

# Shared Measurement System – Learning Journey



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# 1.0 Purpose of this report

The concept of a Learning Journey was developed to capture the story of a LEAP service over its lifetime: from its inception to the end of its journey as part of the LEAP programme.

This report is different from LEAP's other Learning Journeys in that it is not service-focused. Instead, it focuses on the development and implementation of the Shared Measurement System that underpinned LEAP's routine Monitoring, Evaluation and Learning approach throughout its second half (2020-2025).

This report and LEAP's other Learning Journeys will be shared with key stakeholders including the National Lottery Community Fund, local early years commissioners and public health colleagues, service delivery partners, families and via national networks. We hope that learning from the LEAP programme can inform future commissioning and programming decisions and contribute to the wider evidence base about health-improvement interventions in the earliest years.

This report is complemented by a [learning journey on LEAP's Data Integration Platform \(The Platform\)](https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/). The Data Integration Platform was developed at the same time as the Shared Measurement System. It was a second crucial component in LEAP's new approach to routine Monitoring, Evaluation and Learning.

Where the Shared Measurement System provided a new, theory-informed framework for data collection, The Platform was the mechanism that allowed this data to be processed and analysed, linking individual-level data across services and administrative datasets to provide a programme-wide view of LEAP's work.

The Data Integration Platform Learning Journey is referenced where appropriate throughout this report.

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## About Lambeth Early Action Partnership

Lambeth Early Action Partnership (LEAP) was one of five local partnerships which made up A Better Start (ABS). ABS was a national 10-year (2015-2025) test and learn programme funded by the National Lottery Community Fund that aimed to improve the life chances of babies, very young children, and families. LEAP was supported by the National Children's Bureau charity (NCB) and worked with a wide range of families, practitioners, and organisations across Lambeth.

LEAP's aims were to:

- Improve early child development outcomes for all children living in the LEAP area
- Reduce local inequalities by supporting those at greater risk of poor outcomes

LEAP operated in a focused area of Lambeth which was selected based on local need. We drew on a range of local evidence that illustrated greater inequalities for young children in this area compared with the rest of Lambeth.

LEAP funded and developed more than 20 local services to meet the needs of families throughout pregnancy and the early years of childhood. LEAP was a 'collective impact initiative', which means that all of its services and activities linked together, and worked towards, shared goals to improve outcomes for very young children.

A glossary of key terms relating to the LEAP programme can be found in [Appendix 1](#).

## 2.0 Background to shared measurement

### 2.1 What is shared measurement?

Shared measurement involves organisations that work on similar issues, and towards similar goals, reaching a common understanding of what to measure, and collaboratively developing the tools to do so.<sup>1</sup>

Shared measurement typically includes the following features:

- A clear understanding of how organisations work together to solve a social problem, often described through a theory of change
- Consensus on the shared outcomes that a group of organisations are trying to achieve
- As far as possible, common tools to measure outcomes and organisations' progress towards them (medium-term or interim outcomes)
- Processes to support consistency when using those tools
- An ability to pool, compare or otherwise analyse results

Most literature focuses on shared measurement of long-term outcomes. However, shared measurement often also involves consensus on how to monitor performance (i.e. process and output indicators) as well as interim outcomes. Aligning measurement of these features allows for an understanding of 'direction of travel' towards agreed long-term goals.

It is important to note the distinction between a common outcomes framework and a shared measurement approach. Both involve defining how groups of organisations work to achieve a set of shared outcomes.

However, a shared measurement approach includes a significant additional emphasis. It steers organisations to collaboratively identify common measurement approaches, put them into practice, and then collectively learn from data.

### Benefits of shared measurement

There are widely acknowledged benefits to shared measurement:<sup>2</sup>

- Helping organisations think how their sector works together to achieve social change – typically by mapping out how organisations work to achieve shared goals using a theory of change
- Helping organisations to understand 'what works' to address social issues by collecting comparable and robust data on impact
- Saving time and resources by developing measurement solutions that can be used by many organisations, and reducing duplication in reporting
- Allowing beneficiaries to be tracked through multiple services or interventions by collecting and presenting information in the same way
- Improving standards of measurement by involving multiple stakeholders in design, and encouraging organisations to hold each other to account

### 2.2 Approaches to shared measurement

What shared measurement looks like varies. This depends on the level of commonality in a group of organisations' outcomes and activities, and the degree to which standardisation of measurement is appropriate.<sup>3</sup>

In some cases, organisations delivering highly similar activities within the same sector can share identical outcomes and measurement tools, allowing for direct comparison of results. This degree of standardisation is sometimes referred to as a comparative performance system.<sup>4</sup>

More commonly, organisations have a shared purpose but are working towards diverse outcomes in order to achieve it. In these cases, organisations are likely to have some shared measurement tools, while also allowing for diversity and choice to best fit an organisation's specific area of work. This is sometimes referred to as an adaptive learning system.

In both cases, shared measurement encourages coordination of work towards a common goal.

## **Shared measurement in collective impact**

Shared measurement has been identified as one of five key conditions of collective impact.<sup>5</sup> Collective impact can be defined as a framework and approach whereby people and organisations work together and share information to address complex social problems and achieve a common goal. LEAP was one example, with services and activities linking together and working towards shared goals to improve outcomes for young children.

Shared measurement is crucial for collective impact. It allows organisations to ensure their efforts remain aligned around shared outcomes, track progress towards long-term goals in the same way, and allow for continuous learning and accountability.

## **2.3 Shared measurement in the children's and early years sectors**

There is some evidence that the children's and early years sectors are moving towards using shared measurement approaches. This includes a range of programme-specific examples. The Family Hubs and Start for Life programme, for example, requires that all services that are part of a local Family Hub network share a theory of change and outcomes framework.

Mature areas are also encouraged to introduce routine monitoring and analysis of services' performance using 'valid and reliable outcome metrics'.<sup>6</sup> The UCL Institute of Health Equity has also recommended that Children's Centres in England strengthen their evaluation capacity by ensuring their services focus on achieving and measuring a set of 21 'essential outcomes'.<sup>7</sup>

To support the A Better Start (ABS) programme (of which LEAP is one site) a common outcomes framework was developed.<sup>8</sup> This aimed to establish a core set of outcomes associated with a positive-child-development trajectory across ABS' three strands, each with a corresponding indicator or measure.

This framework aimed to help understand where local programmes were making a difference, highlight areas for improvement and prioritisation, minimise the burden of data collection, make comparison with statistical neighbours easier, and encourage coordination of work.

There have been discussions around developing an overarching common outcomes framework for all children's services, led by the Children's Commissioner for England and supported by the For Baby's Sake Trust and Kindred.<sup>9</sup> This is still in its early stages, with key challenges around establishing a shared understanding of the purpose and value of shared outcomes, and effectively introducing the routine use of high quality measurement tools.

Overall, there is increasing consensus around the value of shared measurement approaches. Stakeholders across the children's and early years sectors recognise their potentially transformative impact around improving holistic support for families and reducing siloed working.<sup>10</sup> LEAP's development of the Shared Measurement System was an exciting example of this direction of travel.

# 3.0 The rationale and need for LEAP's Shared Measurement System

## 3.1 LEAP's Evaluation

High-quality evidence was central to the LEAP programme from its inception.

Through robust evaluation, LEAP hoped to be able to contribute to the evidence base around what works to improve childhood development, make the case to local funders that investing in early childhood services and systems was worthwhile, and support continuous learning and improvement throughout the programme's lifetime.

Overall, LEAP's evaluation portfolio had two key aims, to:

- demonstrate the achievements of individual LEAP services in improving early childhood development; and
- show how services can make an even greater difference for children and families by working in partnership with one another as a collective impact initiative.

LEAP had a three-layered approach to evaluation, consisting of: the National Evaluation of A Better Start, overseen by a consortium of partners led by NatCen Social Research;<sup>11</sup> the Local Evaluation of LEAP, delivered by Dartington Service Design Lab; and LEAP's routine Monitoring, Evaluation and Learning, delivered in-house.

LEAP's Theory of Change and Shared Measurement System (SMS) underpinned the routine Monitoring, Evaluation and Learning layer. Data collected through the SMS also enabled LEAP to provide robust data for external evaluation activities.

## 3.2 Theory, monitoring, evaluation and learning before the Shared Measurement System

In its first half (2015-2020), LEAP's primary focus was on developing and implementing a high-quality programme. This involved understanding the context the programme was operating in, building the relationships that are central to place-based work, and designing and implementing a well-rounded portfolio of services and other activities.

In this period, both LEAP's theoretical basis, and its approach to Monitoring, Evaluation and Learning were relatively under-developed. This manifested in three key ways.

First, **LEAP's theory was incomplete and lacked cohesion**. Though there was a programme-level Theory of Change and some service-level ones, these were little used and not always evidence-based. There was also little alignment across the programme, with LEAP's portfolio of 25 services working towards over 200 long-term outcomes.

On top of this, **data collection primarily focused on performance, with little standardisation across services**. Though data collection was structured using the Outcomes Based Accountability (OBA) approach,<sup>12</sup> measurement was largely siloed. Similar services used different indicators, measures and measurement tools,<sup>13</sup> and quality varied significantly.

Input, user and engagement data was typically collected successfully, with many services using indicators drawn from the expectations for services based in Children's Centres. However, there was little standardisation of this data, for example in terms of the specific characteristics collected within user data.

Outcomes and feedback measurement was even less consistent. Some services failed to collect this data at all. Where outcomes were being measured, few services used high-quality measures – i.e. that were valid, reliable and practical for families and practitioners. Instead, they typically used untested questionnaires and surveys they had developed themselves. There was also little emphasis on interim outcomes that might demonstrate progress towards long-term goals.

In this period, most service teams also had **limited capacity and capability to routinely collect high-quality data**. Skills were particularly lacking around effectively administering complex outcome measures, particularly when they were being used to investigate sensitive topics. The LEAP core team also had limited capacity to assist with data collection, or to meaningfully analyse it.

### 3.3 Aims for LEAP's Shared Measurement System

LEAP's second half (2020-2025) had a renewed focus on outcomes, impact and learning. Now that the programme delivery was fully operational, LEAP expected to see more significant changes for both individuals and systems.

To underpin this phase, address the limitations described above, and act as the new foundation for its routine Monitoring, Evaluation and Learning, LEAP opted to develop a Shared Measurement System (SMS).

Ultimately, the SMS aimed to create and implement a common set of monitoring and evaluation tools that all services would find practical to track progress towards and assess achievement of intended outcomes. Through doing so, LEAP aimed to improve its ability to pool and compare information across the programme, quickly build a larger evidence base, and achieve greater efficiency and consistency across data collection, analysis and learning.

The SMS had four specific goals:

#### 1. Capturing LEAP's collective impact

As a place based, collective impact programme, LEAP's evaluation needed to show how its services and wider initiatives worked together to make a difference for children, families and communities.

Prior to the SMS, LEAP struggled to articulate this. This was due to a lack of clarity around how services' activities related to shared outcomes, combined with a limited standardisation of measurement.

Through refreshing the programme's theoretical basis and then standardising measurement where possible, LEAP aimed to be able to pool – and in some cases combine and compare – data to meaningfully bring its collective impact to life.

#### 2. Improving monitoring through increased quality and quantity of data

In LEAP's first half there was an overall lack of quality and consistency in services' approach to data collection, as well as a disproportionate emphasis on measuring performance.

LEAP aimed to ensure that data of all types was of a higher quality and able to be collected at scale. It therefore invested in identifying a smaller set of robust indicators and measures. This would improve LEAP's ability to quality assure services and use evidence to inform ongoing service improvement.

#### 3. Increasing efficiency and reducing the burden on practitioners

The lack of standardisation in data collection meant that many services were collecting a very large amount of data. This placed a significant burden on already under-pressure practitioners. There was also unnecessary duplication of effort due to services developing bespoke tools to measure similar types of data.

Simplifying and standardising measurement wherever possible – particularly for performance data – aimed to reduce the amount of data that services had to collect, leaving more time for practitioners to continue delivering high quality services.

#### 4. Developing shared intention

By involving its services in the development of the SMS, LEAP aimed to help them understand how they worked collectively with other services and the local system to create change. It was hoped that this would improve motivation, encourage connections between services, and enhance mutually reinforcing practice.



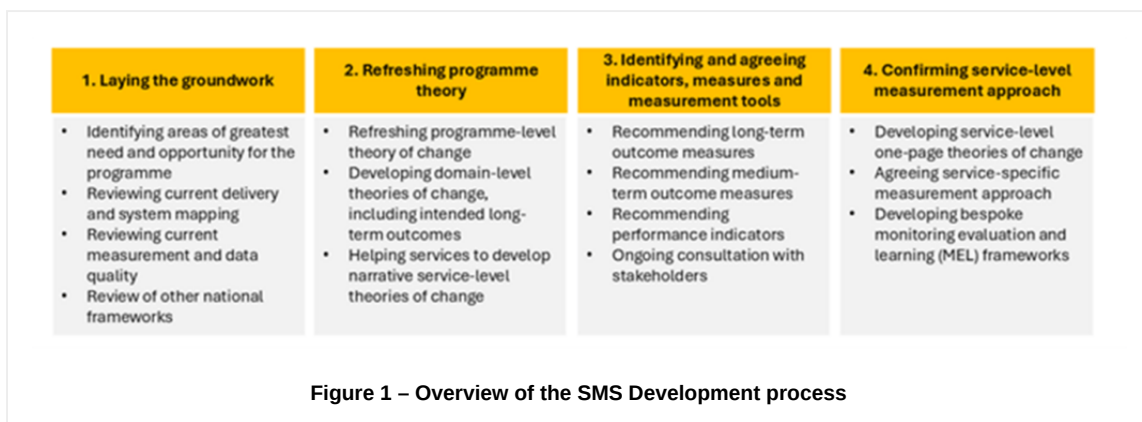
# 4.0 Developing the Shared Measurement System

## 4.1 Introduction

LEAP's Shared Measurement System (SMS) was developed between 2019 and 2021. Given its importance to LEAP's aims for its second half, this process was heavily prioritised.

It received high levels of investment, which included commissioning two external consultancies: The Right to Know (RTK) and New Philanthropy Capital (NPC). Additionally, LEAP's core team was expanded and restructured to reflect the programme's renewed focus on data and learning. Process and partnership working – involving parents, practitioners, local systems leaders, and a newly-formed Expert Advisory Group – was also essential.

The first step involved refreshing LEAP's programme theory to understand where services were working to achieve common goals (i.e. shared outcomes). Next in line was identifying and recommending potential indicators and measures and other tools to assess progress towards these. Lastly, a final measurement approach was agreed with LEAP services. [Figure 1](#) sets out a high-level timeline for the development process.



## 4.2 Laying the groundwork: understanding where LEAP was starting from

Understanding where the programme was starting from was crucial to ensuring

- that the SMS was focused where it would yield the most useful learning; and
- that it was building on good practice, rather than starting from scratch

### Identifying areas of greatest need and opportunity

LEAP's refreshed theory, and therefore measurement, needed to focus on areas where there was both the greatest level of need, and the greatest potential that children and families would achieve significant change. Focusing on these areas would not only allow monitoring and evaluation to capture LEAP's most valuable work, but also make it more likely that impact would be detected.

To help identify these areas and ensure that any revisions to theory were rooted in robust evidence, LEAP commissioned New Philanthropy Capital to conduct **a rapid review of evidence**.<sup>14</sup>

This review aimed to:

- identify the latest evidence on key determinants of early childhood development
- quantify their relative importance; and
- reveal how socio-economic factors can affect these and result in inequalities in children's development.

These measures would enable LEAP to prioritise key areas of its work for inclusion in its updated Theory of Change. The review also aimed to evidence what works to support childhood development and address inequalities, and the strengths and weaknesses of place-based approaches – further strengthening programme theory.

The review identified eight key determinants of early childhood development but recommended that LEAP invest additional effort in measuring three areas: the parent-child relationship, interparental relationships, and the home-learning environment.

## Reviewing current delivery and measurement

The second precondition for refreshing LEAP's theory and measurement approach involved taking stock of how programme activity was currently contributing to the key determinants of early childhood development, and how well this was being measured. LEAP disseminated **a service survey** asking each LEAP service team:

- How their current activities and ways of working were expected to influence the key determinants of early childhood.
- Whether their intended outcomes still felt like key areas of local need (services were provided with a draft outcomes framework, developed in-house to support this)
- Whether they were measuring their impact on long-term outcomes (this was not mandated by LEAP), and if so, how – e.g. were they using validated measures or tools developed in-house?

If services were already measuring their impact on long-term outcomes, LEAP conducted an in-depth **analysis of any existing data**. This assessed sample size and other factors to determine if impact could be detected using existing measures.

New Philanthropy Capital also led **a system-mapping exercise**. This intended to capture the context in which LEAP operated, key opportunities for influencing it, and crucially the overlap between what LEAP and other agencies were trying to achieve. This involved interviews with key local stakeholders and a system-mapping workshop with LEAP staff and system leaders.

## Aligning with existing theory

To further ensure the refresh of programme theory was not starting from scratch, New Philanthropy Capital and the LEAP core team deliberately drew on work conducted by other organisations, including the A Better Start Common Outcomes Framework<sup>15</sup> and work by the UCL Institute of Health Equity.<sup>16</sup>

LEAP also carefully reviewed any existing versions of theories of change from the first half of the programme. It also made sure that programme theory remained aligned with population-level datasets monitored by the programme.

## 4.3 Refreshing LEAP's Theory of Change

### Why theory of change?

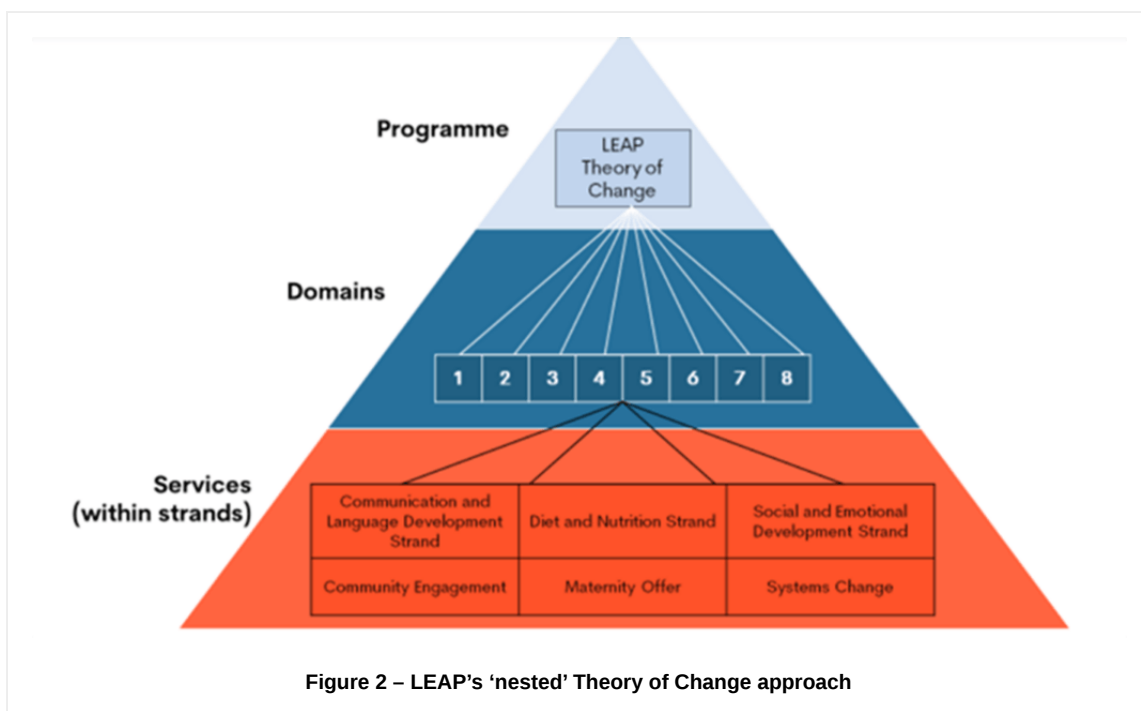
LEAP was a large and complex programme. As such, there were numerous options of where to focus measurement and evaluation.

A Theory of Change resolved this issue, ensuring that the programme was able to measure what mattered, rather than what was easiest.<sup>17</sup> By providing a 'blueprint' for how LEAP intended to achieve change, a Theory of Change allowed LEAP to identify where measurement should be targeted to best bring to life its work.

The programme Theory of Change also described LEAP's collective-impact approach, demonstrating how services worked together to achieve shared outcomes. This was a crucial precursor to shared measurement, allowing the programme to identify where data from groups of services could be pooled or even combined.

To best describe its collective-impact approach, LEAP took a nested approach to its Theory of Change.<sup>18</sup> This entailed theories of change at three different levels feeding into each other.

First, a programme-level Theory of Change described at the highest level how LEAP's suite of services, initiatives and ways of working were expected to work together to improve early childhood development. Each of the key areas of work within the programme-level theory were then expanded on by a domain-level Theory of Change, which themselves housed relevant service-level theories of change. This structure is shown in Figure 2.



## Developing the programme-level Theory of Change

Work to refresh the programme-level Theory of Change was led by New Philanthropy Capital. The development process used the scoping work described above as its starting point.

It built on the potential key long-term outcomes identified by the evidence review. It also worked to distil how services and the system-mapping exercise described how they LEAP's work created change for children, families and the community.

Developing the Programme Theory of Change took an iterative approach, involving key stakeholders throughout. The process included:

- Launching the development process at a provider event attended by all services and key local stakeholders;
- Focus groups with local families and parent champions, aiming to capture how they saw the impact of LEAP in their community, as well as the programme's most important elements, and;
- Four workshops attended by service leads, members of the LEAP core team, system leaders, parent champions, and key national stakeholders.<sup>19</sup>

This process ended up yielding a programme-level theory structured around eight interconnected 'outcome domains'. As LEAP was a system-change initiative that sought to influence a range of different factors that affect children's lives, this was deemed the best way to capture how the programme intended to achieve its ultimate intended impacts. These outcome domains were then expanded on by domain-level theories of change, which each included a range of specific long-term outcomes.

## Developing narrative service-level Theories of Change

Using the outcomes identified in the domain-level theories of change, services were asked to develop service-level theories of change. These needed to clearly articulate how their activities fed into LEAP's broader programme theory, and were therefore expected to contribute to improved early child development and a reduction in inequalities (LEAP's ultimate population-level outcomes).

Services were asked to conduct this process themselves, though they received ad hoc support as needed. This was due to limited capacity in LEAP's evaluation and research team at the time. At this stage in the process, services produced a narrative version of their Theory of Change. These would later be simplified to one-page diagrammatic versions.

## LEAP's updated Theory of Change

LEAP's final nested Theory of Change included the following:

### 1. An overarching programme-level Theory of Change

Describing LEAP's intended approach at the highest level. As shown in [Figure 3](#), this included eight interconnected outcome domains that underpinned the programme's ultimate intended impacts.

### 2. Eight domain-level Theories of Change

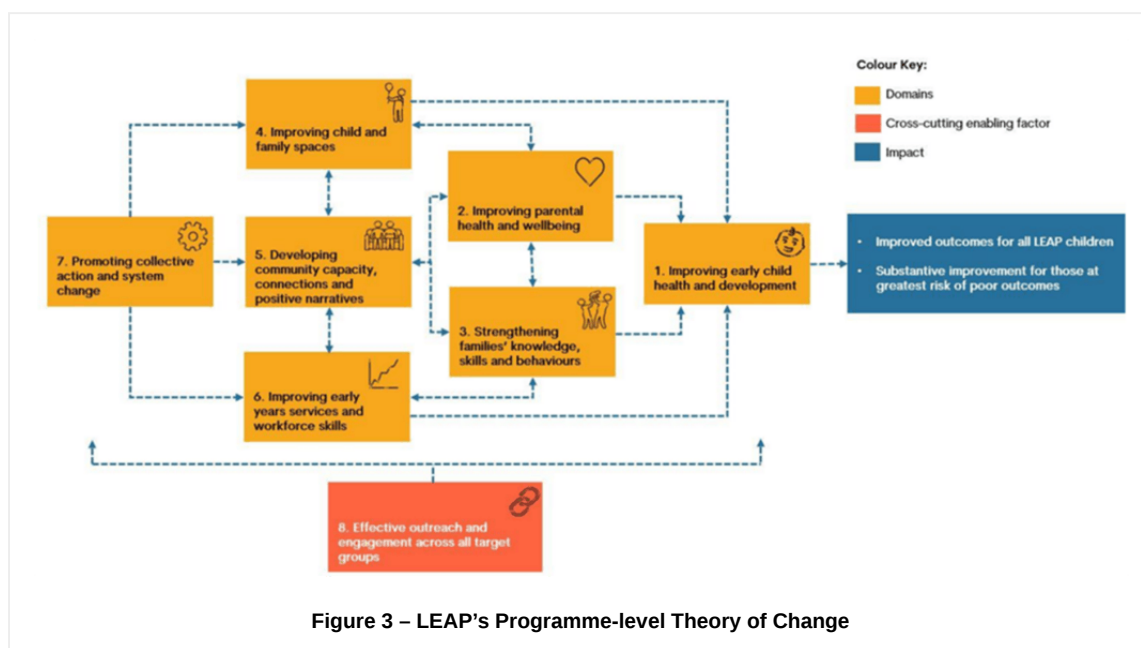
Breaking down each outcome domain into a range of long-term outcomes, and describing how LEAP's services, activities, and ways of working intended to contribute to them. The long-term outcomes within each domain are set out in [Figure 4](#).

### 3. 20+ service-level theories of change

Outlining in more detail how service-specific activities fed into long-term outcomes.

This approach was able to describe how the activities of a single service fit in with the wider programme and contributed towards shared outcomes.

For example, the long-term outcome identified by Breastfeeding Peer Support service-level Theory of Change was Women are more likely to initiate and sustain breastfeeding. As shown in [Figure 4](#), this outcome sat alongside seven others, which various services were working towards within Outcome Domain 3, Strengthening families' knowledge, skills and behaviours. Outcome Domain 3 was one of eight areas of work that fed into LEAP's two ultimate intended impacts.



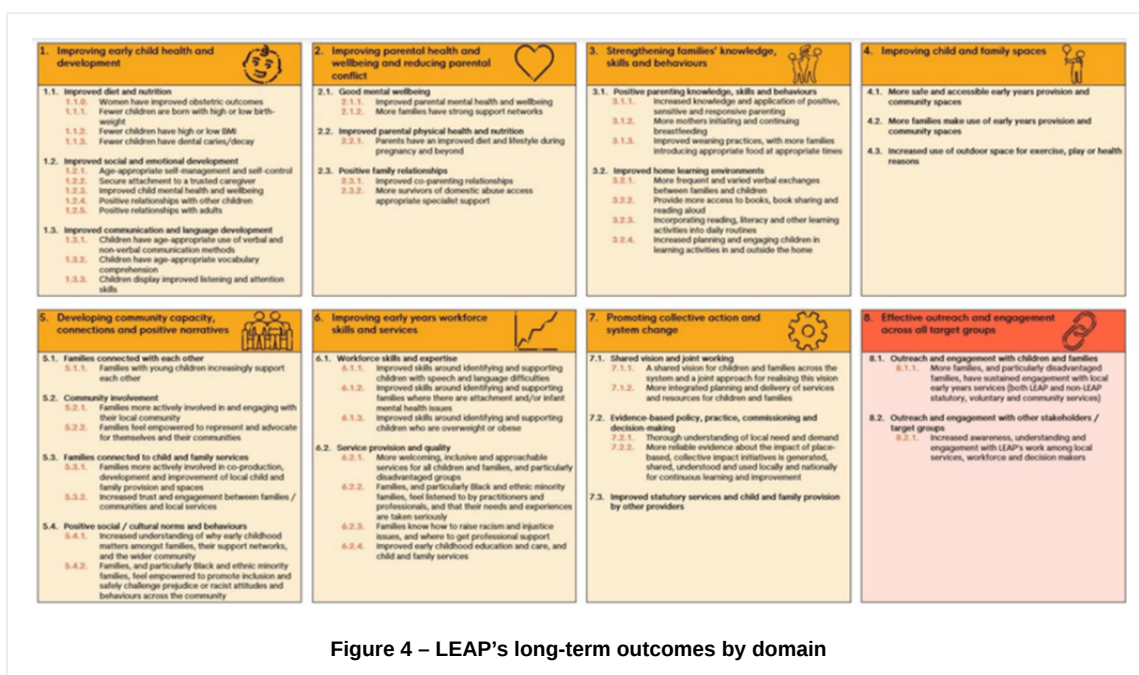


Figure 4 – LEAP's long-term outcomes by domain

## 4.4 Identifying and agreeing indicators and measures

Once LEAP had refreshed its theoretical basis, the next step was to explore how best to test whether this theory was happening in practice.

The goal of shared measurement underpinned this approach throughout, with LEAP aiming to standardise measurement approaches wherever possible.

### Standardisation across six key data types

The Theory of Change development process had primarily focused on outcomes. LEAP now aimed to introduce a shared approach to measurement across six key data types, allowing for standardised monitoring across both performance and impact. These six data types were:

- Input data – the financial, human, and material resources used in planning and delivery.
- User data – the characteristics and demographics of the people accessing services.
- Engagement data – how many people engaged with services and how often.
- Feedback data – what families and practitioners thought of services.
- Medium-term outcomes data – the medium-term changes LEAP wanted to achieve.
- Long-term outcomes data – the longer-term changes LEAP wanted to achieve.

Performance data (input, user, engagement and feedback) aimed to enable LEAP to understand whether services were being delivered as planned, reaching their intended target population, of a good quality, and being highly rated by families.

Outcomes data explored if and how services had contributed to positive change, and the extent to which they had contributed to reducing inequalities.

## 4.5 Recommending long-term outcome measures

The Right To Know (RTK) led on identifying measures for long-term outcomes. This task took up the most time and energy.

The SMS prioritised identifying high-quality outcome measures for outcome domains 1, 2 and 3 (Improving early child health and development, Improving parental health and wellbeing and reducing parental conflict, and Strengthening families' knowledge, skills and behaviours).

This decision was taken on the basis that, given limited resources, it made sense to focus on the outcome domains that evidence had showed worked were most important for child development – also those that the programme Theory of Change identified as most central to achieving LEAP's overarching programme impacts. These three domains also had the most high-quality measures readily available.

Long-term outcomes in other domains were also vital to LEAP's evaluation, but were largely assessed through specific evaluation activities, including LEAP's local evaluation conducted by Dartington Service Design Lab.

### Balancing accuracy, practicality and standardisation

Identifying the right outcome measures was not easy. Even under controlled conditions, accurately and consistently capturing changes in capability or behaviour is extremely difficult. Doing so in an early years context adds its own specific challenges.

The fact that measures needed to be acceptable to a busy, under-pressure workforce, whose foremost goal was to deliver a high-quality service, made the challenge even harder. LEAP and the RTK aimed to strike a balance between 'gold standard' outcome measures, and what would be practical and not burdensome for both practitioners and families.

Standardisation of outcome measures was crucial to realising LEAP's goal to pool and combine data across the programme. This process aimed to identify measures that could be shared by groups of services working on similar determinants of early childhood development. However, given the wide scope of LEAP's work, overall consistency was never possible.

### Challenges around outcome measurement in the Early Years

Outcome measurement in the early years sectors is notoriously challenging.

At a fundamental level, early childhood development is both complex and dynamic, with children having varied individual development trajectories. Well-validated measures of development (that reliably capture the outcome they intend to) tend to be very complex and require extensive training and expertise to use. This means they are difficult to implement at scale.<sup>2021</sup>

Certain developmental domains – in particular social and emotional development – are recognised as being particularly difficult to capture, with a lack of agreement on which measurement approaches should be used.<sup>22</sup> In the context of parent-infant relationships, for example, there is still little consensus in the academic literature, or among practitioners, about which measures are most effective.<sup>2324</sup> Due to these challenges, many outcome measures can be quite blunt instruments.<sup>25</sup>

A second challenge is whether measures are appropriate for routine use. This includes whether tools are accessible, and demand reasonable administration time and cost.<sup>26</sup> Even if a measure is designed to be straightforward, there may also be local variation in how it is used, as in the case of ASQ-3.<sup>27</sup> Organisations have also highlighted difficulties in identifying outcome measures that can be used with children and parents from across diverse backgrounds and cultures.<sup>28</sup>

### Challenges identifying appropriate outcome measures for the Parent and Infant Relationship Service's One-to-one (PAIRS 1-1) offer

These challenges are illustrated by the difficulties that LEAP had identifying the right long-term outcome measures for PAIRS 1-1 (a service offering specialist parent-infant psychotherapy to promote infant mental health and a healthy parent-infant relationship).

PAIRS had been using various validated outcome measures since its inception in 2015. These included the Mothers Object Relations Scales (MORS),<sup>29</sup> the Prenatal Attachment Inventory (PAI)<sup>30</sup> and the Parental Reflective Functioning Questionnaire (PRFQ).<sup>31</sup>

However, over the service's lifetime, it became clear that practitioners felt that some measures were largely failing to capture their impact on parent-infant relationships. There were also concerns that these measures didn't feel relevant to many families (particularly if they were attending the service while pregnant), that they were difficult to administer without having a negative impact on the therapeutic relationship, or that they weren't sensitive enough to capture changes over a short timeframe. Similar challenges have also been identified in the literature.<sup>24</sup>

Despite the opportunity to identify new outcome measures during the SMS's development process, PAIRS decided to continue using their existing approach as it was deemed these were the best reflection of outcomes and impact of all measures available.

## Rapid evidence assessment to identify possible long-term outcome measures

The RTK led an evidence review to identify potential outcome measures for domains 1, 2 and 3. This aimed to identify measures that were high quality, promoted a consistent approach and that service providers would find helpful and practicable.

From 1,378 potentially relevant papers, 37 fully met criteria for inclusion in the review. These papers discussed 34 different measures relevant to LEAP's high-level child development outcomes.

## Criteria for recommending outcome measures

The RTK whittled down this longlist to a smaller number of options that could be taken to services. As set out in [Table 1](#), these recommendations were based on a range of criteria, seeking to identify measures that struck a balance between accuracy and practicality.

Alignment with long-term outcomes	Did the measure correspond to one of the long-term outcomes identified in LEAP's Theory of Change?
Validity	How accurate was the outcome measure? Was it good at capturing the outcome it was supposed to? Was it reliable? Did it obtain the same results when repeated?
Acceptability	Did the outcome measure feel relevant, proportionate and meaningful to both practitioners and service users?
User-friendliness	How practical was the outcome measure to use in terms of its length, simplicity and accessibility?
Demonstrating change over time	Could the measure be used in a simple pre- and post- design to demonstrate change over time?

**Table 1 – Criteria for recommending long-term child outcome measures**

Recommendations also sought to **draw on what already existed**, both to avoid imposing unnecessary disruption on service teams, and to build on existing good practice. Many recommended measures came from the following sources:

- Existing frameworks such as the Early Years Foundation Stage (EYFS) and UCL's IHE Measuring What Matter's guide for children's centres
- Measures utilised by other local programmes, including validated measures to monitor the impact of established interventions
- Existing local data collection practices

Wherever possible, recommended measures also included those already used by LEAP services.

Recommended measures did not need to be formally validated (systematically audited for responsiveness and reliability), with tools designed in-house by service providers considered if they met the key criteria.

## **Consultation with practitioners, professionals, partners, families and subject matter experts**

In-depth consultation with affected stakeholders informed this process (practitioners and families). Wider stakeholders with relevant expertise (local system leaders and national evaluation experts) were also consulted. This built on the initial consultation completed as part of the Theory of Change development process.

This process yielded a range of valuable findings. National experts, for example, emphasised the importance of allowing services to continue using their existing measures wherever they remained fit for purpose. They reflected that this could help keep practitioners motivated and on board with programme objectives. Local families, on the other hand, emphasised the importance of transparency around why they were being asked to supply certain information.

### **4.6 Recommending medium-term outcome measures**

The process to identify medium-term outcome measures was led by LEAP's in-house evaluation team, with input from services. Medium-term outcome measures were a crucial part of the SMS. They allowed LEAP to understand direction of travel towards long-term outcomes, particularly as these could be hard to capture.

Given that most services would not be sharing long-term outcome measures, there was an opportunity to introduce more standardisation to medium-term outcomes measures. To achieve this, LEAP developed a family questionnaire that could be used across services. This used a standardised set of Likert questions to collect self-reported data on parental knowledge and confidence around service-specific medium-term outcomes.

### **4.7 Standardising performance indicators**

As described in [Section 3](#), most services were already collecting input, user, engagement and feedback data. However, additional effort was invested into fully standardising this to allow for pooling and comparison across LEAP's whole service portfolio.

For example, a minimum dataset was introduced to capture a broader range of key-user characteristics (See [Appendix 2](#) for the full minimum dataset). In the context of engagement data, all services were asked to collect data on when, how, how often and where families engaged.

Standardised feedback forms were also introduced for the first time. In these forms, respondents were asked a series of Likert-style questions, indicating the extent to which they agreed or disagreed with different statements.

The specific wording of statements varied from service to service, however there were some questions asked across all services. These included how likely parents were to recommend the service to friends or family. There was also space for respondents to write comments about what the service did well and what could be improved. Similar feedback forms existed for services with a practitioner training component.

### **4.8 Agreeing the final set of measurement tools with services**

The last step was to take proposed measures, indicators and tools back to services for a final review, and to further understand practicality and impact. This was crucial to ensuring that the proposed measurement approach was acceptable to services, and didn't feel imposed from above.

Repeated efforts were also made to explain to services why updating their measurement was important, and that LEAP had deliberately invested in ensuring changes weren't overly burdensome. It was also communicated that both LEAP directors and senior commissioners supported this process.

Each service was first provided with a newly-developed one-page Theory of Change diagram, which they had the opportunity to review and amend. This gave structure to these discussions.



Services then met with the RTK and LEAP Evaluation and Research team staff to agree on which measurement tools they would be using. Recommended measurement tools were mapped onto the relevant sections of service-level theories of change to assist this discussion.

Finalised agreements were formalised via services' Task Orders, establishing a contractual obligation for services to use the SMS.

## Pushback and negotiation

There was some pushback to proposed changes to measurement. Some services were concerned about their ability to manage the expanded scope of data collection. This was more likely for those services who were less well established, or came from a grassroots/community context.

Others had specific concerns around collecting feedback data for the first time. Some were unsure when data should be collected if there wasn't an obvious beginning and end to families' engagement with their service.

In a handful of cases, services struggled to agree on outcome measures that they felt truly captured their work with families. This was particularly the case for the Parent and Infant Relationship Service, as explored above.

## 4.9 The final set of agreed measurement tools

The final set of indicators, measures and tools included the following:

- Standardised input, user and engagement indicators
- A largely standardised LEAP family Feedback Form, and practitioner feedback form for those services with a training component. This included an option to include qualitative feedback.
- Medium-term outcome data collected by family questionnaires, focused on changes to knowledge, confidence, motivation and behaviour.<sup>32</sup>
- Long-term outcome measures – high quality, validated measures; national assessments; and high-quality in-house designed tools.

Figure 5 shows the final set of long-term outcome measurement tools used by each service. This shows that some standardisation of outcome measurement was possible.

The Mothers Object Relation Scale (MORS), for example, is a validated mental health measure used to assess areas of difficulty in early motherhood. This measure was selected to be used across the following services: Baby steps, Together Time, Family Nurse Partnership and Empowering People Empowering Communities (EPEC).

Appendix 3 (<http://appendix-3>), sets out in more detail how agreed outcome measures aligned with the long-term outcomes identified in LEAP's Theory of Change.

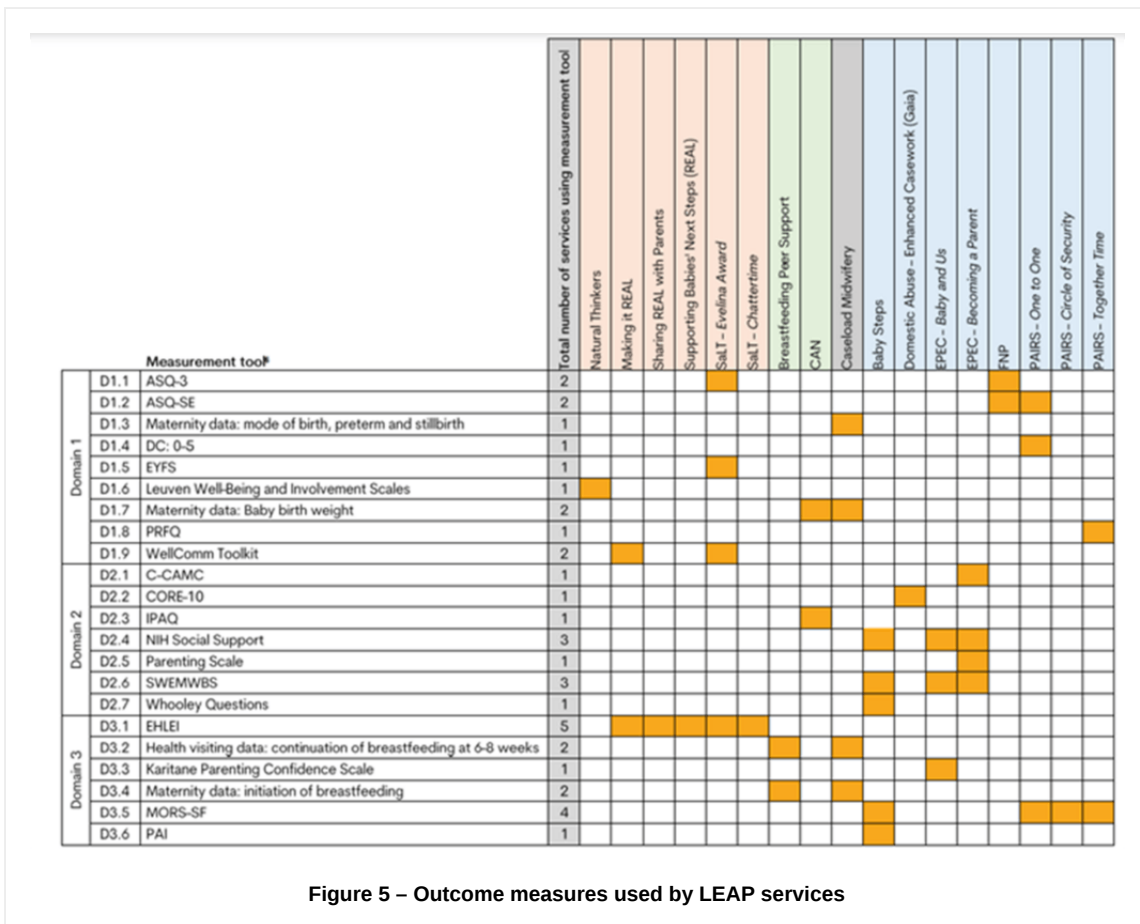


Figure 5 – Outcome measures used by LEAP services

The complete set of tools to be used by each service were set out in bespoke **Monitoring Evaluation and Learning (MEL) frameworks**. These intended to clarify what should be measured, using what measurement tool, when and by whom, as well as how the data would be used.

[Appendix 4](#) includes a summary of the key components of a MEL framework, as well as an extract from the framework developed for the Healthy Living Platform service (a community-based service aiming to promote healthy behaviours).

In addition to service data, LEAP also had access to local **administrative datasets**. These datasets contained key population indicators relevant to the programme's long-term outcomes. This included Maternity data (Badgernet), Health Visiting data (Carenotes), Early Years Foundation Stage Profile data, National Child Measurement Programme data, and Children's Centre data (EISi). These were considered part of the SMS but were not collected directly by services.

## 4.10 Reflections on developing shared outcomes, indicators and measurement tools

### Measuring what matters

LEAP was a wide-ranging programme. The scope of what measurement and evaluation could have focused on was significant. Prior to the SMS, for example, services were collecting data on almost 200 different outcomes. Narrowing this was vital, ensuring that LEAP would be able to demonstrate impact, reduce the burden on services, and understand how services worked collectively.

The Theory of Change development process allowed LEAP to zero in on a smaller subset of shared outcomes, which were prioritised based on local need and evidence of the most important determinants of childhood development. LEAP then further prioritised routine measurement of outcomes within three specific domains.

## **Standardisation requires compromise**

Standardisation of measurement wherever possible was crucial. However, to achieve this, a certain degree of compromise was required. For example, certain services agreed to use outcome measures that were not as closely tailored to their service as they might have ideally wanted but were of a high quality and aligned with other services. The introduction of standardised performance monitoring was also challenging. Some services were concerned about regularly collecting feedback data.

## **Reducing the burden on practitioners by balancing rigour and practicality**

LEAP's choice of measurement tools sought to strike a balance. They needed to be accurate but also acceptable and practical for both practitioners and families. It would have been counterproductive to ask services to use complex validated measures that were inappropriate to the LEAP context or overly burdensome for practitioners to incorporate into their schedules. This was particularly pertinent given some service teams' lack of experience collecting high-quality data.

Repeated consultation and discussion with families, system leaders and services themselves was crucial to identifying an appropriate balance here. LEAP also sought to build on what was already in use in Lambeth and use existing measures where possible. This meant using some measures that were user friendly even if they were not as psychometrically robust as a 'gold standard' option.

## **Measuring direction of travel through medium term outcomes and qualitative data**

From the outset, LEAP recognised that consistently collecting high-quality, long-term child outcomes was likely to be challenging. Despite LEAP's efforts to minimise the complexity of chosen measurement tools, measuring long-term outcomes typically demands significant time and effort.

Attrition of families also meant there was no guarantee that services would capture the before and after data needed to understand change over time. Consequently, LEAP developed in-house family questionnaires to offer a standardised approach to understanding progress towards services' medium-term outcomes.

The inclusion of qualitative feedback data in the SMS also allowed for a broader understanding of impact, in case long-term outcomes failed to be adequately captured. The broader responsibility for services to provide quarterly narrative reports on their progress also aided this.

## **Winning hearts and minds**

LEAP deliberately invested in ensuring that key stakeholders were engaged throughout the development process. This encouraged them to understand and buy into the ambitions of the SMS – as well as be willing to endure some discomfort around new data collection.

LEAP, New Philanthropy Capital and The Right To Know also worked to encourage a shift in services' mindset, from services working in isolation to working together. This included launching the development process at a providers' forum, sharing regular progress updates, and involving stakeholders in decision-making throughout.

## **Investing time and expertise**

Developing the SMS was an incredibly ambitious undertaking. It required significant time and investment from the LEAP core team, New Philanthropy Capital and The Right to Know.

LEAP also established an Expert Advisory Group during this period. This group ensured that the programme was regularly informed by the latest policy and practice, promoted good evaluation and working practice, and provided LEAP with ongoing challenge and expertise.

# 5.0 Putting the Shared Measurement System into practice

## 5.1 Introduction

A successful Shared Measurement System (SMS) requires more than just a set of agreed outcomes and measurement tools. It also needs robust processes and systems that allow high quality data to be collected, processed and analysed.<sup>2</sup>

This section includes information on how LEAP worked to develop a robust data collection environment to support the functioning of the SMS. Further details, particularly around information governance, and how data was linked, processed and analysed, can be found in [LEAP's Data Integration Platform Learning Journey \(https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/\)](https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/).

## 5.2 Expanding LEAP's data and evaluation capacity

To coincide with the launch of the SMS and the programme's renewed focus on data, evaluation and learning, LEAP invested in expanding, restructuring and clarifying the remit of its core team.

LEAP recognised that the SMS represented a step-change in what was being asked of services in terms of data collection. It also represented a new phase in the programme's evaluation, with significantly more data available for analysis. In this context, the restructure aimed to ensure that the core team had adequate capacity and skills to cope with these changes. It aimed to create dedicated, expert capacity to:

1. help services consistently collect and report on high-quality data;
2. ensure there was evaluation capacity available to produce regular high-quality reports; and
3. oversee a programme of independent evaluations.

This process involved clarifying the remit of three of LEAP's internal teams – The Evaluation and Research team, the Public Health team and the Programme Management team – setting out clearly their responsibilities in relation to collecting, processing, reporting and learning from data. The overall capacity of these teams was also expanded from 13 to 16 full-time employees.

## 5.3 Simplified data collection procedures to reduce the burden on practitioners

There was significant variation in LEAP services' data collection attitudes and capabilities when the SMS was first developed. Some services were well-used to collecting large amounts of high-quality data. This included those with a clinical basis (Caseload Midwifery, PAIRS), those that were a local version of a national programme (Baby Steps, Family Nurse Partnership), or who were otherwise well-established (The Gaia Centre, run by the national charity Refuge).

Other services tended to have far less experience, and some had struggled with data collection even prior to the SMS. This was particularly true for grassroots or community services. On top of this, many services already felt under pressure due to contextual factors like high staff turnover.

LEAP aimed to do everything it could to make data collection as easy as possible. To help under-pressure services collect data consistently and accurately, each service was provided with a bespoke Monitoring, Evaluation and Learning (MEL) framework. This was intended to act as a measurement toolkit setting out how, when and from whom to collect data. It also included printed copies of measurement tools. A summary of the key features of a MEL framework is included in [Appendix 4](#).

LEAP also invested in developing user-friendly systems to upload data onto the [Data Integration Platform \(https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/\)](https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/), where it would be processed, linked and made ready for analysis and reporting. This included developing a digital Outcomes Assessment Tool (known as 'The App'). For each service, this included data fields corresponding to each feature of services' outcome measures.

Data could be put directly into the App at the moment of collection or uploaded later. For those services who were unable to use the Outcomes Assessment Tool (for example if frontline practitioners didn't have access to digital devices), outcomes data was collected using paper forms, which were then uploaded to The Platform by LEAP staff.

## 5.4 Additional data support for services to support accurate and robust collection of data

As part of the Programme Management team's expansion, LEAP introduced two new roles: a Data Collection Manager and a Data Collection Officer. The staff in these roles offered oversight of data collection, as well as ongoing support to services to collect high-quality data across all six priority data types.

In the early days of the SMS, these staff worked hands-on with services using measurement tools for the first time, building relationships with practitioners and developing their confidence around data collection. On top of this, the Data Collection Manager had overall oversight of all the data coming into [LEAP's Data Integration Platform \(https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/\)](https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/). This allowed LEAP to spot any issues with data quantity or quality and take remedial action.

In some cases, LEAP staff would offer direct support with data collection, attending sessions and collecting data from parents themselves. For services who didn't use the App, this often involved uploading data onto the Outcomes Assessment Tool from paper versions of measurement tools.

## 5.5 Test and learn

The SMS was never going to be perfect first time, and many features were iterated on over time.

Every quarter, services were encouraged to review and reflect on both their service-level Theory of Change and their most recent data. They produced a narrative report and attended a Service Data Meeting with the LEAP core team staff, where they reflected on a Quarterly Service Report produced via the Data Integration Platform. As well as allowing ongoing monitoring of performance and outcomes ([see Section 6](#)), this allowed services to reflect on whether their Theory of Change and MEL framework remained fit for purpose.

Though long-term outcomes remained fixed given their relationship to LEAP's programme-level Theory of Change, both service theories of change and MEL frameworks were intended to be live documents, able to change to better reflect services' activities.

Throughout LEAP's second half, there were multiple examples of services updating their theories of change to reflect changes in delivery, and a few instances where services tweaked or introduced a new measurement tool. This work was helped by every service being allocated a member of the Evaluation and Research Team as a key point of contact for these issues.

## 5.6 A robust information governance and data sharing environment

Once data had been collected, LEAP uploaded it onto its [Data Integration Platform \(https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/\)](https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/) to allow it to be linked, processed and made ready for analysis. To allow for this, all services and partners who shared data with LEAP went through a rigorous information governance process, which included:

- mapping consent and GDPR processes;
- ensuring that data was being shared within the appropriate framework; and
- establishing a data sharing agreement (and in some cases a data protection impact assessment).

For more information on this, and reflections on the strengths and weaknesses of this work, please [refer to the Data Integration Platform Learning Journey \(https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/\)](https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/).

## 5.7 An innovative Data Integration Platform to process and integrate data

The data collected through the SMS was processed and made ready for analysis and reporting by the Data Integration Platform (The Platform). This was also true for population-level data contained within local administrative datasets.

The Platform was a crucial complement to the SMS. Prior to its development, LEAP was unable to link individual-level data across the programme due to data being hosted in service-specific databases that were unable to share identifiable data.

This had far-reaching consequences for what LEAP's routine Monitoring, Evaluation and Learning could achieve. Most crucially, it meant that all monitoring, analysis and reporting was likely to include double-counting, preventing LEAP from understanding its work with, or impact on, unique beneficiaries. Due to this, LEAP was unable to:

- accurately report on its reach;
- understand its collective impact (due to an inability to isolate individuals who had engaged with multiple services);
- conduct accurate service-level monitoring; or
- link individuals to long-term outcome data available with local administrative datasets.

The Platform was able to resolve this through an innovative pseudonymisation approach. It used data fields common across datasets to generate a unique pseudonymised ID that could be used to link data records. The Platform also included validation protocols that ensured all data available for analysis was of a consistent high quality.

The Platform processed and stored data, but it was not interactive. Instead, Platform data fed into a 'Golden Dataset' – a central data model published on Power BI that underpinned a range of service and programme-level reports. These reports were used to bring to life data that had been structured and collected via the SMS. Examples of these are included in [Section 6](#).

## 5.8 Challenges around putting the Shared Measurement System into practice

### Resistance to outcome measures

Despite agreeing them with the LEAP core team and The Right to Know, some service teams had ongoing issues with their chosen outcome measures. In multiple cases, services felt that they weren't an appropriate tool to capture the impact of their work, or were otherwise inappropriate to use with families.

As described in [Section 4](#), the Parent and Infant Relationship one-to-one service, for example, had ongoing issues. They felt that outcome measures failed to adequately capture the complexity of their work with parents and children.

In other cases, individual practitioners struggled to use measurement tools. LEAP's in-house evaluation of its three setting-based communication and language development services,<sup>33</sup> for example, identified that multiple practitioners in early years settings had difficulties using the WellComm toolkit.

The toolkit aims to assess whether the language children are using, and their understanding, is appropriate for their age.<sup>34</sup> Some practitioners reported that the toolkit felt unwieldy or too long, while others felt it was too precise to be used easily with children.

These difficulties were made worse by the fact that most early years settings were under significant pressures arising from high staff turnover and low capacity.

## Inconsistent and poor-quality data collection

Even if services were satisfied with the measurement tools set out in their MEL framework, there was no guarantee they would use them as intended. Many services failed to collect data as intended in one way or another, leading to issues with data quantity and quality.

This included services failing to collect a post assessment when a parent left a service before the final session. In a few cases, services failed to use outcome measures to any great extent.

One service within the diet and nutrition strand, for example, administered extremely few family questionnaires due to uncertainty about how and when to use them. Other services missed certain components of complex outcome measures.

Across the programme, there was also a recurring issue around collecting sufficient quantities of feedback data.

There were explanations for these issues:

- a lack of impetus from senior service staff to use measurement tools;
- ongoing uncertainty about when and how to use tools within their delivery (despite support from LEAP's data team); and
- and a lack of enthusiasm due to a perception that measures weren't appropriate to their work.

## Data processing and sharing issues preventing reflection on data

For some services, delays to data processing and sharing meant they were unable to see their most up-to-date data via quarterly service reports. This was particularly problematic for some services based within the NHS, with data sharing agreements taking a long time to establish.

In other cases, issues with [LEAP's Data Integration Platform \(https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/\)](https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/) or Golden Dataset meant data was reported on incorrectly. In a few cases, such issues could have a negative impact on service team's confidence in the SMS as a whole, leading to knock-on consequences for the quality of data collection.

## 5.9 Reflections on putting the Shared Measurement System into practice

### Culture change and capacity building around data collection

Many services had a low starting point when it came to data collection. They had limited experience, capability and uncertain attitudes towards what was being asked of them. The success of the SMS depended on LEAP's ability to overcome this, changing organisational culture to make high-quality data collection an embedded part of services' routine practice.

LEAP took several approaches to this, beyond simply requiring services to collect data in formal task orders. To encourage buy-in to their MEL framework, services were deliberately closely involved in the selection of outcome measures.

LEAP also worked to build services' motivation to collect high-quality data, and their confidence to do so. This included offering direct support with data collection, and ongoing encouragement to reflect on their Quarterly Service Reports. This often depended on services building close personal relationships with LEAP staff.

As with any behaviour change work, LEAP also worked to make it as easy as possible for services to collect data, simplifying data collection tools and processes.

As outlined above, there remained various issues with data collection throughout LEAP's second half. However, overall LEAP succeeded in encouraging the step-change in data collection it intended.

### The Shared Measurement System as a 'live' system.

A SMS is not something you can set up and then simply leave to run. The success of the SMS depended on ongoing buy-in and commitment from staff across LEAP's core team and services: from front-line practitioners, and from service leads and commissioners.

Adding capacity to support data collection, processing and analysis was also extremely beneficial. The SMS was also something that evolved over time, with the LEAP core team dedicating resource to ongoing iteration, improvement and problem solving.



# 6.0 Learning from the Shared Measurement System

The Shared Measurement System (SMS) served as the foundation for LEAP's routine Monitoring, Evaluation and Learning approach, as well as playing a vital role in supporting its external evaluation.

The alignment of measurement to LEAP's key outcomes allowed LEAP to test its Theory of Change and see if the programme was working as intended. Standardised input, output, engagement and feedback indicators also allowed for improved performance monitoring at both the service and programme-level. The SMS also simply meant that more data was available, and that it was of a higher quality.

This section spotlights three (of many) examples of learning enabled by the SMS.

## 6.1 Service-level monitoring for data-informed decision making and improvement

The SMS underpinned a dramatically improved capacity to conduct service-level monitoring.

Standardisation of measures, indicators and measurement tools meant that, for each service, high-quality and consistent data was now available across all six priority data types. LEAP's work to support data collection also meant there was an increased volume of data available.

The primary mechanism for bringing this data to life was Quarterly Service Reports (QSRs), which were generated from [LEAP's Data Integration Platform \(https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/\)](https://leaplambeth.org.uk/reports/data-integration-platform-learning-journey/). Services had access to their most recently updated data at any point and were also encouraged to reflect on it via quarterly Service Data Meetings with the LEAP data team.

[Figure 6](#) and [Figure 7](#) show examples of the reporting available in QSRs.

Access to improved and easily accessible monitoring data had far-reaching benefits:

### **From a commissioning perspective**

Routine monitoring via QSRs allowed LEAP to easily hold services to account and suggest possible avenues for service improvement.

### **From a service perspective**

Having access to neatly summarised data allowed services to easily communicate their work to key internal and external stakeholders. It also encouraged them to reflect on their practice.

For example, where user data indicated that services were failing to reach a service's target population, service staff could reflect on how they might reach families differently.

If progress towards long-term outcome measures varied across different groups, services could reflect on whether they might work differently with certain families. If engagement data showed that few families were achieving dosage (attending as many sessions as intended), services could reflect on how to rectify this.

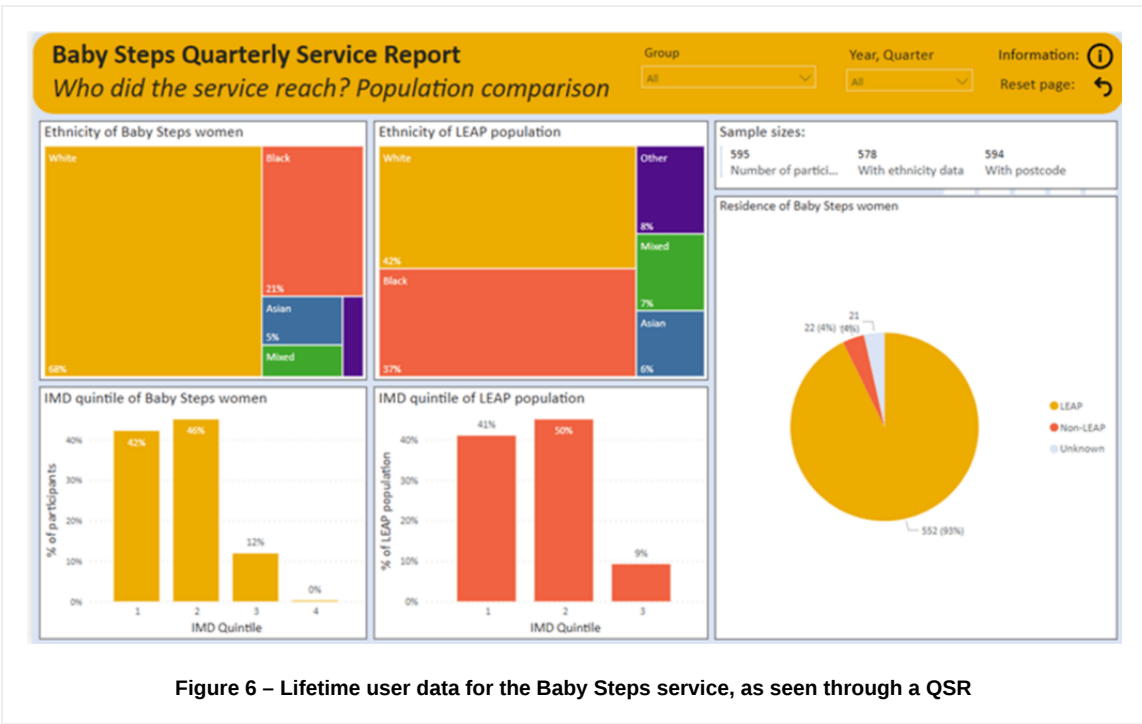


Figure 6 – Lifetime user data for the Baby Steps service, as seen through a QSR



Figure 7 – Lifetime outcomes data for Baby Steps (Pre-natal Attachment Inventory only)<sup>35</sup>

## 6.2 Programme-level monitoring and evaluation

LEAP's primary in-house programme-wide monitoring, evaluation and learning outputs were two Annual Learning Reports, published in 2022 and 2023. This report will focus on the first Annual Learning Report (the ALR).

High-level reporting on programme-wide performance data was already happening via programme-level monitoring reports. However, the ALR was the first opportunity to conduct detailed analysis across data collected by the SMS. It allowing LEAP to understand whether the programme was achieving the goals set out in its Theory of Change.

As well as improving the quality and quantity of data, the SMS enabled two key new opportunities for programme-wide analysis:

1. Combining standardised performance data allowed LEAP to assess the extent to which the whole programme was reaching and engaging its target population.
2. The structure provided by LEAP's shared outcomes allowed outcomes data collected by diverse services to be pooled. This allowed for a vastly improved understanding of how services were collectively working to improve the lives of children, families and communities.

Combining reach, engagement and feedback data suggested that:

- Families engaging with LEAP services broadly reflect the ethnic diversity of the population.
- The vast majority (85%) of children and families who engaged with LEAP attended only one service, with 14% attending between two and four services.

Example findings organised by outcome domain included:

- Within Domain 1 (Child Health and Development), the Parent and Infant Relationship one-to-one service helped to improve family relationships (measured using the DC:0-5 Diagnostic Classification tool).<sup>36</sup> Children attending Natural Thinkers improved their wellbeing and involvement in activities between first and last engagement with the service (measured using the WellComm Toolkit).<sup>37</sup>
- Within Domain 2 (Improving Parental Health and Wellbeing), the Community Activity and Nutrition (CAN) service collected data showing that the service was helping all women who took part to be more physically active by walking more during pregnancy. For the Domestic Abuse Enhanced Casework service, analysis of average scores collected using the CORE-10 validated measure<sup>38</sup> showed a significant decrease in clients' psychological distress from intake to the last session.

Through analysis of this kind, LEAP was able to determine whether the programme was functioning as intended, and whether it was achieving its intended goals. As well as contributing evidence of what works to support development in the early years, findings were used internally by the LEAP team to drive learning and improvement.

Please refer to the 2021/22 Annual Learning Report and the 2022/23 Annual Learning Report for more information.

## 6.3 Combining outcome measures to assess impact on parental wellbeing and parenting skills

As part of LEAP's summative evaluation, Dartington Service Design Lab (hereafter Dartington) sought to assess how the programme contributed to:

- a. changes in parental mental wellbeing; and
- b. the knowledge and application of positive, sensitive and responsive parenting.

To do this, Dartington conducted 'domain-level' analysis, where they worked to combine outcome measures used by multiple services aiming to influence the same long-term outcome. This was a different approach to pooling the results of various individual measures within the same domain, as in the first Annual Learning Report. This was made possible by the choice of high-quality standardised measurement instruments.

For parental mental wellbeing, analysis combined three separate outcome measures used by either Baby Steps or the Domestic Abuse Enhanced Casework service. These measures were the Clinical Outcome Routine Evaluation (CORE-10),<sup>38</sup> the Short Warwick Edinburgh Mental Wellbeing scale (SWEMWBS)<sup>39</sup> and the Whooley Questions for Depression Screening.

For parental knowledge and application of positive, sensitive and responsive parenting, analysis combined two measures. The Mothers Object Relations Scale (MORS)<sup>29</sup> was used by Baby Steps and all three PAIRS services (Circle of Security Parenting, One-to-one, Together Time), while the Prenatal Attachment Inventory<sup>40</sup> was collected by Baby Steps.

To allow the combination of disparate measures, pre- and post- scores within each measurement tool were converted to standardised values between 0 and 1. 0 being the minimum possible score and 1 being the highest possible score. Statistical tests were performed to understand whether there was a significant difference between mean scores before and after families' engagement with LEAP services.

Results showed an 11% increase in measures of mental wellbeing (indicating improved parental mental wellbeing), and a 5% increase in measures of positive, sensitive and responsive parenting. Sub-group analysis also indicated that parents from areas of greatest deprivation experienced the largest increases before and after participating in the LEAP programme for both outcome domains.

The full writeup of this analysis is available in [a report by Dartington Service Design Lab \(https://leaplambeth.org.uk/wp-content/uploads/2024/10/LEAP-10-years-on-Parent-impact-supplement.pdf\)](https://leaplambeth.org.uk/wp-content/uploads/2024/10/LEAP-10-years-on-Parent-impact-supplement.pdf).

## 7.0 Influencing and wider impact

LEAP's Shared Measurement System (SMS) has been repeatedly recognised as a highly mature example of shared measurement – both in the context of the early years and collective impact. LEAP's shared measurement approach is also unique among the five A Better Start sites.

As such, a range of national and local partners have been eager to learn from its development. The SMS has also had a direct influence on local measurement approaches outside of LEAP.

### **Sharing learning with national and local stakeholders**

LEAP core team staff have presented on the SMS at multiple webinars with a national audience, where there have been high levels of interest in how LEAP was able to develop a theory-informed approach to evaluating a highly complex programme. Many stakeholders have had particular interest in LEAP's ability to identify a robust (and where possible shared) set of long-term outcome measures.

The SMS has also informed in-depth discussions on improving outcome measurement with local system leaders at Lambeth Borough Council, the Lambeth Together integrated care partnership, and multiple other London boroughs.

### **Use of measurement tools within the Family Hubs and Start for Life programme**

Outcomes and measurement tools used within the SMS have been adopted for continued use by two services who received ongoing funding from the local Family Hubs and Start for Life programme.<sup>41</sup> This is a strong endorsement of the choice of these tools.

# 8.0 Reflections and key messages

## **The Shared Measurement System (SMS) was fundamental to achieving LEAP's evaluation objectives**

The SMS served as the foundation for LEAP's Monitoring, Evaluation and Learning in its second half (2020-25). Simplifying LEAP's theory and standardising measurement allowed LEAP to capture a higher volume of high-quality data than was previously possible. It also reduced the burden on practitioners. This enabled far more effective service and programme-level performance monitoring, underpinning ongoing improvement throughout the programme's lifetime.

Identifying a set of shared outcomes, and aligning measurement with these, was also crucial to capturing how services worked collectively to improve the lives of children families and communities. This approach allowed medium and long-term outcome data from across LEAP's service portfolio to be pooled, and in some cases even combined. No other ABS site was able to capture collective impact in this way.

## **A live system involving both products and processes**

The implementation of the SMS was just as important as its development. Having identified and agreed a common theory and a set of corresponding measurement tools, the SMS would not have functioned without:

- a. simplified data collection procedures to reduce the burden on practitioners;
- b. additional data support for services to support accurate and robust collection of data; and
- c. a Data Integration Platform to link and allow for analysis of data (which itself had a lengthy development process and required ongoing support).

The SMS was also a live system. It had regular reporting outputs, and ongoing iteration around service-level theories of change, MEL frameworks and measurement tools.

## **Developing a Shared Measurement System requires prioritisation, time and ongoing investment**

Developing LEAP's SMS was an incredibly ambitious undertaking. Its final iteration has been widely recognised as a particularly mature example of Shared Measurement. Achieving this was not easy.

LEAP made the decision to prioritise the development of the SMS (and the accompanying Data Integration Platform) due to the clear value it would offer to the programme. Doing so required high levels of investment, including commissioning two external consultancies to support its development. LEAP also invested in restructuring and expanding its core team. This involved introducing new data-focused roles and convening an Expert Advisory Group.

Ultimately, developing the SMS took almost two years, while support for implementing it went on until LEAP's very end.

## **Balancing robustness and practicality**

One of LEAP's guiding principles was to avoid placing an undue burden on either practitioners or service users. To achieve this, LEAP continuously aimed for a balance between developing a gold-standard system and ensuring that the SMS was something that could be feasibly implemented.

Take, for example, the refreshing of LEAP's theory. LEAP aimed to simplify and narrow down wherever possible, conducting extensive background work and consultation to ensure the programme would really be measuring what mattered.

Similarly, while identifying potential outcome measures, LEAP sought to build on existing practice wherever possible, and to strike a balance between the validity of measurement tools and whether they would be acceptable to practitioners and families.

LEAP also had to negotiate with certain services to explain why simplification and standardisation was important, even if measurement tools were not a completely perfect fit for their work.

## **Changing cultures around data collection**

Many services had a low starting point when it came to data collection. They had limited experience, capability and uncertain attitudes towards what was being asked of them. The success of the SMS depended on LEAP's ability to overcome this.

LEAP needed to change organisational cultures to make high-quality data collection an embedded part of routine practice. LEAP encouraged buy-in by involving practitioners throughout the development process, simplifying data collection processes wherever possible, and offering direct support to collect and process data.

## 9.0 Appendices

### 9.1 Appendix 1: Glossary of key terms

Collective impact	A framework and approach whereby people and organisations work together and share information to address complex social problems and achieve a common goal.
Data integration	A type of data sharing that involves record linkage, which refers to the joining or merging of data based on common data fields.
Indicator	Any quantitative or qualitative variable that provides a simple and reliable means to assess performance or achievement. Unlike a measure, this does not necessarily need to be a direct observation of a phenomenon. In the LEAP context, indicators primarily refer to quantitative assessments of LEAP's four performance datatypes (inputs, user, engagement feedback).
Measure	A direct observation or calculation of a particular attribute or phenomenon. In the LEAP context, measures were used in the context of outcomes for children and families.
Measurement tool	A measurement technique used to capture either an indicator or measure.
Place-based, collective impact:	Place-based collective impact combines a place-based focus on a geographic location, community engagement and local decision-making, with collective impact's emphasis on cross-sector collaboration, adaptive management and systems change.
Routine monitoring, evaluation and learning (MEL)	The routine collection of information to track progress on predetermined, essential indicators across six key datatypes (input, user, engagement, feedback, outcome and impact) at both programme- and service-level.
Shared Measurement	Shared measurement involves organisations working on similar issues, and towards similar goals, reaching a common understanding of what to measure, and collaboratively developing the tools to do so.
Theory of change	A process for thinking about an organisation or project's 'story,' logically linking target group, activities, outcomes and impact. It encourages organisations to consider how change happens in the short, medium and long term to achieve the intended impact.



## 9.2 Appendix 2: LEAP's minimum dataset

LEAP's minimum dataset sets out data which services must collect for all participants. Data types with an asterisk are collected by a subset of services.

<p>Adult Information</p>	<p>Adult email address            Role (Mother/Father/Primary Caregiver)            Main contact number            Additional contact number*            NHS Number*            Adult DOB            Gender            Postcode            Date registered with LEAP service            Volunteer status*            Lone parent status*            Employment status*            Country of origin            Home language            Disability status            Ethnicity            Pregnancy status (and expected data due)            Parental education level*            Hours spent reading to child*</p>
<p>Child information</p>	<p>Primary carer e mail address            Child date of birth            Sex of child            NHS number*            Postcode            Data registered with LEAP service            Country of origin            Home language            Disability status            Ethnicity            Special Education Needs status*</p>

### 9.3 Appendix 3: Agreed outcome measures mapped onto long-term outcomes (domains 1, 2 & 3)

The below Figures set out the agreed outcome measures for Domain 1 (Improving early child health and development), Domain 2 (Improving parental health and wellbeing) and Domain 3 (Strengthening families' knowledge, skills and behaviour).

Each outcome measure is listed next to the relevant long-term outcome and service(s) that have elected to use it. This allows the reader to see where there are shared measures and long-term outcomes across LEAP services.

For example, two services (PAIRS One to One) and PAIRS Together Time) were aiming to contribute to outcome 1.2.2 (Secure attachment to a trusted caregiver) and were using three measures to assess their contribution to this.

Long-term outcome		Agreed outcome measure (or data source)	Service(s) using measure
1.1.0	Women have improved obstetric outcomes	Maternity data <sup>5</sup> : mode of birth, preterm and stillbirth	<ul style="list-style-type: none"> <li>Caseload Midwifery</li> </ul>
1.1.1.	Fewer children are born with high or low birth weight	Maternity data: Baby birth weight	<ul style="list-style-type: none"> <li>CAN</li> <li>Caseload Midwifery</li> </ul>
1.2.1.	Age-appropriate self-management and self-control	ASQ-SE	<ul style="list-style-type: none"> <li>FNP</li> </ul>
1.2.2.	Secure attachment to a trusted caregiver	PRFQ	<ul style="list-style-type: none"> <li>PAIRS - Together Time</li> </ul>
		ASQ-SE	<ul style="list-style-type: none"> <li>PAIRS - One to One</li> </ul>
		DC: 0-5	<ul style="list-style-type: none"> <li>PAIRS - One to One</li> </ul>
1.2.3.	Improved child mental health and well-being	Leuven Well-Being and Involvement Scales	<ul style="list-style-type: none"> <li>Natural Thinkers</li> </ul>
1.3.	Improved communication and language development	WellComm Toolkit	<ul style="list-style-type: none"> <li>Making it REAL</li> <li>SaLT - Evelina Award</li> </ul>
1.3.1.	Children have age appropriate use of verbal and non-verbal communication methods	ASQ-3	<ul style="list-style-type: none"> <li>SaLT - Evelina Award</li> <li>FNP</li> </ul>
		EYFS	<ul style="list-style-type: none"> <li>SaLT - Evelina Award</li> </ul>

Figure 8 – Agreed outcome measures for Domain 1, Improving early child health and development

Long-term outcome		Agreed outcome measure (or data source)	Service(s) using measure
2.1.1.	Improved parental mental health and wellbeing	CORE-10	<ul style="list-style-type: none"> <li>Domestic Abuse - Enhanced Caseworkers (Gaia)</li> </ul>
		SWEMWBS	<ul style="list-style-type: none"> <li>Baby Steps</li> <li>EPEC - Baby and Us</li> <li>EPEC - Becoming a Parent</li> </ul>
		Whooley Questions	<ul style="list-style-type: none"> <li>Baby Steps</li> </ul>
		Parenting Scale	<ul style="list-style-type: none"> <li>EPEC - Becoming a Parent</li> </ul>
		C-CAMC	<ul style="list-style-type: none"> <li>EPEC - Becoming a Parent</li> </ul>
		NIH Social Support	<ul style="list-style-type: none"> <li>Baby Steps</li> <li>EPEC - Becoming a Parent</li> </ul>
2.1.2.	More families have strong support networks	NIH social support	<ul style="list-style-type: none"> <li>Baby Steps (TBC)</li> <li>EPEC - Baby and Us</li> </ul>
2.2.1.	Parents have an improved diet and lifestyle during pregnancy and beyond	IPAQ	<ul style="list-style-type: none"> <li>CAN</li> </ul>

Figure 9 – Agreed outcome measures for Domain 2, Improving parental health and wellbeing

Long-term outcome		Agreed outcome measure (or data source)	Service(s) using measure
3.1.1.	Increased knowledge and application of positive, sensitive and responsive parenting	PAI	<ul style="list-style-type: none"> <li>Baby Steps</li> </ul>
		Karitane Parenting Confidence Scale	<ul style="list-style-type: none"> <li>EPEC - Baby and Us</li> </ul>
		MORS-SF	<ul style="list-style-type: none"> <li>Baby Steps</li> <li>PAIRS - One to One</li> <li>PAIRS - Together Time</li> <li>PAIRS - Circle of Security</li> </ul>
3.1.2.	More mothers initiating and continuing breastfeeding	Maternity data: initiation of breastfeeding	<ul style="list-style-type: none"> <li>Breastfeeding Peer Support</li> <li>Caseload Midwifery</li> </ul>
		Health visiting data: continuation of breastfeeding at 6-8 weeks	<ul style="list-style-type: none"> <li>Breastfeeding Peer Support</li> <li>Caseload Midwifery</li> </ul>
3.2.	Improved home learning environments	EHLEI	<ul style="list-style-type: none"> <li>Making it REAL</li> <li>Sharing REAL with Parents</li> <li>Supporting Babies' Next Steps</li> <li>SaLT - Evelina Award</li> <li>SaLT - Chattertime</li> </ul>

Figure 10 – Agreed outcome measures for Domain 3, Strengthening families' knowledge, skills and behaviours

## 9.4 Appendix 4: Summary of a Monitoring, Evaluation and Learning (MEL) framework

Monitoring, evaluation and learning (MEL) frameworks were bespoke documents that aimed to clearly set out what was expected from services in terms of data collection. They aimed to set out what should be measured, using what measurement tools and approaches, when and by whom, as well as how the data would be used.

MEL frameworks were 15-20 page documents, so it is not possible to include a full example here. This Appendix includes an overview of the key components of a MEL framework, as well as a data collection overview diagram taken from the MEL framework developed for the Healthy Living Platform, a community-based service that aimed to promote healthy behaviours.

### Key components of a MEL framework:

#### Introduction

Defining what a MEL framework is and re-iterating why services were being asked to collect data.

A **Data Collection toolkit**, including:

- **Principles of good data collection**, setting out good practice prior to, during and after collecting different types of data
- Specific guidance around **safeguarding and translation**
- A **Data Collection Script** to help ensure that practitioners gave participants all the information they needed. This included guidance on how to introduce information sheets and consent forms
- A **Data Collection Overview**, setting out which measurement tools should be used, when and with whom, and how this data should be recorded and submitted to LEAP. See below for an example.
- A **Data Collection Timeline** clearly setting out how different measurement tools should be used at different moments
- A **detailed written explanation** to provide further information on when and how measurement tools should be used to collect different kinds of data
- Links to all relevant **data collection tools** (also supplied in paper versions)
- An **overview of the reporting process**, i.e. how data should be submitted to LEAP, and what would happen to it after this

#### Definitions of key terms

Data Type	What tool should I use?	Who should I collect data from?	When should I collect data?	How should I collect data?	How should I submit data?
User	Minimum user dataset	Parent/caregiver	First Contact	Record data in system	LEAP are currently able to create extract
Engagement	Engagement database	Parent/caregiver	All contacts	Record data in system	LEAP are currently able to create extract
Feedback	<a href="#">Family Feedback Form</a>	Parent/caregiver	Termly	<a href="#">Smart Survey link</a> or paper forms	Email scanned copies of paper forms to LEAP Monitoring Officer ( <a href="mailto:smensah@ncb.org.uk">smensah@ncb.org.uk</a> )
	<a href="#">Food Ambassador Feedback Form</a>	Trainees	End of Food Ambassador training session	<a href="#">Smart Survey link</a> or paper forms	Email scanned copies of paper forms to LEAP Monitoring Officer ( <a href="mailto:smensah@ncb.org.uk">smensah@ncb.org.uk</a> )
Medium-term outcomes	<a href="#">Family Questionnaire</a>	Parent/caregiver	Termly	Paper copy	Enter data into Outcomes App

**Figure 11 – Data collection overview for Healthy Living Platform routine sessions**

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