



Collective Change: learning from A Better Start – doing things differently for babies, children and families

Report from the Annual Shared Learning Event

June 2024



About A Better Start

[A Better Start](#) (ABS) is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund (TNLCF), the largest community funder in the UK. Five A Better Start partnerships based in [Blackpool](#), [Bradford](#), [Lambeth](#), [Nottingham](#) and [Southend](#) are supporting families to give their babies and very young children the best possible start in life.

Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

A Better Start is place-based and enabling systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. A Better Start is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services that aim to make people's lives healthier and happier.

[The National Children's Bureau](#) (NCB) is delivering an ambitious programme of shared learning and development support for A Better Start, working within, across and beyond the five partnership areas. The programme is funded by The National Lottery Community Fund.

We aim to amplify the impact of these programmes by:

- Embedding a culture of learning within and between the partnerships.
- Harnessing the best available evidence about what works in improving outcomes for children.
- Sharing the partnerships' experiences in creating innovative services far and wide, so that others working in early childhood development or place-based systems change can benefit.



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Introduction

Phil Chamberlain, England Director, The National Lottery Community Fund

The National Lottery Community Fund (TNLCF) is the largest non-statutory community funder in the UK. Community is at the heart of the Fund's purpose and vision. TNLCF supports activities that create resilient, inclusive communities that are environmentally sustainable, strengthen society and improve lives across the UK. TNLCF is proud to award money raised by National Lottery players across England, Scotland, Wales and Northern Ireland, to work closely with government to distribute vital grants and funding from key government programmes and initiatives.

TNLCF released its new strategy last year which continues to focus on communities and use the key principle of **'it starts with community'** to drive forward four new community missions:

1. To come together
2. To be environmentally sustainable
3. To help children and young people thrive
4. To enable people to live healthier lives

Through Lottery players' contributions, TNLCF distributes approx. £500 million a year through over 10,000 grants and plans to invest over £4 billion of funding into communities by 2030. TNLCF considers it a privilege to work with the smallest of local groups right up to UK-wide charities, enabling people and communities to bring their ambitions to life.

A Better Start (ABS) is TNLCF's 10 year (2015-2025) £215 million programme making it the largest of its strategic investments to date. Five Partnerships based in Blackpool, Bradford, Lambeth, Nottingham, and Southend cover 24 wards across ABS and support families to give their babies and toddlers the best possible start in life. The funding is being used to improve services in antenatal and early years provision. The work of the programme is grounded in scientific evidence and research, and it is a real place-based and enabling system change programme that aims to improve the ways that organisations work together and work with families to shift attitudes and spending towards preventing problems that can start in early life.

ABS partnerships support three key childhood development outcome areas.

1. Social and emotional development to help children develop positive relationships and cope with difficult situations
2. Language and communication so that children can engage with the world around them
3. Diet and nutrition, to support healthy physical development and protect against illness in later life.

The services and approaches funded by ABS can each impact on individual or multiple

child development outcomes.

Over the past 10 years there has been a significant impact in ABS wards, however, there have also been challenges faced throughout the programme. Austerity, Covid-19, and the rising costs of living have impacted on the lives of babies and young children across the UK. The ABS partnerships have demonstrated their commitment to giving babies and young children the best start in life, working flexibly and reacting to the changing environment to continue to improve outcomes for children in their areas. TNLCF responded by enabling ABS areas to work outside of their usual designated wards, to provide support for essentials such as food, and adapt their services to meet the immediate needs of families.

Throughout the programme, the partnerships have shared the rich learning in the wider area nationally and internationally. As ABS moves into its final year, the emphasis is on the legacy that the ABS programme will leave, ensuring the learning and evidence is available to shape the future of early years services. ABS is one of five major programmes set up by TNLCF to test and learn from new approaches to designing services. Learning and evidence from ABS has enabled TNLCF to inform local and national policy and practice initiatives addressing early child development. Over the past 10 years, TNLCF has needed to do things differently. There has been a flexible approach to grant management, allowing ABS sites to test and learn. This included:

- Assessing which services work best for their community
- How to best engage with families
- How their governance worked
- Who needed to be in the partnership
- Structure of partnerships' teams

This meant delivery looked different across the five partnerships. Partnership working has been a key feature, including developing good relationships between TNLCF as the funder, and ABS in each grant partnership. Locally, partnership working has been key to ensuring that organisations work together, alongside families in all aspects of the programme. While for governance reasons, TNLCF has had to fund just one organisation, all the partnerships have a partnership board that make decisions regarding the programme. The partnerships include key players in a baby and young child's life, including parents, community, midwifery, health visiting, local authority, and public health.

There is evidence emerging that ABS is having a positive impact on the lives of babies and children who have accessed ABS services, including an increase in breastfeeding rates and reduction in tooth decay, and children accessing some services have seen better levels of development by age five. TNLCF has commissioned both a national evaluation of A Better Start and a 'Shared Learning' contract. This ensures that evidence and best practice is shared with local and national policy makers and practitioners, so evidence and best practice supports positive early childhood

development both now and for the years to come across England. Evidence and learning from ABS is already starting to influence national policy and practice, with references in the 1001 manifesto for babies and government Start for Life guidance, highlighted as best practice by various key stakeholders including government departments like the Department for Education, and much of the learning from ABS has influenced initiatives such as the family hubs programme. TNLCF will continue to share evidence and learning from a better start until 2026 as the national evaluation concludes.

TNLCF has a proud history of funding children and young people, both in a strategic context and across a myriad of projects that are supported across the UK. This will continue within TNLCF's new strategy, as enabling children and young people to thrive is one of the key community missions. Evidence presented during the conference and the investments across the areas will continue to be considered when developing future funding, and TNLCF is developing a new England portfolio, due to be publicly released in the Autumn, that will ensure the ambitions of the new strategy across England are realised.

The long term aims of ABS are making good progress. TNLCF set out to shift the culture and spending across children and families agencies towards early intervention and preventions in ABS areas, ensuring that public services, civil society and the wider community co-deliver joined-up early interventions, needs-based and demand-led systems and services, and improve service user experience of the system to ensure that services effectively reach, and work with, families to improve outcomes for babies and very young children. TNLCF wanted to improve local decision making that supports sustainable services and maximise impact on outcomes for babies and very young children; improve outdoor learning and recreational spaces that improve community connections, responsibility and cohesion; and support ABS partnerships to make informed decisions about how they exit the funding, including evidence to support sustaining or further developing evidence of the programme. Although funding ends in March 2025, some activity will continue beyond this date. The learning contract, national evaluation activity and publications will continue throughout this year and next and the final national evaluation report will be published in early 2026.

A Better Start: Parents' Experiences

[Click here](#) to watch ABS parents share their experiences of ABS services and the impact the programme has had on their families' lives.

Setting the scene: collective change for improved outcomes

Keynote conversation with ABS Directors

Led by Elliott Rae, speaker, author, social changemaker, founder of [Music. Football. Fatherhood.](#)

Panel: Clare Law, Director, [Blackpool Better Start](#)
Gill Thornton, Director, [Better Start Bradford](#)
Laura McFarlane, Director, [Lambeth Early Action Partnership](#) (LEAP)
Karla Capstick, Director, [Small Steps Big Changes](#) (SSBC) Nottingham
Nia Thomas, Director, [A Better Start Southend](#) (ABSS)

[Elliott Rae](#) chaired a panel discussion with the five ABS Directors introducing the theme of ‘doing things differently’ where they reflected on and shared their experience of what change means in the wider context of 10 years of ABS work. The discussion included:

- Defining ‘behaviour change’ within ABS context and at the different levels of individual, community, workforce, services and systems.
- The ‘conditions for success’ for positive impact and lasting change
- Relevant policy context and how the legacy of ABS can inform positive change

Introduction

Elliott shared his own traumatic experience during the birth of his daughter and how this experience inspired him to start his own platform [Music. Football. Fatherhood.](#), which aims to plug some of the gaps in services and engage dads in open conversations about fatherhood. This has grown from a small blog into a platform that supports thousands of dads across the UK, with the work now concentrating on three main things:

- **Online group therapy** for dads, which is free to access
- **Partnering** with football clubs to **create safe spaces for dads** e.g. Arsenal, Southampton, Leicester, Queen’s Park Rangers
- Events called ‘**Dads do hair**’, providing practical guidance and a space for conversation.

The world is evolving, and doing things differently is about adapting to this change, putting in place systems, processes and services to serve families. It is essential to create, sustain and build interventions that are going to positively impact parents, carers and children.

It can be challenging to do things differently and easier to stick to the comfort zone of how things have always been done, but that will just bring the same results. ‘Music. Football. Fatherhood.’ has been an evolution, from its beginnings as a blog, through online Twitter debate, into a podcast, and family fun days. The constant

evolution has meant adaptation, bringing new people on board, partnering with new organisations, taking feedback on what's working and what's not working, and trialling different models of funding and delivery.

'Dads do hair' events

One of the developments has included the hosting of 'dads do hair' events, informed by Elliott's own experience in caring for his daughter. In talking to other dads, it became clear hair styling was a shared challenge, and a really important part of parenting that could be supported, which in turn would champion the breaking down of gendered parenting roles. The aim was to consider what dads needed, where they are at, and how to create a space where dads can learn and support one another shoulder to shoulder.

The sessions are co-delivered with a healthcare specialist, and marketed as events to learn a life skill and as an opportunity to meet other dads and have immersive conversations. They are held in church settings, in workplaces, in community groups. Hair styling skills are shared at different levels, and then the group will have a cup of tea and a chat, where themes of equal parenting and gender roles come through.

When hosting events for dads, it is important to think about what they need to learn, e.g. nutrition, first aid, or haircare, and how they can comfortably learn, and where to target advertising so that it will be seen by dads who need it. This then leads to powerful opportunities for learning and sharing.

Parenting Out Loud campaign

Elliott shared details of the Parenting Out Loud campaign, which encourages dads to be loud and proud about their caring responsibilities at work. The team also works with employers to help them build workplace cultures where dads can be loud and proud about their care and responsibilities. Research shows that, historically, dads are very unlikely to talk about their parenting needs at work. 85% of dads from the [State of the World Fathers report](#) want to spend more time with their children, but face challenges such as inflexible work and lack of paternity leave, which can be a major barrier for dads being equal and active parents. One in five dads can't afford to take any paternity leave whatsoever.

The campaign was launched to really help build workplaces where dads can be loud and be proud. The campaign aim was to think differently, starting with a self-funded billboard campaign across the TfL network to provoke a national conversation about dads and work. The campaign has spread, with features on Loose Women, the national news, and championed by the [Royal Foundation](#). Searching #parentingoutloud on social media reveals many dads sharing their stories about working flexibly, taking paternity leave, scheduling the school pickup or school drop off in work calendars. The campaign has resulted in real behaviour change, and created a new group of dads who are saying, *'we want to have flexibility in our work. We want to be loud and proud about our caring responsibilities at work'*.

This all required the courage to do things differently, fund things differently, to use

new marketing methods and really take a risk without guarantee of success. For Elliott and the team, this has brought positive impact - he encouraged attendees to do the same in pushing for 'something different' in services for families and communities.

Elliott introduced the five ABS Directors; conversation is summarised below.

What does behaviour change really mean and how should we be talking about behaviour change in the context of the work that we do?

Doing things differently is about **working together with parents** and their children, to understand what is best for them and what they actually need. ABS funding has allowed partnerships to do this, to understand local needs, what works to best address those needs and support positive behaviour change, and then be flexible to respond through evolving services. Behaviour change isn't about telling people to do things differently and then expecting them to obey, but about working together to see how that process can be supported. It is also about how the parent fits within the community and who else they are working with, and how all can come together in the best interest of the child and their family.

Behaviour change goes hand in hand with **systems change**, which is central to ABS. ABS partnerships work collectively to really think about the systems that might hold a particular issue in the place that it's in, and who has a role to play in changing that system. Behaviour change means different things to different people, but it certainly requires thinking and behaving differently, engaging 'heads, hearts and hands' in order to really bring about that change at multiple levels.

- **SSBC (Nottingham)** has taken a multifaceted approach to this, utilising evidence based frameworks, including the [behaviour change wheel](#) and the [water of systems change](#) to help guide work. By way of example, SSBC set an ambition to be father inclusive, knowing that this would require significant behaviour change from fathers and male carers, particularly around their expectations from services, centres and the workforce. Beyond that, wider systems change was needed from commissioners and decision makers, both at a national and local level. Actions have included promoting further inclusivity by leveraging resources and reframing engagement approaches focused on relationships, connections and power dynamics with fathers and the workforce. A new '[Dads Pack](#)' has been coproduced locally with dads and practitioners, and services have been developed that are tailored specifically to the needs of fathers, as well as making other services dad-inclusive. [Think Dad's training](#) and marketing campaign has been developed and delivered to help all providers think about father inclusivity in their work. Service standard guidelines have been piloted in local family hubs, connections made with other father's groups in the area, and opportunities taken to inform and share local and national policy. Overall, a new dialogue has been created that has been shaped by fathers themselves.

Key to behaviour change is **creating a welcoming environment**, with practitioners

who are skilled at building trusting relationships with parents in a nonjudgmental way, opening up opportunities for conversations about strengths and individual or family goals. Supporting parents to develop their knowledge and skills, across a range of topics, is founded on instilling initial confidence in parents that they are with trusted professionals who will nurture them to achieve what they want.

- In **ABSS (Southend)** Parent Champions help to build that welcoming and supportive environment, both physically and relationally. Teams ensure that service locations are accessible for families and in spaces and places that they want to attend, and professionals are trained and skilled in ‘strengths based’ practise. In the [YourFamily](#) service, parents know they can return to the service when they need to, without need for a referral. Creating that confidence and trust is essential to supporting behaviour change.

What are the key conditions for success in terms of the ABS approach? How have ABS partnerships embedded these?

Being able to answer this is key to replication of the ABS model and approach. There are so many elements, with data, evidence and having the latest science available often at the top of the list. **Investment in transformation** is key, with the right conditions created to support change, which then leads to positive impact on, for example, child development outcomes.

- In **Blackpool Better Start**, this has meant a focus on **cultural change** - commissioning things differently, building a joint vision (in this case, in the importance of childhood and early child development), sharing joint accountability, and putting coproduction at the heart. A recognition of the importance of childhood in the here and now, rather than as a means to longer term outcomes, has also been important.

Research, evaluation and building an evidence base is also key. ABS partnerships have been really fortunate to have the opportunity to be **evidence informed but also evidence generating**. TNLCF funding has allowed all ABS partnerships to establish teams to deliver services, to gather evidence and use that to focus on improving, developing, changing, and shaping. This isn’t necessarily the ‘norm’.

- In **LEAP (Lambeth)**, several evidence-based programmes have been brought to Lambeth, with the skills and capacity within the team used to implement them locally. However, services must also look at the local conditions and make sure that those programmes and approaches are a good fit for the local population. LEAP has taken a data-driven approach by creating theories of change for all services and for the programme as a whole. This has allowed consideration of how services work together in an integrated way, to have an impact for families and communities. As with other partnerships, LEAP has been intentional about how parents and communities are involved, from service design to volunteer befrienders, breastfeeding supporters, food ambassadors, governance and evaluation.
- In **ABSS (Southend)** the intensity of research evaluation and impact brings rich

data that has influenced the way that services have been delivered and adapted across the last 10 years. But there is also the hope that it creates a rich source of evidence for future organisations and for academic researchers, creating a repository of information to continue to influence in the future.

ABS partnerships have had the capacity to act as a **convener for partnership**, bringing practitioners together to share their experiences, integrate and work together, and bring senior leaders, commissioners and service leads together in a shared vision. The governance structure within ABS has supported this partnership approach with multiple strategic partners, bringing buy-in and commitment from the beginning to the shared vision.

Co-production has already been mentioned and is a central ingredient. The coproduction approach in ABS is very different and embedded throughout. The coproduction that is done is quite different. Parents are involved from the start, wherever decisions are being made and that input is valued and considered. Open and honest conversations can be had between practitioners, parents and boards and all input respected on what can and can't be delivered and why.

What has ABS changed? What do you consider ABS's most significant legacy?

Choosing a single legacy is difficult as there are many individual services or interventions that could be highlighted as significant legacy. But as already highlighted, the **cultural shift** is at the heart, including the **flexibility to change** how things are done, as the science and evidence changes in relation to early child development all the time. In years to come, the evidence will point to different things working, so services must be able to adapt and to shift and to be able to bring the latest science and evidence into a local area in a way that feels acceptable and palatable for families. There is a balance to be established between deciding something hasn't worked and moving to the 'next big thing', and holding on long-term to something that isn't working because it's 'evidence-based'. In ABS, there's a middle ground in the triangulation between lived experience and the emerging science, and tailoring things to meet with local need.

- In **Better Start Bradford**, keeping the youngest citizens in mind has been embedded from the start, rather than as an 'add-on'. The aim has been to help every service to think 'early years' and how they can support babies and younger children. The legacy will be the strong body of parents who have been part of the journey and are key to continuity of that message. The unique element of ABS has been the combination of system leaders, parents, evaluators and workforce coming together to deliver this programme. With any of those elements missing, the impact wouldn't have been the same.

As already highlighted, the body of evidence and learning that will be left behind is a significant legacy for ABS. This includes learning on what works and importantly on what doesn't, and why. The ABS ability to take the evidence and then try things locally, ensuring they are acceptable and accessible has been a huge opportunity for ABS. This test and learn approach has significantly contributed nationally to the

translation of research into practice, and further builds the evidence base around what actually does and doesn't work when implemented locally.

Coproduction is also a significant legacy as well as a key ingredient. This was a relatively new approach 10 years ago, especially around universal pregnancy and childhood services. Coproduction didn't happen regularly and effectively at that stage, and ABS learning has and will continue to be so important in this regard, with lessons already evidenced in Family Hubs, Integrated Care Boards and integrated care systems.

- In **SSBC (Nottingham)**, parents highlighted the need for a paid peer workforce, and the [Family Mentor Service](#) was created. The service has not only supported an improvement in child development outcomes with ASQ scores showing promising increases locally, but it's also providing wider social value, a common legacy across all ABS partnerships. The service has also created local employment opportunities, training and upskilling. The SSBC Family Mentor Service particularly drew on local communities to find a 'lived experience' workforce. Over 30% of those staff moved into their first paid role after they'd volunteered with the programme; 7% had not been in a paid role prior to joining the SSBC programme. That ripple effect is a legacy across all partnerships and is immeasurable.

Finally, there is a huge legacy left behind in terms of the babies, the children, and the families ABS has worked with. Across all five ABS partnerships, 75,000 babies and families will have been supported through the grant funding by the end of the grant period, comparable to a medium sized town as defined by the Office of National Statistics. That is a phenomenal legacy which will continue for years to come.

This is a critical time for policy in a challenging context for families - how can ABS learning support a commitment to prioritising investment in the early years? Where should policy priorities be directed?

There have been many examples of ABS work influencing policy over the past years, and this will continue into the future. Some key priorities for future messaging are shared below.

It is important to focus on children's experiences and childhoods in the here and now, rather than thinking about children's future potential, economic growth, childcare, or getting parents back into work. How do we actually support babies and children's development so that they enjoy a happy, healthy childhood? Which is of course likely to help them go on to achieve their potential, but shouldn't be the goal.

ABS understands the impact that wider determinants of health have on child outcomes, for example social isolation, which is often identified by parents as a key critical stress. Across ABS, there are many examples of how services are building connections with families.

- In **Blackpool Better Start**, an army of Community Connectors do an incredible job meaning the evidence-based interventions implemented have the most chance of succeeding because those connections are being built and so

services become more accessible.

From a policy context, it is critical not to lose sight of the context that young children are growing up in today in terms of lack of housing, overcrowded housing, domestic abuse, the cost-of-living crisis, and challenges brought by Covid-19. These are impacting the families who are attending services. ABS responded by delivering holistic support to families and adapting to meet changing needs. This complex picture must be reflected in a joined-up policy response.

- At LEAP (Lambeth) an [enhanced casework team](#) works with families affected by domestic abuse and links closely with children's centres. Learning from this example of early intervention for parents experiencing domestic abuse could support a case for wider investment in this area.

The increased focus on infant mental health and well-being through the Start for Life funding is very welcome. This needs to be strengthened and delivery continued.

Policy must not lose sight of the early years workforce, which has been through a challenging time and continues to work to ensure that services are joined up for babies and children and that children don't fall through emerging cracks.

The recent research from SureStart has shown the power and value of outreach and connecting activities. Many families find it very difficult to navigate a complex early years system. The work ongoing across all ABS partnerships with parent champions and community connectors reaches out to families, supports them to find and engage with services and build much-needed connections.

What still needs to change? What's the call to action?

In addition to the points highlighted above, some further considerations include:

- **Better integration across systems and services.** Parents are still facing really patchy support with broken services struggling to get through and lots of gaps and pathways that don't work.
- **Sustained provision** built on a strong evidence base and support for trained, skilled and valued practitioners, without the need for continual reinvention.
- **Early childhood investment** should be a moral imperative rather than an optional extra. We can't afford not to do it.
- **Widespread acknowledgment of the challenges** in measuring impact on outcomes in pregnancy and early years - there are so many other variables that attribution of causality is not possible, particularly for universal services. There is still more focus on demonstrating return on investment and good use of public funds, rather than on the importance of a good childhood.
- Monetaring preventative approaches is not helpful, rather we need **long-term cross-party commitment** to giving every child the best start in life, with a focus on wider determinants like child poverty.

You can watch the keynote conversation with ABS Directors [here](#).

Supporting collective change - what difference is ABS making for Individuals?

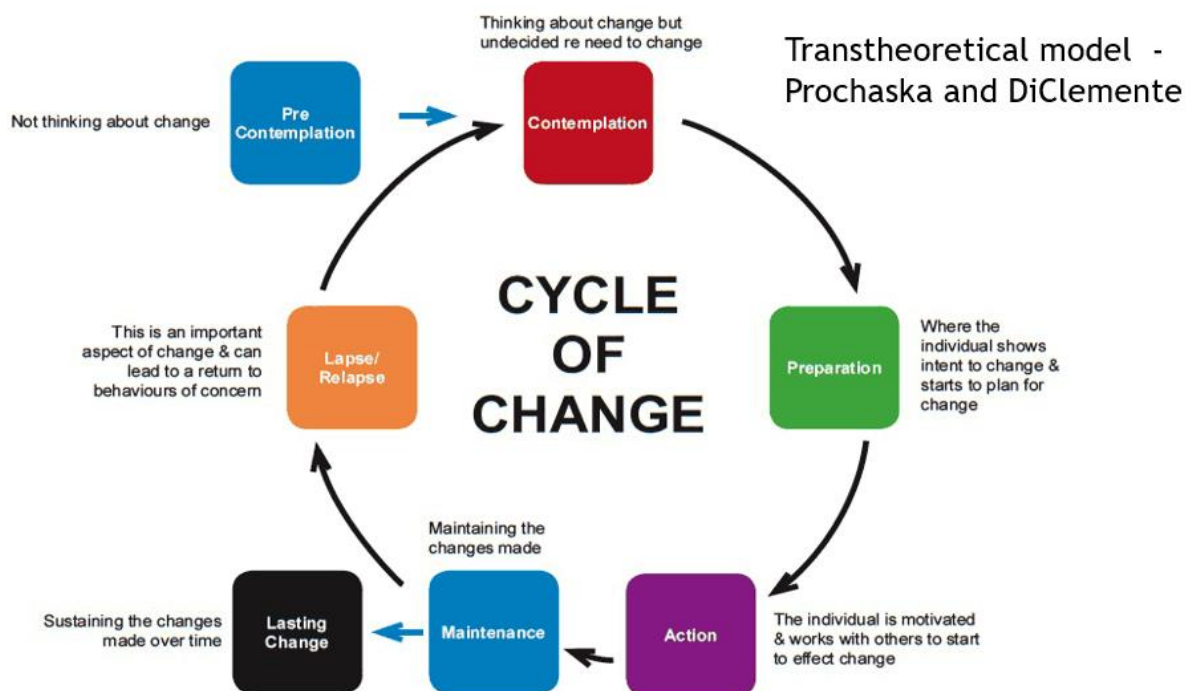
How is ABS changing behaviour?

Several theories exist that seek to define the process of change in relation to individuals' behaviour:

- All theories look at a **process** of change - what happens, how does change occur, and what are the elements involved?
- All the theories consider **influencing** factors – what are the external factors that support or deter changes in behaviour?
- Some explore theories of **community readiness** - are individuals in communities ready to change?
- Many link to **communications** and marketing approaches, such as the ABS 'Big Little Moments' campaign which encourages families to view interactions they have with their children as 'little moments' with a big impact on speech and language, and social and emotional development. Marketing to families in this way supports their investment in the campaign to support development and frames activities in a way that encourages families to respond to the messaging in a positive way.



The behaviour change cycle:



The Cycle of Change is the model of change referenced widely across ABS programmes which illustrates the processes of change an individual will go through.

ABS teams go on this journey of change with the families they work with, taking steps at each stage to support families to contemplate, prepare, take action, and maintain the changes that will positively impact the lives of their children. Change is not always a linear process and so ABS adapt and move back and forth with families through this cycle to continually support them, providing a tailored approach which considers the many factors that will affect their lives throughout the process.

What does this mean for individuals?

- **Behavioural beliefs:** Understanding what beliefs and attitudes families may already have about making changes will help to guide the support offered
- **Normative beliefs:** Considering the wider beliefs and views about behaviours is an important step as there may be social pressures involved that affect an individual's desire or motivation to change behaviour
- **Control beliefs:** Perceived behavioural control may also affect a person's ability to make changes. Do they believe it's possible to change their behaviour?

The above ideas need to be seen in the context of motivation, opportunity and capability/capacity so this remains a focus for ABS when they are working with families.

What is the impact on children and families?

There are common themes that run throughout ABS key messaging and services:

- **Trust** - This is central to ABS approaches and particularly critical in the relationship between families and services
- **Confidence** - It is important to build the confidence of families regarding both the quality and goals of the activities and services that they interact with; This is foundational to sustained engagement
- **Co-production** - Activities and services are developed with local parents which results in higher levels of 'buy-in' within the local community
- **Support** - Offered at both group and individual levels. Linking parents, carers and families to effective services is key to providing adequate support to meet their needs



It is important to recognise **all the factors** that affect people's choices; individual, social and environmental aspects all play a part in shaping individuals.

How can the Stages of Change be supported?

Becoming aware - Discussions and activities with parents allow ABS to respond to the needs of families. Sharing information, providing learning opportunities, and building relationships helps to communicate key messages.

Recognising the need to make changes - Hearing what parents say about what they need and want supports discussions with parents about how they can be supported, what works for them and also develops trust.

Making a decision to take action - Parents/carers request support and co-design or get involved in service development. Strategies can be implemented for dealing with competing pressures.

Taking action and making changes - Participation in activities/services supports changes in behaviours or new thoughts and ideas developing about parenting. Families can see the positive change happening.



Maintaining the change - ABS provide ongoing support and linking with a peer group. There is also a broad focus on systemic changes that support the individuals' behavioural changes.

Collective Learning

Learning and evidence across ABS demonstrates that there are key principles that support individuals to change their behaviour:

- **Whole system approach** to change
- **Flexibility**
- **Strength-based and non-judgemental support**
- **Peer-led approaches**
- **Coaching and training** - including providing opportunities to volunteer and be part of the local and national ABS programme
- **Empowerment/sense of control** - for children, families, and practitioners, which includes individuals feeling able to make choices and have a sense of personal agency over those choices
- **Parent's perspective** - illustrates the impact of life before and after accessing ABS services
- **Understanding of the programme** - how this relates to different stages of behaviour change

Case studies



How a new model of Health Visiting in Bradford is supporting change

Maternal Early Childhood Sustained Home-Visiting ([MESCH](#)) is a structured, voluntary programme of home visiting for families at risk of poorer maternal and child health and development outcomes. The focus is on prevention and early intervention and the service is effective



for vulnerable and at-risk mothers (carers) living in areas of socio-economic disadvantage. The programme allows for flexibility to meet family's needs and delivery is built on a strong evidence base. The service is managed, led, and delivered by the health visiting service in normal caseloads and is linked to other services.

The Mesch Model

- Delivered through a minimum of 25 home visits by the same health visitor enabling strong, trusting relationships to be developed
- Commences in early pregnancy and continues up to 2 years old (early discharge is a potential)
- Can commence up to 6-8 weeks postnatal
- Can also commence up to 6 weeks post discharge from hospital if prolonged stay in hospital at birth
- Suitable for first time OR multiparous mums (carers) of any age.
- The service is delivered in homes, community settings, and groups



The MESCH model aims to:

- **Improve transition to parenting** by supporting mothers through pregnancy
- **Improve maternal health and wellbeing** by helping mothers care for themselves
- **Improve child health and development** by helping parents to interact with their children in developmentally supportive ways
- **Develop and promote parents' aspirations** for themselves and their children
- **Improve family and social relationships and networks** by helping parents to foster relationships within the family and with other families and services
- **Can be accessed by any carer** - the MESCH team are now looking at a study to deliver the service to children going into care

The MESCH modules delivered in Bradford include:

- **Learning to Communicate** - activities delivered from birth to 12 months to help develop their understanding of how babies learn to communicate
- **Healthy Beginnings** focuses on family's health including nutrition and infant feeding as well as wider health related information such as smoking cessation or lifestyle
- **HABIT** is an oral health project developed by Better Start Bradford which promotes early oral health and tooth care, delivered by health visitors and early years settings to reinforce the messaging around oral health

- **Promoting first relationships** - using Ready to Relate cards, the module focusses on how babies communicate with others, and develops understanding of how babies use cues to interact with others

How is the service delivered?

- Through building a therapeutic relationship without time pressures - Being parent focussed and identifying priorities together alongside stimulation of needs
- Using a trauma-informed approach - supports safety and collaboration, trustworthiness empowerment and choice
- Focus on the 'Voice of the Child'
- Approach of 'Think Family'; incorporates culture, diversity and the bigger picture

Benefits of delivering MESCH for a practitioner	Benefits for the parents
Building meaningful relationships Improved job satisfaction Building skills and knowledge Working with families long enough to see outcomes and change Delivery of a service that encourages the 'whole' - not fragmented	Parent enablement; ability of parent to care for self and baby Improvement in mental wellbeing Improvement in parent / child relationship Improved communication within family Parental focus on the voice of their child

How MECSH has supported behaviour change

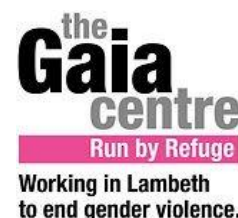
- Increase in awareness of the voice of the child for both baby and toddler
- Improvement in attachment and parent-infant relationship, and maternal wellbeing
- Have not needed support from any mental health service
- Have not had to utilise health visiting community nursery nurse to support with behaviour management
- Ability of mother/parent to identify own needs and take on a journey of adapting and self- managing.



LEAP Enhanced Casework

LEAP funds a team of caseworkers who are based within The Gaia Centre, a wider community service run by Refuge for all Lambeth residents experiencing gender-based violence. The LEAP service model is different from traditional domestic abuse services.

Prochaska and DiClemente's 1984) Transtheoretical model (see diagram on pg. 14) is widely used in the domestic abuse sector. Traditional models of support tend to focus on preparation, action and relapse stages within the Cycle of Change. Services focus on meeting the immediate needs of clients who have already identified their experience as abuse and want to act.



LEAP Enhanced Casework focuses on the precontemplation and contemplation stages, aiming to reach parents earlier in their relationship/experience of abuse and earlier in their children's lives (including during pregnancy). Caseworkers proactively go out into the community to identify clients by using softer language and building confidence over time. The team offer general advice surgeries in Children's Centres. These are not explicitly associated with domestic abuse. The aim is to identify parents at risk through general conversations e.g. about topics such as housing or finances. Caseworkers sensitively explore any potential needs around relationship difficulties or domestic abuse, and can then offer the Enhanced Casework service or do some preventative work and signposting as appropriate for the individual. The early intervention approach relies upon partnership working and flexible engagement with parents, which is enabled by low caseloads.

Once engaged, the service seeks to support survivors to recognise and understand their situation, to know what options are available to them and empower them to make decisions to improve their lives and their children's.

The service provided is:

- Holistic practical and emotional support
- Non-judgmental and non-directive - led by what client needs and wants
- Not time limited - teams can work with individuals through the stages to support lasting change

The service addresses immediate needs, such as safety, whilst also supporting survivors to focus on their family's overall wellbeing and future goals, and connect with the wider community and services.



Family Mentors

A Family Mentor is a highly trained, paid, peer workforce of local parents and grandparents employed by community and voluntary sector organisations that are known and trusted within the communities they serve. They deliver the [Small Steps at Home](#) manualised programme of child development and preventative health support through scheduled

home visits in a supportive and strengths-based way. There are currently 67 Family Mentors, representative of the families that SSBC serve, that co-designed the programme. The service embodies the SSBC principle of **‘children at the heart, parents leading the way, supported and guided by experts’**.

As a ‘peer workforce’, Family Mentors understand the needs, challenges and aspirations of families and have lived experience within the communities that they support. This underpins the development of trusted relationships between Mentor and family and has proven to engage and benefit families that may be less likely to access health services.

Co-production has resulted in activities and services that reflect the needs of the local parents. Small Steps at Home Mentors can visit a family in their home or elsewhere to give advice and support on lots of different topics including:

- Breastfeeding, weaning and feeding
- Sleeping and toilet training
- Play and tummy time



Family Mentors can support the whole family to adapt to life with a new baby and their advice is based on the latest evidence in child development.

Since the start of the programme in 2015, Family Mentors have delivered Small Steps at Home or in community groups to 6,138 individual children totalling 134,424 interactions. SSBC has employed 116 Family Mentors from a diverse range of backgrounds and there are currently 57 volunteers working with SSBC’s Family Mentors.

Family Mentors have signposted more than 10,248 times to services such as:

- Food and clothing banks
- Housing services
- Child development services
- Debt and money advice
- Social care and/or early help
- Mental health services
- GPs and Dentists

The programme compliments the Healthy Child Programme and provides advice direct to the family at an appropriate time, enabling behaviour change that is reinforced over the period of delivery with families. The service helps to build parental confidence and acknowledges that parents are their child’s first teacher.

[Nottingham Trent University](#), an external evaluation partner, found that parents

reported developments in children’s confidence, social skills, language and communication and other areas such as sleep routines, healthy eating, weaning and toilet training.

A parent who has accessed the service said:

“It has been amazing having a Family Mentor and sharing the first 4 years of my child’s life with her. The good the bad and the hilarious. Knowing I could ask her anything without her judging me has been great. She has given me some amazing tools and tips to being a fantastic parent that will help me in years to come. So, thank you”



The Parent Champion role in Southend is led by

commissioned community partner, [Southend Association of Voluntary Services](#) (SAVS) and was created with co-production at its heart.

The role aims to ensure parents are empowered to co-produce aspects of ABS services and offer their valuable insights into the services local families want and need in Southend. Parent Champions are involved in all decision-making processes, from designing services to governance forums. Through the Parent Champion role, parents can bring their lived experience and unique perspectives to support delivery of the ABS programme.



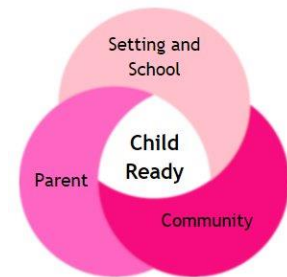
With support from SAVS, Parents Champions develop and deliver an engagement programme which ensures that Southend families are better informed about, and can gain support from, ABS services.

The role has had a significant impact on individual parents, and this has been evident in feedback from parents. The role has enabled them to develop their social networks and helped them to feel less isolated and more connected to their communities. These systems of support are used by parents as vehicles to bring about change that they feel empowered to enact and that extends beyond the Parent Champions’ families and social circles. Parents are harnessing the sense of empowerment to explore ways in which they can keep effecting change beyond the ABS programme.

Hear more about the impact the Parent Champion programme has had for parents here: [Championing Parenthood: The Impact of Parent Champions - YouTube](#)

A Shared Approach to School Readiness

Statistics have shown that children in Blackpool are more disadvantaged in terms of school readiness than their peers. In 2021/22 a 5.6% difference was observed between children reaching early learning goals in Blackpool compared to the rest of England. Blackpool Better Start considered [UNICEF](#)'s 2012 Dimensions of School Readiness which considers a broad range of factors including schools, early years settings, communities and families influence. Blackpool has developed a shared understanding and approach to maximise school readiness opportunities by bringing together key partners through the Strategic Pregnancy and Early Childhood Group. The group pools expertise and influences systems change, and together has identified 9 'school ready' priorities based on evidence and local knowledge, and subsequently developed provision and resources that model key strategies and priorities for both practitioners and parents.



Blackpool has worked alongside families and the community to co-develop and test the school readiness priorities, provision and resources to ensure that they resonate. Parents have said that they find the school readiness sessions beneficial, and report increased confidence, however, they still remain unsure about their role in school readiness.

Next steps for School Readiness in Blackpool

- Further **shaping the priorities** and the home learning resources with children and families to ensure that they are truly co-produced and effective in supporting parents to better understand school readiness and the crucial role that they play.
- Continue to **work with both early years settings and schools** to support their school readiness practice, provision and partnership work with families.
- **Scaling up the school readiness offers**, working with family hubs and the community to deliver sessions across Blackpool to enable a wider reach.
- **Look at the impact** of the work on the individual child to support a town-wide commitment.
- **Develop a simple assessment tool** to evidence outcomes for individual children.

In preparation for the school year 2024/25, Blackpool has reached 1,466 children of pre-school age and their families with their school readiness work and shared understanding and approach to school readiness.

Key Messages

Through delivery of ABS programmes and services the following key messages have been identified that support the behaviour change process for individuals:

- **Build trusting relationships** - travel together with individuals and provide

tailored support

- **Recognise where people are and what their lives are like**
- **Acknowledge existing strengths and experiences**
- **Understand barriers and challenges**
- **Keep it real!**

Call to action

There are ways in which other services and practitioners can learn from ABS and adopt the key principles and strategies to support change.

- Always keep **parents and children at the heart**; listen, involve, and learn.
- Don't wait to fix things, **stop them from breaking**.
- Children can't wait, act quickly, do things **differently**, and **work together**.

Q&A

What happens when ABS finishes?

Southend: Legacy and sustainability conversations have been ongoing for some time within the partnerships and the main focus is on what can carry on, what will remain beyond the funded period, and how can ABS partnerships support local partners to continue their work. ABSS has been commissioning local partners based within the community who have vital local knowledge and expertise in meeting the needs of local families. The aim for the programme ending is to identify what ABSS can do to support partners, to upskill the workforce and use the time they have left to get things in place so that partners are in the best possible position to keep going. [City Family](#) is a new Community Interest company (CIC) that has been set up in Southend as a means to continue the work of ABSS with families who have young children.

Bradford: ABS partnerships are looking at what happens next and the MESCH programme detailed in the case study is now being delivered by the Care Trust, commissioned by the 0-19 commissioners which will ensure continuation of the service. BSB is delivering a significant proportion of Start for Life services in Bradford which are expected to continue through other organisations beyond the ABS funding.

Has the funding increased the number of professionals that work with families and is there a concern that this expertise will be lost when funding ends?

Embedding ABS practice and ethos is central to partnerships' work within their local areas. Bradford has developed a 'learning together' offer and is working with students to develop understanding of what ABS is doing across midwifery, nursing and early years. BSB aims to embed this offer before the end of the funding to continue the legacy and build on continued work with practitioners to upskill the workforce.

You can watch the breakout session in full [here](#).

Supporting collective change - what difference is ABS making for the Workforce

How is ABS changing workforce behaviour?

ABS Partnerships have continued to support the early years workforce to deliver services during a period of increasing need and uncertainty. This has required adaptability and flexibility to ensure services remained relevant for families. Efforts have been made to address capacity to attract, retain and develop the workforce locally.

National policy drivers include:

- [The Best Start for Life](#)
- [NHS Long Term Workforce Plan](#)



Supporting changes within the workforce relies on:

- **Effective partnership working** - Developing effective partnerships that have a shared vision and common framework for working with families across targeted and universal services
- **Knowing your local environment** - Identifying local need/gaps and workforce representation and recognising local strengths within the system, including families, and build on these through upskilling
- **Having evidence-informed approaches** - using the evidence gained from local families and their lived experience will support and encourage family engagement
- **Being inclusive in the offer** - all families are included in the workforce's offer and the workforce itself is inclusive and diverse
- **Ongoing support, investment and connection** - brings value to the workforce and the families they serve.

What is the impact on children and families?

Across ABS work is a commitment to changing workforce attitudes towards fathers and male carers. The Think Dads strategy in Nottingham is an ambitious strategy to create a more supportive environment in the local area. With workforce at the heart of all service delivery, changes in practice were required to implement the strategy.



Fathers Consultation

Starting with the voice of fathers meant that the changes in workforce behaviour was directly informed by those who it would most effect. SSBC gained fathers' feedback

through focus groups, online surveys, interviews, and in partnership with other services, and the majority of consultation activities were facilitated by a male researcher. During consultation, fathers spoke openly of their experiences and preferences, and:

- Were very satisfied overall with local services
- Proactively sought support and information in the perinatal period
- Did not know where to find information about local services and resources
- Wanted to be recognised as an active (if not equal) parent
- Their own needs were frequently overlooked
- Their own mental health was left unaddressed
- Asked for a one-stop-shop for information



You're ready to help dads release their super powers!



The Father's Information Pack

As requested by fathers, the information pack was co-produced with fathers and serves as a one-stop-shop of information to help prepare for life as a new dad. The pack has had a positive impact on fathers, children, and their families and provides information on:

- Employment rights and benefits
- Preparing for labour
- Bonding and play with your baby
- Infant feeding
- Personal health and wellbeing
- Safety in and out of the home
- Signposting to services, and much more



Dad's Pack Evaluation

SSBC embedded father inclusive work into a toolkit that supports practitioners and services to become more father friendly. The professionals felt that the fathers would gain important knowledge from the pack and shared important experiences where fathers demonstrated new understanding about their rights. The Dad's Pack

also served as a tool to initiate interactions and break down barriers with male carers, including them right from the start in those early conversations. Overall, fathers felt they had gained knowledge regarding preparing for birth, baby safety, feeding and other areas that directly benefit their children and families. The Pack made fathers feel **more included** in the **whole process**.

**You're ready to help dads
release their super powers!**



Upskilling the workforce to become more father-inclusive

Practitioners were provided with the information needed to recognise the importance of father inclusive practice and the benefits for the whole family and for the workforce themselves. The workforce skills needed to be able to make the necessary changes were developed and embedded through a series of activities to ensure that local service delivery could maintain the new approach to working with fathers and male carers. This was especially important as fathers expressed their desire to feel more included in **existing services** rather than having new father-specific interventions available. It is acknowledged that this may not be the case in other geographical areas which highlights the need for local consultation and adaptations that meet the needs of the families who are directly accessing services. Also, it is important to note that upskilling an already overstretched workforce can be challenging. ABS activities seek to adapt and flex the environment around the workforce to make changes that ease the practitioners into new ways of working.

Co-Produced Training

Training for the workforce initially focussed on 'how?' to work with Dads but over time developed to focus on the 'why?' to ensure that practitioners and professionals really understood the benefits of working in a father inclusive way. The training included examples of fathers' lived experiences within their local area. SSBC developed content around areas of workforce resistance and delivered the messaging that working in a father inclusive way benefits them and their practice. The training supported a culture change within the workforce and embedded ways of working that valued fathers' input which has created lasting change within services that are supporting families.

Collective Learning

Many of the interventions that aim to change attitudes and practitioner culture were delivered using a 'ground-up' approach across multiple projects and programmes. It is important to remember that senior strategic involvement is vital when bringing about significant, lasting changes in workforce behaviour. Other common elements include:

- Working in partnership with parents, local stakeholders and workforce
- Using evidence to inform developments
- Adapting to local needs
- Promoting inclusivity



Case Studies



Recliner Chairs

The [Recliner Chairs project](#) was created as part of the 'partners staying overnight' initiative in the local hospital trust.



Although the hospital had an existing

policy on the maternity ward, it was being implemented inconsistently, with some reservations from staff about having men sleeping on wards and some practical issues to be addressed. Recliner chairs were funded by SSBC and placed in every labour suite and on the post-natal ward in the local maternity unit.

Recliner Chair Evaluation

There was a significant change for birthing partners, with increases in the number of birthing partners sleeping over on the ward. 86% of mothers said their partner/close family member stayed as much as they wanted (national average was 57%).

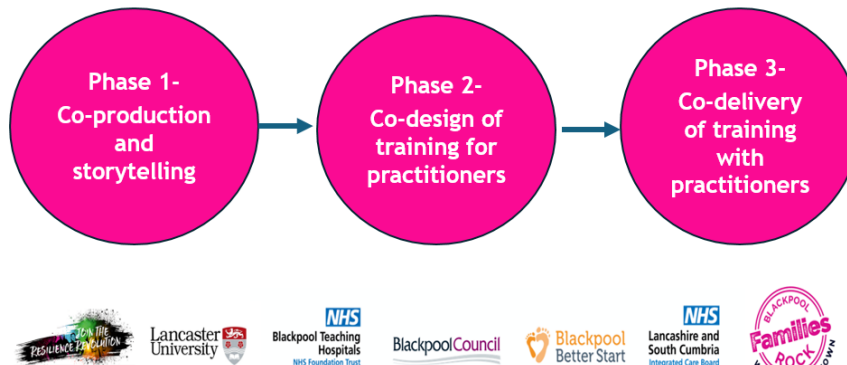
The project resulted in a change in attitude towards partners and family members staying over on the ward and they are now welcomed by ward staff. The overnight policy is being implemented consistently and has been expanded and adopted by another local hospital as a result. ***“Introducing recliner chairs along with the information pack for new fathers helped to change the conversation”***.



The recliner chair project is a great example of how adapting resources and changing the environment around practitioners supported a culture change and wider shift in attitude and behaviour that was more father inclusive.

Engaging Dads Training

Blackpool Better Start has also initiated a change in local attitudes towards fathers and male carers through a suite of training in the local area. The Engaging Dads Training was devised across three stages:



Phase 1 Phase 1 involved Dads working with facilitators over six sessions to co-produce the content for training. Dads shared their own lived experiences to develop a unique approach to the content. Blackpool identified that by holding these sessions in the evenings, they were more accessible for Dads to attend, and barriers were further reduced by utilising community facilities that were familiar and informal. The development of the training sessions had dads attending and the wider voice was captured through verbal feedback to ensure the voice of the community was represented.

Phase 2 involved meetings facilitated again by dads in informal spaces where stories were exchanged between fathers and practitioners and the different perspectives examined, which informed the design of the training for the practitioners that was delivered in Phase three. The training was being designed in this phase to be co-delivered with dads as facilitators which maintained their voice throughout the whole process, addressed the power balance between parents and professionals, and ensured that fathers' stories were not lost in translation as the training developed. Dads also developed the location of delivery, away from the traditional local authority settings, to be in places where they lived and moved daily, to help support the impact of their experiences in their own worlds.

Phase 3 - Feedback on the training was very positive. The story-telling element was especially powerful and facilitated the building of relationships between services and male carers, and the fathers involved formed their own social groups following the co-production phase. This supported the wider spread of information through the network of local dads that had formed. Practitioners reported that the training was very impactful and that their thinking had changed, and their practice, as a result.



Parent and Infant Relationship Service (PAIRS) Workforce Support

[PAIRS](#) is delivered by the South London and Maudsley NHS Foundation Trust as part of LEAP. The PAIRS team is based within Lambeth's Child and Adolescent Mental Health Service (CAMHS). PAIRS offers direct clinical interventions including:

- Parent-Infant psychotherapy
- Video based interventions
- Therapeutic parent and baby groups



PAIRS also equips the Lambeth early years workforce to respond to infant mental health needs and to support parent-infant relationships. This is done through workforce training, consultations and reflective supervision to build practitioners' knowledge, skills and capability to support infant mental health in their roles.



Reflective Supervision (RS) is the most sustained support that PAIRS provides for local practitioners, including those in a range of roles who deliver parenting programmes and early intervention health visitors. Support is offered to pairs or small groups of practitioners who work together to deliver attachment-based interventions. RS is 'the shared exploration of the emotional content of infant and family work, as expressed through relationships between parent and infants, parents and practitioners, and supervisors and practitioners'.¹ RS is not clinical supervision, therapy, or purely safeguarding consultation; instead, the focus is on 'experiences, thoughts, and feelings directly connected with the work. RS is characterised by active listening and thoughtful questioning by both parties'.²

The role of the supervisor is to:

- Help the supervisee to answer their own questions
- Provide the support and knowledge necessary to guide decision making

The following quote captures the impact of supervision on practitioners working within the early years workforce:

"I look forward to supervision every week as a way to help me process what has happened and why things went the way they did, good or challenging. It gives me space to offload and gain perspective so that I don't have to carry the group"

¹ Weatherston, D. & Barron, C. (2009). What does a reflective supervisory relationship look like? In S. Heller & L. Gilkerson (Eds.), A practical guide to reflective supervision. Washington, D.C.: Zero to Three Press.

² Fraser, J.G., 2016. Three building blocks of reflective supervision. Zero to Three.

<https://www.zerotothree.org/resource/three-building-blocks-of-reflective-supervision/>

with me for the rest of the week. It also helps to remind me that just because there's rupture, doesn't mean there can't be repair, and that helps to boost my confidence as a facilitator."

This type of workforce development activity creates a shared vision and a common framework for families by embedding a shared understanding of how to support infant mental health and parent-infant relationships across professional boundaries. It also ensures that the local workforce is given ongoing support, and an opportunity for connection through the provision of protected space to discuss their experiences of providing support to families.



ABSS has developed '[YourFamily](#)' which is an approach to supporting families and will become part of the legacy of Southend's work beyond ABS funding. The concept is of a friendly community families can join to find out information about local services and activities, meet other parents for peer support, attend organised group sessions such as workshops around aspects of parenting, and access tailored support from YourFamily workers depending on what they may need.



The underpinning ethos is a strengths-based approach which begins support from the perspective that every family has strengths and opportunities for growth and development. This helps the workers to build on a family's existing strengths and work alongside them. The YourFamily team can give advice and signpost to relevant local support services, however, the family remains in control of the process. This can feel challenging for the workforce, but working in this way empowers families to make the changes that will positively affect their lives. The Family Partnership Model, an assets-based, trauma-informed model, supports the team to work in partnership with families and form a shared understanding of the families' strengths. The approach is widely used in the NHS and as confidence in using the approach has grown, the YourFamily team have been able to adapt this evidence-based approach to best support the families they work with in a community context.

Building capacity within the local workforce also means building capacity within the community through the families that ABS supports. ABSS is building those broader partnerships within the community which supports the shared learning and co-produced activities across the services.



Workforce approaches in Bradford

Bradford has been developing the future workforce through a student placement initiative. The initiative is focused on higher education in nursing and midwifery programmes at a local university. BSB offers a placement on the courses and showcases the development of the Virtual Live Learning programme (a series of over 73 online workshops developed over recent years). The programme focuses on the work and impact of the initiatives supported by Bradford. The Virtual Live Learning offer was initially introduced for student placements during the Covid-19 pandemic and has since grown to a valuable resource for students and workforce across many sectors in Bradford and beyond.

The placement offer:

- Provides students with direct access to the work and impact of BSB projects, stakeholders, and funded work
- Introduces varied areas of ABS work e.g. groups, projects, training, and shadowing with a variety of teams, settings and locations.



This is a unique opportunity for placement students to observe the breadth and diversity of offers available across the district for families and children. The programme is validated as a Nursing and Midwifery Council (NMC) accredited placement as part of the student's professional accreditation requirements; BSB provides that accreditation across the specialist in-house team.



The Bradford team has:

- Built effective partnerships with the university and local NHS as an NMC-accredited quality placement provider.
- Contributed knowledge of local environment
- Provided student placement offers that give a unique insight into the students across the health and voluntary sector at local authority level
- Supported a workforce approach to career longevity in employment opportunities by demonstrating breadth and diversity
- Utilised evidence-informed approaches to demonstrate best practice at a critical point in workforce training and development.
- Provided ongoing support and connection, with workshops that are free, accessible workshops covering a range of topics.

Over the past year, the learning offer has been extended to students in further

education (FE) across the 3 main colleges in Bradford city. A key focus to ensure the legacy of the programme will be to embed the learning offer and placement opportunities within the course cohorts at both FE and HE level for students studying in Bradford.

Key messages and Call to Action

- Ensure that the **voices of parents** and **professionals** are the **core** of your work from planning to evaluation
- Be **adaptable**: willing to change/ re-develop
- Be **flexible**: meet people where they are both physically and mentally
- **Understand the environment** - be evidence-informed and know the local context
- **Empower** - recognise strengths and ignite passion
- **Invest** - creative incentives that build confidence, courage and trust (this doesn't have to be monetary)
- **Working together!** Be willing to learn - map out expertise in the area and utilise the resources you have
- Be ambitious and brave! Don't give up, expect ups and downs along the way

Q&A

How do we ensure the workforce is inclusive and works for those with disabilities?

ABS uses co-production throughout their service design and delivery as this is the best way to ensure wide and varied representation within the community, and that programmes meet the needs of those who will use them. This informs ABS teams and helps to address barriers that may affect the engagement of specific groups. This ethos also supports local thinking and encourages a wider culture of inclusion across local services. Co-production addresses the power balance between those who design and deliver services and those who will use them. Essentially, ABS teams don't presume to know the questions until they find out the answers. Co-production also requires creativity in gaining input from underrepresented and hard to reach groups. Again, this comes back to being brave and trying new things, being reflective, adaptable and willing to make mistakes.

What are the barriers to partnership working across organisations?

A key challenge is getting organisations together to identify where culture change is needed. An example of this is the father inclusive work that partnerships have initiated in their local areas. Local organisations and service providers may be at different stages of thinking about this aspect of their work and/or may not have the resources to begin to address the issue. If no issues are perceived, then ABS teams will have a lot more to do initially to develop thinking around the issue and initiate changes in local perception. ABS have adapted their approach to be most effective

by either targeting practice or 'the system'. Sometimes that means targeting leadership teams initially to address systemic issues, and sometimes a 'ground-up' approach is required that targets the workforce and initiates changes in practice.

It is important to identify local cultural ideas and where shifts in attitudes are part of a wider community culture e.g. how local communities view the role of fathers in the family and how males are represented through local services. Being brave and willing to have difficult conversations may highlight contradictory views which is challenging, especially when national guidance and strategy do not align with local ABS priorities. Again, this comes back to the flexibility of the approach and identifying where best to target those initial conversations to have maximum impact. Partnerships may only want to take on specific elements e.g. the Dads Pack but time and resource within a service means they are unwilling or unable to adopt the wider processes. Early identification of where the culture change sits within targeted partnerships, structures, strategies and priorities will support those early conversations and 'buy-in' from partner organisations. Having a strong evidence base also helps to demonstrate the need for change and the positive impact that can be expected by making changes to ways of working.

Did any of the ABS Partnerships recruit specific male workers to work with Dads and male carers?

Yes, in Blackpool a specific role was created for a male representative to work with dads, although through consultation with local fathers it was identified that dads and male carers didn't necessarily require a male representative, they just wanted to feel that their voice is being heard. Deciding to recruit a male representative can actually be another barrier to reaching out to dads, particularly if recruitment is challenging and dads themselves do not perceive this as a priority. Knowing your local context and listening to the views of communities is more important than making initial decisions about what specific groups will need or want.

How can workforce development be prioritised in the context of limited funding?

When considering the cost of activities across ABS, it is important to acknowledge the wider impact of specific interventions and practices. The dads work for example has seen relatively low costs to deliver training across the workforce and the return on investment is linked to the outcomes. By aiming for higher representation of male carers (approx. 9% increased to a conservative estimate of 35%) across multiple services, parenting capacity is addressed, and the relevant impacts could be seen in reduced conflict within the family, improvements in perinatal mental health, less need for intervention by social care and health services, improved infant feeding and breastfeeding rates, and improved maternal care and support during and after pregnancy. Future benefits have also been identified in the home learning environment and academic attainment linked to the level of involvement of fathers and male carers in the family. Ironically, training is often one of the first areas to be affected by spending cuts and wider socio-economic issues as funds are distributed to 'fight the fires' rather than targeting prevention. Training helps to maintain a focus on the existing provision and the wider, positive effect on communities when

resources are effective at tackling issues at the root and developing practice in response to arising need.

Engaging dads and male carers in existing services doesn't have a negative cost implication per se, the challenge is in changing the structures that surround interventions and services so that they respond to the evidence that is demonstrating wider impact. Small pilots can be tested in local areas and evidence gathered that shows the impact on families and potential wider systems. Community services are often delivered by those who also live in the areas they serve, improvements in ways of working benefits everyone and empowering local communities to strive for changes that improve local lives can help to address the constraints that exist in the wider context. Where workforce constraints cannot be addressed e.g. staff unable to be released for training, then creativity is the key to finding ways to get messaging out to local communities and services and begin to shift attitudes.

How do ABS partnerships balance the dads-specific work with the inclusion of all carers e.g. co-parents, kinship parents etc. so that all parents feel included and welcome?

Despite a large amount of time and resource being initially spent on setting up father specific activities, the uptake of fathers and male carers engaging in services was not sustainable. In Blackpool, teams realised the issue was more generally around making activities and services more inclusive of all family members and appear more welcoming for carers of any type. It has been important to continue to support developing peer groups of dads as this supports their sustained engagement in the wider activities available, but apart from that the partnership no longer find dad-specific activities to be useful in addressing the issues of inclusion. It is important to also mention the context and cultural variations that form the environment in which ABS services are delivered. In Bradford, the father specific work and activities have been very successful and the stay and play groups that are father specific have worked well in addressing the local imbalances in engagement. The wider take away is that ABS seeks to address local needs through consultation and actively engaging the community in a way that works for them, ensuring that involvement from the local community is representative of the local cohort.

You can watch the breakout session in full [here](#).

Supporting collective change - what difference is ABS making for Communities?

How is ABS changing behaviour?

ABS partners serve different communities and operate across different parts of the UK. Learning has, and continues to inform and support, the ABS commitment to equality, equity, diversity and inclusion (or EDI) ensuring that partnerships are reaching all families within the local community, but particularly those most in need.

Ensuring that ABS families feel included and that programmes are reflective and reach the often-diverse communities ABS serve, is a key focus. ABS has had to embrace change and be open to learning new ways for better reaching and supporting families within partnership's local communities. It is important to note that ABS partnerships have had the luxury of funding, time, and support to allow a cycle of continuous listening, learning and improving.

Working in a diverse context

In Lambeth 60% of the population describe their ethnicity as non-white British, and just over 11% of the population are estimated to identify as LGBTQIA+. Lambeth is also a highly transient borough, with 21% of the population changing each year. Lambeth joins several London boroughs experiencing above-average levels of poverty. ABS partnerships have taken a collective impact approach to addressing the ways in which disadvantage across high-need areas is negatively impacting the life chances of children in the early years. As Lambeth and the targeted LEAP areas are so diverse, it has been crucial to ensure that the LEAP programme both speaks to and reflects the different cultures, communities and families who call Lambeth home.



ABS Community Engagement (CE) programmes aim to bring about change by connecting families with various local services and activities, building social capacity and connecting families to each other. Due to the diversity of ABS communities, investing in wider local partnership working has been crucial for reaching and supporting some ABS families.

Mapping unique 'ecosystems'

In Lambeth there are a high number of families from East African communities, although this was not represented in the families attending ABS sessions and activities. This made the CE team question whether the community engagement offer really was as inclusive as it could be.

Understanding limitations

ABS CE teams continually reflect on and try to understand where their limits are, using various methods to help improve their understanding of who is represented within services and activities, and how the communities' needs are being met. Methods include data collection, parent participation, and tailored engagement.

Working in partnership

LEAP's CE team further invested in working with community partners who were already embedded in the underrepresented communities to learn more about their needs. These partnerships began through [LEAP's Co-Create programme](#), a partnership model and programme of seed funding, launched in September 2021. The programme has been a vehicle for Lambeth to develop close partnerships with a diverse range of local organisations to target their reach into those local ecosystems, engaging with communities not yet being reached. The partnerships included 17 local, small-scale charities and community interest groups who have developed and delivered around 250 activities, co-created with parents. These initiatives have engaged over a thousand participants from a varied range of communities, including the East African community. Through this work, the CE team has invested in building strong partnerships with one local organisation, the East African Association (EAA).



Learning from the experts

The Co-Create initiative brought learning from EAA expertise and helped further understand the challenges and barriers faced by families. The LEAP team was able to make real changes to the way they worked as a result. It is, however, crucial to recognise that no group or community is homogenous, therefore increased understanding on a community group level is not necessarily reflective of individual challenges and barriers.



What is the impact on children and families?

Listening and making changes

Listening to individual parents is key. Some of the valuable insights into the lived experience of the local Somali community, shared with the LEAP team by the East African Association, and speaking to those parents themselves, highlighted that many of the mums felt isolated and were suffering from poor mental health. Many were single parents, and some had been negatively affected by their previous interactions with health, social, and educational settings. Many had English as an additional language and so we were unable to read any fliers, websites or information they'd been given. Some parents felt a lack of confidence in whether local services were for people 'like them'. Some families had multiple children, meaning time and capacity were very stretched between the needs of their different-aged children, and there was a reluctance in wanting strangers to help them.



Although parents knew about the wider support available, and EAA had themselves worked hard to signpost them to other services, they would rather be helped by an organisation that they know and trust. The CE team took this learning very seriously and recognised that LEAP that needed to change how they engaged with families, rather than expecting families to change to engage with ABS services and activities. The LEAP team recognised they had made some inaccurate assumptions previously, and they also took on board the fact that for some families, ABS services may always be second best for accessing early years support. However, that didn't mean that the offer of support for those families needed to end there.

Collective learning

Investing in partners

An important part of the learning journey for ABS through this partnership work was that it is not just about working together with local organisations to capitalise on their already-established relations with the community members ABS want to reach. LEAP's CE team had some really open conversations with partners about how to better develop authentic, equitable relationships built on trust and mutual respect between organisations. LEAP learned that organisations such as EAA felt they were from, and worked with, a community that was seen as 'hard to reach', with partners often wanting to work with them only as a gateway to reaching that community, rather than valuing and investing in the work they were doing with those families.

The LEAP Community Engagement team has since developed a good understanding of the immense value of community organisations and the expertise and experience that their leaders bring to the table. LEAP has taken the opportunity to invest in those organisations through time, money, resource and capacity building towards their individual missions, as well as establishing shared values and focusing on creating mutually beneficial partnerships.

"They want to get access the community that I work with but they are not interested in supporting to the work that I do."

Hussein, East African Association



Case studies



Lambeth - Somali Mums Engagement

An example of how LEAP's insights changed the way that they work is the Somali Mum's 'A Little One' session. LEAP trialled this session at a local children's centre, and although EAA regularly worked with more than 40 mums, and had signposted and promoted this session, nobody came. Considering all that LEAP had learned, they decided to take the session out of the



children's centre and take it to where the mums and little ones were already. The mums were standing on the sidelines every day of the summer holidays while their older children took part in EAA's summer football programme. Throughout the summer, in a gazebo at the side of the football pitch, EAA provided stay and play sessions, communication and language support, family advice and signposting to other offers for those little ones and their mums. This is now embedded as part of EAA's summer offer.



Blackpool Co-Production

In contrast to Lambeth, 96% of Blackpool residents identify as



White British although there is still diversity within local communities, with 12% of residents in Blackpool identifying as disabled and 16.8% of Blackpool children receiving SEN support at school. Furthermore, eight out of ten of the most deprived neighbourhoods in England are in Blackpool. Blackpool Better Start felt that previous behaviour change campaigns targeting early childhood had not been hugely successful. The Blackpool team delivered a series of five workshops with local families. Firstly, the team felt it was important to build a trusting relationship with local families and address the idea that Blackpool Better Start was working from their own agenda rather than doing things for the benefit of the community. The Blackpool team wanted to find out what the local community thought about previous campaigns delivered locally, and what kind of language is most effective at reaching local families. The team reframed their preconception that as experienced communications, they were the experts, and allowed themselves to open up to the critical feedback they gained from local families.



The consultation period was transformational in terms of their approach to behaviour change. A key take-away for the team was how language used can make families already struggling with multiple issues feel judged for the way they are already doing things. Families are having to work extra hours to cover rising living costs and are doing their best in the current context, so messages around making meals more nutritious or that they should be spending more time playing and interacting with their children were not landing well. The intention was not to make parents feel that they are failing to meet the needs of their families.

Parents needed a campaign that felt relatable and that reflected their local community. Subsequently, Blackpool Better Start stopped using stock imagery and animation, and instead concentrated time and resources on recruiting people from the community to take part in the campaign for authenticity. The need for inclusion was highlighted during the workshops, with parents of SEND children pointing out that some of the content was directed at neurotypical children which discouraged them from engaging as they felt excluded.

Survey responses from 120 parents demonstrated that local families were doing a lot of home learning with their children as part of their day to day lives. In trying to promote activities that had positive effects on development such as reading more or preparing nutritious meals, Blackpool’s campaigns were inadvertently highlighting what they ‘were not’ doing rather than celebrating what they were already doing. The communications team took this on board and reflected on how their campaigns can instil confidence in parents who are already doing their best and promote early years development through achievable and relatable activities.



Happy Early Years Fund (HEY)

Bradford’s local community is made up of 59% Pakistani, 20% White British/Other, and 8% Other South Asian. A significant proportion of pregnant women have little or no understanding of the English language. Bradford is also one of the most deprived areas in England, with 42.7% of children living in poverty. Better Start Bradford’s work with the local community has also focused on co-production and BSB has led change within the community by adopting an approach that builds community capacity and inclusiveness. One of BSB’s objectives is to change the way services are commissioned and delivered, and involve parents as equal partners. The [HEY Fund](#) was created to allow parents to apply for up to £2500 to put towards their own initiatives for children aged 0-3years e.g. cook and eat, messy play and stay and play sessions. The project was launched in 2017 and since then BSB has awarded over £250,000 which has contributed to over 150 activities within the local area.



To demonstrate the effect of the HEY Fund on behaviour change within the community, the following is an example of a parent’s journey through the HEY Fund process, again drawing on the trans-theoretical model (Prochaska and DiClemente) highlighted above to break down the stages of change.

Pre-contemplation stage - this is where the community may not be thinking about behaviour change, may not be interested in applying for funding or running their own sessions. Through BSB’s marketing approach from the Community Engagement team, the community becomes aware of the opportunity that is available. The parent attended one of BSB’s Christmas events and met the engagement worker.

Contemplation Stage - at this stage parents may be undecided and need further encouragement to take advantage of the available funding opportunity. The benefits of being involved in the project were explained to the parent and how applying for funding could have a positive impact on her.

Preparation Stage - At this stage individuals within the community express their interest and intention to go ahead, with the belief and commitment in the project and the positive impact that it will have on behaviour change. Through the engagement with the parent, and support provided by BSB throughout the application process, she felt that she had the capability and capacity to proceed. The parent was provided with the necessary information, knowledge, tools and skills which supported her to deliver her own project.



Lasting Change - the final stage in relation to this project was the delivery and sustainability of the project. The parent set up a parent and toddler group in 2018 which continues to this day. BSB supported the parent to partner with a local community centre and as a result, the community centre allowed her to use the facility for free which extended the reach of the project beyond the parent herself through delivery in a community setting.

The HEY fund has also supported work with local dads and male carers and many others have benefited from the project as it has grown within the local community. Strong and trusting relationships have also been built through the HEY Fund project. The project has emphasised what can be achieved, and showcased how behaviour change in the community can be initiated through the right approach, platform, tools, and opportunities.



Southend's population is described as transient, with almost half of children under 5 living in poverty. Local families are also reported to have worse obesity levels in comparison to the national averages and access to maternity services are statistically poor. Southend is hearing many more languages spoken and has seen an increase in families waiting for their immigration status to be agreed.

City Family Community Interest Company is the legacy vehicle for ABSS, which will continue some of the services provided as part of the ABS programme. Almost three years ago, parents and ABSS partners from Health and Family Centres, and the voluntary sector, met regularly to consider the most appropriate service for local families. ABSS heard that many families moving into the area, whether permanently or temporarily, did not have local family connections. They found it challenging to find local services and activities where they could take their young children to learn and play, and make connections themselves with other adults. ABSS identified that they were looking for a sense of community.



YourFamily offers signposting to families so they can find activities of interest to them. Learning and support workshops cover child development, antenatal classes, and wellbeing sessions, and 1 to 1 family support is offered. YourFamily uses interpreters, particularly in family support, and also has connections with translators. During co-design, parents felt strongly that YourFamily should not be called a



service, rather a community that parents would join to help each other. YourFamily is strengths-based and as a result of parents' feedback, families are invited to join YourFamily rather than be referred to it by a service or partner organisations.

ABSS has learned over time how important it is to have the YourFamily Team present at places within the community where families visit. YourFamily can be found at food banks and community activities every day throughout the week. They are visible, welcoming, and building trusting relationships over time. YourFamily are reaching diverse communities and due to the strengths-based approach, parents making contact and wanting additional support will already have increased confidence in what they want to change in their family life. Most importantly, they believe they can do it.



The Ideas Fund

Nottingham is a diverse city, with several ward areas experiencing high levels of poverty. One in four children are affected by income deprivation. This is even higher in the SSBC wards. SSBC has employed numerous strategies to

improve access to diverse communities (a [full report](#) is available).

SSBC Nottingham's [Ideas Fund](#) is a small grants fund which uses a community-based commissioning approach to influence and build on the existing strengths and assets within the community. Since 2016, 72 individual projects have been awarded funding, with grants between £3,000 and £10,000 per year. Applications are evaluated through a panel of representatives from local organisations,

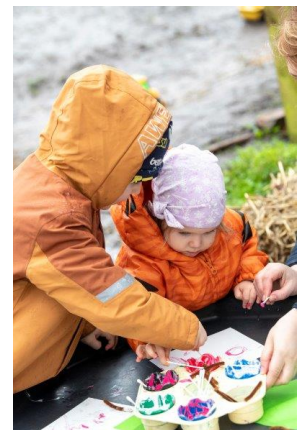


services, and [SSBC's Parent Champions](#). The funded organisations vary, from small local grassroots organisations to charities, as well as some local service providers. SSBC has been able to use the fund to target underserved communities, with some funding pots having specific themes or priorities, such as diverse communities, fathers and families during pregnancy. Nottingham has been able to respond very quickly to emerging needs such as the Covid Ideas Fund and Cost of Living Ideas Fund, and it's been an opportunity for organisers to:

- test out, and learn from, new ideas
- work with a new age range
- try out new activities and build their evidence,
- engage more effectively with the early years system.

Smaller Ideas Fund projects include a cultural stay and play, a women's antenatal class for Muslim women, and a playgroup for deaf children. More substantial funding has supported refugees, asylum seekers and migrants with integration, and ESOL classes. Specialist services also wanted to test out working with new and expectant mothers, as they had only previously worked with adults

Challenges and learning from this approach includes issues in new and very emerging groups not being aware of the funding and how to apply; and how to support diverse services, from the very small, brand new, to the well-established with quite well developed skills. SSBC had significant input into learning and development opportunities, dedicated project support, and social media support. Therefore, as a commissioner, have had to learn to be more flexible, realistic and proportionate in expectations of smaller organisations. It can be challenging to assess the return on investment and the impact of small amounts of funding, however, looking at the impact as a whole shows a real difference in terms of social value.



Key messages and call to action

ABS partnerships serve a wide variety of communities, each with their own specific needs and priorities. There are key learnings that ABS teams collectively agree positively informs their daily practice and strengthens community engagement:

- EDI working can be strengthened through a **test and learn** approach
- **Embrace methods** which help support learning and improve understanding about the different groups within your community
- Routinely review and **hold yourself accountable to clear EDI values**
- Recognise the **limitations of your community offer**
- There is a real need to **invest in partnerships**

It is important to remember that **if we always do what we've always done, we will never change**. It is hugely important to community engagement work that organisations continually review and appraise EDI practices.

Q&A

How have you measured the impact of your work resulting from advancements and changes to EDI practice?

ABS teams regularly review who they are reaching and who they are failing to reach. People working on the front line are invited to keep ABS 'in check' and highlight if certain communities are not being included or represented. This could mean a need to make strategic decisions and plan the steps needed to reach families, e.g. by using Community Connectors, Neighbourhood Workers, or other ABS community-based teams to go out to those communities and the spaces that they frequent or inhabit and bring the support to the families. By not relying solely on data such as attendance numbers to indicate the success of a particular service, reflecting on the inclusivity and representation can help address the gaps and inform where efforts need to be focused to balance ABS's reach across the community.

What approaches have been effective at engaging new and diverse parents to the parent-led forums in Blackpool?

Listening to parents to hear what they want and what works for them has been key. In Blackpool, parents wanted to have coffee mornings during the week, and food provided at one session per month. Parents began to identify issues in keeping up with what activities were on offer, so a WhatsApp group was set up to keep families informed and promote activities within communities. Parents' needs also tend to get lost amongst the range of groups available for the children, so need their own safe space geared towards their needs and priorities. Having sessions aimed at parents tagged onto other activities such as before or after stay and plays or baby groups, is also another good way of engaging new parents. Taking care to have representatives of the people you are trying to engage can really help too.

What level of support is provided to parents wanting to take advantage of SSBC's Idea's Fund?

Parents have presented ideas at very early stages in their development, and SSBC has been able to give parents relevant information such as examples of governance and policies to support them to develop their ideas. The Ideas Fund team has also been able to signpost and make links between parents and other local organisations to work in partnership to help grow an idea.

Similarly, the LEAP Co-Create is a funding programme with more focus on building partnerships than funding individual projects. This creates more community cohesion and capacity building. Whilst parents and organisations may value the money, the support and time invested by ABS partners to grow communities is where the real value can be felt in the wider community.

You can watch the breakout session in full [here](#).

Supporting collective change - what difference is ABS making for Services

How is ABS changing behaviour?

The 5 ABS partnerships have identified the following common approaches to working with other services to bring about collective change in and beyond ABS wards and local areas.

- **Working together** - to understand the barriers families face in accessing services, and use this learning to address inequality. Working in this way makes sure no child is left behind, with a focus on shared pathways
- **Using data** - ABS teams are focused on using shared data across the partnerships, which can be used to inform service design and tell a compelling story. More critically, ABS has a good understanding after nine years of data collection of what works and what does not
- **Embed evidence-based programmes** - all five ABS partnerships have embedded evidence-informed and evidence-based programmes that are a good fit for families in their local areas
- **Place-based** - there's been a real drive to bring people and organisations together locally to share information and work together to meet the unique needs of local families, achieving place-based collective impact
- **Support access to the right service, right time** - The best services will only work if they are accessed by the right people at the right time.
- **Speak up for babies and young children** - ABS is helping families, parents and children to share their voice. Families are at the centre of services, and all ABS areas have a strong ethos of co-production.



What is the impact on children and families?

Navigating services and supporting change through a collective approach

ABS families feel seen, heard and cared for. ABS parents benefit from being involved in the decision-making process, which has a positive effect on their engagement with services as they are more likely to work with them. Children can access services at the right time and in the right place, meaning they're not removed from where they spend most of their time to attend clinical appointments.

Because the workforce becomes familiar with each other's services and systems, families benefit from a culture where they can move seamlessly between services if support is needed in other areas of their lives. Families are navigated through the whole services system rather than through individual services, and information is shared so that families do not need to keep repeating their story to different service providers.

Collective learning

Collective learning from ABS shows that creating simple pathways into services working to support families can have a positive effect on families' engagement with, and uptake, of local services. This joined-up way of working relies on wider systems and changes in attitudes from individual to workforce and community.

Collective impact - the recipe

The System - Multi-agency representation is essential for creating smoother pathways into support, while appropriate assessment tools (e.g. [WellComm](#)) and data collection methods are needed to ensure consistency across the various services involved. This is challenging as each organisation and local authority will have their own GDPR requirements, however once consistency is achieved, the impact on children and families is significant.

The Services - Families' journeys through services are like a map - either via the most direct route, or with multiple obstacles and pit stops. These can be avoided with the early identification of a clear referral pathway. The referral pathway should always bring the family back to 'point A' so that needs can be reassessed, with a 'revolving door' system in place where changes in circumstances are considered as families move through the system.

The Workforce - Supporting changes in how services are delivered relies on a well-informed workforce. Teams must have a good understanding of the ways in which they work and how that relates to the work of other service providers. Having shared resources and guidance also helps to create consistency in ways of working across teams and service providers.

The Community - Finding out what works for communities is crucial in providing support services that are accessible and efficient. Flexibility is needed to ensure that community needs are considered, and accessibility is a priority.

The Individual - Capturing the voice of the individual and amplifying the voices of families ensures they are valued alongside clinical information shared between services. Building trusted relationships between individuals and service providers benefits the wider system by supporting engagement and providing space for open conversations to take place.

Case studies



Blackpool is helping families access the right support at the right time through triage panels, which help families to navigate services and support change through a collective approach. Two examples of the triages are the *Speech, Language and Communication* triage and the *Family Hubs' First 1001 days* triage. Triages are quite a sophisticated and mature partnership way of working. Blackpool is joining up services and communities, linking data with lived experience through a collective approach. The triage panel acts as a mechanism; the strength of

successful triage is in the services and interventions that Blackpool signposts to, and how families then engage with these. The panels themselves are about reach and volume, but the real meaningful impact that supports change is the family receiving the **right service at the right time** whilst also feeling seen, heard and cared for.

The Speech, Language and Communication panel is the longest established triage. Children aged 0-5 years in Blackpool who need support are referred to this triage panel, which meets virtually every two weeks. Since its inception in February 2020, the panel has discussed the speech, language communication needs of over 4,714 children. As well as discussing children's identified speech and language needs, the panel seek the views of parents and involve them in decisions about interventions and pathways of support. This supports engagement with the intervention because they've had their voice heard during the referral process. The triage panel supports children to get access to the right services at the right time and **in the right place and** through this process, the whole workforce becomes familiar with each other's services and systems, allowing for that crucial skills mix. Having universal, targeted and specialist services to signpost to post-panel creates a 'revolving door' culture with families navigating through the system itself rather than through individual services. Information moves with the child so that families only need to tell their story once.

The first 1001 days triage panel is Family Hub-based and offers parenting programmes and support to families who are pregnant or have a baby or young child aged 0-2 years and need additional support in a variety of areas. Again, the triage makes sure that families can get their support at the right time, in the right place, **by the right people**. This is a multi-agency triage, and since its inception has discussed the care of 206 children. This includes unborn babies, babies, and young children.

Helping families to navigate services using triage is supporting a positive change for families and also 'the system'. This is captured by one service manager who has said, *'For Baby's Sake has been absolutely wonderful for this family, together with pre-birth assessment work and social care intervention, when they get the timing and support right, it really, really does change lives.'*



Parents and Partners Driving Change

Nottingham's commissioning and sustainability of speech, language and communication services

across the city began with parent consultation, who said they wanted real, practical support and ideas of activities to do with their children to support speech and language development in the home. SSBC commissioned a range of services in response to the consultation.



- [Home Talk](#) - a home visiting service for two to two and a half year olds
- [Tiny Steps to Talking groups](#) - a group provision for families who have babies who are nine months plus.
- [Talking Tots and Babies](#) programme - group provision for preschool children.

SSBC also commissioned drop-in sessions with speech and language therapists and National Literacy Trust Literacy Champions who work in their local community to improve literacy. An example of Literacy Champion activity is providing free books to families, at local food banks so families can take books away with their food orders.

SSBC commission the [Dolly Parton Imagination Library](#) scheme, where free books for under-fives are delivered to the family home every month. SSBC has been working with other Local Authority areas to develop activities ideas sheets for parents to use with the Dolly Parton books. Workforce training is also commissioned to ensure that practitioners are able to share hints and tips with parents for speech and language development.



SSBC is working in partnership with a local university and key local commissioners to develop a single pathway for Speech, Language & Communication services for families which may include advice lines for parents and practitioners to call when they have speech and language concerns. This development aims to create a single point of contact across the city and county for speech and language referrals where they can be triaged, and provide an integrated pathway to universal, specialist and targeted services, and joint training for staff.

A parent who received support from [Home Talk](#) said:

“I was feeling very down about how my child was [...] with his talking when the Home Talk worker started to visit us. She gave us lots of ideas for what to do with our son and helped us understand how much he learns just by playing. Since we’ve had this support, I can see how much my son is talking and understanding better, and I can’t thank you enough for all of this help and the confidence it’s given me to be a better parent”



Using learning to drive improvement

In complex environments, continuous learning drives improvement. Best practice for evaluating complex, place-based and collective impact initiatives requires learning to be ongoing rather than only measuring impact. To support this, LEAP developed a suite of evaluation and learning tools to help embed learning across the programme. At the service level, Quarterly Service Reports were developed. These summarise user and engagement data through an equalities lens, and provide



feedback to services to enable them to adapt and improve their service delivery and engagement with priority groups of people.

Quarterly Service Reports identify the extent to which services are achieving or working towards achieving their medium term and high level long-term outcomes, and also identify any potential barriers or challenges to achieving these outcomes. Quarterly service reports are reviewed with service leads regularly, and they have proven to be really useful tools for monitoring delivery across the programme. At the programme level, LEAP developed Annual Learning Reports which assess the extent to which LEAP is reaching and engaging its priority population, and summarise LEAP's progress towards achieving its long term outcomes. LEAP's learning continues at pace, with a whole suite of research and learning projects in place, designed to capture insights about services and about programmes as a collective. LEAP communicates key findings and progress towards achieving long term outcomes with external stakeholders through a variety of events and engagement opportunities.



Better Start Bradford and Start for Life

Bradford is one of the initial 75 local authorities who received funding from Start for Life within the Family Hubs programme. The Start for Life programme is a joint programme commissioned by the Department for Education (DfE) and the Department for Health and Social Care, following the [report](#) undertaken by Andrea Leadsom on the first 1001 critical days. The aim of the programme is to ensure that services are joined up and families are able to access the support they need at the right time, in the right place. The fundamental strands for the Start for Life programme are aligned with the Better Start Bradford programme, which is already delivering services focusing on the home learning environment, on infant feeding, on infant and perinatal mental health. Existing BSB models for partnership and integrated working enabled six of Bradford's projects to be moved straight into the Start for Life portfolio. The sharing of the learning didn't stop at those six projects. Bradford was able to ensure that co-production, place-based delivery, evidence based projects, and data collection could be woven into the whole of the Start for Life programme.



Below is a quote from a parent who benefitted from one of BSB's projects that was initially commissioned by Better Start Bradford and moved on to Start for Life.

"It was when my little boy was eight weeks old, and after the usual baby checks from the health visitor who asked how I was doing. It all came out. I was struggling, the health visitor referred me to Little Minds Matter. It's unbelievable how much I've changed, how much I've learned to engage my baby, and how much I've learned to process how I was feeling as a new mum".

ABSS's [Early Years Domestic Abuse](#) service truly embodies the ambition of ABS through its early intervention, unique approach and how it is centred on care to help create change. ABSS recognises the importance of helping parents understand how their choices affect their children. By building confidence, the service empowers parents to make better decisions for themselves and regarding their children's needs, creating safer and more nurturing environments. For context, Southend has the highest rate of domestic abuse in Essex, and this has been the case for eight consecutive years. Research shows that in 90% of domestic abuse incidents, children are in the same or an adjacent room when the abuse occurs and it is now recognised that children are not passive witnesses to domestic abuse, but are in fact considered victims. In response to this evidence and the local data, an early years initiative targeted at young children, Safe Steps, (previously known as Women's Aid), has been designed to break down barriers, connect services to people and give babies and young children a voice.



Doing things differently

ABSS focused on three key areas:

1. Offering timely and easier access to the right support and specialists to conduct risk assessments, provide safety and emotional support and a carefully designed referral pathway which provides multiple routes into the service. The service was co-located within the family centres in Southend, giving greater opportunities for parental disclosure, ensuring that the right professionals are available at the right time.
2. Educating parents on the effects of the abuse on their children helps parents understand the profound and lasting impacts on development and emotional wellbeing. This has been achieved through a face-to-face recovery programme and thinking about how parents can be best supported. ABSS offers a creche service alongside, made possible in collaboration with partners from City Family; this allows parents to fully engage, and gives children who may have lacked socialisation opportunities a chance to interact in a safe environment.
3. Thirdly, a training programme has been created aimed at and offered to the early years workforce in Southend. The focus is on being able to spot the signs of abuse, and raising awareness of long-lasting impact on children.

Key messages and call to action

ABS's recipe for supporting change to the services that support children and families is clear to follow. Over the last nine years, ABS teams have tried and tested the ingredients to see what works, how best to work together to break down barriers and

connect services and people. ABS teams all use data to drive and inform improvement, and use evidence-informed, evidence-based programmes that are a good fit for local families. ABS partnerships know the importance of being place based and having infrastructures that support families to navigate available services so they can access the right support at the right time, by the right people. Most importantly, ABS speaks up for babies. ABS partnerships urge other service providers to act by being brave, thinking differently and working collectively so services will see positive change for themselves and the families they work with.

Q&A

Which, speech, language, communication, service provision works best for families and their children and why?

Through test and learn across the range of services it's evident that the group provision has worked the best. Families tell ABS that they really welcome the opportunity to be with other parents going through the same issues as them as it can feel quite isolating when a child has speech and language issues. Bringing families together in a group with other parents and carers that are going through the same is really helpful. Practical tips come from the group and from the facilitator, but also from some of the parents who have their own strategies and share helpful ideas. The evaluation work has also highlighted stigma; going to a Family Hub or a local community provision means that parents feel less stigma in accessing the provision. Parents have also told ABS that having somebody come into the family home is another reason why the group is so effective and the practical side of it works well because parents can take their other babies and children with them and utilise the creche.

What's been the feedback from parents and practitioners about the survey?

Evaluations have been really positive for the domestic abuse service. 100% of parents attending the recovery toolkit report they are more able to recognise what abusive behaviours look like and they understand the impact of that abuse on their children. Equally, 100% of practitioners, community groups and other professionals worked with have come away from meetings saying they really have greater knowledge and understanding of how to respond to families. 84% of those professionals, practitioners and community groups said that they've got increased confidence to be able to discuss domestic abuse with those parents.

What is the overlap between A Better Start and Start for Life and are there concerns that the funding ends at the same time? And how do ABS think that this might affect the longer-term picture? How are ABS going to make sure that this work is maintained beyond the funding?

ABS partnerships' timelines for closure are different, with some funding periods continuing for a time into 2025. The work with Start for Life has been timely in Bradford who will continue to deliver some ABS work next year. Being flexible has been vital; the Incredible Years programme that was being offered via ABS to 2- to 3-year-olds worked well, Start for Life wanted to deliver a preschool provision, so the

service was adapted. The evidence had already been gathered which proved the provision's efficacy. Fitting in with the needs of the community, ABS can take interventions and adapt them because of the previous learning.

You can watch the breakout session in full [here](#).

Supporting collective change - what difference is ABS making for Systems

How is ABS changing behaviour?

Bringing about system change is one of the objectives of A Better Start, alongside social and emotional wellbeing, diet and nutrition and communication and language outcomes. ABSS also has an additional community resilience objective. Within A Better Start, and in the context of systems, behaviour change means to change for the better, the way that local health, public services and the voluntary and community sector work together with parents to improve outcomes for children.

Over the last nearly ten years of delivery, ABS partnerships have collectively discovered a set of ten enablers for system change.

1. **Equality and inclusion.** We always need to include all voices in what we do and to be proactive in giving our stakeholders those voices. Co-production with parents has been really important in shaping not only what is delivered, but how it is delivered.
2. **Commitment.** The commitment of partners is essential to instilling that system change, and that commitment has to be both strategic and organisation wide to make sure that the commitment isn't lost when people move on to different roles. And we need to make sure that processes, strategies, organisational DNA retains that commitment regardless of who's within the organisation or who's moved on.
3. **A Shared Vision.** In achieving that commitment, there's got to be a shared vision and that's got to be stated clearly, revisited, often and universally understood, across practitioners, parents and other professionals.
4. **Partnership working.** This is more than just a commitment to that shared vision. It's that practical application of the vision and each partner playing their part to achieve that change. It's not just about talking the talk inside the partnership board meeting. It's also about walking the walk outside of that boardroom. Across ABS partnerships, there are a number of strategic partners that are signatories to our collective success. This may include the local council, the NHS Trusts, the Integrated Care Board, the Voluntary Sector Alliance - all signed up as strategic partners to our success.
5. **Trust.** Partnership working has to be underpinned by trust between organisations as well as between individuals. And that trust doesn't happen overnight, nor by chance. All partners have to be vulnerable in sharing what they don't know, put

their egos aside in order to put the needs of children at the very centre of ways of thinking and operating.

6. **Systems Thinking.** System change means that services aren't considered in isolation from the other services that parents might be accessing, or the services that children might be transitioning into and out of. By way of example in Southend, the one-to-one breastfeeding support is available on the labour ward, which directly connects to the group breastfeeding support in the community. This is then supported by a wider, business focused and organisation focused scheme, which is called Southend Supports Breastfeeding, which aims to normalise breastfeeding and support breastfeeding in the community. Examples from the other partnerships are included below.
7. **Innovative approaches.** ABS has been a ten-year test and learn programme, which means that partnerships were designed to test innovative approaches. TNLCF has given ABS partnerships the chance to innovate in that early years space, to learn from local communities and benefit others nationally and UK wide.
8. **Research, evaluation and impact.** ABS partnerships are relentless in monitoring and evaluating and evidencing the impact of innovative approaches, because partnerships value both the ability to understand their impact and share that with others. Evidence of impact is also critical to make the case for future funding. All partnerships have local evaluations ongoing, and also feed into the National Evaluation overlaid on top.
9. **Responsive and adaptive.** As a test and learn programme, partnerships have been set up to be responsive and adaptive. And over the ten years, each partnership has seen projects established and projects close. ABS isn't frightened to stand by those convictions and to disinvest in less effective projects to reinvest in those more effective ones.
10. **A skilled and supported workforce.** ABS services rest on the effectiveness of their passionate and committed workforce. It is therefore essential to ensure they are provided with the most up to date and relevant training where possible. This is future proofed by taking a 'train the trainer' approach, so that partnerships can retain that knowledge within the organisation and disseminate it and ensure that there's succession planning. This is always considered as part of workforce development.

Only when all of these are in place do you start to see the behaviour of the system changing and the flow of children and families through that system happening more effectively and more efficiently. Families really shouldn't be burdened with which organisation is delivering the services to them, because they should be focused on receiving services that are well equipped, joined up and responsive to meet their needs, at the right place at the right time.

What is the impact on children and families

A shared vision with children and families at the heart

Children and families are placed at the heart of systems change work within ABS. Key to this is parents' involvement in devising and developing services, bringing about change across local systems. This is not tokenistic involvement of parents; ABS partnerships co-produce services with families, ensuring local services meet local needs and context.

Parents' lived experience of the local area, their family's health and needs is equally valued alongside professional knowledge and experience. Parents voice is included from board-level to frontline delivery, from design of services through to evaluation and impact. This approach has empowered parents and transformed the approach to systems change, bringing families and professionals together as equally valued partners in driving change across services and systems.

Collective learning

Across local, system, and national landscapes, the following are key to implementing successful system change:

- Commitment to prevention and early intervention
- Partnership working to meet the unique needs of individual localities
- Co-production with active community engagement
- Use of high-quality data and evidence to support strategy and delivery

Feedback from ABS Parent:

“Programmes like this can change everything for someone who benefits from it - change what they accept in life, change the choices they make, and will change what they expect for their children in their life.”

Case Studies



Within Southend, there are high levels of deprivation, smoking and obesity, alongside pockets of high affluence. Southend families have poorer access to maternity care within the first ten weeks of pregnancy.



[City Family](#) was formed by practitioners and parents of the ABSS partnership, with a shared and unwavering commitment to identify routes to sustainment of the most impactful elements of the ABSS partnership and programme. In 2023 City Family Community Interest Company became a formal deliverer of ABSS services, with key programmes and staff transferring across.

City Family:

- Builds upon the most effective service elements, research and data analysis from ABSS to continue working alongside parents and communities.

- Delivers innovative evidence-based programmes that improve children's developmental and social outcomes.
- Brings together families, volunteers, and paid professionals as partners, ensuring they drive the direction, design and delivery of programmes and services

City Family delivers four key programmes on behalf of ABSS, all focused on improving outcomes for children and their families by removing barriers to access, increasing community cohesion and empowering parents.

[City Family Explorers](#) offers childcare to help parents access various activities, from education to wellbeing courses. They also manage the ABSS Parent, Family, and Community Hub, providing play and development sessions for local families. City Family Explorers has been a key enabler for parents and community groups, removing barriers and improving parenting confidence



[YourFamily](#) works to empower parents through knowledge and skills in child development, health and parenting. Partnering with Southend Family Centres, Health Visitors, and local groups, YourFamily offers activities like wellbeing sessions and one-on-one parenting support. They also co-deliver Southend's antenatal education course for expectant parents.



[Talking Transitions](#) collaborates with early years settings, speech and language teams and schools to support parents, children, and practitioners in school readiness. Initially focused on speech, language, and communication, it now also covers numeracy and the emotional aspects of starting school. Coordinated by specialist teachers who are also Communication and Language advisors.



[DadsConnect](#) is a peer-led initiative for fathers and male caregivers, providing resources and information to support their parenting journey. It offers opportunities to connect with other local dads and participate in activities designed by fathers. DadsConnect is also involved in pioneering national efforts to engage fathers, especially those facing multiple disadvantages.



ABSS is working to sustain these programmes locally, whilst also tenaciously following routes to take the learning and expand to new geographical footprints and communities. ABSS is also ensuring that from board level to front line delivery, the team is speaking with a genuine diversity of lived and professional experience. Three local early years parents sit on the board, working alongside health practitioners, policy experts and finance leads.



Born into Care

In 2019, Blackpool became a partner in the national Born into Care study, developing the [best practice guidelines](#) for when the state intervenes at birth. In response to these guidelines and recognising the value of place-based and experience-based knowledge, and with a desire to change the system for families, Blackpool committed to co-producing their response by working together with professionals across the Blackpool Better Start partnership and parents with lived experience. The foundation of using co-production was the appreciation that those with lived experience of their local area, their health and their needs are best placed to devise services that can make a positive difference to their lives. In addition, there was an understanding that there are significant benefits for both the individuals involved in co-production and the system it transforms.

At the start of the co-production process, it was important to develop a shared vision of priority areas for change. There were two initial co-production groups formed: a mother's and a father's group which included senior leaders from children's social care, midwifery, academics, members of Blackpool Council and the co-production team, and also parents with lived experience. The group started with members getting to know each other to establish trust and develop a safe and brave space to have often honest and very challenging conversations. The group worked together over a period of ten weeks to create a set of eight principles for any service working with families at risk of separation. There was a [film](#) made about this process.

A key emerging principle was that parents need to be helped to understand the children's social care process and be kept informed every step of the way. Parents consistently said that they didn't understand the system or where they are in it. Blackpool Better Start responding by developing a steering group, again made up of professionals and parents, who directed the work. A co-production group run at the beginning of 2023 aimed to map each step of the children's social care system, to help families understand the process and navigate through the care system. This would all be held into one document and using language that parents could understand.

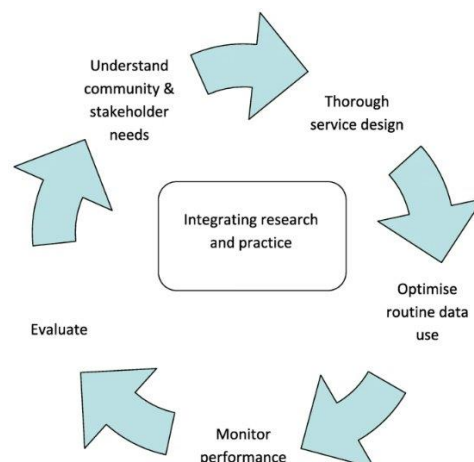
The next step was to translate a large text document into a physical tool that can be used by a wide range of professionals in dialog with parents. In October 2023, a core design group, headed by Leon Cruikshank, a designer from Lancaster University, ran to collaboratively create this resource. The weekly sessions were spent establishing relationships, examining evaluation measures for the output, generating ideas and creating prototypes. Then the hard bit: critically examining these and finally testing out with the wider system. There were several resources developed, including a map, a one-page document, a Full Beans document, and a glossary [here](#)

The key to all this work was partnership, and it has been really important to test the resources with a wide range of professional services and parents.

Integrating evaluation into usual practice

When Bradford set out on the A Better Start journey nearly a decade ago, the evidence base for early life interventions was inconsistent. This made it difficult for commissioners to identify where best to invest money to ensure that families were receiving the support they needed to give children the best start in life.

It was Bradford's ambition to embed evaluation right from the start into the design and implementation of every project within the Better Start Bradford offer. To do this, the team worked in partnership with project delivery organisations and key system partners in the community, to develop an [approach to service design](#) that supports good quality monitoring and evaluation - to optimise learning, help develop the evidence base, and ensure community and stakeholder needs were met.



At its foundation, the approach includes theories of change and logic models which allow the mapping of mechanisms of change which sit behind projects to help understand how they will create impact, and develop a blueprint for delivery. This supports implementation, and allows work with deliverers to ensure they are capturing the data needed to evidence success.

Key to this has been a shift in thinking within the system on what makes a good evaluation, prioritising good quality monitoring and implementation evaluations to understand what's happening on the ground.



Having a co-produced and consistent approach to evaluation over the lifetime of Better Start Bradford has demonstrated the value of nudging up evidence, and understanding what is delivered and to whom is vital for understanding impact on outcomes. Working with partners has meant this approach is seeing uptake across the system, and in the last few years, the [Reducing Inequalities in Communities](#) programme has used the approach.

Bradford is also part of the government's [Family Hub Start for Life](#) programme, and has been working with the team to consider how they can adopt the approach to continue to build the evidence base for early intervention with families and children in the district, while also considering how to support sustainability. Increasingly the local authority and health partners are using the approach in their commissioning and planning, which is an incredibly important step in supporting decision making, particularly in an increasingly difficult financial context.

The team at Better Start Bradford is currently in the process of reviewing and

updating [toolkits](#) so they allow commissioners and practitioners to take on the approach. This will continue to have input from stakeholders to ensure it remains relevant and appropriate, building on the legacy around evaluation that has been created by Better Start Bradford and the Innovation Hub.



Maternity Disadvantage Assessment Tool

Across the UK, the risk of maternal death is 3.8 times higher for women from Black ethnic backgrounds and 1.8 times higher for women from Asian backgrounds, compared with White women. Maternal mortality rates are also highest for women living in the most deprived areas. 43% of the neighbourhoods where LEAP works are classified as in the most deprived, and because of the markedly higher maternal mortality risk for women living in the areas of Lambeth, LEAP wanted to develop a better system to improve maternal and infant outcomes. The [Maternity Disadvantage Assessment Tool \(MATDAT\)](#) was developed in 2018/19 as a bespoke, holistic tool for midwives to measure vulnerability in pregnancy and during the early postnatal period. It was presented and launched at the Royal College of Midwives conference in May 2024.



MATDAT was developed in response to concerns that midwives, unlike GPs and health visitors, did not have an existing system for assessing and recording vulnerability in pregnancy and the early stages of parenting. This meant midwives may not be able to consistently identify levels of vulnerability, or may lack clear referral pathways for care planning. There was also no shared language to discuss vulnerable women with other disciplines, leading to poor inter-professional communication around assessment and referral, and meaning pregnant people, children and their families may be less likely to receive timely and appropriate preventative support.

MATDAT was developed in consultation with safeguarding mental health leads in Lambeth, service users and two local NHS Trusts, and consists of two main components. The first part acts as a threshold document to facilitate referrals for additional support, assessing three main categories: family and the pregnant person's developmental needs, environmental factors and parental and family factors. An accompanying reference sheet has contact details for local support services that can be developed by individual maternity services to reflect local resources.

An evaluation of the pilot found that MATDAT has value as an internal threshold document for referral to most multidisciplinary team meetings and specialist pathways, and can be used for communication with external agencies. It supported midwives to check their intuitive response, facilitate joint decision making, and to escalate concerning cases back to the local authority. The tool also has potential to support quantifying the demands of team caseloads and to ensure even distribution of caseloads.



Campaigns Changing the System

SSBC used a campaign to inform systems change, through the '[Feed Your Way](#)' public health campaign which aimed to change the social norm of breastfeeding, recognising that it is beneficial to the parent, baby, employers, wider community, and obviously babies themselves.

SSBC co-produced the campaign messages and resources, and launched in October 2022. Change started even in the creation of the campaign, for example in the shared knowledge and expertise of data and information from a wide range of stakeholders. From a co-production point of view, parents were at the heart, and their voice and experience was equally valued, alongside the data already known about breastfeeding and its benefits.

Solutions were co-produced, which in itself had a ripple effect, ensuring the right type of change to make a difference, and the engagement and interactions have brought a wide range of interest across different stakeholders. The research was inclusive in terms of having midwives, public health specialists, peer supporters, parents, wider family members, including grandparents and co-parents, coming together to talk about their knowledge and experience of the feeding agenda.

A survey had 1800 respondents, which was significant, but also prompted the crucial question of 'who haven't we heard from'? One of those groups was fathers, so further engagement activity was undertaken to gather in-depth information from them. Engagement work found that messages tended to be delivered from a health perspective or risk adverse perspective, however, a more holistic approach was needed. The campaign was therefore developed around resources for the workforce, and for families themselves. This gave the opportunity to create some case studies to ensure that Feed Your Way reflected a wide range of family makeup and situations. Five case studies were developed, which can be viewed on the [website](#), alongside the resources such as posters and videos. A local campaign included promotion through bus stop posters, Council House banners and other resources.

The campaign took a non-stigmatising approach, and the careful terminology supported what may have been difficult conversations about infant feeding options. Links were also made to wider father inclusive practice, bringing fathers in as a key supporter and also wider support networks from the breastfeeding perspective.

The campaign has had policy impact too, with Feed Your Way messaging now built into the local Eating and Moving for Good Health strategy and the Infant Feeding Strategy. Learning was also shared with the Infant Feeding APPG in December 2023, the Institute for Health Visiting conference in June 2024, as well as at a range of national and international forums and conventions. There is a lot of local interest in sustaining the campaign post SSBC and plans are in place to transfer the FYW campaign to Nottingham City Public Health team for ongoing delivery and development.

Key messages and call to action

The following points have been central to supporting systems change across the partnerships, as reflected in the case studies presented.

- Use co-production techniques to ensure services are designed alongside parents and families
- Ensure partnership commitment to system simplification and asset optimisation
- Continued monitoring to evidence effectiveness and impact
- Put children at the heart of decision-making

Whether considering system change at a local or national level, a key starting point is with the commitment to an understanding of prevention and early intervention, with partners willing to put time, effort and funding into supporting the very youngest members of our community and their families. Those partners must work collaboratively with a shared vision, developing trust, trusting relationships and being proactive in coproducing services with community engagement. There is value placed on research and evaluation to evidence impact, with partners learning from it, responding and adapting through innovative approaches developed by a skilled and supported workforce.

In March 2025, A Better Start funding ends. The public sector, which is the greatest source of potential ongoing funding, is highly constrained. And many Integrated Care boards, have quite ambitious saving targets for the next few years. And of course, there is a changed/changing political landscape. This is all against the backdrop of increasing demand, the still emerging impact of Covid, and the cost of living crisis is squeezing both parents and providers.

The call to action to individuals and organisations is to continue to pursue system change by using co-production techniques to include the voices of parents and families to ensure services are designed alongside them. Ensure a partnership commitment to both recognise the complexity of current systems, and to really simplify those systems and to using the assets that are already available.

Continue monitoring for evidence of impact, because in a constrained financial climate, that evidence is needed to justify future funding. And the most important thing, let's always put children at the heart of decision making. If we can agree on putting children at the centre, we can collaborate, debate and work in partnership to figure out the rest.

Q&A

What impact has there been on breastfeeding rates after the Feed Your Way campaign was introduced?

The team has recognised that it's quite difficult, bearing in mind the breastfeeding campaign was launched in October, to pinpoint impact from specific services. There are so many different things happening across the Better Start area which have an

impact on breastfeeding. The Family Mentors use the campaign to support some of the conversations, which in itself has had an impact. Peer Breastfeeding supporters have also been introduced as part of the 0 to 19 service. While there has been a slight increase in the feeding rates, it is really difficult to know if it was due to just the campaign.

The impact is also wider than breastfeeding rates specifically. There has been great interest in the campaign locally and nationally. The workforce has found it is enabling easier conversations about how to make positive changes - these may previously have been difficult and shut down by parents, but there is now more of a conversation of choice.

Are the Non-Executive Directors paid roles, and is there a minimum term, or can they stay as long as they want?

Yes, the roles are paid roles, with a stipend claimed of a very modest amount, and there is a set a term of three years.

A couple of colleagues from different areas talked about tools and packs and resources. What are you hearing about these resources being used elsewhere, whether in England, Ireland, Scotland, Wales and beyond? Are other countries, other regions picking up these resources and adapting them?

In LEAP, work has been undertaken to ensure the further uptake and utilisation of specifically the MATDAT tool, by partnering with a national body - the Royal College of Midwives - who have been able to further develop the tool for use in various different localities. That has been a really big enabler for this specific tool, which was developed within the context of Lambeth and specifically the areas that LEAP works in. To then use the platforms of RCM and those existing networks, working collaboratively to enable further access to these tools has been successful. It is so important to find the pathway for that information to be scaled up.

The launch only took place in May, and the LEAP team is interested to see what that uptake will look like and what the needs will be for continued support with regards to any additional training. When something is developed in a small scale, the pathway to effective up-scaling could mean some differences and some adaptations; the team is interested to see that process.

In Bradford, there is increasingly an appetite around tools like Theories of Change and Logic Models, but there is still a lot of confusion about how they're used, and they tend to be used interchangeably. They are separate but related tools, with both needed to support good quality evaluation. There has been a positive response to the Bradford evaluation toolkits and an appetite nationally, and a public health apprenticeship scheme has approached the team about the whole toolkit to support public health practitioners of the future.

Having that knowledge around what underpins strong evaluation is really positive. There has been some international interest as well. An organisation in Africa has approached about some training they are delivering around evaluation, and is keen to use Bradford's toolkits and videos as part of that.

What is the thinking in terms of keeping up to date the Blackpool Better Start's Born into Care, system map, processes and tools that have been built with families? How do you keep that communication going with parents?

Parents meet with the monthly working group, and a Parents Advisory Group also feeds in. The documents stay alive, with a live feedback form. The system is constantly changing, and feedback is important from people to say that documents are accessible and useful. The team has been very mindful through the entire process that it wasn't going to be a resource to print off and give to families to take away and use. Rather they are used as a tool for dialogue when working with families. The team is very mindful that things can and will be changed, and is always open to get feedback on that and how families feel with the resources.

You can watch the breakout session in full [here](#).

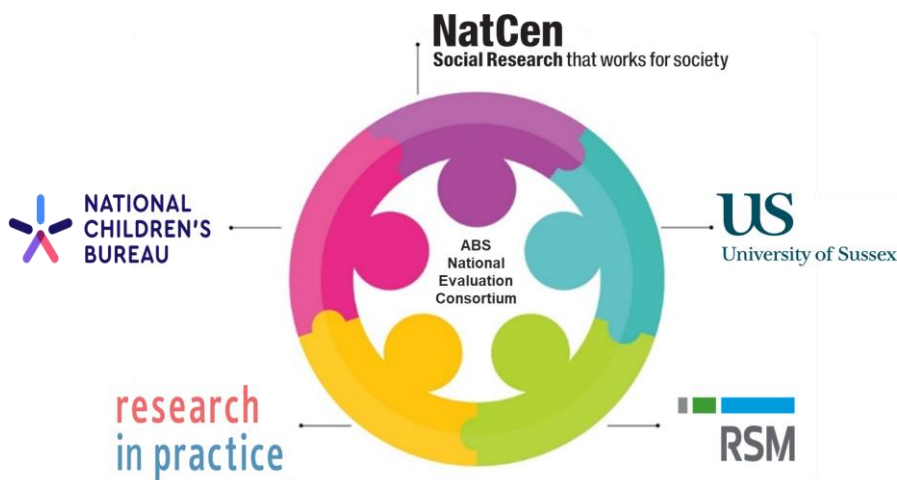
A Better Start National Evaluation

Gayle Munro, Director, Centre for Children and Families, NatCen

Introduction

The [National Evaluation](#) of the A Better Start programme is a five-year evaluation which began in April 2021 and ends in March 2026. NatCen’s approach draws on contribution analysis, looking at the impact of ABS on the lives of families, on childhood development outcomes, on systems change and on the public purse

The National Evaluation is being undertaken by a wider consortium made up of five organisations.



Mosaic of evidence and contribution analysis

The evaluation is aiming to build a mosaic of evidence from 4 different objectives:



Objective 1: Contribution made by ABS to children's life chances

Health and education data is being used to map change in the childhood development outcomes of diet and nutrition, social and emotional development, and communication and language. This is being done by comparing families living in ABS wards with families living in areas not in receipt of ABS funding.

Objective 2: Factors contributing to improving children's diet and nutrition, socio-emotional skills, and language and communication skills.

For this objective, a more qualitative approach is being taken, looking at how ABS as a programme is implemented in practice. Interviews have been held with staff in ABS partnership areas and with staff in similar roles in areas which don't receive ABS funding.

Objective 3: Families' experiences through ABS systems

Working with a cohort of 25 families from across the five partnership areas over time to explore and document how ABS is impacting upon their lives.

Objective 4: Contribution made by ABS to reducing costs to the public purse relating to school children.

Using cost consequence analysis to document the impact which ABS is having on public spending.

Mosaic of evidence and contribution analysis

The evaluation is informed by a theory of change, with different strands of evidence collected against each of the different parts of the theory of change. Detailed information about the ABS national evaluation can be found in the [ABS national evaluation study protocol](#).

Update on the objectives

Objective 1: Update on data progress

The evaluation team has been working with the partnership areas to establish parental consent for linking family data with health data from NHS Digital and the Department for Education's national pupil database. A different approach had been agreed for Lambeth, and two areas, Blackpool and Southend, are too small to have sufficiently powered analysis for statistical difference between ABS partnership areas and non-ABS areas. The evaluation team is currently rethinking analysis plans to focus on a whole ward approach instead.

Access to NHS England and National Pupil Database data is not straightforward and there's a delay in accessing the health data in particular, but the team is hoping to be in a position to start analysis of the education data from September 2024. The team is considering a combination of whole ward data analysis using those two administrative

data sets and pseudonymised beneficiary data analysis from data that partnerships are going to share directly. The team were aware from the start that objective one was going to be a lengthy process because of the need to gain consent from families and to make sure everything's set up with data sharing agreements properly across each of the five partnership areas.

Objective 2: What is working well?

Over the past year, another two waves of qualitative fieldwork have been undertaken for objective two. A total of 39 interviews have been conducted with staff working at ABS partnerships either within the core ABS teams or for delivery partners, split across the five partnership areas. There are some common contextual challenges across the five areas regardless of which child outcome level is being looked at, mainly related to the ongoing effects of the cost-of-living crisis, where trying to meet their families' basic needs is having an impact on parental engagement with services as they don't have the headspace to engage. There is also the impact of stigma perceived by parents especially in relation to targeted social and emotional support, with some parents reluctant to attend a support group because of worry about being thought of as a bad parent.

What's worked well in common across the five partnerships areas?

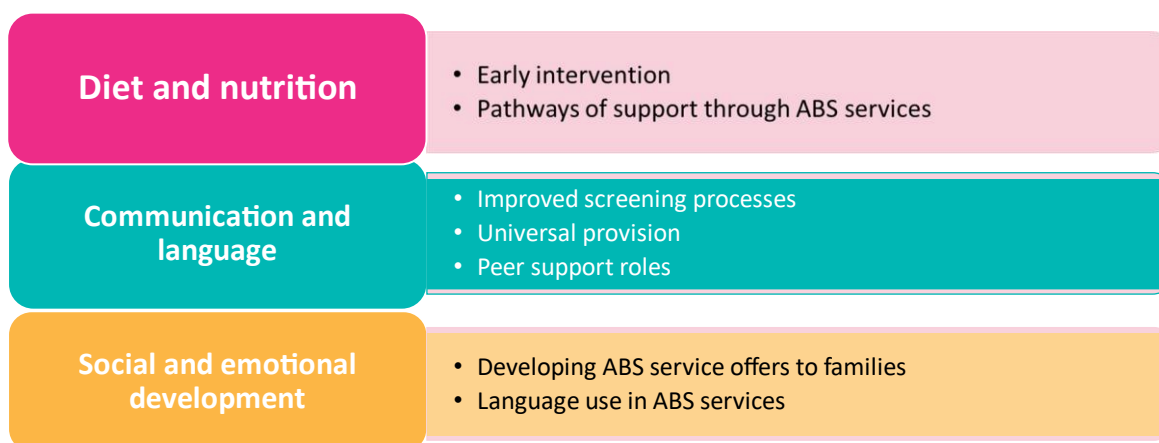
Coming through very clearly as working well across the five partnership areas is:

- Positive working relationships between ABS delivery partners and core teams
- Joined up working between different organisations and teams working around the family to deliver holistic approaches

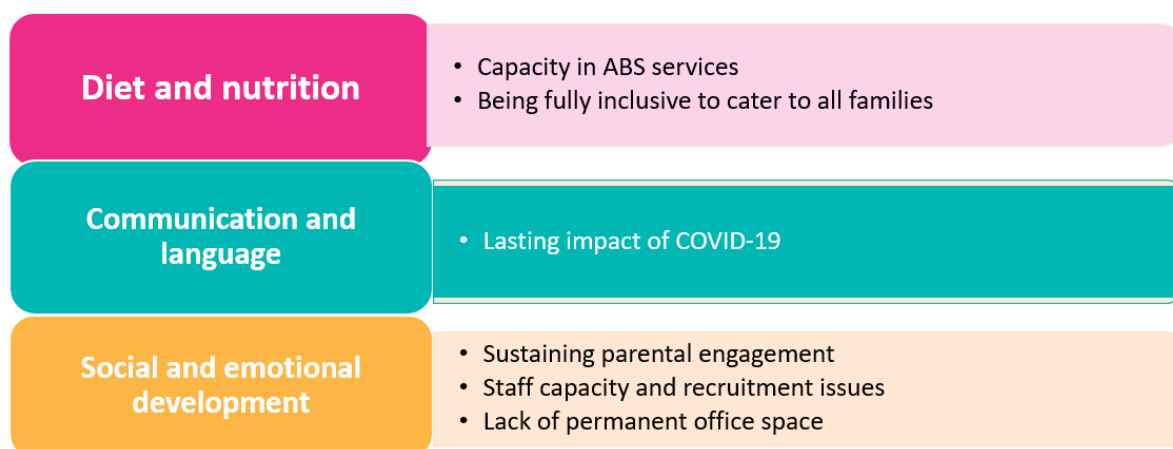
Interviewees talked about working collaboratively through triage panels to develop support plans and to coordinate care with non-ABS service providers.

Child development outcomes:

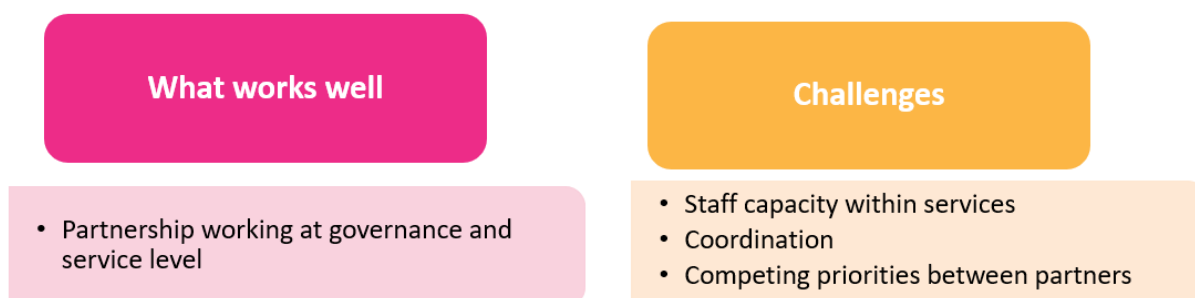
Working well



Challenges



Systems change



The fourth outcome domain of systems change has always been more challenging to collect qualitative data on, analyse and report on. Interviewees don't always have a common understanding of what is meant by systems change and the narrative around it can be quite vague, making it difficult to pin down in a meaningful way.

Working together in partnership is seen as key in being able to achieve lasting and meaningful change in families' lives. Leadership within the core ABS teams has also been highlighted as really positive and in particular, it's intentional lack of a top-down leadership approach is allowing services to be innovative and creative. This has meant services can be tailored more effectively to meet a family's needs and with an offer of multidisciplinary support.

Challenges mentioned are around staff turnover and some non-ABS services perceiving ABS to be transient which means there's some reluctance to invest in working together. Quite a few interviewees expressed concerns about staff retention and this becoming more of a challenge as the ABS programme moves towards its conclusion. Some interviewees raised concerns that some of the child development outcomes are more likely to attract focus and therefore funding in the future because of a perceived

relationship with school readiness and ultimately academic attainment. Some of the more niche ABS services although effective are perceived to be expensive and more resource intensive and may therefore be less likely to be recommissioned in the future.

Objective 3: Longitudinal work with families

The University of Sussex initially recruited 25 families from across the ABS partnership areas, with the sample of families representing the diversity of families using ABS services, both in terms of family characteristics and the use of services.

More recent interviews have highlighted how families are continuing to live in complex and challenging circumstances. Childcare patterns change as the children grow older and follow-up interviews have documented how relationship breakdown has been a feature in four households, with two other families reporting parental relationship difficulties and pressures.

The cost of living is continuing to impact, with interviewees in nine families reporting having to make significant cuts in family budgets in response to rising food and energy bills. ABS has helped some families with food vouchers and putting them in touch with charities for support with material goods. One family spoke about how the increase in demand for the local food bank has had an impact on the availability of food and on the amount of time needed to queue at foodbanks. Another family described how eligibility for food support locally has had to change in response to increasing demand. Within such a context, families describe the role that ABS has in providing free or affordable activities which is of benefit to parents and children.

Tapestries of care and connection

Informal networks and opportunities

- Tackling isolation
- Enabling friendships and informal connections
- Sharing skills and experiences

Scaffolding engagement

- Responding to changing circumstances and identified needs
- Facilitating access to ABS and other relevant local provision (including specialist support)

Some families did express concern about what would happen once ABS funding came to an end, with a perception that in some areas things are already starting to wind down towards their conclusion.

In terms of childhood development outcomes, parents consistently expressed that ABS has improved their knowledge of child development and has increased their confidence. Diet and nutrition was one childhood development area where parents reported particular levels of tension and challenge, including the pressure to make

healthy food choices against the backdrop of a rising cost of living.

“You’re not judged. You’re encouraged and supported. [They do] not patronise you. They understand it’s about the parents and the child and, listen to your views and help you out. I think more services need to do that. [...] Yeah, like some places, they make parents feel like they’re stupid. But parents are like the heart of the family. They keep children, you know, look after the children, make them happy, give them a sense of wellbeing and so, you know, they should be supported.”

Objective 4: Programme expenditure to date

The following summary of programme expenditure was presented.

- Central programme costs, e.g. time and expense for staff at the Fund who are responsible for management and oversight of the programme, represents around 2% of A Better Start total spend up until 2023-24.
- Grant spent by partnerships totals around 79% of ABS programme expenditure
- Support and delivery activities costs, e.g. development grants paid to the initial 15 sites at the beginning to develop their Better Start proposals, contracts for communication campaigns, totals around 8% of ABS programme expenditure.
- Leveraged funding includes grants, funding and donations that have been allocated to support A Better Start activities. Non-monetary commitments from partners such as provision of services or facilities to ABS beneficiaries on a free or reduced fee basis comes to around 12%.

There is considerable variation in the profile of spend across the five partnerships in terms of the outcomes each directed most money towards, however some difference may be due to perception and how each partnership area labels which domain the funding goes towards. Detailed information on spend across individual partnership areas is available in the [annual report](#).

Blackpool Better Start: The largest proportion of Blackpool’s project spend has been allocated to achieving systems change. At least some of the spend from 26 different projects was mapped to this outcome e.g. Family Hubs funding, community connector teams, the early years volunteering and representative voice, council parks development and workforce development.

Better Start Bradford: The largest proportion of Bradford’s project spend was allocated to perinatal maternal mental health, depression and anxiety. At least some of the spend from nine projects was mapped to this outcome e.g. Family Action Perinatal

Support, Baby Steps and Little Minds Matter. The second largest proportion of Bradford's project spend was allocated to communication, including seven projects, such as the Incredible Years parenting programmes and Little Minds Matter.

LEAP Lambeth: The largest proportion of Lambeth's project spend was allocated to other outcomes. This included social capital at around 10% of the total allocated spend, and breastfeeding initiation at around 3%, The remaining £12.7 million of total project spend was allocated to six different parent or child-level outcomes including improved parental and mental health and wellbeing; secure attachment to a trusted caregiver; improved maternal physical health and nutrition; more families have strong networks; and more survivors of domestic abuse are accessing appropriate specialist support. The second largest proportion of Lambeth's project spend was allocated to child development at age 2 to 2 and a half.

SSBC Nottingham: The largest proportion of Nottingham's project spend was allocated to achieving systems change. 13 projects were allocated spend to this outcome e.g. specialist delivery and supervision teams, evaluation and learning, community voice, community connections and programme communications and marketing. The second largest proportion of Nottingham's project spend was allocated to school readiness, which includes three projects: the Family Mentoring Project, book gifting and the Innovation Fund.

ABSS Southend: The largest proportion of Southend's project spend was allocated to communication which included 14 projects e.g. Let's Talk, Father Reading Every Day, Baby and Us and Being a Parent. A substantial proportion of Southend's project spend was also allocated to perinatal maternal mental health, depression and anxiety, which included 13 projects e.g. Family Nurse Partnership, Perinatal Mental Health and one-to-one breastfeeding.

Outputs published in the last year

- Detailed information about the ABS national evaluation can be found in the [ABS national evaluation study protocol](#)
- An update of progress to-date can be found in the [second annual report](#) (May 2024)
- [Synthesis of evidence](#) from local evaluations
- [Themed report](#) on parental engagement

For more information, contact the ABS National Evaluation team: ABS@natcen.ac.uk

You can watch this session in full [here](#).

Final reflections from the five ABS Directors

The five ABS Directors closed the conference by reflecting on what they had heard during the day and sharing their 'call to action' for attendees.

Clare Law, Director, [Blackpool Better Start](#)

While there has been much discussion about the winding down and legacy of ABS, Clare shared a call to action to ensure A Better Start collectively continues the momentum that has been gathered in whatever way possible in the coming years. Blackpool Better Start ABS isn't ending, but gaining momentum, continuing to grow due to the amount of investment in systems change. As highlighted throughout, investment in systems change builds the fabric and foundation for change to continue and to grow in the future, for example through the capacity and capabilities of the workforce and the local community. This has been an incredible once in a lifetime opportunity provided by the National lottery Community Fund, and there is a real sense of responsibility to maximise that investment as much as possible. Blackpool Better Start plans to do more for others, to continue to help as much as possible because there is so much learning, and continue to inspire each other, grow and move forward.

Nia Thomas, Director, [A Better Start Southend \(ABSS\)](#)

Nia shared three recommendations from the conference.

Capitalise: ABS has a huge number of tools and resources that are readily available to colleagues across different regions, nationally and internationally. Capitalise on that ability to share those tools, to borrow those tools and to adapt them.

Celebrate: ABS has developed cutting-edge services, some that are award winning, and some have been ratified and accepted by Royal College bodies. ABS is really pushing the boundaries in the early years' service delivery space and creating new services, new ideas. Nia encouraged ABS to celebrate what's been achieved and urged everyone to keep pushing boundaries and keep developing.

Count: The research evaluation and impact element is particularly important. Although TNLCF funding is coming to an end along with the requirement to report, it is important that services continue to gather output and outcome data to support justification of future funding. We have the knowledge, the skills now that we can go forward so let's keep that research, data and information to hand so that we can use it to drive us forward.

Karla Capstick, Director, [Small Steps Big Changes \(SSBC\)](#) Nottingham

Karla shared the immense privilege to have been part of A Better Start, which has fundamentally changed her personal approach to thinking about the early years, and working in partnership with parents in particular.

It is important however to acknowledge the gap that will be left behind where services end, and partnerships have been working immensely hard to sustain the offers. Ten years is a long time in terms of funding and commissioning, and the volume of data gathered over that time, and the approaches tested, has brought a wealth of learning of what does and doesn't work- Karla encouraged attendees to reach out to partnerships and NCB to access this learning, rather than 'reinventing the wheel'.

For SSBC Nottingham, the focus is not just on legacy, but on sustainability. The team is keen that the work continues locally, and nationally, the five partnerships, the Fund and NCB are working collectively to continue to share the learning. In Nottingham, huge changes can be seen in the Start for Life strategy, 'eating and moving for good health' workstream, in family hubs development, in integrated care system development, and in maternity transformation. Despite huge amounts of challenges locally, in both the public sector and voluntary sector, SSBC has still able to bring about change. This can be replicated in other areas too. Karla finished by advocating for the continued celebration and championing of children, babies, families and community involvement.

Laura McFarlane, Director, [Lambeth Early Action Partnership \(LEAP\)](#)

Laura noted how inspiring it has been to hear about the range of place-based approaches from across the five partnerships. All are very different, but have responded to the needs as well as the demographic differences. The combination of work on evaluation, lived experience, convening the workforce and developing a relational model, between service providers and also between service providers and parents and communities, has a real potential to inform practice and policy. Partnerships have built consistent, joined-up support for new parents, and in some respects created a one-stop shop for service providers to work side-by-side and collaborate.

Laura's hope is the baby steps in terms of Start for Life funding and in the family hubs approaches, allows for continuation of that within the ABS places and beyond. Consistent long-term funding has been a huge benefit, and the fear is that challenging and difficult times ahead may rock some of that. The stigma some families feel in terms of accessing infant mental health support, mentioned earlier, is a challenge to the early years system more broadly. The Start for Life funding has enabled some starting steps in terms of the wider workforce, but that is a key challenge for all at the event and beyond.

Gill Thornton, Director, [Better Start Bradford](#)

Gill noted the large audience at the event, all interested in learning from ABS, and the potential that can come from everyone taking lessons away with a commitment to do things differently and to influence decision makers. There will soon be a new government in place [event took place pre-election] and collectively we must

consider what needs to be highlighted to that government to ensure our children benefit. A movement, such as Baby Week - started in Bradford and Leeds a few years ago and now building across the country - is one way to do this. There are lots of things to be done together to make sure that the messages about what's important and what matters, what changes and what works within early years provision can be shared and extended and built so that everybody's talking about it. The people who've been through A Better Start Bradford are also part of the legacy, not just the parents, but the practitioners, people from within programmes who are now sitting across the early years system, making decisions informed by ABS learning. The legacy in Bradford can be seen in a number of different places. Bradford will continue to build that legacy over the next year, continuing to change systems and support other organisations to pick up that baton and run with it.

You can watch this session in full [here](#).

Appendix 1: Agenda

9:30am	<p>Welcome and Purpose of the day Introduction from The National Lottery Community Fund</p>	<p>Claire Dorris, Senior Research Manager, NCB</p> <p>Phil Chamberlain, England Director, The National Lottery Community Fund</p>
9.45am	<p>Parent experiences (video) ABS parents talk about the difference ABS services have made for them</p>	<p>ABS service users from across the five partnerships</p>
9:50am	<p>Setting the scene: Collective change for improved outcomes</p> <p>Keynote conversation - facilitated conversation with a panel</p> <p>Elliott Rae will invite ABS Directors to reflect on the ways in which partnerships have brought about collective change at a local and national level</p>	<p>Laura McFarlane, Lambeth Nia Thomas, Southend Gill Thornton, Bradford Clare Law, Blackpool Karla Capstick, Nottingham</p> <p>Facilitated by Elliott Rae</p>
<p>Learning from A Better Start</p> <p>ABS Partnerships will share their expertise on doing things differently to support change. We will hear collective learning from across the ABS programme, and examples from different partnerships on supporting change for individuals, workforce, communities, services and systems.</p> <p>During breakout session, attendees can choose from one of five options. The sessions are repeated at 10:45am, 11:45am and 1:55pm allowing attendees to view 3 of the 5 presentations.</p>		
10:45am	<p><u>Breakout session 1</u> Supporting collective change - what difference is ABS making for:</p> <ul style="list-style-type: none"> • Individuals • Workforce • Community • Services • Systems 	<p>Representatives from the 5 ABS partnerships will lead 5 concurrent sessions on supporting change.</p>
<p>11:30am Break (10 mins)</p>		
11:40am	<p><u>Breakout session 2</u> Supporting collective change - what difference is ABS making for:</p> <ul style="list-style-type: none"> • Individuals • Workforce • Community • Services 	<p>Representatives from the 5 ABS partnerships will lead 5 concurrent sessions on supporting change</p>

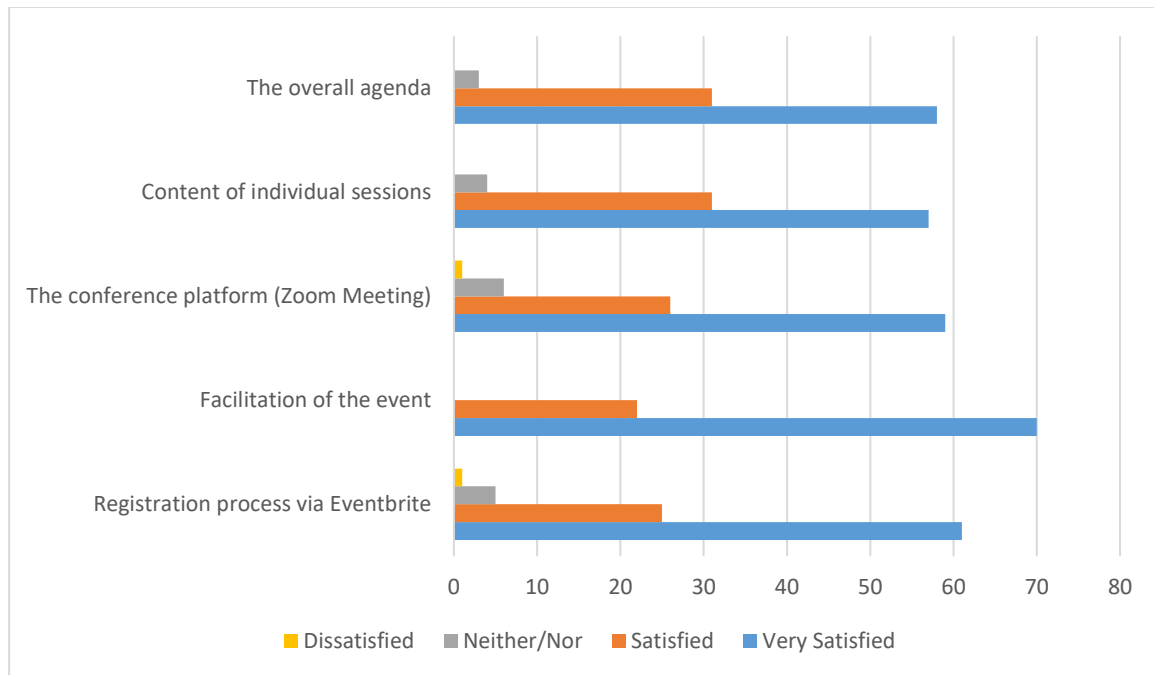
	<ul style="list-style-type: none"> • Systems 	
12:30pm	Lunch (45 mins)	
1:15pm	<p>A Better Start National Evaluation</p> <p>An update on emerging findings from the National Evaluation of A Better Start</p>	Gayle Munro, Director, Centre for Children and Families, NatCen
1:55pm	<p><u>Breakout session 3</u></p> <p>Supporting collective change - what difference is ABS making for:</p> <ul style="list-style-type: none"> • Individuals • Workforce • Community • Services • Systems 	Representatives from the 5 ABS partnerships will lead 5 concurrent sessions on supporting change
2:45pm	<p>Closing remarks</p> <p>Final reflections from the five ABS Directors</p>	ABS Directors, facilitated by Claire Dorris, NCB

You can find all the recordings of the event here [Annual learning events \(ncb.org.uk\)](https://www.ncb.org.uk/annual-learning-events)

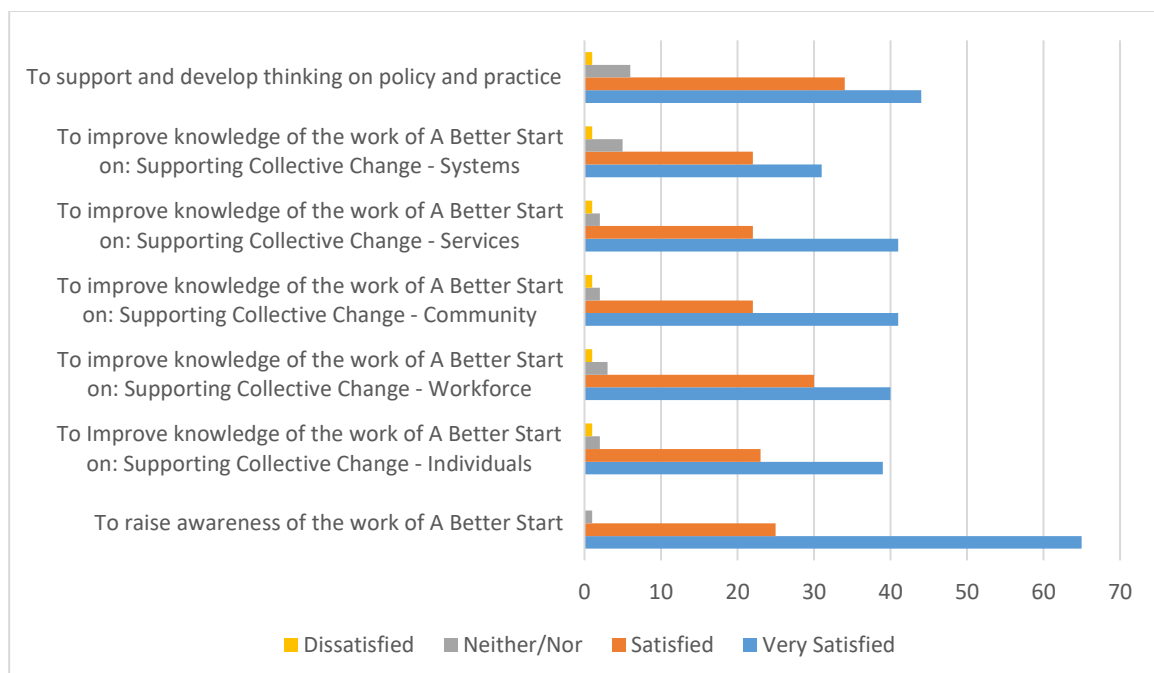
Appendix 2: Summary of evaluation findings

Below is a summary of evaluation survey results (92 responses)

Q. Please rate how satisfied you were with the following aspects of the event



How satisfied were you that the aims below were met?



A selection of quotes from attendees:

A huge congratulations to all involved. Thanks so much for organising an excellent day, lots of takeaways and lessons from the learning.

Thank you, that's been a fantastic day - great to see how everything is really having an impact and will continue to do into the future. Great to have been a part of it.

Thank you, so inspiring, and amazing stories of the difference you have made and will continue to make in the lives of children and families.

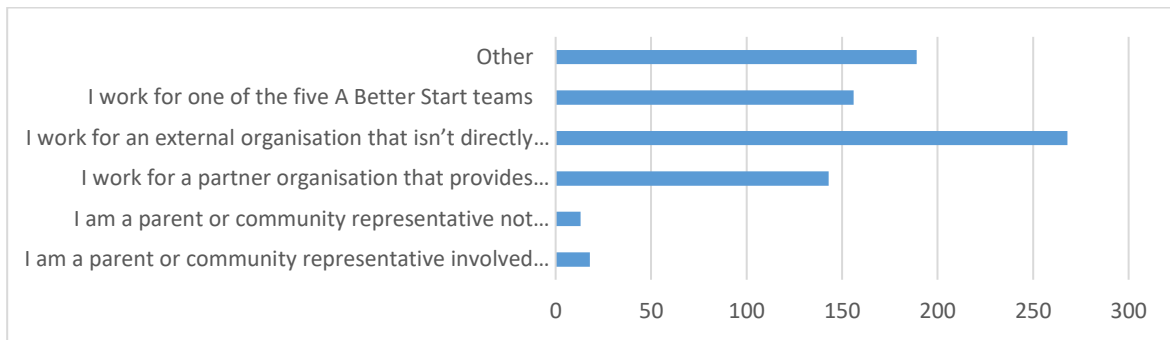
Thank you everyone, a great day, such a lot of brilliant work and enthusiasm.

Thank you for sharing really inspiring experience and perspectives!

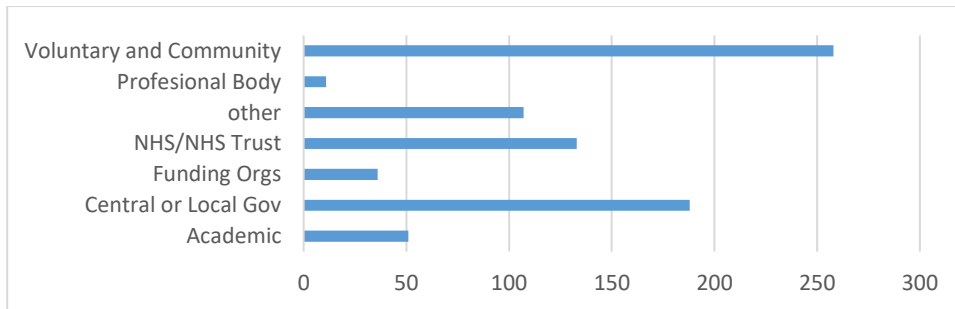
Thank you to all today's presenters, it's been so informative to hear about all the wonderful work that has taken place. Very inspiring and so many great opportunities for shared learning.

Appendix 3: Organisations represented by registrants

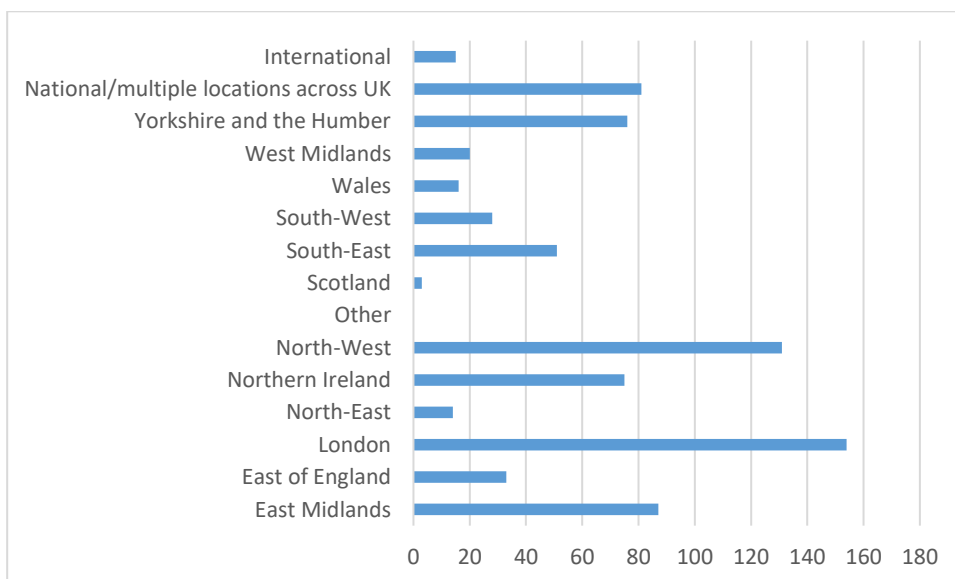
Which of these best describes your role?



Please select the option that best describes the sector you work in



Where is your organisation based?



A Better Start

A Better Start is a ten-year programme set up by The National Lottery Community Fund. Five 'A Better Start' partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life.

For more information visit tnlcommunityfund.org.uk

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