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BIG LITTLE MOMENTS

COMMUNITY FUND

An evaluation of the 'Big Little Moments' campaign for the A Better Start programme

Findings report, November 2020

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Executive summary

1.0 Executive summary

Introduction

The National Lottery Community Fund (hereafter 'The Fund') commissioned 23red to run a social marketing campaign – 'Big Little Moments'. The aim of the campaign was to promote early social, emotional and language development (ESELD). The Fund commissioned Ecorys to evaluate the impact of the campaign. This final report provides the findings from the evaluation.

The 'Big Little Moments' campaign

The Big Little Moments campaign was commissioned in order to improve the alignment of caregiving behaviours with the science of ESELD, from pregnancy to the child's fourth birthday. The campaign was intended to do this in four ways:

1. Through improving the priority of ESELD on individual caregivers' agenda
2. By improving the ESELD knowledge (both of theory and its application in practice) of individuals, thus improving their caregiving behaviours
3. By promoting support for local cultural changes in line with ESELD science
4. By simultaneously improving population-level support for policy change.

The campaign was run as part of the A Better Start (ABS) programme – a ten year (2015–2025), £215 million programme set up by The Fund. The aim of ABS is to develop and test ways to improve children's diet and nutrition, social and emotional development, and speech, language and communication. It operates in five areas: Blackpool, Bradford, Lambeth, Nottingham and Southend.

The Big Little Moments campaign ran across 2019 and was delivered in two key ways:

1. A **core campaign** delivered through paid-for digital media by 23red – a purpose-driven creative agency
2. '**Amplification**' by partnerships using a mix of owned, partner and paid-for channels. This was bespoke for each area and based on local knowledge and needs.

Table 1 below describes the eight priority behaviours promoted by the campaign. Figure 1 includes one of the campaign materials.

Table 1: Eight priority behaviours promoted by the campaign

#1 Sharing a story. Caregivers read to and share stories with infants and children.

#2 Using loving words. Caregivers express affection regularly to infants and young children through language, tone of voice and facial expressions.

#3 Making everyday moments fun. Routine care activities, like feeding and nappy changing, are filled with positive, supportive interaction including talking, singing, playing and physical affection.

#4 Talking to the bump. Caregivers interact with infants prenatally, including talking, reading, sharing stories, playing music to the bump, and touching their bump.

#5 Making time to play. Caregivers engage actively in infants'/children's play inside and outside.

#6 Listening and responding. Caregivers routinely 'stop, look and listen' when infants and children ask for attention.

#7 Saying what they see. Caregivers respond to infants' vocalisations (for example cooing, gurgling) and non-verbal communications (for example pointing).

#8 Saying what they're doing. Caregivers repeat and extend children's utterances, and pair theirs and their infant's/child's actions with words, (for example naming objects as they are seen or touched, or describing what they or their child is doing).

Figure 1: A static campaign image for #5 Making time to play

The evaluation

The aim of the evaluation was to assess the impact of the campaign on caregiver awareness, knowledge and behaviour. The evaluation measured changes in:

- **Awareness** of the campaign
- **Knowledge** of the behaviours promoted by the campaign
- **Understanding** of the reason why each behaviour is beneficial to early childhood development
- **Attitudes** in relation to the importance caregivers placed on the promoted behaviours
- **Intended behaviours** of caregivers in relation to the extent to which they intended to adopt the promoted behaviours in the future
- **Actual behaviour** of caregivers in relation to the extent to which caregivers did adopt the promoted behaviours.

The evaluation involved two main methods:

- **Impact evaluation:** This used a survey of caregivers to compare changes in caregivers' awareness, knowledge and behaviour over time against a comparison group. The survey was distributed at two points ('baseline' – before the campaign, and 'follow up' – after the campaign) in order to measure changes over time. It was also distributed to two groups of people (caregivers within the five ABS sites and caregivers within 12 comparison areas), to compare changes against a comparison group. 977 and 999 people completed the baseline and follow-up surveys respectively.
- **Qualitative research with practitioners and caregivers**: This was to estimate the extent to which any changes in caregivers' awareness, knowledge and behaviour could be attributed to the campaign rather than other factors. It was also to capture practitioners' and caregivers' experiences of being involved in the campaign. 43 parents and grandparents of young children attended focus groups. 21 practitioners were interviewed by phone.

Findings: Steps to behaviour change

The evaluation found strong evidence of **awareness** of the campaign in ABS sites. Caregivers' **knowledge** of the promoted behaviours increased after the campaign was run, and it increased more than in the comparison sites: this suggests this increased awareness can in-part be attributed to the campaign.

The evaluation did not find an increase in caregivers' **understanding** of the underpinning rationale for these behaviours. The qualitative data supports the quantitative data, which shows that the rationale underpinning the campaign behaviours was not well understood by the target group.

There is no strong quantitate evidence of positive change for any of the **attitude**, **intended behaviour** or **behaviour** indicators.

Practitioners did, however, provide accounts of how they had used the campaign materials to reinforce parenting messages in their own support with positive results. It is possible, therefore, that the campaign helped to embed these messages but not on a scale large enough to be detected by the impact evaluation.

Reflections and learning

It is positive to see that there was good distribution and awareness of the campaign, and that caregivers' knowledge of the promoted behaviours increased. Campaign teams may now like to reflect further on the ways in which the campaign sought to build caregivers' understanding of the rationale for these behaviours, in order to support development and progression of this as the next step towards behaviour change in the future.

It may be that a social marketing campaign alone is unlikely to lead to behaviour change and may be better situated as one piece of an overall jigsaw to inform and nurture changes in attitudes and motivation.

The following lessons learnt could help to explain the key findings. They can also inform thinking around how future campaigns could build on success factors and have a greater impact on caregivers' understanding and behaviour:

- **The Big Little Moments campaign messages were not new:** While practitioners generally agreed that the campaign materials conveyed the intended messages, many described the key benefit of the campaign as a way to reinforce *existing* knowledge. Caregivers agreed that they already understood that the behaviours the campaign promoted were good things to do, but that they did not always adopt them because they faced barriers (time, resources and competing priorities) to doing so. Perhaps the campaign could have led to more behaviour change if it focused more on how caregivers could have overcome the barriers to behaviour change.
- **The campaign materials did not lead the audience towards an understanding of the intended rationale underpinning the campaign behaviours:** Caregivers and practitioners enjoyed the campaign materials; families related well to them and found them engaging. However, the qualitative research found that caregivers: were not always able to distinguish between the behaviours; had not necessarily read the text on the main images; and sometimes mistook the materials to be targeted at children. Some practitioners felt that the relatively large number of promoted behaviours meant there was too much detail within the materials for caregivers to easily absorb. Perhaps campaign messages could be further simplified by reducing the number of behaviours, while making it clear that the suggestions are aimed at caregivers.
- **Successful behaviour change often resulted from interactions with a trusted mediator:** It may be that the influence of a social marketing campaign is insufficient when weighed against all of the other factors involved to lead to changes in behaviour. Unhelpful social norms, competing priorities and entrenched habits are all strong barriers to change which are very hard to overcome. It may be that the role of the campaign itself is best seen as a tool and resource for practitioners to use to explain to and educate caregivers about early childhood development in other, more direct and personal, ways. That is, this campaign appeared most effective when implemented alongside more intense work, and not in isolation.

Implications

Table 2 summarises the implications of the learning described above for key audiences interested in replicating or learning from the campaign, including ABS partnerships, The Fund, non-ABS commissioners, practitioners and policymakers.

Table 2 Implications of lessons learnt for key audiences

Learning	Implications
The Big Little Moments campaign increased caregivers' awareness of the promoted behaviours. However, it did not increase their understanding of the rationale underpinning the behaviours and it did not lead to behaviour change in the 12 months after the campaign launched.	▶ Continue to experiment with social marketing to understand whether increasing awareness is a more realistic aspiration for a social marketing campaign; or whether running campaigns in a different way could increase understanding and behaviour change.
The campaign materials did not lead the audience towards an understanding of the intended rationale underpinning the behaviours.	▶ Consider simplifying the campaign by reducing the number of promoted behaviours. ▶ Consider designing campaign materials so it is clearer that they are aimed at caregivers and not children. ▶ Consider how caregivers could be encouraged to read the messages linked to campaigns.
Successful behaviour change often results from interactions with a trusted mediator.	▶ More direct work with caregivers is required to explain the campaign and build caregivers' confidence. ▶ Identify barriers to behaviour change and create materials that help caregivers to address these barriers, for example low cost activities and how to fit behaviours into a busy schedule.

02

Introduction

2.0 Introduction

Ecorys was commissioned by The National Lottery Community Fund to evaluate the A Better Start (ABS) Big Little Moments campaign, which was a joint local campaign to promote early social, emotional and language development (ESELD). The campaign was aimed at primary caregivers of children aged 0–3 (from the antenatal period until the child's fourth birthday). This included expectant parents, parents and other primary caregivers. Other audiences included the wider family and social and professional support networks – either as influencers of parents or through their direct contact with children.

The evaluation assessed the programme and partnerships' success in achieving the following campaign aims:

- *Building caregivers' understanding of the benefits of ESELD*
- *Encouraging caregivers' adoption of behaviours that support the ESELD of the child/children for whom they care (0 to 4 years).*

2.1 About this report

This report assesses the impact of this public health information campaign on the awareness, knowledge and behaviour of caregivers.

This is an impact study of change in self-reported knowledge, attitudes and behaviours across intervention and comparison areas. Learning from the campaign (evaluation) will target:

- ABS partnerships;
- The National Lottery Community Fund;
- external (non-ABS) commissioners and practitioners interested in replicating the campaign;
- external (non-ABS) commissioners, practitioners and policymakers interested in learning from the campaign; and
- professional support networks, either as influencers of caregivers or through their direct contact with children.

2.2 A Better Start

ABS is a ten-year (2015–2025), £215 million programme set up by The National Lottery Community Fund (hereafter 'The Fund'), the largest funder of community activity in the UK. Five ABS 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 (see Figure 2.1). Working with local caregivers, 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. ABS is one of five major programmes set up by The Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

Figure 1.1 The ABS partnerships

The five partnerships aim to positively address three key outcomes within their local areas:

1. Diet and nutrition
2. social and emotional development
3. communication and language development.

Furthermore, the partnerships are also attempting to bring about 'systems change' to improve the way that local authorities, the National Health Service (NHS), other public services and the voluntary and community sector (VCS) work together with caregivers and the wider community to improve outcomes for children.[1]

The programme's focus is from pregnancy to the child's fourth birthday for families within these funded areas.

> '*We hope to improve the life chances of babies and young children in the funded areas, as well as all babies and children in the future who – we hope – will benefit from improved services and support.'* The Fund[2]

The ABS programme aims to *'strengthen the confidence, knowledge and skills of the workforce around early childhood development'*.[3] This includes those that work specifically in early childhood health, education and development. It also includes those that lead systems, and other practitioners such as general practitioners (GPs), the police or housing officers. Furthermore, the programme seeks to increase the understanding of early childhood development among caregivers and local communities and the campaign is a key part of the work to deliver this. The programme builds on the legacy of the Government's Sure Start Programme (1999) and driven by the Marmot Review (2008) into health inequalities in England.

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[1] More information is available in the programme briefing available here: https://www.tnlcommunityfund.org.uk/media/documents/a-better-start/A-Better-Start-briefing.pdf?mtime=20181207102227.
[2] Ibid.
[3] Ibid.

The Fund has created ABS to be an evidence-based strategic programme. As fitting with the ethos of the programme, evidence and learning must be shared with others to support and inform the early childhood development sector and enable the benefits of the investment to be realised by many more children and families.

2.3 Commissioning a public health campaign

During the first half of 2017, The Frameworks Institute worked with the ABS partnerships and selected subject experts as part of a contract to scope out the parameters for a public health campaign. The Fund stated:

> *'In addition to direct delivery of services by professionals and volunteers, the local partnerships have identified the potential of a communications campaign to improve children's early social, emotional and language development. The focus both on social and emotional and language development in the proposed campaign is innovative and recognises that these two areas of child development are closely intertwined.'*[4]

The Fund appointed the creative agency 23red to support the local partnerships to plan and deliver a campaign to promote ESELD outcomes for children (from pregnancy to their fourth birthday).[5]

> *'Ordinary actions can have an extraordinary effect on young brains. From asking questions to talking to the bump, there are lots of little things parents and caregivers can do to help a child's emotional and linguistic development. The good news is, they're probably doing a lot of them already. We'll use good science – and some friendly characters – to help promote effective caregiving interactions, enabling every parent and child to make the most of the Big Little Moments.'* 23red[6]

The campaign ran from February 2019 to December 2019. Section 3 provides further information on the campaign aims, Theory of Change and design.

[4] Specification taken from the original tender documents (not publicly available).
[5] Specification taken from the original tender documents (not publicly available).
[6] Extract taken from 23red's campaign proposal (not publicly available).

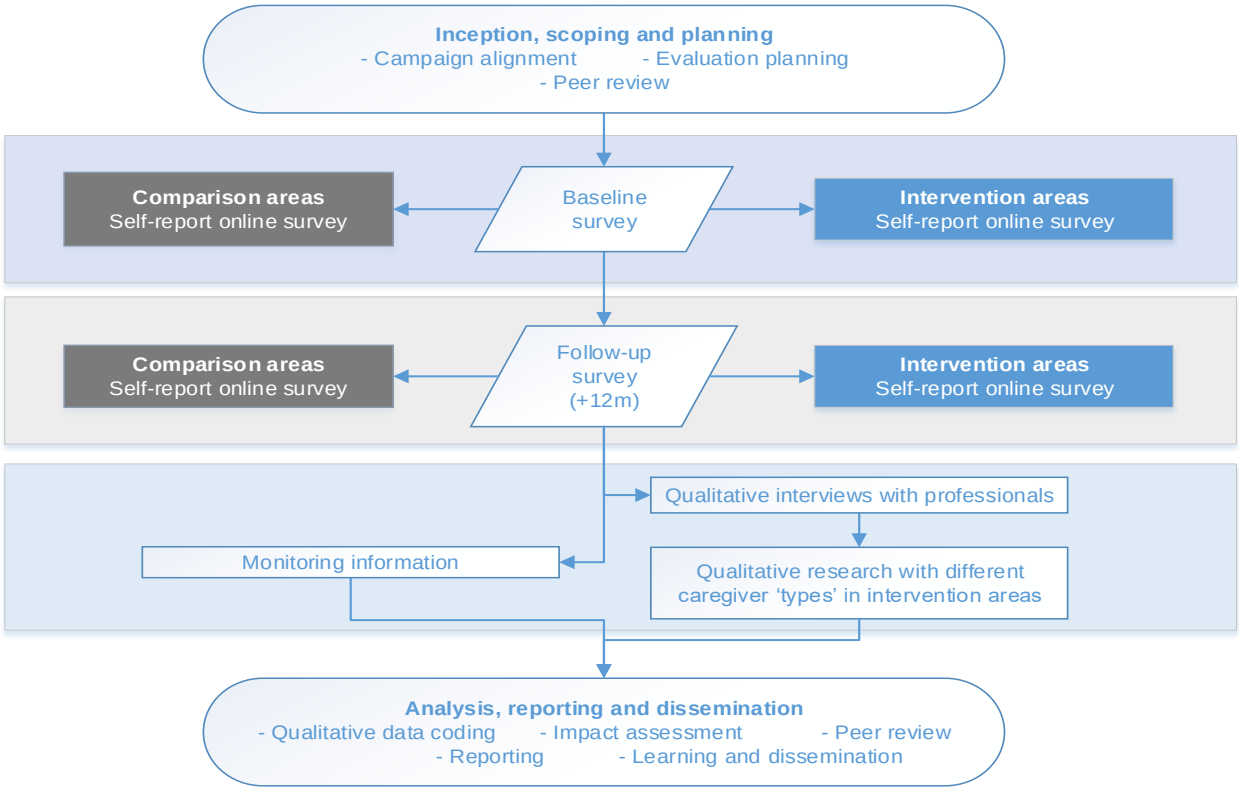
2.4 About the evaluation

The aim of the evaluation was to assess the impact of the campaign on caregiver awareness, knowledge and behaviour. The evaluation involved two main methods:

- Impact evaluation, comparing changes in caregiver awareness, knowledge and behaviour over time against a comparison group
- Qualitative research with practitioners and caregivers.

This evaluation approach is summarised in Figure 2.2 and described below. Further detail is available in Annex A.

Figure 1.2 Evaluation approach



2.4.1 Impact evaluation

The purpose of the impact evaluation was to measure changes in caregiver awareness, knowledge and behaviour over time, compared to changes with a comparison group. The evaluation used a survey to measure these changes over time.

The survey measured changes in:

- **Awareness** of the campaign
- **Knowledge** of the behaviours promoted by the campaign
- **Understanding** of the reason why each behaviour is beneficial to early childhood development
- **Attitudes** in relation to the importance caregivers placed on the promoted behaviours
- **Intended behaviours** of caregivers in relation to the extent to which they intended to adopt the promoted behaviours in the future
- **Actual behaviour** of caregivers in relation to the extent to which caregivers did adopt the promoted behaviours.

The survey was distributed at two points (before and after the campaign) in order to measure changes over time, and to two groups of people (caregivers within the ABS sites and caregivers within comparison areas), to compare changes against a comparison group. This means the survey was sent to four groups, as follows:

- **Baseline (Wave 1):** Before the launch of the campaign, to measure caregiver awareness, knowledge and behaviour before the campaign. The survey was sent to 1) people in ABS sites and 2) 12 comparison areas. 977 people completed the survey.
- **Follow-up (Wave 2):** After the campaign ended and 12 months after the baseline survey, to measure how caregiver awareness, knowledge and behaviour had changed following the campaign. Once again, the survey was sent to 1) people in ABS sites and 2) 12 comparison areas. 999 people completed the survey.

The evaluation then 'matched' respondents so that the four groups (ABS and comparison areas at baseline and follow-up) had similar profiles. The evaluation compared the results to see the differences between before and after the campaign in the ABS and comparison areas. (known as a 'difference-in-differences' approach

The baseline survey targeted caregivers in the ABS intervention and comparison areas with a child aged less than 4 years old as at 1 January 2019 (1 January 2020 for the follow-up survey), who were registered with the Emma's Diary database (a 'pre-natal database').[7] The evaluation distributed postal invitations to a random sample of these individuals. Annex C includes a detailed account of the survey design.

To select the comparison areas, the evaluation drew on analysis undertaken as part of a 2018 ABS evaluation report.[8] This analysis identified 15 areas that matched the ABS sites in terms of demographics; social and emotional development; diet and nutrition; and communication, speech and language development. Three areas were excluded as they would be the focus of messaging relating to a similar caregiver behaviour change campaign run by the NSPCC.[9]

2.4.2 Qualitative research with practitioners and caregivers

The purpose of the qualitative research with practitioners and caregivers was twofold:

- To capture practitioners' and caregivers' experiences of being involved in the campaign
- To estimate the extent to which any changes in caregiver awareness, knowledge and behaviour could be attributed to the campaign rather than other factors.

To examine the latter aim (estimating attribution), the evaluation utilised Contribution Analysis. Contribution Analysis is an approach that can be used in complex systems when multiple factors are likely to influence an outcome, as was

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[7] See: https://www.emmasdiary.co.uk/
[8] Bryson, C. and Purdon, S. (2018) *Evaluation of A Better Start: Baseline differences between families living in A Better Start and matched comparison areas. Technical report.* Available at: https://www.tnlcommunityfund.org.uk/media/insights/documents/ABS_Evaluation_Baseline_Analysis_Report.pdf?mtime=20190408132733&focal=none [June 2020].
[9] https://www.nspcc.org.uk/keeping-children-safe/support-for-parents/look-say-sing-play/

the case here. The approach seeks to estimate the extent to which a given activity has contributed to an outcome in relation to other factors that might also have contributed to that outcome. This is a theory-based approach. It starts with a Theory of Change and examines the evidence to explore the extent to which elements within the Theory of Change occurred, and how plausible it is that these changes can be attributed to the programme activities.

Figure 2.3 below provides a simplified version of the Theory of Change developed for this evaluation, with a more detailed version provided in Figure 2.4 overleaf. The Theory of Change was used to inform research tools developed to guide the qualitative research with caregivers and practitioners, as well as to provide an analytical structure to organise and guide thematic analysis of the data collected.

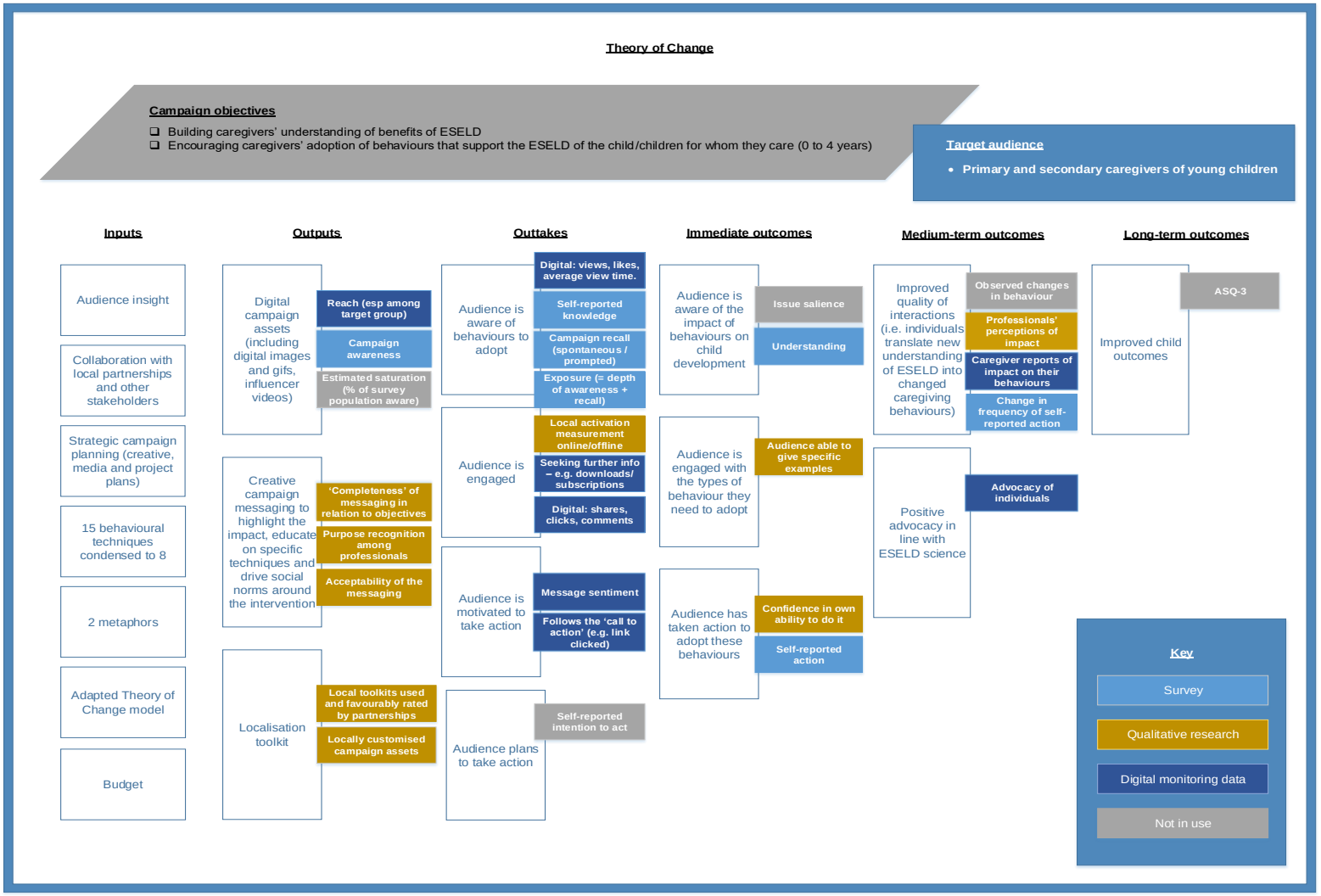
Figure 1.3 Summary Theory of Change

The evaluation used a computer-assisted software analysis package, NVivo, to aid analysis by sorting and collating the data. An initial coding framework was applied, based on the content of the topic guides and report structure (for example, location of campaign assets, ABS engagement and views on the assets). This was further reduced into a smaller number of meaningful categories or themes which emerged from the data (for example, validation of existing knowledge). Two members of the evaluation team compared and discussed the coding framework throughout the analysis stage to help establish the credibility of the coding.

The evaluation involved focus groups with caregivers in each of the five ABS sites. 43 parents and grandparents of young children attended five focus groups. 21 practitioners were interviewed by phone.

The campaign and majority of evaluation activities took place before Covid-19 reached the UK, and were therefore largely unaffected by the pandemic. However, some of the practitioner interviews were due to take place in spring 2020 and these proved problematic; the evaluation originally aimed to interview 25 practitioners but this was reduced to 21 as a consequence.

Figure 1.3 Evaluation Theory of Change



03

The ‘Big Little Moments’ campaign

3.0 The 'Big Little Moments' campaign

The following section summarises the campaign background, aims and delivery during 2019.

The campaign – known by ABS partnerships as the 'Big Little Moments' campaign – was commissioned in order to improve the alignment of caregiving behaviours with the science of ESELD, from pregnancy to the child's fourth birthday.[10] It intended do this in four ways:

1. Through improving the priority of ESELD on individual caregivers' agenda
2. By improving the ESELD knowledge (both of theory and its application in practice) of individuals, thus improving their caregiving behaviours
3. By promoting support for local cultural changes in line with ESELD science
4. By simultaneously improving population-level support for policy change.

The campaign was delivered in two key ways:

- A core campaign delivered through paid-for digital media by 23red – a purpose-driven creative agency
- 'Amplification' by partnerships using a mix of owned, partner and paid-for channels. This was bespoke for each area and based on local knowledge and needs.

The core campaign delivery was focused online, with materials created and managed by 23red for targeting within the ABS intervention areas. Local families were videoed in each ABS location talking about the messaging. The videos were to be used locally to promote the campaign.

During 2019, the year of core funding, each ABS partnership paid for all other additional support for the campaign over and above the paid-for digital advertising that 23red booked. All sites developed and delivered campaign materials and engagement activities to increase the visibility, understanding and impact of the messaging in their local area.

[10] Specification taken from the original tender documents (not publicly available).

3.1 Theory of Change

Campaign delivery agency 23red and The Fund's ABS programme team developed a Theory of Change to provide an explanation and rationale for the campaign's design.

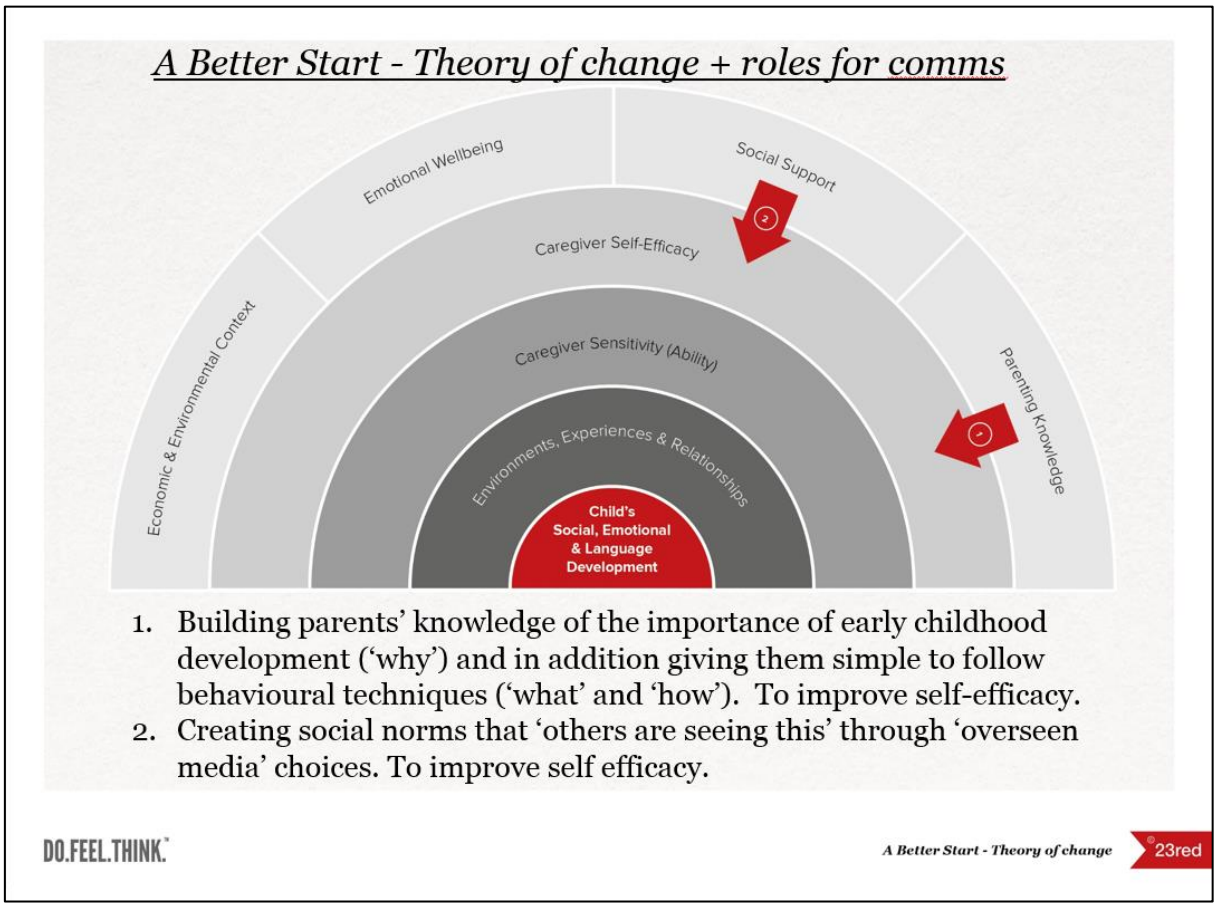
23red used a product design Theory of Change approach (developed by social change organisation Shift)[11] for work that seeks to impact the emotional development of infants. This approach visualises change as occurring within a layered semicircle, with an inner core that centres the intervention around its main aim. The model also considers key system inputs and contextual factors that can influence outcomes, and then identifies the areas that communications can impact and how. This is shown in Figure 3.1 overleaf.

Using the Shift approach, four 'layers of influence' were added to the identified core. In an internal document, 23red described the Theory of Change as follows:

1. *'The first inner-ring influencer in the model is environments, experiences and relationships. Sensitive, secure and responsive relationships that are predictable and reciprocal, rich opportunities for interaction with caregivers, and a strong emotional bond between caregiver and child are key to the child's development.*
2. *The next [two sequential] inner-ring influencers are caregiver sensitivity (ability), defined as the ability to be responsive and attuned to the child's needs, and caregiver self-efficacy (belief): the carer's belief in their own ability to support the child's development. Self-efficacy directly contributes to sensitivity, which in turns affects the ability to create positive environments, experiences and relationships.*
3. *Outer-ring influencers are contextual factors that can influence the inner ring and consequently the child's development. These include the economic and environmental context into which a child is born and the stressors, especially poverty-related, that caregivers experience; the emotional wellbeing (mood and mental health) of parents; the availability of a social support network carers can turn to in times of need; and parenting knowledge of developmental norms, milestones, processes of child development and caregiving skills.'*

[11] The model was adapted from Shift '0-2s: Improving infant emotional development'. This was developed following research into infant mental health by Shift, investigating how parents can be supported to develop a secure attachment with their children to promote healthy emotional development and culminating in an evidence-based Theory of Change model.

Figure 3.1 Theory of Change model for the Big Little Moments campaign



The campaign identified two key mechanisms for change (1 and 2 in Figure 3.1):

1. *'Build carers' knowledge of the importance of early childhood development and suggest simple behavioural techniques. For example, carers watch a 'making time for play' video, they understand what to do, why it's important and how to do it (capability). They then trial it with their child (opportunity), who responds positively (motivation) and repeat the behaviour till it is normalised.*

2. *Create social norms that 'others are seeing this' through 'overseen media' choices. For example, parents see a 'talk to the bump' poster and perceive the behaviour as the social norm (capability); they trial it and discuss it with their network (opportunity), the network endorses (motivation) it and it becomes normal.'*

The assumption was that the campaign would enhance a caregiver's self-efficacy by building their knowledge and understanding, but that other additional factors (environments, experiences and relationships) are what will ultimately have an effect on the caregiver's behaviour and the child's ESELD.

3.2 Promoted behaviours

An initial list of 15 target behaviours were identified as priority ESELD behaviours by the ABS partnerships. These behaviours were chosen for their potential to enable improvements in the social, emotional and language development of young children when adopted by caregivers. From this list, eight 'priority behaviours' were suggested by 23red and The Frameworks Institute and agreed with all ABS sites. These were developed into campaign 'messages' and then translated into images with accompanying text. Consequently, these were the behaviours examined by the evaluation.

A list of the promoted behaviours and their rationale are listed here. The first eight make up the 'priority' behaviours. The messages were tested and refined further with ABS partnerships as communications materials were developed. Not all ABS sites used all of these behaviours.

#1 Sharing a story. Caregivers read to and share stories with infants and children.

#2 Using loving words. Caregivers express affection regularly to infants and young children through language, tone of voice and facial expressions.

#3 Making everyday moments fun. Routine care activities, like feeding and nappy changing, are filled with positive, supportive interaction including talking, singing, playing and physical affection.

#4 Talking to the bump. Caregivers interact with infants prenatally, including talking, reading, sharing stories, playing music to the bump and touching their bump.

#5 Making time to play. Caregivers engage actively in infants'/children's play inside and outside.

#6 Listening and responding. Caregivers routinely 'stop, look and listen' when infants and children ask for attention.

#7 Saying what they see. Caregivers respond to infants' vocalisations (for example cooing, gurgling) and nonverbal communications (such as pointing).

#8 Saying what they're doing. Caregivers repeat and extend children's utterances, and pair theirs and their infant's/child's actions with words, (for example naming objects as they are seen or touched, or describing what they or their child is doing).

#9 Singing songs and rhyming rhymes. Caregivers sing a song together with their child.

#10 Answering all their questions. Caregivers encourage and extend children's questions.

#11 Giving hugs and high-fives. Caregivers express affection regularly to infants and young children through physical affection.

#12 Having skin-to-skin contact with your new baby. Caregivers give children a feeling of security by touching their new baby skin-to-skin.

#13 Saying 'well done' with stories and play. Caregivers motivate children's desired behaviour using play and books.

#14 Making waiting time, play time. Time spent 'waiting' – in lines, on public transport etc. – is used to interact with infants and children.

#15 Turning screen time into talk time. If children engage with technology/screen time, caregivers are present, engaged and use the opportunity to interact with the child.

3.3 Metaphors

The messages drew heavily on three metaphors (see Figure 3.2 overleaf) identified as being helpful for understanding the rationale for behaviour change.[12] According to The Frameworks Institute's research[13], metaphors can override default thinking, helping people to remember important points and pass easily from person to person.

23red commissioned some market testing of the early campaign images and accompanying text ('copy', see more details below). As part of this testing work, attention was paid to the use of these metaphors in the campaign assets and their reception by and understanding of the target audience. A decision was subsequently made to focus only on the first two of the three metaphors.

[12] From The FrameWorks Institute tender briefing documents (not publicly available).
[13] Ibid.

Figure 3.2 The Frameworks Institute metaphors

Three metaphors were recommended by The Frameworks Institute for inclusion in the campaign. They have been designed and tested to translate the science of early development.

1. Brain architecture

Explain the importance of early development by comparing it to the process of building a house. *The basic architecture of the brain is constructed through a process that begins before birth and continues into early adulthood. Simpler circuits come first and more complex brain circuits build on them later. In this way, the brain is built from the 'bottom up'. A sturdy foundation establishes a strong base for the skills and capacities that come later. The earliest stages of life – prenatally to age three – are highly intense periods of construction. Up to one million neural connections are being made per second in this early period.*

2. Serve and return

Centre the importance of attuned, responsive interaction by comparing it to the 'volley' that happens in games like tennis or ping-pong. *Back-and-forth interactions – like the 'serve and return' in a good game of tennis or volleyball – build brain architecture. Young children – even infants – reach out for interaction, 'serving' when they babble, make eye contact, gesture or cry. When adults get in sync and 'return' the interaction, with noises, words or touch, neural connections are built and strengthened in the child's brain. This tuned-in, back-and-forth interaction is essential to the development of the brain wiring that supports communication and social skills.*

3. Weaving skills

Compare the concurrent development of social, emotional, and academic skills to the weaving of a rope. *Learning is a process of weaving skills together and getting practice in using the rope that results. No single skill can do all the work. Instead, for the rope to be strong and usable, each skill needs to be strong and must be woven tightly together with other skills. As we learn new social, emotional and language skills, our brains weave these strands together and we use them to do all the things we need to be able to do – solve problems, work with others, formulate and express our ideas, and make and learn from mistakes. Children need lots of opportunities to learn how to weave skills together to practice using the ropes that result in different contexts and in different ways.*

3.4 Campaign images

The core of the campaign delivery was an illustration of each of the eight priority behaviours set out above. These illustrations were transformed into static campaign 'assets' with explanatory text, as well as an animated video with voiceover. An example is shown in Figure 3.3. The full collection of assets and videos can be seen on the partnership campaign pages.[14]

Figure 3.2 A static campaign image for #5 Making time to play

[14] https://betterstartbradford.org.uk/biglittlemoments/; https://www.blackpoolbetterstart.org.uk/biglittlemoments/about-big-little-moments/; http://www.smallstepsbigchanges.org.uk/biglittlemoments; https://www.leaplambeth.org.uk/families/big-little-moments; https://abetterstartsouthend.co.uk/biglittlemoments/ [Last accessed 25 June 2020].

3.5 Campaign localisation

There are substantial differences in the estimated spending ABS partnerships added to the 23red media campaign, in order to develop local campaign resources, events and visibility. Collecting data from individual partnerships enables us to build a picture of both the 'upweighting' applied to the central campaign budget and how the campaign was implemented differently across the ABS sites. However, expenditure information does not reveal the campaign work carried out by local partnerships that did not incur financial expenses. This section also draws on the qualitative data to identify other key areas of local activity. Where available, a breakdown of spending types is provided in Table 3.1.

Table 3.1 Breakdown of local campaign spending

	Site 1	Site 2	Site 3	Site 4	Site 5
Bus-related activities	£28,080	-	-		£3, 190.88
Ads on boards/screens	£11,602	£16,200	£874		
Giveaways	£8,255	£5,000	£4,920.11		
Posters	£550	-	£4,544		
Newspaper and radio	-	£16,100	£9,737.89		
Events	-	-	£1,633.96		£12,400
Inflatables	-	£2,500	£1,627.15		
Digital ads	-	-	-		
	£48,487	**£39,800**	**£23,337.17**	**£88,000**[15]	**£15,590.88**

Considerable variation can be seen in the types of spending decisions made as well as in the overall amounts. The only spending type where there was substantial spend in most of the five sites was for 'giveaway' items to caregivers. These included 'craft materials', tote bags, bubbles, leaflets and booklets, colouring sheets, wall charts, stickers, activity cards and ring-bound flashcard packs. There was some expenditure made in three sites to purchase materials or hire space for display on public boards

[15] For Site 4, only the total campaign spend was available.

and screens. Sites 1 and 5 both hired space for display on and around buses in the local area, while sites 2 and 3 both spent funds on newspaper/radio ads and inflatables. Sites 3 and 5 also ran community-facing events to promote the materials.

3.5.1 Local digital channels

There were no costs for most instances of using local digital channels to promote the campaign. The 23red team helped to establish campaign pages on each of the local partnership websites. However, these partnerships all have Facebook and other social media platforms. These are free to use to promote the campaign messages. In addition, there are digital communications such as newsletters which were widely used to promote and share information by local partnerships; these will not show as an expense.

One of the Nottingham practitioners noted that video promotion on their Small Steps Big Changes (SSBC) website had been particularly successful. It featured parent champions from the local area talking about what they had learned from the campaign and providing simple tips on how caregivers (including siblings and partners) could adopt the behaviours at home.

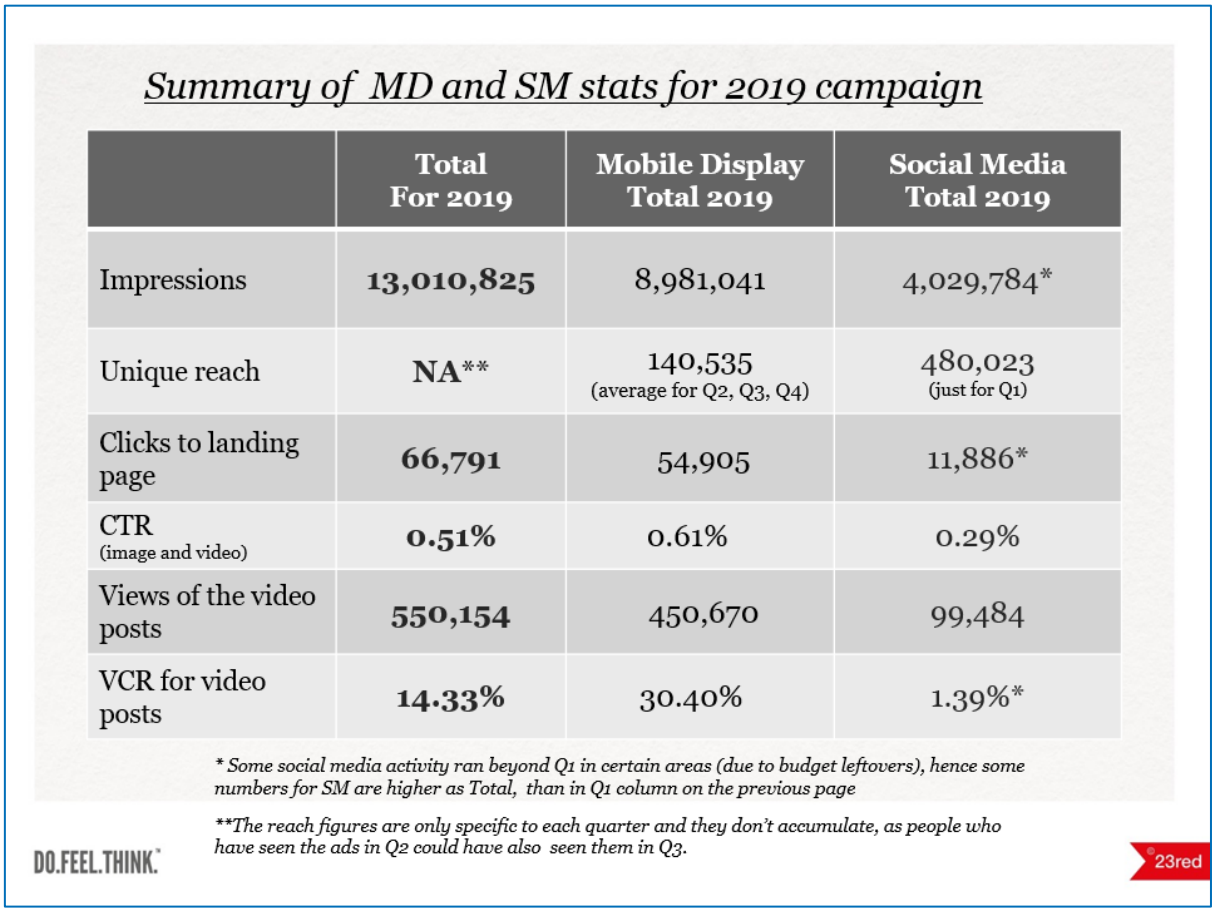
3.6 Delivery data

Figure 3.4 provides campaign statistics gathered by 23red. This shows more than 13 million digital impressions[16] of campaign materials made during 2019. The reach figures were distributed across the four quarters of the campaign, with spikes at the beginning of each quarter when promotion was greatest and creative fatigue[17] lowest. Unique reach (the number of separate devices showing digital impressions) was 480,023 in the first quarter (distributed via social media) and an average of 140,535 in quarters 2, 3 and 4 (via ads appearing on mobile devices).

This coverage resulted in a total of 66,791 clicks to the campaign web pages over the course of the year. In addition, there were 550,154 views of the video posts.

[16] Impressions refer to occasions when digital content is rendered on a user's screen, used to describe the number of people who would have seen the content.
[17] Creative fatigue is when an ad's performance declines because the audience have seen it too many times and no longer respond to it.

Figure 3.3 23red media campaign report summary, January 2020



Summary of MD and SM stats for 2019 campaign

	Total For 2019	Mobile Display Total 2019	Social Media Total 2019
Impressions	**13,010,825**	8,981,041	4,029,784*
Unique reach	**NA****	140,535 (average for Q2, Q3, Q4)	480,023 (just for Q1)
Clicks to landing page	**66,791**	54,905	11,886*
CTR (image and video)	**0.51%**	0.61%	0.29%
Views of the video posts	**550,154**	450,670	99,484
VCR for video posts	**14.33%**	30.40%	1.39%*

** Some social media activity ran beyond Q1 in certain areas (due to budget leftovers), hence some numbers for SM are higher as Total, than in Q1 column on the previous page*

***The reach figures are only specific to each quarter and they don't accumulate, as people who have seen the ads in Q2 could have also seen them in Q3.*

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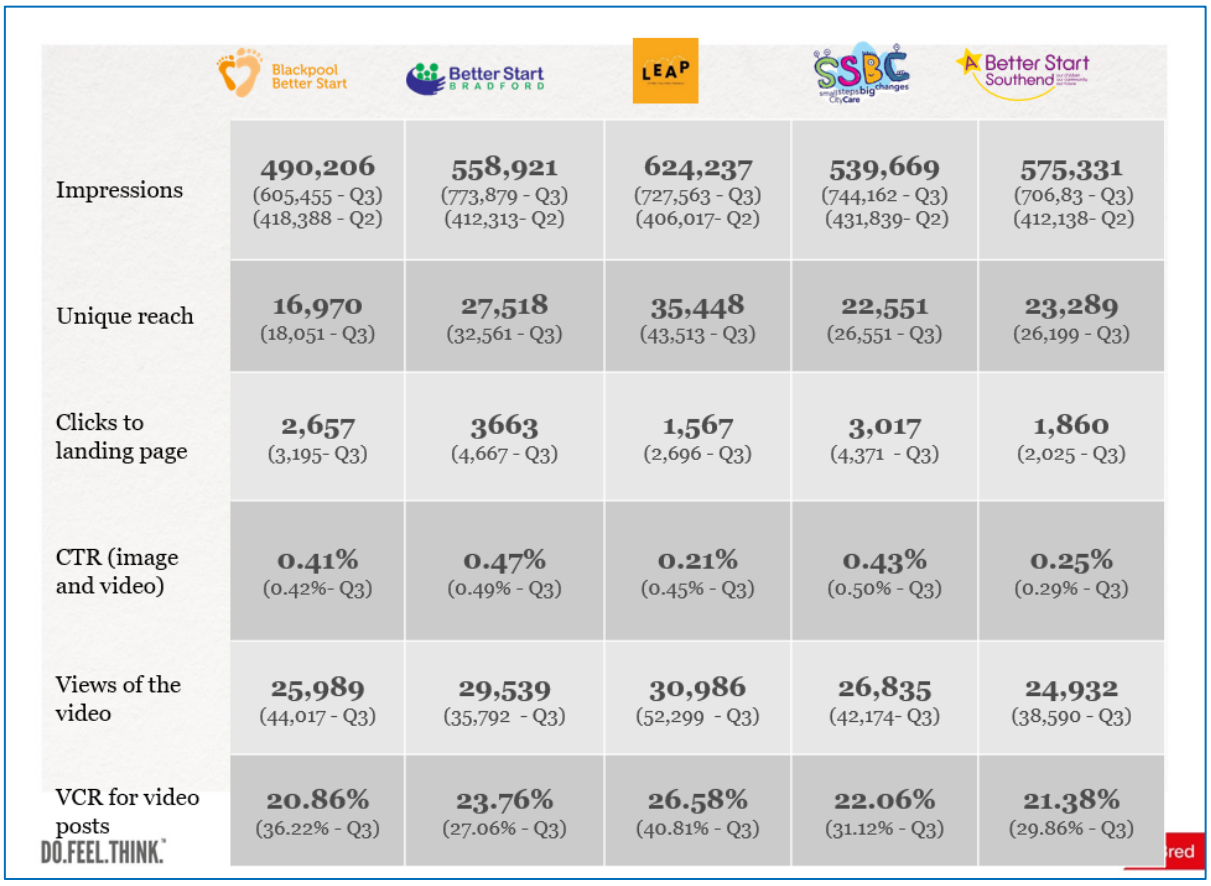
23red

Source: 23red

Figure 3.5[18] shows the breakdown figures for each of the ABS sites. This shows relatively even coverage of each area, with small variations. 23red attributes this in part to some areas having a smaller target population. Other areas have a target population that is less in demand from advertisers, and so the costs of targeting them are lower and the delivery budget was able to go further. The 'click through' numbers underestimate the total number of visits to local websites. Bradford gave a figure of 15,674 unique page views to their Big Little Moments page over the course of the year (01/02/19–29/02/20) and the equivalent figure provided by Lambeth was 4,341 unique landing page views and 8,701 in Blackpool.

[18] Note that the figures in Figure 3.5 exclude quarter 1, which was focused on social media only. From quarter 2 onwards, mobile display was prioritised due to excellent click through rates. This should be taken into consideration when comparing Figure 3.4, which includes quarter 1, with Figure 3.5.

Figure 3.4 23red media campaign report breakdown by partnership, January 2020



	Blackpool Better Start	Better Start Bradford	LEAP	SSBC	Better Start Southend
Impressions	490,206 (605,455 - Q3) (418,388 - Q2)	558,921 (773,879 - Q3) (412,313- Q2)	624,237 (727,563 - Q3) (406,017- Q2)	539,669 (744,162 - Q3) (431,839- Q2)	575,331 (706,83 - Q3) (412,138- Q2)
Unique reach	16,970 (18,051 - Q3)	27,518 (32,561 - Q3)	35,448 (43,513 - Q3)	22,551 (26,551 - Q3)	23,289 (26,199 - Q3)
Clicks to landing page	2,657 (3,195- Q3)	3663 (4,667 - Q3)	1,567 (2,696 - Q3)	3,017 (4,371 - Q3)	1,860 (2,025 - Q3)
CTR (image and video)	0.41% (0.42%- Q3)	0.47% (0.49% - Q3)	0.21% (0.45% - Q3)	0.43% (0.50% - Q3)	0.25% (0.29% - Q3)
Views of the video	25,989 (44,017 - Q3)	29,539 (35,792 - Q3)	30,986 (52,299 - Q3)	26,835 (42,174- Q3)	24,932 (38,590 - Q3)
VCR for video posts	20.86% (36.22% - Q3)	23.76% (27.06% - Q3)	26.58% (40.81% - Q3)	22.06% (31.12% - Q3)	21.38% (29.86% - Q3)

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Source: 23red. CTR = click through rate. VCR = video completion rate – the percentage of all video ads that play through their entire duration to completion.

Further data on interactions with the posts, such as shares and likes, is not available because delivery decisions to optimise engagement prioritised mobile display distribution rather than social media. This was because mobile display had been found to be resulting in higher levels of engagement than social media distribution in relation to, for example, video views and click throughs.

Bradford gave some examples of local distribution. Campaign information was included in their digital newsletter (circulation of 300 subscribers) three times during the course of the year and twice in the printed newsletter (circulation of 15,000).

The following chapter provides more information on the local context for the delivery of the campaign.

3.7 Other activities promoting the same behaviours as the Big Little Momentscampaign

The evaluation assessed what other activity might be reinforcing or contradicting the Big Little Moments campaign messages. It is possible that people within the ABS sites have heard the Big Little Moments campaign messages from other activities and campaigns. If so, there is a risk the impact evaluation is measuring the impact of *those* activities and mistakenly attributing them to the Big Little Moments campaign – known as 'contamination'.

To support this analysis, the evaluation team requested information from local ABS partnerships, the Department for Education (DfE) and The Fund on similar activities and campaigns that might contaminate the evaluation results.

The information submitted is provided in Annex B. This information highlights a high number of interventions in the campaign sites that aim to influence the same behaviours as the campaign. It is difficult to conclusively state: how much of any observed change in the targeted behaviours is a consequence of the campaign; how much is a consequence of other interventions; and how much is a consequence of other factors. However, the research design includes a number of features that help to estimate the extent to which any changes can be attributed to the campaign:

- While there are multiple contaminating influences, those that focus on nationwide behaviour change can be expected to affect both intervention and comparison groups equally. The impact evaluation design was specifically intended to filter these effects.
- Many of the interventions either already had a well-established presence or are intended to promote change over the long term. Most of the ABS services listed did not change over the period in question. In either case, this should not substantially impinge on any measurable change detected over the course of just 12 months.
- In a number of instances, it is likely that the indications of potentially contaminating interventions that have been provided by staff are based on the programme's ambitions for those interventions. We do not know whether these interventions did indeed influence these behaviours.
- Interventions introduced during the course of the 12 month campaign, and within ABS sites only, are problematic for the evaluation design. To overcome this, respondents were asked specifically about language used in the campaign's messaging, which ought to be in part attributable to the delivery of the campaign

assets. In addition, both the survey and qualitative interviews asked specific questions about campaign attribution; there were very few such interventions reported.

04

Findings 1: Steps to behaviour change

4.0 Findings 1: Steps to behaviour change

The following section focuses on the survey data. The 'steps to behaviour change' identified in the evaluation's impact design are considered one by one. The extent to which the campaign achieved these steps is also described using two analyses: change versus the comparison group (counterfactual impact analysis) and the pre/post quantitative change data.

This chapter is structured around the areas of caregiver knowledge, understanding and behaviour that the evaluation was measuring:

- **Awareness** of the campaign
- **Knowledge** of the behaviours promoted by the campaign
- **Understanding** of the reason why each behaviour is beneficial to early childhood development
- **Attitudes** in relation to the importance caregivers placed on the promoted behaviours
- **Intended behaviours** of caregivers in relation to the extent to which they intended to adopt the promoted behaviours in the future
- **Actual behaviour** of caregivers in relation to the extent to which caregivers did adopt the promoted behaviours.

Throughout, the findings have been tested to make sure that apparent differences between groups/waves are statistically meaningful and are unlikely to be simply chance. The results of these tests for 'statistical significance' are included in the tables below and indicated with an asterisk (*) where they show 'significance' – i.e. a likelihood that the differences are 'real' rather than by chance.

4.1 Awareness/recall

This indicator seeks to measure the extent to which target groups in ABS sites were aware of the campaign and recalled having seen it at the time of the post-campaign survey (January 2020).

In the follow-up survey respondents in ABS sites and comparison areas were shown one of the central Big Little Moments campaign images (one of the eight core behaviour assets, randomised so that all eight were equally shown across the group). Each respondent was also shown a further four images: two from concurrent and similarly targeted campaigns; an unrelated image widely shared on social media; and a 'dummy' image that they were not likely to have seen.

This question, '*Which of the following images have you seen before?'*, was only asked in the second survey, after the campaign had been delivered. We would not expect respondents to have seen the campaign at the point of the first survey. This means that there was no change data to analyse and so recall of the campaign among the target population (saturation)[19] is the key statistic here, as well as its comparison with levels of recall in non-ABS sites.

The results (see Table 4.1) show that 39% of the target population in ABS sites reported that they had seen the campaign images. This is a strong saturation and a good level of reported awareness among the target population. There is a statistically significant difference between this and the level of reported awareness in comparison areas, which was around 30% of the surveyed population.

[19] Saturation refers to the proportion of the target population who recall having seen the campaign.

Table 4.1 'Which of the following images have you seen before?'

	ABS sites	Comparison areas	Significance
Recall campaign	39.0%	31.0%	0.009*
Do not recall campaign	61.0%	69.0%	0.009*

Base = All Wave 2 respondents. Weighted data. Data is rounded to the nearest whole number. * indicates a value is significantly different between ABS and comparison data

4.1.1 The characteristics of those who did/did not recall seeing the campaign

Table 4.2 compares the characteristics of those in an ABS site who *had not* seen a campaign image with the characteristics of those in an ABS site who *had* seen a campaign image. They are broadly similar, although those that did *not* recall having seen the campaign are a little more likely to be homeowners, living with their parents, non-mothers and working full time. This difference may therefore reflect the targeting of the campaign itself within the surveyed postcodes and adds to the evidence that the campaign was effective at reaching its target audience.

Table 4.2 Comparing the characteristics of the ABS population who did/did not recall seeing the campaign

		ABS sites – seen campaign	ABS not seen campaign
Please tell us about your home [tenure]	I rent from a social landlord	72 (37%)	59 (20%)
	I rent from a private landlord	65 (34%)	97 (33%)
	I live with my parents	21 (11%)	76 (26%)
	I own my home	35 (18%)	61 (21%)

		ABS sites – seen campaign	ABS not seen campaign
How old is the youngest child that you care for?	Pregnancy bump (0-20 weeks)	19 (10%)	37 (13%)
	Pregnancy bump (20+ weeks)	11 (6%)	36 (12%)
	0-6months	44 (23%)	65 (22%)
	6-12months	35 (18%)	50 (17%)
	1-2yrs	58 (30%)	69 (24%)
	3-4yrs	27 (14%)	35 (12%)
What is your relationship to this child?	Mother	147 (76%)	174 (59%)
	Father	37 (19%)	70 (24%)
	Other	8 (4%)	49 (18%)
Please tell us if you work	Full-time	47 (25%)	96 (33%)
	Part-time	61 (32%)	102 (35%)
	I don't work	82 (43%)	92 (31%)
	Other	2 (1%)	2 (1%)
Are you a lone parent?	Yes	63 (33%)	118 (40%)
	No	130 (67%)	174 (60%)
Do you have formal qualifications?	No qualifications	31 (16%)	74 (25%)
	Yes: GCSE	90 (47%)	108 (37%)

		ABS sites – seen campaign	ABS not seen campaign
	Yes: A-Levels / vocational qualifications / diploma	45 (23%)	69 (24%)
	Yes: degree or above	27 (14%)	41 (14%)
Which best describes your ethnicity?	White	152 (79%)	217 (74%)
	Asian / Asian British	29 (15%)	49 (17%)
	Black / African / Caribbean / Black British	8 (4%)	17 (6%)
	Mixed / multiple ethnic groups / Other ethnic group	3 (2%)	10 (3%)
Please tell us your age	0-15	1 (0%)	5 (2%)
	16-25	47 (24%)	89 (30%)
	26-34	93 (48%)	116 (40%)
	35-44	39 (20%)	51 (18%)
	45+	12 (6%)	32 (11%)

Base = All respondents in ABS sites at Wave 2. Weighted data. Each ABS site contributes 20%. Data is rounded to the nearest whole number.

4.1.2 Reflecting on the qualitative evidence

This section draws on the examples told by focus group and interview participants of differences the campaign made to their lives or those of the people they work with. In general, sense-checking this against the quantitative data gives confidence in the finding of good (but not total) saturation. Familiarity with the campaign was present but not universal among focus group participants, despite them being some of the programme's highly engaged participants (for example, several participants were parent champion volunteers). However, there were clear indications from interviews with practitioners and from some focus group participants that there had indeed been significant efforts to locally circulate the campaign.

Some practitioners said they felt that the campaign had good reach and had managed to engage children's wider family, and was not restricted or especially targeted to the primary caregiver/s. For example, one practitioner in Blackpool said that they used the Big Little Moments campaign materials to engage with the child, as well as caregivers. This helped that practitioner to connect with the child in that moment and provided an opportunity for them to model some of the behaviours for the caregivers. Other practitioners noted that people in the community were recognising the importance of the messages and this had led to them sharing the information with family members, including grandparents and older siblings. One practitioner suggested this can have a positive impact on the whole family, not just young children:

> *'If the behaviours are adopted, there will be improved outcomes: improved family network, improved communication, the focus on some of these things transfers to older children too … I hope and believe it's made a difference.'* (Practitioner interviewee, Nottingham)

However, some practitioners questioned whether the campaign had reached all of its intended audience:

> *'I would say probably about 60–70% successful. I know that families would have seen it – like I do, you see it out and about and you read it and it does stick with you. But I also know … that was more in the high street area. I didn't see it where some of our harder to reach families are. Although we have the cards, which are fantastic, I haven't really seen them.'* (Practitioner interviewee, Southend)

Views were mixed as to the extent to which the campaign had been made visible on street locations of ABS sites and barriers to effectively achieving this were noted. The communications team in Blackpool worked with local media companies to ensure that advertising was reaching the target communities. For example, they decided that since many families in Blackpool do not own a car, they would prioritise advertising on buses. Although sites gave thought to ensure they achieved on-street visibility, there were challenges in doing this. One practitioner in the Nottingham area felt the campaign had *'fallen flat'* within their ward as the campaign materials were not displayed in high-footfall locations. They thought more families would have been reached if messages were promoted at bus stops, perhaps using animated screens (although this would have been beyond the budget and capacity of the ABS site). Meanwhile, in Lambeth one practitioner felt that the necessity for ward-based coverage was a limiting factor in terms of campaign visibility. In this person's view, running the campaign across the whole Borough would have been more effective[20] and could have been rolled out in every GP surgery and library in the area:

> *'People don't just stay in the ward they live in. We're different to the other sites, there's high mobility in London. Just daily, people move around … a lot more travel within the Borough. Big Little Moments is in Lambeth but only [in limited] wards. They're probably travelling over to Southwark and Westminster. It needs to be everywhere.'* (Practitioner interviewee, Lambeth)

Overall, these comments can be taken as suggestions as to why the campaign was not (even) more successful in reaching the target audience, as the evidence generally suggests that the campaign had a wide reach.

[20] This reflects the view of the practitioner. The campaign was not limited to the four wards and was run across the city centre.

4.2 Knowledge

This indicator seeks to measure the extent to which target groups in ABS sites knew that the promoted campaign behaviours were positive parenting behaviours. Respondents were asked about this in both the baseline and follow-up survey. Therefore, we were able to analyse the change in ABS sites versus the comparison group as well as looking at just the pre/post quantitative change data for ABS sites.

In both waves, the survey asked respondents to answer the question in Figure 4.1 for *each of the eight* campaign behaviours.

Table 4.3 provides a summary of the data points for survey responses on this question. The change data shows that there was an increase in knowledge of these positive caregiving behaviours in ABS sites between the pre- and post-campaign surveys. This change was statistically significant across all behaviours.

The impact analysis – which compares change in ABS sites to change in non-ABS sites – also shows a clear pattern of positive difference for this indicator. When the change in the ABS group is compared with the change in the comparison group, we find that the ABS groups consistently show greater change. For example, for the first behaviour the campaign is estimated to increase caregiver knowledge by 7.5 percentage points. The comparison areas themselves showed no significant changes in knowledge of the behaviours between surveys, which is as expected for a comparison group.

It is clear that survey respondents' knowledge of each of the eight behaviours increased in ABS sites over the course of the campaign. This change was specific to ABS sites – i.e. the change in ABS sites was not also seen in the comparison areas.

Figure 4.1 Knowledge question: Baseline and follow-up surveys

[INSERT STATEMENT OF BEHAVIOUR]. 'It is good when you engage actively in your child's play' / 'It is good when you read and share stories with your child' / 'It is good when you repeat your child's sounds and words, and name the things your child is seeing and doing' / 'It is good when you respond to your baby's noises, pointing, waving, and other efforts to communicate' / 'It is good when you talk, read, share stories, play music to the bump and touch the baby bump' / 'It is good when you regularly express your affection for your child with words and smiles' / 'It is good when you 'stop, look and listen' when your child seeks attention' / 'It is good when you make everyday caregiving activities fun – like feeding or mealtimes, and nappy changing or getting dressed'

Have you heard this advice before? *Please select all that apply:*

- Yes, from a professional (e.g. health visitor, midwife, early years practitioner)
- Yes, from my parents
- Yes, from my partner
- Yes, from my friend(s)
- Yes, on social media
- Yes, on a poster
- Yes, on a leaflet/flyer
- Yes, on the Radio/TV
- Yes, somewhere else
- No, I have never heard it.

4.2.1 Attribution

This section considers the extent to which this change can be attributed to the campaign itself. Some confidence in making this attribution can be taken from the impact analysis design and the fact that the survey question related specifically to the campaign behaviours. However, the localisation findings confirm that there are also many other similar ABS activities that potentially influence the same behaviours. To further investigate attribution, the evaluation team examined the responses in further detail.

Table 4.4 compares the same indicator for those in ABS sites who *recalled* the Big Little Moments campaign, with those in ABS sites who did *not recall* the campaign. We can see that the proportion of the former, who had knowledge of the advice, was significantly greater than the proportion of the latter for all behaviours but one. The only behaviour that did *not* show a statistically significant difference was **#7 Saying what they see**. This adds confidence to a conclusion that the campaign influenced the change in ABS sites for this indicator.

It is impossible to attribute the cause of this precisely to the Big Little Moments campaign on the basis of the quantitative data alone. More generally engaged caregivers may be more likely to have both seen Big Little Moments (perhaps through attending other ABS activities) and to have knowledge of the behaviours. However, we note that generally, service levels affecting these behaviours were reported not to have significantly changed over the 12 months of the campaign, giving good grounds to conclude that the Big Little Moments campaign was the main cause of change.

Table 4.3 'Have you heard this advice before?' Respondents answering 'yes'.

Behaviour	Heard (ABS pre)	Heard (ABS post)	Difference (% points)	Level of significance	Heard (Comp pre)	Heard (comp post)	Difference (% points)	Level of significance	Difference in difference
Read and share stories (#1)	90.1%	96.2%	6.0	0.000*	97.2%	95.8%	-1.5	0.258	7.5
Express affection (#2)	88.1%	93.2%	5.1	0.004*	94.6%	94.0%	-0.5	0.749	5.7
Make everyday activities fun (#3)	82.7%	91.3%	8.5	0.000*	89.0%	90.0%	1.0	0.643	7.5
Engage with baby bump (#4)	85.8%	92.1%	6.3	0.001*	95.4%	94.4%	-1.1	0.528	7.4
Engage actively in play (#5)	86.6%	93.1%	6.5	0.001*	93.5%	92.3%	-1.2	0.509	7.7
Stop, look and listen (#6)	84.3%	89.3%	5.0	0.016*	89.1%	87.5%	-1.6	0.500	6.6
Respond to efforts to communicate (#7)	88.0%	95.4%	7.4	0.000*	95.6%	95.1%	-0.5	0.767	7.9

Behaviour	Heard (ABS pre)	Heard (ABS post)	Difference (% points)	Level of significance	Heard (Comp pre)	Heard (comp post)	Difference (% points)	Level of significance	Difference in difference
Repeat sounds and words (#8)	85.6%	94.1%	8.5	0.000*	94.2%	92.5%	-1.7	0.366	10.2

* indicates a value is significantly higher in the ABS post data than in the ABS pre data. Missing values are not included in the calculations.

Table 4.4 Have you heard this advice before? (ABS recall campaign vs ABS do not recall)

Behaviour	Yes (those who also recalled the campaign)	Yes (those who did not recall the campaign)	Significance
#1 Sharing a story	98.4%	94.2%	0.014*
#2 Using loving words	97.0%	90.6%	0.003*
#3 Making everyday moments fun	96.7%	88.0%	0.000*
#4 Talking to the bump	96.1%	91.1%	0.014*
#5 Making time to play	96.1%	91.6%	0.046*
#6 Listening and responding	94.1%	86.1%	0.002*
#7 Saying what they see	97.3%	93.9%	0.096
#8 Saying what they're doing	97.2%	91.7%	0.007*

* indicates a significant difference between those in ABS sites who had heard the advice, but did/did not also recall the campaign.

4.2.2 Source of knowledge

This section looks at the source of caregiver knowledge, as selected by survey respondents, in more detail.

The campaign was distributed to the target audience across the ABS sites in a range of ways, as described in Section 3.6. As many of the sources are interrelated, it is not possible to say that any particular source of information was likely to be more or less important. However, a closer look at the sources of information does give us insight into the changes that occurred within ABS sites over time. The results are summarised in Table 4.5. For example, in the first cell we can see that at follow-up, 54.2% of respondents in ABS sites said that they had heard the advice relating to **#1 Sharing a story** from a practitioner.[21]

Statistically significant differences were found for those reporting that their partner (two behaviours) and social media (three behaviours) had been the source of the advice. A further examination was done of those who *only* selected social media as a source for this multiselect question. In ABS sites, a significantly higher number of respondents made this selection after the campaign (compared to before the campaign) for all but one behaviour. This suggests that social media (which likely also includes mobile advertising)[22] has been a successful way of reaching the target audience.

[21] Note that the first two listed behaviours were always selected most frequently in response to this question. Some additional testing was carried out to identify respondents who may have been clicking through the questions without reading them. We found that 102 respondents (out of 977) had only selected the first option – 'Yes, from a professional (e.g. health visitor, midwife, early years practitioner') —for all eight behaviours. Since it cannot be known how many of these respondents legitimately selected this response, all results were retained so as not to introduce a bias. It is possible that some respondents chose to move on to the next question after selecting one relevant source of advice, without reading the remaining options. Although respondents were allowed to select multiple responses to this question, the options were presented in the same order for all behaviours.

[22] Mobile advertising is included as the survey did not distinguish between social media and mobile display advertising.

Table 4.5 Source of advice for each behaviour in ABS sites and statistically significant pre/post changes

	#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening & responding	#7 Saying what they see	#8 Saying what they're doing
Practitioner	54.2%	50.3%	45.6%	51.0%	54.1%	43.1%	52.1%	47.4%
Parents	41.1%	35.2%	31.2%	30.9%	35.3%	33.1%	35.7%	34.6%
Partner	21.8%	20.9%	18.3%	15.5%	19.1%*	17.0%	19.1%	20.0%*
Friends	20.4%	18.6%	18.5%	17.1%	18.7%	17.5%	17.6%	16.0%
Social media	16.1%	15.8%	12.4%*	14.4%	16.6%*	12.1%	11.1%	14.5%*
Poster	6.8%	7.2%	6.4%	8.2%	6.7%	7.2%	7.1%	5.4%
Leaflet	6.9%	5.5%	4.6%	6.4%	4.5%	5.1%	5.6%	4.3%
Radio/TV	3.4%	3.2%	3.0%	6.0%	3.2%	3.2%	2.2%	3.9%
Other	3.4%	4.1%	4.6%	1.8%**	3.7%	5.3%	4.5%	5.0%

	#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening & respondin g	#7 Saying what they see	#8 Saying what they're doing
Respondents who only selected the response 'Yes, on social media'	2.7%*	4.7%	5.2%*	5.7%*	4.5%*	4.5%*	3.8%*	6.4%*

The table shows the proportions of respondents in ABS sites selecting the source in the follow-up (post) survey. Where these proportions significantly differ from the first (pre-campaign) survey, they are highlighted. (* indicates a value is significantly higher in the ABS post data than in the ABS pre data, ** indicates a value is significantly lower in the ABS post data than in the ABS pre data)

When considering the breakdown of ABS site respondents who did or did not recall the campaign (Table 4.6), we can see that there remain differences for those responding 'partner' and 'social media'. So, for example, in the first cell we can see that at follow-up, 60.4% of those respondents in ABS sites who had also recalled the campaign said that they had heard the advice relating to **#1 Sharing a story** from a practitioner. The asterisk tells us that a significantly higher number in the 'recall the campaign' group selected this answer compared to those in the 'did not recall' group. The similar pattern of significance in this table compared to Table 4.5 reinforces the likelihood that the campaign was responsible for these changes. In addition, there is a clear difference in the number selecting that they had heard the advice from a practitioner for seven of the behaviours. This was a highly popular single selection response, possibly because it was presented as the first option. It is likely that this difference simply reflects the overall higher proportion of recalling respondents who said that they had heard the advice before. It is also possible that practitioners themselves have been a source of both advice and of the distribution of the campaign (we know this to have sometimes been the case from the qualitative data).

It is unsurprising (and positive) that the campaign has increased the number of people receiving advice from social media as the messages were shared on social media/digital ads both as part of the 23red media campaign and by local ABS partnerships on their own channels. However, any logic for the increase in advice received from partners is less clear. It is possible that partners have been the recipients of campaign messaging and this has led to an increase in that source, or it may reflect a slightly different cohort with a higher number of fathers (i.e. chance).

Table 4.6 Source of advice (ABS respondents who also recalled the campaign)

Source of advice	#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening & responding	#7 Saying what they see	#8 Saying what they're doing
Practitioner	60.4%*	58.2%*	53.8%*	58.6%*	61.7%*	54.1%*	63.6%*	53.1%*
Partner	29.3%	31.4%*	23.5%*	20.8%	20.0%	17.3%	21.7%	25.1%
Social media	18.3%	20.6%	14.0%	15.9%	21.7%*	11.7%	12.1%	18.6%

Base = all ABS respondents at follow-up who also said they recalled seeing the campaign. (* indicates a value is significantly higher in the ABS 'recall' group than in the ABS 'do not recall' group).

4.2.3 Reflecting on the qualitative evidence

When asked where they learn about parenting, focus group participants provided a range of sources of knowledge. Across all locations, most identified gaining knowledge from close family (in particular, their parents or their partner), their friends or their local children's centre. The internet (including the NHS website, Mumsnet and social media such as their local ABS page) and health and early years practitioners were also popularly cited.

Several participants mentioned that they felt more comfortable talking to a friend or family member informally, rather than approaching a professional for advice. For example, a participant in Lambeth told us that she prefers talking to other caregivers on Peanut, a localised online discussion board, as everyone is friendly and willing to listen: *'It's better than a GP as I feel more comfortable. I'm not judged, especially as a new mum'*. The most common barrier participants cited in getting advice from their GP or health visitor was difficulty getting an appointment, which was identified across four out of the five sites.

Practitioners were unable to give examples of caregivers approaching them to discuss the behaviours promoted through the Big Little Moments campaign. Much of the discussion about informing caregivers focused on a practitioner-led approach, either as part of structured groups or sessions, or arising during purposeful conversation steered by the practitioner towards information delivery. It was much more common for caregivers to seek advice or conversation on the subject of their child's development. Many practitioners saw this engagement as an opportunity to discuss caregiver behaviours which they may have utilised campaign materials in order to help with.

Other practitioners were confident that caregivers they worked with were sharing messages and ideas with others in their community:

> *'[The messages are] filtering out to the wider community.'* (Practitioner interviewee, Nottingham)

This could be through informal conversations with friends and family, sharing photos on social media (via ABS channels) or talking through ideas with other caregivers at groups.

Altogether, the picture from the qualitative data seems to be that caregivers most commonly receive advice from practitioners, but this is more likely to be offered by practitioners than actively sought by caregivers. Caregivers seem to be more likely to

approach family and friends with their own questions about parenting, with the internet and children's centres also mentioned.

4.3 Understanding

This indicator seeks to measure the extent to which target groups in ABS sites understood the reason (underpinning the campaign) why each behaviour is beneficial to early childhood development.

Understanding is acknowledged by behavioural science to be important for developing motivation to change behaviour.[23] The same question was asked in both surveys at baseline and follow-up in order to analyse change in ABS sites compared to the comparison group. In both waves, the survey asked respondents to answer the question in Figure 4.2 for *each of the eight* campaign behaviours. The 'correct' response (aligning with the campaign) each time was 'language and relationships'.

[23] For example, http://www.fuse.ac.uk/media/sites/researchwebsites/fuse/eventdocs/Behavioural%20Insights%20Workshop%20Fuse%20NE%20(FINAL).pdf.

Figure 4.2 Understanding question: pre/post surveys

Select the phrase that best explains why [INSERT STATEMENT OF BEHAVIOUR]. 'It is good when you engage actively in your child's play' / 'It is good when you read and share stories with your child' / 'It is good when you repeat your child's sounds and words, and name the things your child is seeing and doing' / 'It is good when you respond to your baby's noises, pointing, waving and other efforts to communicate' / 'It is good when you talk, read, share stories, play music to the bump and touch the baby bump' / 'It is good when you regularly express your affection for your child with words and smiles' / 'It is good when you 'stop, look and listen' when your child seeks attention' / 'It is good when you make everyday caregiving activities fun – like feeding or mealtimes, and nappy changing or getting dressed'.

It builds their skills in:

- Talking to adults
- Confidence and independence
- Reading and writing
- Observation and copying
- Knowing how to play
- Balance and strength
- Language and relationships
- Other, please specify_____
- None of the above

The results are shown in Table 4.7. Respondents' understanding shows a pattern that suggests negative change over the period of the campaign i.e. respondents' understanding of the reason behind the behaviours declined after the Big Little Moments campaign was introduced. We can only see two statistically significant results, which are for negative changes in behaviours **#2 Using loving words** and **#3 Making everyday moments fun**. There were no significant changes in either direction for the comparison group, which also generally shows a pattern tending towards negative change. The direction of change estimations for the difference-in-difference analysis for this indicator were mixed between negative and positive.

No conclusive evidence has been found that the campaign has impacted on people's understanding as to why these behaviours are important.

Table 4.7 Understanding question

Behaviour	Respondents with correct understanding, ABS				Respondents with correct understanding, comparison areas				
	ABS sites pre	ABS sites post	Difference	Significance	Comp'n areas pre	Comp'n areas post	Difference	Significance	Difference in difference
Read and share stories	21.0%	19.3%	-1.7	0.514	21.7%	24.4%	2.7	0.349	-4.4
Express affection	31.9%	25.3%	-6.6	0.027*	33.3%	30.6%	-2.7	0.437	-3.9
Respond to efforts to communicate	22.0%	20.3%	-1.7	0.535	29.6%	25.2%	-4.4	0.186	2.7
Engage with baby bump	30.7%	31.7%	1.0	0.736	41.0%	35.6%	-5.3	0.133	6.4
Repeat sounds and words	29.7%	30.6%	0.9	0.759	41.2%	35.8%	-5.4	0.125	6.3
Engage actively in play	19.8%	18.9%	-0.9	0.713	21.8%	24.7%	2.9	0.332	-3.8
Stop, look and listen	19.4%	15.4%	-4.0	0.114	20.2%	17.3%	-2.9	0.323	-1.1

Behaviour	Respondents with correct understanding, ABS				Respondents with correct understanding, comparison areas				
	ABS sites pre	ABS sites post	Difference	Significance	Comp'n areas pre	Comp'n areas post	Difference	Significance	Difference in difference
Make everyday activities fun	18.6%	13.6%	-5.1	0.048*	13.0%	14.0%	1.0	0.692	-6.1

Base = All follow-up survey respondents. The statistics per cell show the proportion of respondents with the desired understanding of why it is good to engage in the behaviours promoted by the campaign. * indicates a significant difference between pre and post values.

4.3.1 Reflecting on the qualitative evidence

During the focus groups, caregivers' understanding of the reasons why the promoted behaviours are beneficial to early childhood development was found to be low. Some participants were able to suggest why the promoted behaviours should be carried out but this was not necessarily in line with the campaign underpinnings.

When discussing behaviour **#1 Sharing a story**, focus group participants tended to respond to this as being beneficial for children's literacy and school readiness rather than a support for verbal language or relationship building with their caregiver. This is a good example of caregivers having strong motivation to adopt a behaviour with an understanding that the action would support brain development and sometimes broaden vocabulary. However, the subtlety of sharing stories also being a contributor to the social and emotional development of young children – which was discussed during the scoping phase of the campaign as a rationale for this behaviour – did not strongly emerge. Participants in Nottingham said that they would share stories and books with their children because this is a way to *'teach lessons such as no biting as well as numbers, colours, letters'*. More frequent explanations included that this action could help to '*develop language, learn new words'* and build vocabulary through interactions such as *'where's the __?'*. In Bradford, participants commented that they read to their child in order to help them to learn to read sooner. In Southend, participants gave the well-encompassing explanation that sharing a story helped children with '*recognition and vocabulary, spelling, colours, shapes, speech and language'*. Similarly, in Lambeth, caregivers said sharing stories and books was good for '*stimulating the brain*', for example improving their child's memory and nurturing their imaginations.

A small number of practitioners outlined that they had had conversations with caregivers about the importance of reading, even when the child is 'too young' to sit and look through a whole book. The campaign messaging had helped them illustrate that sitting together and sharing pictures has a positive impact on a child's development. Another practitioner noted that a caregiver they worked with enjoyed reading books with their child and that it was already part of their daily routine. The practitioner used the campaign flashcards to help explain why this was a good activity to continue doing because it supports a child's communication skills and builds their everyday vocabulary. This deeper understanding was not reflected, however, in the caregiver focus groups or quantitative data.

Many focus group participants felt that **#2 Using loving words** was important. However, in Blackpool this was understood to be about providing a reward in the form

of positive attention. For example, a caregiver in Blackpool described how they felt they were helping a child's development by encouraging them to demonstrate their learning: *'You can see she understands the words and smiles and claps gets her excited to do it.'* For several other participants, loving words were used to shape their social behaviour:

> '*It has to be constant so they know that behaviours are right.'* (Focus group participant, Blackpool)
>
> *'It can help with toilet training.'* (Focus group participant, Blackpool)

There was agreement that **#3 Making everyday moments fun** was a nice way to spend time with your child. However, there was little understanding of why this might benefit a child's development and none that seemed to align with the campaign. One participant in Blackpool commented that, *'Child-led play encourages independence.'* Similarly, one participant in Lambeth noted that making activities fun helps to encourage their child to try new things, for example they are more likely to sample new foods if they have helped to prepare it.

Where there was discussion about **#4 Talking to the bump**, this tended to focus on the social norms of the behaviour, rather than participants' understandings of its benefits. There was an understanding that this could help with bonding. One participant in Southend said that talking to the bump *'aids brain development',* but this was the only reference in line with the campaign messaging.

Discussion around **#5 Making time to play** also included discussion of indoor and outdoor play. Participants in Blackpool observed that play could help young children to *'develop social skills with other children'*. It was common to interpret this behaviour as meaning 'make time to take them to play somewhere'. Participants did feel that there was benefit in spending time outside, with one Blackpool participant stating that this *'helps them to learn about the world and their surroundings'*. Another in Southend spoke of the opportunities for learning outdoors because, for example, finding pebbles on the beach can help to develop strong motor skills. This behaviour was confused at times with **#3 Making everyday moments fun.**

Across the five focus groups, **#6 Listening and responding** sparked a lot of discussion about whether it was necessarily always a positive caregiver behaviour. Several caregivers noted that they want their child to learn that they should not always demand attention, for example while the caregiver is cooking or driving. However, where participants did have an understanding that aligned with the campaign's rationale this appeared to be one of the better understood behaviours. It is not possible to conclude

whether discussion evoked this clarity – as participants were prompted to consider why the behaviour may be beneficial – or if caregivers did indeed have a strong understanding of this behaviour that aligned with the campaign. Nonetheless, caregivers were able to provide strong examples of the developmental benefits of listening and responding:

> *'It's important to respond to your child.'* (Focus group participant, Southend)

> *'If you don't listen now, why would they try to communicate with you when they're older? They're trying to tell you something.'* (Focus group participant, Blackpool)

> *'If you don't respond to them, they won't respond to you* [for example, when you are trying to warn them of danger].' (Focus group participant, Blackpool)

Participants generally found **#7 Saying what they see** and **#8 Saying what they're doing** difficult to distinguish sufficiently to be able to talk about them separately. However, understanding of both of these behaviours tended to focus on the developmental benefits of vocabulary building and the encouragement of speech. Generally, participants who reported motivations for carrying out these behaviours seemed to be fairly well aligned with the aims of the campaign:

> *'Correct and confirm helps them learn to talk … I encourage them to talk, not just point at things.' (*Focus group participant*,* Nottingham*)*

> *'Repeating actions and words] helps them absorb, they don't learn like adults, their brain is constantly linking things … repetition is key.'* (Focus group participant, Southend)

> *'If I see them copy actions, I think they may start to speak soon.'* (Focus group participant, Lambeth)

One Blackpool participant commented, '*They're little sponges'*, which possibly shows evidence of contamination from the Hungry Little Minds campaign.

These examples highlight that the qualitative evidence supports the quantitative findings that the campaign did not seem to increase caregivers' understanding as to *why* these behaviours were important.

4.3.2 Evaluation evidence that could explain limited impact on understanding

There were relatively low expectations among practitioners engaged in the research that the campaign would provide detailed understanding about the reasons why the behaviours are positive, and their effects. Instead, they hoped that positive reinforcement of the messages' importance would drive behaviour on its own via a generally heightened awareness of caregivers' own actions.

> *'If they are doing those things, sharing things together etc., they're making a difference. If they're not, they're not going to say if they're not so it's just making sure they know the importance. They can make a big difference on the child's brain.'* (Practitioner interviewee, Blackpool)

Some practitioners seemed very clear that the usefulness of the campaign was to enable a conversation that supported the development of caregivers' knowledge. It also provided an opportunity for caregivers and carers to discuss their child's development and the ways in which their own behaviours could positively influence that.

> '*The way I always sell the campaign is: 'a lot of these things you'll already be doing, this is why you should be doing it more'.'* (Practitioner interviewee, Nottingham)

Again, this example focuses on developing knowledge rather than understanding.

Some practitioners felt that an understanding of the campaign was better adopted by families when explained by a trusted practitioner, for example alongside service delivery or in a workshop.

> *'They've seen it but I don't know if they quite know what it's about …The first stage is that they recognise the monsters. Messaging kind of comes later. They see the pictures before the words … If you want that level of understanding, you need to do workshops and work directly.'* (Practitioner interviewee, Lambeth)

During the course of the interviews, practitioners suggested that the breadth of the campaign could be reduced in order to increase the impact of the messages.

> '*It gets a bit lost. They see 'Big Little Moments' because that's consistent. Having a different behaviour at a time, you lose the finer detail*.' (Practitioner interviewee, Lambeth)

Similarly, a practitioner in Bradford said they felt that eight behaviours were too many to get across to caregivers.

> *'By the time you have got to **#3**, people are starting to cloud over. So we did say that there was just a bit too much information – too many behaviours going on and they could have been slimmed down.' (*Practitioner interviewee, Bradford)

When considering the campaign images in more detail during focus groups, participants noted on several occasions that they had not previously read the writing under the images. This may provide some additional explanation as to why the development of knowledge about the behaviours seems to have been successful but the building of an understanding as to why they are important has not.

Other explanations include the need for a mediated explanation of the campaign that draws on the expertise of a known practitioner and comes from a supportive relationship or interaction. It is also possible that the quantitative measurement of 'understanding' needs to be more detailed in order to pick up on the subtleties of a change in understanding.

4.4 Attitude

This indicator seeks to measure the extent to which, following the campaign, target groups in ABS sites found the caregiver behaviours promoted by the campaign to be relatively more important. This is known as 'issue salience' (whether an issue is important to someone).

To capture this, the survey asked respondents to place a selection of statements about promoting early childhood development in order. The eight campaign behaviours (underlined in Figure 4.3) were combined with four non-campaign behaviours; this was to provide a measuring point alongside which the salience of the campaign behaviours could move up or down. The same question was asked in both surveys at baseline and follow-up. This allowed for an analysis of any change in ABS sites versus the comparison group.

Figure 4.3 Understanding question: pre/post surveys

Please rank the importance of these pieces of advice. Rank the most important 1. Rank the least important 12.

It is good when you...

- ...let your child run around outside every day
- ...ensure your child has friends their own age
- ...make everyday caregiving activities fun
- ...engage actively in your child's play
- ...give your child a bedroom of their own
- ...read and share stories with your child
- ...repeat your child's sounds and words or name what your child is seeing/doing
- ...respond to your baby's noises, pointing, waving and other efforts to communicate
- ...talk, read, share stories, play music to the bump and touch your baby bump
- ...regularly express affection for your child with words and smiles
- ...'stop, look and listen' when your child seeks attention
- ...help your child learn independence

In examining the results of this question, we are looking to see whether the average ranked importance of campaign behaviours has changed in relation to the average ranked importance of non-campaign behaviours. The results are shown in Table 4.8. Few of the results are significant. The two behaviours that are show a *fall* in salience – **#7 Saying what they see** and **#3 Making everyday moments fun**. In other words, the results suggest that respondents in ABS sites are rating the campaign behaviours as relatively *less* important at the end of the campaign compared to before it began.

Overall, the average change figure[24] shows a small – not statistically significant – *negative* shift in campaign behaviours in ABS sites relative to dummy behaviours.

The indicator shows that the campaign did not significantly change respondents' views of the importance of the campaign behaviours in relation to some other caregiver behaviours.

[24] This is the average ranking of all of the ABS behaviours (i.e. excluding the four dummy behaviours), compared to the average ranking of all of the dummy behaviours (this time with the ABS behaviours excluded).

Table 4.8 Issue salience ranking question *(NB a smaller number denotes a higher rank)*

Behaviour	Average ABS (pre)	Average ABS (post)	Diff.	Significance	Average comp'n (pre)	Average comp'n (post)	Diff.	Significance	Difference in difference
#1 Sharing a story	5.8	6.1	0.2	0.164	5.8	6.3	0.5	0.017*	-0.2
#2 Using loving words	5.7	5.9	0.2	0.398	5.8	5.3	-0.5	0.028*	0.7
#3 Making everyday moments fun	5.6	6.2	0.6	0.004*	5.7	6.3	0.6	0.014*	0.0
#4 Talking to the bump	7.0	6.8	-0.2	0.419	7.0	6.9	-0.1	0.616	-0.1
#5 Making time to play	5.3	5.6	0.3	0.100	5.2	5.8	0.6	0.004*	-0.3
#6 Listening and responding	6.6	6.8	0.2	0.440	7.1	6.3	-0.8	0.001*	1.0

Behaviour	Average ABS (pre)	Average ABS (post)	Diff.	Significance	Average comp'n (pre)	Average comp'n (post)	Diff.	Significance	Difference in difference
#7 Saying what they see	5.2	5.7	0.5	0.007*	5.7	5.6	-0.1	0.760	0.6
#8 Saying what they're doing	5.9	5.8	-0.1	0.537	5.9	5.8	-0.1	0.606	0.0
Dummy: 'Let your child run around outside every day'	6.4	6.4	0.0	0.983	6.3	6.7	0.4	0.133	-0.4
Dummy: 'Ensure your child has friends their own age'	7.1	6.9	-0.2	0.381	6.9	7.6	0.6	0.015*	-0.8
Dummy: 'Help your child learn	7.3	7.5	0.2	0.373	7.6	6.9	-0.6	0.015*	0.9

Behaviour	Average ABS (pre)	Average ABS (post)	Diff.	Significance	Average comp'n (pre)	Average comp'n (post)	Diff.	Significance	Difference in difference
independence'									
Dummy: 'Give your child a bedroom of their own'	8.3	8.2	-0.2	0.446	8.2	8.5	0.3	0.008*	-0.5
Average score for campaign behaviours	**5.9**	**6.1**	**0.2**		**6.0**	**6.0**	**0.0**		0.2
Average score for dummy behaviours	**7.3**	**7.2**	**0.0**		**7.3**	**7.4**	**0.2**		-0.2

Base = all respondents. * indicates a significant difference between the pre and post data .

4.5 Intended behaviour

This indicator seeks to measure the extent to which, following the campaign, target groups in ABS sites experienced a change in the amount they intended to adopt the campaign behaviours. Behaviour change theory posits that intended behaviour – as a measure of motivation – is an important step in the process of achieving behaviour changes.

In order to capture this, the survey asked respondents to picture the day last week on which they had carried out the behaviour the most. They were then asked to quantify how many times this behaviour had occurred on that day, alongside predicting how many times they would do this on the same day next week. Between them, these questions capture the final two sets of outcomes: the prediction captures intended behaviour and the 'last week' captures actual behaviour. This second outcome set, actual behaviour, is reported on in the next subsection of the report.

The same question was asked in both surveys at baseline and follow-up. We would anticipate that a group whose motivation to change their behaviour was increasing would report higher numbers after the campaign. That is, the number of times they would intend to do a behaviour would increase from after they had seen the campaign. The question is set out in Figure 4.4 and the results for the intended behaviour question are set out in Table 4.9. Each cell provides the average number of times/hours the respondent indicated that they intended to carry out this behaviour next week. The behaviours are not comparable with one another as different units were used.

Figure 4.4 Intended/reported behaviour questions: pre/post surveys

If you '[INSERT BEHAVIOUR]' last week, on which day did you do this most?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- The same amount of time all days of the week
- None of the above

Please provide an estimate of how many [INSERT BEHAVIOUR] you [DID], on the day you did it most. [SCALE]

How many [INSERT BEHAVIOUR] do you think you will [DO], on the same day next week? [SCALE]

Table 4.9 Intended behaviour question

Behaviour	Intention (mean score ABS)				Intention (mean score comp'n areas)				Difference in difference
	ABS sites pre	ABS sites post	Diff	Sig.	Comp'n areas pre	Comp'n areas post	Diff.	Sig.	
#1 Sharing a story	4.8	4.8	0.1	0.810	5.0	4.3	-0.7	0.013**	0.8
#2 Using loving words	6.4	5.3	-1.0	0.000**	6.7	5.5	-1.2	0.000**	0.1
#3 Make everyday moments fun	5.6	4.9	-0.7	0.000**	5.9	4.8	-1.1	0.000**	0.4
#4 Talking to the bump	2.7	2.1	-0.6	0.000**	3.0	2.2	-0.8	0.000**	0.2
#5 Making time to play	7.0	6.6	-0.4	0.198	6.9	6.0	-1.0	0.008**	0.5
#6 Listening and responding	6.3	5.0	-1.4	0.000**	6.4	4.9	-1.6	0.000**	0.2
#7 Saying what they see	22.5	17.8	-4.7	0.000**	21.0	18.5	-2.5	0.037**	-2.2
#8 Saying what they're doing	20.1	16.3	-3.9	0.000**	20.1	17.1	-3.0	0.008**	-0.9

Base = all respondents. **indicates the value is significantly higher in the pre data, compared to the post data.

The results show a significant fall in the hours/number of times indicated by respondents in the follow-up survey across most categories. This pattern was similar to the pattern in comparison areas. In other words, in both the ABS and comparison areas respondents intended to do less of the campaign behaviours after the campaign compared to before it began. The difference-in-difference analysis[25] shows a general pattern of smaller-sized falls in ABS sites., i.e. there is some weak evidence from the impact analysis to suggest that the overall decrease in intended behaviour was lessened in ABS sites. Overall, though, these data would suggest that the Big Little Moments campaign did not increase people's intentions to undertake the campaign behaviours.

4.6 Behaviour

This indicator seeks to measure the extent to which, following the campaign, target groups in ABS sites experienced a change in the amount they were reporting having adopted the campaign behaviours.

This indicator forms part of the survey question set given in Figure 4.4, as described in the preceding section (Section 4.5). In order to capture this, the survey asked respondents to picture the day last week in which they had carried out the behaviour the most, and then to quantify how many times this had occurred.

The same question set was asked in both surveys at baseline and follow-up. The results are set out in Table 4.10. Each cell provides the average number of times/hours the respondent indicated that this behaviour had been carried out last week, on the day they did it most. The behaviours are not comparable with one another as various different units were used.

[25] A detailed summary explanation of the difference-in-difference analysis is provided in Section 2.4.

With a similar pattern to the intended behaviour question (Table 4.9), the survey results show a significant fall in the hours/number of times indicated by respondents at the follow-up survey. This pattern was again similar in comparison areas. The difference-in-difference analysis suggests that the decrease in reported behaviour was lower in ABS sites than in comparison areas for the majority of the behaviours.

Table 4.10 Reported behaviour question

	Behaviour (mean score ABS)				Behaviour (mean score comp'n areas)				Difference in difference
	ABS sites pre	ABS sites post	Diff.	Sig.	Comp'n areas pre	Comp'n areas post	Diff.	Sig.	
#1 Sharing a story	4.0	4.3	0.3	0.198	4.4	4.0	-0.4	0.161	0.7
#2 Using loving words	6.1	5.1	-1.0	0.000**	6.3	5.3	-1.0	0.000**	0.0
#3 Making everyday moments fun	5.1	4.5	-0.6	0.002**	5.6	4.6	-0.9	0.000**	0.3
#4 Talking to the bump	2.6	2.0	-0.6	0.000**	2.9	2.2	-0.7	0.000**	0.1
#5 Making time to play	6.0	6.0	0.0	0.941	6.4	5.7	-0.7	0.046**	0.6
#6 Listening and responding	5.8	4.7	-1.1	0.000**	6.0	4.7	-1.3	0.000**	0.2
#7 Saying what they see	20.8	16.7	-4.1	0.000**	19.8	18.0	-1.8	0.127	-2.3

	Behaviour (mean score ABS)				Behaviour (mean score comp'n areas)				Difference in difference
	ABS sites pre	ABS sites post	Diff.	Sig.	Comp'n areas pre	Comp'n areas post	Diff.	Sig.	
#8 Saying what they're doing	18.2	14.6	-3.6	0.000*	18.4	16.2	-2.2	0.046*	-1.4

Base = all respondents. **indicates the value is significantly higher in the pre data, compared to the post data.

4.6.1 Reflecting on the qualitative evidence

A number of themes arise from the qualitative data which may help to interpret these quantitative findings. These anecdotal examples of behaviour change show that change is possible, at least at an individual level, although this is not supported by the quantitative data, which shows no evidence of behaviour change having occurred across the ABS population. There are also some indications of barriers experienced by caregivers, such as limited time and money to do activities with their child(ren). This may provide further explanation as to the challenges of generating behaviour change. A frequently observed role for trusted partners or mediators is described as one way to potentially better support the campaign to deliver behaviour change.

In the sections that follow, it should be noted that the individuals most willing to speak with us in order to carry out the qualitative research may have been those most aware of and enthused about the campaign within local areas, such as parent champion volunteers.

4.6.1.1 Examples of changed caregiving behaviours

The practitioner interviews provide anecdotal examples of parents that experienced change, or reported change, as a result of their engagement with the campaign.

Structured introduction of the campaign – in classes, for example – could provide a clear way of introducing parents to (and/or revisiting) related ideas. A practitioner in Bradford attended playgroups, for example, where she spoke about the campaign for the final 10 minutes of each session. She reported one occasion where, on a subsequent visit to the playgroup, a parent told her that she had found the campaign interesting and had not previously realised the importance of speaking to the bump. As a result, she had started talking to the bump at home. At another group, a practitioner in Bradford said that the most notable change she had seen was caregivers describing having had more conversations with their child(ren) while doing everyday activities. She talked about a mother who initially thought it was strange to be asked if she was having conversations with her young baby – '*What? No… they can't talk.*' – But a few weeks later, she excitedly told the group that her baby had giggled while she was talking, and that it had made her laugh.

> '*It was almost that she didn't think that it was something she would be able to do, and she felt proud of that. I think it's a really nice way to empower the parents and think about what they can achieve. It makes a massive impact.' (*Practitioner interviewee, Bradford)

There were other examples of changes in caregiver behaviour that occurred when practitioners used the campaign materials to support caregivers (such as by a direct request from a childcare professional, or the opportunity to win a competition). One practitioner in Blackpool observed that activity cards proved particularly successful in involving and engaging caregivers, and encouraging them to take part in parenting conversations more readily. This practitioner often demonstrated a behaviour with a child in the setting, then sent the activity card home with caregivers for them to try.

> '*The activity cards are fantastic; they have gone down really well. I have encouraged other childminders to do them as well… It looks great for Ofsted that we are engaging parents with the same activities at home and in the setting. I think they have been a huge impact on my setting.' (*Practitioner interviewee, Blackpool)

Previous attempts to engage caregivers had been unsuccessful, but with the use of the activity cards, families would often share photos of themselves trying the activities at home. This was motivated by a competition run through an ABS social media campaign, for which the winning setting would receive some books for their children. Consequently, this practitioner noticed that caregivers who do not usually engage much with her – especially about parenting struggles – had been able to spark a conversation via the activity cards and more freely discuss their experiences of trying the activities at home.

There were limited examples of caregivers who appeared to be showing signs of embedded change in their interactions. One participant in Nottingham described how a caregiver had learned to embed key behaviours into their daily routine, and in doing so, had found it easier to do them.

> *'I remember one parent saying, 'I could never sit down before with my child, but when we made it into a little routine to do something – for instance, reading a book. It is not just about looking and reading a book'. Sometimes for busy families, it's time to just snuggle up with Mum and Dad, one-on-one time with a parent or grandparent. It fulfils the emotional need, as much as it does the social or anything else.' (*Practitioner interviewee, Nottingham)

The desire to influence change was particularly prevalent in the practitioners that were interviewed. Many were motivated by the potential for their work to reach the children in most need of additional support. One parent champion in Lambeth said she had been able to use campaign resources to support the parent of a child with a suspected speech delay.

> '*Just by talking to her about ways that she can talk to her child, and she has tried them out, and [the child] is definitely talking more. There is definitely a benefit.*' (Practitioner interviewee, Lambeth)

4.6.1.2 Barriers to change

During the focus groups, caregivers identified a range of barriers that may prevent them from carrying out behaviours on their own at home.

Time and other priorities

When discussing **#6 Listening and responding**, many caregivers in Lambeth noted that this behaviour can be difficult when they are busy, and that sometimes they have to tell their child(ren) to be patient. This is particularly relevant for caregivers with more than one child, who struggle to give equal attention to each child.

> *'It's hard when there are three.'* (Focus group participant, Lambeth)

They also raised the concern that adopting this behaviour could encourage children to 'fake' coughing, laughing, or crying in order to get attention from a caregiver.

> *'My daughter knows what she wants and how to get it.'* (Focus group participant, Lambeth)

Caregivers in all focus groups made a clear distinction between listening and responding to 'good' and 'bad' behaviour, suggesting that their response depends on the situation and the child. As one caregiver in Blackpool stated:

> '*There's a fine line between responding and danger.*' (Focus group participant, Blackpool)

This caregiver in Blackpool remarked that if a caregiver is in the middle of cooking, crossing a road or driving, for example, it is important to find ways to reassure their child(ren) that they are listening when they are unable to give their full attention.

Participants in Nottingham reflecting on **#5 making time to play** noted that they were not able to take more than one child swimming. In Bradford, one mother said that for their family, the weekend is for play, but:

> *'During the week, we can't get the time to play with them. We're always busy rushing around.'* (Focus group participant, Bradford)

In Southend, a focus group participant (and parent champion) said that they did not think all caregivers made routine activities fun because they were busy, and that perhaps this meant they did not have the time or patience to make up games.

A practitioner from Nottingham questioned whether delivering and receiving the campaign messages was always an appropriate priority, pointing to the competing priorities faced by different communities in Nottingham. For example, while literacy is a priority for the ABS programme:

> '*For local families, getting food on the table is the priority.*' (Practitioner interviewee, Nottingham)

It is, therefore, important to understand the balance. The practitioner acknowledged that, in terms of campaign reach and impact, progress could be slow, while providing other types of support is more important.

> *'We can't do a push, push, push, sell the project to all families, because that's not our priority. It might just be accessing fruit and veg or completing a form.'* (Practitioner interviewee, Nottingham)

It was also noted that for many families in Bradford, the main focus is finding work and surviving on a low income.

> *'I think that a campaign like this almost becomes irrelevant when you are thinking about what is happening right here, right now. I think that if you try to push it, it could almost put people's backs up – especially if, in conversations with parents, they feel like you are ignoring their bigger problems.'* (Practitioner interviewee, Bradford)

The right environment

Many caregivers spoke about the various challenges faced by local families in engaging in the kind of activities promoted by the Big Little Moments campaign. One Bradford practitioner described how caregivers in their activity group were trying hard to do their best by their children at home, but that attempting to adopt the campaign behaviours on their own could be making it harder to build enthusiasm. Attending groups were able to provide caregivers with ideas and encouragement for continuing to practice the behaviours, however.

> *'Parents try hard at home, but they do learn a lot more from other people.' (*Practitioner interviewee, Bradford)

Participants also described how limited resources may have an effect. Perhaps toys have become 'old' or the weather is bad, and caregivers are unable to afford outings to indoor locations. Caregivers in two focus groups noted that there were cleanliness and safety concerns with regard to the condition of their local park, as there had been evidence it was being used for drug-taking.

These were all mentioned as reasons why caregivers might not implement the campaign behaviours, and again reinforced the benefits of free activity groups for caregivers to attend alongside their children.

> *'They can get bored at home all day, and need things to do – new toys, messy play.' (*Focus group participant, Southend)

However, this was not a universal opinion and – as we state in Section 5.1 – many practitioners and caregivers thought the campaign was promoting behaviours that were easy to adopt.

Language and literacy

Language challenges were mentioned several times during the qualitative research. Practitioners said that many families in Blackpool have challenges with reading English. Many families do not speak English, and adults in Blackpool's ABS wards have an average reading age of seven years old. The pictorial focus of the booklets and flashcards was therefore effective in getting key messages across. In ABS sites in Nottingham there are similar challenges, as English may not be the primary spoken language within a family. One practitioner was unsure how fully the campaign messages were understood in Nottingham. In relation to more complicated concepts such as brain development, for example, the practitioner was unsure if caregivers fully understood the reasoning behind the discussions. In addition, communities are

changing rapidly – from predominantly Roma to Pakistani, for example. The practitioner questioned whether caregivers are continuously getting those same messages when they move to a new location, which is often outside of an area engaged in the ABS programme. Bradford's ABS site also consists of a very diverse population, with many caregivers not speaking English. Practitioners again noted it was important that campaign materials were predominantly visual and easy to use. The local team also did some radio advertising in other languages, such as Urdu, to support this language need.

'Buying in' to the messages

Across the focus groups at the five sites, caregivers readily engaged with discussion of the eight campaign behaviours presented, and were able to give numerous examples of ways they had adopted these behaviours at home with their own child(ren). There was a clear sense that generally, caregivers had a good knowledge of positive parenting behaviours and had spent time considering a variety of aspects of parenting and the contribution that they, as caregivers, could make to their child's positive development.

For many participants, the campaign was not introducing new ideas, as such, to the target audience, but rather providing a prompt and reminder to act on existing knowledge. The campaign also validated the importance of that existing knowledge. A caregiver in Blackpool, for example, recognised that she was already demonstrating a lot of the behaviours so found it reassuring to know she was '*doing the right things*'. Other participants agreed that the images had reminded them of the importance of spending time with their child(ren).

> '*Don't worry about the housework.*' (Focus group participant, Blackpool)

> '*It encourages us to enjoy the little things, even just a shadow on a wall.*' (Focus group participant, Lambeth)

The word 'remind' was generally used a lot in the focus group sessions in relation to the behaviours being promoted by the campaign.

The potential impact of the campaign therefore needs to be considered within this context – that parents were of the view that they were already demonstrating a lot of these behaviours, and thus the campaign messages may have been validating and reinforcing existing knowledge, rather than introducing new ideas.

There were certainly behaviours where the consensus of benefit to the child and caregivers' motivation to behave in this way were stronger than others. **#1 Sharing a story** was the clearest example. It was readily agreed among caregivers that sharing

stories is a positive caregiving behaviour. For many participants, this behaviour was strongly related to developing literacy, and directly led to the promotion of school readiness. Many participants spoke of daily routines that provided triggers for them to read a book with their child. This included leaving books within easy access for the child and following their requests to read, or keeping books in their car to fill otherwise empty moments together.

None of the focus group participants explicitly mentioned the role of sharing stories in promoting relationships and strengthening emotional development. However, in Lambeth there were several participants for whom English is an additional language and stories played an important role in celebrating their culture. One of these participants shared with the group that for her, sharing stories was something that could be done verbally and in different languages, as well as with books. This supported her child's understanding of their blended culture and enabled her, as a parent, to pass on treasured memories of her own childhood.

Some examples were given by practitioners to demonstrate that there is still room for the campaign to build on and expand this generally positive knowledge. During interviews In Nottingham, for example (which, as previously mentioned, has a diverse community), one practitioner noted that in some local cultures, reading and writing are perceived as '*Mum's role*'. This practitioner added that they felt the campaign was normalising the idea that this can be a role for Dads too, but that it would take '*a bit more time*' for this to be fully recognised within the local area. This practitioner believed the campaign messages were being picked up and having an influence.

Feedback from caregivers also suggests that many of the campaign images illustrate behaviours they have seen being encouraged at various groups and services, especially those run by ABS sites. For example, one Nottingham participant spoke about the influence of nursery on their child's speech and language development.

> *'They pick up a lot – for example, their speech has developed and they're learning a lot from interaction.' (*Focus group participant, Nottingham)

Others noted that **#1 Sharing a story** is actively encouraged at ABS story time groups and through other interventions such as 'Twigglets', which is run by the Toy Library woodland team in Nottingham, 'Fathers Reading Every Day' (FRED), delivered by the Fatherhood Institute, 'BookStart', delivered by BookTrust, and a 'Story Rhyme' class at a local library . **#4 Talking to the bump** is encouraged at antenatal groups.

There were some behaviours on which the consensus among focus group participants was less clear. On occasion, there was gentle disagreement with the assumption that it

was always good to carry out a behaviour. Most of this discussion focused on two of the campaign behaviours, outlined below.

The most debated behaviour overall was **#4 Talking to the bump**. One participant in Nottingham had heard the advice but was not keen on talking to the bump during her own pregnancy.

> *'I feel a bit stupid – I'm not convinced they recognise it.' (*Focus group participant, Nottingham)

In Lambeth, some participants commented that they were not normally comfortable talking about something that related to their bodies in an open way, and that this was a question of cultural (or religious) modesty. Several participants in Bradford had a similar reaction; they explained that while they believed bonding with the bump was a natural thing for a pregnant woman to do in private moments, they were not comfortable talking openly about whether this was something they would share with their partner. It was felt that this was generally a private subject. Others had a different view and felt comfortable discussing the idea of **#4 Talking to the bump**. One father commented that he had not been aware of the importance of this during his partner's first pregnancy, and that he felt better awareness during her second pregnancy had helped him to bond with the baby. There generally appeared to be a lower level of awareness and/or acceptance of the importance of this behaviour in relation to the other behaviours throughout focus group discussions.

The second more debated behaviour during the focus groups was **#6 Listening and responding.** There was some discussion in the Lambeth focus group about whether giving attention when your child requests it is always a 'good' parenting behaviour. Attention-seeking is not always seen as a positive behaviour in children, and caregivers may therefore not want to reward it. In contrast, in Bradford there was consensus that it is good to give a child attention when they seek it, with participants giving ideas of how to achieve this even during difficult times. There was also discussion here about the need some participants felt as caregivers to 'mask' their own feelings during times of stress or emotion, in order to be able to still respond to the attention-seeking needs of their children calmly and positively.

4.7 Summary

The quantitative data, sense checked where relevant against the qualitative findings, paints a clear picture of the campaign's progress towards change as set out in the evaluation framework.

We have seen evidence of recall of the campaign in ABS sites. There is also good evidence that the campaign has had an impact on the knowledge of caregivers in ABS sites, with increases in the advice being heard across sources and from partners and social media, in particular.

The impact of the campaign becomes less convincing when we consider caregivers' understanding of the underpinning rationale behind the behaviours. The qualitative data supports the quantitative data, which shows that the rationale for doing the campaign behaviours was not well understood by the target group. There is also no strong quantitate evidence of positive change for any of the attitude, intended behaviour or behaviour indicators.

Practitioners did, however, provide accounts of how they had used the campaign materials to reinforce parenting messages within their own support measures, with positive results. It is possible, therefore, that the campaign helped to embed these messages, but not on a scale large enough to be detected by the impact evaluation.

With the help of the qualitative data, this section explored some of the reasons why change may not have occurred to a large degree for the later sets of outcomes. This includes the possibility that there was an insufficient change in understanding to drive changes in attitude, intended behaviour and reported behaviour. In addition, for many participants, the campaign acted as a reminder or prompt to carry out the promoted behaviours, rather than introducing new ideas. We have also observed many barriers to change experienced by the target audience, as well as other factors that influence behaviour, such as the mediation and explanation of the rationale behind a behaviour by a trusted practitioner.

It is positive to see that the campaign has had an impact on caregivers' knowledge of the promoted behaviours. Campaign teams may now like to reflect further on the ways in which the campaign sought to build caregivers' understanding of the rationale for these behaviours, in order to support development and progression of this as the next step towards behaviour change in the future. They may also like to consider how the campaign could be delivered alongside other activities that influence behaviour in order to increase its impact. We return to these themes in the Conclusion.

05

Findings 2: Experiences of the campaign

5.0 Findings 2: Experiences of the campaign

This section draws mainly on the qualitative data in order to gather the views and experiences of caregivers and practitioners about the campaign. It also details their responses to the campaign, and any effects of campaign work on individuals and families that were experienced or observed.

5.1 Responses

This section sets out the opinions of caregivers and practitioner interviewees about the campaign content, including the materials produced, the messages they sought to convey, and the role of reinforcement in their delivery.

5.1.1 The materials

In discussion with focus group and interview participants, there were generally positive feelings about the campaign materials themselves. It was very common for participants to note the colourful, eye-catching design of the Big Little Moments images. All the practitioners interviewed agreed that the campaign was accessible for families due to its colourful, engaging branding and simple, concise messaging., However, a few practitioners mentioned some language challenges for some groups. For example, a practitioner in Lambeth noted that over 60% of adults in Lambeth have English as an additional language and there are over 100 languages spoken in the Borough. On the whole, participants appreciated the ethnicity- and gender-neutral characters. One participant in Southend spoke about his role as a step-dad and how the images did not point towards any specific caregiver or family set up, making it more relatable. However, for some this neutral imagery made it harder for them to relate to the materials.

Participants noted that they had observed families at events engaging with the visual characters from the campaign and had seen children wanting to find out more about them.

> *'The campaign appeals to them... bright colours, it's child friendly and parent friendly.'* (Practitioner interviewee, Nottingham)

5.1.2 The messages

Practitioners generally felt that the campaign was accessible. One practitioner in Blackpool thought the campaign was effective because the messaging was broken down into small pieces of information that were not overwhelming.

> *'Actually, there is a lot of information, but because it's in little chunks, almost like a children's book, it works well. You're giving them quite a lot of information, but they don't realise.'* (Practitioner interviewee, Blackpool)

> *'It's easy, simple messages, easy to follow and apply. Relatively memorable because of the visual nature of it.'* (Practitioner interviewee, Bradford)

Caregivers and practitioners alike felt that the parenting behaviours were, on the whole, achievable – though there were some issues, as we noted in Section 4.2.1.2 Barriers to Change.

> *'I think sometimes things aren't achievable and you are setting people up to fail. Looking at what can they do realistically – whether it's a working mum or a working family, or a parent that's down and depressed and in rubbish circumstances – so it's looking at everyday acts and what is realistic and achievable and consistent. Those little moments that can be mapped out and show a way to achieve it.'* (Practitioner interviewee, Bradford)

Related to this was the desire among practitioners to make sure that parents and caregivers seeing the campaign did not feel that it was condescending or looking down on them, and again this was felt to have been achieved.

> *'It's not preachy or critical, can apply to anybody – not for any particular group or type of parent.'* (Practitioner interviewee, Bradford)

A practitioner in Bradford said that although all the campaign messages were relevant, they felt there was scope to include additional messages based on local statistics and particular challenges, such as childhood obesity. Similar feedback on locally relevant issues was given in Lambeth; one practitioner said they felt there could have been more scope to localise. For example, the impact could have been maximised if the 'Big Little Moments' campaign had built on an existing campaign developed by Evelina London Children's Healthcare called 'Talk & Play Every Day'. However, it was acknowledged that because the 'Big Little Moments' campaign was run across all five ABS sites, the messages had to be consistent, and this perhaps led to some duplicated efforts in their local area.

5.1.3 Purpose recognition

Campaign evaluation theory[26] places importance on 'purpose recognition' of the campaign by practitioners or relevant independent people other than the target audience. The idea is to check that the campaign is actually promoting the messages that it set out to highlight, and give confidence (before behaviour change measurement is possible) that the messaging is likely to be accurately understood by the target audience.

In relation to the Big Little Moments campaign, practitioners commented that they felt very comfortable with the campaign messaging. They thought that the behaviours related to messages that they tried to promote in their everyday work, and that they would make sense to families. At the same time, there tended to be a limited number of campaign behaviours actually recalled and referred to by practitioner interviewees, with some tending to be recalled with more ease than others. It could be challenging for the practitioners to identify or distinguish the intentions behind one or two of the behaviours, and this seemed to link with the behaviours that caregivers had also struggled to distinguish, such as **#7 Saying what they see** and **#8 Saying what they're doing.** In the quote below, one interviewee mixes up the messages being promoted by the Big Little Moments campaign with those of another campaign, demonstrating how at times, practitioners were not always familiar with the metaphors being promoted by the Big Little Moments campaign.

> *'Very simple things you're already doing but not realising the importance of. When you tell people, 'your child's brain is like a sponge, soaking in all of the information you're giving them'. Teaching them in a fun, interactive way – learning again how to talk, how children feel, how people make others feel – something as simple as bedtime stories or story time at home.'* (Practitioner interviewee, Nottingham)

[26] For example see: http://www.davidhodder.com/wp-content/uploads/2018/09/GCS-Evaluation-Framework.pdf

5.2 Engagement with A Better Start

The scale of ABS activity in each area is, to some extent, described in Section 4.2. Each partnership differs in structure and in the way that the ABS identity is promoted to the local community. Some focus group participants are very aware of the 'A Better Start' programme name, while others are less aware of the name, but still knowledgeable about some of the funded activities and services.

Whether aware of the programme name or not, as previously outlined, the majority of focus group participants were highly engaged with the ABS programme. Engagement varied, ranging from having taken part in classes and services (such as 'Baby Rover' or 'Stay and Play'), participation in parenting courses, or receiving support from a Community Connector or Better Start 'Imagine' team. Focus group participants described how their involvement depended on the age and number of children, whether they were a working or stay-at-home parent, and whether they had particular needs that the programme was helping to address, such as being a parent of a child with additional needs.

The value of ABS was clear, and many participants spoke enthusiastically about the difference the service made to their lives:

> *'The children's centre is my second home.'* (Focus group participant, Lambeth)

> *'You learn more about your child – how they interact and their personality.'* (Focus group participant, Lambeth)

> *'It's like talking to a friend, not a professional.'* (Focus group participant, Blackpool)

In Lambeth, participants spoke about the first time they were engaged with the programme, which was seen very much as a support service. In Bradford, it was seen more as a provider of parent and toddler sessions, and other free activities. Several Lambeth participants recounted having been a relatively new parent in crisis – either in terms of their finances, or their mental health – and having received warm and consistent support and encouragement from the ABS team located at a local children's centre.

5.2.1 Campaign delivery via other ABS work

One of the most important ways in which local areas have embedded and promoted the Big Little Moments campaign has been via existing services and connections, such as existing newsletters, distribution at regular events, and distribution to attendees of existing groups and classes. Practitioners related how these interactions formed some of the most time-consuming and memorable contact with caregivers, as well as leading to nearly all of the qualitative examples of reported changes in caregiver behaviour discussed in Section 4.6.

On occasion, this work expanded into dedicated campaign outreach tasks. The ABS team in Bradford, for example, carried out targeted work to embed the campaign messaging, *'not just tag it onto things'*. This included running joint sessions at local nursery groups to talk to caregivers about the campaign and explain why the behaviours were important.

Giveaways

In Blackpool, the campaign data return indicated that 2,121 branded bags were produced and distributed via the Birth Registration partnership, through children's centres and in childcare settings. The total number of flashcards produced and distributed via health visitors and children's centres in Blackpool was 1,285. Bradford sent 500 fridge magnets to families with 2-year-olds via the 'Talking Together' project. Much of this distribution was integrated across the existing ABS network of activities and partnerships and was not new activity specifically set up for the campaign.

Practitioner interviews confirmed that there is a common view that *'stuff to hand out'* (i.e. giveaways) is very useful for engaging both caregivers and children in the campaign activities. They also serve as a prompt to start conversations about the campaign messaging itself. Giveaways were also pointed to by one practitioner as a way to ensure that the visibility of the campaign is sustained into the future (see Section 5.4 for more discussion on sustainability).

Inflatables and other resources for fun and interactive events

In addition, and related to the 'giveaway' items, the qualitative research confirmed the view among practitioners that campaign resources to add fun and interactive elements to existing ABS events were good a way of raising awareness of the campaign. The expenditure data, for example, shows spending on inflatable characters, which bring to life drawings from the Big Little Moments campaign materials, in two of the five sites.

- In Blackpool, one practitioner recalled how the local ABS team had hidden laminated characters in a community garden. This was well received by parents and children, who knew to look for the characters and had fun finding them.
- In Nottingham, one of the engagement officers said that the team always took pull-up banners to events, and that these were good for sparking a '*first conversation*' with event attendees. This conversation starter then gives the staff member the opportunity to find out more about the family, and can be used as a lead-in to other activities. The team have found this to be very accessible for the whole family, including siblings and grandparents.
- The team in Bradford also used a variety of interactive materials, including booklets explaining what the campaign messages meant, and inflatable characters created to interact with families at events. Bradford practitioners said that young children were attracted to the characters at these events, and had brought their families over to say 'hello' and shake the character's hand. For the engagement team, this provided a good opportunity to start a dialogue about the campaign, and they noticed that in this context, parents recognised the messages and accepted the validity of them.
- Local practitioners in Lambeth also fed back that they felt the character aspect worked well at events, and often had a member of staff dressed up as one of the characters to engage with families.
- One practitioner in Southend noted that they distributed flash cards at all their engagement events, as they were popular with families and helped to reinforce the campaign messages.

'It initiates it and plants that little seed inside you that makes you remember it.'
(Practitioner interviewee, Southend)

5.3 Influencing practitioners' practices

Several practitioners felt that the campaign had had a positive impact on their professional practice, and that the behaviours were relevant to their role, challenging them to make sure that they model and demonstrate them in their everyday work.

> *'The key messages are the ones we should be encouraging with families. As practitioners, are we demonstrating those behaviours? I think the campaign needs role models. Families think they know how to do it. We've got to model the good practice and show it's not actually that hard.'* (Practitioner interviewee, Lambeth)

Sometimes, new ideas were brought to practitioners as well, even on top of their existing knowledge.

> *'We've learnt that just walking up the stairs can be a conversation, counting, making a story about ducks in the bathtub. We did have this funny conversation; 'You can have this pretend costume.' 'Let's do videos, let's read a story and bring it to life.' When children get involved in reading, it excites them.'* (Practitioner interviewee, Nottingham)

Although the messages themselves were not new to practitioners, many found it beneficial to be reminded about the types of behaviour they should be using during their interactions with the children they work with.

> *'It brings back the awareness. It's things I already knew, but it brought back the focus – made us pay attention to it more.'* (Practitioner interviewee, Lambeth)

One practitioner said that the campaign had helped them to remember to praise children for small things they do that will support their development.

> *'I do now make a point of reacting to the smaller things that they do… and their changes. It might be that one of them is starting to use words, so I'll say, 'Well done that is the right word, can you do it again?' So, it's mainly around their speech, because I'm focused on that at the moment. Also, I find I'm more specific and get them to say things back to me as positive reinforcement.'* (Practitioner interviewee, Southend)

For another practitioner, it was the very everyday focus of the campaign that had the most impact on their own practice - the focus on universal, routine interactions that can make a big difference.

'Even though, as a professional, it's stuff that you learn about, it's always a nice reminder and – having those conversations daily – it's always nice to have those daily reminders and for it to be at the forefront of your mind when you are doing this kind of work. Sometimes you are working with more intense things and it goes to the back of your mind, but it can be just as important.' (Practitioner interviewee, Bradford)

5.3.1 A tool for reinforcement

Practitioners agreed that the campaign materials were a useful tool for them to use with caregivers to reinforce existing messages. Many of the local practitioners also pointed to their existing service delivery as being a place where many of the messages were already promoted, suggesting the campaign had helped to reinforce delivery even within existing sessions.

'We'd still be talking about these things, but the tools definitely help. It's visual.' (Practitioner interviewee, Blackpool)

For instance, the accessible materials can help session leaders to introduce ideas or start conversations in an informal way.

'If we have a pregnant woman you could ask, 'Do you chat to the bump?', and then you can take it from there and give them ideas and try to normalise it as well, making sure they can see that the baby or the bump, it's ok and normal to be having a conversation with them It's not too heavy, and it's a really nice way to start to introduce it to people.' (Practitioner interviewee, Bradford)

Many practitioner participants highlighted the value of reinforcing existing knowledge for building caregivers' confidence. Reassuring caregivers that they are doing the right thing, and providing support with simple suggestions on other ways to fit those behaviours into a busy routine, can encourage them to persevere.

'It's more feeling confident they're doing something to help the child. When you talk to someone and you say, 'That really helps… it's a big thing for building your child's brain and you're doing that', it's more confidence and a pat on the back. Those busy parents, just saying to them, 'You don't have to be doing it constantly every day, just when you get the chance, for example having a story or making something fun, colouring, making something out of a toilet roll when they're waiting for something', It makes them think. With all the posters, it's a constant reminder of what we've spoken about.' (Practitioner interviewee, Blackpool)

A local practitioner in Nottingham described how the strong, non-judgemental messaging helps to build caregivers' confidence by demonstrating that their behaviours are making a difference,

> *'Be brave, have those conversations, read to your children. Some people feel silly doing these things, but hopefully once they realise the impact, it gives them the courage to do these things'* (Practitioner interviewee, Nottingham)

Practitioner interviews provided numerous anecdotal pieces of evidence similar to this.

5.3.2 Using trusted mediators

While the campaign can help to reinforce existing ABS messages, conversely, existing ABS information routes were identified as a way in which the campaign might effectively be delivered. The observation that practitioners can help to deliver the campaign in an impactful way may be unsurprising, given that the group that participated in the research consisted mainly of practitioners and families engaged with practitioners. Nonetheless, there may be an opportunity for learning here, in terms of how to increase the campaign's impact by varying or expanding delivery methods.

The qualitative data has consistently highlighted examples where the campaign messaging was introduced or explained to caregivers by a trusted person or organisation. This led to stories of campaign success and shifts in attitudes or behaviour changes. Examples include the distribution of campaign materials in book bags, the encouragement of a childminder to make campaign behaviours part of a weekend outing, a session delivered by ABS workers at the end of a stay-and-play session, and a conversation with an engagement worker at a public event.

Some practitioners went as far as to say that, while unsure of the impact of campaign materials on their own, they felt confident that when they themselves delivered promotional activities and engaged with families, it resulted in improved awareness.

> *'I think that this is the key thing with the campaign – that you do really need to have a conversation with people and explain what it's about.'* (Practitioner interviewee, Bradford)

There is evidence to suggest that this mediation does not have to involve a one-to-one conversation with a practitioner in order to have an effect. For example, several practitioners gave examples of increased 'landing' of the messages where the campaign materials had been enthusiastically introduced – without necessarily any explanation – by a school or nursery setting. In Blackpool, nurseries were a key promotional partner, helping to distribute branded tote bags with printed materials to parents. Midwives were also a key part of the campaign across the different partnerships. However, we do not know the extent to which these options were impactful, in terms of being more likely to lead to behaviour change.

At a music group which was heavily promoting the campaign and trying to model its behaviours, the group leader recounted an example of a mother who had responded well to being encouraged to take the time to notice her child and play with them at the group. When this parent had started attending the group, she would use it as an opportunity to go outside for a cigarette. Later, she saw that the shared activity the group leader was doing was beneficial for her child, and replicated the behaviour at home by singing and clapping. This caregiver now encourages others to engage in the activities and use what they have learnt at home.

This begins to point to a further type of mediation: advocates from within the community. One interviewee in Nottingham noted that, since the campaign, they had seen caregivers posting a lot more online about activities they have done with their child(ren), which was in turn normalising those behaviours and encouraging other caregivers to do the same. For example, showing themselves reading to a 4-month-old baby, or fathers posting about reading to their children. It is, however, also possible that this is an example of the 'Baader-Meinhoff Phenomenon'[27], and that this interviewee noticed these posts more because the campaign had made them more aware of the behaviours.

These examples of different ways to implement the campaign while providing additional explanation or advocacy of the messages may provide options for adding to the campaign's 'routes to audience' in ways that other participants said they found constructive.

[27] Also known as 'Frequency Bias', the 'Baader-Meinhoff Phenomenon' is where something someone recently learned about suddenly appears 'everywhere'.

5.4 Sustainability

All the practitioners interviewed said that they would like to see the campaign continue. They identified two factors, outlined below, that may be interesting to consider in relation to campaign sustainability.

5.4.1 Embracing networked approaches

To get the campaign messages out as widely as possible, several practitioners discussed the value of building partnerships with other health professionals and community-based organisations. As well as reaching more families, this approach helped to make the campaign recognisable and trusted. It aided both the reach of the campaign – by utilising the owned channels of these partner organisations – and the embedding and understanding of the rationale behind the campaign behaviours which, as discussed above. may be helped through distribution via a 'trusted mediator'.

5.4.2 Funding

While for the most part practitioners felt that the campaign was already embedded in their local area and would be likely to continue to be used and spoken about in the future, they did feel that there were a number of key aspects that were necessary in order to ensure this. The first was the availability of 'giveaways'. These stickers, bags, fridge magnets and bubble pots were very popular at events and if they ran out, they might perhaps be replaced by the next campaign or marketing effort that was able to provide them. The production of these items of course requires funding.

Secondly, there is a need for 'new' materials, such as new influencer videos, to keep the messages 'fresh' and enable repeated promotion of them over time.

6.0

Reflections and learning

6.0 Reflections and learning

6.1 Summary of findings

The quantitative data, sense checked where relevant against the qualitative findings, shows a clear picture of the campaign's progress along the 'steps to behaviour change' as set out in the evaluation framework. The following sections reflect the extent to which the overall aims of the campaign have been met, according to the data collected.

6.1.1 Building caregivers' understanding of the benefits of ESELD

The first aim of the campaign was to build caregivers' understanding of the benefits of ESELD. This was measured using indicators for awareness, knowledge and understanding.

Data on the distribution of the materials provided by 23red indicate good digital distribution of the assets, with considerable distribution at local level contributing to this. The quantitative data shows a 39% saturation of target areas based on the survey findings, which is quite strong. There is good evidence that the campaign has had a significant impact on the knowledge of caregivers in ABS sites, with increases in advice being heard across sources, and from partners and social media (and digital advertising), in particular.

The findings for the understanding indicator are inconclusive – no convincing evidence has been found from the quantitative data that the campaign has had an impact on caregivers' understanding as to why the behaviours are important. Qualitative data suggests that while some individual caregivers do demonstrate understanding and motivation to take action, this is not necessarily in line with the original aims and rationale of the campaign. The qualitative data supports the quantitative data, which shows that the rationale underpinning the campaign behaviours was not well understood by the target group.

6.1.2 Encouraging caregivers' adoption of behaviours that support the ESELD of the child(ren) for whom they care (0 to 4 years)

The second aim of the campaign was to encourage caregivers to adopt behaviours that support the ESELD of the child(ren) they care for. This was measured using indicators for attitude, intended behaviour and behaviour.

There is no strong evidence of positive change for any of the attitude, intended behaviour or behaviour indicators. There is some qualitative evidence here that points towards positive change in caregiver attitudes towards the campaign behaviours, although it is limited. The indicator shows that the campaign did not significantly change respondents' views of the importance of the campaign behaviours in relation to some other caregiver behaviours,

though some anecdotal examples were presented of caregivers becoming local influencers for the campaign by sharing the rationale for the messaging with others.

There is some weak evidence from the impact analysis to suggest that the overall decrease in intended behaviour was lessened in ABS sites. Practitioner perspectives provided some anecdotal examples of individual effects arising from the campaign (following mediated engagement with the campaign materials), but there was no sense from the practitioners of a widespread impact on behaviour.

6.2 Lessons learnt

It is positive to see that there was good distribution and awareness of the campaign, and that it has clearly made a change in caregiver knowledge of the promoted behaviours. Campaign teams may now like to reflect further on the ways in which the campaign sought to build caregivers' understanding of the rationale for these behaviours, in order to support development and progression of this as the next step towards behaviour change in the future.

It may be that a social marketing campaign alone is unlikely to lead to behaviour change, and may be better situated as one piece of an overall jigsaw to inform and nurture changes in attitudes and motivation. In the case of the Big Little Moments campaign, many of the people we spoke to saw the campaign as a way of reinforcing existing messages rather than introducing new ones.

The following discussion, based largely on the qualitative data, presents lessons learnt that could help to explain the key findings, and inform thinking around how the campaign could build on success factors and have a greater impact on caregivers' understanding.

6.2.1 The 'Big Little Moments' campaign messages were not new

While practitioners generally agreed that the campaign materials conveyed the intended messages, many described the key benefit of the campaign as being the reinforcement of existing knowledge through repetition and reframing, and through providing new ideas and suggestions for implementation at home, building caregivers' confidence. This was a very common way in which the campaign materials were used by practitioners in ABS sites.

Caregivers agreed that although they liked the campaign, they already understood that the behaviours it promoted were good things for parents to do – the materials provided them with some fresh ideas or acted as a reminder, rather than introducing anything entirely new. Ultimately, the campaign operated on the assumption that caregivers were not aware of these behaviours. In contrast, the qualitative research suggested that caregivers were aware of the behaviours, but did not always adopt them because they faced barriers (time,

resources and competing priorities). Perhaps the campaign could have led to more behaviour change if it focused more on how caregivers could have overcome the barriers to behaviour change.

This may help to explain why there was no change in caregiver understanding or behaviour, because the messages themselves – not being new – perhaps did not 'land' strongly enough to generate this.

6.2.2 The campaign materials did not lead the audience towards an understanding of the intended rationale

There is evidence that caregivers and practitioners enjoyed the campaign materials and felt that they related well to most families, as well as being engaging. However, the qualitative research found that caregivers were not always able to distinguish between the behaviours (for example, behaviours **#7** and **#8** seemed easily confused), had not necessarily read the text on the main images, and would sometimes mistake the materials as being targeted at children. The accessibility of the messaging was supported, however there was still feedback from practitioners that the relatively large number of promoted behaviours had resulted in there being too much detail within the materials for caregivers to easily absorb.

Practitioners' expectations of the extent to which the campaign would influence caregivers' understanding of the reasons why the behaviours are beneficial were low. This foreshadowed the findings from the quantitative research, which demonstrated that this change in understanding did not happen. Qualitative data provided many examples where caregivers' understanding of the rationale for the promoted behaviours was not aligned to those underpinning the campaign, which adds further weight to this.

What we do not know is whether caregiver understanding could have been increased if the campaign focused on depth over breadth (for example, more detail about a smaller number of behaviours) and was designed in a way that encouraged people to read the explanations, or whether it is unrealistic to expect a simple social marketing campaign to support people to understand scientific concepts.

6.2.3 Successful behaviour change often results from interactions with a trusted mediator

It may be that the influence of a social marketing campaign is insufficient, when weighed against all the other factors involved, to lead to changes in behaviour. Unhelpful social norms, competing priorities and entrenched habits are all strong barriers to change which are very hard to overcome. In addition, barriers to change reported by caregivers themselves included feeling like there is not enough time for them to stop and engage with their child(ren), and lacking a conducive environment in which to play or interact with them.

Individual family circumstances, such as multiple siblings or special needs, increased these challenges.

It may be that the role of the campaign itself is best seen as a tool and resource for practitioners to use to explain to and educate caregivers on early childhood development in other, more direct and personal, ways. That is, it should be delivered alongside more intense work (such as that which is carried out within the wider ABS programme), and not in isolation.

The data makes clear the value of trusted mediators in helping to introduce or explain the campaign to caregivers. This may be a person or an organisation, and there were many stories of successful behaviour change resulting from these sorts of mediated interactions. Where there were some anecdotal examples of parents developing a new understanding and building their confidence to act as a result of the campaign, these were mediated examples where the support of a local practitioner was available, rather than having been generated from the materials themselves.

6.3 Implications

Table 6.1 summarises the implications of the learning described above for key audiences, including ABS partnerships, the Fund and external commissioners, practitioners and policymakers interested in replicating or learning from the campaign.

Table 6.1 Implications of lessons learnt for key audiences

Learning	Implications
The Big Little Moments campaign increased caregivers' awareness of the promoted behaviours. However, it did not increase their understanding of the rationale underpinning the behaviours, and it did not lead to behaviour change in the 12 months after the campaign launched.	▶ Continue to experiment with social marketing to understand whether increasing awareness is a more realistic aspiration for a social marketing campaign, or whether running campaigns in a different way could increase understanding and behaviour change.
The campaign materials did not lead the audience towards an understanding of the intended rationale underpinning the behaviours.	▶ Consider simplifying campaign by reducing the number of promoted behaviours. ▶ Consider designing campaign materials so it is clearer that they are aimed at caregivers and not children. ▶ Consider how caregivers could be encouraged to read the messages linked to campaigns.
Successful behaviour change is often a result of interactions with a trusted mediator.	▶ More direct work with caregivers is required in order to explain the campaign and build caregivers' confidence. ▶ Identify barriers to behaviour change and create materials that help caregivers address these barriers – for example, low cost activities and how to fit behaviours into a busy schedule.

Annex A - Detail on the methods

This Annex provides more detail regarding the survey design, comparison areas and qualitative research.

As noted in Section 2.4, the evaluation included a mixed methods design. The impact analysis used an online survey to measure changes in caregiver awareness, knowledge, and behaviour over time, in comparison with another group. This was analysed alongside campaign monitoring information provided by 23red.

The quantitative data was complemented by qualitative data that provided a more comprehensive picture of the findings. It enabled the evaluation to estimate the extent to which any changes identified in the impact evaluation could be attributed to the campaign. Focus groups were carried out with 43 caregivers and telephone interviews were conducted with 21 practitioners in ABS sites.

An overview diagram for the design was included in Figure 2.2.

Questionnaire testing

The questionnaire was assessed using a cognitive testing approach, with a focus group of two parent champions and a parent activities facilitator, at the ABS Southend partnership in November 2018. This was carried out to test how well the target group understood the survey questions, so they could be refined and improved. This increased their validity, giving confidence to the findings.

Comparison areas

The evaluation comparison areas were determined as part of the intended cohort study[28] planned for the impact strand of the national ABS evaluation. They used the National Foundation for Educational Research's (NFER) 'neighbourhood comparison' tool, which identifies areas with similar characteristics. This research initially identified 15 areas that were comparable to the five ABS sites. However, three of these initial 15 would be the focus of messaging relating to a similar caregiver behaviour change campaign run by the NSPCC. Consequently, they were excluded, leaving 12 comparison areas to be covered by the campaign survey. These are listed in Table A.1. Each site was given an approximate weighting, which was adjusted to ensure each of the intervention areas would be representative of 20% of the total of both intervention and comparison groups. Digital

[28] This cohort study did not take place, but the comparison areas were used for this evaluation.

activities controlled by the creative agency were limited to the intervention postcode areas as far as possible, although some digital targeting needed a less specific stipulation.

Table A.1 The campaign comparison areas (listed under the intervention area to which they compare)

Intervention area	Proportion of total intervention area sample	Comparison areas	Proportion of total comparison area sample
Blackpool	20%	Plymouth	10%
		Stoke-on-Trent	10%
Bradford	20%	Coventry	6.7%
		Derby	6.7%
		Peterborough	6.7%
Lambeth	20%	Hackney	6.7%
		Hammersmith and Fulham	6.7%
		Islington	6.7%
Nottingham	20%	Birmingham	10%
		Hull	10%
Southend	20%	East Kent (Ashford and Dover)	10%
		Sefton	10%

Survey sampling and recruitment

The evaluation team sent postcard invitations to potential respondents by Royal Mail, inviting them to participate in the research. Postcards were sent to 8,475 addresses in January 2019 and 5,928 in January 2020. Addresses were obtained from Emma's Diary, a 'pre-natal database' which claims to be the largest in the UK. The sampling frame consisted of individuals within the Emma's Diary database located within intervention or comparison

postcode areas (at ward level), and whose households contained children from pregnancy to 48 months as at 1st January 2019 for the baseline wave (and then 2020 for the follow-up wave). The required number of individuals for each group of postcodes was calculated and a sample of that size randomly selected. For some postcode areas with lower representation in the dataset, all available records were included. There was very significant overlap in the sample across the two waves because of the limited total population size, giving an implicit longitudinal component to the study. However, respondents who completed the survey at both waves could not be identified, so the analysis treats the data as being from separate groups.

Emma's Diary gives free labour information packs to all pregnant women via their midwife, at around 32-34 weeks of pregnancy. More special offers are available upon registration to the website. The Emma's Diary database thus holds unsolicited, opted-in contact details and data, with consent for contact for research purposes. The likely emphasis on mothers (rather than fathers) within this dataset needs to be seen as a limitation to the research. However, it was not possible to directly target fathers within the scope of this study, unless they were signed up to the database. The evaluation team anticipated that cohabiting fathers might complete the survey on behalf of their household, but it was not possible to direct this.

To find the best balance between cost and rigour, sample sizes were first calculated, in order to provide a respondent group large enough for medium effects to be detected[29] as part of a difference-in-differences estimation. Resources for incentive payments were then budgeted for a maximum of 1,000 respondents. In percentage point terms, this equates to a sample that could detect a shift in positive outcomes – for example, from 50% without the campaign to 62.5% with the campaign. To ensure the estimates of impact were as precise as possible, a matched difference-in-differences was used, where all four survey groups were matched using propensity score matching at the analysis stage on personal characteristics.[30] This ensured that all four groups had a very similar profile and differences were not attributable to random differences in the survey profile each year.

Although the sample was, by definition, drawn from the digitally included (as inclusion on the Emma's Diary database requires online signup), previous research[31] indicates that the group is broadly representative of the whole population of ABS target and comparison areas.

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[29] Effect sizes of at least 0.25 standard deviations.

[30] Propensity score matching is an approach to balancing study groups to make them more comparable. See: https://www.methodology.psu.edu/resources/propensity-scores/

[31] Bryson, C. and Purdon, S. (2018) *Evaluation of A Better Start: A baseline profile of the families living in A Better Start areas. Profile summary.* Available at: https://www.tnlcommunityfund.org.uk/media/insights/documents/ABS-Impact-Evaluation-Baseline-Profile-Report_0.pdf?mtime=20190408134339&focal=none [June 2020].

This was confirmed by examination of the demographics of the respondents (see 'Characteristics of survey respondents' later in this section).

Invitations to participate clearly indicated a dedicated URL for completion of the survey. Local ABS logos were used for intervention area invitations. All respondents were offered a £10 GiftPay[32] voucher incentive for completion of the survey (delivered via a link on the 'thank you' page). The survey was restricted to one response per IP address.

Information on the nature and purpose of the study and the incentives for participation was included in the invitation to participate and at the start of the online questionnaire, with opt-in consent to participate obtained from all respondents. Confidentiality criteria were set out. Operational contact details (email and telephone number) were provided on both the invitation and the online survey, for use by potential respondents with questions about the study.

The detailed online questionnaire took respondents approximately 15 minutes to complete and was designed to capture self-report indicators such as issue salience, knowledge, intended behaviour and reported behaviour. The second survey at the follow up wave also included campaign recognition questions. The questionnaire is provided in Annex C.

Characteristics of survey respondents

After data cleaning had been carried out, a total of 976 responses to the baseline surveys and 999 responses to the follow up surveys were analysed. Responses were distributed evenly between those from intervention (ABS) and comparison areas, with 493 and 506 respondents in ABS sites completing the survey across the two waves, respectively. Quotas were applied for the follow up survey in order to give additional confidence that each of the ABS sites was equally represented in the data. The distribution across areas can be seen in Table A.2.

[32] https://www.giftpay.co.uk/business/egifts.aspx

Table A.2 Distribution of respondents across ABS sites in baseline and follow up waves

Wave		Site 1	Site 2	Site 3	Site 4	Site 5	Total
Wave 1	Frequency	89	208	34	89	73	**493**
	Percent	18%	42%	7%	18%	15%	**100%**
Wave 2	Frequency	105	116	69	109	107	**506**
	Percent	21%	23%	14%	22%	21%	**100%**

Base = All respondents in ABS sites. Weighted data. Data is rounded to the nearest whole number.

For the subsequent analyses, the data was weighted such that each ABS site contributes 20% to the findings. The comparison areas were also weighted accordingly.

Looking at the demographic profile of respondents (Figures A.2 to A.8 below), we can see that respondents to our survey experienced higher levels of deprivation than the general population of ABS sites across most of the sociodemographic measures collected. Children and their families living in ABS sites have already been found to be significantly more deprived compared to the national profile of families with children aged three and under, as set out in the original bid documents submitted by the five partnership sites[33].We have compared the profile of our respondents at Wave 2 (follow up), weighted so that each intervention area represents 20% of the ABS site total[34], to an earlier ABS site profile developed by BPSR[35], for which the five partnership sites were similarly weighted[36]. Based on this, we can see that the survey respondents are:

[33] Bryson, C. and Purdon, S. (2018) *Evaluation of A Better Start: A baseline profile of the families living in A Better Start areas. Profile summary.* Available at: https://www.tnlcommunityfund.org.uk/media/insights/documents/ABS-Impact-Evaluation-Baseline-Profile-Report_0.pdf?mtime=20190408134339&focal=none [June 2020].
[34] Weightings applied: Blackpool 0.96; Bradford 0.87; Lambeth 1.47; Nottingham 0.93; Southend 0.95.
[35] Bryson, C. and Purdon, S. (2018) *Evaluation of A Better Start: A baseline profile of the families living in A Better Start areas. Profile summary.* Available at: https://www.tnlcommunityfund.org.uk/media/insights/documents/ABS-Impact-Evaluation-Baseline-Profile-Report_0.pdf?mtime=20190408134339&focal=none [June 2020].
[36] No significance testing has been carried out as these true differences in the demographic makeup of these populations

- (Much) younger than the general ABS population, with 29% aged 16-25, compared to 19% overall in ABS sites and 13% for all of England
- (A little) more likely to be lone parents, with 37.9% of respondents identifying as a lone parent, compared to 35% overall in ABS sites
- (A little) more likely to have no formal qualifications, with 22.1% of Wave 2 respondents compared to 19% overall in ABS sites and (much) less likely to have a degree, with 13.7% of Wave 2 respondents indicating that they have a degree compared to 19% overall in ABS sites
- Less likely to be an owner-occupier, with 19.1% of respondents stating that they own their house, compared to 26% in ABS sites overall.

Interestingly however, the survey respondents (Wave 2, follow up) were:

- Very much more likely to be in work (62.1%) compared to overall ABS site figures (42% in work). Indeed, this figure is higher than the national profile, which is 59%
- (Much) less likely to report their ethnicity as Black/African/Caribbean/Black British than the general ABS population, with fewer than 5% of respondents identifying as Black/African/Caribbean/Black British, compared to 14% overall in ABS sites identifying themselves under the broad category of 'Black'. This is likely to be partly due to the ethnic profile in Lambeth, where response rates for the campaign were a little lower, although the representation for Lambeth improved somewhat at follow up because of the quota that was introduced, while the representation of Black/African/Caribbean/Black British respondents has decreased
- (A little) less likely to report their ethnicity as 'Asian / Asian British' than the general ABS population, with 16.1% of respondents identifying as 'Asian / Asian British', compared to 19% overall in ABS sites. This is largely due to the ethnic profile in Bradford, where response rates for the Wave 2 survey were high, but relatively lower than at baseline.

The survey has overall achieved good representation of the ABS target population, with some over-representation in Bradford and under-representation in Lambeth accounted for through weighting at both waves. We do not unequivocally know why this is the case, though it is possible that this is partly due to the number of eligible households in the Emma's Diary database, meaning the sample was slightly larger in Bradford and smaller in Lambeth. It can be assumed from this that the evaluation has reached the target population for the campaign. Furthermore, the profile of the respondents between Wave 1 and 2 are very similar, reducing the risk that any difference in responses between the Waves is due to a different cohort profile.

Furthermore, the demographic profile of the survey respondents set out above reflects a higher level of deprivation than the general ABS population on some indicators (though not on work). This is with the exception of the under-representation of Black respondents in the survey, which should be considered when interpreting the findings.

Figure A.1 Respondents' relationship to youngest child

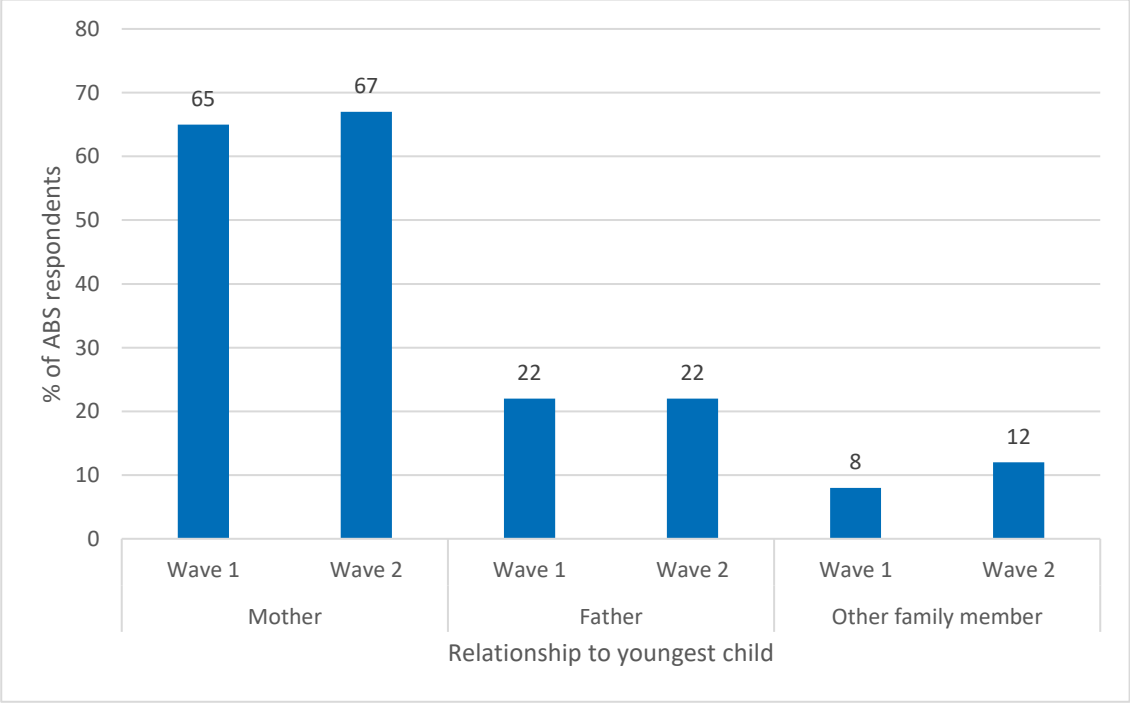


Figure A.2 Respondent's age

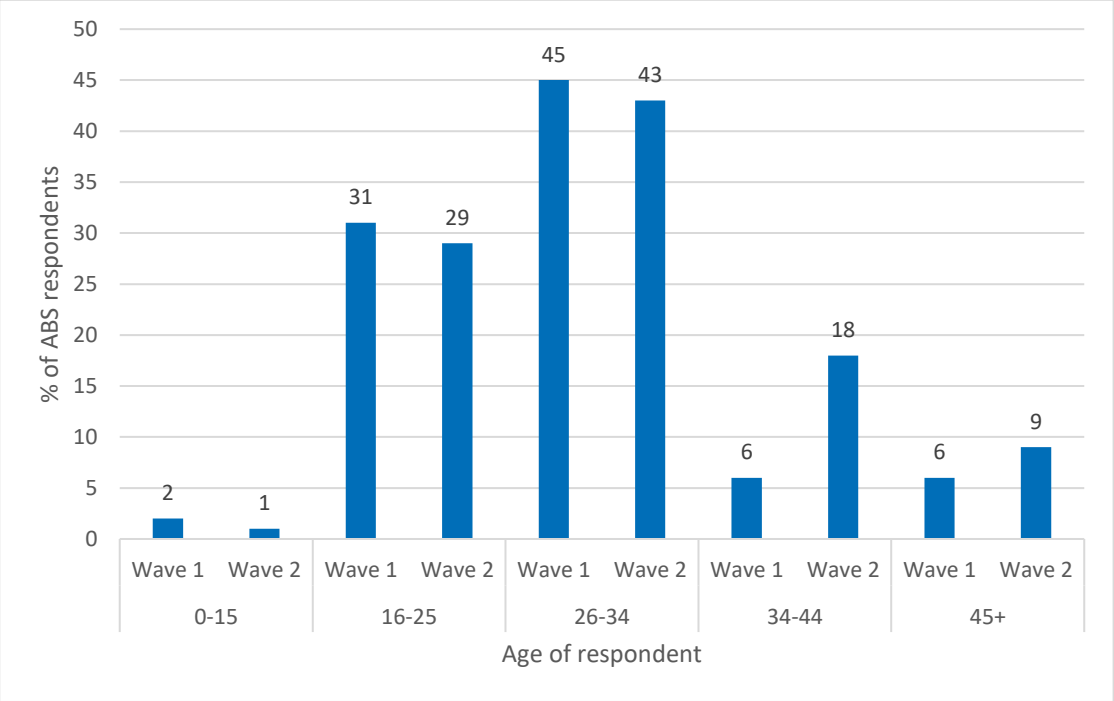


Figure A.3 Age of the youngest child in respondents' care

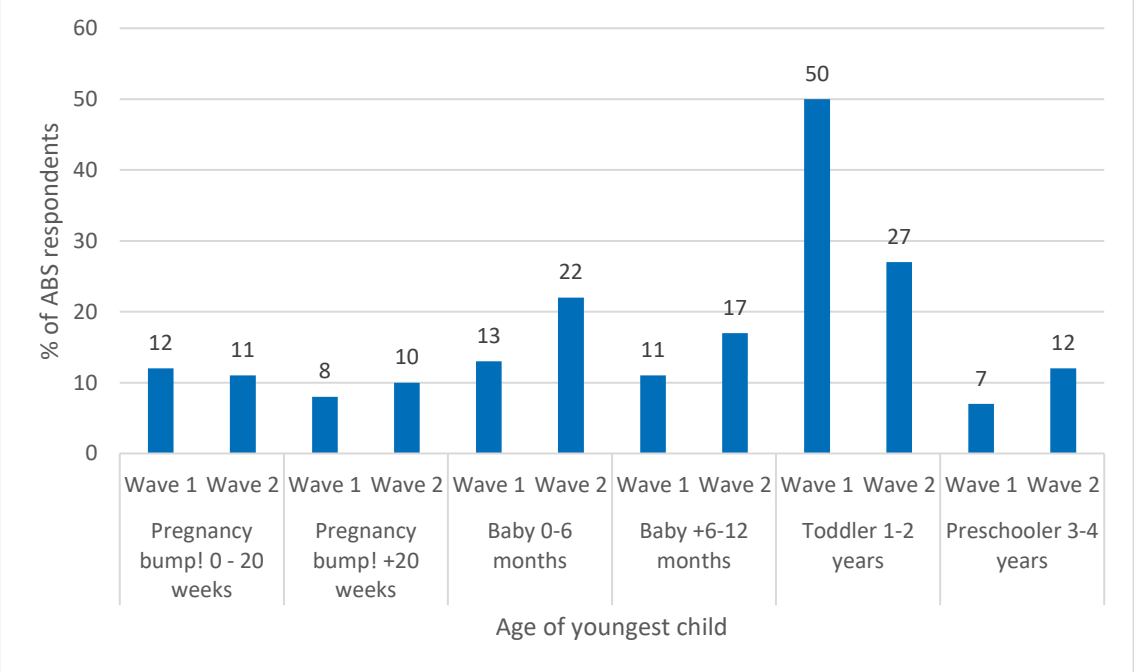


Figure A.4 Housing

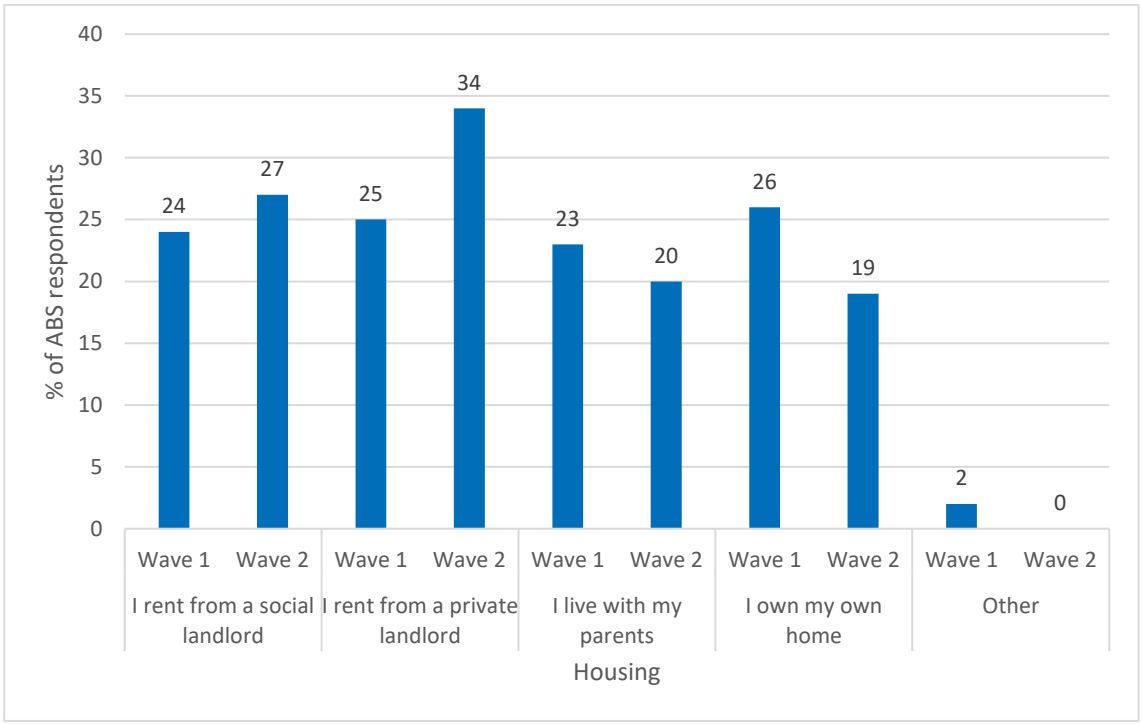


Figure A.5 Work status

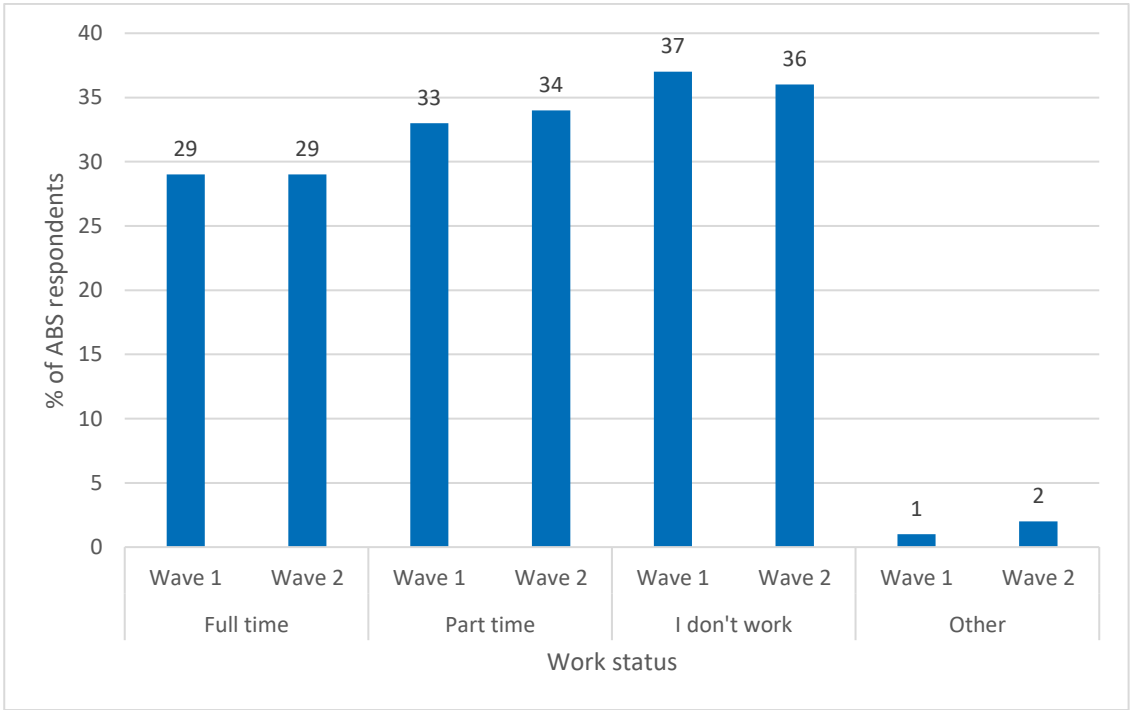


Figure A.6 Formal qualifications

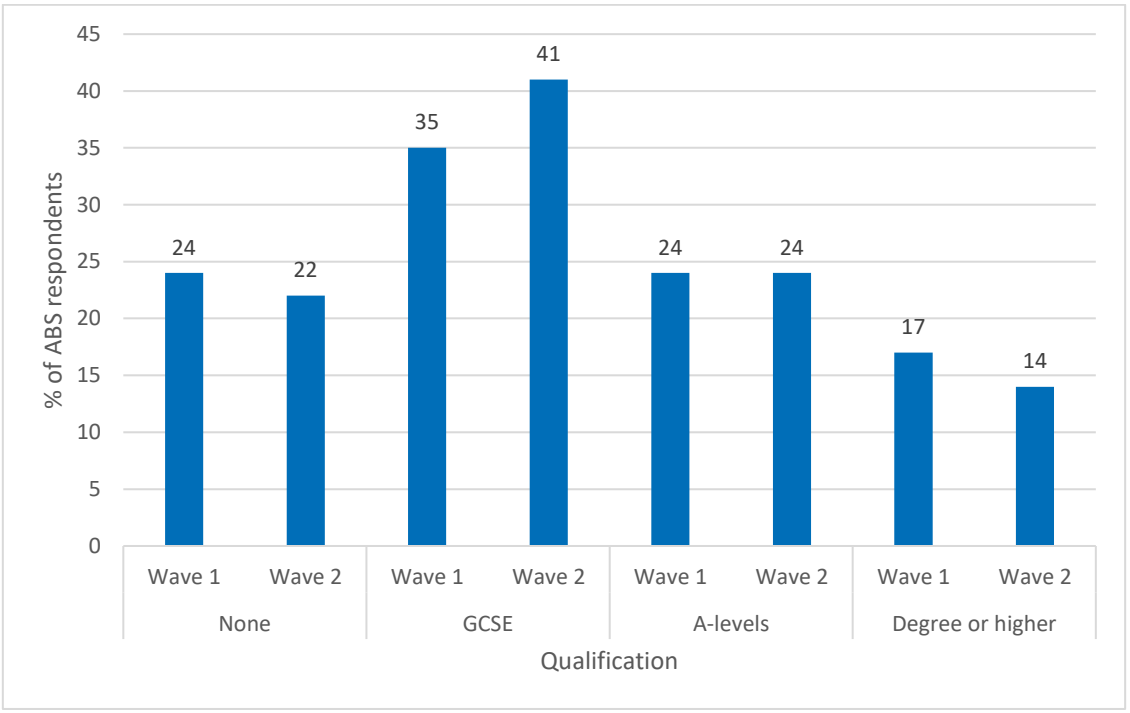
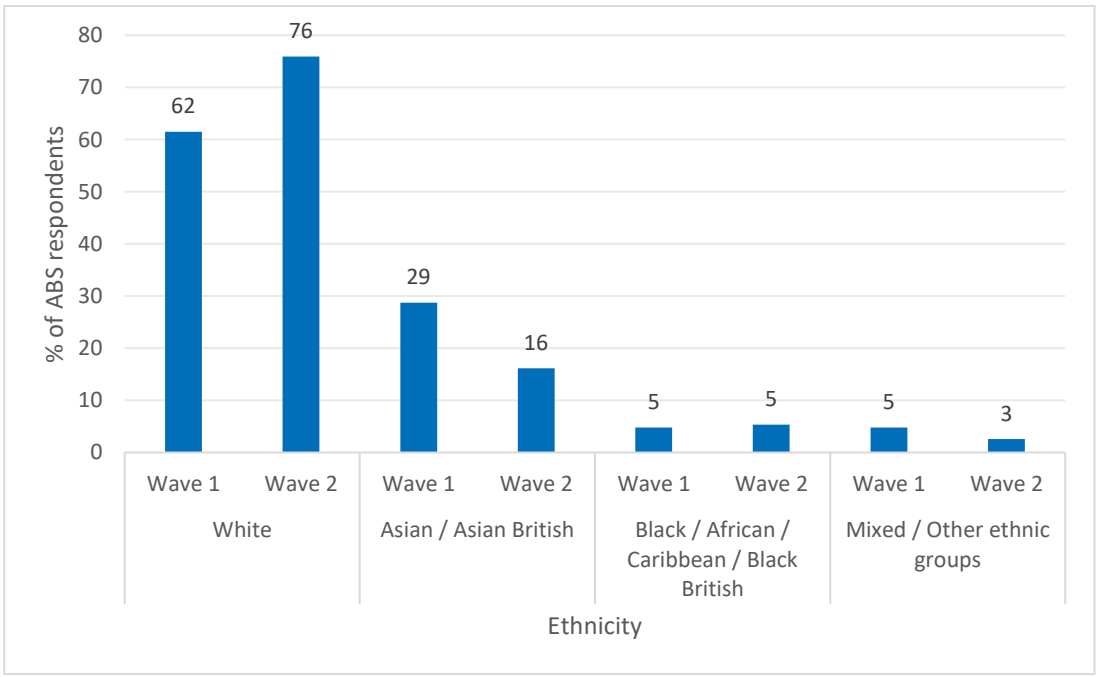


Figure A.7 Respondents' ethnicity



Qualitative research

Focus groups with caregivers

The purpose of the focus groups with caregivers was to explore how effective the explanatory nature of the campaign had been, and to test the understanding and adoption of the campaign by the target group.

Five focus groups were carried out – one in each ABS site. A total of 43 participants took part, consisting mainly of mothers, and included two fathers and two grandmothers. Initial focus group recruitment was carried out using the survey, contacting those that expressed interest in participating and had provided their contact details for the purpose. Potential participants were asked to sign up via a short online screening questionnaire to ensure opt-in with informed consent and data legislation compliance. Recruitment was supported by ABS partnerships who promoted the focus groups via communications materials, such as newsletters and social media. Additional participants were also recruited via the venues where focus groups were held – via community centre noticeboards, for example. Lunch was provided, as well as a £10 Love2Shop voucher, for each participant.

At the start of every focus group, each participant was asked to give written consent to take part in the research, and for the research data to be retained for study purposes. A hard copy of the information sheet was provided on the day and attendees were given the opportunity to ask any questions relating to the research. Focus groups were recorded for notetaking purposes.

As mentioned in Section 2.4, the Theory of Change provided an analytical structure to guide thematic analysis of the data. An inductive approach was taken to allow themes and ideas to emerge from the raw data. The evaluation used a computer-assisted software analysis package, NVivo, to collate and code the data. An initial coding framework was applied, based on the content of the topic guides and report structure (for example, location of campaign assets, ABS engagement and views on the assets). This was further reduced into a smaller number of meaningful categories or themes which emerged from the data (for example, validation of existing knowledge). Two members of the evaluation team compared and discussed the coding framework throughout the analysis stage to help establish the credibility of the coding.

Practitioner interviews

The purpose of these interviews was to provide a nuanced practitioner perspective on the campaign, produce stakeholder satisfaction data, and to provide depth of detail, examples of experience, and individual narratives to add to the other strands of data.

A total of 21 interviews were carried out across all five ABS sites, although in one site it was only possible to complete one interview due to the complexities arising from the COVID-19 pandemic lockdown. Recruitment for these interviewees was carried out by the ABS partnerships with support from the evaluation team.

Interviewees were provided with an information sheet about the research ahead of scheduling. At the start of each interview, participants were asked to give verbal consent to take part in the research and for the research data to be retained for study purposes. An opportunity to ask questions about the research was provided. Where interviews were recorded for notetaking purposes, permission was sought.

Interviewees provided the following job titles (their partnership locations have been withheld to ensure anonymity):

- ABS Outreach/Engagement/Neighbourhood Worker (x7)
- Parent Champion (x6)
- Community Engagement Lead
- Communication and Language Co-Lead
- Team Lead for a partner service
- Health Connector
- Park Ranger
- Childminder
- ABS communications team member
- Local partner of ABS
- Head of Programme
- Programme Coordinator

Thematic analysis was again carried out using NVivo to organise and collate the data. A deductive approach was taken to identify specific examples of behaviour change which the practitioners were asked to provide. An initial coding framework was applied, based on the content of the topic guides and report structure (for example, campaign localisation, sustainability, and suggestions for improvements). This was further reduced into a smaller number of meaningful categories or themes which emerged from the data (for example, reinforcing messages and barriers to change). Two members of the evaluation team compared and discussed the coding framework throughout the analysis stage to help establish the credibility of the coding.

Annex B – Other activities taking place during the campaign period that may contaminate evaluation results

Local activity

Table B.3 Concurrent services in ABS sites at the follow up stage (April 2020)

	Name of service	Delivery organisation	Which of the following caregiver behaviours might the service affect? Please tick the box if you anticipate that the 'average' participant would noticeably change this behaviour after engaging in the service.							
			#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening and responding	#7 Saying what they see	#8 Saying what they are doing
Blackpool	Baby Steps	NSPCC/Health visitors				x				
	Health Connectors	NSPCC	X	x	x	x	x	x	x	x
	Community Connectors	NSPCC	X	x	x	x	x	x	x	x
	Being A Parent	Parent Led (LA coordinated)	X	x	x	x	x	x	x	x
	Health Visiting	Health visitors	X	x	x	x	x	x	x	x
	Birth Registrars	Birth registrars	X	x	x	x	x	x	x	x
	Early Years Park Rangers	LA	X	x	x	x	x	x	x	x
Bradf	Baby Steps	Action for Children		x	x	x				

	Name of service	Delivery organisation	Which of the following caregiver behaviours might the service affect? Please tick the box if you anticipate that the 'average' participant would noticeably change this behaviour after engaging in the service.							
			#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening and responding	#7 Saying what they see	#8 Saying what they are doing
	Welcome to the World	Local authority children's services				x				
	HAPPY	Barnardo's		x	x	x	x			
	HENRY	HENRY			x		x			
	ESOL for Pregnancy	Shipley College				x				
	Home-Start, Better Start	Home-Start	X	x	x		x	x	x	x
	Perinatal Support Programme	Family Action		x	x	x		x		
	Breastfeeding Support Project	Health for all				x				
	Pre-schoolers in the Playground (PiP)	Local schools		x			x	x		x
	Talking Together	BHT Early Education	X	x	x		x	x		x
	Better Start Imagine	BHT and Dolly Parton Imagination Library	X						x	x
	ICAN	BHT Early Education and Training	X				x			x

	Name of service	Delivery organisation	Which of the following caregiver behaviours might the service affect? Please tick the box if you anticipate that the 'average' participant would noticeably change this behaviour after engaging in the service.							
			#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening and responding	#7 Saying what they see	#8 Saying what they are doing
	Personalised Midwifery Project	Bradford Teaching Hospitals				x				
	Family Nurse Partnership	Bradford District Care	X	x	x	x	x	x	x	x
	Cooking for a Better Start	HENRY			x			x		
	Little Minds Matter	Bradford District Care Family Action				x		x		
	Bradford Doulas	Bradford Doulas				x				
	Forest Schools Play project	Get out More CIC					x			x
	Incredible Years Toddler Basic	Barnardo's	X	x	x		x	x		x
	Better Place	Groundwork					x			
	Early language assessment	Bradford District Care trust	X	x	X		x	x	x	x
	Family Hubs Stay and Play	Bradford Council Children's Services	X	X	X		x	x	x	x
Lambeth	Community based Activity and Nutrition programme (CAN)	Guy's and St Thomas' (NHS FT)				x				

	Name of service	Delivery organisation	Which of the following caregiver behaviours might the service affect? Please tick the box if you anticipate that the 'average' participant would noticeably change this behaviour after engaging in the service.							
			#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening and responding	#7 Saying what they see	#8 Saying what they are doing
	Doorstep Library	Doorstep Library	X		X			x		
	Natural Thinkers	Lambeth Council			X		x			
	Chattertime	Evelina Children's Hospital	X	X	X			x	x	x
	The Family Nurse Partnership	Guy's and St Thomas' (NHS FT)	X	X	X	x	x	x	x	x
	Parent and Infant Relationship Service (PAIRS)	South London and Maudsley (NHS FT)	X	X	X		x	x	x	x
	Parent and Infant Relationship Service (PAIRS): Together Time	South London and Maudsley (NHS FT)	X	X	X		x	x	x	x
	Parent and Infant Relationship Service (PAIRS): Circle of Security	South London and Maudsley (NHS FT)	X	X	X		x	x	x	x
	Making it REAL for Under 3s	NCB and Lambeth Council	X	X	X			x	x	x
	Sharing REAL with Parents	NCB and Lambeth Council	X	X	X			x	x	x
	Baby steps (perinatal education)	Guy's and St Thomas' (NHS FT)	X	X	X	x	x	x	x	x

	Name of service	Delivery organisation	Which of the following caregiver behaviours might the service affect? Please tick the box if you anticipate that the 'average' participant would noticeably change this behaviour after engaging in the service.							
			#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening and responding	#7 Saying what they see	#8 Saying what they are doing
	Group pregnancy care	King's College Hospital (NHS FT)								
	Caseload midwifery	Guy's and St Thomas' (NHS FT)				x				
	Parent Champions	Lambeth Council	X	X	X	x	x	x	x	x
	Speech and Language Therapy – Evelina Award	Evelina Children's Hospital						x	x	x
Nottingham	SSBS Family Mentors: Small Steps at Home	Commissioned by SSBC; delivered by: The Toy Library, Framework HA and HomeStart Nottingham	X	x	x	x	x	x	x	x
	SSBC Family Mentors: Groups and Activities	As above	X	x	x	x	x	x	x	x
	Family Nurse Partnership	Nottingham CityCare Partnership (additional nurses funded	x	x	x	x	x	x	x	x

	Name of service	Delivery organisation	Which of the following caregiver behaviours might the service affect? Please tick the box if you anticipate that the 'average' participant would noticeably change this behaviour after engaging in the service.							
			#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening and responding	#7 Saying what they see	#8 Saying what they are doing
		specifically for SSBC wards through SSBC)								
	NHS Midwifery Continuity of Carer Hub	NUH NHS Trust				x				
	Dolly Parton Book Gifting	Dolly Parton Imagination Library	X	x	x	x	x	x	x	x
	Read On Nottingham	National Literacy Trust	X	x	x	x	x	x	x	x
	Nottingham City Speech and Language peer review	Local Government Association	X	x	x	x	x	x	x	x
	PEEP	Nottingham City Council/ Nottingham CityCare Partnership – delivered by Children's Centres	X	x	x	x	x	x	x	x
	Bump, Birth and Baby	Nottingham CityCare Partnership				x				

	Name of service	Delivery organisation	Which of the following caregiver behaviours might the service affect? Please tick the box if you anticipate that the 'average' participant would noticeably change this behaviour after engaging in the service.							
			#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening and responding	#7 Saying what they see	#8 Saying what they are doing
Southend	Breastfeeding support group	Southend YMCA			x	x		x	x	x
	121 Breastfeeding	Southend University Hospital NHS Foundation Trust			x	x		x	x	x
	Preparation for parenthood (antenatal)	HENRY	X	x	x	x	x	x	x	x
	Let's Talk	Essex Partnership University NHS Foundation Trust	x	x	x	x	x	x	x	x
	23 month check	Essex Partnership University NHS Foundation Trust	X	x	x	x	x	x	x	x
	HENRY Healthy Families	HENRY	X	x	x	x		x	x	x
	Work-Skills	Southend-on-Sea Borough Council								

	Name of service	Delivery organisation	Which of the following caregiver behaviours might the service affect? Please tick the box if you anticipate that the 'average' participant would noticeably change this behaviour after engaging in the service.							
			#1 Sharing a story	#2 Using loving words	#3 Making everyday moments fun	#4 Talking to the bump	#5 Making time to play	#6 Listening and responding	#7 Saying what they see	#8 Saying what they are doing
	HENRY Starting Solids	HENRY				x	X		x	
	Food growing	Family Action	X		x			x	x	x
	Food for Life	Family Action	X		x	x		x	x	x
	EPEC Baby and Us	South London and Maudsley NHS Trust (SLAM)	X	x	x	x	X	x	x	
	EPEC Being a parent	South London and Maudsley NHS Trust (SLAM)	X	x	x	x	X	x	x	
	Family Nurse Partnership (FNP)	Essex Partnership University NHS Foundation Trust	X	x	x	x	X	x	x	x
	SLCN Family Support	Southend-on-Sea Borough Council	X	x	x	x	X	X	x	x
	Volunteer Home Visiting	Home-Start	X	x	x	x	X	X	x	x

Known and potentially 'contaminating' interventions in evaluation areas

In November 2018, the DfE announced additional funding to support disadvantaged families to improve children's early language and literacy, and to boost parents' confidence with home learning[37]. Funding was provided to a number of different projects – for example, one project developed user-friendly resources, including targeted text messages, to support parents and help close the disadvantage gap at age five through improved home learning. As some of the pilot sites for this information campaign were rolled out in the ABS target and comparison areas, it is important to understand the potential effect of these projects on the evaluation data. Here we list some of the known potential conflicts.

- The National Literacy Trust has a funded programme to improve the home learning environment for families through corporate partnerships with local businesses. This programme was to be delivered in several of the evaluation areas, including the ABS site Nottingham and one of its comparison areas (Birmingham), a comparison area for Blackpool (Stoke-on-Trent) and a comparison area for Bradford (Peterborough). SSBC (Nottingham) reported that they were actively attempting to reduce cross contamination in the Nottingham site by utilising the Small Talk programme pilot in just one of the newly added wards[38]. However, community boundaries in Nottingham are so 'close' that they were realistic about this being an attempt only to limit the contamination, as eradicating it was not realistic.
- The Early Years Alliance is delivering a programme providing families with access to digital activities and support from the Early Years workforce, to help parents improve language development at home. This programme was rolled out in one of the ABS sites, Southend-on-Sea, and one of the comparison areas for Nottingham (Birmingham).
- ICAN are running two projects: 'Change The Conversation about Language', which aims to work with disadvantaged parents using a speech and language app, and 'Tots Talking', which focuses on children aged two years old who are most at risk of delayed speech. ICAN project delivery included Peterborough, which is one of the comparison areas for Bradford. There were no plans to roll it out in any of the five target areas or other comparison areas.

We have included the projects most likely to produce reinforcing or conflicting outcomes above. A few of the ABS target and comparison areas were not directly affected by the DfE's home learning environment initiatives. The target areas of Bradford and Lambeth had no

[37] https://www.gov.uk/government/news/multi-million-investment-to-support-childrens-early-communication-skills.
[38] 'Hyson Green' was added following the Council ward boundary changes that commenced in May 2019.

potential contaminations from these projects. In addition, the national evaluation comparison areas for Southend-on-Sea (East Kent and Sefton), one of the comparison areas for Lambeth (Hackney), and one of the comparison areas for Bradford (Coventry) appear largely unaffected.

Communications campaigns

In addition to these locally targeted interventions, the Department of Education launched a new national campaign in July 2019 encouraging early social and emotional development as part of the home learning environment. The Hungry Little Minds campaign[39] had similar (though not identical) messaging to the Big Little Moments campaign and was widely promoted through schools, NHS teams and social media nationwide.

Additionally, in February 2019, the NSPCC launched 'Look, Say, Sing, Play', a national campaign to improve interaction between parents and their babies. The campaign is targeted at parents of children under the age of two and provides easy tips to support brain development. The location of the pilot sites for this campaign were made available to the evaluation team, who excluded two comparison areas from the analysis in order to eliminate the risk of contamination.

Imaging from both of these campaigns was also included in our selection of images shown to survey respondents. The data from this shows that there was a much lower recollection of the 'Hungry Little Minds' campaign, and a much higher recollection of the NSPCC campaign, compared to the Big Little Moments campaign (see Table B.2). Interestingly, both of these campaigns also show a significantly higher level of recollection in ABS sites compared to comparison areas, suggesting that there may indeed have been similarities in their targeting.

Imaging from two campaigns unrelated to ESELD were also included. 'Anne Boleyn takes over Twitter' was a promotional campaign from the Tower of London to launch their summer show 'The Last Days of Anne Boleyn'. 'Stress Down Day' is an Australian initiative designed to reduce stress and raise funds for Lifeline Australia.

Table B.4 Comparing recall of other campaigns

	Recall seeing the campaign		
	ABS site	Comparison area	Significance

[39] The campaign can be seen at https://hungrylittleminds.campaign.gov.uk/.

Hungry Little Minds	28.3%	21.7%	0.021*
NSPCC	43.2%	54.7%	0.000*
Anne Boleyn takes over Twitter	17.6%	14.6%	0.199
'Stress Down' Day (Australia)	20.7%	18.0%	0.281
Big Little Moments	39.0%	31.0%	0.009*

Base = All respondents at follow up. Weighted data. Data is rounded to the nearest whole number. * indicates a value is significantly different between ABS and comparison data.

Annex C: Follow up questionnaire

PN: SURVEY ROUTED FROM www.parentingsurvey.net
1 response per IP address
No compulsory questions

Parenting survey

Information about this survey. This survey is being done by Ecorys UK – we are an independent research company. This survey is to help us find out if a programme called 'A Better Start' is making a difference to the development of young children. 'A Better Start' is funded by the Big Lottery Fund, who award money raised by National Lottery players across the UK to support people and communities to thrive. Ecorys makes sure that the survey is carried out in line with the Market Research Code of Conduct. This means that we follow guidelines to ensure we treat you ethically and are responsible with the information you choose to give us.

Why are we asking you to take part in this survey? We are asking you to take part in this survey because you signed up for discounts and information services through Emma's Diary, and they have passed on your details to us. You may have a young child at the moment or be pregnant. If you take part in this survey, you will not only help us find out more about the attitudes and actions of those caring for young children, but will also receive a **£10 shopping voucher** that can be spent in shops or online.

Anonymity. The answers you give in response to the questions in the survey are anonymous – this means that no-one will know what answers you have given to the survey. Your answers are collected by specialist survey software, which makes sure they remain anonymous.

What are the survey questions about? The survey asks questions about your children, activities that you do with your children and your relationship with them. You do not have to take part in the survey. If you do take part in the survey, you do not have to answer any questions that you do not want to. There are no right or wrong answers to the survey questions. Please choose the response that most closely fits with your experiences and activities

How we will use the survey answers. We will analyse the answers from you and all the other respondents and present these in our reports to the Big Lottery Fund, which may be available on their website or in other places online.

The survey will only take you about ten to fifteen minutes to complete. If you start the survey but don't have time to complete it, you can come back and finish it another time.

If you complete the survey and then change your mind about having your survey responses used, you can contact us at any time by emailing survey.help@ecorys.com and asking us not to use your responses. You do not have to give a reason.

We would like you to do the survey again after one year, so we can see if there have been any changes for you.

If you have any questions about completing the survey, please contact survey.help@ecorys.com.

If you feel you need any support after completing the survey and would like to talk to someone, Family Lives is a charity that can offer help over the phone on 0808 800 2222. You can also contact your local 'A Better Start' centre, if you have one.

You can find out more about your data protection rights and how we will use your data **here**.

YOUR DATA PROTECTION RIGHTS

How we collect and use your personal information. The Big Lottery Fund is the data controller for the personal information you give in this survey, and has asked Ecorys UK to collect and process this information on the Fund's behalf. The legal basis for processing your personal data is the consent that you have provided. The legal basis for processing your sensitive personal data is that you have provided your explicit consent. Your responses will remain completely confidential. Before we review the survey results we will remove names and other information that might identify you, your friends or family, or other people. Anonymous information will be used for reports, publications and presentations. The results of the evaluation will be shared through national reports and via social media. You will not be identifiable in this information. However, if while answering the survey there appears to be a risk of serious harm to you or anyone else, we will have to ask for help and this may involve giving identifying information to support services.

Your data protection rights and how we protect your personal information. The rights you have are set out in the Data Protection Act 2018 (DPA), which is designed to protect and support the personal data rights for everyone in the UK. Your rights include:

- the right to be informed about who is collecting and processing your data, we set this out above;
- the right of access, to understand what information about you is being used and how; and
- the right to withdraw consent, at any time you can ask us to delete your personal information and no longer be included in the survey.

The data will be stored on servers provided by industry leading market research software company Confimit. The data centre is managed by Rackspace UK. Your personal information will be stored securely and separately from your replies to the survey in line with the DPA. Only a small number of people will have access to this data. Your personal data will not be shared with anyone else and it will be securely destroyed after the 'A Better Start' campaign research has been completed (2020). We will not move or share information about you outside the EU and it will be held securely at all times. If there are any problems with our handling of your data, we will notify you and the organisation that is responsible for regulating this where we are legally required to do so. There are other rights not listed here and exemptions may apply. For more details, see here: https://ico.org.uk/for-organisations/guide-to-the-general-data-protection-regulation-gdpr or contact our Data Protection Officer Glen Williams at DPO.UK@ecorys.com.

How to contact us. If you have any concerns or questions about the survey please contact Ecorys on +44 (0)121 212 6072, survey.help@ecorys.com or at Albert House, Quay Place, 92-93 Edward Street, Birmingham, B1 2RA. For more information or to exercise your data protection rights please contact our Data Protection Officer at the Big Lottery Fund Mel Eaglesfield at 1 Plough Place, London, EC4A 1DE or data.protection@biglotteryfund.org.uk.

Your right to complain. If you are unhappy about how your personal data has been used, please contact us. You can also contact the Information Commissioner's Officer via their website at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or at www.ico.org.uk/concerns.

1. **To make sure you are happy to take part in this survey, please could you answer the questions below:**

	Yes	No
a. Have you read the information above?		
b. Do you understand this information?		
c. Do you have any questions that you'd like to ask before you complete the survey?		
d. Do you agree to participate in the survey?		

PN: SINGLECODE

PN: IF 1.a_No OR 1.b_No OR 1.d_No GO TO ALTERNATIVETHANKYOUPAGE

PN: IF 1.c_Yes GO TO 1.x

1. What question(s) would you like to ask? Please include your email address if you would like a response. OPENTEXT response then screen to alternative thank you page.

PN: ASK ONLY IF 1.a_Yes AND 1.b_Yes AND 1.c_No AND 1.d_Yes SELECTED

2. **Please tell us where you live.**

PN: SINGLECODE

PN: If NONE OF THE ABOVE please route to alternative thank-you page

PN: Q3 ON SAME SCREEN AS Q2

3. Please tell us about your home.

I rent from a social landlord

I rent from a private landlord

I live with my parents

I own my home

Other, please specify

……

PN: SINGLECODE

4. How old is the youngest child that you care for?

	1. Pregnancy bump! 0-20 weeks	2. Pregnancy bump! +20 weeks	3. Baby 0-6 months	4. Baby +6-12 months	5. Toddler 1-2 years	6. Pre-schooler 3-4 years	7. Aged more than 4 years
The child is...	🕳	🕳	🕳	🕳	🕳	🕳	🕳

PN: SINGLECODE

PN: Q5 ON SAME SCREEN AS Q4

5. What is your relationship to this child?

- ❑ Mother
- ❑ Father
- ❑ Grandparent
- ❑ Other family member
- ❑ Foster carer
- ❑ Other, please specify

……

IF Q4_7 SELECTED GO TO ALTERNATIVETHANKYOU PAGE

6. Please tell us if you work.

Full time

Part time

I don't work

Other, please specify

……

PN: Q7 ON SAME SCREEN AS Q6

7. Are you a lone parent?

Yes

No

PN: SINGLECODE

PN: Q8 ON SAME SCREEN AS Q6

8. Do you have formal qualifications?

No qualifications

Yes: GCSE

Yes: A-levels / vocational qualifications / diploma

Yes: Degree or above

PN: SINGLECODE

PN: Q9 ON SAME SCREEN AS Q6

9. Please tell us your age.

PN: SLIDER NUMERIC 0-100

PN: Q10 ON SAME SCREEN AS Q6

10. Which best describes your ethnicity?

1. **White**
2. **Asian / Asian British**
3. **Black / African / Caribbean / Black British**
4. **Mixed / multiple ethnic groups**
5. **Other ethnic group (please specify)**

.....

PN: IF Q10_1 SELECTED GO TO Q11, IF Q10_2 SELECTED GO TO Q12, IF Q10_3 SELECTED GO TO Q13, IF Q10_4 SELECTED GO TO Q14, IF 10_5 SELECTED GO TO Q1

PN: SINGLECODE

PN: ASK ONLY IF Q10_1 SELECTED .

11. Please give us more detail. Are you:

British

Irish

Gypsy or Irish Traveller

Other, please specify

.....

PN: SINGLECODE GO TO Q15
PN: ASK ONLY IF Q10_2 SELECTED

12. Please give us more detail. Are you:

Indian

Pakistani

Bangladeshi

Chinese

Other, please specify
.....

PN: ASK ONLY IF Q10_3 SELECTED

13. Please give us more detail. Are you:

African

Caribbean

Other Black

Other, please specify
.....

PN: ASK ONLY IF Q10_4 SELECTED

14. Please give us more detail. Are you:

White and Black Caribbean

White and Black African

White and Asian

Other Mixed

15. **You will now see some statements about parenting. We would like to hear your views on them.**

    Please remember, there is no right or wrong answer to these questions, we would just like to find out your views.

PN: NEXT SENTENCE IN BOLD

16. **'It is good when you engage actively in your child's play.'**

    Have you heard this advice before? Please select all that apply.

    Yes, from a professional (e.g. health visitor, midwife, early years practitioner)

    Yes, from my parents

    Yes, from my partner

    Yes, from my friend(s)

    Yes, on social media

    Yes, on a poster

    Yes, on a leaflet/flyer

    Yes, on the radio/TV

    Yes, somewhere else

    No, I have never heard it

PN: MULTICODE

PN: Q17 ON SAME SCREEN AS Q16

17. **If you 'engaged actively in your child's play' last week, on which day did you do this most?**

    Monday

    Tuesday

    Wednesday

    Thursday

    Friday

    Saturday

    Sunday

    The same amount of time all days of the week

    None of the above

PN: SINGLECODE

PN: Q18 ON SAME SCREEN AS Q16

18. Please provide an estimate of how many hours you 'engaged actively in your child's play' on the day that you did it the most.

PN: SLIDER 0-24

PN: Q19 ON SAME SCREEN AS Q16

19. How many hours do you think you will 'engage actively in your child's play' for on the same day next week?

PN: SLIDER 0-24

PN: Q20 ON SAME SCREEN AS Q16

20. Select the phrase that *best* explains why it's good to 'engage actively in your child's play'.

It builds their skills in:

Observation and copying

Reading and writing

Confidence and independence

Talking to adults

Knowing how to play

Language and relationships

Balance and strength

Other, please specify

.....

None of the above

PN: SINGLECODE

PN: NEXT SENTENCE IN BOLD

21. 'It is good when you read and share stories with your child.'

Have you heard this advice before? Please select all that apply.

Yes, from a professional (e.g. health visitor, midwife, early years practitioner)

Yes, from my parents

Yes, from my partner

Yes, from my friend(s)

Yes, on social media

Yes, on a poster

Yes, on a leaflet/flyer

Yes, on the radio/TV

Yes, somewhere else

No, I have never heard it

PN: MULTICODE

PN: Q22 ON SAME SCREEN AS Q21

22. If you 'read and/or shared stories with your child' last week, on which day did you do this the most?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

The same amount of time all days of the week

None of the above

PN: SINGLECODE

PN: Q23 ON SAME SCREEN AS Q21

23. Please provide an estimate of how many times a day you 'read and/or shared stories with your child' on the day that you did it the most.

PN: SLIDER 0-20

PN: Q24 ON SAME SCREEN AS Q21

24. How many times do you think you will 'read and/or share stories with your child' on the same day next week?

PN: SLIDER 0-20

PN: Q25 ON SAME SCREEN AS Q21

25. Select the phrase that *best* explains why it's good to 'read and share stories with your child'.

It builds their skills in:

Knowing how to play

Reading and writing

Talking to adults

Observation and copying

Balance and strength

Language and relationships

Confidence and independence

Other, please specify
.....

None of the above

PN: SINGLECODE

PN: NEXT SENTENCE IN BOLD

26. 'It is good when you repeat your child's sounds and words, and name the things your child is seeing and doing.'

Have you heard this advice before? Please select all that apply.

Yes, from a professional (e.g. health visitor, midwife, early years practitioner)

Yes, from my parents

Yes, from my partner

Yes, from my friend(s)

Yes, on social media

Yes, on a poster

Yes, on a leaflet/flyer

Yes, on the radio/TV

Yes, somewhere else

No, I have never heard it

PN: MULTICODE

PN: Q27 ON SAME SCREEN AS Q26

27. If you 'repeated your child's sounds and words, and named the things your child was seeing and doing' last week, on which day did you do it the most?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

The same amount of time all days of the week

None of the above

PN: SINGLECODE

PN: Q28 ON SAME SCREEN AS Q26

28. Please provide an estimate of how many times a day you 'repeated your child's sounds and words, and named the things your child was seeing and doing' on the day that you did it the most.

PN: SLIDER 0-50

PN: Q29 ON SAME SCREEN AS Q26

29. How many times do you think you will 'repeat your child's sounds and words, and name the things your child is seeing and doing' on the same day next week?

PN: SLIDER 0-50

PN: Q30 ON SAME SCREEN AS Q26

30. Select the phrase that *best* explains why it's good to 'repeat your child's sounds and words, and name the things your child is seeing and doing'.

It builds their skills in:

Talking to adults

Reading and writing

Language and relationships

Knowing how to play

Balance and strength

Observation and copying

Confidence and independence

Other, please specify
.....

None of the above

PN: SINGLECODE

PN: NEXT SENTENCE IN BOLD

31. 'It is good when you respond to your baby's noises, pointing, waving, and other efforts to communicate.'

Have you heard this advice before? Please select all that apply.

Yes, from a professional (e.g. health visitor, midwife, early years practitioner)

Yes, from my parents

Yes, from my partner

Yes, from my friend(s)

Yes, on social media

Yes, on a poster

Yes, on a leaflet/flyer

Yes, on the radio/TV

Yes, somewhere else

No, I have never heard it

PN: MULTICODE

PN: Q32 ON SAME SCREEN AS Q31

32. If you 'responded to your baby's noises, pointing, waving and/or other efforts to communicate' last week, on which day did you do it the most?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

The same amount of time all days of the week

None of the above

PN: SINGLECODE

PN: Q33 ON SAME SCREEN AS Q31

33. Please provide an estimate of how many times a day you 'responded to your baby's noises, pointing, waving and/or other efforts to communicate' on the day that you did it the most.

PN: SLIDER 0-50

PN: Q34 ON SAME SCREEN AS Q31

34. How many times do you think you will 'respond to your baby's noises, pointing, waving and/or other efforts to communicate' on the same day next week?

PN: SLIDER 0-50

PN: Q35 ON SAME SCREEN AS Q31

35. Select the phrase that best explains why it's good to 'respond to your baby's noises, pointing, waving and other efforts to communicate'.

It builds their skills in:

Balance and strength

Knowing how to play

Observation and copying

Confidence and independence

Language and relationships

Talking to adults

Reading and writing

Other, please specify
.....

None of the above

PN: SINGLECODE

PN: NEXT SENTENCE IN BOLD

36. 'It is good when you talk, read, share stories and play music to the bump, and touch the baby bump.'

Have you heard this advice before? Please select all that apply.

Yes, from a professional (e.g. health visitor, midwife, early years practitioner)

Yes, from my parents

Yes, from my partner

Yes, from my friend(s)

Yes, on social media

Yes, on a poster

Yes, on a leaflet/flyer

Yes, on the radio/TV

Yes, somewhere else

No, I have never heard it

PN: MULTICODE

PN: Q37 ON SAME SCREEN AS Q36

***NB if you are not currently expecting, please answer the following questions from your previous experience.**

37. If you 'talked, read, shared stories and played music to the bump, and/or touched your baby bump' last week, on which day did you do it the most?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

The same amount of time all days of the week

None of the above

PN: SINGLECODE

PN: Q38 ON SAME SCREEN AS Q36

38. Please provide an estimate of how many times a day you 'talked, read, shared stories and played music to the bump, and/or touched your baby bump', on the day you did it most.

PN: SLIDER 0-5

PN: Q39 ON SAME SCREEN AS Q36

39. For how long do you think you will 'talk, read, share stories and play music to the bump, and/or touch your baby bump', on the same day next week?

PN: SLIDER 0-5
PN: Q40 ON SAME SCREEN AS Q36

40. Select the phrase that best explains why it's good to 'talk, read, share stories and play music to the bump, and touch the baby bump'.

It builds the baby's skills in:

Confidence and independence

Reading and writing

Talking to adults

Language and relationships

Balance and strength

Knowing how to play

Observation and copying

Other, please specify
.....

None of the above

PN: SINGLECODE

PN: NEXT SENTENCE IN BOLD

41. **'It is good when you regularly express your affection for your child with words and smiles.'**

    Have you heard this advice before? Please select all that apply.

    Yes, from a professional (e.g. health visitor, midwife, early years practitioner)

    Yes, from my parents

    Yes, from my partner

    Yes, from my friend(s)

    Yes, on social media

    Yes, on a poster

    Yes, on a leaflet/flyer

    Yes, on the Radio/TV

    Yes, somewhere else

    No, I have never heard it

PN: MULTICODE

PN: Q42 ON SAME SCREEN AS Q41

42. **Please provide an estimate of how many times a day you 'expressed your affection for your child with words and smiles' on the day that you did it the most.**

PN: SLIDER 0-10

PN: Q44 ON SAME SCREEN AS Q41

43. **How many times do you think you will 'express your affection for your child with words and smiles' on the same day next week?**

PN: SLIDER 0-10

PN: Q45 ON SAME SCREEN AS Q41

44. **Select the phrase that best explains why it's good to 'regularly express affection for your child with words and smiles'.**

    It builds their skills in:

    Balance and strength

Confidence and independence

Language and relationships

Observation and copying

Reading and writing

Knowing how to play

Talking to adults

Other, please specify.....

None of the above

PN: SINGLECODE

PN: NEXT SENTENCE IN BOLD

45. 'It is good when you 'stop, look and listen when your child seeks attention.'

Have you heard this advice before? Please select all that apply.

Yes, from a professional (e.g. health visitor, midwife, early years practitioner)

Yes, from my parents

Yes, from my partner

Yes, from my friend(s)

Yes, on social media

Yes, on a poster

Yes, on a leaflet/flyer

Yes, on the radio/TV

Yes, somewhere else

No, I have never heard it

PN: MULTICODE

PN: Q47 ON SAME SCREEN AS Q46

46. If you 'stopped, looked and listened when your child sought attention' last week, on which day did you do it the most?

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

The same amount of time all days of the week

None of the above

PN: SINGLECODE

PN: Q48 ON SAME SCREEN AS Q46

47. Please provide an estimate of how many times a day you 'stopped, looked and listened when your child sought attention' on the day that you did it the most.

PN: SLIDER 0-10

PN: Q49 ON SAME SCREEN AS Q46

48. How many times do you think you will 'stop, look and listen' on the same day next week?

PN: SLIDER 0-10

PN: Q50 ON SAME SCREEN AS Q46

49. Select the phrase that best explains why it's good to 'stop, look and listen when your child seeks attention'.

It builds their skills in:

Talking to adults

Confidence and independence

Reading and writing

Observation and copying

Knowing how to play

Balance and strength

Language and relationships

Other, please specify
.....

None of the above

PN: SINGLECODE

PN: NEXT SENTENCE IN BOLD

50. 'It is good when you make everyday caregiving activities fun - like feeding or mealtimes, and nappy changing or getting dressed.'

Have you heard this advice before? Please select all that apply.

Yes, from a professional (e.g. health visitor, midwife, early years practitioner)

Yes, from my parents

Yes, from my partner

Yes, from my friend(s)

Yes, on social media

Yes, on a poster

Yes, on a leaflet/flyer

Yes, on the radio/TV

Yes, somewhere else

No, I have never heard it

PN: MULTICODE

PN: Q52 ON SAME SCREEN AS Q51

51. If you 'made everyday caregiving activities fun' last week, on which day did you do this the most?

PN: Q53 ON SAME SCREEN AS Q51

52. Please provide an estimate of how many everyday caring activities you 'made fun' on the day you did it the most.

PN: Q54 ON SAME SCREEN AS Q51

53. How many everyday caregiving activities do you think you will 'make fun' on the same day next week?

PN: SLIDER 0-10

PN: Q55 ON SAME SCREEN AS Q51

54. Select the phrase that best explains why it's good to 'make everyday caregiving activities fun'.

It builds children's skills in:

Confidence and independence

Knowing how to play

Observation and copying

Balance and strength

Talking to adults

Language and relationships

Reading and writing

Other, please specify
.....

None of the above

PN: SINGLECODE

55. Please rank the importance of these pieces of advice.

Rank the most important *1.*

Rank the least important *12.*

It is good when you...

... let your child run around outside every day.
... ensure your child has friends their own age.
... make everyday caregiving activities fun.
... engage actively in your child's play.
... give your child a bedroom of their own.
... read and share stories with your child.
... repeat your child's sounds and words or name what your child is seeing/doing.
... respond to your baby's noises, pointing, waving, and other efforts to communicate.
... talk, read, share stories, play music to the bump, and touch your baby bump.
... regularly express affection for your child with words and smiles.
... 'stop, look and listen' when your child seeks attention.
… help your child learn independence.

PN: RANK 1-12

PN: Add some sort of 'clear all and start again' button for any respondents that make an error?

56. You have finished all of the questions – your answers will help us better understand parenting support work in your area.

	Yes	
A further incentive would be available for respondents who are selected to participate in the next wave of this survey. Would you like to provide your email address to be included? Please input your email address here, if so.	☐	Email:
Would you be interested in participating in a group discussion in your area to further discuss your thoughts and opinions on parenting? We will provide lunch for those attending.	☐	Name: Email: Phone number:

PN: IF Q57_Yes OPEN TEXTUAL (MUST INCLUDE @)

PN: IF Q58_Yes OPEN TEXTUAL (EMAIL MUST INCLUDE @, PHONE NUMBER IS OPEN NUMERIC)

PN: IF Q56 completed GO TO THANKYOUPAGE WITH ROUTING TO INCENTIVES

PN: IF Q56 not completed display text ''You have not answered some of the questions. Please click 'Next' in order to complete them.' and then route back to earliest unanswered question (no earlier than q17)

PN: ADD ADDITIONALTHANKYOUPAGE WITH NO INCENTIVE text Thank you for your time. I'm afraid you are not eligible to complete the remainder of the survey at this time.

PN: INCENTIVES: put unique voucher url into the 'next' button and display page text : 'In order for you to receive the £10 shopping voucher of your choice you must click 'Next' below. This will re-direct you to a new webpage: on this page you must select the voucher of your choice AND select use this now. If you don't select these options, Ecorys UK may be unable to supply your digital voucher to you. If you have any questions or queries in relation to this, please don't hesitate to contact survey.help@ecorys.uk.'

PN: On exit for screened or non-completes please route back to Ecorys news page not Confirmit e.g. after the IP screen page.

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