



A Better Start Implementation Evaluation Workstream Report 6: Profiling Services and Systems

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on behalf of the Warwick Consortium

**Warwick
Consortium**



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Executive Summary

Background

A Better Start (ABS) is the ten-year (2015-2025), £215 million programme, set up by The National Lottery Community Fund (referred to hereafter as 'the Fund'). Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend-On-Sea are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the ABS 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.

The national evaluation of ABS involves two key workstreams:

- a) an **impact and economic evaluation** of the programme addressing whether ABS has improved the target outcomes and whether it is cost-effective; and
- b) an **implementation** evaluation that focuses on depicting the changes that have been made in terms of the delivery of local services and the processes by which these were achieved.

The research reported here is part of the Implementation Evaluation and builds on earlier work that was undertaken as part of this workstream including: *Report 3: Transitioning into Early Delivery*¹; and Reports 5a² and 5b³: *Community Engagement and Participation*, which were conducted in two of the ABS partnerships, Bradford and Blackpool, respectively. We also refer to *Report 4: Mapping of the Early Years Ecosystem*⁴, in terms of addressing issues to do with the connectivity between ABS services and the wider early years ecosystem.

The overarching study questions to which the current report contributes are as follows:

- What does the ABS programme provide in terms of service delivery, pathways, experiences of communities and families supported by ABS? Specifically, to what extent, and how, does the ABS programme differ from early development programmes in non-ABS sites?
- Is the programme sustainable in relation to changes achieved in communities and families, and in relation to the system change?

¹ Smith E, Schrader-McMillan, Lindsay G, Barlow J (2017). A Better Start Implementation Evaluation Workstream Report 3: Transitioning into Early Delivery: Located at:

https://www.abetterstart.org.uk/sites/default/files/ABS%20Implementation%20Report%203_0.pdf

² Barlow J, Schrader-McMillan A (2019). A Better Start Implementation Evaluation Workstream Report 5a: Community engagement and participation – Bradford. Located at:

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³ Barlow J, Schrader-McMillan A (2019). A Better Start Implementation Evaluation Workstream Report 5a: Community engagement and participation – Blackpool. Located at:

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⁴ Bryson C, Smith E, Barlow J (2019). A Better Start Implementation Evaluation Workstream Report 4: Mapping of the Early Years Ecosystem. Located at:

<https://www.abetterstart.org.uk/sites/default/files/Report%204%20final%20-%203rd%20October%202019%20%281%29.pdf>

The primary purpose of the current exercise was to profile the services that were being provided by the ABS partnerships in June to August 2019, and to examine the ways in which these had changed since the last profiling exercise in 2017. It should be noted that we did not repeat the wider mapping of the early year's ecosystem detailed in *Report 4*, which was a one-off exercise.

While the primary purpose of the report is to extend the earlier analyses of the national evaluation team, the report will also be of interest to the ABS partnerships and practitioners working within these areas, in addition to external audiences who may wish to replicate ABS-type systems and services.

Aims

The aim of this exercise was to update the map of services and work programmes that were live in the five ABS sites at the time of the last profiling exercise in 2017, and to explore how systems and services for families had been transformed during that two-year period, as a result of A Better Start.

Methods

Data was collected from the five ABS partnerships during June to September of 2019. Each ABS partnership was asked to update the service mapping spreadsheet they first completed in 2017. A total of 16 interviews and 10 focus groups were carried out with local ABS teams and their partners from across health, children's services, education and corporate services.

Results

1. A profile of the services and interventions being provided in summer 2019

In their initial bids, the ABS partnerships planned for their core services to be in place by 2019, which is the mid-way point in the programme. In practice, progress has been variable and affected by a range of factors, with the result that they were at different points in their development at the time of this profiling exercise, with some having interventions and services that were still in the early stages of being set up.

The profiling activity recorded 81 individual services and activities being funded and delivered as part of ABS in June to September, 2019. Of these 43 were new services of which two thirds were being provided universally, and the remainder on a targeted basis. This represents a significant increase of just under 50% in provision since 2017, with the range of new provision across the 5 sites ranging from 38% to 79% of total service provision.

In addition, the sites had also significantly enhanced their workforce training, much of which was targeted not only at volunteers, but the wider workforce in the early years ecosystem, including health visitors and the police.

This development of services represents a better coverage in terms of: a) the type of services being provided as regards the three main outcomes being targeted (i.e. diet/nutrition; language and learning; socio-emotional development; and b) the focus of the support (i.e. ranging from universal level advice to pregnant women and their partners about having a baby and parenting, to more targeted interventions that address the needs of children with more complex needs).

Factors that were perceived to have contributed to the commissioning of new services and discontinuation of others included the changing political and financial context in which ABS teams were operating, and the consequent change to local services and structures. Examples included,

the closure of children's centres; problems with internal staffing and recruitment issues; and considerations about the future sustainability of a service/intervention. Sites were also developing new services in response to the 'test and learn' implementation principle underpinning ABS (i.e. making changes based on their success in terms of the reach and engagement of families).

The findings of this profiling exercise suggest that the priority and focus for each site at this mid-way point was moving toward the creation of a sustainable infrastructure. This was being done by equipping the workforce with new skills, and by further engaging the community to ensure that the changes to services and their provision was continued beyond the funding period of the ABS programme.

2. Transforming services and systems

The interview data showed that local ABS teams and their partners perceived the programme to have continued to transform services and systems locally in terms of: improving service provision; enhancing partnerships; engaging the community; developing referral pathways into and between services; supporting the use of an evidence-informed approach; and providing additional training opportunities.

- **Improving the provision of services** – At the time of the last profiling exercise (2017), sites were still in the early stages of transitioning into service delivery. At this midway point, the sites were continuing to change the way in which services were being provided, and staff perceived their ability to do this to be a result of their unique position. This was described, for example, as allowing them to pilot new approaches, focus explicitly on prevention in the early years, and to adapt interventions based on local need. The latter included developing a trauma-informed approach, new care pathways, and exploring ways of better involving fathers.
- **Enhancing partnerships** - A Better Start sites reported that they were continuing to build on the strong culture of partnership working that has been described in earlier reports (*Report 5a and 5b – Community Engagement and Participation*⁵). While the foundations for some of these partnerships, particularly at the strategic level, were already in existence, the sites described the development of further formal mechanisms and structures to support and encourage engagement. They also highlighted significant changes at an operational level in terms of the focus on partnerships and relationships.
- **Community development** - All ABS partnerships described themselves as continuing to actively deliver on their commitment to engage parents and community members in ABS, as identified in *Report 3: Transitioning into Early Delivery*⁶, and also in two case study reports - *Report 5a and 5b – Community Engagement and Participation*⁷. A wide range of approaches continued to be used to engage parents and community representatives at different levels of the programme including: decision-making at the board level; being involved in commissioning of services; the design and co-production of services; volunteering and supporting a service, including becoming a parent champion or parent ambassador; or being part of a paid peer workforce delivering a service. The need to harness and draw on the community was viewed as being critical to supporting the long-term legacy of the programme.

⁵ Ibid

⁶ Ibid

⁷ Ibid

- **Development of pathways and an integrated 0 – 5 offer** – All ABS partnerships described a continuation of their work in terms of developing and improving their pathway of support for an integrated 0 – 5 offer. This included working with the local authority to map the different touch points from pregnancy until school reception, and streamlining their referral processes for targeted services so that there was one central point of access. Perhaps most importantly it was perceived to have involved developing better connections with the wider early years ecosystem (see Report 4: Mapping of the Early Years Ecosystem.⁸
- **Supporting evidence-informed approaches** - The ‘test and learn’ component of the programme was perceived to be starting to change the culture in terms of the use of evidence-informed approaches. The test and learn approach was felt to have helped transform the use of evidence to justify actions and decisions, and to help understand why they were developing or delivering a particular activity, and what difference it was making.
- **Developing skills and equipping the workforce** – The sites had developed further the training programmes described in earlier reports (see above) to both train ABS staff and upskill the wider early years workforce including health visitors, voluntary sector staff, and the police. This was perceived to be making a significant contribution to the development of a learning-rich environment and helping to build knowledge about early child development.

Conclusion

This work builds on two earlier profiling reports (*Report 3: Transitioning into Early Delivery*⁹ and *Report 4: Mapping the Early Years Ecosystem*¹⁰), which included a service mapping exercise as part of a broader examination of the way in which ABS sites were transitioning into the early stages of programme delivery, and an examination of the interconnectivity with the wider service ecosystem.

The current report shows that at this midway point, there has been considerable progress in terms of the development and delivery of services, the wider workforce training offer, and the development of an integrated 0 – 5 offer through the ability of the ABS sites to increase interconnectivity and partnership working. The sites now appeared to be beginning to focus on issues related to sustainability.

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

1.0 Introduction

1.1 A Better Start

A Better Start (ABS), is the ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund (the Fund)¹¹. Five ABS partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend-On-Sea are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the ABS 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.

Specifically, ABS aims to facilitate system change locally in terms of moving towards the delivery of more preventative services. It is intended that this systems change should be accompanied by shifts in culture and spending aimed at enabling local health and other public services, voluntary and community service enterprises (VCSEs) and the wider community to work together to co-produce and deliver less bureaucratic and more joined-up services, for young children and families living in the area.

These new pathways of care aim to improve both the use of local resources and outcomes for children as follows:

1. Social and emotional development – preventing harm before it happens (including abuse and/or safeguarding, neglect, perinatal mental health and domestic violence) as well as those that promote good attunement and attachment.
2. Speech and language development – developing skills in parents to talk, read and sing to, and particularly to praise – their babies and toddlers and to ensure local childcare services emphasise language development.
3. Nutrition – starting out by encouraging breast-feeding and promoting good nutritional practices.
4. System change - By the end of the 10-year period all local health, public services and voluntary sector will prioritise the healthy development in pregnancy and the first years of a child's life.

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- b) an **implementation** evaluation that focuses on depicting the changes that have been made in terms of the delivery of local services and the processes by which these were achieved.

¹¹ The name Big Lottery Fund, has changed to National Lottery Community Fund

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The primary purpose of the current exercise was to profile the services that were being provided by the ABS partnerships in June to August 2019, and to examine the ways in which these had changed since the last profiling exercise in 2017. It should be noted that we have not repeated the wider mapping of the early year's ecosystem detailed in Report 4 above.

While the primary purpose of the report was to extend the earlier analyses of the national evaluation team, the report will also be of interest to the ABS partnerships and practitioners working within these areas, in addition to external audiences who may wish to replicate ABS-type systems and services.

1.2 Aims

The aims of the profiling visits were to:

- Track the development and delivery progress of ABS services/interventions since the previous mapping/profiling activity was carried out in early 2017.
- Explore the ways in which ABS has continued to transform systems and services for families in the past two years.

¹² Smith E, Schrader-McMillan, Lindsay G, Barlow J (2017). A Better Start Implementation Evaluation Workstream Report 3: Transitioning into Early Delivery: Located at:

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¹³ Barlow J, Schrader-McMillan A (2019). A Better Start Implementation Evaluation Workstream Report 5a: Community engagement and participation – Bradford. Located at:

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¹⁴ Barlow J, Schrader-McMillan A (2019). A Better Start Implementation Evaluation Workstream Report 5a: Community engagement and participation – Blackpool. Located at:

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¹⁵ Bryson C, Smith E, Barlow J (2019). A Better Start Implementation Evaluation Workstream Report 4: Mapping of the Early Years Ecosystem. Located at:

<https://www.abetterstart.org.uk/sites/default/files/Report%204%20final%20-%203rd%20October%202019%20%281%29.pdf>

1.3 Methods

In order to update the service delivery map carried out in early 2017, visits were made to each of the five ABS partnerships in the early summer of 2019. The structured proforma developed for the 2017 service mapping was used again. The sites were asked to update an Excel spreadsheet containing all the services and work programmes that were actively being delivered as part of their ABS programme in 2017. The completed spreadsheet then formed the basis of a discussion with each team, specifically focusing on any changes or additions that had been made to their portfolio of services/interventions since the previous visit, and the reasons for these (see Annex 1 and 2). These discussions were carried out with ABS team members (i.e. director/assistant director, managers, evaluation team and analysts strand/service Leads) and ABS partners from across health, children's services, education and corporate services. A total of 16 interviews (individual, pairs and triads) and 10 focus groups were carried out involving a total of 75 participants who took part across the five ABS partnerships. Table 1.1 provides a profile of the sample.

Table 1.1 Profile of the sample

Interviewees	Number of participants in each category
ABS Director/Assistant Director	7
ABS Programme Manager/Business Manager	5
ABS Evaluation Team/Analysts	9
ABS Strand/Service Leads	34
ABS local partners in health, children's services, education and corporate services	20
Total	75

All interviews and focus groups were based on topic guides outlining the main issues that were to be addressed, but also allowed for wider topics to be raised by participants. Interviews with the ABS Directors and Project Managers lasted up to two hours and all other interviews and focus groups ranged from 30 to 90 minutes in duration.

Interviews and focus groups were digitally recorded and either transcribed verbatim or notes were taken from the recordings. The data were analysed within a thematic framework (based on the questions the research was addressing) and the findings are reported using the emerging themes that were identified.. The Excel worksheets completed by the sites were used to extract the profile of services and work programmes that were actively being delivered as part of their ABS programme.

1.4 Coverage of the summary report

The remainder of this report is divided into four chapters:

- Chapter 2 profiles the local portfolio of services and interventions that were actively being delivered and either fully or partially funded by ABS in June/July 2019. It provides a progress update from each site and reflects on the services and interventions that have changed and some of the factors that have influenced how and why local programmes have evolved and developed.
- Chapter 3 reports on how ABS is perceived to be transforming local services and systems, and levels of knowledge about child development. It draws together the key findings from discussions with the ABS teams, ABS service leads and local partners.
- The final chapter reflects on some of the key messages arising from this update.

Apart from chapter 2, all findings have been presented anonymously.

2.0 A profile of services and interventions

This chapter profiles an overview of the local portfolio of services and interventions that were actively being delivered and either fully or partially funded by ABS in June/July 2019. It provides a progress update from each site, and reflects on some of the factors that have influenced how and why local programmes have developed in the ways described. The completed spreadsheet that each area was asked to update then formed the basis of a discussion with key staff about the way their local programme had changed since the previous visit. In the sections that follow, a snapshot of each of these has been presented, prefaced with some general reflections about the progress made, and the factors that have been influential in underpinning the decisions taken.

2.1 Reflections on progress made

2.1.1 Developing services within ABS

In their initial bids, the ABS teams had all planned for their core services to be in place by this mid-way point in the programme. In practice, progress had been variable and affected by a range of factors. As a result, the sites were at differing points in their developmental trajectory at the time of this profiling exercise, with some having interventions and services that were still in the early stages of being set up. While the departure of the ABS Director in three of the five sites was viewed as inevitable for a ten-year programme, it resulted in implementation delays of varying lengths, and some loss of momentum with partners in terms of new developments. Despite this, a change in leadership at this mid-way point was also viewed positively as having brought new energy and direction and a fresh perspective.

In addition, one site experienced difficulties mobilising their programme and getting the right leadership in place and were still actively developing some of their programme (i.e. diet/nutrition) compared with other sites. At the time of this review, they had progressed to building the infrastructure, re-engaging partners, and developing the remaining strands of their planned programme of services (i.e. social and emotional development, and speech, language and communication). This had meant that they are still actively developing more of their programme compared with other sites.

2.1.2 Factors contributing to changing local portfolios

Since the last profiling activity, local implementation evidence, staffing capacity and budgetary constraints informed judgements about whether to pause, adapt or decommission a service or intervention. Participants from all sites also described having to respond to '*an ever-changing dynamic environment*' and the need to evolve and adapt their programmes to the changing context both nationally and locally.

Across the sites, staff described doing one of three things:

- modifying and adapting pre-existing provision;
- introducing new services and interventions from elsewhere; and
- developing their own services and interventions.

The following factors were described as having influenced these judgements.

- A low take up and engagement with a service. Services provided outside the home, particularly those that were group-based, were reported as being the hardest in which to engage families. To address challenges with reach, sites recruited staff to specifically reach out and engage families. For example, one site recruited an engagement team, whose role was to visit baby clinics, 'stay and play' sessions, and community events to inform families about available services and encourage their take up. Sites were also starting to develop pathways with health and midwifery services to enable them to target families for specific interventions, such as the Perinatal Support Service and the Infant Mental Health Service.
- The reduction in number or availability of children's centres across sites, as a result of funding cuts for early years services, was perceived to be affecting the reach and engagement of parents within the programme. Even in the ABS partnerships where children's centres had not been cut, the services provided were under review and resulted in capacity issues as staff who left were not being replaced (see Report 4¹⁶). Furthermore, there was a view that increasing levels of poverty and deprivation locally had increased pressure on the services that were still available, and had resulted in some inappropriate referrals to ABS targeted services.

A low take up and engagement of services was also attributed in one area to families not being ready for a programme with multiple interventions:

'I don't think they were ready for all these interventions. I think going from having very little in the area, to having 22 projects, that everybody is fighting for those same families to get involved, to come to groups, was a little bit overwhelming for some of the families.'

- Internal staffing and recruitment issues, in terms of a lack of staffing capacity to deliver a programme or challenges recruiting for a specific role, were also perceived to have changed a number of role specifications, or to have contributed to a service being paused or decommissioned.
- Across all sites, budgetary issues were described as having had a bearing on the choice of interventions and services, including the feasibility of purchasing licences for manualised programmes from abroad.
- The service cuts resulting from the national austerity programme were also perceived to have strained and weakened local partnerships, and resulted in implementation delays.

'Austerity is having a massive impact. Everything's underfunded. Everything that's public funded is just on its knees at the minute [...]. The maternity services are understaffed, the children's social care are desperately understaffed. Those are always going to present challenges in terms of getting effective partnership working. When people are full up to capacity, they just don't have the room there to be able to think wider.'

'While we've been developing and there's all this input going into the area, lots of other services have been cut and changing. It's been like treading water sometimes.'

¹⁶ Ibid

Participants at all sites reported having to compete with other local agendas in terms of time and attention, in addition to having to deal with shifting dynamics and financial pressures due to the fact that partners were involved in their own internal difficulties; this included a change of senior personnel resulting from the need to contract or restructure. In two sites, Children's Social Care had failed their Ofsted assessment, which meant they needed to prioritise their improvement journey:

'The biggest challenge is people's capacity because obviously with reducing budgets people have got less resource, less capacity in their workforce and probably a little bit of change fatigue. You know, people are going through lots of restructures and reviews just within their own services.'

National policy changes were also identified as having resulted in services merging following the recommissioning of, for example, the health visiting and school nursing contract, or The Healthy Child: 0 to 19 programme changes. In addition, the Births Strategy/National Maternity Review was described as having resulted in a number of changes for local health partners that had led to a change of priorities in terms of the delivery of services:

'The bit that we have to deal with is changing faces, changing structures, contracts that we place with one partner that we then have to transfer or novate over to another partner...but that is the reality'

The ebb and flow of their changing relationships with partners was described as requiring sites to find ways to address any resulting loss of confidence and to renew their enthusiasm in the programme.

- In one partnership, electoral ward boundary changes in April 2019 had resulted in them gaining an additional ward in their local programme. While this had not resulted in much of an increase in demand because the birth rate had dropped overall, the new ward was perceived to be less prepared for delivering the programme, and involved having to engage local parents who had previously been advised that they were ineligible.
- Considerations about the future sustainability of a service/intervention and the feasibility of being able to 'scale it up' or 'roll it out', was also described as having affected judgements about pausing or decommissioning a service across all sites.

2.2 Profile of ABS funded services and interventions in each site

All sites aimed to offer the full range of intervention options that were specified in their original portfolio with the aim of addressing the three key ABS outcomes and also ensuring that their actions were 'self-sustaining'. The services being provided at the time that data was collected for this study, varied in terms of who they were aimed at, and the breadth of their focus in relation to children's age groups or maternal stages of pregnancy. They also varied in terms of how personalised or tailored they were with regard to the support that was provided, ranging from a one-to-one offer delivered in the home to group work in a community venue.

The following sections provide a snapshot of each local portfolio of services that were being actively delivered at the time of data collection: the profile for each area is based on visits carried out during June/July 2019. The services listed were either fully or partly funded by ABS in each area. New services that have been added since the last profiling visit have been highlighted in the tables. We also describe other services in each area that ABS teams were still in the process of developing, and other projects that support the delivery of their A Better Start programme.

2.2.1 Blackpool Better Start

Blackpool Better Start (BBS) were funding a total of 16 services as part of their local programme (Table 2.1a and 2.1b). Of these 7 were universally available in their three ABS wards and 9 were targeted services/interventions. Six of these were new services of which half were universal and half targeted. Table 2.2 presents the additional workforce development and other activities that Blackpool were undertaking to support the delivery of their programme including: 3 new workforce development training programmes targeting health visitors and the police about ACES; and the Community Connectors training. They had also introduced a public health campaign to educate the public about the importance of not drinking in pregnancy.

Table 2.1a: Overview of the change of provision in Blackpool Better Start since 2017

Change instigated since 2017	Number or type of service change	
Total number of new services	Six out of sixteen	↑
New universal services	Oral health Enhanced HCP Sling library	↑
New targeted services	Learning to feed Empowering Parents Empowering Communities (EPEC) Talk with me	↑
Services decommissioned	Raising Early Achievement in Literacy (REAL)	↓
Services under review or replaced with another services	The Family Card – under review Steps to Safety - replaced with For Baby's Sake	—

<p>Services being funded elsewhere</p>	<p>Baby Buddy App is still available free online</p> <p>Sport Blackpool Leadership programme is still available to Blackpool residents but no further ABS funding</p> <p>The Activity Cards are still available but no further ABS funding is being used to produce new cards</p> <p>Pause</p>	
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Most of Blackpool's programme was in place at the time of data collection, although they were still exploring new areas such as behavioural activation, and planned to expand and strengthen their diet and nutrition work-strand. Since the last profiling activity, they made the following changes to their local portfolio:

- Six of their 16 services were set up since the last profiling visit: Oral health, Enhanced HCP, Sling Library, Learning to Feed, Empowering Parents Empowering Communities (EPEC) and Talk with me (which replaced the Speech Language and Communication home visiting service).
- They decommissioned Raising Early Achievement in Literacy (REAL) after the first year. This was due to the service provider (Family Learning) not having staff with the required training still in post to deliver the training programme.
- Of the four services they stopped funding, three were still available in some form: Baby Buddy App is still available free online; Sport Blackpool Leadership programme is still available to Blackpool residents; and the Activity Cards, which give families ideas for activities with their children, are still available but no further resources have been invested in creating new ones. The cards were still being distributed through child care partners and children centres. The fourth service - the Family Card – was paused and under review. It may be re-activated in the future if they can encourage businesses to engage with it (businesses have not engaged because they are already offering a family discount for their activities).
- They were no longer looking at commissioning Steps to Safety (Domestic Violence Intervention) from the NSPCC due to delays in the service being ready for scale up and were planning to replace this with The Stefanou Foundation's programme - For Baby's Sake, which was due to start in September 2019 but then deferred until January 2020 due to delays in recruitment.
- They funded a scoping review of Pause to support the case for children's social care to continue to fund it.

Table 2.1b Current ABS-funded services in Blackpool Better Start

	Name of service	Summary of service	Delivery organisation	Referral route
Universal	Oral health (new)	This intervention aims to improve the oral health of children in the community by providing nurseries and childminders with training and the necessary equipment for supervised teeth brushing.	Blackpool Council (Public Health)	Accessed via nurseries and childminder settings.
	Baby Steps	Structured universal antenatal programme (mostly group based with some home visits) aimed at improving preparation for parenthood.	NSPCC	Signposted by midwife.
	Move Play and Grow (previously Fit2Go)	Structured series of group sessions for families centred around healthy eating and physical activity.	Blackpool FC Community Trust	Self-referral.
	Enhanced Healthy Child Programme (HCP) (new)	HCP expanded from a five to eight visit model and health visitors have new assessment tools with which to identify and provide the support needed for each family.	Blackpool Hospital Trust	Dependent on activity.
	Engagement of dads	Series of activities to improve engagement with fathers, led by father's engagement worker, including sessional activities, engagement with other organisations on this area, and recruitment of peer support volunteers.	Blackpool Better Start	Dependent on activity.
	Fathers Reading Every Day (FRED)	A 4-week, home based, reading for pleasure programme to encourage fathers to read regularly with their children.	Children's centres	Self-referral.

	Sling Library (new)	A resource in which parents can hire high quality baby slings and carriers at a low cost.	Fylde and Wyre Sling Library	N/A access via children's centres.
Targeted	Survivor Mum's Companion	Structured, self-guided programme for pregnant women who have experienced trauma or abuse, aimed at improving maternal mental health.	NSPCC	Varied: through Baby Steps antenatal workers, children's centres and NSPCC practitioners. Family Nurse Partnership, health visitors and midwives can provide information and support women to self-refer.
	Family Nurse Partnership (FNP)	Nurse led home visiting programme of variable duration for mothers aged under 19 years who are first time parents.	Blackpool Teaching Hospital National Health Service (NHS) Trust	Midwives refer in women who are eligible.
	Learning to Feed (new)	Parents are provided with public health messages about infant feeding (e.g. responsive feeding, safe formula preparation and breastfeeding).	Volunteer Academy	Access via children's centres.
	EPEC (new)	Community-based parenting programme in which parents are trained to deliver 'Being a Parent' groups. Local parents attend a manualised 8-week parenting course.	Adult and Family Learning (Blackpool Council)	Parents self-refer.
	Parents Under Pressure	Structured home visiting programme delivered for around 4 months to parents with substance dependence problems to support their parenting skills.	NSPCC	Multiple professionals can refer in women who meet eligibility criteria, including treatment services, social care, health

			visitors and children's centre workers.
Safecare	Structured home visiting programme of variable duration providing practical support for parents whose children are not having their emotional or physical needs met.	NSPCC	Multiple professionals can refer in women who meet eligibility criteria, including social care, health visitors and children's centre workers.
Mellow Dads	Parenting programme for dads lasting 14 weeks and focused on improving father-child attachment in circumstances where family relationships are strained, children are considered to be at risk of harm and fathers themselves have psychosocial vulnerabilities.	NSPCC	Multiple professionals can refer including social care teams, health visitors and children's centres workers.
Video Interaction Guidance (VIG)	Home-based intervention that uses video recording to improve parent-child relationships where it has been identified that children are not having their emotional or physical needs met.	NSPCC	Multiple professionals can refer in women who meet eligibility criteria, including social care, health visitors and children's centre workers.
Talk with Me (new) – replaced SLC home visiting	A 6-week speech, language and communication home visiting service for children who score amber on the WellComm assessment at 12, 24 and 36 months.	Communicate SLC	Health visitors refer women who meet the eligibility criteria.

Table 2.2 Other ABS-funded programmes in Blackpool Better Start

Type of programme	Programme	Summary
Workforce development	Health Visitors (HV) Adverse Childhood Experiences (ACES) (new)	Training to support health visitors to ask mothers in the antenatal appointment about adverse childhood experiences (ACEs).
	Police ACES (new)	Training to support the police to incorporate adverse childhood experiences (ACEs) and resilience briefings in their values, attitudes and practices.
	Volunteer Academy (new)	Support, training and opportunities to anyone in Blackpool who is interested in volunteering. The service helps parents develop skills and training so that they feel confident in their own abilities. The academy can help with childcare costs so that parents are available to attend training, and each volunteer is given a personal development plan that is tailored to their individual circumstances.
	Community connectors (new)	Development of a new category of staff dedicated to increasing the engagement of the local community within early year's services.
	Frameworks	Public health campaign to promote a common language around early child health and development that can be used with parents and staff to improve joint understanding of issues.
Other	Participatory budget	Allocation of money to children's centres in ABS wards for activities chosen by the families, through coordination by the Parent's Forums of Ideas events; aimed at improving reach and engagement by encouraging participation of target families
	Alcohol Exposed Pregnancies (new)	A public health campaign expected to run for 1 year and involving phone boxes, posters, buses, children's centres, and social media.

Capital investment	Parks and Open Spaces	Capital investment into parks and green spaces in ABS wards; recruitment of park rangers to encourage usage.
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2.2.2 Better Start Bradford

Better Start Bradford (BSB) were funding a total of 15 services as part of their local programme (Table 2.3a and 2.3b) at the time of this profiling exercise. Of these, 9 were universally available and 6 were targeted services/interventions. Ten services had been established since the last profiling exercise of which 4 were targeted. Table 2.4 presents the additional workforce development and other activities that Bradford were engaged in to support the delivery of their programme including: one new training programme for early years professionals to help them to support language development (ICAN), and one new environmental programme aimed at involving local people in developing healthier and safer places for expectant families with children under 4 years of age (Better Place Project).

Most of BSB's programme was in place at this point, although they were still exploring possible new areas such as their community approach and had appointed an ethnographer for this purpose. They were about to launch their Neighbourhoods Project, which will locate some of their staff within local neighbourhood organisations to act as a doorway to parents accessing the programme. They primarily focused on building on pre-existing provision that had an evidence base underpinning it. As a result, not much had changed from their original proposal, although they predicted that they might have slightly fewer interventions than originally planned by the end of the programme.

Projects were contracted on a three-year cycle, which allowed the opportunity to review progress, and to make any changes required before recommissioning.

Table 2.3a: Overview of the change of provision in Better Start Bradford since 2017

Change instigated since 2017	Number or type of service change	
Total number of new services	Ten out of twenty	↑
New universal services	Breast feeding peer support Cooking for a Better Start Pre-schoolers in the Playground Forest Schools Better Place Project	↑

New targeted services	<p>Incredible Years Toddler Basic' Early Intervention programme</p> <p>Little Minds Matter</p> <p>Baby Steps</p> <p>Healthy and Active Parenting Programme for Early Years</p> <p>I CAN – Speech and language services</p>	↑
Services decommissioned without replacement	None	—
Services under review or replaced with another services	FNP/FNP Adapt replaced with Maternal Early Childhood Sustained Home-visiting (MECSH)	—
Services now being funded elsewhere	Baby Buddy App – available online	—
Services in original plan but not taken forward	Northamptonshire Baby Room replaced by Little Minds Matter Project	↓

Bradford have made the following changes to their local portfolio since the last profiling activity was carried out:

- Ten of their 20 services were set up since the last profiling visit: Breast feeding peer support, Cooking for a Better Start, Better Place Project, Pre-schoolers in the Playground; Forest School; Incredible Year's Toddler Basic' Early Intervention programme, Little Minds Matter, Baby Steps; HAPPY and ICAN.
- They decommissioned FNP/FNP Adapt because there did not appear to be a need for the service in their wards and because Public Health, who they partnered with, recently withdrew their funding. They introduced the Maternal Early Childhood Sustained Home-visiting (MECSH) programme to replace FNP.
- They were no longer working with the Baby Buddy App, but it was still available free online.
- They decided against going ahead with the Northamptonshire Baby Room that was in their original portfolio of services because they had developed the Little Minds Matter project, and the former did not fit with the design of the latter.

Table 2.3b ABS-funded services in Better Start Bradford

	Service	Summary	Delivery organisation	Referral route
Universal	Personalised midwifery	Adaptation of case load midwifery approach, designed to enhance continuity of care for pregnant women through the use of a named midwife.	Bradford Teaching Hospitals NHS Foundation Trust	Referral made by the General Practitioner (GP).
	Welcome to the world	Structured, group-based, universal antenatal programme. Part of the Family Links suite of programmes, aimed at improving preparation for parenthood.	Bradford Council	Parents can self-refer and all professionals who have contact with pregnant women are also able to refer women to the programme.
	Doula	Doulas offer emotional & practical support, acting as a 'professional friend', to help women make positive choices for themselves and their babies about childbirth, nutrition and breastfeeding. Where possible, women are paired with a Doula from a similar cultural background. It was previously provided as a targeted service by the Bradford Doulas.	Action for Communities Ltd	Midwives, health visitors, voluntary and community sector organisations, Family Hubs, Glucose Tolerance Test (GTT) clinic, Children's social care team, self-referral, BSB engagement work and community events.
	Breast feeding peer support (new)	Skilled supporters provide practical and emotional support for women and their families in their homes to breastfeed their babies for longer.	Health for all	Perinatal Co-ordinators, midwives, community organisations, or through BSB engagement work.
	Home-Start Better Start	Home-based peer support programme for variable	Home-Start Bradford	Any professional working with families who might be eligible

		periods of time, aimed at supporting parenting.		can refer parents to the programme.
	Better Start Imagine	Imagination library: delivery of a book per month to children from birth until they are aged 4 years or move out of area.	Canterbury Imagine	Majority will be referred through health visitor (enrolment is on an opt-out basis, with health visitor giving information about scheme); automatic enrolment with registration at Children's Centre; women can also self-refer as can children's centre staff.
	Cooking for a Better Start (new)	Delivers practical cooking sessions to increase confidence in preparing healthy meals and improve the family's knowledge of healthy eating.	Health, Exercise and Nutrition for the Really Young (HENRY)	Families can self-refer or be referred by their midwife, doctor, health visitor, early year's staff, social care, children's centre or voluntary and community sector organisations.
	Forest School Play Project (new)	This project aims to engage very young children (0-3's) with the natural environment. It involves a three-year programme of activities that in the initial year will provide environmental activities for 3-year olds.	Get Out More CIC	Not applicable
	Health, Exercise and Nutrition for the Really Young (HENRY)	Group-based structured programme focussed on healthy eating. Additional offer of one-to-one support for those who face barriers to attending group-based programmes.	HENRY	Self-referral; health visitors and children's centre staff can also refer in.

	<p>Incredible Years Toddler Basic' Early Intervention programme (new)</p>	<p>Group-based parenting programme delivered over 8 weeks, that promotes a positive attachment between parents and their children. It was previously available as a targeted service in Bradford.</p>	<p>Barnardos</p>	<p>Voluntary and community sector organisations, Family Hubs, Children's Social Care team, Midwives, GPs, Health visitors. BSB, and Incredible Years team engagement work and community events.</p>
	<p>Pre-Schoolers in the Playground (new)</p>	<p>This programme aims to increase levels of physical activity, reduce levels of obesity and help maintain a healthy weight in pre-school children aged 18 months to 4 years old by changing the culture of school playgrounds. It opens up school playgrounds for pre-school siblings to use for 30 minutes 5 times a week for 30 weeks. The children have the opportunity to use the outdoor space to run freely and to play with the school's existing, age appropriate, play facilities such as playgrounds, climbing frames and equipment (hoops, balls, etc.). Parents/carers are encouraged to attend 3 of the 5 weekly sessions.</p>	<p>Delivered by 3 local schools</p>	<p>Not applicable</p>
<p>Targeted</p>	<p>English for Speakers of Other Languages (ESOL) classes</p>	<p>ESOL classes for pregnant women focussed around language relevant to pregnancy, birth and navigating health services.</p>	<p>Shipley College</p>	<p>Parent can self-refer; community midwives, children's centre staff and health visitors can also refer in.</p>

	Little Minds Matter (new)	Provides support to nurture parent-infant relationships as well as provide a clinical service (including a variety of psychotherapeutic, psychological, psychosocial treatments and parenting interventions in the home as well as in the community settings) to families as and when they are required.	Bradford District Care Trust	Any professional can refer to the service and arrange a telephone appointment to discuss the family's situation.
	Baby Steps (new)	A relationship-based antenatal parent education programme, mostly delivered in a group setting, over 8 weeks, and particularly suitable for vulnerable and socially excluded parents.	Action for Children	Midwives, perinatal co-ordinators, health visitors, voluntary and community sector organisations, Family Hubs, GTT clinic, Children's Social Care team, BSB engagement work and community events.
	Perinatal Peer Support (Family Action Peer Support)	Volunteer befriending scheme for women who are pregnant and have, or are at risk of, mild-moderate mental health difficulties.	Family Action	Self-referral; other professionals working with eligible women are also able to refer in, including Children's centre staff, early year's workers and healthcare professionals.
	Healthy and Active Parenting Programme for Early Years (HAPPY) (new)	Group-based support delivered over 12 weeks to overweight and obese women, during and after pregnancy, to develop healthy behaviours and address known risk factors for obesity.	Barnardos	Perinatal co-ordinators, self-referral and other professionals can also refer in.

Talking Together	Home based one-to-one programme for children aged 2 identified as having speech and language difficulties.	BHT Early Education and Training	Parents receive written invitation to assessment to determine eligibility.
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Table 2.4 Other ABS-funded programmes in Better Start Bradford

Type of programme	Programme	Summary
Workforce development	Learning together	Multi-component workforce development programme, including both generic common training across the workforce linked to ABS outcomes; more specialised training for advanced practitioners to enable them to deliver specific commissioned services; informal professional development and networking opportunities for wider workforce, and training programmes for volunteers involved in delivering ABS commissioned services.
	ICAN Early Language Support (new)	Training for early year's professionals and practitioners who want to increase their knowledge of the approaches and strategies that can be used in settings to support the development of speech, language and communication in babies, toddlers and very young children. It is provided by BHT Early Education and Training to private voluntary and independent (PVI) childcare settings who were judged as good by Ofsted.
Environment	Better Place Project (new)	Involving local people in developing healthier and safer places for expectant families with children under 4 years of age.

2.2.3 Lambeth Early Action Partnership (LEAP)

Lambeth Early Action Partnership (LEAP) had broadly kept to the local programme of services and interventions that they originally proposed. At the latest profiling point they were nearly at full implementation although a few of their interventions were on hold. Tables 2.5a and 2.5b show that they were funding a total of 18 services as part of their local programme. Of these, 11 were universally available and 7 were targeted services/interventions. Eleven of the services had been established since the last profiling exercise of which 8 were universal and 3 targeted. Table 2.6 presents the additional workforce development and other activities that Lambeth were engaged in to support the delivery of their programme including: 6 new training programmes aimed at improving practitioner awareness of a range of topics (i.e. diet and nutrition; domestic abuse; sleep; housing; speech, language and communication; and research/policy issues for the community

workforce); a capital project involving the refurbishment of their early years buildings; an environmental project aimed at creating a healthier out-of-home eating environment; and an Integrated Early Years Pathway Health Team (see table for further details).

Table 2.5a: Overview of the change of ABS funded provision in Lambeth Early Action Partnership since 2017

Change instigated since 2017	Number or type of service change	
Total number of new services	Twelve out of eighteen	↑
New universal services	Caseload midwifery Maternity Pathway Coordinator Baby Steps Improved Oral health Chattertime Natural Thinkers Programme Sharing REAL with parents Incredible Edible LEAP (formerly LEAP into healthy living) Doorstep Library Parent and Infant Relationship Service (PAIRS) Circle of Security	↑
New targeted services	Group Pregnancy Care (formerly Centring pregnancy) Domestic Violence Support Service.	↑
Services decommissioned	None	—
Services under review or replaced with another services	None	—
Services now being funded elsewhere	None	—
Services in original plan but not taken forward	None	—

Lambeth made the following changes to their local portfolio of interventions since the last profiling activity was carried out:

- Twelve of their 18 funded services were set up since the last profiling visit: Maternity Pathway Coordinator, Baby Steps, Improved Oral health, Chattertime, Natural Thinkers Programme, Sharing REAL with parents, Incredible Edible LEAP (formerly LEAP into healthy living), Doorstep Library, Parent and Infant Relationship Service (PAIRS) Circle of Security, Caseload Midwifery, Group Pregnancy Care (formerly Centring pregnancy), Domestic Violence Support Service.
- They also added a related sub-strand to an existing service, the Parent and Infant Relationship Service (to include both one-to-one support and a group work strand).
- The need for these additional interventions became evident during their implementation phase, and reflected a need for their workforce development strand to provide trauma-informed training and ACEs.
- Training programmes were being offered for as long as they were needed and were then being discontinued, such as in the case of Brief Encounters.

Table 2.5b ABS-funded services in Lambeth

	Service	Summary of service	Delivery Organisation	Referral pathway
Universal	Maternity Pathway Coordinator (new)	To signpost pregnant LEAP women to LEAP and Lambeth services that may be of interest during their pregnancies.	Two administrators at Guys and St Thomas (GSTT) NHS Foundation Trust and Kings College Hospital (KCH) NHS Foundation Trust	Pregnant women self-refer.
	Baby Steps (new)	A group-based service (with one home visit) for pregnant couples to increase parental capacity to nurture and care for their baby.	NSPCC	All pregnant women booked into GSTT or KCH will receive an invitation to this. They can also be signposted by midwives.
	Breastfeeding peer support	Provides one-to-one and group-based support for new mothers with the aim of improving take-up of breastfeeding.	Breast Feeding Network	Any service or women can self-refer.

Improved oral health (new)	Oral health packs are distributed to all children attending their age-one health check and to childcare settings in addition to supervised tooth brushing sessions to whole classes of children.	KCH Community Special Care Dentistry Service	Health visitors and PVI childcare settings participating in ABS wards.
Chattertime (new)	Speech and language therapy for children under 5.	Evelina London Children's Community Speech and language Therapy Team GSTT NHS Foundation Trust	Parents can drop in or any professional can signpost parents.
Natural Thinkers Programme (new)	Uses outdoor spaces and nature to promote children's early language. The service particularly targets boys to enhance their communication and language development.	LEAP Communication and Language Development (CLD) leads.	Parents access via childcare settings or through National Thinkers Groups on estates.
Making it REAL for under 3's	Home visits and group-based sessions for parents focused on how to provide a good quality home learning environment for their children to support their early literacy and language development.	LEAP and NCB	Managers and practitioners in the PVI and Children's Centre settings who are taking part in the pilot.
Sharing REAL with Parents (new)	Group-based course for parents to share their ideas about home literacy.	LEAP and NCB	Promoted to parents in childcare settings and the local area.
Incredible Edible LEAP (formerly LEAP into healthy living community) (new)	Group-based sessions for LEAP families to learn how to improve their diet and nutrition, and increase their physical activity.	Healthy Living Platform	Families can be recruited via LEAP Community Engagement team and referred by other services.

	Doorstep Library (new)	Weekly sessions to provide support for parents to take an active role in reading for pleasure with their children. Volunteers sit with parents and children to show how to share stories together.	Doorstep Library	Any service can refer.
	Parent and Infant Relationship Service (PAIRS) Circle of Security (new)	A group-based service involving 8 weekly sessions delivered by trained children's sector or community sector workers, to show how secure parent-child relationships can be supported and strengthened.	LEAP	Parents, Children Centre workers and Health Visitors.
Targeted	Caseload Midwifery (new)	Provides continuity of maternity care to eligible LEAP women having their babies at GSTT.	LEAP midwives	Midwives refer parents.
	Community Action and Nutrition Programme (CAN)	A health trainer supports pregnant women with a BMI of 25 or above to adopt a healthier diet and lifestyle and to sustain these changes.	GSTT NHS Foundation Trust	All potentially eligible women who book at King's College Hospital or Guy's and St Thomas' Hospital are sent to the CAN midwife for screening.
	Group Pregnancy Care (formerly Centring pregnancy) (new)	Group-based antenatal care provided to LEAP women having their babies at KCH, with the aim of improving their preparation for parenthood.	LEAP midwives	Midwives and women can also ask for it.
	Family Nurse Partnership	Home visiting programme for mothers aged under 19 who are first-time parents.	GSTT NHS Foundation Trust	Mainly referred by midwives and other professionals.

Parent and Infant Relationship Service (PAIRS) one-to-one programme	One-to-one programme to help strengthen the parent-child bond through therapeutic support for attachment and attunement.	LEAP	Self-referral; any healthcare or early year's professionals who have contact with potentially eligible women can refer.
Parent and Infant Relationship Service (PAIRS) Together Time	A group-based service involving 6 weekly sessions facilitated by a practitioner with therapeutic training, to help strengthen the relationship between parent and child.	LEAP	Self-referral; any healthcare or early year's professionals who have contact with potentially eligible women can refer.
Domestic Violence Support Service (new)	A multi-strand approach to supporting local parents with young children; and includes enhanced casework, group work, and workforce support.	The Gaia centre - run by Refuge and St Michael's Fellowship (group work)	Professional referral or self-referral

Table 2.6 Other ABS-funded programmes in Lambeth

Type of programme	Programme	Summary
Workforce development	Family Engagement Workers (new)	Provision of assistance in the implementation of the LEAP Community Engagement Strategy
	Wider early year's workforce training	<p>Family Partnership Model: training for frontline workforce in helping families with goal setting and planning.</p> <p>Diet and nutrition training (new) in evidence-based recommendations around healthy diet and nutrition from pregnancy to a child's fourth birthday.</p> <p>Safer Families (new): training to increase domestic violence identification, assessment and referral from practitioners with a focus on health services, children's centres and community settings.</p> <p>Sleep training (new): to provide local early year's workforce with evidence-based knowledge about</p>

		<p>how to assess and manage behavioural sleep difficulties in infants and children.</p> <p>Housing Training for EY Practitioners (new): to provide local early year's workforce with key local housing information, in order to support practitioner's ability to provide support and advice to families they work with.</p> <p>Evelina Award (Training Workforce in identification of SLCN in EY settings) (new): to train practitioners in typical speech language and communication development, identification and referral.</p> <p>Community Workforce Seminars (new): to provide learning opportunities for local early year's workforce focused on research, policy and practice developments, promote networking opportunities, interprofessional working and LEAP's services to local early year's workforce.</p>
	Parent Champions	Training of parent volunteers to connect local families with early year's' services.
	GP Connect (new)	Training to bring together GPs, health visitors, and children's centre workers to identify and respond to early signs of problems (as indicated by, for example, missed immunisations and GP appointments and A&E admissions).
Social determinants	Environmental Health (formerly Healthy Catering Commitment) (new)	Creation of a healthier out-of-home food environment for LEAP families (primarily achieved through working with individual food businesses).
Capital project	LEAP Capital project (new)	Rebuilding and refurbishing programme of children's early year's buildings in Lambeth.
Other	Integrated Early Year's Pathway (includes LEAP Health Team) (new)	Use of the clinical expertise of primary care providers (GP, midwives and health visitor) as drivers of systems change as it relates to improving care pathways for pregnant women and their families. The Health Team is not a 'service' in that the team does not work directly with families.

2.2.4 Small Steps Big Changes - Nottingham

Small Steps Big Changes (SSBC) were funding a total of 14 services as part of their local programme at the time of the profiling exercise (Table 2.7a and 2.7b). Of these 11 were universally available in their ABS wards and 3 were targeted services/interventions. Four new services had been established since the last profiling exercise, of which 3 were universal and 1 targeted. Table 2.8 presents the additional workforce development and other activities that Nottingham were engaged in to support the delivery of their programme including: 5 new workforce development options – targeting early literacy and word learning; greater community involvement; support for parents to innovate; and enhancing assessment (see Table 2.8 for further details).

Despite a delay in implementation of some of the original offer due to leadership changes and vacancies in the team, much of their core offer was in place. They were starting to embed services and review their current offer to ensure it was *'fit for purpose and is future-proofed'*. They recently reviewed their portfolio to assess whether the outstanding projects in their bid were still needed. Of these Hit the Ground Crawling and VIG, were on hold. The Friend and Relative Doula Support Programme was currently running as an 'ideas fund project' and they were waiting to review the learning and outcomes from this before deciding whether to proceed with it. In addition, two of their offers – one for Vitamin D and another for smoking cessation support – were decommissioned across the city and were subsequently removed from their plan. They were also exploring how to address any gaps in their provision and had recently approved two new projects – one focusing on domestic abuse 'Change that Lasts' and another on oral health.

Table 2.7a Overview of the change of ABS-funded provision in Small Steps Big Changes since 2017

Change instigated since 2017	Number or type of service change	
Total number of new services	Five out of thirteen	↑
New universal services	FRED Story and Rhyme Time Other Family Mentor Groups Triple P Primary Care Level 3	↑
New targeted services	Triple P standard (8-week course) Level 4.	↑
Services decommissioned	Talking Twos	↓
Services under review or replaced with another services	None	—

Services now being funded elsewhere	Bump, Birth and Baby and the Edinburgh Postnatal Depression Scale have now become part of their new core 0-19 contract	
Services in original plan but not taken forward	Doula support programme – planned Video Interaction Guidance – planned Triple P Level 2 – planned	

Nottingham made the following changes to their local portfolio since the last profiling activity was carried out:

- Five of their 13 services were set up since the last profiling visit: FRED, Story and Rhyme Time, Other Family Mentor Groups, Triple P Primary Care Level 3, Triple P standard (8-week course) Level 4.
- They were still planning to support the Triple P Level 2 selected seminars.
- Some of the names of their services had changed since their original brief. For example, Infant Massage had been renamed Baby Massage and Stories, Songs and Rhymes was now called Story and Rhyme Time.
- Talking Twos was not funded after the initial cohort and evaluation for several local reasons.
- They also started working with the University of Nottingham to develop their accident prevention programme, which will become part of their core offer. Several of their services, such as Story and Rhyme Time and The Dolly Parton's Imagination Library, had been rolled out beyond the SSBC wards.
- Other changes had occurred as a result of the local authority commissioning of The Healthy Child Programme: 0 to 5 and services; and the 0 – 19 services; Birth and Baby and the Edinburgh Postnatal Depression Scale (EPDS) had become part of their core contract and had been rolled out across the city. Also, as part of the Local Maternity and Neonatal Services Better Births Strategy, two Continuity of Care hubs were being piloted in their wards. They had not, at the time that the data was collected, started their Doula support programme (although this had commenced as an Ideas Fund) or the use of Video Interaction Guidance.

Table 2.7b ABS-funded services in Nottingham

	Service	Summary of service	Delivery Organisation	Referral pathway
Universal	Bump, Birth and Baby	Universal group-based antenatal programme aimed at improving preparation for parenthood.	Nottingham CityCare	Community midwives refer.
	Baby Buddy	Mobile app that provides information for pregnant women and new mothers.	Best Beginnings	Download from website.
	Baby Massage (was Infant Massage)	5/6-week group sessions in which parents are taught how to massage their baby using positive touch to encourage bonding and early communication.	Nottingham CityCare and Family Mentor Service	Health Visitors, Midwives and Family Mentors.
	Cook and play	Structured group-based cooking classes with childcare.	Family Mentor Service	Self-referral
	Fathers Reading Every Day (FRED) (new)	Group-based programme to encourage fathers to read regularly with their children. Some ABS wards were offering this as a one to one session in the home.	Family Mentor Service	Self-referral.
	Small Steps at Home	A universal home visiting offer for all families in SSBC wards; delivered by a paid, peer workforce of Family Mentors; includes activities, learning and tips to support all three ABS outcomes.	Family Mentor Service	SSBC contact all eligible women directly by telephone to offer them the service.
	Other Family Mentor Groups (new)	As part of Small Steps at Home Family Mentors are contracted to deliver 10 community groups including: Active Play; Baby Play; Boogie Tots; Chatterpillars; Fun with Friends; Jiggle & Wiggle	Family Mentor Service	Self-referral.

	Story and Rhyme Time (was Story Songs and Rhymes) (new)	Community group-based sessions run by Family Mentors (initially) that support parents to develop the confidence to spend time reading and singing with their child.	Family Mentor Service	Self-referral.
	Imagination Library	Delivery of a book per month to children from birth until they are aged 4 years or move out of area.	Dolly Parton's Imagination Library UK	Enrolment through health visitors on an opt-out basis.
	Stay One Step Ahead (new)	Home safety messages and checklists delivered by Health Visitors and Family Mentors with child safety weeks coordinated through early help to reduce avoidable injuries to babies and children under 4.	Nottingham CityCare, Family Mentor Service and Early Help with Fire Service	Health visitors
	Triple P Primary Care (Tip sheets) Level 3 (new)	Practitioners provide 3-4 short sessions in person/over the phone to assist parents to develop parenting plans to manage behavioural issues and skill development issues.	Family Mentor Service	Self-referral.
	Triple P Level 3 programme (discussion groups)	Group-based parenting programme comprising four sessions and aimed at improving children's emotional and behavioural adjustment.	Family Mentor Service	Self-referral.
Targeted	Triple P standard (8-week course) Level 4 Group (new)	Group-based parenting programme involving 5 group sessions and 3 individual consultations. Aimed at improving children's emotional and behavioural adjustment.	Early Help	Assessment from Front Door.
	Maternal Mental Health intervention	Screening plus structured listening intervention for women identified as being at risk for postnatal depression.	Nottingham CityCare	Offered at discretion of health visitors as part of their care to family.

Family Nurse Partnership	Nurse-led home visiting programme for mothers aged under 19 years who are first time parents, of variable duration. The Programme is supporting the ADAPT project through the National FNP Unit	Nottingham CityCare	Majority through community midwives.
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Table 2.8 Other ABS-funded programmes in Nottingham

Type of programme	Programme	Summary
Workforce development	Family Mentors	Recruitment of paid workforce from local community to provide peer support, deliver some ABS programmes, and offer opportunities for local community to gain employment and skills.
	Literacy Hub (new)	Development and delivery of Literacy Champions within Nottingham by the National Literacy Trust and Small Steps Big Changes, including training and supporting at least 50 Literacy Champions over the course of a two-year project.
	Early Words Together at Two (new)	Training package delivered by the National Literacy Trust to PVI settings (test and learn with 12 settings in ward to date)
	Nutrition E - Learning	A new e learning package is currently in test and learn phase with the Family Mentor Service
	Community Voice, Community Connections – Coram Family and Childcare (new)	Supports, develops and trains Parent Champions and Parent Ambassadors, and work with the wider partners in the community to strengthen the community voice within SSBC.
Other	Ideas Fund (previously Innovation Fund) (new)	Funding (with a £5,000 cap) for local parents and/or the workforce to apply for to test out new ideas or activities. Projects that have been funded include: Learning to Love books together; Twigglets; Pregnancy Yoga and the Doula Project.
	Enhancing their assessment tool: Ages and Stages	The Family Mentor Service carry out three additional milestone checks in addition to the two checks health visitors conduct at 12 and 24 months. Aims to identify areas of need early.

2.2.5 A Better Start Southend

Since the arrival of the new Director in May 2018, ABSS had been actively mobilising key areas of their local programme (i.e. services targeting socioemotional and language/learning development). They had built the infrastructure and staff capacity, put policies and procedures in place, and commissioned the bulk of their local programme.

At the time of the profiling visit A Better Start Southend (ABSS) were funding a total of 14 services (Table 2.9a and 2.9b) as part of their local programme of which 11 were new. Of these, 8 were universally available in the ABS wards and 6 were targeted services/interventions (7 universal and 4 targeted new services). Table 2.10 presents the additional workforce development and other activities that Southend were engaged in to support the delivery of their programme including: 3 workforce development training programmes targeting a range of early years practitioners across a range of outcomes; a work skills programme to improve the employability of local parents; and a system-wide change to engage and train more parent champions;

Table 2.9a Overview of the change of ABS-funded provision in A Better Start Southend since 2017

Change instigated since 2017	Number or type of service change	
Total number of new services	Eleven out of fourteen	↑
New universal services	3-4 Month HV Contact (Starting Nutritious Foods) Breastfeeding 1:1 support Breastfeeding group support Empowering Parents Empowering Communities – Baby and Us Empowering Parents Empowering Communities – Being a Parent Health, Exercise and Nutrition for the Really Young (HENRY) Welcome screening	↑

New targeted services	Social Communication Needs (SCN) Family Support Workers Welcome to the UK Joint Paediatric Clinic Perinatal Mental Health	
Services decommissioned/placed on hold	Fathers Reading Every Day (FRED) Baby Buddy embedding	
Services under review or replaced with another service	None	
Services now being funded elsewhere	None	

Once the new team were established, they reviewed the portfolio of services and made the following changes:

- Eleven of their 14 services were set up since the last profiling activity – see table below for detail.
- Fathers Reading Every Day (FRED) was decommissioned as the workforce development components had been completed and other local partners were delivering on this area of work.
- The Baby Buddy App was not being promoted as the localised embedding was not felt to be cost-effective and the hospital was developing digital offers locally, including promoting Baby Buddy.
- Empowering Parents Empowering Communities (EPEC) – 2 programmes were reviewed and taken forward.

They set up a contract to help support the implementation of several of their ABS programmes that were struggling as a result of reduced staffing capacity in the children's centres in their wards.

They re-engaged their partners and were reviewing their workforce development plans. Through their Work Skills project and Engagement Fund they were supporting the capacity and skills of the community to become more resilient and finding ways to support themselves rather than rely on services.

Table 2.9b ABS-funded services in A Better Start Southend

	Service	Summary of service	Delivery organisation	Referral route
Universal	3-4 Month HV Contact (Starting Nutritious Foods) (new)	Aims to improve parental knowledge about diet, nutrition and breastfeeding.	Southend Borough Council	Parents access as part of their universal offer.
	Breastfeeding support (new)	One-to-one home-based support during the first six weeks post-birth, typically delivered by fully trained Infant Feeding Support Workers.	Southend University Hospital Foundation Trust (SUHFT)	Any health and social care professional.
	Breastfeeding group support (new)	Weekly sessions in a variety of settings offering support with breastfeeding to mothers for up to one year from birth. Peer volunteers are also offered training to become breastfeeding 'supporters'.	Southend YMCA (SYMCA)	Any health and social care professional and self-referral.
	EPEC - Baby and Us (new)	Peer-led parenting programmes for parents and carers of infants. Parent mentors facilitate sessions covering the birth and caring for and connecting with a baby.	South London and Maudsley NHS Foundation Trust (SLAM)	Self-referral, referral via children's centres, health visitors, social care team.
	EPEC - Being a Parent (new)	Parent facilitators support parents in groups to learn practical communication skills for everyday life and to develop their abilities to bring up confident, happy and co-operative children.	South London and Maudsley NHS Foundation Trust (SLAM)	Self-referral, referral via children's centres, health visitors, social care team.
	Health, Exercise and Nutrition for the Really Young (HENRY) (new)	Structured group-based programme focussed on healthy eating. Additional offer of one-to-one support for those who face barriers to attending group-based programmes.	HENRY	Any health, social and education professional and self-referral.
	Let's Talk	Structured group-based programme comprising 13	Essex Partnership	Referral by health visitors,

		targeted and universal offers for parents with children under 1 year aimed at promoting speech and language development.	University NHS Foundation Trust (EPUT) and Early Year's Alliance	midwifery, children's centre staff and Early Help.
	Welcome Screening (new)	A language development screen to assess a child's understanding and use of language at 3 -12 months; 23 months; and at the arrival and departure at preschool/nursery.	EPUT and Early Year's Alliance	Health Visitors, Early Year's Settings, GPs, Social Care team, Voluntary Sector professionals and self-referral.
Targeted/c	Family Nurse Partnership	Nurse-led home visiting programme for mothers aged under 19 years who are first-time parents, of variable duration. Also, for other young mothers presenting a higher need, through FNP ADAPT	EPUT	Any health, social and education professional.
	SCN Family Support Workers (new)	Family Support Workers provide support and advice (telephone guidance, home visits and accompanying to appointments) to parents of children with social communication needs in the local area.	Southend Borough Council and Early Years Alliance	Any health, social and education professional and self-referral.
	Southend Early Autism Support (SEAS)	Group-based locally designed programme for parents of children with an autistic spectrum disorder or who are considered likely to be diagnosed with one.	Southend Borough Council	Any health or education professional.
	Welcome to the UK (new)	Provides social and emotional support in addition to free English language lessons and social support to help overcome feelings of isolation. A translation service is also offered and personal development courses that include access to friendship groups.	Welcome to the UK	Any health, social and education professional and self-referral.

Joint Paediatric Clinic (new)	Brings primary and secondary care together to provide more effective care to families that is delivered closer to home.	Paediatric Clinic	Referral by hospital consultant.
Perinatal Mental Health (new)	Community-based clinical interventions for women and their partners to prevent and address mental health needs, and to promote positive relationships between parents and their infants.	EPUT	Self-referral, children's centres, health visitors, social care.

Table 2.10 Other ABS-funded programmes in A Southend Better Start

Type of programme	Programme	Summary
Workforce development	Creche workers	Recruitment of a pool of crèche workers who can be used to support ABS programmes.
	Children's workforce	System-wide work looking at developing common workforce training including promotion of healthy eating and speech and language development
	Enhanced Children Centre Offer (new)	Training for Family Action Children's Centre staff to deliver specific child focused services as instructed by ABSS/EYA. The training programme will cover diet and nutrition, communication and language (e.g. HENRY, Food for Life, Healthy Food & Cooking for Families).
Social determinants of health	ABSS Work Skills Project	Programme to improve employability of parents.
System-wide workTotal	Engagement	Support through delivery partner Southend Association of Voluntary Services (SAVS) to recruit and train Parent Champions to confidently participate in service design and programme governance.
	Engagement fund (new)	A funding opportunity with a £500 cap to enable parent champions and the local community identify and deliver small scale ideas. The fund is facilitated through the delivery partner Southend

		Association of Voluntary Services (SAVS) at community level which facilitates local participation and engagement of the local community and the recruitment of potential ABSS parent champions.
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2.3 Summary

Since the last profiling of the five ABS partnerships was undertaken, a significant amount of development has taken place, in terms of the services/interventions and training being provided by the sites. While much of this involves the initiation of new services, some services have been decommissioned, funded by other organisations, or paused.

The next section examines the changes that have taken places in terms of transforming the way in which services and systems are working.

3.0 Transforming services and systems

A key aim of ABS is to transform systems and services that support early childhood development and early year's provision in a way that will be sustainable beyond the life of the programme. This penultimate chapter reflects on how ABS is perceived to have been transforming local services and systems, and levels of knowledge about child development, in the last two years. It draws together the key findings from discussions with the ABS teams, and their service leads and local partners. The sections are organised in terms of the key transformation areas identified for the programme, and we will identify where there is consistency between the findings of the focus groups and quantitative profiling exercise in Chapter 2.

3.1 Changing the provision of services

ABS was reported as continuing to build on the opportunity, resources, and partnership working to explore a different and more integrated blueprint for the configuration and delivery of services. The ability to do this was perceived to be a result of their unique opportunity to innovate and think outside the box:

'I think it's enabling us to have challenge... and look outside of the box, rather than in isolation of services. [The ABS programme] is bringing us all together, which is really positive because you are looking at things from different service perspectives on a regular basis, rather than this is local authority, this is early year's and sitting in isolation. It is bringing us all together, I think, far more in depth as a children's partnership, down to operational level.'

'Having Better Start has been a pleasure but a challenge, but a challenge for all the right reasons. They make us think differently, and I don't think we would have got some of the developments we've got without them - and they continue to challenge us as a strategic organisation... to think about the issues; to put the people at the centre.'

'It's helping people to think differently about ways of working across the board...I think if Better Start wasn't here, people would just be carrying on doing what they do, and not questioning it.... and just accepting their lot. I think it's upped the bar.'

'We value their [ABS team] ability to, perhaps, do something different that we [CCG] can't immediately do, and we take the learning from that and try and understand how we can implement that more broadly.'

ABS continued to be perceived by staff to be enhancing and developing the existing offer to pregnant women and mothers of children under four years of age, in addition to providing the resources, and a safe space to test out new ideas and ways of working, on a small scale. The following were identified:

- Piloting new approaches and building the evidence for a new children's centres offer.
- Expanding the parenting offer.
- Adapting interventions to be more context and country specific.
- Rolling out services to different populations.
- Helping to showcase what good practice for working in partnership looks like.
- Piloting new approaches to maternity services including adding health visiting checks and whole-family approaches.
- Providing health visitor or midwife continuity of care from the point when they first get involved until a child reaches preschool.
- Supporting perinatal mental health at an earlier stage.
- Developing a trauma-informed approach through workforce development to ensure staff in different organisations have the policies and procedures and support to be able to deliver trauma informed care.
- Improving understanding about ways to engage fathers in services.

These findings are consistent with those of Chapter 2 in which we identified a significant extension of provision in terms of both the nature (i.e. new approaches) and the quantity of the services being provided.

3.2 Enhancing partnership working

Perhaps unsurprisingly, given the requirements of the Fund, each of the five A Better Start areas reported that they were building on the strong culture of partnership working, identified in earlier reports (see Chapter 3 – *A Better Start Implementation Evaluation Workstream Report 3: Transitioning into Early Delivery*, and Chapter 5a and 5b: *Community Engagement and Participation*¹⁷):

'A Better Start is a sum of the partners, the partnership, and that's the strength of the programme.'

To varying degrees the foundations for some of these partnerships, particularly at the strategic level, were already in existence, and were perceived to be deeply rooted. ABS partnerships, were felt, however, to have continued to influence the partnerships at an operational level:

'I think the strategic partnerships have been there, but maybe not so much the operational partnerships and I do think that ABS is bringing those operational partnerships.'

¹⁷ Ibid

The partnerships and relationships were described as requiring ongoing work, in addition to the development of formal mechanisms and structures to support and encourage engagement at strategic and operational levels (see above reports).

The successful integration of the programme was believed to be underpinned by the commitment to and endorsement of the programme by strategic partners and the chief executive in each site. All areas described being networked to varying degrees across a range of different boards that were focused on prevention and early help. At its strongest these included examples of where they were being consulted and invited to influence local decision-making about the restructuring of children's services and the 0 to 19 service. Even where there were difficult conversations and competing agendas, staff described still managing to retain a shared vision across the partnership. Conversely, staff also described a need to re-energise the links with partners in the areas where there had been a pause, or lull in the implementation of the programme.

Different partnership models were adopted and were perceived to be effective, robust and strong (see above reports 5a and 5b for further detail), in addition to being 'exceedingly integrated' with all the key partners along the care pathways. It was also felt, however, that following any recent changes at senior leadership level (including the ABS Director in some sites) there was a need to reinvigorate some of the connectivity and commitment. While the learning events at the operational level helped to bring different agencies together it was felt that there was more work to do in terms of building relationships with partners who did not know each other.

The resilience to withstand some of the challenges of working with partners was perceived to depend on how embedded the lead organisation was in the public and voluntary sector structures; the extent to which they were building on pre-existing relationships; and their previous experience of commissioning and/or delivering early year's services.

The key to *building* a successful partnership was felt to depend on the following:

- A shared goal and vision in which ultimately, despite their competing agendas, they were all aiming to improve key outcomes for children.
- Having a stable team of partners who are at the right level of seniority to be able to drive the programme forward and influence local agendas.
- It was felt to be crucial to have the commitment and support of the chief executive of the local authority as a driver for bringing everyone on board, particularly when partners were not engaging.
- A delivery model and structure that was embedded in and built on pre-existing relationships, knowledge and strong links with the local authority, health, police and voluntary sector partners. This applied to both strategic and operational levels (such as through collocated teams and seconded workers).
- A unitary structure that supports the engagement of key partners in the local authority, CCG and police within a shared footprint.

The key to *operating* a successful partnership was felt to depend on:

- Time to build and develop relationships.
- Clear and effective communication.
- Being flexible with partners and recognising the need to adapt to pressures they were facing as a result of the changing political and financial climate.
- Sharing the learning and expertise across the partnerships through workforce development opportunities, and other training and multi-agency approaches.
- Shared information systems about local provision and a mechanism and protocol for either sharing key information from a child's record, or enabling different systems to be able to connect with each other in some way.

3.3 Enhancing care pathways and an 'integrated 0 – 5 offer'

All sites described continuing to work to improve their pathway of support for an integrated offer for 0 to 5 years, including the enhanced midwifery and health visiting support identified in Reports 3 and 4. One of the ABS partnerships was hoping to launch their new integrated pathway in the autumn of 2019, which they developed with the local authority, including mapping the different touch points from pregnancy until school reception. They were also trying to streamline their referral processes for targeted services to provide one central point of access, particularly for families at levels 2 and 3, and which were described as needing further development.

In another site, the ABS team was perceived as having been integral to helping develop an integrated care pathway for 0 to 5's more widely (i.e. beyond the ABS partnerships). They were felt to provide additional resource and capacity to pilot the pathway with different services, and the extent to which practitioners understood it. They were, in addition, also helping to develop a perinatal mental health pathway through the projects they were funding, which would link to their integrated care pathway.

3.4 Community development

All ABS partnerships were continuing to actively deliver on their commitment to engage parents and community members in ABS sites (see also reports 5a and 5b¹⁸). A wide range of approaches were described in terms of exploring the best way to engage parents and community representatives at different levels of the programme. These included: decision-making at the board level; being involved in the commissioning, design and co-production of services; volunteering and supporting a service to develop parent champions and parent ambassadors; and a paid peer workforce to deliver a service such as the family mentors. The need to harness and draw on the community was viewed as being critical for supporting the long-term legacy of the programme. The Family Mentor Service was, for example, reported to have provided a very successful model in terms of how to recruit members of the community to deliver a service:

'They have created a new workforce that didn't exist before, with people that didn't have any qualifications or skills or experience. We've created now, four years down the road, immensely talented groups of people. We've held on to them. We need to

¹⁸ Ibid

be looking now, [for], progression [...]. It's not the best paid job in the world because we deliberately made it attractive to people without those experiences.'

In one site, there was extensive work being carried out to build the infrastructure for involving the community through their investment in a Volunteer Academy, which had been established in 2016. This academy recruits volunteers, trains them and engages them in different types of volunteering. This started with a twelve-month pilot, test and learn approach, which then developed into a two-year contract that had just been re-contracted. They also commissioned the Volunteer Centre to 'grow volunteers' and to support them to a level where they would be able to progress to first-time entry jobs.

Another site had recruited Early Year's Park Rangers as part of their Parks and Open Spaces project and based them in leisure services. The Rangers were felt to have had an impact on communities in the town, to have created a safe space for families, and to have reduced antisocial behaviour in this particular ward:

'The park rangers, when they initially came in, would measure their day productivity by how many needles they picked up and used condoms and throwaway clothing, and any other nefarious resources you can imagine. But due to their presence on a daily basis in the park.... antisocial behaviour is virtually zero through the police reports. ...it's not in any early year's play areas anymore.'

3.5 A 'test and learn' approach

The test and learn component of the programme in which new approaches are piloted and then assessed in terms of their uptake, reach and outcomes to inform future decision-making, was perceived to be starting to change the culture around evidence-informed approaches. This element was described as having transformed the provision of services in two key ways:

- The test and learn approach was used to make judgements about whether to pause, adapt or decommission a service or intervention. The ABS site with the most extensive evaluation component embedded in their programme had implemented 'progression criteria' for each intervention/service to assess how well it was working during its three-year commissioning cycle. This approach was described as providing a framework for judging whether a service was working and recommendations about what needed to change. Partners were also described as beginning to use logic models to underpin the rationale and design for their programmes and to becoming more outcomes-focused.
- It was also described as helping to improve data-sharing links and agreements, and enabling one site to move all their primary care teams on to a comprehensive data sharing system (i.e. System One), which enabled them to share information across health partners. This was felt to have resulted in closer links between midwives, health visitors and GP's. It was also reported to have reduced the burden on parents having to repeat their story to different professionals. Staff also felt that by creating a system and approach for linking data through their data warehouse, they were beginning to change the way in which staff were using data, and their appreciation of data collection on the part of local services, in addition to research and evaluation more generally.

3.6 Developing skills and equipping the wider workforce

In addition to the direct delivery of services to families, ABS was felt to be creating a learning-rich environment and helping to encourage knowledge about early child development as a result of their delivery of a range of training programmes. ABS staff described this as helping to upskill the wider workforce, in addition to equipping ABS staff to deliver individual programmes. As a consequence, the training component of ABS, had been extended considerably in all sites since the last profiling report, as is demonstrated in chapter 2.

The site with the most developed workforce training package developed a two-tier training programme, which was to be tailored to staff with different levels of connection with the programme. A complementary 'indirect approach' involved raising awareness about ABS, and they were about to launch an e-learning package to achieve this. Their face-to-face approach provided training in the Brain Game (i.e. a tool to explore the impact of adversity on child development) and Frameworks (i.e. a tool that was aimed at promoting a common language around early child health and development), which could be used with parents and staff to improve their joint understanding about key issues.

This site also reported that they were now offering more cross-agency training focusing on perinatal and infant mental health to the early year's workforce, using programmes such as the Solihull approach. This was perceived to be having an impact on practitioner knowledge about child development. They were also working with a local college to develop an A Better Start module within the Early Year's Apprenticeships Curriculum, in addition to plans to expand their training offer and to look at how to embed it within the trauma-informed strategy that they were using more widely.

As part of their workforce programme, they also developed what was described as a 'sustainable model of training', initially delivered by ABS training champions through their training pathways. They subsequently moved to embedding seconded trainers from health and the police in services when the champions changed jobs. This approach helped to raise awareness about ABS, build relationships, and to brief people on different topics such as adverse child experience (ACEs) or trauma-informed approaches. Their current approach was perceived as having helped to develop the workforce as well as strengthening their partnership-working at an operational level. ABS was felt to have provided a set of guidelines that appeared to be changing approaches as professionals began to think more widely about the context and circumstances of the families they encountered.

In another site it was felt that their workforce training programme had helped to develop the awareness, skills, and quality of the workforce around early childhood development, and understanding of mental health. As a result, they felt that they were more able to identify needs earlier, and to make appropriate referrals. Indeed, they attributed the increase in referrals to the workforce training programme:

'It's nice to appreciate, not that I didn't appreciate but I perhaps didn't understand other professions [Midwifery, health visiting, council, children's centres] quite as well before now. I now understand what they do, what are their special areas, what the stresses are, where the problems are, which I might not have fully appreciated before.'

A number of ABS sites were offering intensive training for members of the wider workforce (e.g. midwives and health visitors), and for their employers, including a joint training across children's services. Sites planned to embed these training programmes in the next couple of years such that they would eventually become part of the culture that informs how teams work together in the future.

In addition to formal training, some sites were continuing to provide shared learning events (e.g. a 'learning-to-go' meeting) that were open to parents, volunteers and practitioners across the area. Smaller, more bespoke learning events, which they were offering for much more specific areas of focus or skill development, were also being offered in some sites (i.e. 'Knowledge Cafés'). One site had also just updated their workforce strategy and were in the process of developing a management and leadership strand.

3.7 Summary

The findings of this chapter suggest that the sites have continued to build on earlier developments in terms of transforming services and systems. These findings are consistent with those of the profiling exercise described in Chapter 2, and also build on and confirm the findings of earlier reports (i.e. Reports 3, 4, 5a and 5b). We identified six overall themes that summarised interviewee perceptions regarding the developing profiles of the sites including: a) the role of ABS sites in changing the face of service provision with regard to prevention in the early years as a result of the capacity of the sites to innovate and think outside the box; b) the ability of ABS sites to enhance partnership working not just between ABS funded services but more widely across the area; c) the role of ABS in enhancing care pathways across the wider service ecosystem, and their contribution to an integrated 0 – 5 offer to families; d) a continuing focus on community development; e) the embedding of a 'test and learn' approach in terms of both commissioning and decommissioning of services; f) a significant focus on the development of skills in both volunteers and the wider workforce.

4.0 Conclusions

The National Lottery Community Fund committed an investment of £215 million to supporting services and activities for families in the early years over a 10-year period. The funding is being used to develop and test new approaches and improvements to antenatal and early year's provision in Blackpool, Bradford, Lambeth, Nottingham and Southend.

This report presents the findings of profiling visits carried out in each of the 5 ABS partnerships during the summer of 2019. The aim of the visits was to update the map of services and work programmes that were live in each site in 2017, and to explore how systems and services have been transformed for families in the intervening period, as a result of A Better Start. This work builds on an earlier profiling report (Report 3: *Transitioning into Early Delivery*¹⁹), which included a mapping of ABS services across the 5 ABS sites, as part of a broader examination of the way in which the sites were transitioning into the early stages of programme delivery in 2017. We have also referred to some of the services that are part of the wider ecosystem, which were described in *Report 4: Mapping the Early Years Ecosystem*²⁰, particularly in terms of the partnership working and the establishment of interconnected care pathways with the wider service network.

In terms of the profile of services, we recorded 81 individual services and activities being funded and delivered as part of ABS in early summer 2019 in addition to other services that were still in the process of being developed. Of these, just under half were commissioned since the last profiling activity; two-thirds were new services being offered universally and the remainder targeted to a specific client group or level of need. The proportion of new services varied across sites from 38% to 79%, this being a reflection of the different situation of the sites with regard to their developmental trajectory (i.e. the need to appoint new directors; changes of other staff etc), in addition to wider changes across the service ecosystem (e.g. the impact of austerity on children's centres).²¹ This enhancement of services represents a significant increase in provision since 2017, and a better coverage in terms of the type of services being provided to target the three main outcomes of the programme and the range of the support provided (i.e. from universal level advice to pregnant women and their partners about having a baby and parenting, to more targeted interventions that address the needs of children with more complex needs).

Judgements about whether to commission or decommission services were driven by a range of reasons, perhaps most importantly being the systematic use of a 'test and learn' approach.²² Local portfolios were also adapted as a result of the changing political and financial context in which ABS teams were operating, and as local services and structures evolved in response to these. Other factors that influenced decisions about whether to pause, adapt or decommission a service included not being able to reach and engage enough families (i.e. assessed as part of local implementation evidence); internal staffing and recruitment issues; and considerations about the future sustainability of a service/intervention.

All sites were, at the time of this profiling exercise, also offering a much extended programme of workforce training not only to ABS staff but to the wider early years workforce and beyond (e.g. the police). They were also employing a range of different approaches to expand their community

¹⁹ Ibid

²⁰ Ibid

²¹ n.b. Report 4 suggested that ABS sites had managed to maintain provision better than non ABS sites.

²² It should be noted, however, that we were not able to complete the data collection process with regard to the 'reach' of these services, and this data would provide a valuable additional source of information regarding service provision in the 5 ABS sites.

workforce. Both of these activities reflected a mid-term priority to preserve the longer term legacy of the programme by ensuring the changes to services and systems could be sustained beyond the 10-year ABS funding.

The opportunity to innovate and think outside the box was reported by ABS staff to have helped to change the profile of services and wider infrastructure in each of the five sites. It also continued to enhance partnership working not just between ABS funded services but more widely across the area; and contributed to developing care pathways across the wider service ecosystem, and to provide an integrated 0 – 5 offer to families.

In summary, the current report shows that at this midway point there has been considerable progress in: a) the development and delivery of services; b) the further development of the training offer beyond ABS staff; c) the development of partnership working across the wider ecosystem of services, and development of an integrated 0 to 5 offer; and) a gradual shift in focus from service development to issues related to the sustainability of such services beyond the ABS funding.

Annex 1: Service Profiling Proforma

Service-specific Questions

For each service offered by the site as part of ABS, please answer the following questions:

Background questions

1. What is the main aim of this service?
 - a) Are you aware of any research evidence to support the design of this service?
 - b) If yes, please could you briefly outline it or note where this evidence base is outlined?
 - c) Please could you note where this programme's theory of change is outlined?
2.
 - a) Did this service exist pre-ABS?
 - b) If yes, have any modifications been made to it since the ABS programme started?
 - c) If yes, please summarise briefly.
 - d) If yes, who provided the service pre-ABS?
3. Who provides the service currently?
4. Has the service provider changed since the ABS programme began?
 - a) If yes, why?
5. Are there any planned modifications going forward?
 - a) If yes, please summarise briefly.
6. How is this service funded?
 - a) Please could you indicate the approximate proportion of the funding that comes from ABS?
 - b) Please could you indicate whether this proportion has increased or decreased since the ABS programme has started?

Target population of service

7. Which age group is the service aimed at?
8. How do families access this service?
9. Are there eligibility criteria?
 - a) If yes, what are they?
 - b) Who can refer
 - c) How do they refer?

Data collection

10. Do you collect information on families prior to them using the service?
 - a) If yes, what kind of information?
 - b) How do you plan to use this information?
 - c) Will this data be individual-level data or aggregate data?
11. Will any outcome data be collected?
 - a) If yes, what will be measured?
 - b) When will this be measured?
 - c) How will this be measured?

Service delivery

12. What is the expected length of intervention time for this service? (e.g. is this a service that will be delivered over a short time frame, or a service that will run indefinitely?)
13. How long do sessions last for?
14. How frequently do they run?
15. Please outline briefly the format of a typical session.
16. What kind of staff deliver this service?

Reach

17. What is the current and predicted reach for this service? (i.e. what is the current reach, reach by the end of 2019 and reach by mid 2020?)
18. How has reach been defined for this service?
19. How is reach being assessed? (i.e. what criteria is being used?)?
20. How have calculations for eligible populations been derived?
21. How ready is the service for practice/evaluation? (i.e. how many pregnancy services and services focused on the first year of life are being delivered? What percentage of the eligible population for these services are being reached? (a family engaged with at least once?)

Annex 2: Systems Transformation Topic Guide

3. Introduction

The Aims of the group are to explore with the ABS Director/Project Manager, ABS service leads and local partners how local systems and services have changed and been transformed as a result of A Better Start - considering:

- The way services are designed
 - The way partners relate and work alongside each other²
 - The working culture, confidence, knowledge and skills of the workforce
 - Adopting new approaches and practices
 - Being more preventative
 - Developing integrated care pathways
 - Impact on the family experience
- Introduce self and evaluation
 - Explore how systems and services have been changed and transformed as a result of ABS
 - We will be producing a summary report – in July 2019
 - Consent for digital recording
 - Reassure about confidentiality – (including reassurance about not passing information between colleagues)
 - Emphasise voluntary participation
 - Check discussion length (60 – 90 minutes)
 - Any questions/concerns

4. Brief participant introductions

Go round the group and ask for:

- Name
- Role
- Nature of their relationship with ABS – involved in development; referring to or working alongside ABS
- Nature of any resources they contributed to ABS (i.e. funding, premises, people etc.)

5. Views about ABS Programme

- Views about the introduction of the ABS programme in their area
 - What features were attractive / less attractive

- Nature of any concerns
- How much of a need was there for the Programme
 - How far did they view the ABS programme complementing existing service provision within the LA
- Views about the overall vision and target of the ABS programme
 - Views about the focus on early intervention; and on social and emotional development; speech and language development and diet and nutrition for 0 to 4 year olds
 - Views about the areas where the programme is targeted in their area
 - Views about the range of services being developed/funded as part of the programme
- Views about the organisation, structure and delivery model of the programme
- Views about the management and governance arrangements
 - Views about the VCSE organisation leading the programme in their area
 - How important is it to have a VCS organisation
- Views about the ABS core staff and ABS service staff

6. Views and experiences of referring families to ABS

- How clear are they about the process for identifying and referring families
- How well are the referral processes working
- How easy is it to make referrals
- What if any difficulties have they encountered; reasons for these; how addressed
- What (if any) changes would they like to make to the way families are referred to the ABS programme (and criteria)

7. Views and experiences of partnership working

- How well do they work alongside the ABS Programme
- How would they describe the quality of their relationship with ABS core teams/services
- How far are they delivering joined up services for families
- How integrated are their leadership, governance and decision making arrangements
 - What governance arrangements are in place (e.g. steering group, boards etc.)
 - How do their decision making processes and structures work across partners
 - How do they manage conflicting priorities, targets and financial pressures
- How well are partners working in partnership
- What role has ABS made to the way partners are working together

- Can they provide examples of where they are working well; less well
- What are the main challenges and barriers to working in partnership; how addressed
- What is key to successful partnership working
- What tools were required for working in partnership
- What has made the biggest difference to partnership working
- How have relationships and partnerships been developed
- What has been key to equipping the workforce
- What has been key to engaging buy-in from partners
- Role of VCS organisation leading the programme for helping to build strong relationships with partners
- What have been the main challenges and barriers to working effectively; how have these been overcome *explore*:
 - Communication issues
 - Information sharing
 - Resourcing and capacity issues
 - Use of common tools
 - Duplication
 - Conflicting interests
 - Lack of respect (issues of qualifications / credentials)
- What has been key to working effectively in partnership with ABS (e.g. a shared vision and governance structure, communication, clear remit, contractual relationship, information sharing protocols)
- How has the way they work in partnership with ABS compare with the way they worked in partnerships prior to the ABS
 - Reasons for any changes to the way they are working in partnership
- What (if any) changes would they like to make to the way they work alongside ABS

8. Systems and service change

- What do they see as being the added value and role of ABS
 - How does it add value to local service provision
 - How far is it breaking down silo working and reducing duplication
- What difference do they feel ABS programme making to services and systems

- How does it compare to what they previously did
- If ABS programme didn't exist what would services look like for children aged 0 to 4
- How is it changing the culture, systems, policies and spending in local areas
- What if any impact is it having on the way existing services are being provided
- What difference has the ABS programme made to the way senior leaders are working together to design and deliver services
- What difference has the ABS programme made to how local strategy and strategic priorities are being aligned across partners to help to transform support for families
- How if at all has it changed the local infrastructure for services to work in partnership
- How far is it creating a test and learn culture in areas; are services and interventions evidence informed
- How is it developing the skills and quality of the workforce around Early Childhood Development and understanding of mental health (e.g. in relation to levels of understanding, the shared language used, the way they work together etc.)
- How is it increasing the understanding of early childhood development amongst parents and local communities
- How far are local pathways of support being changed and improved for families from pregnancy to early years (i.e. for pregnant women and pre-school children)
- How has it changed the way partners are working together in partnership
- How far is it enabling partners to find a different way to engage families and specifically dads
- How far is it changing the way information and learning is shared across partners (e.g. knowledge cafes)
- How far is it developing learning about how to train and support volunteers
- How sustainable are these changes

9. Suggested Improvements

- What (if anything) could be done to improve the way they are working together
- How if at all could the way the ABS operates be improved or changed

10. Conclusion

- Anything that neglected to cover that they would like to add
- Reiterate confidentiality assurance
- Thank you

