

Impact Story Template and Guidance

Impact Story Template

Name of the NIHR Infrastructure Centre
ARC South West Peninsula
Contact details for further information on the Impact Story*
Name: Vashti Berry
Contact details: V.Berry@exeter.ac.uk

*Please note that NIHR CC may approach the individual(s) named above for further information.

Title of the Impact Story

Title of Impact Story <i>[A short title using plain active language that summarises the impact (not the research findings)]</i>
Kailo contributes to systems change in youth employment in Northern Devon
Does this Impact Story provide updated information for a previously submitted Added Value Example (AVE)?
No
If this is an update to a previously submitted AVE, please provide the title and year of submission of the AVE for which this is an update.
NA

Impact Summary (maximum 150 words)

Briefly summarise, in plain English, what the problem was, how your Centre has worked with other NIHR infrastructure and/or parts of the health and care system to address it and what has changed as a result of your research evidence. Please include who benefits and how (using the types of impact outlined in the guidance), including benefits for the health and care system. Please include any 'if' statements as relevant e.g if shown to be feasible; if implemented regionally; if adopted nationally.
Kailo is a prevention framework that takes a place-based portfolio approach to address the social determinants of mental health. Through a 5-phase programme of work, young people and community members identify locally relevant social determinants and design solutions. In Northern Devon, young people identified access to diverse opportunities and employment as a key priority. Through sharing young people's perspectives, Kailo has contributed to influencing key organisations and strategy groups understanding of the problem and mobilised work around this priority area as a shared goal. Data suggest organisations in Northern Devon now place greater value on youth participation.

If implemented and sustained in Northern Devon over time, Kailo has the potential to influence the system to equip young people, educators and employers with the knowledge and skills to help young people access opportunities locally. This is likely to have a positive impact on their mental health over the long-term.

Impact Details

Please describe:

- What the problem is (e.g. overall prevalence of condition, capacity/skills gap, area for operational improvement, cost to society and/or NHS and social care);
- How your Centre has worked collaboratively with other NIHR infrastructure and/or parts of the health and care system;
- What the impact of the research has been (using the types of impact described in the guidance above);
- Who has benefitted and how; and
- How NIHR's Infrastructure funding has contributed to the impact, particularly in terms of system influence as outlined in the guidance above. What would have happened if this funding didn't exist?

This section can include impact (including evidence) that the team is aware of but has not been directly involved with.

500 words

Young people's mental health in the UK is in crisis, and there is a need for population-based prevention that addresses the wider social determinants of mental health. Kailo is a place-based research and design framework that seeks to address the root causes of young people's mental health difficulties. Kailo has five phases of delivery – Readiness, Early Discovery, Deeper Discovery and Co-Design, Implementation, and Embedding Systemic Change. Introduced in Northern Devon in 2021, young people, together with community partners, identified a lack of diverse opportunities and employment as a significant issue impacting their mental health and wellbeing locally.

Mobilising key stakeholders around a shared goal

Findings from the first three phases of Kailo, including insights from young people, were disseminated throughout the region by the Kailo team through presentations, summary reports, and word of mouth as well as academic journal articles. Kailo findings provided local employers and systems leaders in Northern Devon with a better understanding of the nature of the problem, and insight into the barriers and opportunities for creating systems change in relation to young people's access to diverse opportunities and employment. This contributed to mobilising organisations in the VCSE and education sectors and action/working groups including local business leaders towards addressing a shared goal that local young people identified as important. For example, a Kailo representative said, *'off the back of the work that we shared in that meeting, they [a town working group] were going to rework their strategy to align with the key findings that came out of the [Kailo] research and the co-design process.'*

Valuing youth voice

Our research data suggests that Kailo has influence; more organisations in Northern Devon now see the value of youth voice in their work. A Kailo representative said, *'that's what a lot of people have said to us as like the value, of what Kailo has added is highlighting to people the importance of listening [to young people] [...] people have started to see [...] the value of young people's voices in kind of shaping and supporting the development of guidance and tools and services.'*

An example is the delivery of neuro-diversity training for professionals, designed and delivered by a co-design team of neurodiverse young people, facilitated by Kailo. This is now in the final stages of consideration for scaling up by a large UK youth-focused foundation.

Kailo contributes to groups that are changing the system

Kailo is meaningfully contributing to key strategic leadership and decision-making forums. Recent progress includes Petroc College's pledge to create 100 apprenticeships in 100 days – a goal exceeded with over 125 apprenticeships created to date, with over a month to go. Another significant win in the region is the acquisition of £20 million in Levelling Up funding to support projects in Torridge. Kailo contributed evidence and research about local young people's perspectives to inform this bid.

Kailo continues to champion youth participation, facilitate the development of relationships between key decision makers, and contribute to existing change efforts to address locally relevant challenges.

Please link to the sources of evidence of the impact described in this Story (e.g policy documents, reports, datasets, news articles, videos, reports, testimonials, websites, awards)

https://www.linkedin.com/posts/peter-morrish-5b24ab17_northerndevon-childrenandyoungpeople-collaboration-activity-7283179425863532545-OdsP/?utm_source=share&utm_medium=member_ios

<https://www.bbc.co.uk/news/articles/ce9831nxmq3o>

https://www.linkedin.com/posts/alex-kelly-waymakers_rise-northerndevon-youngpeople-activity-7313533013072506880-suTT?utm_source=share&utm_medium=member_desktop&rcm=ACoAAAcv2ZqBX6t-AKo-EvtYPrN_sh_PXyr8V9Q

A Kailo representative said, '*different relationships and connections are being formed as a result of Kailo's involvement [...] we have quite a wide range of relationships from across the sector as well, across the system in different ways in Northern Devon [...] Kailo has acted as a bit of a convener and connector in relation to bringing some of those key stakeholders into conversations*'.

Next steps and Lessons Learnt

Please outline the next steps in your journey to achieving impact, particularly where the impact is still in the early stages. Are there any barriers you anticipate to the next steps you have outlined above and how can NIHR support?

300 words

The Kailo team will continue working in Northern Devon to identify opportunities where they can partner with local stakeholders to incorporate the intervention principles developed by young people into existing change efforts. Kailo will seek to understand from employers' perspective what they need to support young people accessing meaningful opportunities and employment, and what needs to shift.

The Kailo team will also work with local stakeholders to further develop a Theory of Change and accompanying road map with tangible actions and next steps.

The Kailo team is now also transferring local ownership and leadership to local partners – led by the Devon Mental Health Alliance. They are currently leading a subsequent round of Discovery and Co-Design phases of the work.

Potential barriers to this work include limited Kailo design and delivery team resources and the risk of low employer engagement with ongoing work.

Any lessons learnt along the way that might benefit someone else on a similar journey?

300 words

As an external programme working in Northern Devon, one of the central challenges of Kailo to date has been how Kailo strikes the right balance between holding relationships and connections, facilitating and holding streams of work, versus encouraging the local system to be taking ownership of this, independently of the Kailo team.

Balancing the emergent nature of systems change with the needs of stakeholders who are used to working with concrete objectives and funding requirements.

Communicating effectively with various stakeholders to sustain their buy-in over time (particularly in a context of limited time, resources and significant local government and health system reorganisation).

Health category/ field of research

Please indicate 'YES' to **all** that apply.

HRCS Health Category	Please indicate 'YES' where applicable	NIHR Priority Areas	Please indicate 'YES' where applicable	NIHR Goal Outcomes	Please indicate 'YES' where applicable
Blood		Elective Care		NHS there when people need it	
Cancer and Neoplasms		Primary Care		Fewer lives lost to biggest killers	
Cardiovascular		Urgent Care		Fairer Britain, where everyone lives well for longer	
Congenital Disorders		Cancer access			
Ear		Social care			
Eye		Mental Health			

Infection		Stroke and heart disease			
Inflammatory and Immune System		Cancer survival			
Injuries and Accidents		Suicide			
Mental Health	Yes	Smoking			
Metabolic and Endocrine		Alcohol			
Musculoskeletal		Air pollution			
Neurological		Obesity			
Oral and Gastrointestinal		Physical activity			
Renal and Urogenital					
Reproductive Health and Childbirth					
Respiratory					
Skin					
Stroke					
Generic Health Relevance					
Disputed Aetiology and Other					

Impact Story Guidance

1. Purpose and uses of Impact Stories

Impact Stories give DHSC and NIHR sight of the value that the research it funds brings to the health and wealth of the nation, including achievements in and progress towards improving patient outcomes, reducing health inequalities, serving the health needs of under-served communities and building national capacity and capability to conduct high quality health and social care research. They help DHSC and NIHR to (1) demonstrate this value to our stakeholders, for example, government ministers and departments, the health and care system and patients and the public; (2) evaluate and evidence the impact of the research we fund; and (3) inform decision-making about our funding processes and priorities.

2. What does NIHR mean by 'impact'?

For NIHR, research impact is about **making a meaningful difference to people's lives through the research we fund and support, making a difference to wider society and effecting meaningful change i.e an effect or benefit**. We recognise that the journey to achieving this looks different for research infrastructure and even different types of infrastructure. We have, therefore, developed guidance on the types of impact we would like to hear about from the infrastructure we fund, as outlined below.

Please note that **you can include progress towards impact, particularly if you're reporting impact from infrastructure that sits earlier on in the innovation pathway. It can also include information on what might happen when/if the research gets embedded in practice, as long as it is clear to the reader that this has not happened yet**. We are also keen to hear about the impact that the research we have funded has had that NIHR funded teams are aware of but have not been directly involved with. We want to be able to evidence our impact as described below.

3. Impact types:

Please consider the following impact types and types of evidence when providing your example. Evidence can be quantitative e.g number of patients affected, amount of money saved, number of people trained or qualitative e.g patient testimonials, quotes from service users or public contributors, statements from policymakers.

Types of impact	Types of evidence
Improvement in or progress towards patient/service user outcomes	<ul style="list-style-type: none">• Improved outcomes in health or social care (also includes prevention of poor outcomes)• Decreased time to diagnose or treat• Improved health literacy and public awareness
Progress towards or implementation of changes in service delivery	<ul style="list-style-type: none">• Improved patient safety• Commissioning or decommissioning of a service• Improved patient care pathways• Improved management of a disease or condition• Improved access to services or quality of care
Policy influence	<ul style="list-style-type: none">• Influencing policy or clinical guidelines and subsequent implementation or de-implementation

Capacity, skills or workforce development	<ul style="list-style-type: none"> • Training or skills development that fills a gap • Capacity development in under-represented professions or groups • Increased capacity and capability to respond to needs of commercial companies and/or the health and care system
Systems influence	<ul style="list-style-type: none"> • Relationship building and improved collaborations and ways of working between different parts of the health and care system, including with ICB/S • Improved adoption or uptake and subsequent implementation, including through HINs • De-implementation or de-commissioning of services • Improved operational efficiencies • Improved embedding of EDI and PPIE
Developing and delivering operational excellence (particularly relevant for Networks)	<ul style="list-style-type: none"> • Developing operational excellence • Developing novel or innovative methodology • Improving cost-effectiveness • Implementation, adoption or spread of good practice regionally or nationally
Progress towards or evidenced economic impact	<ul style="list-style-type: none"> • Cost savings to the NHS, public health and social care • Increased revenues • Jobs created

