Summary of Bradford and Blackpool case study reports: community engagement and participation

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Table of Contents

1. Introduction ................................................................................................................................. 2
   1.1 Background to the ABS programme ..................................................................................... 2
   1.2 Approach to the case studies ............................................................................................... 2
   1.3 Local contexts: Blackpool and Bradford ............................................................................... 3
2. Findings from the case studies .................................................................................................... 3
   2.1 Engagement of the community in co-design of ABS services ............................................. 4
   2.2 Engagement of the community in co-delivery of ABS services ......................................... 5
   2.3 Engagement of service-users in the uptake of ABS services ............................................. 8
3. Key lessons .................................................................................................................................. 10
4. Reflections on findings and key lessons .................................................................................... 10
1. Introduction

1.1 Background to the ABS programme

A Better Start is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund, the largest funder of community activity in the UK. Five A Better Start partnerships based in Blackpool, Bradford, Lambeth, Nottingham and Southend are supporting families to give their babies and very young children the best possible start in life. Working with local parents, the A Better Start partnerships are developing and testing ways to improve their children’s diet and nutrition, social and emotional development, and speech, language and communication. The work of the programme is grounded in scientific evidence and research. A Better Start is place-based and enabling systems change. It aims to improve the way that organisations work together and with families to shift attitudes and spending towards preventing problems that can start in early life. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people’s lives healthier and happier.

1.2 Approach to the case studies

Blackpool and Bradford were selected as case studies because they have a history of strong, well-organised and coordinated voluntary sector. The research in Bradford and Blackpool comprised embedded case studies focusing on community engagement in ABS within the local contexts. An embedded case study involves an up-close and in-depth examination of one or more parts of the overall study population with regard to a particular issue; in this case the focus was on two of the five ABS sites in order to examine in detail the process of community engagement.

The aim of the case studies is to:

1) identify the partnerships’ approach to community engagement;
2) assess how community engagement has been achieved; and
3) identify lessons learned to date.

Data were collected and analysed from a range of sources, including:

- semi-structured one-to-one interviews with Board members, staff, service delivery partners, service users and volunteers (and one elected official in Blackpool);
- focus groups with senior staff and frontline workers from the statutory and voluntary sectors, service delivery partners and project partners, service users and volunteers, and Board members working with the community in Bradford;
- project visits/observations at community-based environmental projects, a training event for staff, service users and volunteers in Bradford, and libraries, a carpentry project for dad’s and a children’s centre in Blackpool;
- review of documents obtained from the projects.

The interview and focus group data were transcribed and analysed to identify themes. The findings and key lessons reflect the views of the wide range of individuals interviewed along with data from the additional sources identified above.
1.3 Local contexts: Blackpool and Bradford

There are significant contextual differences between the two sites, which required different approaches to be taken by the ABS partnerships. The table below summarises the key characteristics of the context for Blackpool and Bradford.¹

<table>
<thead>
<tr>
<th>Blackpool</th>
<th>Bradford</th>
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<tbody>
<tr>
<td>Its once flourishing tourist industry has declined since the 1970s with the emergence of cheap package holidays abroad.</td>
<td>A post-industrial city with a population of 506,800 that grew from, and developed around, the success of its woollen textile industry and the engineering and manufacturing technologies.</td>
</tr>
<tr>
<td>Plentiful supply of cheap private rental accommodation results in people who arrive in Blackpool often not staying where they were first placed: it leads to ‘churn’ around the town, with children being caught in this.</td>
<td>The 2008 economic crash led to a steep rise in benefit claims and repossession of homes. The area is now marked by housing insecurity impacting upon the mental and physical health of the population.²</td>
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<td>Existence of a large transient population, many of whom experience serious difficulties and are also physically ‘hard to reach’ as a result of constant movement.</td>
<td>It has one of the largest percentages of British Asians in the country, predominantly concentrated in some core wards. However, the geographical segregation of ethnic groups has been decreasing. Initiatives to promote integration have focused on promoting opportunities for social and ethnic groups to act together in relation to, for example, community safety and wider infrastructure.</td>
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<tr>
<td>Scores very poorly on a range of social and economic indicators including alcohol and substance misuse, teenage pregnancy, GCSE results, numbers of looked after children, domestic violence, mental health problems and poor life expectancy.</td>
<td>In 2015 Bradford District was the 19th poorest in the country, with some wards among the most deprived in the UK. Although there is a downward trend in infant mortality rates, these are still among the highest in the country.</td>
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2. Findings from the case studies

The data analysis identified two main themes addressing the way in which the community is engaged in the projects:

- Engagement of the community in the co-design and co-delivery of ABS services;
- Engagement of service users, including those who are hard-to-reach, in the uptake of ABS services.

2.1 Engagement of the community in co-design of ABS services
Blackpool Better Start

Blackpool Better Start’s (BBS) vision for community engagement is: ‘communities feel heard, are empowered to be involved and aspire to change in their local area’.

BBS has three Boards: Executive, Community and Operations. The Community Board (Community Voice) comprises approximately 200 members including all volunteers and elected members from seven children’s centres, and an elected Chair and Vice Chair who regularly liaise with the Executive Board. The Community Board and the Executive Board share equal responsibility for decisions on planning and commissioning, and all decisions have to be signed off by both Boards and by Finance.

BBS is the only ABS site with two separate Boards for the Executive and Community. The rationale for two separate Boards is, through experience, they found that a joint Board inhibited open and frank discussions. In addition, it was recognised that, while senior managers can make executive decisions quickly, community members require more time to consult others before a final decision can be made.

The community are also engaged in decision-making around the design and commissioning of services. This process of consultation with stakeholders had led to one of BBS’s flagship achievements - the development of the new health visitor service. The new model expands the number of post birth visits by health visitors from five to eight, including a visit just before children start school. As a result, health visitors can address, for example, children starting school without having been potty-trained or still using comforters. While this service was initiated by BBS’ management and the Council’s Director of Health, community members reviewed the proposal and their views were integrated into decision-making.

We took the lead from our community, who said ‘we want to come to the Board sometimes – but not necessarily all the time’. So it was interesting, an interesting journey. Community Voice signs off on everything, and get all the papers that everyone else gets. They co-design […] but they can discuss them in a forum that they are comfortable in.

-Staff member

An example of a challenge faced by BBS related to the community’s wish to establish a ‘Beach School’ where families could spend time together doing beach. Professionals felt this was not a viable suggestion as it would result in a considerable reduction in activities during the winter months. While initially the community felt they were not being listened to, a process of mediation led the community to identify that their main request was for a safe, pleasant and free space where they could carry out family activities. In response, BBS focused on regenerating parks and organising seasonal activities.

As well as the Boards and the community, BBS involves local voluntary organisations by contracting them as service-delivery partners by, for example, creating smaller contracts for services that can be provided by local organisations.

Better Start Bradford

Better Start Bradford’s (BSB) structure of governance is led by a Partnership Board comprised of a combination of service users, members of third sector organisations, business leaders, and senior figures from the public sector. This structure is designed to ensure that the project is led and shaped by community members who work with the public sector to bring about systems level change.
In terms of involving the community in structures of governance, BSB Partnership Board have taken steps to address: involving parents in higher level decision-making processes; reviewing the process of commissioning services; and addressing the different expectations of service users, leaders of voluntary organisations, and others Board members.

While many parents took part in and helped to run events and activities, a much smaller number have sought higher-level engagement in decision-making. Despite the commitment to community participation, the process of progressive engagement from volunteer to Community Board Member is ‘slower than expected’ (Frontline member of staff). The main barriers to greater engagement community members face are their limited financial resources and governance experience.

Although BSB aims to boost community voice in decision-making, some community Board members outlined how their decision-making capacity was restrained by the reality of delivering BSB. An example relating to different expectations at the time that the ABS bid was in development was the desire of community members to address teenage pregnancy in schools. This was not possible because working with schools was not within the remit of ABS. This led to complaints by some community members on the Board that ‘the project did not feel ‘community led’” (Staff member). This example illustrates how community members’ expectations do not always match the programme goals.

To resolve these tensions, revision of the structure of the Board’s advisory and governance processes took place in early 2018. The number of service users and community organisations on the Board increased and the post of Community Engagement Specialist was created to develop and implement a strategy to connect with families, neighbourhoods, grassroots organisations, and other stakeholders.

**Similarities and differences in approaches**

The governance approaches taken in Blackpool and Bradford are quite different, the former creating a Board specifically for community members, and the latter integrating community members in their main Board. Regardless of governance structures, the two ABS sites faced similar challenges around community members feeling frustrated when their priorities could not be addressed, and both areas dedicating considerable time and effort to resolving the issues through communication and negotiation.

Through their respective governance structures, both projects tried to engage members of the community in decision-making around project planning. In Blackpool, this resulted in the development of effective services such as the health visitor service; in Bradford it was more challenging to get parents involved in higher-level decision-making because of time constraints and limited governance experience.

**2.2 Engagement of the community in co-delivery of ABS services**

**Blackpool Better Start**

To support sustainability of ABS, there is a recognition that increased numbers of people in the community are required to develop the skills and confidence to take leadership roles. In order to address
this, BBS developed a formal volunteer pathway to support transitions from service-user to volunteer and from volunteer to paid member of staff. The volunteer pathway is facilitated by BBS’ Volunteer Academy (VA), which was developed by Blackpool’s Volunteer Centre.

The Volunteer Centre provides a training and coaching project for parents, older people and those without children who want to serve their community. It offers a personalised pathway and includes one-to-one annual reviews to support volunteers who wish to move into paid employment delivering ABS services. However, moving through the pathway takes time, to allow volunteers to develop the confidence to apply for jobs and to be successful in their applications.

The VA provides volunteers with practical skills, supports them and connects them with appropriate services when problems arise. The VA appears to be successfully harnessing and developing the skills of community members for the benefit of the community: volunteers cited satisfaction from doing something they believe in and were proud to have helped shape BBS.

However, the VA also faced a number of challenges: one of the issues that arose was that senior managers had not envisaged the level of support that volunteers would require.

Sometimes we’re working with volunteers who present as quite organised and quite together […], they look like they’re functioning and they look like they’re doing all the right things, but, actually […] it’s not as strong as you would like it to be. So, it’s […] about how do you then support that, rather than saying, okay, you need to stop volunteering now because there’s issues around your parenting […]; we would then consider any of the range of programmes that are available and actually would they benefit from going onto Mellow Dads [for example]?

-Staff member

[Community members] deselect themselves from certain things because of their [lack of] confidence. Even if they do not move through the pathway, volunteers can be involved in other levels of decision-making such as recruitment.

-Staff member
Volunteers found that volunteering could be beneficial with meeting the demands of home-life, as it provided ‘a sanctuary, normality’ (Volunteer). However, staff members also perceived volunteering as a potential source of dependency, noting the needed to find the balance between providing enough support to build volunteers’ confidence, but not to the extend where they would become dependent on the support.

**Better Start Bradford**

As in Blackpool, BSB volunteers often first became involved as service-users. Engagement is often incremental and motivated by opportunities to learn and recognition of improvements of children’s and parents’/families’ wellbeing.

For example, one volunteer described how the confidence and skills she gained through a BSB grandparents’ project motivated her to take part in other BSB projects, such as the Imagination Library book scheme, which provides children with a new book each month. She brought the books home and, together with her daughter, began to read to her grandchildren. Because of these experiences, she then began to volunteer with the Imagination Library book scheme.

Another example relates to a woman who left her abusive partner and participated in a project for women who had experienced trauma. Participation in this and other BSB projects supported her learning and helped her to establish a parenting group for other women with similar experiences. Participation in BSB had resulted in her confidence being ‘boosted in a very, very big way’.

The engagement of doula also illustrates the benefits of engaging community organisations in service delivery as part of BSB. Doulas are female volunteers who provide ongoing support for families, and particularly women, through pregnancy, labour and birth, and in the immediate postnatal period. This service is open to anyone who requests it, and doulas in Bradford typically work with between 40 and 50 families a year. Volunteers are not necessarily former service users or involved with other BSB projects and are vetted, trained and supervised by the Doula Service project managers. Doula volunteers and staff described a strong and successful partnership with BSB, which allowed them to purchase resources and provide training and accreditation to all volunteer doulas on their waiting list.
Similarities and differences in approaches

In both areas, a key element of design and delivery includes involving community volunteers, and building their capacity to take on increasing responsibility within individual services. BBS has adopted a more structured approach than BSB to engaging volunteers through its formal pathway facilitated by VA to support people in the transition from service user, to volunteer, to paid member of staff. In Bradford, service users have been encouraged to become volunteers as their knowledge and confidence grows through attending BSB projects. In both areas there are examples of individuals who have successfully transitioned from service user to volunteer. In both areas, the transition to paid member of staff has challenging, often due to participants’ lack of confidence.

2.3 Engagement of service-users in the uptake of ABS services
Blackpool Better Start

Many of BBS’ services are run from children’s centres, which helps to engage ‘harder to reach’ families because they are more likely to attend children’s centres than other venues such as libraries. Libraries, however, have proved particularly good venues for events and for volunteers to befriend parents. Public events were also perceived to be key to contacting and motivating the ‘harder to reach’ and individuals who are not aware of BBS. However, there appear to be challenges in maintaining the contact following the event.

Service delivery partners stressed the need to have regular, unstructured time at children’s centres. This helps to build relationships with both those who are active in the local community and those who require encouragement to become involved in ABS. Even professionals who have become ‘familiar faces’, often have to overcome parents’ initial resistance to engage. One of the barriers to engaging parents who are reluctant to attend the children’s centres, some of whom may have low levels of literacy, is that often the first thing parents are asked to do when they present at children’s centres is to fill in forms. This was perceived as undermining the building of the relationships between vulnerable parents and professionals.

Volunteers perceive themselves to often be better equipped to approach ‘harder to reach’ families because of: shared life experiences; perceptions that their involvement is driven by their own experiences’ and lack of trust in professionals related to the effect of chronic stress and the humiliation that those living in poverty can sometimes face in interactions with state agencies.

Frontline practitioners believe that many of BBS’ services that have been commissioned meet service users’ self-defined priorities. An example is the Parents Under Pressure (PUP) project, in which parents identify what their priorities are. Professionals address these issues before moving on to anything else. They are also able to offer some flexibility of duration of support which, when compared with less flexible projects designed to address neglect, has much more buy-in from parents and retention.

BBS also employs Family Engagement Workers and Community Connectors to connect with families. The former provide support to families during the transition to parenthood, and to parents who have registered for the Baby Steps perinatal project, which is run from children’s centres. The latter are frontline extension workers whose primary role is to get to know and guide local people through various opportunities, such as pathways into adult education. They work in all wards and in public spaces such as parks and libraries where they can speak with people who may be isolated. Community Connectors are all local people and most were formerly volunteers, in line with BBS’ and Blackpool Council’s ethos to upskill local people.
Finally, health services, housing and community police all seek ways of meeting and engaging with more vulnerable and transient populations. The Chief Executives of these services are members of the ABS Board, which contributes to them seeking routes to connect expectant parents and families of young children to children’s centres and early childhood services. Despite the significant effort to strengthen connectivity among public services, one Board member felt there was still more that could be done to reduce the disconnect between sections of the community.

**Better Start Bradford**

The BSB Family and Community Engagement (FACE) team are key to the delivery of BSB services. They are responsible for liaising with and organising events for groups - including faith groups and groups for refugees - in community centres, schools, children’s centres, health services and other community hubs. The team has three full-time staff, managed by the Communications and Engagement Manager. Their role involves “identifying, thinking about how we can support parents, how they can link into our projects [to ensure that] families will see the same professionals, supporters or volunteers so that they can build a trusting relationship and develop a better engagement with services” (BSB Core Service Document).

A central objective of the FACE team’s work is to support parents through a pathway of options in terms of the services parents can access, as well as other opportunities including volunteering. Through their outreach work in the community they highlight the need to develop close relationships with the families they want to reach, in order to engage and support them. Their approach involved the use of “light touch” activities, recognizing cultural barriers and mitigating them.

To support the engagement of potential service users, the community also developed several engagement roles, such as Parent Champions (parents or grandparents who have taken part in BSB projects) who meet and reach out to families who do not attend children’s centres. Outreach work takes place in public spaces, such as playgrounds, and may lead to the offer of taster sessions in the parents’ (or grandparents’) homes.

Additionally, conversations between outreach workers and primary school teachers enabled workers to identify the parents of children who still used dummies and were not potty-trained when they started school. Parent volunteers and school staff worked together to find non-stigmatising ways to address these issues and engage parents in the project.

Effective communication is key to BSB’s strategy to reach families; this includes using language that is inclusive and accessible, to ensure that potential services-users do not feel alienated. Furthermore, due to the diverse needs of the local population, the approach taken to communication strategies is diverse and includes distributing information through different channels, such as newsletters, email, text-messages and local papers.

The delivery of BSB faces particular challenges in reaching non-English speakers because, though commissioning arrangements include the expectation that service delivery partners will have a budget for interpreters, it is not always possible to find interpreters for the increasingly wide range of languages spoken in Bradford.

Volunteers and Board members also highlighted the importance of identifying and addressing cultural barriers. They stressed the fact that stigma relating to mental health problems makes it particularly difficult for women from some ethnic groups, such as Eastern European and Asian, to seek help. At the time when the case study was carried out, BSB were in the process of developing a plan to better understand the specific needs of different groups and what they might want from early years services.
Similarities and differences in approaches

BSB’s service delivery is coordinated by the FACE team, who liaise with a range of groups and settings, and carry out outreach work, to maximise the number of parents they can reach. BBS delivers its services from children’s centres and Family Engagement Workers and Community Connectors. Both sites encountered similar challenges engaging ‘harder to reach’ families, who are less likely to visit children centres and faced barriers such as low literacy, low levels of English and cultural barriers seeking support on mental health. Both sites developed strategies to engage these parents, such as a diversified communication strategy in Bradford, or approaching families through volunteers who share similar life experiences with them.

3. Key lessons

The two key lessons emerging from the case studies are:

1) The need to create formal structures and mechanisms to promote engagement, such as:
   - inclusive board structures and new strategic roles to enable families to engage gradually;
   - mechanisms for the integration of key stakeholders, including enabling minority groups to engage;
   - service level agreements and mechanisms for resolving conflict;
   - training pathways and the use of experiential learning;
   - the use of the existing voluntary sector infrastructure.

2) A focus on relationships including building relationships within organisations to overcome physical and emotional barriers to community members’ participation, building trust with parents to motivate them to get involved, and supporting volunteers to expand their roles within the community.

4. Reflections on findings and key lessons

The two overarching lessons that appear to have emerged from the case studies are:

1. the importance of creating formal structures and mechanisms for engagement;

2. the importance of relationships and relationship-building at all levels of the organisation.

Formal structures and mechanisms for engagement

By working in collaboration with the council and community, both BSB and BBS appear to have successfully developed both structures that enable community participation at local level, and mechanisms through which members of the community are formally represented in consultation, planning and governance. Each project implemented slightly different approaches to respond that fit with the local context and respond to local needs, with key overarching similarities:

- **Board structures that ensure community engagement.** BBS’s structure of separate Boards went against the original plans of including community members in the Executive Board, but it successfully enabled community participation. BSB engaged community members on the Board, but faced challenges in supporting them to engage in higher-level service design.

- **Integration of key stakeholders,** for example by including senior managers of public services in the Strategic Reference Group in Bradford, and in the Executive Board in Blackpool, to ensure local government and ABS goals are aligned.
Service level agreements to engage local organisations as subcontractors for aspects of service delivery. This allows to upskill local organisations and fosters community involvement.

Mechanisms for resolving conflict had to be in place, such as the use of mediation between community members and project staff in Blackpool.

Strategic development of posts that are explicitly focused on outreach and engagement of ‘hard to reach’ families, such as the outreach workers in Blackpool and the Parent Champions and Ambassadors in Bradford.

Developing volunteers: BSB engaged with the community by building on Bradford’s historically strong voluntary sector; while in Blackpool volunteers were engaged through a formal pathway and were encouraged to become progressively involved through ‘experiential learning’, whereby participants are involved in activities that facilitate the learning process.

Engaging families gradually: in Bradford outreach workers engaged parents in light-touch activities initially, and then encouraged them to become more involved with the project.

Addressing the barriers faced by minority groups: BSB recognised that East European and Asian parents face specific barriers to engagements and were developing a strategy to address them.

Relationships and relationship-building

The findings of the case studies suggest that there has been a significant focus on relationships and relationship-building. Although this is in part about having the necessary mechanisms in place to promote relationship-building, it focuses more explicitly at an individual level on issues related to building trust, addressing barriers to engagement and identifying/addressing practical as well as emotional barriers to participation. The key areas in which the projects are focusing on relationships are:

Building relationships at all levels from the Executive Boards through to volunteers and service users was a key element of both projects

Identifying and addressing practical and emotional barriers to participation. This includes supporting parents with low levels of literacy or of English, and ensuring sessions are held at convenient times and in accessible location.

Building on the experience of volunteers, who are sometimes more successful at building relationship with vulnerable families than professionals, thanks to their shared life experiences.

In summary, the case studies have helped to identify some key success factors in engaging community members in the delivery and receipt of ABS services across two ABS sites. Future research should aim to assess to what extent these changes appear to have made a difference in terms of wellbeing of families living in ABS sites.