Organisational Challenges and Community Resilience During COVID-19

A case study of A Better Start Southend

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About A Better Start Southend

A Better Start is a ten-year, £215 million programme commissioned by The National Lottery Community Fund, running from 2015-2025. Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend-on-Sea were selected to take part in the programme, which aims to support families to give their babies and very young children the best possible start in life. Scientific evidence and research underpin the programme's approach to designing services for happier and healthier lives. Southend was awarded £36.7 million over those ten years to develop services and ways of working that would make a real difference to the lives of children and families in the city.

The A Better Start Southend (ABSS) programme comprises projects and services across three themed workstreams: Social and Emotional, Communication and Language, and Diet and Nutrition, and two additional cross-cutting areas: Community Resilience, and Systems Change. ABSS targeted the six most deprived wards in Southend: Kursaal, Milton, Victoria, Westborough, Shoebury and West Shoebury. The ABSS programme aimed to make Southend the best place in the country to bring up a child and be a parent.

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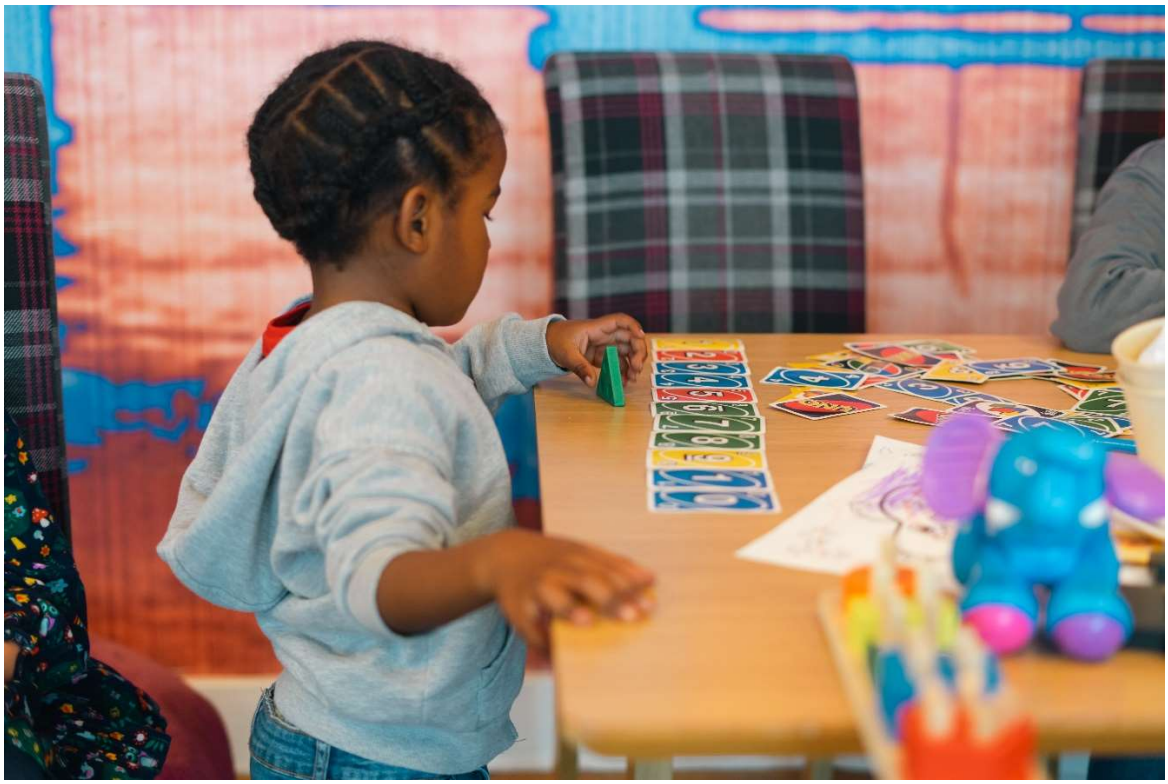
Introduction

Like many providers of services and social care to families and communities, A Better Start Southend (ABSS) shapes its services to suit the characteristics and needs of local communities, drawing on its knowledge of local circumstances. During the COVID-19 pandemic and its lockdown periods, organisations providing services to families and communities faced significant complex challenges in continuing to deliver services that reached the most vulnerable families and responded to their changing needs. These challenges changed how organisations operated and will continue to impact on the priorities of social care services and the ways that they work with families.

This paper examines how local services and communities in Southend adapted during the pandemic and offers insights into how organisational and community resilience can be fostered in the face of future emergencies.

Our research suggests that the overall picture for families, services and organisations was one of challenge, pressure, rapid adaption, and sometimes, opportunities. One way of conceptualising this is through the 'wicked problems' approach (Marshall, 2008) – problems that are characterised as difficult to solve because there is no single solution. This approach recognises the complexity of the problem and how interdependencies make it difficult to define the problem or find solutions. The approach instead focuses on how organisations and communities respond at times of crises.



The capacity of organisations to be resilient has been described as a 'unique blend of cognitive, behavioural and contextual properties' that allow an organisation to understand its environment and the challenges that it faces (Lengnick-Hall & Beck, 2005, p. 81). By maintaining a breadth of routine and abilities, the organisation has greater capacity to respond to changing circumstances (Horne & Orr, 1998). Having high resilience allows an organisation to better understand its environment and develop appropriate strategies for its challenges, whether that is by absorbing or reducing complexity (Lengnick-Hall & Beck, 2005). Making sense of this at an individual and organisational level is critical for an organisation's resilience (Mallak, 1998), and understanding the broader context and adapting to change requires full engagement with the 'broad resource network' (Lengnick-Hall & Beck, 2005).

It is this type of resilience which we find of greatest relevance in tackling uncertainty in public service planning. This seems to fit with Topper's and Ladec's (2013) fractal approach to crisis management, which identifies that crises do not follow a predictable linear, sequential path because organisations do not have control of the factors that contribute to the problem and its solutions. They operate in unpredictable and unstable environments where problems can be symptomatic of problems in wider systems.

The impact of COVID-19 on public sector organisations

The COVID-19 pandemic presented the greatest challenge to public sector, third sector and voluntary organisations in recent history. The upheaval in normal working practices across all sectors had a significant impact on the delivery of services, most notably for people who might be categorised as vulnerable. Across frontline health and social care, capacity was stretched, with an influx of vulnerable service users, many negatively impacted by the pandemic and lockdown restrictions. For primary care services, this placed additional pressures on a system already operating under immense strain (Gray & Sanders, 2020).

As a result of the pressure on frontline services, local community groups and organisations acted rapidly, mobilising individuals to areas of greatest need. Community organisations across the UK experienced an increase in offers of voluntary support from members of the public (South et al., 2020). Some were overwhelmed by the response, such as the NHS Volunteer Responders network, which received 750,000 applications from individuals offering help (NHS England, 2020). In Southend, community organisations rapidly pivoted towards online service delivery, using platforms such as Microsoft Teams and Zoom. Research conducted in Southend on the impact of COVID-19 on families and services found that local service delivery continued in full or partial form during the early stages of the pandemic (O'Connell et al., 2020), with improvements in multi-agency and cross-organisational working at a local level.

The pandemic stimulated academic discussion across health and social care disciplines as to how organisations respond to public health crises, and community and organisational resilience was a prominent topic (Bryce et al., 2020). There are different perspectives on the definition of community resilience and what this looks like in practice, but South et al. (2020) provide a useful summary of how the concept can be applied in a public health context:

> *'Creating resilient communities is not about preparing them to cope with shocks and their aftermath alone, rather it is about what public health systems can do to strengthen protective factors, such as strong social networks, which will aid people and communities to manage, adapt, and ultimately recover well.'*

The pandemic also provided opportunities to use existing evidence about how communities can respond to a public health crisis. An evidence review by the Glasgow Centre for Population Health concluded that '*[a] flexible, innovative and adaptive approach to support and service delivery, alongside strong community mobilisation, engagement and participation'* was needed to tackle post-pandemic organisational challenges (Harkins, 2020).

At the national level, conversations about community resilience have been ongoing since the World Health Organisation (WHO) declared COVID-19 a pandemic in March 2020. In 2021, the UK Government opened a consultation looking at national resilience, with a focus on partnerships, investment and communities. Themes that emerged included an emphasis on individuals, volunteer and community groups in building resilience – which has been termed a 'whole-of-society approach' (Cabinet Office, 2021).

At the regional level, multi-agency initiatives such as the Essex Local Resilience Forum (ERF)[1] were examples of community partnership agreements for collaborative work during a national public health crisis. These gave useful insights into national and regional level responses, and provided context for examining more local-level community resilience and the varying responses to organisational challenges.

This paper examines qualitative evidence collected between May and July 2020 to understand organisational dynamics and community resilience during COVID-19. The COVID-19 pandemic required organisations to re-imagine their operations and find different ways of working. For the organisations included in this study, this involved rejecting approaches based on responses by single organisations and re-discovering organic synergies among multiple stakeholders.

Methodology

Study design and data collection

This study was informed by an exploratory multi-method design with three stages: (1) online surveys of parents, (2) semi-structured interviews with parents, and (3) semi-structured interviews with leaders in key organisations across Southend. Data collection took place between 4th May and 1st July 2020, coinciding with the end of the first stage of 'lockdown' restrictions in mid-May 2020.

(1) Survey with parents.

An online survey aimed at local families was shared via a dedicated webpage and was live for the whole breadth of the research period. A total of 50 families responded.

(2) Semi-structured interviews with parents

Survey respondents were asked to leave their name and contact details if they were interested in taking part in further research. These individuals were invited to participate in an online semi-structured interview, and a total of five parents, all female, agreed and took part. Interviews were conducted via Zoom or by phone between 5th and 25th June 2020.

(3) Semi-structured interviews with leaders in key organisations in Southend.

Qualitative interviews were also conducted over Zoom with four 'key persons' in leadership/managerial roles in local organisations. The interviews took place between 29th May and 1st July 2020, when some restrictions had been lifted. Two interviewees were involved in leading children's services, with one working primarily with children's services

[1] http://www.essexprepared.co.uk/about-us/partnership

and social care, and one in children's public health. The third was in a managerial role working with individuals who have experienced high-risk domestic abuse, interviewed specifically for their insight into matters related to domestic abuse during the COVID-19 period. The fourth key person was a senior member of the police, and this interview was conducted to provide insight into wider community responses and challenges.

Data analysis

The data were analysed thematically using Braun and Clarke (2006) six-stepped approach. This widely-used method of qualitative data analysis introduces rigour to the analytical process and offered the research team flexibility to give a rich account of the data.

Limitations

While the circumstances of the pandemic required adaptation and the use of platforms such as Zoom, access to digital services was contingent on people having the hardware, software and internet access to be able to participate. For most organisations, this was not a barrier for staff, although some delivery partners faced some challenges with familiarity with software. For families, however, digital access could be a barrier.

While many families had access to the internet, computers, laptops and smart phones, some families lacked equipment or reliable internet connections, or shared limited equipment with other household members. This was a particular challenge for families whose children were being educated at home during the pandemic; even where equipment and internet access was available, there could be multiple demands on the same equipment or bandwidth for work, education, entertainment and access to services.

As a result, the families who participated in this research were likely to be those with the greatest access to digital resources, while those experiencing digital exclusion were unlikely to participate. The findings, therefore, do not reflect the experiences of families without or with only limited access to digital technologies. More research is needed to understand the impact of digital exclusion on access to services and how that might exacerbate existing inequalities.

Findings

Changes to local organisations and services

All organisations and services that participated in this research reported that they continued service delivery (either fully or partially) during the pandemic by adapting how they communicated internally and with service users/beneficiaries. During interviews, practitioners working in ABSS services explained that they were working from home (either mostly or entirely) and providing an adapted version of their service through online

platforms (e.g. Zoom or Microsoft Teams) and telephone calls, as well as social media. One practitioner reported that their service had retained occasional home visits for cases where this was absolutely needed (e.g. where there were concerns about domestic violence).

In most cases, ABSS services continued support in the same vein as pre-COVID as far as possible, and practitioners reported that families needed this consistency. The decision to continue ABSS delivery was taken at a strategic level in discussion with partners such as the Director for Public Health, while other ABS sites diverted some staff to frontline COVID-19 responses such as testing, disrupting their capacity to keep services running. For some ABSS services, new work specifically addressed COVID-19 related issues, such as providing resources for families to undertake activities with children. One ABSS service 'relaxed' their criteria for service participation and were able to 'keep on' individuals who did not live in an ABSS ward, when they would not usually do so.

The key person in public health explained that their services mostly continued with the introduction of online consultations. They explained that much of the work public health organisations were undertaking involved responding to statements made by the Prime Minister, implementing these 'gold level' commands at a local level, sometimes on very short timescales and involving repurposing of staff. They explained that the pandemic brought about '*changes to healthcare like never seen before'* involving '*monumental shifts of thought processes'*. They highlighted the uniqueness of the situation in terms of how staff were impacted both personally and professionally, such that they were dealing with significant changes in their workplace and personal worries relating to the virus.

The key person in children's services explained that work focused on *'making sure that our services are safe and that vulnerable children and young people that we know of already are supported'.* This involved risk assessing all known cases in children's care and SEND (special educational needs and disabilities) and making informed judgements about how to maintain contact. In some cases, social workers maintained contact with clients via online applications (e.g. Zoom and WhatsApp), while others continued face-to-face visits. Services also adapted their work with the courts, using remote court sessions and fewer physical appearances. Staff also worked from home where possible.

The key person working with victims of domestic abuse explained that the work she and her teams undertook had not changed during the pandemic, apart from being undertaken remotely. Case conferences and meetings were conducted online rather than face to face.

The key person in the police explained that their work involved ensuring that staff were safe and that they retained the key focus of policing, '*to keep people safe, help people and catch criminals',* which was consistent throughout the whole period. They had identified essential staff to have at the police station and who was able to work from home, to allow social distancing in the workplace. Their aim was to keep those with a frontline role at work as far as possible to remain visible in the community, delivering the national police approach. This approach is the '4 E's': Engage, Explain, Encourage and Enforce[2] with 'enforce' being '*very much a last-ditch effort really where everything else failed'* in Southend.

[2] See Police Federation (2020) *Guidance issued on new police powers* at https://www.polfed.org/news-media/latest-news/2020/guidance-issued-on-new-police-powers/ for further context.

This key person also described how the demand on their service changed during the pandemic. Where calls coming into the force control room would usually be related to the night-time economy or anti-social behaviour for example, during the pandemic these were about individuals not adhering to lockdown rules, such as by using public space in unallowed ways. This impacted on the nature of policing in the community because it involved engaging with members of the public to address behaviour that would ordinarily be considered acceptable and even encouraged, such as families using parks as a space to spend time together.

In addition, the police member explained that during the pandemic, the police force made more extensive use of online communications across three different areas: internal communications within the police, communication with partners, and communication with the Southend community. They continued with multi-agency meetings, including those relating to town centres around Southend. Despite retail being closed, individuals still congregated in these areas in part because services were located there. Ensuring these meetings still happen, and that relevant information sharing agreements were in place, ensured that there was continued information sharing, which they considered to be key. They stated:

> *'we've done our very best as a partnership to keep communicating and sharing that information so we can piece together that jigsaw'.*

Organisations' support of staff

The key person in public health highlighted the anxiety and worry staff experienced during the pandemic. They explained that during the first few weeks, there was a constant flow of new information coming into organisations, and while some staff had '*taken it in their stride',* others were '*panic stricken'* and some were even '*tipping into a mental health crisis themselves'*. Staff support varied across services, and additional mechanisms were quickly put in place, including a COVID-19 staff helpline. The key person in public health described how public health organisations responded to the recognition that minoritised ethnic groups were experiencing a more adverse impact from COVID-19 by undertaking individualised risk assessments for members of staff from minoritised ethnic groups. They also explained that their region did not have major problems with the supply of personal protective equipment (PPE) but that ensuring that the correct equipment reached the correct teams involved a lot of work, which had become '*a well-oiled machine supporting all the teams'.*

The key person in children's services explained that early in the pandemic, staff were '*worried and scared and nervous'* and frequently enquired about PPE provision. The organisation responded by being clear to staff that in most circumstances in children's social care PPE was not needed (because intensive personal care was not being provided). Instead, methods such as hand washing and sanitising, maintaining social distance, and not putting oneself at risk were emphasised. However, staff visiting families who had declared COVID-19 symptoms were supplied with PPE. The key person explained that staff anxiety was relieved by this reassurance.

In addition, this key person explained that during the return to normal, they would be clear with staff about taking responsibility, social distancing, washing hands and using sanitizer. Judgements would be made about who would return to work (rather than working from home) based on their role and their individual circumstance. For some staff, such as those who were isolated or living in a bedsit, working remotely had been very difficult, and so they might be encouraged to return to work sooner.

The police key person explained that as an organisation, they ensured that adequate PPE was in place. Staff knew that processes were in place regarding any vulnerabilities they might have that meant they needed to shield, and for reporting any symptoms.

Both the key person in the police and in children's services explained that staff sickness levels were lower than usual during COVID-19. They offered different explanations as to why. The police key person suggested that it might be *'commitment and willingness to battle on through the […] crisis'* or the impact of practices such as washing hands. The key person in children's services suggested that people might feel more able to work from home even when unwell than they would if they had to travel in to work. They also explained that many staff were not taking leave due to not having anywhere to go, and that the organisation was encouraging them to because they did not want them to '*burn out',* and because it would not be possible to have all staff taking leave together post-lockdown.

A practitioner delivering an ABSS service explained that there had been excellent support from ABSS during the pandemic. They stated that ABSS have *'been incredibly supportive to us as providers'* by *'working with us'* to keep programmes on track, being more flexible about controls, keeping delivery partners updated, and by trusting providers.

Experiences of online working and virtual service delivery

All four key persons explained that their organisations used online communication platforms during the pandemic, for example using Microsoft Teams for staff meetings and appointments with service users (such as health-related consultations). All explained that online communication would likely continue after the pandemic for some areas of their work because it has been beneficial. These included meetings involving staff members who were not in the same geographical area, and appointments with families / children when there was no need to be physically present (e.g., to conduct an assessment). Key persons felt that the switch to online communications was more practical (for both staff and families) and that in some cases this increased participation (in appointments and meetings), but that there was still a need for 'face to face' contact in some circumstances.

The key person in DA reported that using MS Teams for multi-disciplinary staff meetings was beneficial because people were more able to *'dip in and out',* and as a result there was representation from a wider than usual range of agencies. Similarly, the police key person described that attendance at a multi-agency meeting involving community representatives doubled with the use of an online platform.

The key person in public health explained that 'reset' work would involve examining which aspects of virtual consultations they would retain. Their organisation intended to distribute service-specific online questionnaires to parents to get feedback on how virtual consultations had worked for them. They also felt that using Microsoft Teams for staff communications was beneficial for practical reasons and helped staff to feel more interconnected. However, they felt that occasional face-to-face get togethers would continue to be necessary for team building purposes. They also felt that the length of online communications needed to be monitored to look after the health and wellbeing of staff.

The key person in children's services explained that some young people had engaged better with their social workers through online platforms and that it was '*just a more efficient method'*. However, they recognised that social workers also needed to see people in person, especially because it was not possible to fully assess the individual's surroundings online. Regarding work with the courts, they described undertaking *'standard, pre-court planning'* online as '*really effective*', apart from in particularly uncomfortable or difficult cases, or where translation was needed. They expressed a need to be careful about going *'too far'* in the reliance on remote contact. They did not want to lose what had been learned from implementing online communications but saw doing '*too much of it'* as a risk.

In the police, online methods were used for internal communications, communications with partners (including multi-agency meetings) and communication with the Southend community. The first two involved platforms such as Microsoft Teams. For the latter, police used Facebook live events to host question and answers sessions for the public, holding these daily at the start of the pandemic to ensure an '*open flow of information'.* The key person had originally been concerned that relying on social media and virtual platforms would '*cut out a section of the community',* but they explained that the opposite happened, with the use of Zoom increasing attendance compared to in-person offerings, including from previously underrepresented groups. The increased use of technology across the service system had led to positive practice and they stated that it will *'absolutely'* remain after the pandemic, and that *'without a shadow of a doubt it is far more efficient'*. They explained that unlike phones, online video communications allowed people to 'read' non-verbal signs. However, like others, they also saw a continued role for 'face-to-face' communications, particularly for relationship building.

Many frontline practitioners in ABSS services spoke positively about providing support online and identified aspects that they wished to continue post-COVID-19. One practitioner working in speech and language explained that they had created videos for families demonstrating techniques and shared them online, which were beneficial in comparison to their usual information which involved describing (as opposed to showing) techniques. While overall there was a sense that distanced-working strategies were effective, it was recognised that it was also more tiring and difficult than usual, and there were limits to what could be achieved.

One parent interviewee reflected on the possibility of ABSS services continuing online sessions beyond the pandemic and explained that they would value online content. They had previously attended the HENRY course and found it helpful, and explained that their husband would have benefited from being involved had it been offered online. While they shared information from the course with their husband, they felt this *'would have been more powerful coming from the person delivering the course'* and online content could have increased its accessibility.

Professionals' perceptions of local services and support in the community

Practitioners perceived local services, within and outside of A Better Start, as being largely effective. Services and projects that were described as especially helpful included:

- The Southend Coronavirus Action Helpline[3]– seen as an important element of collaborative working in the community.
- Early help/early intervention teams – seen as helpful for young mums who are struggling during this time.
- Westcliff Library online sessions (toddlers 'sing along').
- Local Autism Spectrum Disorder (ASD) services (particularly Little Heroes charity) - described as doing essential work, due to children with an ASD diagnosis particularly struggling.
- Safe Steps (charity working with people affected by DA) – described as helpful for signposting.
- ABSS partners (e.g., Family Action, 'Let's Talk') - described as undertaking some very effective work.

In addition, the community response more generally - including parents in ABSS wards - was recognised by practitioners as impressive. They described parents providing each other with valuable social support and signposting. There was also one description of a parent being involved in teaching other parents a new skill online.

The key person in the police reflected on the local 'Black Lives Matter' event of around 600 people that occurred during the pandemic, and the positive sense of community within this. They explained that it was a gathering more than a protest, and that they were *'really proud'* of what they observed, as there was a *'family atmosphere'* and although it was not observed

[3] The Southend Coronavirus Action Helpline was launched on 1st April 2020 by Southend Borough Council in collaboration with numerous third sector partners. Residents who need help call the helpline and the case is referred to a triage team who refer the case on.

everywhere, people tried to observe social distancing. They stated that '*the atmosphere and the method that it was carried out with spoke volumes'.*

In line with the view expressed in interviews that local services were undertaking effective work, one interviewee spoke positively about the support available in Southend, both in general and during the coronavirus period:

> *'Southend is one of the most supportive areas that I've lived in. The health visitors, or my GP, or children's centres, we have had to use food banks a couple of times. And we actually went the other day to one, SAVS did a referral for us, and I've had the essential living funds. So, the support in those elements is fantastic.'*

However, while one practitioner explained that the collaborative element of responses by local services had been extremely helpful, two others identified missed opportunities to be more collaborative. One practitioner felt that more awareness of the work of other services would have made local support more effective. Possible reasons given for missed opportunities to collaborate included being physically apart from each other, each service needing to fulfil the needs of their own organisation, and difficulties contacting other organisations. Linked to this, there was recognition of difficulties in how services ran under lockdown restrictions. The adaptions made to follow social distancing guidelines meant that contacts between services were *'less instant'.*

Some interviewees also reported a lack of awareness among families of the community help that was available, with a leaflet from the council giving information about the coronavirus helpline and food and prescription deliveries not being received by all residents. It was also recognised that the combination of new lockdown-related challenges and an inability to access all services in the ordinary way was problematic for some families.

Two key persons explained that within their organisations, there were more effective working relationships and joint decision-making processes. The key person in children's services described effective work happening across the voluntary sector, children's centres, and A Better Start, even where previous working relationships had not been effective. The urgency of the situation and the need for organisations to get immediate support to families facilitated this by preventing '*overthinking'* and questioning *'who should be doing what'.* The key person hoped that these effective relationships would continue.

The key person in DA reported that '*focused work'* that occurred during the pandemic was beneficial. They described a COVID-19-specific task and finish group that had greater coordination and consensus than similar groups ordinarily did, suggesting such groups were usually less well coordinated due to all parties being focused on their own roles.

Organisational challenges post COVID-19

Two key persons described concerns about budgets. The key person in public health explained that the cost improvement pressure after the pandemic *'is going to be huge'* because COVID-19-related spending would need to be recouped against the backdrop of the longer-term '*health and wellbeing fallout'.* They expected that services would only go back to '*any sort of complete normality'* once a vaccine was widely available, a development that they envisaged having a role in managing and supporting. This same key person was also challenged with organising the delivery of a vaccine in schools with increased targets in Autumn, while working with a team to assess different models for doing so.

The key person in children's services also expressed financial concerns. They explained that there were already overspends pre-COVID, and that post-COVID there would be an increase in demand (and hence more spending) across a number of service areas. Both key persons shared concerns about longer-term health and education inequalities being accentuated by COVID-19. The key person in children's services also described potential issues around socialisation, including getting children back into school and nursery, highlighting that additional support may be needed in these areas.

Improvements in community relations and support were experienced during the pandemic, and services that facilitated community engagement and communication might be beneficial in the aftermath. Interviewees described the benefits of community support during the pandemic, with neighbours helping each other more, such as by offering to pick up items when going to the shops. Even 'clapping for the NHS' was mentioned as creating community spirit and being a chance to see and wave to neighbours they had not seen previously.

Parents indicated a preference for non-interactive forms of delivery for receiving additional support specific to the COVID-19 pandemic, such as written materials. Practitioners suggested that a loosening of normal rules and structure in terms of the threshold for accessing and remaining with a service would be beneficial during the pandemic.

Organisations were likely to continue using online communications and virtual service delivery after the pandemic, with preferences for a 'mixed' approach incorporating both online and 'face-to-face' methods. All organisations and services represented in this research reported that they continued service delivery (either fully or partially) during the pandemic by adapting how they communicated internally and with service users/beneficiaries. This included the use of online communication platforms and social media, and staff working from home. Key persons felt that the switch to online communications was more practical (for both staff and families) and in some cases increased participation (in appointments and meetings), but there was still a need for 'face to face' contact in some circumstances.

While overall there was a sense that distanced-working strategies were effective, it was also recognised that it was more tiring and difficult than usual, and there were limits to what could be achieved. Strategies needed to be implemented to support this provision over the longer term. Improvements in multi-agency and cross-organisational working were experienced during the pandemic. Working together to identify the positive aspects of partnership working could enable these improvements to be taken forward.

Discussion

What enabled the effective response of ABSS Partners?

In the face of rapid shifts in the service landscape, the agility and responsiveness of so many ABSS partners point to the importance of partnership working and meaningful connections with communities. In what follows, we offer an overview of the key elements of ABSS's approach which we believe created conditions that made it possible for partners to meet the needs of beneficiaries over this period.

ABSS as an organisational change intervention

A Better Start Southend (ABSS) as a programme relies on a partnership approach that sees organisations working across institutional boundaries to achieve common objectives. Those objectives are developed by strategic and service delivery partners, including statutory, community and voluntary organisations, alongside parents and other community members. Co-production and community empowerment are key features of the approach. ABSS looks to re-shape the way that organisations and community members work together to create a child- or family-centred approach that can improve outcomes for young children in some of the most deprived areas of Southend.

Co-production

Traditional models of public service production see public officials having responsibility for designing and delivering services to citizens, who evaluate the services at the end of the process. However, the active involvement of citizens in the development and delivery of services has become increasingly prominent in recent years (Pestoff et al. 2006). Co-production, sometimes also referred to as co-creation, is frequently used in public policy reform, the promotion of active communities (Osborne et al. 2016; Brandsen et al. 2018) and delivery of services (Culpin, 2021).

The core vision of co-production is that service providers and citizens are equal, and that citizens are 'asset-holders' (Bovaird and Loeffler, 2013) with diverse capabilities that can benefit service design and delivery. For a culture of equality to be achieved, there needs to be a shift in power away from service providers and towards citizens, alongside value and respect for the assets that everyone brings to co-production (Boyle, Slay, and Stephens, 2011). Co-production is built on principles of reciprocity and mutuality (Bovaird and Loffler, 2013) with mutual responsibilities and expectations made explicit. Such interactions provide opportunities for citizens to directly contribute to their communities through the production of services (Pestoff, 2006; Boyle, Slay, and Stephens, 2011).

Citizens become equal partners in the co-production journey and through that can help services to overcome perceived barriers (Osborne et al. 2016). It is a cooperative and complex process in which the roles of those involved are interdependent (Brandsen and Honingh, 2018). By mobilising citizens, Bovaird and Loffler (2013) argue, the focus is not on outputs and narrow results, but on achieving better outcomes for the wider community. By

integrating principles of sharing power, respect and trust, co-production offers a framework that changes systems by identifying barriers to community power.

The adoption of a co-productive approach allows ABSS to bring together parents and other community members with service providers and other partner organisations. Parents are involved at every stage of ABSS, from governance of the programme and co-production of the design of services, to delivery of services and engagement with the wider community. This approach underpins the way that ABSS seeks to achieve its aims of improving outcomes for children and families in Southend.

A Programme Theory of Change

The work of ABSS is guided by a Theory of Change (ToC) that sets out how the ABSS programme expects to achieve improvements in its outcomes. A ToC is a process-orientated tool that describes what is required to achieve a desired social change over time (Anderson, 2005), based on a theory of how and why an intervention should work (Weiss, 1995). The ToC specifies the causal links and sequences of events between intervention and outcomes, to guide the multiple activity streams needed to achieve the aims of the intervention. It presents the logic behind why an intervention will work, by setting out the preconditions and the short- and medium- term outcomes that will lead to the long-term outcomes.

The ToC is developed in collaboration with partners and stakeholders in 'a facilitated process of analysis and reflection' (Allen, Cruz & Warburton, 2017, p.957) in which participants jointly define the intervention and its aims. They then identify and examine the assumptions that underpin each step in the chain of logic, bringing in evidence from literature and from the professional and lived experience of participants to question and refine the design of the intervention. By identifying what is needed to make an intervention successful and its underlying assumptions, it then becomes possible to track progress and, if needed, alter either the design of the intervention or the way it is explained by the ToC in response to what is learned while the intervention is running. The ToC is frequently presented as visual representation of the different elements to illustrate how they are connected to each other.

The COM-B Model of Behaviour

Co-production and partnership working are mechanisms by which ABSS seeks to create change at system and organisational level. To understand how ABSS interventions might achieve change at the level of the individual or family, the ABSS ToC utilises behavioural theories that can explain the mechanisms involved.

Behavioural theories are widely used in social sciences to inform the design of interventions and in implementation research (Michie et al. 2009; Eccles et al. 2012). There are many theories explaining behaviour change, originating from a wide range of disciplines (Eccles et al. 2012; Michie et al. 2014), however, there is little to aid the selection of an appropriate theory for a given context (Michie et al. 2011; Michie et al. 2018). In addition, such theories may not provide enough clarity about which factors led to observed changes and outcomes (Eccles et al. 2005; Green and Glasgow, 2006; Michie et al. 2009). Several authors identify

that there is a lack of documented evaluations of interventions using these theories, and few published studies describe in detail the content and delivery of an intervention (Odom et al. 2003; Marteau et al. 2015; Michie et al. 2018). When the aim is to change behaviour, knowing the details of interventions that have already been shown to be effective provides a rationale for selecting theories that will be able to measure the impact of the intervention in practice, and that can explain how the different components of the intervention operate together (Michie et al. 2009). This can improve the understanding of how and why particular interventions are effective and result in changes in behaviour (Eccles et al. 2005).

In response to this, Michie and colleagues (Michie et al. 2011, 2014) developed the Behaviour Change Wheel (BCW) based around the COM-B model of behaviour, which describes a systematic approach to developing behaviour change interventions that can be applied across behaviours and settings (see Figure 1). The COM-B model was developed from 19 existing frameworks of behavioural theory identified in a systematic literature review. The COM-B model describes how different elements produce and shape behaviour and proposes that three essential components need to be present for behaviour to take place: Capability (C), Opportunity (O), and Motivation (M). The model proposes that a particular behaviour will only occur when an individual is psychologically and physically capable, has the social and physical opportunity, and is motivated (automatic and reflective) to enact that behaviour rather than any other (Michie et al. 2014). Figure 1 demonstrates that this model also proposes that Capability and Opportunity influence Motivation, and this is central to the model, driving the behaviour enactment.

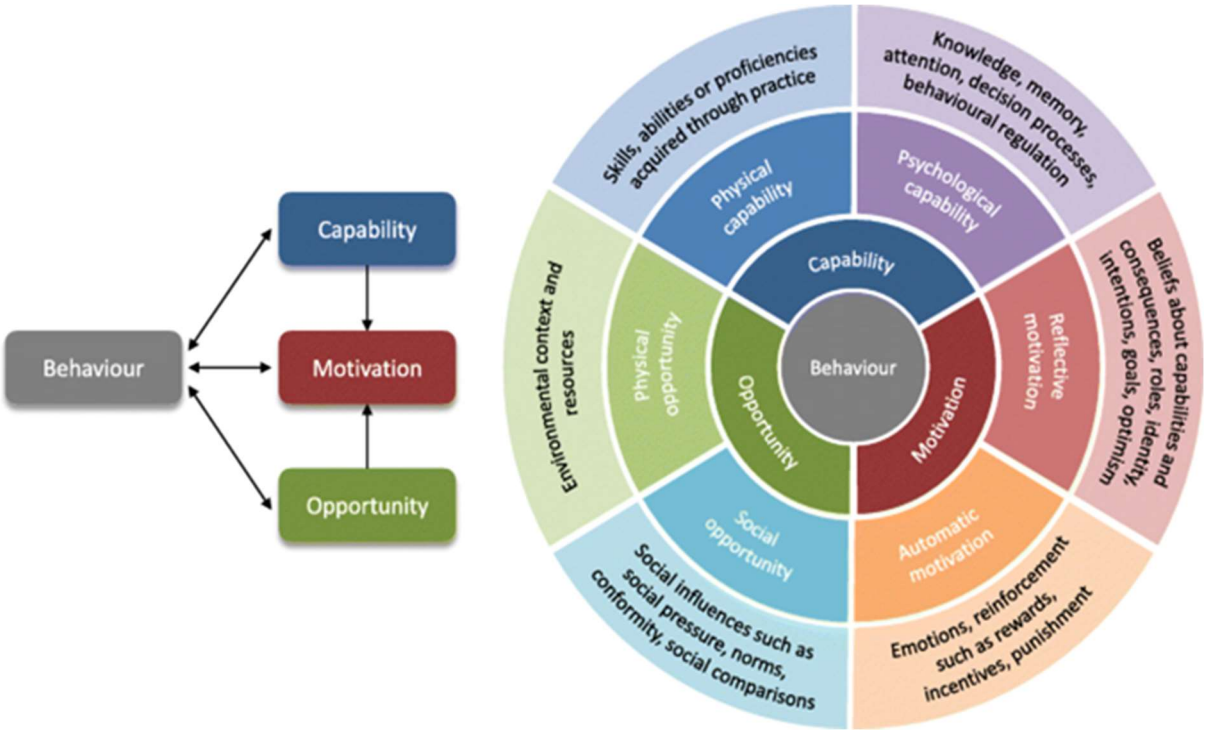


Figure 1: **The COM-B Model and Behaviour Change Wheel**

The COM-B Model and the Behaviour Change Wheel have been applied in several contexts previously, including interventions around UK guidance on tobacco use (Michie et al. 2012) and adherence to weight loss programmes (Coupe et al. 2021), and a study of the implementation of evidence-based guidance in public health policy and practice (Atkins et al. 2017). The variety of applications demonstrates its versatility as a framework.

One advantage of this behavioural model is that, while the underlying theories and detailed work within each domain are sophisticated, the basic COM-B Model is relatively simple and intuitive and can be applied to a wide variety of behaviours, contexts and intervention designs. This means the COM-B Model is well-suited for use as an explanatory mechanism for a complex programme involving multiple interventions such as ABSS.

Developing the ABSS ToC

The ABSS ToC was developed using a Contribution Analysis (CA) approach, a systematic approach to evaluation (Mayne 2008; Wimbush et al. 2012) that explores cause and effect by analysing the extent to which outcomes can be attributed to a particular intervention. This approach develops a narrative that portrays the 'journey' from an intervention's resources to its key principles and outcomes (Patton 2012). As described by Mayne (2008), the first stage in this journey is to identify what the cause-effect issue is that needs to be addressed, and the second is to develop a Theory of Change (ToC) that can address that cause-effect issue, including identifying risks to its success. Once the ToC has been developed, evidence can be generated in response to it.

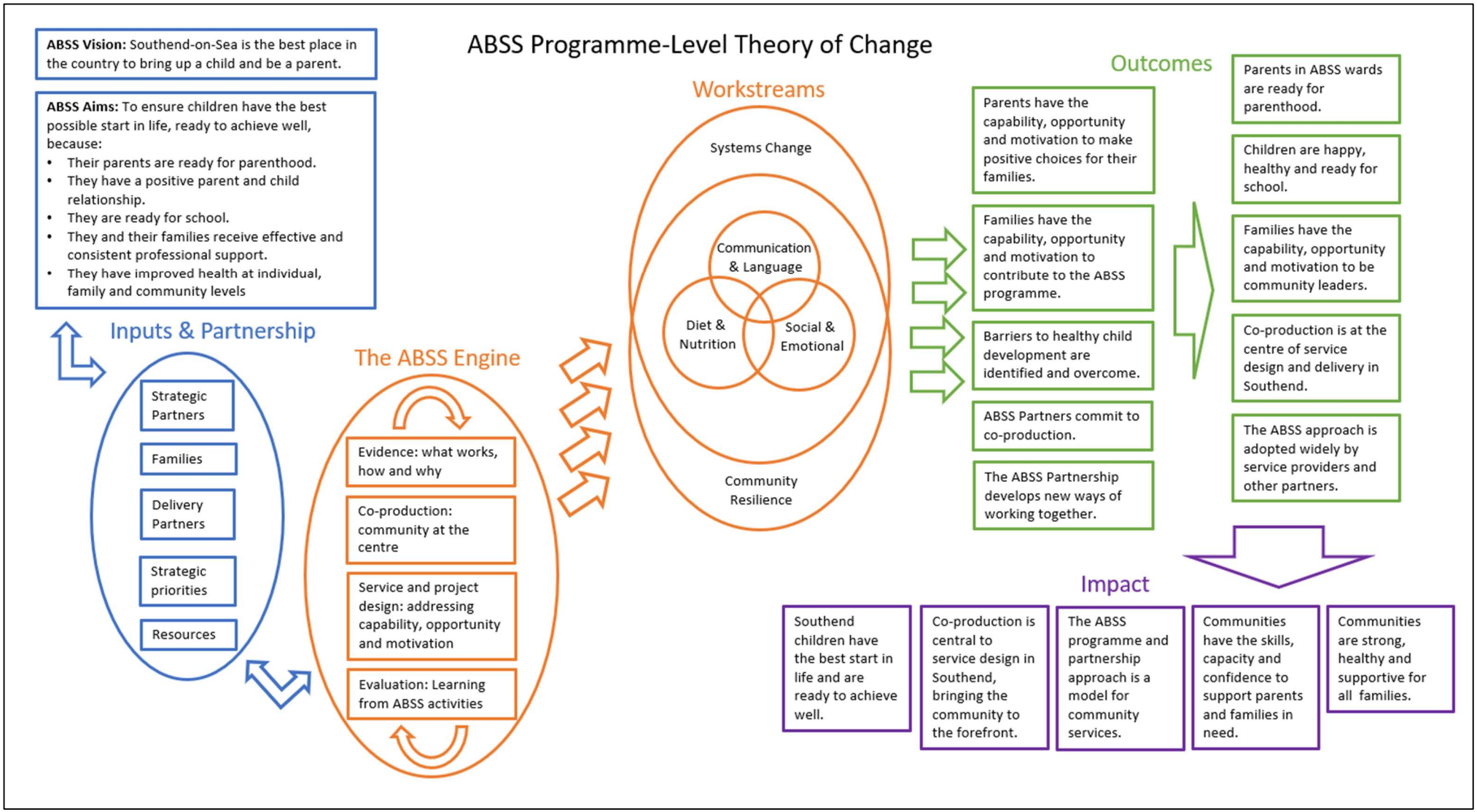
In developing the ABSS programme's ToC, there was a need to understand how and why interventions might lead to changes in the behaviour of parents and young families. The COM-B Model provided a succinct explanation for this. Including the COM-B Model as a mechanism within the ABSS ToC arose from the collaborative process of developing the ToC. Through conversations between stakeholders, including researchers, parents, ABSS staff members and members of ABSS governance groups, the COM-B Model emerged as a valid and recognisable explanation for how individual interventions or services within the ABSS programme were expected to work.

The graphic version of the ABSS programme Theory of Change (Figure 2) begins by setting out the ABSS vision and aims, focused on ensuring children have the best start in life by supporting parents/carers to be prepared for parenthood and by supporting children's social, physical and emotional development. It then sets out the collaborative nature of the ABSS approach, bringing together different stakeholders with Strategic Priorities and Resources as elements ABSS draws on to transform local services and children's lives.

The 'ABSS engine' drives this process, bringing together four elements. Evidence provides an understanding of 'what', 'how', and 'why' interventions work. Co-production creates a common vision of what interventions aim to achieve and how this can be done. The COM-B model underpins service design, with services encouraging behaviour change by addressing capability, opportunity and motivation. Through evaluation, ABSS learns how successful its approaches are and can feed that evidence back into the beginning of the loop. This, then, becomes an iterative process, with the ABSS partnership as a whole learning from its own activities.

The engine links to the ABSS workstreams, with designed services addressing each of these areas. The interlinked workstreams of communication and language, diet and nutrition, and social and emotional development, are themselves interlinked with the cross-cutting themes of system change and community resilience. The interventions designed through this process are targeted to address short-term and intermediate-term outcomes, which in turn lead to the overall impacts that ABSS seeks to achieve.

Figure 2: ABSS Programme-Level Theory of Change



Conclusions

This paper has shown ABSS as an example of how delivering effective services is conditioned by some key factors. These factors require a multi-dimensional approach where the focus is on cultivating the relationships and interactions with the community to achieve the best outcomes for service users.

Within ABSS, there is an understanding that evidence of 'what works' to deliver services can benefit services users and delivery partners. A partnership approach with an emphasis on community empowerment can also pave the way for systems change. Principles of trust, respect, and mutuality play a key role in ensuring the involvement of families and other partners in decision-making thus providing the best possible support to parents and their children. Through a test-and-learn approach and informed by the experiences of families and practitioners, ABSS has had the opportunity to understand what's needed and how best to improve services.

In the context of the pandemic, this focus on building relationships and trust between organisations, the community and individuals became an important driver of the types of responses that services were able to deliver. Organisations were able to work more closely together, in ways that broke down institutional barriers to action, because there were already relationships of trust and a partnership approach to service delivery in place. Services could be responsive to the needs of families because those families were already deeply engaged with the design and delivery of those services. While the means by which services were delivered shifted from face-to-face to predominantly digital means, the relationships between service providers, the community and individual families remained largely intact.

The issue of digital exclusion did not emerge as a significant point during this research, but it is likely that this reflects that people experiencing exclusion from services due to a lack of digital access would not have taken part in this research. This is an area that responses to future emergency situations will need to consider, as those in the greatest need of support from services might have been those least able to access them.

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