A BetterStart

The Warwick Consortium Evaluation

A Better Start Evaluation Implementation Workstream Report 5a

Community engagement and participation: Bradford

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You & Your Child Study

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Executive Summary

Background

A Better Start is the ten-year (2015-2025), £215 million programme set-up by **The National Lottery Community Fund**. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

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.

Aims

This case study is part of the implementation evaluation and was aimed at capturing: (i) the degree to which community engagement, participation and transition towards ownership is being achieved within ABS sites; (ii) the processes involved; and (iii) to identify lessons learned to date.

Methods

This research comprises an embedded case study that involved the analysis of data from a range of sources, the focus being community engagement in ABS within the context of Bradford.

A total of 22 interviews interviewees were included (one-to-one and focus groups) were conducted with key stakeholders involved in the delivery of Better Start Bradford (BSB). These included: senior and frontline staff; Board members, some of whom were also service users or directors of community organisations; service users who are Parent Champion volunteers; and a service delivery partner. Data collection also included participant observation at two community events (a training day for volunteers and a Forest School activity) as well as documentary analysis. Interview data were transcribed, and a thematic analysis undertaken.

Results

The analysis of the data identified two organising themes:

1.) **Engaging the community in the co-design and co-delivery of BSB services** – this theme describes a) the Involvement of the community in BSB governance including the use of formal structures to involve all sectors of the community in senior level decision-making; b) Transitioning from being a service user to a volunteer involved in the co-delivery of services;

and c) Engagement of community organisations in terms of the way in which they are involved with BSB and the benefits that this brings to the organisation.

2.) **Engaging families in BSB services:** this theme describes how BSB services work to engage families with services including: 'being out there' (i.e. being available to families) (the Family and Community Engagement – FACE - Team); routine consultations of service users; support for parents to 'feel safe'; the use of language and communication strategies; providing resources directly to parents; provision of light touch outreach activities; addressing cultural barriers; offering ongoing support; and involving all staff in reaching out to parents.

Conclusions

In relation to the involvement of the community in BSB, the above two themes have resulted in identification of key lessons that include the following: **1) the need to create formal structures and mechanisms to promote engagement** such as: the development of inclusive board structures; the integration of key stakeholders; the use of the existing voluntary sector infrastructure; the development of new strategic roles to promote engagement and processes to enables families to engage gradually; and the development of solutions to address the problems with engagement that are experienced by minority groups; and **2) a focus on relationships** in terms of building trust with parents living within the community in order to motivate their engagement; and through the provision of individualised support to volunteers, which they then used to expand their roles within the community.

1. Introduction - Community Engagement and Participation: Bradford

1.1 A Better Start

A Better Start is the ten-year (2015-2025), £215 million programme set-up by **The National Lottery Community Fund**. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children's diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research.

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 in three key developmental areas as follows:

- Social and emotional development: promoting optimal functioning across all aspects of the child's social and emotional adjustment; preventing the onset of early problems by supporting parents (i.e. their mental health and wider wellbeing), and improving their parenting (i.e. attitudes and practices regarding childrearing).

- Communication and language development: developing skills in parents to enable them to provide an optimal home learning environment (e.g. to be able to talk, sing, read to, and praise their babies and toddlers) and to ensure local childcare services emphasise language development.

- Diet and nutrition: encouraging breastfeeding and promoting good nutritional practices, giving practical advice on healthier meals for young children and portion sizes.

1.2   Evaluation of ABS

The evaluation of ABS comprises a mixed-methods design including impact, cost-effectiveness and process evaluation components. Essentially, the evaluation comprises two parts:

1.) An **Impact and Economic Evaluation** that aims to assess whether changes in the delivery of early years' services to families living in disadvantaged areas improves their outcomes in terms of their socio-emotional development, communication and language, and diet and nutrition, in addition to assessing the related costs and cost-effectiveness;

2.) An **Implementation Evaluation** that is aimed at examining the processes that are involved in bringing about change, and capturing the nature of the new forms of provision.[1]

This report presents the findings of a case study of Bradford and is part of the Implementation Evaluation. The overall aim of the case study is to capture (i) the degree to which community engagement, participation and transition towards ownership is being achieved within ABS sites; (ii) the processes involved; and (iii) to identify lessons learned to date.

1.3   Community engagement in early childhood services – the research context

Community involvement in the design, management and delivery services is a core feature of ABS. Community participation has been a key theme in UK policymaking since the 1980s, as the limits of 'top down' creation and delivery of public services became increasingly evident (Bovaird, 2007). Successive governments have defined citizen-state relationships in a sequence of policy documents that have set out guidance for consultation and participation, and a range of measures have been designed to promote 'voice' – the process by which people engage in decision-making - particularly in relation to neighbourhood regeneration (Durose and Rees, 2012). The rights of citizens to co-shape local authority services was enshrined in the 2011 Localism Act.[2]

Service-user participation in decision-making and management has been a consistent theme in guidance on the delivery of early childhood services over the past two decades. For example, Department for Education (DfE) guidelines stress that encouraging and increasing parental, family and wider community involvement in the running of children's centres can lead to greater innovation and flexibility, thereby making better use of resources as well as leading to greater community cohesion (DfE, 2012). Similarly, the national evaluation of Sure Start (an early intervention programme that was established in 2003 by the Labour Government) found that programmes that were better at empowering parents resulted in more stimulating home environments, which in turn contributed to children's

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[1] (for further information see: https://www.abetterstart.org.uk/content/evaluation-and-learning).
[2] http://www.legislation.gov.uk/ukpga/2011/20/contents/enacted

wellbeing and development, and better outcomes for parents themselves (Williams and Churchill, 2006). The process of empowerment within Sure Start involved a progressive pathway of development in service planning and delivery through engagement in services, volunteering, targeted training, employment opportunities and formal participation in decision-making committees and boards.

Underpinning the stated commitment of successive governments to the empowerment of communities is the literature on 'social capital' and, linked to this, 'community resilience'. At its simplest, social capital (Putnam, 2000; Bourdieu, 1983, 1992; Coleman, 1988; Portes, 1988; Portes and Vickstrom, 2011) refers to social networks that work to create bonds between people who are similar and to build bridges between people who have less in common with one another (Dekker and Uslaner, 2001). 'Bridging capital' aims to help individuals access information and resources, including economic, educational and cultural resources, that can improve the overall quality of life. Social capital also refers to the establishment of relationships that link people who have less power to those who are more powerful, thus enabling them to shape decision-making. 'Linking capital' is defined as the connection of people within a hierarchy - for example between citizens and political leaders, or between service users and professionals - that enable the exercise of influence in decision-making (ibid).

Social capital has been extensively studied within public health, and the importance of social relationships for physical and mental health is now well established (Rocco and Suhrcke, 2012). For example, there is evidence that 'bonding capital', involving networks of relationships with family and close friendships, are associated with better physical and mental health particularly for individuals in socioeconomically deprived areas (Poortinga, 2006, 2012). However, there is also evidence that dependence on networks of close relationships alone can be harmful because peer pressure may reinforce harmful practices (ibid), although people typically have a range of ties (i.e. some stronger and some weaker) with different groups.

There is also evidence, in studies with various designs, sample sizes and settings, that people with a lower socio-economic status generally have lower levels of social capital (Uphoff et al., 2013). Portes and Vickstrom (2011) concluded that economic conditions and the level of education within the population are much more predictive of population wellbeing than civic association (ibid). This suggests that efforts to create resilient communities need to simultaneously strengthen economic wellbeing and education while promoting social capital.

1.4   Bradford – the local context[3]

Bradford is a post-industrial city with a population of 506,800 that grew from and developed around, the success of its woollen textile industry and the engineering and manufacturing technologies that serviced it. The textile industry attracted successive waves of immigrants from Ireland and Germany in the 19th century, to Poles and Ukrainians in the 1940s and, from the mid-20th century, South Asians largely from Pakistan.   At present, it has one of the largest percentages of British Asians in the country, predominantly concentrated in some core wards. Although there has been some geographical segregation of ethnic groups over the last few decades, this has been decreasing.

Bradford's economic functioning in the textile industry declined during the 1920s period of deindustrialisation and this decline throughout the 1970s and 1980s.   Anecdotally, although manufacturing presently employs nearly 13% of the population, more than 80% work in low paid jobs in the service sector. The 2008 economic crash led to a steep rise in benefit claims and repossession of homes. The area is now marked by housing insecurity which impacts upon the mental and physical health of the population (Athwal, 2011).   The social and economic costs of deindustrialisation have been severe: in 2015 Bradford District was the 19th poorest in the country, with some wards among the most deprived in the UK.[4] Although there is a downward trend in infant mortality rates, these are still among the highest in the country.[5]

In 1995 and 2001, Bradford was marked by short but intensive periods of rioting that revealed deep fractures between local communities Home Office, 2001). What began as a protest by predominantly Asian youth against poor living conditions and police harassment, turned into clashes with radical white groups (Donoghue, 2016).   In response, the government introduced a series of initiatives designed to increase cohesion among ethnic groups perceived to be living 'parallel lives' (Home Office, 2001). Efforts to promote integration have focused on promoting increased opportunities for social and ethnic groups to act together in relation to, for example, community safety and the wider infrastructure. This is of relevance as it provides the background context to delivery of ABS services in Bradford as the wards being served by BSB include a high proportion of those from black and ethnic communitiesethnic minorities in the wards being served by BSB.

BSB encompasses three wards - Little Horton, Bowling/ Barkend and Bradford Moor - that are ethnically diverse, with a high proportion of British Asians. These wards continue to have high levels of poverty. Since 2008, Bradford has experienced ongoing cuts to social safety nets, including support provided by Early Years services and Children's Centres.

1.5   Bradford Better Start's vision for community engagement

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[3] Information in this and the following section was obtained largely from a number of site documents
[4] See: https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015 *(Accessed 12/07/2018)*
[5] See: https://www.bradford.gov.uk/media/1881/infant_mortality_report.pdf   *(Accessed 12/07/2018)*

The goal of BSB is to produce a generational change in three core wards and, from there, across Bradford more widely. The focus of the project is on the diet and nutrition, social and emotional, and educational and language development of all children.

In its 2014 strategy document, the role of the wider community in BSB was defined as follows:[6]

 i. A programme of evidence-based and science-based prevention and intervention that will be **driven by the community**, who will be the major decision-makers in terms of how investments are made.

 ii. Central to this transformational programme is **a strong partnership between community, public agencies and a collaboration of universities** that builds on years of successful collaboration.

 iii. The importance of the community will be reflected in terms of their increased role in **governance arrangements** and the **proportion of services delivered by the voluntary and community sector** as well as in the **re-design of existing services**. This fits with Bradford Council's wider commitment to localisation and transfer of assets to the community to lead on delivery.

 iv. The above will be complemented by a **comprehensive programme of community engagement and development,** which will include participation in governance, wide-ranging volunteering opportunities and extensive consultation. All of this will be underpinned by ongoing training and capacity development and, where appropriate, financial remuneration.

This vision and strategy was produced through a process of iterative and participatory consultation meetings with at least 60 organisations and community leaders.

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[6] Better Start Bradford Strategy Document, p.1.

2. Methods

2.1   Study design

This research comprised an embedded case study (Yin, 2014), in which the research undertaken was embedded within a larger implementation evaluation. A case study approach involves gathering contextual data from multiple sources focusing on a particular issue or phenomenon. Its use is recommended in research that investigates something that is happening in the present where little is known about the boundaries between the phenomenon under investigation and the context (ibid). The use of multiple sources and perspectives enables triangulation of data and the identification of numerous, sometimes conflicting perspectives, which in turn strengthens validity. As a result, embedded case studies are considered to be one of the most rigorous qualitative methods and are widely used as an aid for organisational learning (ibid). Data collection is guided by 'appreciative inquiry', which focuses wherever possible on strengths and successes (Cooperrider, Whitney, Stavros, 2008).

The above design was thought to be the most appropriate to address the following study objectives:

- to identify Better Start Bradford's approach to community engagement;
- to assess how community engagement has been achieved: and
- to identify the lessons learned to date.

2.2   Selection of case study locations

Bradford was selected to take part as a case study site because it had a history of a strong, well-organised and coordinated voluntary sector, served by overarching umbrella organisations, and the case study aimed to explore how ABS has built on this existing infrastructure.

2.3   Recruitment

Letters of invitation were sent by BSB management to a range of key stakeholders on the part of the research team. Interviewees needed to be available during the 4-day data collection period. Written consent was obtained from interviewees for the use of their anonymised interview data in this report.

2.4   Data collection

Data collection involved one-to-one interviews, focus group discussions, observations and documentary analysis (see Appendix 2 for a schedule of visits).

Interviews: One-to-one interviews were conducted using a semi-structured interview guide with three members of the Board, two senior staff, and with three service users who are now volunteers.

Focus group discussions: Focus group discussions were arranged with: (i) three frontline staff; (ii) three service delivery partners; and (iii) three Board members who are either service users and/or working with the community.

A semi-structured Interview guide was developed for use in both the one-to-one interviews and focus group discussions (See Appendix 3). The content of the interview schedule was discussed as part of an iterative process with the Implementation Evaluation group.

Observation (moderate level participant observation): This involved attendance at a community-based environmental project and an all-day training event on the importance of play for volunteers, service delivery partners and service users. Notes were taken in a field diary.

Documentary analysis: Supplementary documents were provided including maps of site-wide governance structures, strategy documents and staffing information. Analysis of these documents provided contextual information as well as providing further supporting evidence for data arising from interviews.

2.5   Data analysis

The relevant documents were read, and appropriate contextual information was selected for use. Similarly, notes made as part of the participant observation were used to provide contextual information for the report.

The interviews and focus group recordings were transcribed into written form.   The data that emerged from these transcripts was organised and the initial research questions used to give structure to emerging findings.   This involved reviewing the data several times to identify consistent themes. Conclusions and recommendations therefore reflect ideas, perspectives and recommendations made by a wide range of different people interviewed.

2.6   Limitations

This qualitative study was designed to explore the process of community engagement and community development from the perspective of a range of stakeholders but the interviews conducted included a relatively small proportion of the overall group of stakeholders. Furthermore, voluntary sector organisations arranged some of the meetings with interviewees which may potentially have led to an element of bias due to the allegiance of the interviewee with the voluntary sector organisation.

3.   Results

3.1   Overview

Analysis of the interview data resulted in the identification of two overarching themes addressing the way in which the community is engaged in BSB:

Part 1 – Engagement of the community in the co-design and co-delivery of ABS services;

Part 2 – Engagement of service users, including those who are hard-to-reach, in the uptake of ABS services.

Quotations from the data have been used to support the description of the themes. It should be noted that the following nomenclature has been used: […] indicates the removal of text that complicates the clarity of the quotation but without affecting its meaning; [TEXT] indicates the insertion of one or more word to the quotation with the aim of enhancing clarity.

3.2   Engaging the community in the co-design and co-delivery of ABS services

3.2.1   BSB structures and governance

BSB's structure of governance is led by a Partnership Board comprised of a combination of service users, members of third sector organisations, business leaders, and senior figures from the public sector. This structure is designed to ensure that the project is led and shaped by community members who work with the public sector to bring about systems level change.

The structure of Better Start Bradford (BSB) is outlined in Appendix 1. The Partnership Board is comprised (at the time of writing) of 21 members. Of these, ten are senior figures in the public sector including Bradford Metropolitan District Council (BDMC) (Children Services and Public Health), the Clinical Commissioning Group (CCG), West Yorkshire Police, local Councillors, Bradford District Assembly, Bradford District Care NHS Foundation Trust, and Bradford Teaching Hospitals NHS Foundation Trust. Eleven are 'Community Board members' tasked to represent the voice of service uses and grassroots organisations. These include parents and directors of community organisations and community leaders who support the voluntary sector in the area. This model is designed to ensure that members of the community, including service users, lead and co-design the programme.

Seventy local voluntary organisations were involved in the consultation stage led by Bradford Trident (i.e. the voluntary sector organisation leading the bid) reflecting that Bradford already had a strong, influential, and coordinated voluntary sector that was extensively consulted and represented on local government commissioning boards. The possibility of a separate community governance structure (i.e. that involves only community members) was proposed in the course of a two-day strategic planning

event.[7] The decision was made by community members themselves to have a joint partnership model that included community members and senior members of the Council (for examples of other community partnership structures, see Young Foundation, 2010). BSB's objectives are clearly aligned with one of Bradford Council's six strategic goals for 2016 – 2020: to create 'a great start … for all our children[8] and it was felt that a joint Board would increase the likelihood of systems change. As one staff member explained:

> *The voluntary sector organisations said they wanted a joint structure, with local authorities and the public sector because both are needed for sustainability. It was not from a deficit thinking […] but from a recognition of what [*the public sector] *can bring to the table.* (Staff member)

In 2018 BSB renamed the Executive Group as the Strategic Reference Group, which highlights its role in consolidating long term change in Early Years services.   This change needs to be implemented by the Local Authority, and the SRG has therefore been widened to include a large number of senior managers of public services. These include the Director of Children's Services, the Director of Public Health, the Director of Strategy for the Clinical Commissioning Groups (CCGs) and the Chief Executive Officer (CEO) of Bradford Trident, as well as senior staff and the Chair of the Partnership Board. The focus of this group is to contribute to the effective implementation of the programme by resolving strategic issues that are essential to supporting systems change.

Issues that have had to be addressed by BSB Partnership Board in terms of involving the community in structures of governance included: a) involving parents in higher level decision-making processes; b) the process by which services are commissioned; and c) differences in the expectations of service users or leaders of voluntary organisations, and others on the Board. These issues are examined below.

3.2.2 *Involving parents in higher level decision-making processes*

The interview data shows that while many parents take part in, and help to run, events or activities, a much smaller number have sought a higher level of engagement in decision-making. The perception of one Board member was that this was very difficult for people who have small children and may be struggling to manage financially:

> *If you're trying to get food on the table, running a community organisation may not be at the top of your [list of priorities][…]. I mean it's remarkable about how often it actually is quite high on people's agenda, but it isn't always, you know.* **(**Board Member)

An Outreach Worker felt that people were reluctant to take on a 'higher level' decision-making role, such as joining the Board, and what it would entail:

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[7] For discussion on models of community governance, see https://youngfoundation.org/wp-content/uploads/2012/10/Why-Communities-Matter.pdf   (*Accessed 12/08/2018)*
[8] See: https://www.bradford.gov.uk/your-council/about-bradford-council/council-plan/ *(Accessed 12/04/18)*

> *There's certainly a path [...]. People are interested in the volunteering opportunities […], but I think when you're talking more [about dealing with budgets, compliance, etc.], we're still a way to go.*

Outreach workers perceived a need to identify people who are articulate and better educated for roles that involve decision-making:

> *So we're always identifying, thinking about how we can support parents; how they can link into our projects. Maybe parents who are sort of like a bit more academic or articulate who have a bit more interest in being involved, you know, at a bit more of a different level. Maybe identifying them as volunteers for projects, identifying them to go on our Community Board, identifying them to be involved in other parts of A Better Start.* [Outreach worker]

Thus, despite the belief of frontline staff in the importance of community voice and commitment to encouraging community engagement, they identified that the process of progressive engagement "has been slower than expected" (Frontline member of staff in relation to parents or community members not involved in the delivery of ABS programmes]. As suggested above, although the potential for such progression exists in that any community member can 'progress' to the Board, in reality, this is not feasible for many members of the community because of time constraints or because of lack of governance experience.

3.2.3 Managing community expectations

Although BSB aims to improve the community voice in decision-making through the presence of Board members who are service users and leaders of local organisations, some community Board members felt that their capacity to make decisions was, in reality, very constrained by the realities of delivering BSB. For instance, one community Board member argued that the project should allocate some funds for the purchase of child safety gates, which in the past, were provided by Bradford Metropolitan Borough Council (BMBC) to low-income families:

> *We try to say yes more often than no but there is sometimes we just can't do everything that people want. […] The biggest issue at the moment was safety gates, […] because some people just [can't] afford to buy safety gates. Now that used to be done by the Council […] but the Council have pulled out, and people are saying 'well Better Start have got £50million!' – yeah but it's not for safety gates; we're actually structured to do other stuff, and they say 'yeah but you're not going to miss a couple of hundred pounds' but if we did that [then] all of a sudden it costs ten grand!* (Board Member)

Another example relating to different expectations that occurred at the time that the ABS bid was in development related to the desire of community members to address teenage pregnancy in schools. However, this was not possible because working with schools was not within the remit of the funding contract: *"[Community members] wanted to work with teenage pregnancy – secondary schools – but [the funders] said a clear no"* (Staff member). This and the previous example illustrates how community members' expectations do not always match the wider goals of ABS. This led at one point to complaints

by some community members on the Board that '*the project did not <u>feel</u> 'community led''* (Staff member).

The structure of the Board and advisory and governance processes have required revision to resolve these tensions. Since early 2018 this has included the expansion of the number of service users and community organisations on the Board. At the request of community Board members, BSB also created the post of Community Engagement Specialist to to develop and implement a strategy to connect with families, neighbourhoods, grass roots organisations, and other stakeholders.   This ensures that community engagement has the same degree of support as Child Health and Early Years work.

3.2.4 Tensions arising from Involving community organisations as both commissioners and providers

By its nature, the Partnership Board includes organisations and individuals with substantial skills related to Early Years provision and community development. Partnership Board members' organisations can bid for contracts to deliver some of BSB's services but the interviews highlighted the fact that this can sometimes cause problems. Interviewees described how relationships between Board members could be affected when an organisation's hopes about being commissioned were not realised. The complexity of tensions created by this were identified by one Board member:

> *We have got community reps on the Board, but a lot of them are also involved in organisations that could deliver, and I think we've perhaps underestimated the complexity of that tension.*

BSB addressed this by contracting an external consultant to undertake a review of the commissioning process (n.b. this was undertaken after the data collection stage of this research).

3.3   Engaging volunteers

This section describes the way parents transition from being a parent service user to a volunteer, and the way in which skills acquired through service participation were then applied to support service delivery.

Volunteers described how they first became involved with BSB through taking part in the available programmes. For example, one volunteer described how she moved from being a service user to a volunteer in HENRYand a Parent Champion. Before becoming a service user, this young mother had just had her first child and was worried about his feeding. She signed up for baby massage classes which she found helpful and enjoyable:

> [*Baby massage] was lovely, yeah. It helped. It was so good, yeah […]. He was six weeks, and so he was just the right age, and he had so much tummy pain and colics and everything, and they show everything, the massage.*

Because she had gained from baby massage, the young mother then explored the HENRY programmewhich, among other things, offers guidance on weaning:

> *And yeah, from there, I started going to a different group […] a coffee morning, and from there, I got introduced in HENRY […] because it was just the stage of weaning him like I was [nervous][…] I have to start feeding him, what am I going to feed him? And they said, "Come to the HENRY course", and then I did the HENRY course, and it just helps so much.*

When this was completed, the young mother moved onto a next stage, training as a volunteer with HENRY. Her engagement was incremental and motivated by a succession of opportunities to learn that led to improvements in her baby's wellbeing and, consequently, her own happiness.

Another volunteer similarly described how she had moved from one programme (in this case, a programme for grandparents called 'Older but Wiser') to other programmes because the quality of each learning opportunity was so good:

> *The first week, we learnt about the brain, but we learnt different things each week about children […] [and] grandchildren. So, the first week was Playdough, which my grandson […] still loves. He knew where my stash of Playdough was! I won some Playdough shape-makers, so he'd get that. We had a homework diary. […] We did one week, I remember, about puppets, and we had like little finger-puppets. […] We did creative colouring and […] it's like […] I don't know how to describe it, it was just, I don't know, mind-blowing. It was really, really good.*

After each session, this grandmother was given packs of materials that she took home and used with her grandson. She then became interested in the Imagination Library book scheme, which provides children with a new book once a month, from birth to age five,[9] and began using them with her daughter to read to her grandchildren.

> *I see the books that [he] gets and […] he just loves – well, he eats them, because he's got two teeth now, he eats them, but [another] grandson, we're like try and read it by the pictures, but everyone said that his speech and language is very good, but that's because we've read to him from an early age.*

As a result of these experiences, she then began to volunteer with the Imagination Library book scheme.

One volunteer who had left her abusive husband had participated in a programme for women who have experienced trauma. She described how what she had learned through participation in this and other BSB programmes had helped her set up a parenting group for other traumatised women. She described how *participation in BSB has resulted in her 'confidence […] [being] boosted in a very, very big way'*. Several interviewees echoed how their experience of BSB programmes had increased their confidence thereby enabling them to move on to being a volunteer:

> *It has done a big help in terms of confidence because I have been meeting people and because of being able to interact with people. I gave a presentation in Bradford Uni about HENRY – that gave me huge confidence – I was so proud of myself. If I have more time, I will volunteer for anyone that is available.* (Volunteer)

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[9] See: https://imaginationlibrary.com/uk/ *(Accessed 12/06/2018)*

3.4   Engagement of community organisations in BSB

This next section describes findings with regard to the engagement of community organisations in service delivery as part of BSB and the benefits that have been realised as a result of this using one case study – the Doulas. The focus groups with this partnership were undertaken to learn from the experiences gained with this organisation.

Doulas are female volunteers who provide continuous support for families, and particularly women, through pregnancy, labour and birth, and in the immediate postnatal period.[10]   This service is open to anyone who requests it, and Doulas in Bradford typically work with between 40 and 50 families a year. Volunteers are vetted, trained and supervised by the project managers and they are not necessarily former service users or involved with other BSB programmes. Doula volunteers and staff described a strong and successful partnership with BSB.

3.4.1   Engaging the Birth Doulas

As a result of the fact that the Doulas work under license, BSB have been able to contract them using a Service Level Agreement, and without going through the process of a competitive tender. This process of engaging with this organisation has enabled the Doulas to expand their training and services in Bradford. For example, before BSB was introduced the Doulas already had a waiting list of potential volunteers, but needed resources to provide them with the intensive training required for this service:

> *People [wanted] to volunteer and this was an opportunity for us to strengthen that infrastructure. […] When I stand back and observe the project, I feel as though it's taking shape.* **(**Doula staff member)

Their contract with BSB has enabled the Bradford Doulas not only to offer training free of charge but also to offer accreditation to their volunteers:

> *The volunteer role […] is a package we offer for free, in return they offer us a minimum of 2 years volunteering service. However the package we offer [includes] training accreditation, which essentially is funded through our contracts with CCG and Better Start.* (Doula staff member)

The provision of accreditation is extremely important as volunteers are not only able to work as Doulas but also train others, which adds to their repertoire of professional skills. If the package had not included accreditation, BSB would have had to pay an organisation that is licensed to train Doulas and the cost of this training was reported to be high:

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[10] The services offered by a doula vary according to the needs of the women, couple or family. Doulas work alongside midwives and doctors. They do not advise, but can support a woman to find balanced information to make informed decisions about her maternity care. The word '*doula',* which is Greek, refers to 'a willing servant who works out of love'. (See: https://doula.org.uk/)

The Doula programmes across the country [are] not cheap, and it's very much on-going training, and refresher training is required. Trainees would also need to sign up to annual memberships for a fee. (Doula staff member)

BSB funding was also provided to the Doulas to pay for full-time administrative support. This has freed up other Doulas, and especially the manager, to focus on outreach through social media and marketing campaigns as well as word of mouth:

Having […] full-time admin support gives us the infrastructure to be able to kind of go 'I can do the outreach and do the networking and be able to […] recruit and raise awareness about the project', which before this, might have been a little bit more difficult. (Doula staff member)

3.4.2 Supporting the Doula volunteers

BSB has also promoted engagement at the level of the Doula volunteers via the volunteer support group, thereby offering improved coordination among services, as a result of the regular meetings of this group:

A volunteer group, it doesn't matter what theme group you sit under, so you could be Talking Together, which is around language and communication development, it could be Bump Start your Baby, it could be any theme, the project could sit under any theme so once they've got volunteers, they are also invited to join the volunteer support group. (Doula Volunteer)

The above volunteer went onto describe how as a result of these meetings, it was possible to quickly refer families to additional services, or ensure that they have the support they need after the Doulas completed their work:

So if a referral comes in to Doulas and they feel that […] perinatal [services] need to be involved, or […] when we finish this, Homestart can take it on and if really what they need is somebody to go with them on a pram walk, there are Parent Champions out there and that really, really helps. (Doula Volunteer)

Improved coordination was also described as enabling better organisation of events and training.

If I am doing a refresher training for volunteers for Doulas, and so is HENRY and so is Home Start, can we not pull it together and coordinate that. So it is about looking at how we can support one another.   (Doula Volunteer)

3.4.3 Increasing referrals

Doulas have historically faced challenges with referrals as a result of the fact that they are not embedded within midwifery or maternity services. One volunteer described how BSB is working with the Doula service so that the number of referrals to Doulas is increasing:

When it comes to referrals, we've had lots of challenges over the years because we might be funded through CCG, but we're not officially embedded with midwives or […] maternity […]. So it's almost like ensuring that their midwives knew across the board what the process was to refer into the Doula project. (Doula Volunteer)

One volunteer described how referrals were also being received as a result of work with other partners:

We meet on a quarterly basis with the other projects […]; the idea of that is that we are having those open discussions, talking about where you're at with your training, where are we at, you know, how are your referrals working, that kind of thing and to make sure that we can cross-cut effectively. (Doula Volunteer)

3.5 Engaging families in BSB services

The second theme to emerge from the data is the strategies used by BSB to engage families in services, including the following: the need to be 'out there' with families; the use of routine consultation of service users; involving all staff in reaching out to parents; supporting families to feel safe; addressing language and communication issues; the use of 'light touch' activities; recognising cultural barriers; providing resources directly to parents, and providing ongoing support.

3.5.1 'Being out there, where people meet': the role of the FACE team

The interview data highlighted the key role of the Family and Community Engagement (FACE) team in engaging parents. This team has three full-time staff, managed by the Communications and Engagement Manager, and their role involves: '*identifying, thinking about how we can support parents, how they can link into our projects*' (BSB Core Service Document). This is part of BSBs service development strategy, to ensure that '*families will see the same professionals, supporters or volunteers so that they can build a trusting relationship and develop a better engagement with services*' (ibid).

The FACE team's role involves liaising with and organising events for groups including, for example, faith groups and groups for refugees,, community centres, schools and faith groups in addition to schools, children's centres, health services and other community hubs. A central objective of the FACE team's work is to support parents through a pathway of options, both in terms of the services parents can access and other opportunities including volunteering:

When we're doing engagement activities and getting to know the parents and getting to know their circumstances, we're always thinking about, 'right, how can they link in to Better Start projects'; so, for example, if they've got a two-year-old that might be having difficulty speaking […], we'd think 'right, they need to be referred maybe to Talking Together'. […] So yeah, we're always thinking that when we do our events. (FACE team member)

To support the engagement of potential service users, specific engagement roles in the community have also been developed. For example, in early 2018, BSB introduced a new role for volunteers, that of Parent Champions. These are parents or grandparents who have taken part in BSB programmes and now commit a certain number of hours every week to reaching out to other parents within their own communities. This initiative shows considerable promise in terms of outreach because Parent Champions meet other families who do not come to children's centres, making contact with them in other daily settings, such as for example, in playgrounds. Parent Champions interviewed also demonstrated particular sensitivity to what might hold other parents back from engaging in service use, describing barriers of which staff may not be aware, and offering to undertake activities that may not be

possible for paid staff such as accompanying parents to new groups, and offering more reticent parents 'taster' sessions of BSB programmes in their homes.

3.5.2 Routine consultation of service users

The outreach workers on the FACE team also promote engagement by consulting people in the community. For instance, the FACE team asked service users involved with cooking classes in community centres what they might want if the classes were to be developed further:

> *The stuff that I have [...] been leading on is the cook and eat sessions, and they have worked really well. It was not just for people with 0-4s or people with younger families; it was for the community in general. So […] when they had the offer of [changing] it… [participating families] would then inform our service design process; so if we're going to run Cook and Eats, what is it that mums with under 4s want to see, want to be doing, how long should the sessions be?* (Outreach Worker)

One Outreach Worker described how talking to primary school teachers enabled FACE workers to identify the parents of children in one area who were still using dummies and wearing nappies when they started school. Frontline staff, parent volunteers, and school staff then worked together to find non-stigmatising ways of addressing this, including accompanying parents on visits to schools to meet with teachers, the school nurse, and other parents, and participate in a session provided by a professional highlighting the importance of ensuring children are potty trained and not using dummies when they start school:

> *Bringing in other professionals who could then come to have a session at the school and […] get some of those key messages across about why it's important to try and […] not have the dummy and get them potty trained well before they reach that age.* (Outreach Worker)

3.5.3 Involving all staff in reaching out to parents

In addition to the development of specific roles, the interviews highlighted the role that all staff have in reaching out to parents.

One interviewee described the importance of just one member of staff recognising her needs following a number of moves in pregnancy, after which she experienced feelings of isolation.

> *So, it was like […] I didn't know anyone here, and I was pregnant, and I wasn't working, so like, how are you going to meet other people? […]. I was so scared of having a baby and no support. I talked to my mum [in Holland] every day, but it is different from having her around.*

This interviewee enquired about antenatal classes but was told by her midwife that there were no classes at her local hospital in Bradford. Apart from not knowing about ABS, the midwife appeared to want Lila to remain with the hospital in the place from which she had moved, despite the distance and the fact that she did not have a car:

> *She was nice but […] she was like prescribing [persuading] me, like, "Look, if you stay in Leeds, you can do the antenatal courses […] but if you change to Bradford…" and then she said, "We*

have to open you a new file, we have to do all the assessments again [...]." I think this was
mainly the issue. [...] they never mentioned anything about [A Better Start], even after the birth,
even when the midwives [health visitors] came to the house. I think they just should be more
involved. [Lila}

Lila experienced a turn for the worse after her son was born because he did not gain weight:

It took [...] two weeks for [the nurse] to find out that he actually can't suck milk, so he was
constantly on my breast, sucking, no sleeping, and [...] when I said, "I have a problem – it's not
working" they said, "Show me your technique" and his technique was okay, he was laying on
very nicely, he was drinking okay [...], and they said, "No, everything is fine, he is drinking –
he's just a hungry baby." I said, "He is not putting on weight, and he is not sleeping [...]." And
then [a nurse] just looked in the mouth and she said, "No, no, he actually can't", and then I was
referred to the hospital. [...] but because we waited for so long, he didn't [know how to] suck,
he couldn't [...] even suck from a normal bottle. So, we had to [use] a syringe [...] I was so
lonely and so afraid.

However, things improved when Lila accidentally walked into a children's centre thinking it was the GP's
surgery one building further along. Thanks to a friendly receptionist, Lila found out about the many free
and accessible opportunities on offer.

The receptionist [...] gave me lots of leaflets, and there were some from Better Start and from
HENRY. So, this way, I got to know, and I wish the midwife would have [...] told me when I
went there [...]. I really, really missed out on [antenatal classes], but we [...] [have caught] up
now.

3.5.4 Supporting families to feel safe

Interviewees, including volunteers, identified the importance of understanding the need to help potential
service users, who may have had difficult lives, to feel safe. This is congruent with the literature on
therapeutic work with people who have experienced trauma (see, for example, Bloom, 2006). The
interview data suggests that volunteers understand from their own experience how trust can be built
into everyday settings and via brief encounters. They expressed the importance of walking alongside
people and helping them to settle into unfamiliar settings. One volunteer described the anxiety that
some of their friends and acquaintances felt at the thought of going to a children's centre activity and
the volunteer's response to this:

I've got a friend [and], and she wants to do the HENRY training[11], but her anxiety [...] [which is]
very bad, and I've said to her, "Look, if you want to do it, I will come with you". [...] I'm willing
to go out of my way to help parents, you know, because [...] she's just [...] scared of everything.
[...]. Something I'd love to do [is] befriending [...] when they're ready to say, "Oh well, maybe
I'll try", even if it's for half an hour, just accompanying them.

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[11] HENRY is a programme promoting a healthy diet and lifestyle.

This volunteer recommended offering parents taster sessions in the home and then following this up with the offer to accompany them to a group:

> *I think maybe […] just going out with them and […] teaching them at home. You know, going there and giving them […] a lesson like […] in their time when it is flexible for them, but maybe just going and doing one-to-one. And then, if they want to go to, say, [to] the community [services] because you build up a relationship with that parent, grandparent, maybe, for the first few times [you] say, "I'll come with you […]", and leave them when they feel very comfortable.*

3.5.5 Addressing language and communication issues

Effective communication also appears to be key to BSB's strategy to reach families. For example, interviewees described how it has been essential to find ways to talk about BSB that 'feel right' to local people; this includes a 'reframing' of language in ways that do not alienate potential service users. As one staff member explained, while the language used in the initial A Better Start bid to the Big Lottery Fund draws attention to indicators of social deprivation in the area, the actual process of introducing BSB has required the language to be reframed:

> *We had to think about how to say to people 'the outcomes for children are so poor that this is what we are focusing on here' when we are focusing on their families.* (Staff member)

In order to do this, BSB has focused on the positive opportunities offered by ABS:

> *We had to ask "what do you want for your child"? And at that point, we did not use a lot of data. We went to the people who had the relationship with the community and pitched the message […] [in terms of] look at the opportunities you have got" – using positive language.* (Staff member)

In addition to the issue of framing, volunteers and some Community Board members identified the particular obstacles to engagement with BSB services can be faced by non-English speakers. Enabling families who don't speak English to take part in services requires the involvement of people who can interpret or deliver events in languages other than English. BSB therefore makes this a requirement when commissioning services and expects service delivery partners to have a budget for interpreters where this would enable minority groups to access services. However, as one member of the FACE team observed, there are increasingly more people from a wide range of ethnicities in Bradford, and it is not always possible to find interpreters for them:

> *[In] new communities […] who haven't [yet] established themselves, […] then you do come up against issues where there's not a surplus of workers or a bank of people you can rely on to do the translation.* (Outreach Worker)

In addition to reframing language and the use of interpreters, a range of communication strategies are being used to reach parents. At the time of writing, over 1000 parents have been contacted using text messages, and the team uses a range of other communications tools to disseminate messages about events and programmes in response to the needs of different groups of parents:

Some people might be interested in a newsletter, some people might want an email, some people might want a text, some people might see something in the Telegraph, our local paper, or they might pick up a leaflet in a family centre, a children's centre. It's just there's not one size fits all, is there? (Outreach Worker)

Interviewees recognised that such diversity in approach was needed because of the diverse needs of the population:

Some people, you might have to…just take a bit further and […] if you're isolated, if you're just home with your child, you get depressed […] then you can't go out because you are depressed and you don't feel like going out, and then, it's just hard to get out of this. (Volunteer).

One Board member who is a service user described the need to make sure that all expectant parents hear important messages and described how this had been achieved:

I think what they'd done was put it in a little bag with a massage bar, and they went to antenatal clinics, and they had the engagement workers speak with women as they [were] coming out, and to me, that was like oh yes, now that's something (Board Member)

It was also suggested that information could be provided door-to-door:

I'm the [parent] of two children […], and I'm into a very busy routine where I don't have space really to go and reach the information what's going on in my neighbourhood, you know? To me, Better Start has to come to my door to tell me what's going on when, you know, and I agree leaflets must be in different languages because otherwise, it's not reaching all of the community. (Board Member)

3.5.6 *Identifying and addressing cultural barriers*

Volunteer interviewees also highlighted the importance of identifying and addressing cultural barriers and latent racism. Volunteers and Board members stressed the fact that stigma relating to mental health problems makes it particularly difficult for some women from some ethnic groups- especially Eastern European and Asian communities - to seek help:

Especially in the South Asian community, depression and mental health is a massive taboo that needs to be broken. Women suffer in silence at home because their husbands or their in-laws don't understand, they don't understand depression. I know because I've been through [perinatal depression]. (Board Member)

One volunteer who is an EU immigrant described her awareness of other women in the same position:

And I'm meeting many, many mums, especially East European mums, from Hungary or from Poland, they are in a sort of similar situation. […] I meet them on the playground and I just start talking to them and then […] you can see the way they are with the children, and they are a little bit stressed […] and […] basically, most of the time, they are just lonely. […] Maybe they have their own community, but not this [level of] support, not family *support I think.*

Another volunteer who has experienced anti-Muslim rhetoric referred to a latent hostility towards Eastern Europeans that is part of more general, anti-immigrant rhetoric. She described having a few friends that refer to: *"Asylum seekers […] this and Eastern Europeans [that']"*.

One volunteer who had experienced anti-Muslim hostility is involved in helping to provide parenting classes to a group of women in recovery from substance abuse or domestic violence, and described the views of some group participants as follows:

> *You know […] [a woman in the group] thought […] because I'm a Muslim, and like this was quite shocking, but she thought, because I was a Muslim, I was probably recruiting people to make bombs!* "*And my other friend, who's her relative, shouted at her and said, "How can you say that about Nadia?" And I said to her, "If I was radicalised like that, do you think I'd be [leading this group]?" And I was really, really upset for a while.*

This volunteer dealt with the situation assertively not least because, as she notes, her confidence has grown as a result of training with one particular BSB programme (HENRY).

One volunteer also drew attention to the difficulties of immigrant women whose partners may be preventing them from participating further:

> *'I think a lot of it is, you know, the not speaking English […] but [sighing] [...] there's ladies out there who are scared of their partners, or they don't let them go out.*

BSB were in the process, at the time at which the data for this case study was collected, of developing plan to address these issues by increasing knowledge about the specific needs of different sectors of the population and what different groups might want from early years services.

3.5.7 'Light touch' activities

The interview data suggest that one of the keys to successful outreach is the use of 'light touch' activities. One example that was provided is "Cook and Eats", a service provided by the voluntary sector in a community setting. An Outreach worker who is a nutritionist adapted the programme for parents (predominantly mothers) of younger children, and she describes how they have: '*worked really well because '[…] it's something that's practical, it's something that you can offer people, it's something that does quite interest people.* Parents of different backgrounds were described as sharing ideas about cooking with one another: *'the way we might cook rice compared to how an Asian person might cook rice or how an African person might cook rice, you know, different techniques"* (Outreach Worker). One frontline worker described how this light touch activity could be used to help parents move into more intensive programmes:

> *So when we [the FACE team] set up the cook and eat sessions, I obviously got asked by management […] 'why are we doing it? We don't just do things for the sake of doing it' […]. [Basically] it was allowing us to get some of the messages across about healthier eating but they realised on the back of that it was to link in to HENRY]. It could be a progression route for the parents, it could be a way of attracting in new parent champions for the HENRY project.*

Interviewees also described how parents might attend 'light touch' activities to meet personal objectives that are not necessarily core objectives of BSB, but that would nonetheless benefit their families. For example, among the minority groups in Bradford is a group of women of Gambian parentage born in Spain who speak fluent Spanish and Gambian but have limited English. This particular group has applied for funds through the Parents in the Lead programme (see below) for excursions that will enable them to get to know the city better, learn English, and achieve their ultimate goal of getting jobs when their children are older.

Public events, whether organised by BSB or by other partners, have also been part of the light touch outreach strategy. A community Board member described an example of an annual fair, organised by the local community council, in which BSB and other organisations were invited to set up stalls and to talk to people:

> *We have recently had the community council annual fair. […] The rides were subsidised, the face painting was free of charge, we had workshops, it was an absolutely wonderful day and everybody enjoyed it but, for me, it was about the diverse communities coming together and interacting with each other, and then [we] have those information stands there for them to pick up information. […] And I thought it was absolutely fantastic because everybody was interacting with each other, everybody.*

3.5.8   Providing resources directly to parents

'Parents in the Lead' is a small grants scheme that enables groups of parents to access between £500 and £2000 for an activity of their choice. Parents linked to a community organisation put together a simple proposal, which is then submitted to a selection panel that includes other service users. To-date the fund has been used for several activities led by grandparents (including cookery classes and the opportunity for grandparents to grow vegetables with grandchildren), in addition to activities for fathers and babies including parenting classes, exercise groups and, as mentioned previously, a small grant to help Spanish-Ghanaian families new to Bradford to get to know the city with their children.[12] For example, one parent described how one of the programmes – Bumps and Babes[13] for Refugee parents was increasing in size and becoming unmanageable, and how the parents applied for funding to enable the project to undertake additional activities to address this greater demand:

> *Bumps and Babes [for refugees], which are specialized midwife supports, [has] got bigger and bigger [and] women […] bring older children as well and […] it was getting a bit chaotic. […] [With] Parents in the Lead funding, they're actually going to be doing singing and signing with the children, they're going to be doing some arty-crafty stuff and [make the space] a nicer environment. […] Parents in the Lead money will [provide] toys and things like that.* [Volunteer]

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[12] Some of these activities are detailed on: https://betterstartbradford.org.uk/news/community-groups-in-bradford-celebrate-after-funding-of-10000/

[13] Bumps and Babes is a preparation for parenthood programme that is provided during the perinatal period.

3.5.9 The provision of ongoing support

One of the advantages of universal programmes (i.e. HENRY) that are delivered from the children's centre, is that contact and relationships with staff continue after the programme ends. One parent described this as follows:

> *The people […] delivering HENRY, they were just lovely, and they just brought in their own experience […]. And they stayed in touch after, like in contact afterwards as well […]. So, it's been really, really […] good support.*

Similarly, grandparenting groups can allow people to get to know each other well and provide the opportunity for relationships, underpinned by their shared love of their children or grandchildren, to continue beyond the lifetime of the group:

> *There was another grandparent on the course, and my grandson would always send little gifts for their granddaughter […]; the day we were going, they said, "We've got something for you and Zakkie", and they'd brought two puppets and one for their granddaughter, and they gave me one for Zakkie, and I was so touched, and he held me so tight, the granddad, that I was just like I'll never forget, and it's like friends for life we made, and it was just […] [so moving].*
> (Grandparent)

4. Emerging messages

The data collected about the process involved in community engagement has resulted in the identification of two themes related to how different groups are engaged in BSB: (1) Engagement of the community in the co-design and co-delivery of community services; and (2) Engagement of services users in the uptake of BSB services. The final section of this report identifies two key *overarching* messages to have emerged from the data: the creation of formal structures and mechanisms for engagement; and a focus on relationship-building.

4.1   Creation of formal structures and mechanisms for engagement

It has been suggested that efforts in the UK to encourage localism have not necessarily been accompanied by the creation of structures and mechanisms to enable real participation, especially participation by hard-to-reach and excluded groups (Donoghue, 2016, 2018; Chanan and Miller, 2011; Sullivan, 2012). Increasing the power of local people to shape planning and decision-making without creating the means by which *all* people can take part, can easily result in more power accruing to those who are better-off, more organised, and articulate (Donoghue, 2016). This suggests that given the intense, systemic exclusion of poor people from power, it is essential to create *structures and mechanisms* that enable community members to engage productively and that this then 'enables access to services, secures rights and creates a sense of mutuality and solidarity' (Grant, 2001: 87). By working in collaboration with the council and community, BSB appears to have successfully developed *structures* that enable community participation at local level, and *mechanisms* through which members of the community are formally represented in consultation, planning and governance. These include the following:

The development of inclusive board structures - BSB's model involves improving the community voice in decision-making through the presence of members of the community on the Partnership Board. However, the involvement of individual community members in higher level decision making has continued to present challenges, with no formal system through which increasingly confident and capable community volunteers can engage in service design.

While BSB is helping to build networks of mutual support at a local level and helping people to engage in opportunities for personal development and training outside their community, the data suggested that community members' opportunities for participating at senior levels of decision-making need to be further developed.

There was also evidence that changes had been made in terms of the award of service level contracts to ensure that local providers can secure further work. For example, while a city like Bradford may not have local organisations with the capacity to deliver some of BSB's larger scale projects, they have arranged where possible for such organisation to sub-contract work that was of a manageable scale to smaller local organisations.

Integration of key stakeholders - Since 2018 BSB has expanded the number of senior managers of public services on what was the Executive group and is now called the Strategic Reference Group. The name emphasises the key role this group has in resolving strategic issues that are essential to bring about systems change. The data from this case study suggest that greater connectivity with and between public services has the potential to strengthen referral pathways.

Building on the existing voluntary sector infrastructure - BSB has focused on engagement with the community by building on Bradford's existing strong voluntary sector. This has involved identifying strategies to address existing expectations of what 'community-led' implementation would look like, and the development of strategies to address the conflict that has emerged where expectations exceed what BSB can do.

Development of new strategic roles - The creation of the role of Community Engagement Specialist was designed to strengthen links with voluntary and community organisations. BSB has developed other roles designed to strengthen involvement of volunteers including that of Parent Champions and Ambassadors.

Processes to enable families to begin engagement gradually - Outreach workers and parents described moving from activities such as 'Cook and Eats' to more intensive activities, indicating thereby the way in which a range of 'light touch' activities such as fairs, public events and 'taster sessions' in the home, were being provided with the aim of to promoting gradual engagement with BSB programmes.

Active use of a range of communication strategies was also used to increase the reach of BSB. These involve the use of standard techniques such as leaflets, posters and outreach, to more technologically based methods such as texting.

Development of solutions to barriers faced by some minority groups – The interview data suggest that BSB had recognised that East European and British Asians experienced specific problems in terms of engagement and that specific strategies to address these were planned including the developed in terms of increasing knowledge about the specific needs of different sectors of the population and what different groups might want from early years services.

4.2   A focus on relationship-building

The development of relationships - The data from the current study suggest that staff communicated respect and warmth that encouraged parents and grandparents to engage either as a service-user or volunteer.

Building on the experience of volunteers – The interview data suggests that volunteers intuitively understand (as a result of their own life experiences) about the behaviour of more troubled and isolated people and that 'behaviour is language' (Bloom, 2006). Volunteers described a number of ways in which they reached out to other members of the community (for example, by meeting at their homes

and walking alongside them to the community centre) and referred to small ways in which they worked to develop trust (i.e. by offering taster sessions in the home).

5. Conclusion

This case study involving interviews and focus groups with key stakeholders in BSB, in addition to observation and documentary analysis, has identified a number messages that are key to the successful engagement of the community in ABS services, regarding both its delivery and the receipt of services. Two key lessons emerging from the data are:

1) *the need to create formal structures and mechanisms to promote engagement* including the development of inclusive board structures; the integration of key stakeholders; the use of the existing voluntary sector infrastructure; the development of new strategic roles to promote engagement, and processes to enables families to engage gradually; and the development of solutions to address the problems with engagement that are experienced by minority groups.

and

2) *a focus on relationships* in terms of building trust with parents living within the community in order to motivate their engagement; and through the provision of individualised support to volunteers, which they then used to expand their roles within the community.

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7. Appendices

7.1   Appendix 1 - Semi-structured interview guide

n.b. The items in this schedule were used selectively based on the interviewee

Introduction

(i)   **The context of the project**

- What is the background and context of community organisation and networking in the area up to 20 years before ABS initiated?   How has this shaped the ABS strategy and theory of change?

(ii) Objectives and strategy

- What is the vision for community engagement with ABS that has been developed by the voluntary, community and social enterprise (VCSE)?
- Has this vision/goal changed since ABS began?
- What is the theory of change that has shaped the community engagement strategy?

(iii)   Mechanism/Process

- How did the VSCE identify key community organisations/stakeholders? On what basis were organisations prioritised for engagement?
- What strategies were used to engage, retain and optimise involvement of the community?

(iv)   **Outcomes and lessons learned to date**

- What has been the 'progression' in community engagement since ABS was introduced?
- What are the levels of engagement (information, consultation, shared decision making, shared action, support of independent action) (map onto a framework ladder for participation) at present?
- From the perspective of community organisations/stakeholders: what motivated engagement? What helped deepen their engagement? What hindered limited their engagement?
- What is the quality of engagement the quality of engagement (as perceived by participants in the process)?
- What challenges and difficulties have there been? Why?
- What are strategies to deepen community engagement and increase community ownership of ABS?
- What are the lessons learned?

7.2　Appendix 2 - BSB Governance Chart

NB the Data, Monitoring and Evaluation and Workforce Advisory Group is led by ICP.