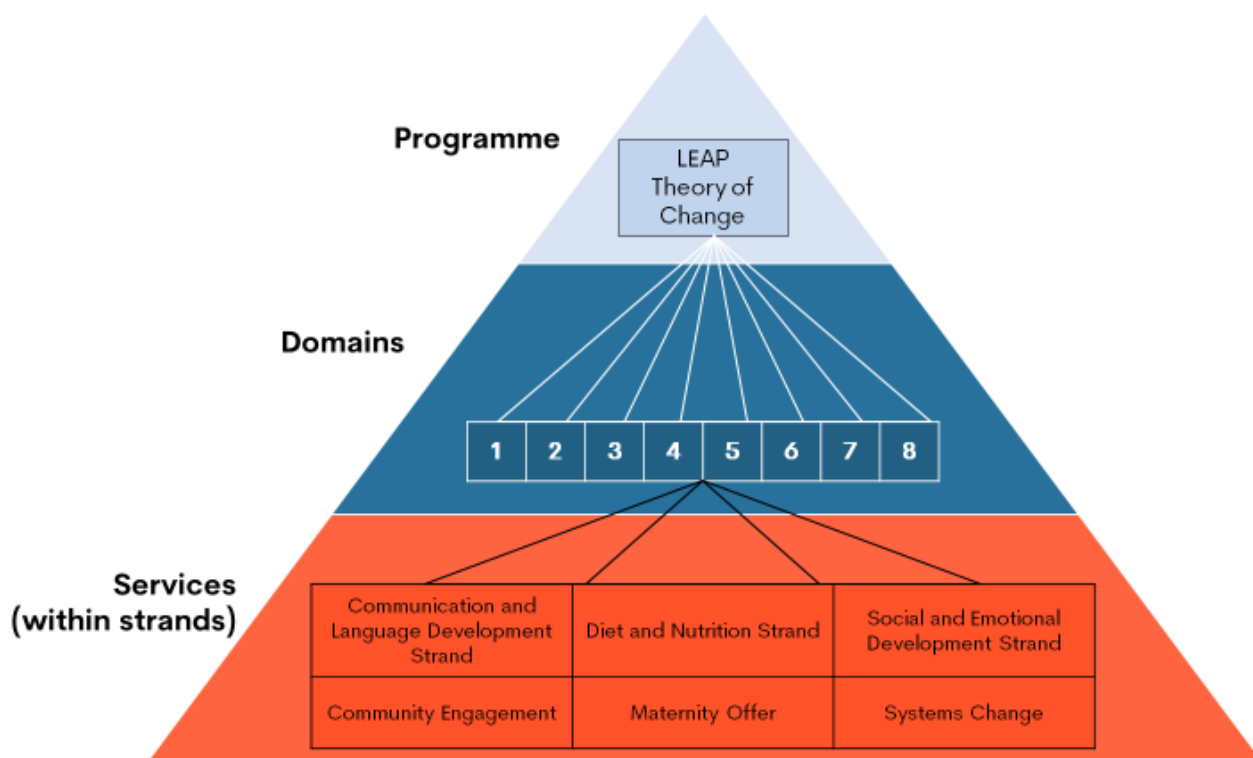
4.3. Deciding which data LEAP should collect

The scope and ambition of LEAP means that there are endless possibilities for the amount of data that could be collected. To narrow the focus, and to ensure LEAP measures what matters the most, we have adopted a ToC approach.

An effective ToC describes the service an intervention intends to deliver and the changes it expects to see in the short, medium and long term as a result.

It is a useful tool because it enables services to develop a set of key learning questions: the information they need to make sure delivery and impact are as good as they can be.

Figure 3: LEAP's nested Theory of Change approach



LEAP is a systems change initiative which means that it seeks to influence a range of different factors that affect children's lives. In practice, this means that LEAP's programme ToC is divided into eight different but interconnected domains; listed below.



Domain 1: Improving early child health and development



Domain 2: Improving parental health and wellbeing



Domain 3: Strengthening families' knowledge, skills and behaviours



Domain 4: Improving child and family spaces



Domain 5: Developing community capacity, connections, and positive narratives



Domain 6: Improving early years services and workforce skills



Domain 7: Promoting collective action and system change



Domain 8: Enabling factors that support each of the domains

Figure 4: LEAP's programme Theory of Change

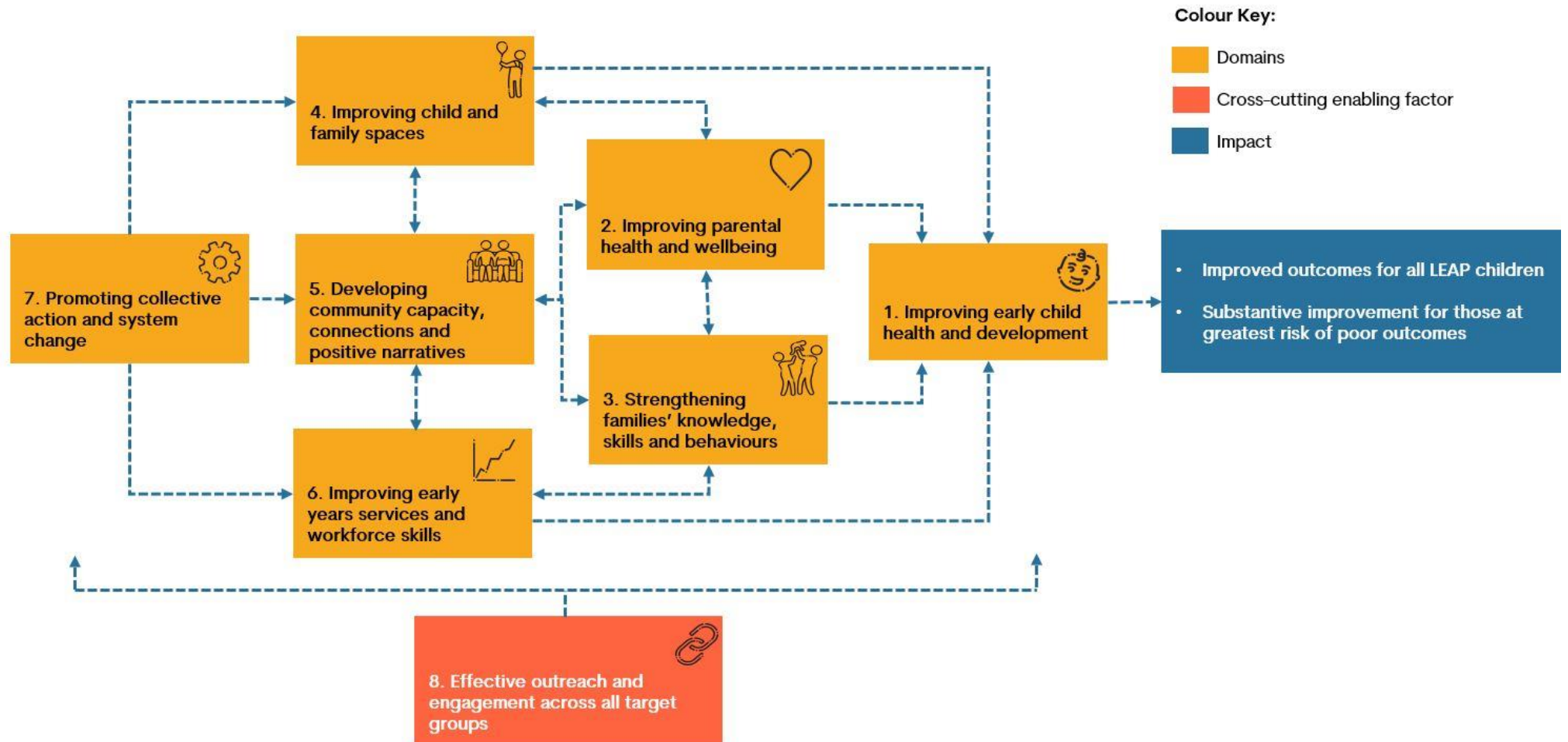
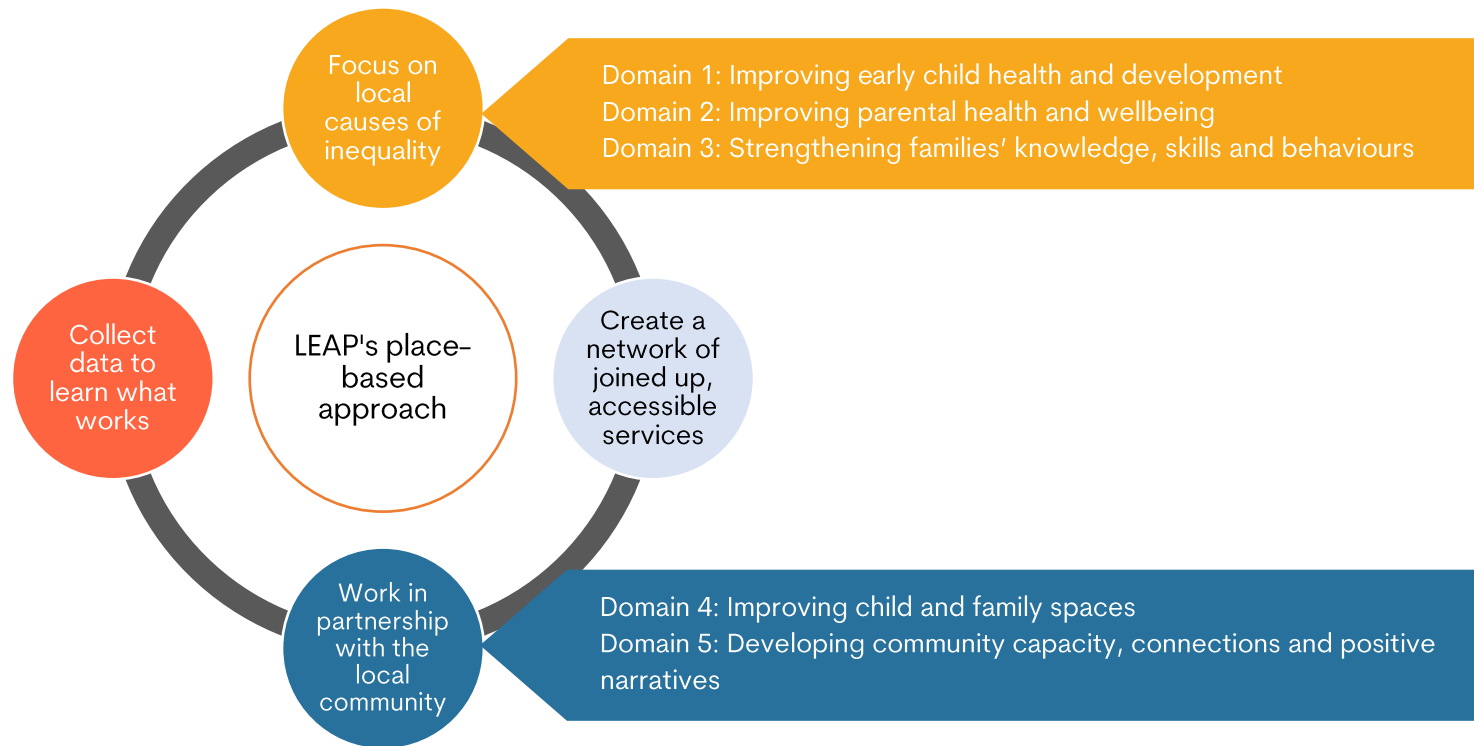


Figure 5: LEAP's eight domains echo the key elements of the place-based approach



4.4. Agreeing measurement tools

RTK researched and reviewed the best validated impact measurement tools for LEAP services to use. Their research and resulting recommendations were informed by:

- LEAP's programme ToC, long-term outcomes (Appendix 3) and the measurement tools best suited to assessing these.
- current measurement tools used by services across the programme, and service's reasons for using these.
- population-level indicators currently monitored by the LEAP core team.
- the extent to which measurement tools could be combined at population, family, community and individual levels.
- the feasibility and practicality of introducing the measure to services, practitioners and service users.
- the cost of the measurement tools.

With these parameters in mind, RTK developed a set of recommendations that include high-quality widely used measurement tools; national assessments and high-quality tools designed in-house by service providers.

To reach the final decision of which measurement tools to include in the SMS, LEAP and RTK then met with key stakeholders (subject-matter experts, families, LEAP partners) to hear their views and perspectives. The findings from these workshops were written into [a report](#).

Meetings were then held with services, strand leads and practitioners to discuss the recommended measurement tools and to further understand the practicality and impact of introducing recommended measurement tools to services. The result of this process, LEAP's agreed outcome measures, are outlined in section 5.

5. LEAP's agreed outcome measures

The agreed outcome measures for Domain 1: Improving early child health and development; Domain 2: Improving parental health and wellbeing; and Domain 3: Strengthening families' knowledge, skills and behaviours, are listed in this section.

Each outcome measure is listed next to the relevant long-term outcome and service(s) that have elected to use each measure. This allows services to see where there are shared measures, and long-term outcomes across LEAP services.

For example, two services (PAIRS One to One and PAIRS Together Time) are aiming to contribute to outcome 1.2.2. (Secure attachment to a trusted caregiver) and are using three measures to assess their contribution to this.

Domain 1: Improving early child health and development

Long-term outcome		Agreed outcome measure (or data source)	Service(s) using measure
1.1.0	Women have improved obstetric outcomes	Maternity data ⁵ : mode of birth, preterm and stillbirth	<ul style="list-style-type: none"> Caseload Midwifery
1.1.1.	Fewer children are born with high or low birth weight	Maternity data: Baby birth weight	<ul style="list-style-type: none"> CAN Caseload Midwifery
1.2.1.	Age-appropriate self-management and self-control	ASQ-SE	<ul style="list-style-type: none"> FNP
1.2.2.	Secure attachment to a trusted caregiver	PRFQ	<ul style="list-style-type: none"> PAIRS - Together Time
		ASQ-SE	<ul style="list-style-type: none"> PAIRS - One to One
		DC: 0-5	<ul style="list-style-type: none"> PAIRS - One to One
1.2.3.	Improved child mental health and well-being	Leuven Well-Being and Involvement Scales	<ul style="list-style-type: none"> Natural Thinkers
1.3.	Improved communication and language development	WellComm Toolkit	<ul style="list-style-type: none"> Making it REAL SaLT - Evelina Award
1.3.1.	Children have age appropriate use of verbal and non-verbal communication methods	ASQ-3	<ul style="list-style-type: none"> SaLT - Evelina Award FNP
		EYFS	<ul style="list-style-type: none"> SaLT - Evelina Award

⁵ Maternity data is drawn from BadgerNet Maternity Notes. This is an electronic system aimed at giving mothers more access to and control of their pregnancy records and care notes.

Domain 2: Improving parental health and wellbeing

Long-term outcome	Agreed outcome measure (or data source)	Service(s) using measure
2.1.1. Improved parental mental health and wellbeing	CORE-10	<ul style="list-style-type: none"> Domestic Abuse – Enhanced Caseworkers (Gaia)
	SWEMWBS	<ul style="list-style-type: none"> Baby Steps EPEC – Baby and Us EPEC – Becoming a Parent
	Whooley Questions	<ul style="list-style-type: none"> Baby Steps
	Parenting Scale	<ul style="list-style-type: none"> EPEC – Becoming a Parent
	C-CAMC	<ul style="list-style-type: none"> EPEC – Becoming a Parent
	NIH Social Support	<ul style="list-style-type: none"> Baby Steps EPEC – Becoming a Parent
2.1.2. More families have strong support networks	NIH social support	<ul style="list-style-type: none"> Baby Steps (TBC) EPEC – Baby and Us
2.2.1. Parents have an improved diet and lifestyle during pregnancy and beyond	IPAQ	<ul style="list-style-type: none"> CAN

Domain 3: Strengthening families' knowledge, skills and behaviours

Long-term outcome	Agreed outcome measure (or data source)	Service(s) using measure
3.1.1. Increased knowledge and application of positive, sensitive and responsive parenting	PAI	<ul style="list-style-type: none"> Baby Steps
	Karitane Parenting Confidence Scale	<ul style="list-style-type: none"> EPEC – Baby and Us
	MORS-SF	<ul style="list-style-type: none"> Baby Steps PAIRS – One to One PAIRS – Together Time PAIRS – Circle of Security
3.1.2. More mothers initiating and continuing breastfeeding	Maternity data: initiation of breastfeeding	<ul style="list-style-type: none"> Breastfeeding Peer Support Caseload Midwifery
	Health visiting data: continuation of breastfeeding at 6-8 weeks	<ul style="list-style-type: none"> Breastfeeding Peer Support Caseload Midwifery
3.2. Improved home learning environments	EHLEI	<ul style="list-style-type: none"> Making it REAL Sharing REAL with Parents Supporting Babies' Next Steps SaLT – Evelina Award SaLT – Chattertime

Appendix 1: Outcome-based measurement tools by service

		Measurement tool ⁶	Total number of services using measurement tool	Natural Thinkers	Making it REAL	Sharing REAL with Parents	Supporting Babies' Next Steps (REAL)	SaLT - Evelina Award	SaLT - Chattertime	Breastfeeding Peer Support	CAN	Caseload Midwifery	Baby Steps	Domestic Abuse - Enhanced Casework (Gaia)	EPEC - Baby and Us	EPEC - Becoming a Parent	FNP	PAIRS - One to One	PAIRS - Circle of Security	PAIRS - Together Time	
Domain 1	D1.1	ASQ-3	2																		
	D1.2	ASQ-SE	2																		
	D1.3	Maternity data: mode of birth, preterm and stillbirth	1																		
	D1.4	DC: 0-5	1																		
	D1.5	EYFS	1																		
	D1.6	Leuven Well-Being and Involvement Scales	1																		
	D1.7	Maternity data: Baby birth weight	2																		
	D1.8	PRFQ	1																		
	D1.9	WellComm Toolkit	2																		
Domain 2	D2.1	C-CAMC	1																		
	D2.2	CORE-10	1																		
	D2.3	IPAQ	1																		
	D2.4	NIH Social Support	3																		
	D2.5	Parenting Scale	1																		
	D2.6	SWEMWBS	3																		
	D2.7	Whooley Questions	1																		
Domain 3	D3.1	EHLEI	5																		
	D3.2	Health visiting data: continuation of breastfeeding at 6-8 weeks	2																		
	D3.3	Karitane Parenting Confidence Scale	1																		
	D3.4	Maternity data: initiation of breastfeeding	2																		
	D3.5	MORS-SF	4																		
	D3.6	PAI	1																		

⁶ For full names of tools, see table on page 18.









Acronyms and Initialisms: LEAP's agreed outcome-based measurement tools

ASQ-3	Ages and Stages Questionnaire
ASQ-SE	Ages and Stages Questionnaire: Social-Emotional
CORE-10	Clinical Outcomes in Routine Evaluation
C-CAMC	Common Concerns about my Child
DC: 0-5	Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood
EHLEI	Early Home Learning Environment Index
EYFS profile	Early years foundation stage profile
IPAQ	International Physical Activity Questionnaire
MORS-SF	Mothers Object Relations Scale – Short Form
NIH social support	National Institute of Health social support
PRFQ	Parental Reflective Functioning Questionnaire
PAI	Prenatal Attachment Inventory
SWEMWBS	Short Warwick Edinburgh Mental Well-being Scale

Appendix 2: Five components of LEAP's Theory of Change diagrams

Component	Definition
Delivery	How well the service provider is meeting its original delivery plan. Specifically, the amount of sessions/service delivered, the quality of the service delivered and the impact of the service on participants.
Training and CPD	The amount of training and development delivered to practitioners, the quality of that training and the impact it has on practitioner behaviour.
Engagement	Depending on who the service is for: a) <u>Universal or open-access services</u> : the extent to which a service reaches, engages and has a positive impact on LEAP's target population; b) <u>Targeted, specialist services</u> : the extent to which a service reaches, engages and has a positive impact on all those who meet its eligibility criteria.
Partnerships and Stakeholders	The extent to which practitioners engage in working partnerships with other local practitioners, and the impact partnerships have on service users.
Ongoing support for participants	The amount of ongoing support provided to participants beyond the immediate service (in the context of the wider LEAP programme), the quality of that support, and the impact it has on participants. Examples of ongoing support could include referrals to other LEAP or Lambeth service providers.

Appendix 3: LEAP's long-term outcomes by domain

<p>1. Improving early child health and development </p> <p>1.1. Improved diet and nutrition</p> <ul style="list-style-type: none"> 1.1.0. Women have improved obstetric outcomes 1.1.1. Fewer children are born with high or low birth-weight 1.1.2. Fewer children have high or low BMI 1.1.3. Fewer children have dental caries/decay <p>1.2. Improved social and emotional development</p> <ul style="list-style-type: none"> 1.2.1. Age-appropriate self-management and self-control 1.2.2. Secure attachment to a trusted caregiver 1.2.3. Improved child mental health and wellbeing 1.2.4. Positive relationships with other children 1.2.5. Positive relationships with adults <p>1.3. Improved communication and language development</p> <ul style="list-style-type: none"> 1.3.1. Children have age-appropriate use of verbal and non-verbal communication methods 1.3.2. Children have age-appropriate vocabulary comprehension 1.3.3. Children display improved listening and attention skills 	<p>2. Improving parental health and wellbeing and reducing parental conflict </p> <p>2.1. Good mental wellbeing</p> <ul style="list-style-type: none"> 2.1.1. Improved parental mental health and wellbeing 2.1.2. More families have strong support networks <p>2.2. Improved parental physical health and nutrition</p> <ul style="list-style-type: none"> 2.2.1. Parents have an improved diet and lifestyle during pregnancy and beyond <p>2.3. Positive family relationships</p> <ul style="list-style-type: none"> 2.3.1. Improved co-parenting relationships 2.3.2. More survivors of domestic abuse access appropriate specialist support 	<p>3. Strengthening families' knowledge, skills and behaviours </p> <p>3.1. Positive parenting knowledge, skills and behaviours</p> <ul style="list-style-type: none"> 3.1.1. Increased knowledge and application of positive, sensitive and responsive parenting 3.1.2. More mothers initiating and continuing breastfeeding 3.1.3. Improved weaning practices, with more families introducing appropriate food at appropriate times <p>3.2. Improved home learning environments</p> <ul style="list-style-type: none"> 3.2.1. More frequent and varied verbal exchanges between families and children 3.2.2. Provide more access to books, book sharing and reading aloud 3.2.3. Incorporating reading, literacy and other learning activities into daily routines 3.2.4. Increased planning and engaging children in learning activities in and outside the home 	<p>4. Improving child and family spaces </p> <p>4.1. More safe and accessible early years provision and community spaces</p> <p>4.2. More families make use of early years provision and community spaces</p> <p>4.3. Increased use of outdoor space for exercise, play or health reasons</p>
<p>5. Developing community capacity, connections and positive narratives </p> <p>5.1. Families connected with each other</p> <ul style="list-style-type: none"> 5.1.1. Families with young children increasingly support each other <p>5.2. Community involvement</p> <ul style="list-style-type: none"> 5.2.1. Families more actively involved in and engaging with their local community 5.2.2. Families feel empowered to represent and advocate for themselves and their communities <p>5.3. Families connected to child and family services</p> <ul style="list-style-type: none"> 5.3.1. Families more actively involved in co-production, development and improvement of local child and family provision and spaces 5.3.2. Increased trust and engagement between families / communities and local services <p>5.4. Positive social / cultural norms and behaviours</p> <ul style="list-style-type: none"> 5.4.1. Increased understanding of why early childhood matters amongst families, their support networks, and the wider community 5.4.2. Families, and particularly Black and ethnic minority families, feel empowered to promote inclusion and safely challenge prejudice or racist attitudes and behaviours across the community 	<p>6. Improving early years workforce skills and services </p> <p>6.1. Workforce skills and expertise</p> <ul style="list-style-type: none"> 6.1.1. Improved skills around identifying and supporting children with speech and language difficulties 6.1.2. Improved skills around identifying and supporting families where there are attachment and/or infant mental health issues 6.1.3. Improved skills around identifying and supporting children who are overweight or obese <p>6.2. Service provision and quality</p> <ul style="list-style-type: none"> 6.2.1. More welcoming, inclusive and approachable services for all children and families, and particularly disadvantaged groups 6.2.2. Families, and particularly Black and ethnic minority families, feel listened to by practitioners and professionals, and that their needs and experiences are taken seriously 6.2.3. Families know how to raise racism and injustice issues, and where to get professional support 6.2.4. Improved early childhood education and care, and child and family services 	<p>7. Promoting collective action and system change </p> <p>7.1. Shared vision and joint working</p> <ul style="list-style-type: none"> 7.1.1. A shared vision for children and families across the system and a joint approach for realising this vision 7.1.2. More integrated planning and delivery of services and resources for children and families <p>7.2. Evidence-based policy, practice, commissioning and decision-making</p> <ul style="list-style-type: none"> 7.2.1. Thorough understanding of local need and demand 7.2.2. More reliable evidence about the impact of place-based, collective impact initiatives is generated, shared, understood and used locally and nationally for continuous learning and improvement <p>7.3. Improved statutory services and child and family provision by other providers</p>	<p>8. Effective outreach and engagement across all target groups </p> <p>8.1. Outreach and engagement with children and families</p> <ul style="list-style-type: none"> 8.1.1. More families, and particularly disadvantaged families, have sustained engagement with local early years services (both LEAP and non-LEAP statutory, voluntary and community services) <p>8.2. Outreach and engagement with other stakeholders / target groups</p> <ul style="list-style-type: none"> 8.2.1. Increased awareness, understanding and engagement with LEAP's work among local services, workforce and decision makers

Appendix 4: Overview of LEAP's data processing and reporting systems

