

2018 Knowledge and Learning Programme Briefing



A Better Start



Changing the way we work with families of young children



A Better Start is a £215 million programme for the early years funded by the Big Lottery Fund. Our ambition is to transform systems and services that support early childhood development, including new approaches to antenatal and early years provision.

We are now three years into the delivery of this ten year, National Lottery funded programme. In this briefing, you can find out more about what the programme involves and some indications of initial achievements. Some early findings from implementation, evaluations and research are also included, which help us to begin to understand the learning from this important, strategic investment.

Keyword reference: Children, Pregnancy, Co-production, Early childhood development, Early Intervention, Early years, Families, Inequality, Innovation, Mental Health, Prevention, Service design, Systems change

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TABLE OF CONTENTS

Executive Summary	4
Introduction.....	6
What have we achieved so far?	11
1. Local organisations are working in partnership to transform support for families...	12
2. Parents and local communities are involved in every aspect of A Better Start.....	12
3. ABS partnerships are reviewing and improving existing services for families.....	14
4. ABS partnerships are using the latest evidence and science and adapting to respond to local strengths and needs.....	16
5. Over 100 services to support families have been improved and introduced	17
6. Improving understanding around engaging with dads.....	21
7. Awareness and understanding of mental health issues in families and their impact on very young children is beginning to increase	22
8. Sharing learning from ABS and working towards measuring its impact.....	23
What have we learned?.....	24
1. Apply ‘test and learn’ to programme governance, management and delivery.....	24
2. Work together to review and improve existing provision.....	25
3. Involving families in designing services makes for more inclusive provision.....	27
4. Good quality data underpins everything	28
5. Simple changes can make all the difference	30
6. Volunteers play a key role in local programmes.....	31
7. Involving parents and the community means finding ways to reach them and then building trust, coaching and enabling them.....	32
8. A peer with shared experiences can help parents open up and talk through their worries.....	33

TABLE OF CONTENTS (cont.)

Annex - A Better Start local areas.....	35
Sources.....	35

Foreword

Dawn Austwick, Chief Executive Big Lottery Fund

Did you know that a baby forms 1 million new neural connections in the brain, every single second?¹ Children’s minds and bodies grow faster in the first years of life than at any other life stage. These first few years are important to a child’s future and can have an impact on long-term outcomes in terms of health and wellbeing, relationships, education, income and more. Our investment, A Better Start (ABS), aims to help parents and communities to seize this opportunity to influence a child’s future.

ABS is our largest strategic investment and we are now three years into delivery. Over a period of 10 years, £215 million of National Lottery funding will be spent on developing new approaches to antenatal and early years provision. We aim to support up to 60,000² babies and children in our target local areas, but our aims go way beyond those early years. By giving them the best possible start in life, we want to improve their long-term outcomes as they progress through childhood, adolescence and beyond.

We also want to fundamentally change support services for young children and their families living in the funded areas and to share our learning more widely, so that our legacy helps even more families. In doing so, we hope that the programme will help to tackle inequality and provide opportunities for many more children in the future.

Executive Summary

About A Better Start (ABS)

We know that pregnancy and the early years form an important period in a child's development. Children's minds and bodies grow faster in the first years of life than at any other life stage. During this time, early care, nutrition and experiences - positive or negative - can have far-reaching impacts.

Every child deserves a good start in life, so the Big Lottery Fund has committed an investment of £215 million National Lottery money to supporting services and activities for babies and children up to their fourth birthday, and their families. ABS is a 10-year programme running from 2015 to 2025 and the largest of our five strategic investments. The funding is being used to develop and test new approaches and to improve existing services in antenatal and early years provision across five local areas: Blackpool, Bradford, Lambeth, Nottingham and Southend-on-Sea. ABS funds activities and services to address three key outcomes:

1. Diet and nutrition;
2. Social and emotional skills; and
3. Language and communication.

Alongside this we hope to bring about 'systems change' - to improve the way that local authorities, the National Health Service (NHS), other public services and the voluntary and community sector (VCS) work together with parents and the wider community to improve outcomes for children. In doing so, we hope to improve the life chances of babies and young children in the funded areas, as well as all babies and children in the future who - we hope - will benefit from improved services and support.

What have we achieved so far?

ABS is now three years into its ambitious programme. Its aims are complex and will take time to achieve - some impact will not be seen until the programme has finished. Nevertheless progress has been made in each of the local areas and in this briefing, we highlight achievements and learning from the programme to date.

The first step was to bring together the wide range of players who have an impact on early childhood in the five funded areas into formal partnerships. ABS partnerships have gained the commitment of these stakeholders to the programme vision and it is these partnerships which form the foundation for delivery and accountability of the programme. Alongside key stakeholders, parents and local communities are integral to the programme, with different levels of engagement meaning they can commit their time and contributions at a level that works for them.

The partnerships have made a great start in reviewing and improving existing services for families. This includes fundamental parts of early years provision, such as the Healthy Child Programme (HCP). Alongside this, they are testing individual services, adapted to the local context and need, in order to find out what works and to extend this more widely. To date, over 100 services have been adapted, improved and introduced.

During these first few years, the choices for each area's services have been reviewed to take account of the partnerships' improved understanding of local need, changes in context and/or through the co-production process with parents. Contextual factors that will take place during the remainder of the programme, such as changes in local systems and environments, the national economic situation and shifts in policy, will also have an impact on the extent to which we are able to achieve our aims.

Partnerships are working with the whole family, which includes finding new ways to get dads involved in services and activities. They are also working towards increasing awareness and understanding of mental health issues in families and how these can affect early childhood development through services and activities for parents as well as training and tools for practitioners.

Finally, together with the programme evaluators and our other local and national learning partners, we are working towards understanding and then sharing learning from the programme. We want what we are learning to help inform the work of others, so that many more children can benefit from this investment.

What have we learned?

Partnerships have shared some early learning from implementing the programme.

- A complex, long-term programme like ABS, aiming to bring about a shift in culture, behaviours, systems, policies and spending, is very challenging, will **take time and needs careful, sensitive oversight** from leaders with vision and long-term commitment.
- ABS is exploring what organisational functions and capacity are needed locally to deliver this kind of programme well, so it has been important to **apply the 'test and learn' principle to the partnerships and their governance structures, as well as the actual implementation** of services and activities for families.
- Partnerships have found a need to build strong connections between different services and practitioners, to overcome gaps in communication and duplication of tasks, in order to achieve **integrated, joined-up services for families**.
- When introducing new services, they have used a **service design approach**, working together with parents and communities ('experts by experience') to ensure that their needs are met.
- **Strong relationships** built on trust, are important.
- Meaningful, robust **data is essential for this kind of 'test and learn' programme**. But data collection should not create a burden for practitioners and it is important to work with them to get their buy-in to collecting it.
- **It doesn't always have to be complicated**. By listening to families to understand the difficulties they are facing and the support they need, sometimes simple changes can be identified to improve the service or engage them in services.
- Volunteers can play a key role in supporting families, but it is important to **give**

them the support and training they need to fulfil this role.

- Involving the community in the programme brings benefits, including for community members themselves, but it is important to acknowledge the **time and resources needed** to do this properly.
- A **peer support model can work well** for some vulnerable families and the supporters themselves can gain positive outcomes from their work, including increased employability.

Introduction

About A Better Start (ABS)

“We want every child ready to learn at 2, ready for school at 5 and ready for life at 16.”³

Having a child is life-changing. It is the most rewarding, joyful, funny and fulfilling experience when it goes well. But family life is complicated too. It is expensive, exhausting and at times, frustrating. For parents who are facing this in the context of poverty or factors like overcrowded housing, a history of trauma from their own childhood, or difficulties with substance misuse, family life can become very challenging. We want to help all families to build on their strengths and capabilities, provide extra support to those that need it and create a nurturing and supportive environment for children to grow up in.

In 2008, Professor Sir Michael Marmot conducted a [review](#) into health inequalities in England. The resulting report identified six policy objectives that were needed for health inequalities to be reduced. The first of these - to, “give every child the best start in life” - is the fundamental premise of ABS. The second - to, “enable all children, young people and adults to maximise their capabilities and have control over their lives”⁴ - is the approach we take when working with children, their families and the workforce that supports them and is in line with the Big Lottery Fund’s strategy, which aims to put ‘People in the Lead’.

The Marmot Review was a key driver for our ABS investment. The programme provides support to families from pregnancy until a child’s fourth birthday. Every funded ABS activity is geared towards **improving the life chances of babies and young children** by supporting them in three key areas (diet and nutrition, social and

A Better Start

A 10-year programme from 2015 to 2025 - currently three years into delivery

- £215 million for five areas across England
- Ambition is to support up to 60,000 babies and very young children living in the ABS areas through improved universal services and by providing additional support for those who need it
- Managed by VCS-led, multi-sector partnerships
- Parents and communities play a key role
- Uses a ‘test and learn’ approach to bring about ‘systems change’ - improving the way services are run to improve outcomes for children

emotional skills, and language and communication), as well as babies and children born in the future who, we hope, will benefit from improved services and support. Children are our primary beneficiaries but our approach also recognises the important role of parents- our secondary beneficiaries - by putting them at the forefront of shaping services for families in their local areas.

ABS builds on the legacy of Sure Start, a programme established nearly two decades ago to improve childcare, early education, health and family support, with an emphasis on outreach and community development. Indeed, many of the activities set up by A Better Start are delivered from Sure Start Children’s Centres.

ABS funds activities and services to promote positive experiences in pregnancy and the early years, and prevent experiences that can cause harm. The funded activities address three key outcomes:

1. Improving children’s **diet and nutrition** to support healthy physical development and protect against illness in later life.
2. Supporting children to develop **social and emotional skills** so they can develop positive relationships and cope with difficult situations.
3. Helping children develop their **language and communication skills**, so that they can engage with the world around them.

In addition to these, the fourth intended outcome is to bring about ‘**systems change**’; that is to change, for the better, the way that local health, public services and the voluntary and community sector work together with parents to improve outcomes for children. ABS is not intended to be a separate programme, running alongside existing services. The aim is to be sustainable from the start by working to review, enhance and improve what is already in place. If the programme succeeds in achieving its aims, a collaborative approach to developing services for children and their families will become ‘business as usual’ in the future. We want to do this in the following ways:

- Shifting culture and spending towards prevention-focused, needs- and demand-led support and services (i.e. by making sure services listen and respond to what people want and need).
- Ensuring effective partnership-working to so that support and services are less bureaucratic and more joined-up.

“My role in helping to set up A Better Start has been to ensure that what we learned from Sure Start has not been lost. Looking at what did not work as well as what did has been crucially important. The test and learn approach of A Better Start promotes a culture of learning as we go along as well as investing in longer term evaluation.”

Naomi Eisenstadt, CB, adviser

“We’re thinking about sustainability right from the very beginning. We’re not setting up stand-alone stuff unless there’s no way around that.”

Interviewee quoted in the implementation evaluation [Cullen et al, 2017]

- Instilling a commitment to science- and evidence-based⁵ support and services, and promoting innovation where it is needed.⁶
- Engaging and empowering parents and communities.

The ‘test and learn’ approach of the programme means that partnerships can try out new ways of working with families, including introducing a more preventative approach. The programme runs for 10 years to allow the time to do this.

A key focus for ABS local areas is to help strengthen the confidence, knowledge and skills of the workforce around Early Childhood Development (ECD). Professionals and practitioners need to be equipped with the skills and knowledge to work effectively with young children and families before adopting new and innovative ways of working. This goes beyond professionals who work specifically in early childhood health, education and development to include systems leaders and practitioners like GPs, the police or housing officers who also come into contact with, or make decisions affecting pregnant women, pre-school children and their families.

The programme also aims to increase understanding of early childhood development amongst parents and local communities; helping them to understand what they can do and why, to help children grow up in an environment that has a greater chance of supporting their healthy development.

ABS is being implemented over the period 2015-2025 in specific wards in five local areas: [Blackpool](#), [Bradford](#), [Lambeth Early Action Partnership \(LEAP\)](#), [Nottingham - Small Steps Big Changes \(SSBC\)](#) and [Southend-on-Sea](#). The wards were selected based on need using data on deprivation, child and maternal health outcomes, child development and a range of other local indicators. This means that against the measures used, they have a starting point that is, generally, much poorer than the national average.

Each of the five areas also showed that they had a strong shared local vision, existing resources to contribute and innovative and forward-thinking approaches to improving outcomes for children. As a result ABS is being implemented where there is both deprivation and high level of need, and real local strengths and commitment to change.

Over the last three and a half years, the five local areas focused on setting up their partnerships and programmes, with support from the Big Lottery Fund and external expertise. ABS is now in full implementation and there are over 100 interventions in place.

Each of the five local areas has a lead organisation from the voluntary and community sector (VCS). Putting a VCS organisation in the lead has helped the partnerships to create and build on strong relationships with local universal and targeted services. It has also meant that they are able to put forward different perspectives to the statutory sector, “from a position of lead partner (i.e. ‘insider’) with a VCSE sector viewpoint (i.e. ‘outsider’).”⁷ They work together with other charities, statutory health and social care services, primary health care, local communities and families themselves. Parent and community representatives play a key role and have been engaged in developing and designing local programmes as well as making decisions about how they are run.

The partnerships also work with national and international academic experts. Their role is to contribute the latest thinking on early intervention and preventative approaches, to

support and challenge programme development, as well as to help evaluate the outcomes of the programme.

Why are we focusing on early intervention?

“The foundations for virtually every aspect of human development (physical, intellectual and emotional) are laid in early childhood.”⁸

Pregnancy and the early years are an important period in a child’s development. During this time, early care, nutrition and experiences, positive or negative, can have far-reaching impacts.

However, evidence shows that in England, outcomes for health and wellbeing of children and young people don’t compare well with other countries, nor with historical data.⁹

Children from households with a low income or lower socio-economic status fare the worst.

Poverty has a negative impact on their life chances and means they are at higher risk of a range of poor outcomes compared to children from more well-off families. They are more likely to suffer infant mortality; to have pre-school conduct and behavioural problems; to experience bullying and take part in risky behaviours when they are teenagers; they are less likely to do well at school and to stay on at school after 16; and more likely to grow up to be poor themselves.¹⁰

However, it is important to remember that many children growing up in poor households buck the odds and do very well. ABS will be looking to understand the resilience that improves chances of good outcomes.

“A Better Start matters because babies matter, and parents matter, and humanity and the future of society will depend on us getting it right for babies and early life.”

Kate Billingham CBE, adviser to A Better Start

At the same time, spending on early childhood is lower than other areas of social investment, and services for children and families are struggling in the current economic climate. The support system for children and families is complex and services have historically worked independently, with new ideas tending to be introduced via short-term, pilot projects, which are vulnerable to budget cuts.

Adverse Childhood Experiences

Adverse Childhood Experiences (known as ACEs) can have negative, lasting effects on health and wellbeing.¹¹ ACEs range from physical, emotional or sexual abuse to divorce or a parent or guardian being sent to prison.¹² It is important to provide support to children and adults affected by ACEs as they can lead to a number of serious health-harming behaviours, as well as damaging levels of stress.¹³ If a child or parent has been negatively affected by ACEs and are provided with the right support, it is possible to interrupt this trajectory. More importantly, with the right level of support for parents, many more children can avoid ACEs altogether.

Early Action

A shift from responsive, reactive provision, to prevention, early identification and

intervention - would mean that families could be given appropriate support before problems and risks can intensify, or prevent them from happening in the first place. There are also economic reasons to shift to a preventative approach. Working with babies, children, their parents and carers to pre-empt or tackle problems early on, means that we don't pay the costs later. Research from Nobel Economist James Heckman estimates that programmes that intervene in a child's life during the period from conception to age three have the highest benefit-cost ratio and the highest rate of return to the public purse.¹⁴ In fact, research shows that for every £1 spent on early years education, £7 has to be spent to have the same impact in adolescence.¹⁵

Proportionate Universalism

The Marmot Review identifies a 'social gradient' in health, which means that people in higher social positions have better health. The review recognises the unfairness of this situation and proposes a response using 'proportionate universalism'; making provision for everyone, but with greater intensity for those with bigger social and economic disadvantage. The Review recommends that, "action to reduce health inequalities must start before birth and be followed through the life of the child. Only then can the close links between early disadvantage and poor outcomes throughout life be broken." A 'second revolution in the early years' is called for, to increase the proportion of overall expenditure allocated, including to quality early education and childcare¹⁶.

"To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage".

Marmot Review (2010)

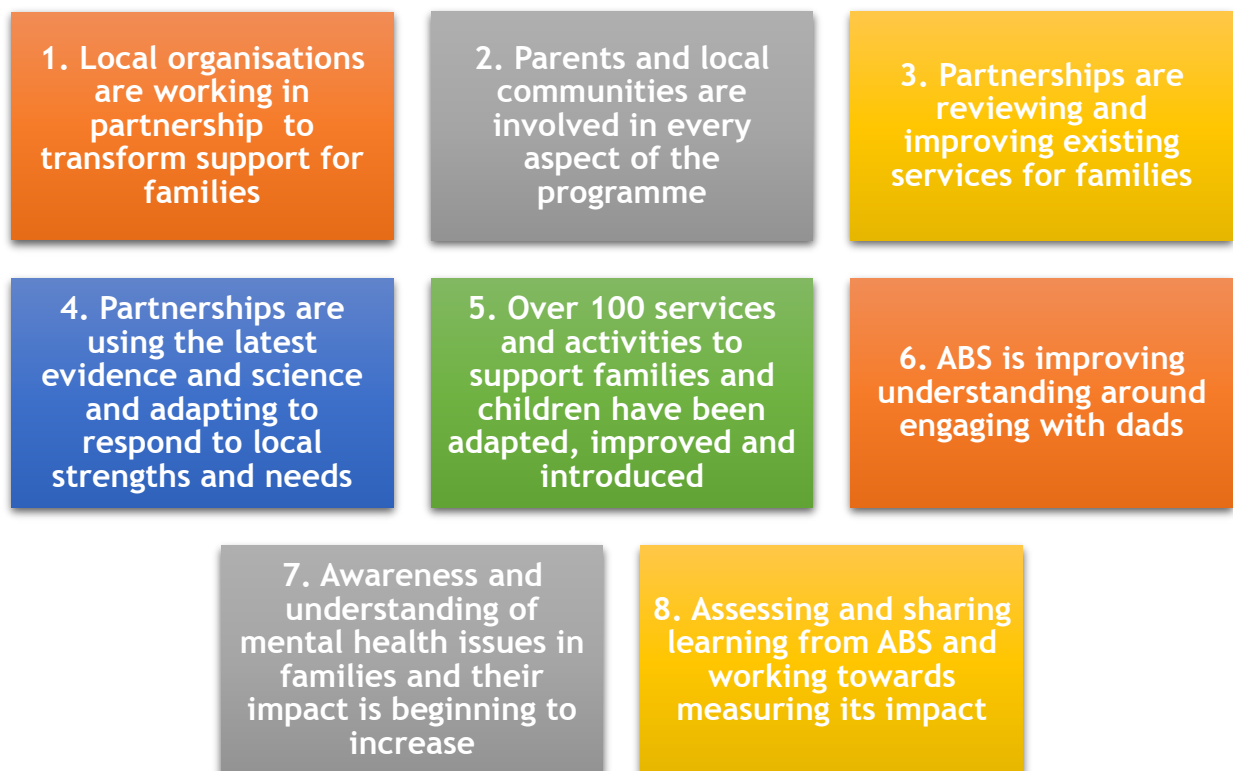
ABS recognises that children growing up in households experiencing social and economic disadvantage will not necessarily have poor outcomes, but that they are at greater risk of this happening. Although there are contextual factors which cannot be influenced through the programme (such as the environment in which children and families are living and changes in funding, priorities and staffing for local services) the aim of the programme is to support all children living in the ABS local areas, regardless of their circumstances, to have the best possible start in their lives. ABS follows the principle of 'proportionate universalism'. For this reason some of the ABS services are targeted (i.e. to families identified as being specifically in need of the services) and others are universal (available to all families within the local area).

Over time, through sharing the learning from our work with wider audiences, we hope to change the way families are supported on a much broader scale.

What have we achieved so far?

ABS is now three years in to its ambitious ten-year programme. Its aims are complex and will take time to achieve - some impact will not be seen until the programme has finished. During these early stages the data we have on this programme is limited. Nevertheless progress has been made in each of the local areas in terms of engaging stakeholders and communities, establishing new services / activities and reviewing existing ones. In this briefing, we describe this progress, highlighting successes and learning to date.

It is important at this point to acknowledge that we do not yet have formal data on the impact of the programme in terms of outcomes for children in our three key developmental areas. We know that some of our interventions may not turn out to be as effective as we had hoped, whilst others may exceed our expectations. Contextual factors that will take place during the remainder of the programme, such as changes in local systems and environments, the national economic situation and shifts in policy, will also have an impact on the extent to which we are able to achieve our aims. Whilst we await more findings on outcomes and impact, we report here on anecdotal and emerging findings.



1. Local organisations are working in partnership to transform support for families

In each of the five funded areas, ABS brings together the wide range of players who have an impact on early childhood. Across the programme more than 130 organisations and services are involved as members of the governance structures, delivery partners or wider partnership stakeholders. They represent the VCS, local authority departments, early childhood and health services, academics, local community groups, plus representatives of parents, carers, grandparents and the community.

Both frontline practitioners and high-level operational and strategic decision-makers have been engaged in making the ABS vision a reality. The local partnerships provide information, consult and carry out training amongst the local workforce to gain their buy-in and insight, as well as to support them in adopting new ways of working. Strategic partners are helping to give the programme direction, as well as playing a key role in raising awareness and generating support for the programme's mission. These senior leaders create a financial environment over time where the changes planned by A Better Start will become embedded and sustainable in the long term. They can also help to 'make things happen', for example by removing barriers and bringing in additional resources.¹⁷

“Across all five areas the A Better Start vision has motivated people to get involved. The focus on better lives for children, the concept of early intervention expressed as getting it right from the start; the focus on prevention and universal provision within the A Better Start wards; and the focus on evidence-based practice are reported as being especially engaging.”

Cullen et al, 2017

2. Parents and local communities are involved in every aspect of A Better Start

Parents and other community members help to drive the local partnerships and are involved in every aspect of the programme - design and commissioning of services, delivery and promotion of activities and evaluation. For example, parents are actively involved in the national evaluation of ABS with five representatives on the Steering Committee, which guides and advises on key issues relating to the evaluation.

Community members can get involved in a range of ways, committing their time and contributions however works for them.¹⁸ Over time, the partnerships' approaches to involving parents and community members have evolved and they are improving their understanding about co-production (involving people in the design and delivery of services) and governance along the way.

“Looking forward, my role as Parent Representative is to speak up for the community and work alongside others on the Board to make sure people see the opportunity we have to change the way services are delivered and how parents are involved in decision making. I have a role in the bigger picture, in which LEAP can be an identity that bonds communities and services together.”

[Parent representative, [Lambeth](#)]¹⁹

This strengths-based approach creates opportunities for those who get involved, as well as ensuring that the programme continues to meet local needs and contexts by benefiting from the 'experts by experience'. [Nottingham](#) has developed 'community connection', where parents and community members are embedded in the governance structure for ABS. They are decision makers who help shape the programme and develop future plans, working with the team and the wider partnership to represent and champion the programme both locally and nationally. Central to this are parent champions and parent ambassadors - a trained and supported group of parents representing each of the Nottingham ABS wards who contribute to strategic decision-making, service design and programme direction and development. Currently, there are 10 parent champions, representing their communities at board level (parent champions hold 40% of the vote and hold two vice chair positions), who co-lead community partnership meetings, contribute to forums and events, input into service design and procure and commission services with partners. The parent champions and Nottingham team are now working together to develop and procure a new service to provide coaching, training and development plans for parent champions and ambassadors, building capacity and capability within and beyond the duration of the programme.

Four areas have established small funding opportunities that parents can apply to with their ideas for local activities. Ideas are submitted to a panel, including parents and community representatives, who select the activities to be funded. Parents feel empowered by being part of the decision-making process. In [Bradford](#) for example, the Parents in the Lead Activities Fund supports activities run by parents, for families and children aged 0-3. The decision-making panel is made up of parents and community members of the partnership board. It has funded projects for dads, including an 'Audience with a Midwife' session for expectant dads (giving them an opportunity to ask questions they might not want to ask when their partners are present), breastfeeding kits developed by a young mum and many other activities.

[Blackpool](#), [Southend](#) and [Nottingham](#) have introduced new approaches to make these funding opportunities as accessible as possible and to encourage bidders with creative ideas to come forward.

Examples: Making funding more accessible

In [Blackpool](#), parents were deterred by the administrative 'hoops' involved in applying for funding. The partnership replaced application forms with 'ideas workshops', bringing together parents to put forward and select ideas for funding.

[Nottingham](#) re-branded its Innovation Fund as the 'Ideas Fund', to attract more applications from people and groups who found the word 'innovation' daunting. This was followed up with a 'Dragon's Den' style event for people from the community to pitch and explore new ideas. Everyone is encouraged to come along, even those without a solid idea, and this helps build skills and creative thinking around potential solutions to local needs. Successful applicants are further supported at a one-day service design workshop and assigned an adviser from the programme team. One example of a funded initiative is 'Twigglets', a 'Forest School', encouraging outdoor play, physical activity and campfire cooking. The initiative was the idea of the Bulwell Community Toy Library who wanted families in the local area to experience

outdoor play in one of the many nearby green spaces, which were rarely used. Each session offers a range of activities including: muddy kitchen and water play, mini beast hunting, den building and music making. Over 35 sessions have been held to date with 79 children between the ages of 0-4 accessing the project.

[Southend's Parent Engagement Fund](#) gives parents the chance to fund ideas that design, plan and deliver community activities to engage new parents.

Involving parents and communities in this way has helped to develop a new understanding of local needs and resources. In [Southend](#), for example, a small scale survey was carried out at baby clinics and children's centres in ABS wards around the needs of breastfeeding women. The findings were used to inform a 'design day' on the proposed project, which included parents and partners. The outcome was that in order to best support breastfeeding women, support services for the breastfeeding project were split into two elements, with a more structured 1:1 support delivered by Southend Hospital Midwifery team and one that was group/peer led, delivered by a community group, the Southend YMCA (Young Men's Christian Association).

By giving their voices equal weight to those of other stakeholders, parents have ownership of the programme and its outcomes. Adding the community 'stamp' to proposals for new services or changes to existing provision, can also help to gain buy-in from practitioners to delivering the changes.

3. ABS partnerships are reviewing and improving existing services for families

Partnerships are reviewing existing provision, including midwifery, health visiting, childcare, children's centres and speech and language therapy, in order to identify if and how it can be improved. This means not only involving parents and families in decisions about which services should be provided, but also working with practitioners and decision-makers to identify strengths and weaknesses of existing services and to build on or address these. For example, in [Blackpool](#) parents and healthcare professionals were consulted extensively in the redesign of a health visiting service model, leading to changes in the way it is delivered in the town.

Example - Re-designing the health visiting service in Blackpool

The [Blackpool](#) Better Start team carried out an 18-month review and consultation on a new health visiting offer. As a result families of new babies will see an increase in the number of home visits, from five to eight, meaning more access to support from a trained professional and more time to talk about their issues and concerns.

Eight home visits for new families:



A specific gap was identified between the visit at the age of two and a half and the child starting school so a new visit at three to three and a half years will focus on school readiness, including language skills and toilet training.

Visits will now be more parent-driven. They will be encouraged to lead the conversation and discuss any concerns. The intended impact of this change is that Health Visitors will be able to identify concerns earlier.

The review and consultation was carried out in parallel with the transfer of responsibility for health visiting from the NHS to Public Health (i.e. local authorities). It helped to identify where work carried out by Health Visitors was being, or could be, carried out by others and to re-focus the content of their visits. This means that the increase in visits has been implemented without a corresponding increase in costs.

There are a number of learning points from this exercise. First, it is important to have key player(s) on board who will give the review and its outcomes credibility and support its implementation. In this case, it was the Institute of Health Visiting (IHV), whose involvement helped to ensure that Health Visitors themselves supported the new way of working.

Secondly, once the review had been completed, consultants, recognised by the IHV as experts in the field, worked with Health Visitors and partners to implement the findings. Having a respected consultancy to carry out this phase helped to increase acceptance of the changes.

Once the review had been completed, further time was needed to pilot the new approach. This was important as it enabled Health Visitors to come on board with the changes and own them.

Finally, it was essential to allow time and resources to train the practitioners who will implement the new approach. In this case, the training was first carried out by [Blackpool Better Start](#), then taken on by the hospital trust with responsibility for health visiting.²⁰

Some practitioners may be initially uncertain about the review process, so a key part of the partnerships' work is to engage them in the change process and ensure that they are supportive of the proposed improvements, through focusing on the intended improvements to outcomes for children. For example, in [Lambeth](#) professionals such as midwives, Health Visitors and GPs were given the opportunity to shadow one another over a period of around one month. Through this exercise they identified areas of duplication and gaps, which helped to inform the local re-design of the Healthy Child Programme (HCP), the national service framework for children, young people and maternity services.²¹

All five partnerships are working with the Family Nurse Partnership (FNP) National Unit and the Dartington Service Design Lab to co-design and test a number of adaptations to the FNP programme. FNP is a voluntary, intensive home visiting programme for first-time young mums, delivered in around 90 areas in England. The adaptations made in the ABS areas include both clinical changes (adapting the programme in relation to a specific outcome, such as smoking) and system changes (to increase efficiency, improve outcomes, and allow nurses to personalise the programme to better meet the needs of clients, e.g. spending less or more time with clients depending on their level of need).²²

4. ABS partnerships are using the latest evidence and science and adapting to respond to local strengths and needs

The local partnerships have been encouraged to apply the latest evidence and science in the design and delivery of their programmes. This means:

1. Selecting interventions which are evidence-, or science-based, or, where there is a gap, developing innovations which take account of the science and are relevant to local need and context.²³
2. Adapting them to fit local need.
3. Trying them out on a small scale at first.
4. Monitoring and evaluating how well they have worked, before finally
5. Scaling or replicating the interventions.

Baby Steps is a science-based perinatal education programme that supports parents to manage the emotional and physical transition into parenthood. It was introduced for all parents in Blackpool ABS wards and, following positive feedback from professionals and parents, the programme has now been scaled up and is offered universally across the whole town.

Example: Adapting a science-based intervention to meet the needs of local parents

Bump, Birth and Baby, a science-based parenting course offered by Nottingham, is built on the findings of evidence from the University of Warwick and the Department of Health. The course was co-produced by local parents and practitioners, who helped modify the programme to draw on local strengths and meet local needs. Changes made include making a session on bathing baby a core, rather than optional, as parents said that this was something they wanted to learn about, and developing additional resources, such as packs for facilitators. Marketing materials such as invitation letters were then produced to emphasise core elements of the course and to address barriers to attendance, including reminding working mums-to-be that they have a right to paid time off work. Together, these have increased attendance at the sessions.

Other services are being adapted and updated locally, with the aim of providing a model to be used more widely. In Bradford, personalised midwifery is being piloted in response to a request from the community for a way to build empowering relationships with their midwife. Amongst other things, personalised midwifery means that every woman has a named midwife and that the caseload of the midwives is significantly lower (around half of the usual number), meaning that they are able to offer longer appointments and have capacity for additional appointments if needed. Experiences from the project are being used by commissioners and providers working with Bradford, to develop a 'continuity of carer' model. This will pave the way for the Maternity Transformation Plan, the local response to the national Maternity Transformation Programme.

Example: Adapting a programme to local need

The Survivor Mums companion is a programme for young women who have experienced abuse in childhood. It was developed at the University of Michigan and trialled in the

US and Australia. It has been introduced to a UK context for the first time through ABS in [Blackpool](#). However before it could be used, significant changes had to be made to the programme. These were introduced by the academics who developed the programme, working with local mums.

The two main changes were:

1. Adapting the language used in the programme materials, to be more accessible to women in Blackpool,
2. Changing the way the programme is delivered, from phone-based support to face-to-face, which is being tested to see if this is more effective for mums locally.

5. Over 100 services and activities to support families and children have been adapted, improved and introduced

To date, over 100 individual services and activities have been adapted, improved and introduced, ranging from support for pregnant women to develop healthy nutrition, to parenting programmes to help participants build good relationships with their babies and children. Areas are also improving local pathways of support, carrying out workforce development activities and developing new service design methodologies (see page 26 for more details of these).

Over the course of these first few years, the choices for each area's local services has been reviewed to take account of the partnerships' improved understanding of local need and/or through the co-production process with parents. All sites have changed the services that were originally planned, for varying reasons, including the evolving context in which they operate, where local resources are becoming more stretched and services and structures are constantly changing. We anticipate that each local portfolio will continue to be refined over time in response to shifts in policy, systems and contexts and we are working with the partnerships to think about how they can plan for these changes so that their vision and strategy for ABS locally can adapt, while still maintaining the key aims and outcomes. This will be a key area of learning for us in the future - to understand how a ten-year programme can adapt and shift in response to contextual changes.

Helping families to adopt more healthy nutrition

Healthy nutrition during pregnancy and early childhood are important for a child's growth, development and long-term health. Babies with healthy nutrition are more likely to grow up to be happy, healthy and fully contributing members of society and are

less likely to need additional support from the public and health sectors.²⁴ Yet in England, about half of women of childbearing age,²⁵ and one in five children in reception are overweight or obese.²⁶ Tooth decay and poor oral health is the most common reason for children aged five to nine to be admitted to hospital.²⁷

The partnerships have introduced a range of initiatives to encourage healthy nutrition, from cook and play sessions to supervised tooth brushing, to special healthy accreditation status and a healthy catering commitment amongst early years providers.

In [Bradford](#) and [Southend](#), [HENRY](#) (Healthy Exercise Nutrition for the Really Young) is an evidence-based intervention to support families to adopt healthy nutrition, including guidance for parents on when, and how, to start introducing solid foods. Parents spend time with their children eating healthy food and playing active games, then learn about a new topic each week (e.g. parenting skills, portion sizes, physical activity and play) while their children are looked after by the crèche. As well as these group sessions, HENRY is offered as a tailored one-to-one course in [Bradford](#), with the flexibility to go at the parent's pace and to be delivered at a place and time convenient to families, often in their home. This means that working mums can access the one-to-one course at home on a day off, rather than missing out because they can't attend a group course on the day it is run. Parents who have completed the HENRY programme can become volunteer Parent Champions and arrange community activities associated with the programme and healthy eating in general.

Helping parents and practitioners to promote good language and communication development and identify and address language problems as early as possible

Children who find communication hard, find life hard. Being able to express feelings makes it less likely that children will act out of frustration, anger or hurt.

At least 60% of children in contact with youth justice services in England have communication difficulties.²⁸ Children need to develop good language and communication skills so they can engage with the world around them, including developing relationships, and to succeed at school and at work. This includes being able to use language to express their emotions, and to be able to tailor the way they

Examples of funded activities to support healthy nutrition:

- Supporting healthy eating and tackling obesity in pregnancy and childhood (e.g. healthy eating and cookery courses, cook and play sessions, promoting healthy catering)
- Providing support for breastfeeding (e.g. peer support, workshops for practitioners)
- Promoting and supporting pregnant women to stop smoking
- Promoting improved oral health (e.g. supervised tooth brushing)

“Thanks to the HENRY course, I feel a lot more confident as a parent, and have learned a lot of things that we can do together as a family to be healthier.”

[Mum, Bradford]

communicate to the person they are talking to. But around half of children from socio-economically disadvantaged backgrounds have significantly poorer language and communication skills than other children of the same age.²⁹ Like most other disadvantages, language skills conform to a social class gradient. The poorest children tend to have the weakest communication skills. But language difficulties are not confined to children from very low income families.

ABS is helping parents to develop skills to talk, read and sing to their children, as well as to play with and praise them, so that they can develop these vital communication and language skills. The programme supports nurseries and pre-schools to improve the quality of early education, as well as the skills and knowledge of the workforce. Activities include a speech and language home visiting service; group sessions for parents to support them with their child's speech and language; increasing the capacity of early years providers to identify and support children with language and communication difficulties; distributing free books to children through [Bookstart](#) and the [Imagination Library](#), and reading groups to encourage fathers to read to their children.

In [Southend](#), a specialist teacher and speech and language therapist team have been delivering a service within seven targeted early years settings. This has included observation and on-site training for all staff, as well as accredited training for 'communication champions'. These champions have been assisted to screen the communication and language skills of all children, helping to identify those needing extra help at an early age and aiding the practitioners to provide that support where appropriate. The involvement of parents and families is crucial to the impact of this approach. As well as the specialist team, [Southend](#) runs free 'Let's Talk' courses to give parents the skills they need to best develop their child's communication skills. Since the project has been running the number of children being transferred to the main Speech and Language Therapy Service has fallen by 15% compared to the same period in the previous year. Of transfers being made, 100% are now 'appropriate' compared to just 77% in the previous year. This means that only those children who need additional support are referred and those who can be helped at home or in their early years setting are given the support they need without a referral for therapy.³⁰

Examples of funded activities to support communication and language development:

- Training for parents and practitioners on communication and language
- Support for children with identified needs, i.e. language delay (e.g. dedicated speech and language staff)
- Encouraging reading with children (e.g. distributing free books, running reading groups)
- Improving the quality of early education (e.g. the 'Evelina' award in Lambeth, for early years settings that have demonstrated a communication and language friendly environment)
- Tailored English courses, for example, ESOL+ for pregnant women with English as an additional language, to help them communicate with their midwife and be more in control of their pregnancy and labour

Developing a child's language and communication skills is related to their emotional and social development, which is the focus of our third key outcome.

ABS interventions support children with their social and emotional development

Young children need to develop important life skills in order to express and manage their emotions, build positive relationships, and cope with difficult experiences. These skills can have an impact on their educational attainment, physical and mental health in adulthood, success in employment, and satisfaction with life. At the same time, some parents need support to develop the capabilities needed to navigate the stresses and challenges of the early years and to build strong relationships with their children.³¹

ABS aims to prevent harm before it happens and to promote good family relationships. The activities we fund in relation to social and emotional development include a range of parenting programmes, for parents with less complex needs, and those facing issues such as alcohol and substance misuse; support to tackle stresses on the family (e.g. overcrowded housing); as well as training and awareness-raising amongst practitioners (e.g. to handle domestic abuse disclosures.)

In [Lambeth](#), [PAIRS \(Parent and Infant Relationship Service\)](#) is a specialist therapeutic service to support parent-infant relationships. This is offered to parents of infants who are experiencing, or at risk of, insecure or disordered attachment (the emotional bond between a baby and his / her caregiver) and aims, among other things, to improve attachment security and promote good infant mental health, as well as to reduce parenting stress and depression. It is delivered by specially-trained professionals and offered either at home or in children's centres, depending on what works best for the family.

Improving local infrastructure for families

ABS doesn't just give young children and their families access to better services, but also makes changes to the way existing services are delivered and improves local infrastructure. This includes improving public spaces such as parks and community venues, ensuring that they are safe, fit-for-purpose and provide age-appropriate activities.

Example: Introducing new spaces for family support

In [Lambeth](#), new working spaces will enable those working with families to work from a shared base. This will help health professionals work more closely with the council's

Examples of funded activities to support social and emotional development:

- Parenting skills, including building good relationships with babies and children and understanding their behaviour (e.g. antenatal and perinatal education and support, including peer support)
- Services focusing on support for issues such as parental mental health.
- Creating and improving safe spaces for children and their families (outdoor spaces and indoor facilities, e.g. cooking equipment in children's centres)

family support workers, social workers and ‘community champions’ to share information and work with parents and families in a more coordinated way.

In addition, working with local tenants and residents associations, early years ‘hubs’ are being set up in venues in the heart of communities, such as flats on housing estates, to bring services closer to their target groups, in recognition that some people are unlikely to travel beyond a certain distance from their home.

Developing the workforce

Partnerships are upskilling the workforce and giving them increased confidence to carry out their role supporting children and families. For example, [Lambeth](#) has introduced the evidence-based Family Partnership Model (FPM), which supports practitioners (Health Visitors, early health teams and children’s centre staff) to develop ‘helper’ qualities and skills that enable families to overcome difficulties, and build strengths and resilience. The model encourages practitioners to build partnerships with parents to address the issues that matter to them and take a parent-led approach to casework. This means that parents are put in the driving seat in terms of the support they receive and are able to identify and manage their priorities and goals for themselves.

6. Improving understanding around engaging with dads

Children who grow up with warm, nurturing, and actively involved fathers do better at school, in their future careers, and have higher self-esteem.³² ABS is finding new ways of engaging with dads and helping them to fulfil their role.

[Nottingham](#) has recently implemented ‘The Dad Factor Strategy’ developed and facilitated through the Dads’ Advisory Group, a cross partnership, city-wide group, supported by independent expert advice from Fathers Inc. (a consultancy with expertise in working with fathers and other male role models). They are working to bring together a joint approach across early years to embed practice that will lead to dads’ inclusion becoming the norm of ‘how we do things’ when working with families. This might mean for example practitioners considering spaces and materials that are dad friendly from the very start. A newly commissioned dads’ engagement training programme for practitioners from across the children’s workforce will be delivered as part of the strategy, using a ‘train the trainer’ model of delivery.

‘FRED’ - Fathers Reading Every Day is a project designed to encourage dads to read to their children by supporting and training them on age-appropriate recommended reading for their children. Dads attend a group event where they are introduced to the programme and asked to read to their children for 10-30 minutes each day (depending on the child’s age) for four weeks. They can change their books and report on progress at their local library, children’s centre or school. Once the four weeks is up, the dads are given a certificate and take part in a celebration. The idea is that they will continue to read to their children once the programme has finished. FRED is being delivered in [Blackpool](#), [Nottingham](#), and [Southend](#). Dads in Southend have reported that taking part led to an increase in the time they spent reading with their children - up to six hours per week. They also said it improved their relationships with their children.³³ Moreover, at a strategic level, “FRED is helping change things in Southend so that services are inclusive

of fathers from the outset, giving dads all the support they need to be part of their children's lives.³⁴”

Example: Finding a different way to engage dads

[Blackpool](#) aimed to engage dads in a practical project before starting more sensitive discussions about their parenting role. A father from Community Voice (CV), a group representing parents, grandparents and families throughout the town, visited libraries to ask what their existing provision was like. He presented his findings to the full CV group and it was agreed to improve the spaces in some way.

Together with the Lightworks Depot, the company which produces the equipment for the Blackpool Illuminations, dads worked with the libraries to improve the reading space available to babies and young children. The idea was that by asking dads to convert this space, they would develop a sense of pride which would encourage them to bring their children and ‘show off’ their work. After that, the FRED programme was delivered in conjunction with the libraries.

After completing the installation the library received a large amount of attention, including regional press coverage. This work has also encouraged more male role models to become part of future projects, building networks of dads across the town. Although no hard data is collected by libraries, staff and managers have fed back that they see a visible increase in overall visits as well as more whole family visits with young children.

“The whole site has been transformed with the wow factor as soon as our guests walk through the door. The atmosphere in the library has physically changed the space and its use.”³⁵

7. Awareness and understanding of mental health issues in families and their impact on very young children is beginning to increase

It is estimated that between 10% and 20% of mothers will experience a mental health problem during their pregnancy or within a year of their baby's birth.³⁶ Approximately half of perinatal mental health problems are untreated or undetected.³⁷ ABS provides services and activities to parents experiencing mental health problems because we know that as well as being very distressing for them, it can sometimes affect their child too.

The programme is also increasing awareness amongst the workforce by offering training and new tools to support parents and children. We hope that the findings from this work will help to increase knowledge and understanding of this complex issue. The five partnerships have already [received a Locality Award](#) for including infant mental health awareness in their work.

Examples: Working to support families facing mental health issues

Mums and Babies in Mind (MABIM), a Maternal Mental Health Alliance and Mental Health Foundation project, is running in [Blackpool](#) and [Southend](#) as well as Gloucestershire and Haringey. The project takes a system-wide approach and encourages local leaders to come together to improve care and quality of life for mothers experiencing mental health problems during pregnancy and the first year of life, and support for their babies. By tapping into the knowledge of members of the local community, the project is building partnerships across local services. MABIM

training for health professionals creates local champions and encourages service providers to work together more closely and promote proven interventions like peer support and video interaction guidance.

In [Nottingham](#), a new universal screening tool has been introduced as part of the Maternal Mental Health Pathway; all mums scoring highly receive a series of structured listening visits from their health visitor before being reassessed.

[Bradford](#) has developed the ‘Little Minds Matter’ project which is jointly delivered by the Mental Health Trust and Family Action, a national VCS organisation. The project will raise awareness and train key practitioners, offer more easily accessible therapeutic support and effective referrals to parents and children, as well as group support where that would be the right solution.

8. Assessing and sharing learning from ABS and working towards measuring its impact

A key part of ABS is to identify the learning from the programme and share the findings - both where things do and don't work - in a culture of continuous improvement.

The [Bradford](#) partnership has set up a ‘Learning Together’ programme, through which professionals, volunteers and community leaders working with families share information, research and ‘inspiration’. So far, the programme has involved thematic events covering topics such as play, and continuous care in midwifery, as well as ‘Knowledge Cafés’, where practitioners join a discussion after work on topics of relevance to their work.

Measuring the impact of ABS is also important. To support this, we have funded ‘Preventonomics’, which supports investments in prevention by identifying the cost-effectiveness of interventions. The London School of Economics has developed a unit cost calculator and guidance³⁸ which the five ABS partnerships will use to measure the economic impact of their work over time. For example, [Bradford](#) has established a health economics group with its evaluation partner, Born in Bradford, to take forward this work.

A national evaluation is being carried out alongside the programme. This evaluation will assess the impact and cost effectiveness of the programme and understand the difference it has made to service systems in ABS areas. The evaluation also includes a cohort study of families in the funded ABS sites as well as comparison areas, for which baseline data has already been collected. Forthcoming publications in 2018 and 2019 will highlight key messages from the Baseline study and implementation evaluation reports. At local level, the partnerships are also evaluating and capturing learning from local programmes and services.

What have we learned?

We have identified provisional learning from implementation to date, based on interviews with the Big Lottery Fund ABS team, ABS local area programme leads, the ABS Advisory Group and reviews of internal and external reports, case studies, newsletters, evaluations and websites.

1. Apply ‘test and learn’ to programme governance and management as well as delivery

ABS is a large, long-term programme, aiming to bring about a shift in culture, behaviours, systems, policies and spending. This will all **take time and needs careful, sensitive oversight** from leaders with vision and long-term commitment.

Before any work on adapting, improving and introducing services could take place, preparatory work needed to be carried out to ensure that local partnerships were ready for change. This included taking the time to identify the key stakeholders who needed to be involved; working together to form partnerships, networks and a common vision, and engaging the local workforce and community. The partnerships also needed to set up their operational teams and infrastructure, which ranged from programme management, to community and workforce; communications and marketing, and evaluation and learning functions. Access to expert advice around the three programme outcomes was also part of this planning phase.

Partnerships benefited from funding for a development phase during which they were able to plan the capacity and approaches needed to make the programme work. In particular this funding permitted activities such as strategy development, fund mapping³⁹ and training and “gave a psychological boost to local communities which increases engagement.”⁴⁰ However, in practice these preparatory actions took longer than anticipated to put into place and this set-up phase was made more challenging by the extent of change resulting from reductions in local public sector budgets on existing local infrastructure.

ABS is also exploring what organisational functions and capacity are needed locally to deliver this kind of programme well, so it has been important to apply the ‘test and learn’ principle to the partnerships and their governance structures.

Partnerships are learning what leadership for such a programme should look like and what attributes, skills and capacity are required to lead a programme of this nature effectively. At present, the local programme lead (the Director) plays a vital connecting role between operational staff, partner organisations and stakeholders.

This ongoing culture of self-evaluation, and recognition that partnership work in itself requires continuous attention, are important if ABS is to succeed.

Two key aspects of capacity and capability

- Programme management functions, ranging from recruitment and induction through data and evaluation to community engagement and development
- Deep thematic knowledge of early childhood development and the science of implementation

Key ingredients for successful ‘test and learn’

- Shared local vision and goals - kept central to all activity
- Resilience - especially in the current economic climate, which can make it difficult to implement new ideas
- Building on the evidence of what works
- Adaptability - to cope with changes in policies and context at both national and local level
- Strong leadership - to ensure that everyone is engaged, motivated and committed to the vision and to drive forward both operational and strategic aims
- Strong relationships - with partners who can make things happen, as well as peers you can learn from, and the community
- A strong identity - embedded in local systems, rather than seen as a separate project
- Recognise the importance of quality - it’s not just what you do, but how you do it
- Remember that not everything will be a success - this may need a shift in mind set and culture for people to understand that it’s ok to say that something isn’t working

2. Work together to review and improve existing provision, celebrate what already works well and introduce improvements and innovations to make it work better

Midwives, health visitors, GPs and other health practitioners, children’s centres and early years education and care providers, libraries, the police, housing services, and more work with and for families, from pregnancy through the early years. Each of these may have a focus on different aspects of the family’s life, but by working together as an integrated system, they can take a whole family approach to providing support.

Each ABS site is developing integrated care pathways for pregnant women and pre-school children. The first step in developing these has been to take the time to really understand the current position of the local communities, parents and professional workforce. Mapping out the services and funding already in place was essential. As a result of this initial scoping work, each local area has taken a very different approach to achieving their key outcomes, and also in how they have chosen to implement their programmes. These approaches are informed by local need, insights from parents, community and partners, attending to existing resources and strengths and to some extent the nature of the lead organisation.

Across each area, an enhanced version of the Healthy Child Programme (HCP), the national service framework for children, young people and maternity services, is being

used. At the start of ABS, a comprehensive review of the HCP was carried out across all five sites. Each then made tailored adjustments to the HCP, relevant to their own context,⁴¹ with a view to creating straightforward pathways for families, reducing overlap and duplication.

In [Blackpool](#), Health Visitors now carry out the Early Help Assessment for all children under five who require additional support. This enables them to ensure the children are referred into the correct services. As part of the review new assessments like WellComm speech and language screening (which ensures referrals to specialist speech and language services where needed) are now included, making this process simpler and more joined up.

Tackling silo working is another key aim of ABS. By building and ensuring ‘connectivity’ - better links and relationships between different providers - a more joined-up approach to provision is developing.

One issue that has become apparent is that the different service providers and practitioners are not always fully aware of the scope of each other’s services. In [Southend](#), the partnership’s review of the Healthy Child programme (HCP) delivery found that the different practitioners didn’t have a full understanding of each other’s roles and were using different terminology. This led to a lot of duplication and at the same time, a risk that families would be missed. This is being addressed in a range of ways, for example, by ensuring GPs know how to use the Local Care Record, a new innovative system which enables a GP to see notes made by Health Visitors, as well as raising awareness amongst GPs of the services offered by Children’s Centres.

The [Lambeth](#) health team also found that lack of access to shared data was an issue and set out to improve this.

Example: Improving communication for more joined-up working

The Lambeth LEAP health team found a number of communication challenges for GPs, midwives and health visitors working with families. This included not having access to each other’s data, or lack of awareness of relevant databases.

The team took action on these findings and visited GP practices and meetings and showed them how to gain access to health visitor notes. This information was also included in a GP e-newsletter. They met with lead midwives and health visitors, supporting them to gain access to the data they needed (GP notes, midwife notes).

As a result, GPs now see the notes a health visitor has made during a home visit or referral helping them to coordinate care better and save time. GPs can also gain valuable further information about the patient’s home situation from the health visitor notes, which reduces duplicate referrals.

Midwives see previous medical issues recorded on the GP notes, making them aware of important historical information, such as mental health problems that patients may not always disclose. Vulnerability factors for a family can now be fully assessed.

Finally, because health visitors can now see the midwives’ IT system, they can look at the notes of pregnant women and make an assessment of any extra support that can be given before the baby is born, rather than waiting until the new birth check.

Because health visitors can now see data on the electronic child health information system (CHIS), they can access results and other information about a child much more quickly, and can reassure mothers about results and see other important health information related to their child.

3. Involving families in designing services, and testing and learning as you go, makes for more inclusive provision⁴²

Partnerships have found that **evidence-based programmes can't be taken 'off the shelf'** and simply applied to a new area or target group, however a service design process can identify modifications needed. This is a way for people to come together to develop new services, or review and improve existing provision using evidence (of what has been proved to work) and creativity (to think about how it needs to be adapted to work for a particular target group, or in a given context). ABS partnerships are using this approach to make sure that the services have the greatest chance of success and are acceptable to the families they are aimed at, as well as to embed co-production with partners and parents into their work. Although this is generally working well, it does take time and there can be resistance.

Service design is a new way of working for many people and some practitioners may feel they don't have time for it when they are faced with a heavy workload, so it is important to be respectful of the time they have available. Others may feel that existing ways of working don't need to be updated, or have already undergone re-structuring within their organisation, making them wary of further change. It can be difficult to frame a conversation without implying that current ways of working are 'wrong'. For this reason, strong relationships, built on trust, are essential to make it work. Staff working in service design need to be great facilitators and to champion the benefits of taking part, using meaningful, clear and accessible language.

Partnerships have each found different ways of building trust and gaining support for service design in their area. [Southend](#) holds service design days which include parent representation to ensure their views and experiences are heard and taken on board, and has created an open access portal called the Service Design Knowledge Lab. [Lambeth](#) offers service provider 'clinics' to help them to apply a service design process. Practitioners involved in the wider process of redesigning the early years pathway have been motivated by a clear vision of the end goal. [Nottingham](#) has identified the need for a more streamlined approach to service design across the partnership; this has resulted in the production of a seven-step process with guidance at each stage. The process acts as an approach rather than a hard and fast framework, allowing adaptability to the needs of each project. [Bradford](#) has developed an [evaluation toolkit](#) to provide a model for the Service Design process and how to set up an effective evaluation.

Following the service design process, a 'test and learn' approach to programme delivery means that adjustments can be made in line with findings from implementation.

Example: Using test and learn to make a programme relevant and engaging

The [Lambeth LEAP](#) Community Activity and Nutrition (CAN) service supports pregnant women with a high Body Mass Index (BMI) to adopt healthier food choices and increase physical activity with the intention of improving birth and longer-term outcomes for them, their babies and families.

The service was developed following research⁴³ by Kings College Hospital, London, which found that support from health trainers had a significant positive impact on women's diets. The programme was developed by health professionals and experts, and tested in the Lambeth community. It has now been modified to take account of the prevalence of obesity amongst the Black African and Caribbean populations.

Making rapid adaptations, based on user feedback, ensures that the programme is attractive and sensitive to the needs of people from diverse backgrounds and takes account of cultural preferences, such as food. Small adjustments have been made, such as changing the wording in the initial invitation letter to make clear that the programme allows families to still enjoy the food they like to eat, and building a family session into the programme so that the family can support mums to meet their goals after completing CAN. Women say how accessible the programme's content is, including the service manual, which is said to be both clear and easy to understand, and culturally sensitive.

CAN has given women who wouldn't otherwise benefit from this type of support the opportunity to access it for the first time. The service 'gets them through the door' of the children's centre and the regular weekly relationship with the CAN practitioner can help identification of other issues where women might benefit from support. The test and learn approach has been particularly key in the success of CAN to date, allowing the service provider to quickly adapt the way CAN is communicated and delivered, to remove barriers for individuals (that could become barriers for whole groups) and maximise access to the support. Data shows that target groups are being reached and retained, and there are now 100 women enrolling in CAN each year.⁴⁴

4. Good quality data underpins everything⁴⁵

Good quality data is essential for a test and learn programme. It helps:

- Identify needs and strengths in the first place.
- Understand the profile of the people who need support and are accessing the services, as well as those that aren't.
- Ensure that evidence is collected to show what has been learned from the activities funded by the programme so that improvements can be made, or approaches can be scaled or replicated.

Data needs to be meaningful and robust, but must not create a burden on those who are required to collect it. It's important to work with practitioners on this, to gain their buy-in to both collecting and recording the data, by showing what it will be used for and how this will help them, or how it will be used to inform the wider picture. It is also important that they see the benefits in practice and wherever possible, have an opportunity to shape improvements in their own work as a result.

In [Bradford](#), a 12-month pilot of the Maternal Postnatal Attachment Scale (MPAS) has enabled health visitors to collect data on the parent-infant relationship. The MPAS is used at the three month health visiting appointment to assess the parent-infant relationship and the emotional bond between a baby and his / her caregiver (attachment). This is the first time the MPAS has been used in primary care as it has previously only been used in research. Through this pilot, it is hoped that it will be possible to develop a measure to identify attachment concerns that wouldn't have been picked up through existing maternal mental health screening. The pilot would not have been possible without the relationship that had been built between [Better Start Bradford](#), [Born in Bradford](#)⁴⁶ and the [Bradford District Care NHS Foundation Trust](#).

Partnerships are working to ensure that data collection and sharing is joined up across the various providers and practitioners involved in ABS. This means that information will be linked and data collection will be for the programme as a whole, rather than for isolated interventions. All five partnerships are working to link data across all of their activities and interventions for each child and family, to understand the range of services they are accessing in order to determine the impact. For example, Blackpool has been working with Blackpool Teaching Hospitals to link together administrative data with service attendance data.

Example: Linking data across organisations

Historically, different organisations have held data in silos based on their main focus of work, and sharing across organisations has not been a priority. As a consequence different organisations hold different unique identifiers for participants. For example, in the UK health records are linked to a single individual using the NHS number and in education records are linked by a Unique Pupil Number (UPN). Linkage must therefore be completed through the use of a combination of key identifiers (e.g. name, date of birth and address) recorded by each organisation. If these identifiers are not recorded accurately, there is a risk that it will not be possible to link the data.

In Bradford, practitioners and services have worked closely together to produce a standardised data specification, and the collection of key identifiers has been standardised across service providers. Partners use a shared unique identifier (e.g. the NHS number or UPN) in their internal records, to simplify matching on a wider scale.

One learning point is that work on data linking, sharing and transfer agreements between partners and sectors is a complicated process and needs to start as early as possible in the programme (or be agreed from the outset), as it can take considerable time to develop local outcomes measures and indicators, reach agreements on sharing, and develop the infrastructure needed to collect and store the data. It is particularly difficult for VCS organisations to gain agreement from public systems to share their data, so again, developing strong relationships is key, alongside identifying staff with relevant technical expertise and understanding of the legal context.

5. Simple changes can make all the difference

Interventions to help families facing complex problems don't need to be complicated or expensive. **Some simple, practical actions can help to engage families.** In [Blackpool](#) parents can now register their child's birth at children's centres (something which is usually done at a register office). This acts as an opportunity for further contact - when visiting the children's centre they are made aware of everything else that is on offer to them. Eight out of ten (84%) families who used this service went on to use the children's centre to attend groups, activities and services.

Also in [Blackpool](#), the ABS partnership listened to families who said they were struggling to afford clothing for their children and responded by setting up a clothing re-use scheme called 'Baby Rover'. A lifetime membership costs just £2.50, enabling parents to buy bundles of 10 clothing items for just £1. Staff quickly noticed that parents kept coming back to buy more bundles and they realised this was because it was cheaper than using the launderette to wash them. In response, a community washing machine has been purchased to offer lower costs.

Adjusting services to meet the needs of working mums, or take account of childcare needs, can also help to increase engagement. [Nottingham](#) offers [Cook and Play](#) sessions, a flexible 'dip in and out' cooking group where parents can keep their children with them. This breaks down barriers to attending a course regularly. Sessions are run in community buildings with kitchens close to play spaces, so that parents can see and hear their children while they cook. Volunteers help to provide play activities, but the parents are nearby if their child needs them. This creates a more authentic situation, meaning that the cooking skills are more likely to be applied at home⁴⁷.

"It is important that parents, families and professionals have a shared language to talk about early child development and understand how brains are built."

Merle Davies, Director of the Centre for Early Child Development, Blackpool Better Start

Finding new, appealing ways to engage with parents is an important part of the programme. This includes the language used to explain key concepts and the way in which information is presented, as well as the methods used to engage and work with them. The [Baby Buddy app](#), developed by Best Beginnings which is being used in [Blackpool](#), [Bradford](#), and [Nottingham](#) is an example of a new way of engaging families, particularly young parents and those from disadvantaged backgrounds. Its content is tailored to be understood by those with a reading age of 11 and has the option for text to be read aloud to increase usability.

6. Volunteers play a key role in local programmes and time invested in training and supporting them can lead to new opportunities

Volunteers play a vital role in ABS and we know that their involvement can both directly and indirectly improve outcomes for children (by helping to create the conditions for change). Volunteer projects can complement professional services but should not be seen as a replacement for them.⁴⁸

Research carried out early on in the programme has helped to increase understanding about how to get the best out of volunteer involvement. The most important factor leading to the success of a volunteer programme is the collaboration between volunteers and professionals.⁴⁹ As a result key principles and features of successful volunteer projects have been developed:

Parents1st and IVAR principles and features of successful volunteer projects

Principles

1. Strengths-based, with an emphasis on empowering parents
2. Relationship-based, developing trust between everyone involved
3. Reciprocal - everyone affected feels they contribute to and benefit from the project
4. Evidence-based, but adaptive
5. Collaborative, between professionals and volunteers
6. Clear about parameters, aims and boundaries of volunteer projects

Features

1. Understand the role of the project coordinator
2. Ensure projects are fully costed so they can provide a proper operational base, e.g. staff to coordinate, train and supervise the volunteers
3. Ensure strong organisational leadership
4. Be realistic about timescales - a long lead-in time will be needed
5. Data collection should be meaningful but as 'light-touch' as possible
6. Leaders model the projects' principles, i.e. they practice the strengths-based, relational and collaborative working which is needed for volunteer projects to work

Source: *Parents 1st and IVAR (2016) Volunteering and early childhood outcomes: A review of the evidence*. London: Big Lottery Fund. An [implementation toolkit](#) has been developed alongside the research, which can be used to support the design, development and implementation of volunteering programmes.

The importance of training and support for volunteers cannot be underestimated. It helps them to fulfil their roles and ensure the quality of both the volunteering opportunities and the services they provide.

[Nottingham](#) offers Continuing Professional Development (CPD) accredited training for its parent champions and ambassadors, which also helps to support those involved to improve their employability, by offering them an accredited qualification.

In [Blackpool](#), a volunteer academy provides support and training, and helps and supports the Community Voice parent group. Volunteers who

“...we [Nottingham] see our volunteering opportunities as being the first step on a journey to both employment and other roles for parents in our communities”.

SSBC Newsletter, December 2017

undertake training are required to ‘pay it back’ in time spent applying the skills they have learned in the delivery of ABS projects⁵⁰.

In [Southend](#) the volunteer programme run through the Volunteer Centre provides an ‘Introduction to Volunteering’ course that supports parents in their first steps of volunteering. A range of volunteering opportunities within the ABS projects or in the wider community gives parents a wide choice in how they advance their volunteering career.

7. Involving parents and the community means finding ways to reach them, as well as planning the right time and resources to build trust, coach and enable them

The ABS partnerships have worked hard to engage parents and community members and acknowledge that while it is certainly rewarding it is also challenging and time-consuming. This is an ongoing journey to establish the best ways to ensure that parents and community representatives have an authentic voice in decision making, and also are truly representative of the broader groups that they speak for. They are also understanding which groups are not currently represented and how to include them.

The role of parents in service design is particularly valued in problem solving as it challenges assumptions and provides new insights. Professionals involved in the Midwifery Caseload pilot in Bradford assumed that families would want their named midwife to be present at the birth (which is logistically very difficult and expensive). Parents told them that this wasn’t important to them; they wanted continuity of care before and after the birth. This meant that caseload midwifery became potentially scalable and sustainable, and it was possible for the pilot to take place.

Partnerships are working through a number of challenges in involving parents and community members. In many communities there can be a feeling of mistrust towards traditional public services⁵¹ which needs to be resolved so that genuine collaboration can take place. Another is that involvement at strategic level can create tensions around decision-making. These can be positive - questioning traditional ways of thinking and providing valuable insights into what it is like to live in a place and experience the services on offer. However, concerted and ongoing efforts are needed to reach and encourage those who don’t normally have a voice in the ‘system’. Partnerships have recognised this and continue to develop their outreach strategies. They provide substantial support and personal development to parent and community representatives, so that they better understand the difference between representing the views of the local community, rather than just their own views, and are able to participate on that basis. This could be training to give people the skills and confidence to speak up at board meetings, or to give them a greater understanding of how to make strategic decisions. In doing so, there is a careful balance to be found, to ensure that parents and community representatives do not lose the alternative perspective and authentic lived experience that they bring to the table.⁵² Experience from the ground tells us that this is a two-way process. It’s not just about supporting community representatives to carry out these roles but also about supporting representatives from partner organisations to work with community members on an equitable basis.

Experience also shows that community members who are involved in ABS as volunteers,

mentors and champions can gain positive outcomes, as well as the parents and children that they work with / for. These may include increased confidence, new skills or taking a step towards employment. For example [Blackpool](#) has found that a number of the fathers they work with have little or no access to their children. Engaging them in the programme has helped them to move towards a greater role in their child's life.

Example: Positive outcomes from volunteering

Ryan is a dad who got involved in redeveloping the Revoe park in Blackpool. Before he joined the project as a volunteer, Ryan was low in confidence and rarely went out. After taking part in landscaping activities, supporting the gardening club and moving on to helping to design equipment for Children's Centres, Ryan now travels throughout Blackpool confidently, has completed radio and television interviews, enrolled onto a woodworking course, delivered presentation activities for the Dad's Shed on community days and has engaged in further projects in Blackpool Libraries. These positive achievements have helped him to gain better access to his son.⁵³

Offering different kinds of involvement to the community means that people can take up roles according to the amount of time they have available or the skills they can offer. Roles can be designed to provide a route towards greater responsibility or employability, or as a means of engaging other community members, by acting as champions, 'ambassadors' and as role models. Where possible, engaging a core group of community representatives who are willing to take on the role for a number of years works best. New representatives should be mentored to take over the roles at the same time.⁵⁴

8. A peer with shared experiences can help parents open up and talk through their worries

It's not always easy for parents to acknowledge that they have a problem, or that they are struggling to cope. Public services, including midwives, health visitors, GPs and children's centres, play a key role in supporting and many parents form good relationships with these support services and are able to get the help they need. But some may find alternative forms of support easier to work with. Some parents may find it easier to relate to a peer who has gone through similar experiences; they may feel that the peer understands what they are going through and won't judge them.

In fact there is evidence to suggest that peer support can bring a range of benefits, including increased self-esteem, self-confidence and greater hopefulness about their potential.⁵⁵ ABS is introducing a number of peer-to-peer support models as a complement to existing public services. In [Bradford, Family Action](#), a VCS organisation, trains and coordinates volunteer befrienders to help expectant mothers and new parents with moderate mental health difficulties to overcome social isolation and depression. Many befrienders have been through similar experiences themselves. They are there to listen and, if necessary, ensure professional support is provided.

Peer support roles can also present a route towards employment. [Nottingham's Family Mentor](#) role presents an accessible route into the labour market, with the added long-term goal that local parents who are supported by a Family Mentor will be inspired to

take on the role themselves, thus building greater capacity.⁵⁶

Example: Family mentors

“Before I accepted the service I didn’t have any friends that lived locally, it was quite isolating. I have now made friends locally and it’s opened up a variety of different activities for us to do as a family.”

Lindzi was feeling stressed and overwhelmed by pregnancy and managing work when she first heard about Family Mentors and the programme they deliver, Small Steps at Home. Taking part in the programme has given her support and confidence in being a parent and also to attend groups in the local community, where she and her husband, Aaron have met other parents and made new connections.

Lindzi and Aaron believe support from the Family Mentor has already made an impact, with their daughter developing skills earlier than she might have done, and giving them information that improves what they do with her and how they work as a family.

Family Mentors is a paid peer workforce developed by Nottingham, designed to complement the existing workforce of child health, education and development professionals. Mentors are local residents and parents who are recruited for their values, behaviours and local knowledge. Currently there are 45 Family Mentors.

They deliver the universal Small Steps at Home programme which provides advice, information and activities for parents. Content is focused on improving the key child development outcomes and addressing issues that every parent faces. The programme is a genuine example of co-production. Parents asked for the Family Mentor role to be created, because they wanted some services to be delivered by people with experience of raising children locally. From the initial concept parents have been in the driving seat, through all the stages of design, development and delivery. Lindzi said “I am so glad that I accepted the service as it’s exceeded our expectations and I would highly recommend it. We really hope this service continues and it would be great if it could become a nationwide facility for families.”

Annex - A Better Start local areas

	Lead organisation	Wards
<u>Blackpool Better Start</u>	National Society for the Prevention of Cruelty to Children	Bloomfield, Brunswick, Claremont, Clifton, Park, Talbot, and Victoria
<u>Better Start Bradford</u>	Bradford Trident	Bowling and Barkerend, Bradford Moor and Little Horton
<u>Lambeth Early Action Partnership</u>	National Children's Bureau	Coldharbour, Stockwell, Tulse Hill and Vassall
<u>Small Steps Big Changes: Nottingham</u>	Nottingham Citycare Partnership CIC	Arboretum, Aspley, Bulwell and St Ann's
<u>A Better Start Southend</u>	Pre-school learning alliance	Kursaal, Milton, Shoeburyness, Victoria, Westborough and West Shoebury

Source: <https://www.biglotteryfund.org.uk/betterstart>

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