



Nottingham Centre for  
Children, Young People and Families



# Evaluation of Small Steps Big Changes: Final Report 2023

## Executive Summary

Report Prepared for Small Steps Big Changes

Authors: Clare Lushey, Dr Ferhat Tura (Bournemouth University), Dr Alex Toft, Rachel Harding, Craig Bickerton, Stephanie Cassidy, Dr Simon Cooper, Kyesha Davies, Jennie Fleming, Beth Huntington, Alya Jameel, Susan Law, Kerry Newham, Dr Jason Pandya-Wood, Ghazala Rathore, Jane Slater, Dr Luisa Tarczynski-Bowles, Dr Rebecca Thompson, Lorna Wardle, Professor Clare Wood and Professor Carrie Paechter.

## Contents

Contents.....	1
Introduction .....	3
Aims and objectives of the SSBC evaluation.....	5
Methods.....	5
Language, Communication, and Early Literacy .....	6
Impact of SSBC Participation on Children’s Language, Communication and Early Literacy.....	7
Key findings.....	8
Evaluation of Dolly Parton’s Imagination Library .....	9
Key findings.....	10
Evaluation of Small Steps at Home .....	11
Key findings.....	12
Evaluation of Story and Rhyme Time.....	14
Key findings.....	15
Social and Emotional Wellbeing, and Nutrition.....	16
Evaluation of the Group Triple P programme.....	16
Key findings.....	17
Evaluation of the Baby Massage Groups .....	18
Key findings.....	19
Evaluation of the Cook and Play Groups.....	20
Key findings.....	20
Evaluation of the Breastfeeding Incentives Scheme .....	21
Key findings.....	22
Father Inclusive Practice .....	23
Evaluation of Fathers Reading Every Day (FRED).....	23
Key findings.....	24
Father Inclusive Practice (Think Dads Training).....	26
Key findings.....	28
The Information Pack for New Fathers.....	28
Key findings.....	29
Workforce .....	30
Families’ experiences of having a Family Mentor.....	31
Key findings.....	31
Evaluation of the Family Mentor Service.....	32
Key findings.....	33

Co-production and SSBC .....	34
Key findings .....	34
Evaluation of the Ideas Fund .....	36
Key findings .....	37
Attempt to apply cost-benefit analysis.....	38
Key findings .....	38
Conclusions and recommendations.....	39
Overall recommendations for future programmes and evaluations of this kind .....	42
Recommendations in relation to language, communication, and early literacy .....	43
Recommendations in relation to Social and Emotional Wellbeing, and Nutrition.....	45
Recommendations for Father Inclusive Practice .....	46
Recommendations in relation to workforce provision .....	47
Recommendations in relation to cost-benefit analysis .....	48

## Introduction

The Small Steps Big Changes (SSBC) programme commenced in 2015 and is hosted by Nottingham CityCare Partnership and supported by the National Lottery Community Fund's A Better Start Initiative. The programme operates across four wards in Nottingham: Aspley, Bulwell, Hyson Green and Arboretum, and St Ann's. It aims to improve outcomes for 0-3-year-old children in the areas of: diet and nutrition, social and emotional skills and language and communication skills. It also aims to bring about system change by 'tipping the system on its head' and empowering parents, communities and workforces to co-produce services and achieve together. Small Steps Big Changes commissions a range of services and activities to achieve these aims (for further details please see: [www.smallstepsbigchanges.org.uk](http://www.smallstepsbigchanges.org.uk)).

The Nottingham Centre for Children, Young People and Families (NCCYPF) commenced its evaluation in May 2018. Each year SSBC selected the SSBC programmes and activity groups that they would like to be evaluated. Upon completion of these evaluations an annual report was produced (and where required an interim report). Two interim reports have been produced and four annual reports, all of which are available in the Learning Hub on the SSBC website: <https://www.smallstepsbigchanges.org.uk/knowledge-hub/learning-hub/training-and-learning-documents>

This report summarises and brings together all the evaluations that have been undertaken since 2018 and includes the evaluations of the following, listed by date of reporting:

- Small Steps at Home;
- Dolly Parton's Imagination Library;
- Fathers Reading Every Day (FRED);
- Father Inclusive Practice;
- Baby Massage;
- Cook and Play;
- Group Triple P;
- Story and Rhyme Time;

- Family Mentor Service;
- Family Mentor group activities delivered online;
- Breastfeeding Incentives Scheme for Teenage and Young Mothers;
- New Fathers' Information Pack;
- Ideas Fund;
- Experiences of having a Family Mentor;
- Vocabulary Scores of Children Who Participated in the SSBC Programme;
- Attempt to conduct a Cost-benefit Analysis of SSBC.

Details of these may be found in previous interim and annual reports on the SSBC website.

This final report also includes additional work undertaken in 2022/23 which consisted of:

- A second assessment of the vocabulary scores of children who participated in the SSBC programme carried out in Autumn 2022;
- An examination of the extent to which duration of registration with DPIL was linked to children's Ages and Stages Questionnaire (ASQ) Scores and their Early Years Foundation Stage (EYFS) early learning goals; and
- An examination of whether participating in Small Steps at Home improve children's 12 and 24 month ASQ scores and their EYFS scores.

The findings from the above evaluations have been organised into five chapters which focus on: language, communication and early literacy; social and emotional wellbeing; nutrition; father inclusive practice; and workforce.

This final report brings together findings from studies carried out at different times over the last five years. What is reported in each section therefore represents the situation at the time that the individual studies took place. In some cases, changes have subsequently been made which will only have been picked up if we have conducted a subsequent study of that service. Consequently, not all of the findings represent the situation in SSBC projects at the time of writing.

## Aims and objectives of the SSBC evaluation

The overall aim of the evaluation was to:

- Examine the functions of SSBC including service description, aims, services provided;
- Identify strengths and areas of development;
- Measure changes and improvements in children in the following outcomes:
  - social and emotional skills
  - language and communication skills
  - diet and nutrition
  - other positive outcomes
- Examine how SSBC empowers parents, communities, and workforces to co-produce together; and
- Provide recommendations on how SSBC can be enhanced for the benefit of children, families, professionals, and other stakeholders.

## Methods

We adopted a mixed methods approach in which both quantitative and qualitative data were collated and analysed.

We also used peer research methods. Four parents who live and/or work in Aspley, Bulwell, Hyson Green and Arboretum, and/or St Ann's were appointed as Parent Peer Researchers. The Parent Peer Researchers were paid members of staff at Nottingham Trent University and involved in all aspects of the research cycle for the aspects of the evaluation on which they worked. They received in-house training related to undertaking evaluations. This covered: ethical considerations and requirements; recruitment approaches; data collection methods and analysis techniques; and dissemination of findings through reports and presentations.

Ethical approval was obtained from Nottingham Trent University Business, Law, and Social Sciences Research Ethics Committee prior to commencement of the evaluations detailed in this report. The evaluations were also registered with the Research and Innovation

Department within Nottinghamshire Healthcare NHS Foundation Trust. Verbal and written informed consent were obtained from all evaluation participants. Parent participants were given high street gift cards worth between £10-20 as a thank you for participation in an evaluation.

Data collected by NTU during the course of the evaluations was anonymised as soon as possible after collection. Participants were assigned a unique identification number and data was stored against this number rather than against the names of the participants. With participants' consent, audio/video recordings of interviews and focus groups was undertaken. Transcription of the interviews and focus groups was carried out by an authorised university transcriber who is fully aware of requirements of confidentiality. Data from questionnaires, scales, focus groups and interviews (e.g., video/audio and transcripts) were stored in a restricted folder on the NTU drive. Consent forms from the interviews and focus groups were stored in a restricted folder on the NTU drive or a locked filing cabinet.

The Ages and Stages Questionnaire (ASQ), Early Years Foundation Scores (EYFS) data and Group Triple P findings were kept in a secure drive at SSBC which was allocated to a member of the NTU evaluation team, seconded to SSBC to analyse the data. The member who carried out the statistical analysis has an honorary NHS contract and access to NHS data was provided via a secure NHS computer provided by CityCare.

## Language, Communication, and Early Literacy

In this section we consider the impact that SSBC provision has had on children's language, communication and early literacy outcomes. Specifically, we consider the impact of engagement with SSBC provision overall, as well as registration with Dolly Parton Imagination Library (DPIL), Small Steps at Home, Story and Rhyme Time. To evaluate the impact that these programmes have had on children's communication, language and early literacy, we identified a number of immediate and longer-term outcomes where we might reasonably expect to see an impact, and we considered these in relation to the content of the SSBC provision.

In terms of immediate outcomes, we were interested to see whether participation in SSBC would impact family behaviours and interactions in ways that would benefit children's communication and early language and literacy skills. Specifically, we were interested to see if there was evidence of:

- Increased interest from the children in books;
- Increased frequency of parents either reading with or singing (rhymes) to their child;
- Increased frequency of parent-child interaction during shared storybook reading;
- Increased duration of reading sessions;
- Increased parental confidence in engaging their children in talk or with books.

With respect to longer-term outcomes, we would expect to see evidence of positive impact on the following outcome measures:

- Ages and Stages Questionnaire scores at 12 months;
- Ages and Stages Questionnaire scores at 24 months;
- Children's receptive vocabularies at point of school entry (British Picture Vocabulary Scales 3 standardised scores); and
- Early Years Foundation Stage (EYFS) ratings at end of Reception Year.

### Impact of SSBC Participation on Children's Language, Communication and Early Literacy

The primary aim of this study was to examine the impact of SSBC engagement in general on the longer-term language and communication outcome of language development by comparing the standardised British Picture Vocabulary Scale (BPVS) scores of SSBC participants at school entry (Autumn 2021 and again in Autumn 2022) to those of other children entering reception class in the same schools (and therefore living in the same areas), but who did not participate in SSBC. For the purposes of this report, we combined the data from both years to maximise the amount of data available and increase the sensitivity of our analyses.



## Key findings

- Although the mean score for the SSBC group was higher than the non-SSBC group, there was no statistically significant difference in mean scores;
- There was a statistically significant difference in BPVS scores between children who spoke English as an additional language and children who spoke English as their first language. These data suggest that, in general, children with EAL score consistently lower on receptive vocabulary than the children for whom English is their main language;
- The mean scores of SSBC children who spoke English as their first language were significantly higher than the mean scores of non-SSBC children who spoke English as an additional language. There were no other statistically significant differences between SSBC children and their non-SSBC counterparts;
- There was a statistically significant difference in BPVS scores between children with a disability and children without a disability. The mean score of the children with a disability indicates that this group would be considered at risk for language difficulties.
- Mean scores of non-disabled SSBC children were higher than the mean scores of both disabled SSBC children and disabled non-SSBC children;
- There was no statistically significant difference in BPVS scores between female and male children, irrespective of whether the children participated in the SSBC programme;
- There was no significant difference in the mean scores of children who participated in different numbers of SSBC groups, or in relation to how many sessions they attended. There were also no significant differences in the mean scores of children who did or did not participate in SSBC literacy-related groups, nor in relation to the number of sessions of these groups they participated in;
- There were no significant differences in mean BPVS scores between children who had and who had not participated in Small Steps at Home, irrespective of whether they were SSBC children. There were also no significant differences between those who did different numbers of Small Steps at Home sessions;

- While SSBC children’s engagement with DPIL was high (97%), engagement with other literacy interventions was low, especially compared with attendance at non-literacy related groups.

Overall, there was no evidence from these data that SSBC participation in general was able to significantly impact children’s receptive vocabulary development by point of school entry. This may be because of the additional impacts of Covid lockdowns on both child development generally and on the nature of SSBC programme delivery. Active engagement with literacy related SSBC provision was low compared to other elements of the programme, which may also explain the lack of positive effects. There was evidence of an SSBC effect on receptive vocabulary in the first cohort when analysed separately, and so each cohort of children appears to have experienced different levels of benefit from engagement with the provision. EAL children and children with a disability were more likely to be in the high-risk group for vocabulary levels. This suggests that the types of provision within SSBC need to be considered with respect to whether they are inclusive of or missing opportunities to meet the needs of these two most vulnerable groups.

### [Evaluation of Dolly Parton’s Imagination Library](#)

Every month, DPIL sends high-quality, age-appropriate books (selected each year by a panel of early childhood literacy experts) to children enrolled in the programme from birth to their fifth birthday. In Nottingham this is offered to children in the targeted wards, and, if registered, they receive one book a month, every month, until their fifth birthday. The books are age appropriate, and only available in English.

The aim of this part of the evaluation was to consider both the immediate and longer term impact of registration with DPIL on communication and early literacy outcomes. We were particularly interested in the impact that this book gifting service might have on the families’ literacy-related behaviours (home learning environment) in the short term, as well as considering any evidence that registration with DPIL may be linked to better longer term outcomes with respect to communication and early literacy goals both before school (evidenced by the Ages and Stages Questionnaire (ASQ) and after completion of Foundation Stage (evidenced by Early Years Foundation Stage (EYFS) data).

## Key findings

- The longer that families were registered with DPIL, the more likely they were to report interacting with their children during shared storybook reading, the more likely they were to read with their children daily, and the longer they were likely to read with their children, indicating positive changes in parent-child behaviours in relation to books and early literacy activities;
- However, there was little evidence that these changes in parental behaviours and activities translated into longer term benefits for communication and other early learning goals. Specifically, we found only a modest significant association between DPIL registration and ASQ communication scores at 12 months;
- There was no evidence of an impact on the number of EYFS learning goals met, either overall or in relation to communication or early literacy more specifically;
- Although when they were initially registered with DPIL (i.e., 0-11 months) families reported reading and singing with their children less frequently than their more advantaged peers (i.e., non-DPIL group), and the children were initiating literacy-related activities less often, families who had been registered with DPIL for a year or more reported higher levels of activity which put them on a par with the non-DPIL families;
- The two most common interactions were asking children about the pictures in the book and talking about what is happening in the story. In addition, DPIL groups registered with the programme for a year or more reported more frequent interaction when sharing books than the non-DPIL families;
- DPIL book-gifting does appear to be a mechanism that can not only increase the frequency of reading-related behaviours but can also support improvements in parent-child interactions over time. In addition, more frequent interactions around sharing books are likely to enhance children's language comprehension;
- Families registered in DPIL for more than two years engaged in reading sessions that were significantly longer than those who had been registered for one year or less;
- There was no evidence of any impact of DPIL registration status on either the children's interest in books, songs and rhymes, or in levels of parental confidence;

- Parents whose children were registered with DPIL for more than one year were more likely to report that they read daily with their child. This effect remained after factoring in the influence of parents' ethnicity, employment status, marital status, the age of the child, the child's gender and whether or not English was their first language. However, unemployed parents were less likely to read to their child than employed parents;
- There was limited evidence that these behavioural changes were translating into longer term benefits in relation to communication and early literacy. While there was some evidence (albeit modest) of an association between DPIL registration and ASQ communication outcomes at 12 months, this effect had 'washed out' by 24 months rather than developing further, and by the time the children had completed their Foundation stage, there was no discernible impact on EYFS scores.

### Evaluation of Small Steps at Home

Small Steps at Home is a home visiting programme delivered by Family Mentors and starts at 20 weeks pregnancy and runs until the child's 4<sup>th</sup> birthday. The programme contains advice, information and activities. Each visit focusses on a range of topics, which are relevant to the child's age. The aim of the programme is to improve child development outcomes. Sixty-six Family Mentors deliver Small Steps at Home in the four wards and since April 2016 1,600 children's parents have participated in Small Steps at Home.

There are two aspects to this part of our evaluation. The first involves examining whether participating in the programme improves children's ASQ and EYFS scores. Two separate studies were undertaken using the ASQs and EYFS to address whether participating in the Small Steps at Home improves children's 12 and 24 month ASQ scores in (1) communication (language skills), (2) gross motor (large muscle movement and coordination), (3) fine motor (small muscle movement and coordination), (4) problem-solving (focus on the child's play with toys), and (5) personal-social (focus on the child's interactions with toys and other children), and their EYFS scores. We compared four groups: (1) non-SSBC children who did not participate in Small Steps at Home (n=2351), (2) SSBC children who participated in Small Steps at Home for 18 or more months (n=158), (3) SSBC children who participated in Small

Steps at Home for 17 or fewer months (n=129), and (4) SSBC children who did not participate in the programme (n=621).

The second aspect of this evaluation is a qualitative exploration of parents and Family Mentors experiences and views of the Small Steps at Home Programme in relation to:

- The recruitment and employment of Family Mentors;
- The content and delivery of the Small Steps at Home handbooks;
- The relationships between Family Mentors and parents; and
- Outcomes and impact of Small Steps at Home on children and parents.

#### Key findings

- Children from SSBC wards who participated in the programme for more than 18 months had the highest mean 24 Month ASQ (excluding problem-solving) and 'overall' scores. In particular, their scores were always higher than the scores of those who live in SSBC wards but did not participate in the programme at all. However, there were no statistically significant differences in 24-month ASQ scores between the four groups of children;
- There was no difference between the groups of children in terms of 12 month communication scores. However, there was a strong, positive association between the number of Small Steps at Home visits and 12 month communication scores. The more visits, the higher the 12 month communication scores;
- There was a statistically significant difference in terms of 12-month fine motor scores between non-SSBC children and SSBC children who did not participate in the Small Steps at Home programme. However, there was not a statistically significant association between 12 month fine motor scores and the number of Small Steps at Home visits children had in the first year. That means, participating in SSAH did not result higher 12-month fine motor scores for SSBC children.
- There was a statistically significant difference between the SSBC and non-SSBC children in terms of gross motor scores. These differences were between (1) SSBC children who did not participate in SSAH and non-SSBC children, and (2) SSBC children who participated in Small Steps at Home and non-SSBC children. Also, there

was a strong, positive association between the number of Small Steps Big Changes visits and 12 month gross motor scores. More visits is therefore correlated with higher 12-month gross motor scores.

- Overall, it seems that participating in Small Steps at Home in the first 12 months improves children's communication and gross motor scores in the first year.
- There was no difference between SSBC and non-SSBC children in terms of 24 month fine motor scores. However, there was a strong, positive association between the number of visits and 24 month fine motor scores. That means, an increase in the visits is correlated with an increase in the 24-month fine motor scores. Overall, it seems that participating in SSAH helps children's fine motor scores.
- There was not a statistically significant difference between children who participated in Small Steps at Home and who did not. This finding was supported by the fact that there was not a statistically significant association between EYFS scores and the number of Small Steps at Home visits children had until they went to school. This suggests that participating in Small Steps at Home did not result higher EYFS scores for SSBC children.
- Staff and parents believed that participating in Small Steps at Home had led to developments in children's confidence, social skills and language and communication, as well as outcomes in other areas such as sleeping routines, healthy eating and weaning, and toilet training. They also felt that it improved parents' confidence in raising their children;
- Family Mentors were seen as an important source of social contact and support, improving parental wellbeing;
- Family Mentors wanted to be viewed as a skilled workforce, given the additional training and responsibility involved in their work;
- The Family Mentors being a community workforce was seen as a key strength of the programme, both from the point of view of reaching parents and in providing employment for local people;
- Family Mentors used the Small Steps at Home handbook and programme in flexible ways to suit different families, such as those with a second or subsequent child, or having more urgent needs that might take priority over delivering the programme.

However, they would have welcomed greater flexibility in this, including the ordering of activities;

- While many parents found the ASQ useful, others worried that their child might be behind developmentally;
- Relationships between parents and Family Mentors were strong. Family Mentors considered that they were more trusted than other professionals, due to their peer status;
- This close relationship could bring problems if a Family Mentor took long-term sick or maternity leave, as parents wanted to defer the programme until their Family Mentor returned;
- Family Mentors living in the same neighbourhood as the parents they are supporting through Small Steps at Home was seen as a particular issue when safeguarding concerns arise. Family Mentors also felt under pressure to act as a role model to parents.

### Evaluation of Story and Rhyme Time

Story and Rhyme Time is a reading, rhyming and singing programme delivered via community group sessions. It is designed to provide parents with an opportunity to spend time with their child developing positive interactions through stories and rhymes. It is proposed that these interactions can then be adopted at home, supported by providing parents with materials to use in their home. The underlying hypothesis is that a programme based upon practitioners modelling speech, language and communication to parents via Story and Rhyme Time, leads to improved outcomes for children, particularly in terms of school-readiness.

Story and Rhyme time is delivered through sessions lasting between 60 and 90 minutes which are led by a least two practitioners who are trained to deliver the sessions. Each session is supported with a session plan which details the resources and songs that could be used. Throughout, there is a focus upon signposting parents to the books available via Bookstart and DPIL.

The rationale for Story and Rhyme Time revolves around several assumptions:

1-The focus upon the specific wards is purposeful. This is taken from the Bercow report (Rogers, 2008) which found that children from socially disadvantaged backgrounds have significantly lower speech and language development than other children of the same age.

2- Language development at the age of two predicts whether children are ready for school (Roulstone et al., 2011). This is pushed further to suggest that children who read regularly are more successful readers (Mol et al., 2008).

3- The long-term goal of Story and Rhyme Time is to encourage parents to introduce home learning, which has been identified as having a positive impact upon learning (Sylva et al., 2004). Roulstone et al., 2011 also specifically noted teaching songs/rhymes and reading with children as being beneficial in the home.

As a result, SSBC hope that Story and Rhyme Time will lead to:

- Understanding of the importance of parents reading with their child;
- Increased parental confidence to read/sing with their child;
- Regular attendance at Story and Rhyme Time;
- Parents reading regularly with children;
- Increased visits to the library;
- Development of language rich home learning environments; and
- Children have improved language and communication skills during pre-school and in EYFS.

We carried out a qualitative evaluation of Story and Rhyme Time in relation to these potential outcomes, as perceived by Family Mentors and Parents.

#### Key findings

- While Story and Rhyme Time is designed to have a specific structure, what actually happened in the sessions varied, as they were adapted by Family Mentors delivering them. This led to them being less focused on children's learning and more on free play, sometimes with just a story at the end of the session. Some Family Mentors wanted to change the name of the sessions to reflect this;



- Only some sessions included discussion of stories – in some cases a book was simply read to children;
- Both parents and Family Mentors thought that the sessions increased children’s language skills;
- Family Mentors and parents believed that the sessions benefitted children’s social and emotional development, especially after the lockdown period when children had experienced less or no interaction with other children;
- Family Mentors believed that the sessions helped children’s concentration, as they were encouraged to listen to an entire story;
- Parents valued the social elements of the sessions and the chance to meet other parents;
- Parents told us that they carried on with the rhyming and singing activities with their children at home – this is supportive of children’s language development;
- Parents also learned different ways of sharing books with their children;
- Because of the variation in what was actually delivered, it was difficult to us to evaluate Story and Rhyme Time as a specific intervention – different approaches might be expected to have different outcomes, and those sessions which were mainly free play are less likely to have had the anticipated effect on children’s language development.

## Social and Emotional Wellbeing, and Nutrition

This section of the report includes findings from the evaluations of Group Triple P, Baby Massage, Cook and Play, and the Breastfeeding Incentives, specifically those aimed at improving children’s outcomes related to social and emotional wellbeing, and nutrition.

### Evaluation of the Group Triple P programme

The Positive Parenting Programme (Triple P) “aims to prevent severe behavioural, emotional and, and developmental problems in children by enhancing the knowledge, skills, and confidence of parents” (Sanders, 1999, p. 72). Triple P incorporates five levels of intervention with Group Triple P at level 4. All of the levels from 1-5 are on a tiered

continuum of increasing strength for parents of children from birth to age 12 (Sanders, 1999).

Group Triple P is an intensive eight-week programme for parents whose children have more severe behavioural difficulties than those participating in the lower levels of the Triple P. Ideally, it is conducted in groups with no more than 12 parents. It consists of four group sessions where parents learn new knowledge and skills in parenting with the help of trained facilitators including discussion, practice, and feedback. Parents also complete homework tasks to reinforce what they learn in the group sessions. The group sessions are supported with three 15-30 minute follow-up one-to-one telephone consultations providing additional support to parents as they practice at home the new skills that they learned in the group sessions. The programme finishes with a final group session in week eight. Group Triple P aims to improve child behaviour, parenting skills and parental mental health.

There were two main aims to the evaluation. The first was to assess the extent to which the Group Triple P programme achieved its aims – whether severe behavioural, emotional, and developmental problems in children were prevented by enhancing parenting skills and supporting parents' mental health. To this end, we used the following three questionnaires: Strengths and Difficulties Questionnaire (SDQ); Parenting Scale (PS); and Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). These were completed by parents before and after the programme's delivery. We then used the SDQ to compare parent-reported child outcomes before and after participating in the programme, in terms of emotional symptoms, conduct problems, hyperactivity, peer relationship problems, and prosocial behaviour. In addition, we compared self-reported parent outcomes before and after participating in the programme of parenting skills using PS, and parental mental wellbeing using WEMWBS. The second aim of the evaluation was to understand the experiences of staff who were involved in the programme's delivery. We used telephone interviews to do this.

#### Key findings

- There were statistically significant differences in mean SDQ Conduct, SDQ Hyperactivity and SDQ Prosocial scores. In other words, children's Conduct and Hyperactivity problems significantly reduced after their parents participated in

Group Triple P sessions. In addition, children's SDQ Prosocial scores significantly increased after their parents participated in Group Triple P sessions.

- However, there were no statistically significant differences in mean SDQ Emotion and SDQ Peer scores between pre- and post-intervention.
- Parents' problems in parenting skills significantly reduced after they participated in Group Triple P sessions. This was shown in the statistically significant differences in mean PS laxness, over- reactivity, and total scores between pre- and post-intervention; and
- Parents' mental wellbeing significantly improved after they participated in Group Triple P sessions. This was shown in the statistically significant differences in mean WEMWBS scores between pre- and post-intervention.

### Evaluation of the Baby Massage Groups

Baby massage is a five-week group activity delivered by Family Mentors. Each session lasts one hour, and they are available for babies from six weeks of age to six months. Typically, six to ten parents attend each session. The baby massage sessions involve a series of gentle stroking, stretching, and holding techniques, which are a carefully balanced combination on each area of the baby's body. The baby massage courses aim to: teach parents the skills of baby massage; provide parents with an opportunity to bond with their baby; help parents to better understand their baby's communication cues; and provide an opportunity to engage the families into other SSBC activities.

The aim of the evaluation was to examine the implementation and delivery of baby massage and its key challenges and strengths, and to examine whether participation in the baby massage groups improves outcomes for parents and babies in the following areas:

- Parent outcomes: improvements in verbal and non-verbal communication with baby, and ability to read baby's cues; improved bond between parent and baby; improvements in wellbeing; increased confidence in parenting; a good understanding of massage techniques (e.g., when to undertake baby massage (alert state), different areas, strokes etc.); an awareness of the benefits of baby massage;

and a reduction in isolation (i.e., parent meets and keeps in contact with other parents attending baby massage and attends other SSBC group activities).

- Baby outcomes: improvements in sleep; better digestion; reduction in crying; relief from the discomfort of colic, constipation, wind, and teething; and baby is more relaxed.

#### Key findings

- Twenty-two parents out of 25 said that engaging in baby massage had helped to strengthen the bond between them and their baby;
- Eighteen parents out of 25 revealed that baby massage had helped their baby sleep. Parents often described how baby massage relaxed their baby, which led them to fall asleep right after the session and to longer periods of sleep for some babies;
- Eighteen parents out of 25 reported that their baby was more relaxed after baby massage;
- Some parents also reported that baby massage helped their baby to feed better and digest their food more easily, and that baby massage had helped to relieve constipation, colic, wind and teething discomfort;
- Thirteen out of 25 parents reported that baby massage had helped them to feel calmer;
- Sixteen out of 25 parents revealed that attending the baby massage groups had led to increased levels of confidence. For some this was due to knowledge gained from the groups, for others it came from interactions with other parents;
- Some parents reported that since attending baby massage their ability to communicate and read their baby's cues had increased;
- A small number of parents reported that their infant had become much more vocal during baby massage;
- All parents interviewed (except two attending their first session) were continuing with baby massage at home. They felt that they understood the baby massage techniques and the benefits it brought;
- Parents experienced a reduction in isolation from attending the groups.

## Evaluation of the Cook and Play Groups

Cook and Play is a group activity in which adults cook healthy meals and then try them with their child. It is delivered by Family Mentors and is for parents with children aged under four years old. Cook and Play sessions last 1.5 hours and consist of the parents participating in practical cooking, informal learning about healthy eating and assertive feeding practices, followed by eating or tasting the resulting meal with their child. A short food sensory activity is also facilitated with the children to increase familiarity with ingredients used in the recipes. All food for the sessions is provided by SSBC, free of charge. Cook and Play groups include information regarding: food hygiene and safety; healthy eating recommendations; increasing fruit and vegetable consumption; healthy cooking methods; making food suitable for babies and toddlers; appropriate portion sizes; assertive feeding practices; budgeting; food labels; and behaviour change.

The aim of the evaluation was to explore the experiences of Family Mentors and members of the Family Mentor Senior Leadership Teams who were involved in the delivery of Cook and Play. In particular, the aim of the interviews and focus groups with the staff was to examine the implementation and delivery of Cook and Play, key challenges and strengths, and whether they perceived that it impacted on parents' confidence and knowledge in relation to cooking healthy meals.

### Key findings

- It was evident that Cook and Play had been consistently delivered, across all wards, in the way it was designed. Additional volunteers beyond the Family Mentor leading the activity were crucial to this;
- Venue quality and layout were essential for success of the programme;
- Family Mentors felt that Cook and Play recipes need constant review, development and adaptation to the needs of their communities;
- Although Cook and Play is designed for a six-weekly rotation of parents, some attended all year, which could result in new arrivals feeling excluded. For other families, a six-week commitment is challenging;

- Positive outcomes for parents reported by Family Mentors included: improved skills, e.g., cooking healthy meals at home, improved culinary skills (chopping and slicing, etc.) and budgeting knowledge; and increased socialisation;
- Family Mentors reported positive outcomes for children as a result of attending the Cook and Play sessions and participating in eating and playing with other children, including: trying new foods; and improved social skills and confidence;
- The social aspect of dining together was reported as a positive influence on the children involved.

### Evaluation of the Breastfeeding Incentives Scheme

The Small Steps Big Changes Breastfeeding Incentives Scheme aims to ‘test and learn’ the use of financial incentives as a means of improving breastfeeding rates.

The project’s anticipated outcomes include:

- More children receiving breast milk at birth and for a longer duration;
- Mothers who breastfeed feeling valued for their efforts; and
- Showing how important breastfeeding is for babies, mothers and society.

The one-year pilot was delivered in partnership with the Nottingham CityCare Family Nurse Partnership (FNP). Family Nurses offer a home visiting service for first time young mothers and families offering support on pregnancy and parenthood including breastfeeding. The scheme offers £20 vouchers at 6 time points in the baby’s first year (2 days, 10 days, 6-8 weeks, 3 months, 6 months and 1 year) to all families providing their baby any breast milk. It is available to all young mothers on the FNP caseload including but not exclusive to those in the four SSBC wards.

Our research sought to understand:

- Parents’ perceptions and experiences of the Breastfeeding Incentives Scheme;
- Original feeding intentions and those who influenced this/these decision/s;

- Thoughts and feelings about the Breastfeeding Incentives Scheme, e.g., timings of the vouchers, monetary value and whether the Incentives supported the breastfeeding 'journey;' and
- Any other influences on decision to breastfeed/continue to breastfeed or not.

#### Key findings

- Three of the four mothers interviewed had decided to breastfeed before their baby was born, believing it to be best for the baby;
- Combination feeding, where a baby has both breast- and bottle-feeding, was used so that others could join in with holding and feeding the baby;
- Those who have experienced trauma or feel shy about their bodies need particular support in both starting and continuing to breastfeed;
- The mothers had little family support to breastfeed, with some families actively trying to put them off doing so;
- Support from the Family Nurses proved invaluable in encouraging the mothers to start and continue breastfeeding;
- The incentives were viewed positively by all the mothers interviewed. While those who had already chosen to breastfeed did not need an incentive to start, they welcomed the scheme and spoke about how they felt it validated their decision, making them feel rewarded for doing so. They also experienced the incentives as a form of praise for doing the right thing for their baby;
- Mothers felt that the timing of the vouchers supported them to continue to breastfeed;
- Mothers spent the vouchers on formula milk (for combination feeding) and on treats;
- It is crucial that the Incentives Scheme continues to run alongside and as part of healthcare professional face-to-face breastfeeding support;
- The support and incentives were especially validating for those who had experienced trauma and mental ill health, and who had initially experienced body consciousness issues with the idea of breastfeeding;

- One participant was so enthusiastic that she had spoken to her peers about the benefits of breastfeeding, the incentives and the professional support available.

## Father Inclusive Practice

This section focuses upon SSBC programmes specifically aimed at improving outcomes for fathers, which are expected, in turn, to improve outcomes for children. Three programmes are included here: Fathers Reading Every Day (FRED); Father Inclusive Practice (Think Dads Training); and A New Fathers' Information Pack (known as the Pack throughout). All the programmes focussed upon working to improve inclusivity for fathers and encouraging engagement between fathers and their children. Individual programmes also had specific aims beyond this such as: improving speech, language, and communication (FRED); and passing important information onto new fathers (the Pack).

## Evaluation of Fathers Reading Every Day (FRED)

FRED is an intervention that encourages fathers of children, aged 2-11 years, to read with their children daily. FRED has three distinct phases during delivery:

- The FRED programme starts with a 1½ to 2-hour launch event, delivered by trained facilitators. Fathers are given statistics which show the impact their involvement can have for their children. They are encouraged to take on the challenge of reading/sharing books with their child every day, for four weeks (or if they have limited access, on the days they have access). Fathers receive a free welcome pack and a reading log to record their reading sessions. Fathers commit to read/share books with their children for 15 minutes a day for the first two weeks and 30 minutes a day for the second two weeks. Fathers are encouraged to talk about the pictures and get their child involved in the book, e.g., by lifting flaps, etc.
- Self-directed activity – fathers who have taken the challenge spend time with their children sharing books with them as often as possible. They use their reading log to record the time they have read as well as the titles of the books they have shared. Fathers will increase the time they read to their children after two weeks as described above and continue for another two weeks.



- At the end of the four weeks, the fathers are invited to come back together for a celebration event (1½ to 2-hours), with their children, again hosted by trained facilitators. The event shines a light on their success and encourages fathers to reflect on the successes of the previous four weeks. They are then encouraged to keep this habit going and become more involved long-term in their child's educational development.

FRED was designed to kick-start a habit of fathers reading with their children on a regular basis. We present findings from the evaluation of the FRED programme completed by fathers/male carers of children aged 2-3 years, who have regular contact with their children (n=70) across the four SSBC wards. The purpose of the evaluation was to assess the extent to which the current FRED programme achieved its aims/outcomes. These included: increasing reading frequency of fathers with their child; fathers' confidence in reading to their child; improvement in father-child relationship; fathers' involvement in their child's development; and local library usage.

#### Key findings

- Fathers' reports of reading frequency with their child increased after they participated in the FRED programme, meaning that the FRED programme in Nottingham achieved one of its aims;
- There was no statistically significant increase in the levels of fathers' confidence in reading to their child, father-child relationship, fathers' involvement in their child's development; or use of local library;
- Qualitative results regarding the reported benefits of FRED showed that 62.9% of the fathers (n=44) reported that the FRED challenge improved their relationship with their child. In addition, 74.3% of the fathers (n=52) reported that FRED made them more involved in their child's learning and development. 80% of fathers felt that participating in FRED improved the quality of time that they spent with their child. Overall 98% of fathers that had taken part in FRED would recommend FRED to others;

- Four fathers (out of the 46 who offered further comment) specifically noted what they perceived as improvements in child outcomes. These particularly related to speech and communication. Fathers also noticed an improvement in children's concentration;
- Fathers reported positive changes in their children's relationships with books. They also suggested that book sharing with their children had increased children's confidence;
- Fathers also reported that their own confidence had improved, both in terms of reading with their children but also regarding parenting more generally;
- Fathers reported that FRED encouraged them to spend more time with their children and improved the father-child relationship. Reading was seen as 'quality time';
- Family Mentors found it difficult to implement FRED in groups, partly because of fathers' availability, and have since moved to one-to-one sessions. There were additional difficulties when fathers did not live with their children;
- Family Mentors found it hard to persuade fathers to engage with FRED and see the potential benefits for their children. They thought this was partly because of the poor literacy skills of some fathers;
- The number of Family Mentors trained in FRED was limited, which restricted the numbers that could participate;
- There was confusion among Family Mentors about the purpose of FRED, with some thinking it was about fathers interacting with and spending time with children, rather than specifically reading to them. This may have been partly because some fathers had difficulty reading. However, this raises questions about the fidelity of the intervention, making it hard to evaluate;
- Family Mentors considered that there was a lot of 'paperwork' involved in FRED, and thought that some of the questions were too derogatory or personal;
- Family Mentors were concerned that all the books available through the programme were in English, which excluded some fathers;
- Family Mentors felt that giving fathers a certificate at the end made the programme feel personal and focused on fathers;

- Family Mentors felt that FRED made positive improvements in: children's communication skills; attachment/bonding with fathers; social and emotional life; and confidence.. They also thought it would support a lifelong love of books, and that the fathers and children enjoyed their book sharing sessions;
- Family Mentors thought that fathers' confidence with their children, in relation to both reading and other areas, was improved by the programme.

### Father Inclusive Practice (Think Dads Training)

Father Inclusive Practice is SSBC's initiative that works to engage fathers and male carers. The Practice is built upon the 'A Better Start Nottingham' strategy (2014) which set out the need to engage fathers across services and local agencies. It is proposed that good father-child relationships have several positive impacts on children's wellbeing.

Father Inclusive Practice has four strategic priorities:

1. Workforce Recruitment and Training: Recruitment processes and workforce mandatory training ensure that the children's workforce across Nottingham City demonstrates father-inclusive knowledge and practice.
2. Performance Monitoring: Children's Workforce recording systems include information about fathers, to both promote their inclusion and to measure progress.
3. Service Development: Fathers are considered in all projects and service developments and are actively encouraged to participate in co-design; and
4. Communication, Publicity and Outreach: Communications are produced in line with best practice, ensuring that fathers are portrayed as an equal partner in parenting their children.

Think Dads is the first stage of Strategic Priority 1, highlighted above. It is non-mandatory but SSBC invite healthcare professionals to complete the training, and Family Mentors and Health Visitors both attend.

The training hopes to enable participants to:

- Understand more about the reasons to work with fathers and male carers;

- Understand the benefits of a positive father-child relationship and the impact this has on the child, the mother, and the father themselves; and
- Further develop confidence, skills and knowledge when engaging with fathers and male carers.

By the end of the training the attendee is expected to be able to highlight some key areas and actions to increase father inclusive practice within participants' services.

We had originally planned to conduct a short before and after study, aiming to examine the effect of the Think Dads training upon professionals' practices. It was envisioned that this would provide insight into the effectiveness of the training and any improvements in working in a father inclusive manner. The proposed structure of the study was as follows:

- Questionnaires (3) Pre, post and after 1 month of training; and
- Conduct a focus group at the end of training.

However, with the outbreak of the COVID-19 pandemic, the follow up training sessions were cancelled. This resulted in the post training, one month after training, and the focus group research also being cancelled. As a result, the evaluation had to shift towards an evaluation in relation to the first stage of the training only, in order to capture the professionals' thoughts on the training directly after the first session. In effect this measures the effectiveness of the training in relation to knowledge only (as opposed to any changes in professional practice). The evaluation team also undertook a more detailed Literature Review to enable us to assess whether the goals of the training are in line with current research recommendations. We compared the training to the Gold standard of father inclusive practice, which describes what effective father engagement entails. It was developed by researchers in Australia, who measured fathers' engagement with and use of services working with families. Although there are some problems with this (see main report) this does give some benchmarks for assessing father inclusive practice. Our evaluation aimed to gain a deeper understanding of father engagement and measures SSBC have in place (via Think Dads Training) with regards to the Gold standard for engaging fathers.

Nine professionals took part in the Think Dads training. This included Family Mentors (4) along with professionals working in Marketing, Business Support, Project Management, Contracting, and Data. We were able to capture whether the training increased knowledge of father inclusivity and its benefits (and what such knowledge was) alongside an understanding of what the training improved in relation to the professionals' everyday practice and what they feel would help in the future.

### Key findings

- The training commences with a statement about the focus of the session upon dads and male carers. This is potentially problematic as it suggests that the potential benefits are somehow unique to father engagement. It further suggests that any family arrangement without this set-up is going to be somewhat deficient, as it is missing a male influence;
- The training does much to highlight the benefits to fathers as well as to children;
- As a result of the training, the majority of the participants had shifted to being guided by fathers themselves; prior to the training only one participant mentioned talking to fathers to ascertain their opinion;
- The SSBC approach to father inclusive practice, including the Think Dads training, does include many elements of the Gold standard practice, including: the importance of treating parents equally; ensuring fathers are part of correspondence and invitations to activities; engaging fathers in activities, including talking to fathers when planning what activities to offer; considering challenges and engagement issues that may arise when engaging with fathers; supporting practitioners to feel confident when engaging with fathers.

### The Information Pack for New Fathers

SSBC's 'An Information Pack for New Fathers is a resource, delivered both online and in paper form, which aims to prepare fathers for when their baby is born. It is envisioned that the Pack will be distributed to fathers to provide them with vital information and advice about what to expect as a new father. The resource offers practical advice about caring for their new baby and also information about what fathers are entitled to in terms of rights

and benefits. The resource appears to be aimed at the period before birth and shortly after birth. It does not focus beyond the first few weeks after birth, although there is information which is applicable beyond this point. The Pack concludes by offering links to organisations that might be useful for new fathers. The resource is not built upon any pre-existing Pack and is constructed using information from NHS (National Health Service) sources and SSBC's expertise.

This evaluation explores the Pack in relation to improvements in fathers' knowledge concerning their new baby. The main focus is to understand the potential positive impact that the Pack has upon fathers' knowledge, while also exploring general thoughts about the Pack itself including its design and implementation.

#### Key findings

- Participant fathers felt that the focus of the Pack was clear in that it aimed to provide information that would help new fathers, unlike information they had received previously, which was aimed at mothers. Some felt that it could also be useful to other family members;
- Fathers frequently shared the pack with others, because they thought it was so useful;
- Both fathers and practitioners described the Pack as a useful source of first reference, especially as it is a comprehensive single document from a trusted source;
- Fathers saw the Pack as being useful even if this was not their first baby;
- Both fathers and practitioners liked the design of the Pack and found that the graphics helped understanding. Some fathers, however, felt that the pictures gave an unrealistic portrayal of family life;
- Fathers and practitioners felt that the language of the Pack was understandable to those with basic English reading skills. Practitioners liked the fact that it could be 'dipped into' and did not have to be read all in one go;
- Although fathers liked to have the Pack as a PDF document, some would have preferred to have access to it via a mobile phone app, especially as it is a long document;

- Fathers felt that they had learned how to hold and bond with their baby, including before birth;
- Both fathers and practitioners reported that the information in the Pack helped with the participants' knowledge of the financial help available to them. Participants learned about their rights as a new father and what parental leave and benefits they could access;
- Fathers appreciated the information about emergency care and how to keep their baby safe;
- Fathers noted a lack of information about feeding their babies, particularly in relation to expressing and storing breastmilk.
- Fathers thought that the Pack should be available to parents throughout the UK;
- Professional participants thought that the Pack had the potential to engage 'hard to reach' fathers;
- Practitioners argued that the Pack should be for all new fathers, not just those who have just had their first baby;
- Practitioners thought that, where possible, the Pack should be given out as part of antenatal care;
- Practitioners highlighted how the information in the Pack was evidence-based and provided current and up-to-date guidance, and was therefore reliable and contained links to trustworthy websites;
- Practitioners noted an imbalance between information about breast and bottle feeding, and were concerned that this might make mothers unable to breastfeed feel inadequate;
- Practitioners also noticed that the Pack did not contain information on SSBCs groups or any information on Family Mentors. This was surprising given the Nottingham only rollout.

## Workforce

This section focuses on evaluations undertaken that examine the SSBC workforce and Family Mentor Service. It includes: an exploration of families' experiences of having a Family

Mentor; an examination of the role of the Family Mentor service and especially factors that need to be taken consideration when setting up a Family Mentor Service; how co-production is used within SSBC; the evaluation of the Ideas Fund; and details of our attempt to undertake a costs-benefit analysis of SSBC.

### Families' experiences of having a Family Mentor

We aimed to address a lack of understanding of the experiences for families in having a Family Mentor and the implications of this for the design of social policy, as services seek to support young children in areas of socio-economic deprivation.

Our research sought to understand:

- The experience of families in Nottingham with SSBC Family Mentor support;
- How well supported parents with a child or children under four years felt by having a Family Mentor, what had been most helpful, and what could be improved;
- How parents perceived their child/children responded to having a Family Mentor, including the resources provided and the value of ASQs (ages and stages questionnaires);
- Experiences of ending the support from a Family Mentor; and
- Whether parents would recommend having a Family Mentor to another family, how they might describe the service and why.

### Key findings

- Parents were positive about the relationship they had with their Family Mentors. Relationships with Family Mentors were characterised by feelings of trust and a non-judgemental personal relationship;
- Groups run by Family Mentors were important for meeting other parents and getting mutual support. Groups were also seen as important for child socialisation;
- Completing the ASQ made some parents feel uncomfortable, though others found it reassuring or identified a development need to be addressed;



- Most parents stopped having a Family Mentor when their child was old enough to go to nursery. However, if a Family Mentor left the service, some parents stopped at that point as they were reluctant to accept a replacement;
- Continuation of support during COVID-19 lockdowns (via online and telephone contact) was welcomed;
- Sensitivity is needed when introducing the service so that parents don't feel that they are seen as needing crisis intervention for child protection or health reasons. Universal provision across the ward is important to this;
- Including the whole family in the service was seen as important;
- One of the many strengths of the Family Mentor service is being distinctive from other services and professionals. It is important to parents that Family Mentors are also parents themselves;
- All the parents said they would recommend the service to a friend or member of their family with a young child if they were eligible.

### Evaluation of the Family Mentor Service

This evaluation is a study of factors that require consideration when establishing a Family Mentor Service. Family Mentors are local parents and grandparents who have been employed to support children's development through the delivery of early intervention services and activities (i.e., the Small Steps at Home programme and group activities) focused on improving children's nutrition, communication and language skills, and social and emotional development. In Nottingham, Family Mentors deliver programmes and activities across Bulwell, Aspley, Hyson Green and Arboretum and St Ann's. Family Mentors are a paid peer workforce who have been employed by local voluntary and community sector organisations (i.e., The Toy Library, Home-Start and Framework HA) who were awarded the Family Mentor contracts by SSBC.

Our aim was to explore what parents, Family Mentors and members of the Family Mentor Senior Leadership Teams think are the important factors that need to be taken into consideration when setting up a Family Mentor service in terms of: educational qualifications and professional training; work experience; personal qualities; experience of

parenting or caring for a child; lived experience of parenting locally; recruiting Family Mentors from a diverse range of backgrounds; continuity of Family Mentor; matching families participating in the Small Steps at Home programme to Family Mentors; and caseloads per Family Mentor.

#### Key findings

- Parents want and are given a choice in their Family Mentor and continuity of Family Mentor is important. There can be difficulties with continuity due to sickness absences and Family Mentors leaving, but there were systems in place to try to address the transition to a new or temporary alternative Family Mentor, sensitively.
- In case of a change of Family Mentor, the majority of parents would like to be introduced to the new Family Mentor by their current Family Mentor as a way of smooth transition.
- Recruiting Family Mentors from a diverse range of backgrounds in terms of gender, ethnicity, nationality, culture, and religion was very important to parents and Family Mentors and supports the matching process. The matching process was deemed very effective and worked well in all wards.
- Most parents preferred that Family Mentors visit them at home to deliver the Small Steps at Home. Furthermore, attendance was higher for the face-to-face groups than the online groups.
- Prior educational qualifications were not considered necessary for the role of Family Mentor by staff and most parents.
- Overall, the SSBC training was considered to be excellent and of very high quality, however it was suggested that refresher training and some additional training would be useful
- Parenting experience was considered key to the role. Most parents also felt it was important for Family Mentors to have experience of working with children aged under 5.
- It was also deemed beneficial for Family Mentors to be from the local area (as they understood the community they live in) but not essential.

- The personal qualities considered key for the role of a Family Mentor included: being a good communicator; being a friendly person; having a professional attitude; being non-judgmental; being a good listener; being supportive; trustworthiness; being knowledgeable; flexibility; being passionate and committed to mentoring; being compassionate and sympathetic; confidence; treating others equally; being reassuring; having good organizational and time management skills; possessing the ability to work independently and as part of team; and being able to deal with stressful situations.
- Caseload appeared to be manageable due to SSBC being a well-funded programme, although there could be temporary problems caused: by sickness or maternity absence; Family Mentors leaving; and when Family Mentors take on several new families in a relatively short space of time.

### Co-production and SSBC

Co-production is the approach used by SSBC to incorporate the voices of the community into the organisation. SSBC strive towards coproducing the service by working alongside the Parent Champions and Ambassadors (PC&A), who provide the community voice. PC&A are volunteers who live in and around the SSBC wards. In this section of the report, we present how the co-production approach is used within SSBC, the views of those who engage in the approach, and how far they feel it is achieved.

The aims of this study were to: explore how co-production is presented within SSBC and how this is utilised within the organisation; consider why SSBC have opted to incorporate co-production into the organisation and why the PC&A want to engage in the approach; and to explore the barriers to co-production and the impact of its use.

### Key findings

- There is considerable evidence from the interviews to suggest that SSBC are working with the PC&A to influence the design and function of the organisation;

- Co-production is presented as a vital aspect of SSBC, which has been a part of their organisation since its conception. Staff see it as an integral part of the service, with both staff and PC&A seeing it as parent-led;
- There is evidence that that it is common practice within SSBC to coproduce service and activity design with P&A, for example by consulting them before putting on an event or service element;
- PC&A recognise that they are able to use their 'expert by experience' knowledge to coproduce the service to help meet the needs of parents and carers within their community;
- PC&A are able to raise topics or concerns from the community which may not otherwise have been recognised by professionals;
- PC&A engage in co-production within SSBC to influence and challenge the status quo, by including parent voice to improve the service. They argued that without this, professionals do not always understand parent needs, and services therefore do not always meet them;
- All participants gave a positive view of the use of co-production within SSBC. They also believed that the level of co-production had improved during the project's duration, moving from an initially tokenistic involvement of PC&A to a fuller engagement and inclusion in decisions;
- Some SSBC professionals thought that, although co-production is high within the project, it is not being utilised to its maximum potential to improve outcomes. Others felt that it was already working to a high standard and would only continue to improve;
- Barriers to co-production included: some professionals feeling defensive about being challenged by PC&A; and some professionals valuing their own expertise above that held by P&A;
- PC&A could be particularly anxious, when they first began to engage with SSBC in co-production, that their own parenting would be criticised by professionals, both SSBC staff and others;

- Co-production was seen by participants as reducing barriers between professionals and communities. PC&A felt that their knowledge was more likely than that of professionals to be accepted by local parents, as they are already known. Consequently, coproducing the service with local parents makes SSBC provision more likely to be trusted and accepted by parents;
- SSBC professionals felt that coproducing the service with PC&A challenged their assumptions about the community and those who live within it, and understood better that they themselves might come from a place of privilege;
- Working alongside the PC&A has encouraged professionals to consider how inequality impacts on people's everyday lives, and to be more likely to ask more questions to gain a fuller understanding of the lives of those within the community.

### Evaluation of the Ideas Fund

The Ideas Fund is based on the principle of community-based commissioning and launched in 2016. It was established to meet the fourth A Better Start (ABS) outcome, System Change. Its secondary intended benefits are the three ABS child development outcomes: social and emotional learning, diet and nutrition, and language and communication. The Ideas fund was £5,000 for 1 year of funding between 2016 and 2021 and up to £30,000 for three years from 2021 to 2024.

The aim of the Ideas Fund is to help services develop their grassroots projects, share their experiences and learning, and enable them to be sustainable beyond 2025. The Ideas Fund encourages local innovation and engagement in the design and delivery of activities that will help local children to: eat well and be healthy; talk and communicate; and be confident, friendly and understand their emotions and behaviour. It is also intended to: support families during pregnancy; improve access to diverse communities; and be father inclusive (SSBC, 2021).

Four projects have been included in this evaluation: New Shoots at St Ann's Community Orchard; Shifting your Mindset's BAME Dads Project; Berridge Nursery and Primary School's Let's Talk, Let's Be Healthy, and Let's Be Happy programmes; and Education FC's Grow Together. The BAME Dads Project aims to equip fathers to support their children through

knowledge, activities, and emotional engagement with their children from pregnancy onwards. New Shoots is a child-centred outdoor space where children and parents play, learn, and have fun together through creative activities, singing and popcorn cooked around the campfire. Grow Together aims to support children with their feelings and aspirations to achieve their developmental milestones. Berridge Nursery and Primary School deliver three projects to pupils aged three: Let's Talk; Let's Be Healthy; and Let's Be Happy. These projects received funding in September 2021. Further information about the projects can be found on SSBC's website: <https://www.smallstepsbigchanges.org.uk/>

The aim of this evaluation is to explore the perceived impact and benefits of the Ideas Fund and subsequent projects and sustainability by exploring: the difference the projects have made to parents and children from birth to three years old; co-production in terms of how parents from the local community have been involved in the design, set up and/or delivery of the projects; further opportunities for parents who have attended the projects; the extent to which the projects have integrated into local communities and developed community connections; and the sustainability of the projects.

#### Key findings

- The process for applying for an Ideas Fund grant appeared to be simple, robust and supportive. However, it was also suggested that the application process could be daunting for individuals inexperienced in applying for grants;
- Support provided during the application process and throughout the delivery of the projects was considered very good;
- The amount of monitoring data required was not always clear at the start, and projects needed to factor in time to gather it. However, SSBC take a flexible approach to this;
- Co-production and peer support are key elements of the BAME Dads Project. These seem to be highly valued by participants;
- The Ideas Fund projects have been beneficial for the children and parents attending them. Benefits include improvements in children's communication and language; healthy eating; and social and emotional wellbeing.

- Benefits for parents included: enhanced mental wellbeing; reduced isolation and loneliness; and practical support (e.g., financial aid, support for fathers not living in the family home to maintain contact with their children);
- Funding from the Ideas Fund had supported the projects' integration into, and connections with, local communities by widening their reach, through: developing groups for families with younger children; outreach activities in the community; and opportunities to develop relationships with local parents;
- SSBC is supporting Ideas Fund programmes to apply for further funding to sustain their work. SSBC funding also allowed projects to build up a track record before applying for wider funding.

### Attempt to apply cost-benefit analysis

This section sets out our findings from an attempt to apply cost benefit analysis (CBA) to Small Steps Big Changes. CBA is a method that is used by economists to determine the effect that a project has on social welfare. It is based on assigning monetary values to relevant economic costs and benefits associated with a project and if the benefits outweigh the costs the project is deemed worthwhile. This is clearly a difficult exercise but is nevertheless one that has been tackled elsewhere, most notably in the USA. The overall objective of a CBA is to determine whether a project contributes to social welfare.

Initially the aim was to conduct a CBA for each of the components of the Small Steps Big Changes project, along with an overall assessment. However, neither of these proved possible. Several challenges proved insurmountable to completion of a CBA study of Small Steps Big Changes. We report those here with the intention that they could be used to inform the development of any future project and its evaluation.

### Key findings

We were unable to carry out a cost-benefit analysis of SSBC for the following reasons:

- There were no treatment and control groups. Establishing the impact of a project such as Small Steps Big Changes would ideally involve the establishment of a treatment group that receives support and a control group that doesn't. With an

early childhood intervention there are clearly ethical concerns with this. However, one approach could use comparable (socio-economic) areas and administrative data. In most cases we were unable to do this;

- Take up of multiple interventions. Many participants in Small Steps Big Changes have taken part in several of the component projects. This makes it difficult to untangle which outcomes can be attributed to which component. This is one of the reasons why we were unable to estimate impact for most of the component projects of Small Steps Big Changes;
- We were unable to obtain cost data either for the individual components of the Small Steps Big Changes project or in aggregate, despite considerable effort by SSBC staff;
- Implementation of project as described: For various reasons, not all SSBC interventions operated as originally planned, and in some cases there were variations between wards;
- Timescales: while it is possible that a CBA can be conducted at any stage of a project, once the project starts it is better to wait until completion. At this point the maximum amount of data (and documented benefit) is available to establish the impact of the project and form the basis for the CBA. However, while our evaluation is over, SSBC is not.

## Conclusions and recommendations

Individual conclusions and recommendations relating to the different studies have been given in the earlier sections of this report. Here we focus on our observations relating to the evaluation as a whole and make recommendations for future projects and evaluations of this kind.

We have considerable evidence that the Family Mentor relationship, and the Small Steps at Home programme, are extremely important to parents and support them well. We are aware that these have been adapted during the evaluation period, including in response to our findings. The use of a peer workforce appears to engender trust from parents which is less forthcoming in relation to professionals, and may well be important to take-up of



different aspects of the programme. Family Mentors were also able to support parents to approach professionals when they needed to. The use of the ASQs as part of Small Steps at Home also prompted parents to consult professionals about their children's development where appropriate.

Similarly, the deep involvement of parents in co-producing every aspect of SSBC seems to have been highly successful. Parent Champions and Ambassadors felt fully included in the SSBC's work. Staff generally valued and respected their input, though some staff felt that co-production could still be improved. Family Mentors also seemed to feel that they had a reasonable degree of trust and autonomy, though some would have liked more. SSBC's work to gain accreditation for the expertise gained by Family Mentors is also important.

However, there are tensions between having a local peer workforce with the autonomy to adapt things to local circumstances, and fidelity to what may be well-designed, research-based interventions. For example, Family Mentors made changes to both FRED and to Story and Rhyme Time which took away from their focus on literacy and gave more emphasis to play and relationships between parent and child. This had two effects: first, the children and their families did not get the input that had been designed for them; and second, it made the interventions difficult to evaluate as different families or groups of families had done quite different things. The specific lack of fidelity to literacy interventions may be one reason why literacy outcomes were not as strong as had been hoped. Overall, it would have been helpful to have more data about how the staff run the programmes and why they run them in that way, and to what extent individuals participate in different programmes.

The evaluation as a whole would have benefitted from the evaluation team being involved at a much earlier stage rather than coming on board a couple of years into the programme. This would have enabled us to work with SSBC to set up some of the projects in such a way that they could easily be evaluated, and relevant data collected, and might have made some form of cost-benefit analysis possible. Evaluation was not usually designed into the projects, and even when data on things like attendance were collected, this was not always done either accurately or consistently. In retrospect, the approach that was agreed between us and SSBC, in which we evaluated different projects each year, chosen by SSBC, has also

made it harder to give an overarching evaluation of the programme as a whole. We are also aware that we have only evaluated a proportion of the projects that SSBC provides or funds. It might have been better to establish key focus areas from the start and to work with SSBC to ensure consistent collection of and access to data in these. However, some data had been collected before we even started.

Lack of access to relevant data has been a problem throughout the evaluation. Acquiring accurate health service data, even when working with a local health authority, seems to be a particular problem, and prevented us doing some analyses which we would have liked to carry out. There were 11 000 cases missing from the EYFS data; having these cases available for analysis would have considerably strengthened the evaluation. We could also have done more comparison analysis if GDPR issues for non-participating families had been considered and dealt with at an early stage. In some cases, data collection was inconsistent, such as with Group Triple P, where different families were given different forms of the same questionnaire, including one version designed for those with much older children. This makes our findings less reliable.

We also note that SSBC did not always use fully validated interventions, even when these are available, although this was done in some cases. For example, the Baby Massage programme is fully validated, but others are not. Using fully validated interventions saves programmes such as SSBC from having to devise their own. For example, Story and Rhyme Time was put together by a member of SSBC staff, but there are other similar validated programmes available that could have been used, and which might have been easier for staff to implement.

COVID-19 and the resultant lockdown had a considerable impact both on the work of SSBC and on our evaluation. Specifically, it meant that we did far less individual assessment of young children's development than we had intended, as it was impossible to go into people's homes for a considerable time, even after the initial lockdown. Face to face interviews and focus groups had to be moved online, and we sometimes had to rely on historically collected data due to particular programmes being suspended for long periods. On the other hand, the experience of the COVID-19 lockdown did bring to the fore the

importance of Family Mentors as part of a key support strategy for parents, and we were able to examine the effects of a rapid pivot to online and telephone delivery. We also discovered that the latter was preferable to face to face for some families.

#### Overall recommendations for future programmes and evaluations of this kind

- Evaluators should be appointed as part of the initial set-up of the programme and, if possible, be involved in programme design to ensure that interventions are established in such a way as to have clear outcome targets against which evaluation is possible;
- Identification of comparison groups should take place from the start, with GDPR issues in obtaining relevant data identified and overcome at this stage. This might also involve setting up intervention and comparison groups, or having only some aspects of the intervention available to some groups;
- Where there are multiple overlapping interventions, clear protocols should be put in place from the start to ensure that reliable records are kept of who takes up which intervention, at what point, how consistently, and for how long;
- Where aspects of an intervention are considered likely to deliver specific desired outcomes (for example improvements in literacy or health), SSBC and other future providers should prioritise encouraging or even incentivising target groups to participate in these and regularly review whether participation is happening;
- Projects and evaluators should establish between them, and at an early stage, which interventions need to be implemented with fidelity and which can be changed by the workforce delivering them. Staff should receive training in delivering interventions as designed and understand why it is important that this should happen;
- Data gathering should be consistent, for example, using the same data gathering instrument (and in the same version) consistently for all groups and ensuring that it is completed fully;
- Co-production with representatives of those who are targeted by an intervention is likely to be beneficial in terms of take-up and trust in the innovation.

## Recommendations in relation to language, communication, and early literacy

- SSBC should investigate the reasons for low attendance at literacy-related groups and communicate the value of participation in these activities with parents;
- SSBC could embed literacy activities into non-literacy orientated groups where there is good engagement from families;
- SSBC should encourage attendance at literacy-related groups with a focus on children with disabilities, and those who speak English as a second language to increase the effect of programme on children's vocabulary scores;
- There is a need for SSBC to consider developing new provision or tailoring existing provision to better suit the needs of EAL and disabled children in particular, as they present as the most vulnerable with respect to communication needs;
- The SSBC team could consider examining the content of literacy-related sessions to enhance progression across sessions, and to examine the extent to which the content of sessions being delivered is true to the planned intention of those programmes, as it may be that implementation fidelity has been compromised;
- There is scope to review provision with respect to embedding other evidence-based approaches to enhancing communication outcomes and home learning environment for low income families. Consideration of parental literacy levels is important, as this may be an unaddressed barrier to engagement for many families within the wards being targeted;
- SSBC should continue encouraging families to register with DPIL, starting children as young as possible. The mechanisms for engaging families with DPIL from birth may benefit from a review to identify additional opportunities for raising parental awareness of this service;
- SSBC should consider targeting children identified as 'at risk' (i.e., EAL and disabled) for bespoke DPIL registration campaigns, and for campaigns emphasising the value of engaging with communication and early literacy activities with their children;
- Consider supplementing DPIL with activity sheets that can be picked up in the new central library rather than relying on families to resource downloads of PDFs from the SSBC website;

- SSBC should explore why unemployed parents do not read to their children as much as employed parents in detail via interviews and that unemployed parents are targeted with information about the benefits of daily shared reading;
- SSBC should review the nature and location of its provision for older pre-school children in relation to communication and early literacy outcomes with parent stakeholders to understand barriers to engagement and what sort of support might be beneficial;
- SSBC should consider whether there is more that SSBC can do as children approach the transition to school, in terms of supporting both children and parents;
- SSBC should review methods for compiling central data on mandatory assessments such as EYFS, in order to support future internally-led evaluations. Specifically, consider establishing a data sharing agreement and putting a set of procedures in place that would enable these scores to be held centrally for the purposes of anonymised evaluation of partnership services and programmes. This would enable SSBC to use EYFS data from schools to conduct comparisons between children who have participated in SSBC programmes and activities and those who have not.
- The Small Steps at Home programme visits and its content could be reviewed to see if it possible to have a greater and more consistent impact on ASQ's and support improvements in EYFS scores.
- SSBC should consider introducing a transition period when a Family Mentor is leaving the service and new Family Mentor is being introduced to a family;
- SSBC should explore the possibility of formally introducing the opportunity for Family Mentors to spend time discussing and meeting family's other needs;
- SSBC should support Family Mentors and parents to recognise the importance of the aspects of Story and Rhyme Time which must be delivered to achieve the desired outcomes. For example, Story and Rhyme Time needs to include stories (from books), nursery rhymes/singing and mark making, as these have all been shown to be effective in supporting children's developing language and literacy;
- Additional training sessions should be provided for Family Mentors in the delivery of the sessions to ensure they are interacting well with the stories. Dialogical reading

was highlighted as an aspect of Story and Rhyme Time that is evidenced in research, and Family Mentors need to ensure that this is always pursued.

### Recommendations in relation to Social and Emotional Wellbeing, and Nutrition

- SSBC and future evaluators of this programme should establish a mechanism to track whether the programme is delivered by trained staff according to the original Group Triple P instructions;
- Future evaluators should ensure that the staff who deliver the programme use the age-appropriate versions of the questionnaires;
- Future evaluators of this programme should ensure that staff record how many sessions parents attend throughout the eight weeks of the programme;
- Future evaluators should collect (more) data on socio-demographic characteristics of parents/children who participate in Group Triple Programme (e.g., ethnicity, gender, age, household income, socio-economic status of parents/head of household, area of residency, education level of parents) and when sessions take place; and
- Future evaluators should record whether, while attending Group Triple P programme, parents participate in any other programmes that might affect their outcomes measured in the evaluation;
- Providers of baby massage sessions should endeavour to provide creche facilities for older children, and should explore having sessions in evenings and weekends to encourage more fathers to attend;
- Providers of Cook and Play programmes might wish to consider whether the Cook and Play programme could be adapted to invite children to cook alongside their parents;
- SSBC and others should continue to offer support and incentives to promote both the initiation and continuation of breastfeeding, including the timing of vouchers offered and monetary value, as this is greatly appreciated and gives validation to those who breastfeed;
- SSBC and others should provide this support be face to face wherever possible, though other methods of communication such as phone and video can be considered if necessary;

- SSBC and others should continue to offer resources about the benefits of breastfeeding, including online and app resources, so that there is access to detailed practical advice about breastfeeding, to minimise worry that there is something wrong should breastfeeding be a difficult experience for a new parent;
- SSBC and others should continue the respect and support with incentives for those who choose 'combination feeding';
- SSBC and others should provide training if necessary, so that those supporting breastfeeding are trauma informed, to help meet the needs of those whose past experiences might impact on their feeding choices due to body consciousness, shyness or anxiety;
- SSBC and others should ensure that breastfeeding support continues to include support for those who might be too shy to breastfeed in public, as this can be a source of anxiety;
- SSBC and others should ensure that breastfeeding support staff are aware that comments from significant members of family and friends can have a negative impact on infant feeding choices;
- SSBC and others should utilise the enthusiasm of those who breastfeed for the breastfeeding support and incentives scheme, as peer influences are significant in promoting breastfeeding rates in the UK; and
- SSBC and others should increase efforts to involve those feeding their infants in decision-making processes about breastfeeding support schemes and promote their rights to be heard.

#### Recommendations for Father Inclusive Practice

- SSBC and any future implementation of FRED should consider whether the programme is being introduced to encourage fathers to spend more time with their children, or specifically as a literacy intervention, and train staff to implement it consistently according to the focus. This would make future evaluations more robust;
- If there is an intention that FRED have a long-term effect on children's literacy, then it should be focused on reading, not just spending quality time together;

- Books provided in connection with FRED should be available in community languages, not just English;
- To reach the (demanding) Gold standard for father inclusive practice, we recommend that practitioners are continually trained and supported in engagement with fathers, to increase SSBC's practitioners' confidence;
- Practitioners should return to Think Dads training after engaging with fathers, to evaluate how they put into practice the skills and knowledge that they have learnt during Think Dads training;
- SSBC should give the Gold standard questionnaires to practitioners to complete. This would give SSBC the tools to assess how they were meeting the Gold standard of father engagement, highlighting any improvements needed;
- The title of the New Fathers Information Pack could be revised to be more inclusive. Perhaps changing this from 'New Fathers Information Pack' to 'Fathers of a New Baby Pack' so that all fathers are included and not just first-time fathers;
- The Pack should contain a more diverse range of images of families and babies (such as fathers/babies with disabilities). Fathers also expressed concern that only happy babies and fathers were portrayed in the Pack;
- SSBC should consider the balance of some of the information, particularly in relation to feeding.

#### Recommendations in relation to workforce provision

- SSBC Family Mentor Service should be treated nationally and internationally as an example of good practice;
- There should be contingency plans to resist gaps in provision caused by temporary withdrawal of the service in order to adapt in times of national emergency;
- SSBC and others providing Family Mentors should make every effort to provide cultural and ethnically sensitive Family Mentor matching, especially for both parents and young children from black and Muslim families, and to include families, including children, in this;



- Paperwork and other communications should be inclusive of same-gender partnerships;
- Where possible, further research should evaluate the impact of Family Mentors on parents' decisions regarding their child's health and well-being e.g., vaccinations, healthy eating, trips out etc. particularly in relation to those families experiencing poverty;
- Providers should consider additional training for Family Mentors in time management and organisational skills, resilience and signposting to other services;
- The Family Mentor service remains a universal service;
- Where a change of Family Mentor is required, the delivery provider should continue to ensure the current Family Mentors arrange a meeting with families to introduce their new Family Mentor;
- In addition to the practical experience of Family Mentors, delivery providers should also look for key characteristics in Family Mentor candidates or encourage current Family Mentors to consider these attitudes when interacting with families.
- Professionals should receive adequate training on how to work best with the PC&A and service users;
- There should be more consideration as to how the PC&A are recruited, to ensure that they are and remain representative of the community, and especially of those who are least likely to engage;
- SSBC should be clearer about the amount of monitoring data required of projects receiving grants from the Ideas Fund.

#### Recommendations in relation to cost-benefit analysis

- Future projects should be set up with clear objectives with associated measures: appropriate indicators that allow the objectives of the project to be quantified should be clearly identified before the implementation of the project;
- Future projects should have treatment and control groups set up, comparable (socio-economic) areas and administrative data established at the start. An alternative might be to offer two levels of support with the 'low intensity' support as the control

group and the 'high intensity' support as the treatment group. This would allow clear comparisons;

- Future projects should at least monitor take up of multiple interventions by participants. At a minimum it should be established from the start which activities participants in treatment/control groups have access to and this should be adhered to throughout delivery, and take-up of the different components should be monitored on an individual basis;
- In any future project we recommend identifying the cost data required for a CBA and the means of data collection put in place before delivery begins;
- in any future project these changes from planned delivery should be kept to a minimum;
- In any future project our recommendation is to conduct the *analysis* required for a CBA at the end of the project, but with the organisation carrying out the CBA involved from the start.

**Table 1: Outcome table for all the individual studies comprising the evaluation**

Programme or group activity	Outcome(s)	Aim and data collection methods	Findings	Year of publication
Dolly Parton’s Imagination Library (DPIL)	Communication and language	<p>Aim: to explore the impact of DPIL registration on parent–child reading-related behaviours.</p> <p>Data collection method: Questionnaire administered to parents Parent questionnaire.</p> <p>Sample:</p> <ul style="list-style-type: none"> <li>• 197 children from Nottingham that had not participated in DPIL.</li> <li>• 286 children that had participation in DPIL (77 were registered with DPIL for 11 months or less, 100 for 12 yo 24 months, and 109 for 25 months or more).</li> </ul>	<p>Overall finding: The longer families participated in the programme, the more parents had interactions with their children whilst reading a book, the longer reading sessions they had, and the more they read to their children on a daily basis.</p> <p>Key findings:</p> <ul style="list-style-type: none"> <li>• When they were initially registered with DPIL (0–11 months) families reported reading and singing with their children less frequently than their more advantaged peers (non-DPIL group), and the children were initiating literacy-related activities less often. The two groups of families who had been registered with DPIL for a year or more reported higher levels of activity which put them on a par with the non-DPIL families.</li> <li>• DPIL groups registered with the programme for a year or more reported more frequent interaction when sharing books than the non-DPIL families. In other words, DPIL registered parents engaged their children with the content of the story or focused their attention on concepts about print.</li> <li>• Families registered in DPIL for more than two years engaged in reading sessions that were significantly longer</li> </ul>	2020

			<p>than those who had been registered for one year or less.</p> <ul style="list-style-type: none"> <li>• There was no evidence of any impact of DPIL registration status on either the children’s interest in books, songs and rhymes, or in levels of parental confidence.</li> </ul>	
Dolly Parton’s Imagination Library (DPIL)	Communication and language	<p>Aim: the extent to which duration of registration with DPIL is linked to the Ages and Stages Questionnaire (ASQ) scores, specifically, in the areas of communication and literacy.</p> <p>Data collection method: ASQ</p> <p>Sample:</p> <ul style="list-style-type: none"> <li>• ASQ scores at 12 months: 7,378 children (834 children living in SSBC but not in receipt of DPIL, 2702 SSBC children in receipt of DPIL, and 3842 children not in SSBC wards and not in receipt of DPIL).</li> <li>• ASQ scores at 24 months: 2195 children (225 children living in SSBC but not in receipt of DPIL, 1184 SSBC children in receipt of DPIL, and 786 children not in SSBC wards and not in receipt of DPIL).</li> </ul>	<p>ASQ scores at 12 months:</p> <ul style="list-style-type: none"> <li>• There were no significant differences between the groups with respect to their 12-month ASQ scores and how many DPIL books had been received. However, there was a small but statically significant correlation between the number of books received and ASQ scores for communication outcomes.</li> </ul> <p>ASQ scores at 24 months:</p> <ul style="list-style-type: none"> <li>• There were no significant differences between the groups with respect to communication and personal-social 24-month ASQ scores, but there was however a significant difference with respect to problem solving outcomes, which was the result of DPIL children in the SSBC Wards scoring lower than the children who lived outside of the targeted wards. There was also a significant negative relationship between 24-month ASQ scores for problem solving and duration of DPIL registration (number of books received).</li> </ul>	2023

Dolly Parton's Imagination Library (DPIL)	Communication and language	<p>Aim: the extent to which duration of registration with DPIL is linked to the Early Years Foundation Stage (EYFS) scores, specifically, in the areas of communication and literacy.</p> <p>Data collection method: EYFS</p> <p>Sample: 419 children (381 SSBC children in receipt of DPIL, 29 SSBC children not in receipt of DPIL, and 9 children who were not in SSBC wards and not in receipt of DPIL.</p>	<p>EYFS:</p> <ul style="list-style-type: none"> <li>• There were not statistically significant correlations between the number of books received from DPIL and the following measures: total EYFS scores, communication and language scores, personal social and emotional scores, literacy scores, understanding the World scores.</li> <li>• DPIL registration duration is unable to explain a significant amount of the variance in EYFS scores on its own. SEN status, EAL status and ethnicity are the only factors able to explain a significant amount of the variance in EYFS scores in this sample of children.</li> </ul>	2023
Vocabulary scores of children who participated in the SSBC programme (Academic year 2022/23)	Communication and language	<p>Aim: to investigate differences in vocabulary scores between children who participated in the SSBC programme in general and various SSBC groups, and those children who did not participate in the programme</p> <p>Data collection method: comparison of the standardised British Picture Vocabulary Scale (BPVS) scores of SSBC participants at school entry to those of other children entering reception class in the same schools, but who did not participate in the SSBC programme.</p> <p>Sample:</p> <ul style="list-style-type: none"> <li>• 74 SSBC children</li> <li>• 150 non-SSBC children</li> </ul>	<p>BPVS scores:</p> <ul style="list-style-type: none"> <li>• There was a statistically significant difference in mean vocabulary scores between SSBC children and non-SSBC children. This finding suggests that overall engagement with the SSBC programme is linked to better vocabulary scores.</li> <li>• There was a statistically significant difference in mean vocabulary scores between non-SSBC children who spoke English as an additional language and non-SSBC children who spoke English as their first language. There was no difference between SSBC children. This finding implies that participating in the SSBC programme might have improved bilingual SSBC children's vocabulary scores.</li> </ul>	2023

			<ul style="list-style-type: none"> <li>• Although there was a statistically significant difference in mean vocabulary scores between non-disabled and disabled children, there was no difference between non-disabled SSBC and non-disabled non-SSBC children, and SSBC children with a disability. This finding implies that participating in the SSBC programme might have improved disabled SSBC children’s vocabulary scores.</li> <li>• Data indicated that language scores were very similar for boys and girls who participated in SSBC programmes, whereas boys showed lower language scores than girls in families who had not participated (although this difference was not statistically significant).</li> <li>• Vocabulary scores increased in line with number of SSBC programmes and activities the SSBC children participated in. However, the results were not significant.</li> <li>• There was no difference in vocabulary scores in relation to attendance at language related groups.</li> <li>• There was no difference in vocabulary scores in relation to participating in the Small Steps at Home programme.</li> <li>• With regards to the characteristics of SSBC children who were in the high-risk group in terms of vocabulary scores, the only statistically significant finding revealed that SSBC children with a disability were more likely to be in the</li> </ul>	
--	--	--	---	--

			high-risk group than SSBC children without any disabilities.	
Vocabulary scores of children who participated in the SSBC programme (Academic years 2022/23 and 2023/24 combined)	Communication and language	<p>Aim: to investigate differences in vocabulary scores between children who participated in the SSBC programme in general and various SSBC groups, and those children who did not participate in the programme</p> <p>Data collection method: comparison of the standardised British Picture Vocabulary Scale (BPVS) scores of SSBC participants at school entry to those of other children entering reception class in the same schools, but who did not participate in the SSBC programme.</p> <p>Sample: 166 SSBC children 193 non-SSBC children</p>	<p>BPVS scores:</p> <ul style="list-style-type: none"> <li>• The mean vocabulary score for the SSBC children was higher than the non-SSBC children, however it was not statistically significant different.</li> <li>• The mean vocabulary scores of SSBC children who spoke English as their first language were significantly higher than the mean scores of non-SSBC children who spoke English as an additional language. This finding implies that participating in the SSBC programme might have improved bilingual SSBC children's vocabulary scores.</li> <li>• The mean vocabulary scores of non-disabled SSBC children were higher than the mean scores of disabled SSBC children and disabled non-SSBC children.</li> <li>• There was no statistically significant difference in mean scores between female SSBC children, male SSBC children, female non-SSBC children and male non-SSBC.</li> <li>• Vocabulary scores increased in line with number of SSBC programmes and activities the SSBC children participated in. However, the results were not significant.</li> </ul>	2022 and 2023

			<ul style="list-style-type: none"> <li>• There was no difference in vocabulary scores in relation to attendance at language related groups.</li> <li>• There was no difference in vocabulary scores in relation to participating in the Small Steps at Home programme.</li> <li>• With regards to the characteristics of SSBC children who were in the high-risk group in terms of vocabulary scores. Those who spoke English as an additional language were more likely to be in the high-risk group than those who spoke English as their first language; and those who had a disability (60%) were more likely to be in the high-risk group than those who did not have a disability.</li> </ul>	
Small Steps at Home	Social and emotional  Communication and language	<p>First study:</p> <p>Aim: The evaluation examined whether there were differences in 24-month ASQ scores in communication, fine motor, gross motor, personal-social and problem-solving between those who had participated in Small Steps at Home and those that did not.</p> <p>Data collection method:</p> <ul style="list-style-type: none"> <li>• Ages and Stages Questionnaire (ASQ)</li> </ul> <p>Sample:</p> <ul style="list-style-type: none"> <li>• Children from SSBC wards who participated in the programme for 18 months or more (n=158);</li> </ul>	<p>Overall, it seems that participating in Small Steps at Home in the first 12 months improves children’s communication and gross motor scores in the first year and participation for 24 months improves children’s fine motor scores.</p> <p>Key findings, first study:</p> <ul style="list-style-type: none"> <li>• Children from SSBC wards who participated in the programme for 18 months or more had the highest mean 24-Month ASQ scores (excluding problem-solving domain) and ‘overall’ scores. However, there were no statistically significant differences in ASQ scores between the four groups of children.</li> <li>• Children who participated in Small Steps at Home live in deprived areas in Nottingham, therefore participation in</li> </ul>	2020 and 2023



		<ul style="list-style-type: none"> <li>• Children from SSBC wards who participated in the programme for 17 or fewer months (n=129);</li> <li>• Children from SSBC wards who did not participate in the programme (n=621); and</li> <li>• Children who were from 'comparison' wards and did not participate in the programme (n=2351).</li> </ul> <p>Second study</p> <p>Aim: to determine if there were differences between three groups of children in terms of their both 12 and 24 month ASQ scores and whether there was a correlation between the 12- and 24-month ASQ scores and the number of Small Steps at Home visits children had in the first and the second year.</p> <p>Data collection method: ASQ</p> <p>Sample:</p> <p>12-month ASQ scores</p> <p>(1) non-SSBC children who did not participate in Small Steps at Home (n=4,864), (2) SSBC children who participated in Small Steps at Home (n=1,866), and (3) SSBC children who did not participate in Small Steps at Home (n=1,670) (see table 1 for sample sizes).</p> <p>24-month ASQ scores</p>	<p>the Small Steps at Home programme may have narrowed the gap between these children and their peers who may live in affluent areas and households.</p> <p>Key findings, second study:</p> <ul style="list-style-type: none"> <li>• There was no difference between the groups of children in terms of 12 month communication scores. However, there was a strong, positive association between the number of Small Steps at Home visits and 12 month communication. That means, an increase in the visits led to an increase in the 12 month communication scores.</li> <li>• There was a statistically significant difference between the SSBC and non-SSBC children in terms of 12-month fine motor scores. This difference was between non-SSBC children and SSBC children who did not participate in the Small Steps at Home programme. This finding was supported by the fact that there was not a statistically significant association between 12 month fine motor scores and the number of Small Steps at Home visits children had in the first year. That means, participating in SSAH did not result higher 12-month fine motor scores for SSBC children.</li> <li>• There was a statistically significant difference between the SSBC and non-SSBC children in terms of gross motor scores. These differences were between SSBC children who did not participate in</li> </ul>	
--	--	---	---	--

		(1) non-SSBC children who did not participate in Small Steps at Home (n=981), (2) SSBC children who participated in Small Steps at Home (n=619), and (3) SSBC children who did not participate in Small Steps at Home (n=790).	SSAH and non-SSBC children, SSBC children who participated in Small Steps at Home and non-SSBC children. There was a strong, positive association between the number of Small Steps Big Changes visits and 12 month gross motor scores. That means, an increase in the visits led to an increase in the 12-month gross motor scores.	
Small Steps at Home	Social and emotional  Communication and language	Aim: to examine if there is a difference in EYFS scores between children who participated in Small Steps at Home and those who did not, and whether there was a correlation between the total EYFS scores and the number of Small Steps at Home visits.  Sample size: 418 children <ul style="list-style-type: none"> <li>• 328 children who participated in Small Steps at Home</li> <li>• 90 children who did not participate in Small Steps at Home</li> </ul>	Overall, participating in Small Steps at Home did not result higher EYFS scores for SSBC children.  Key findings: <ul style="list-style-type: none"> <li>• There was not a statistically significant difference between children who participated in Small Steps at Home and who did not.</li> <li>• There was not a statistically significant association between EYFS scores and the number of Small Steps at Home visits children had until they went to school.</li> </ul>	2023
Small Steps at Home	Social and emotional  Communication and language  Nutrition	Aim: To examine outcomes for children and their parents participating in the Small Steps at Home Programme.  Data collection methods: Interviews and focus groups.  Sample: <ul style="list-style-type: none"> <li>• 17 parents</li> <li>• 31 Family Mentors</li> </ul>	Parent reported findings: <ul style="list-style-type: none"> <li>• Parents reported improvements in the wellbeing and confidence of both parents and children, children eating healthier food options, and improvements in children’s sleeping routines and behaviours.</li> </ul> Staff reported findings: <ul style="list-style-type: none"> <li>• There was a perception that the programme had led to developments in children’s confidence, language and</li> </ul>	2019

		<ul style="list-style-type: none"> <li>• 7 Members of Family Mentor Leadership Team</li> <li>• 4 four other members of staff (roles anonymised to ensure anonymity)</li> </ul>	<p>communication, and improved English for children whose parents first language is not English.</p> <ul style="list-style-type: none"> <li>• There was a view that participation in the Small Steps at Home programme had led to better relationships between children and parents and more interactions, and parents being more safety conscious.</li> </ul>	
Cook and Play	Nutrition	<p>Aim: To explore the impact on parents' confidence and knowledge in relation to cooking healthy meals according to staff's perceptions.</p> <p>Data collection methods: Interviews and focus groups with staff.</p> <p>Sample: 4 members of the Family Mentor Senior Leadership Team 15 Family Mentors.</p>	<p>Findings:</p> <ul style="list-style-type: none"> <li>• Some parents improved their cooking skills and as a result cooked healthier low-cost meals at home. The social aspect of Cook and Play helped some parents build friendships and this led to a reduction in social isolation.</li> <li>• For the children, a reoccurring theme that emerged was trying new foods. The social aspect of Cook and Play was also important for the children - the positive peer influences encouraged some other children to sit at the table and try new foods.</li> </ul>	2020
Experiences of having a Family Mentor	<p>Social &amp; Emotional</p> <p>Communication &amp; Language</p> <p>Nutrition</p>	<p>Aim: to understand the experience of families in Nottingham with SSBC Family Mentor support.</p> <p>Data collection methods: Telephone interviews</p> <p>Sample: 26 parents.</p>	<p>Findings:</p> <ul style="list-style-type: none"> <li>• The parents were positive about having a Family Mentor, highlighting the trust they had with their mentors, as well as appreciating the reassurance the mentors offered within non-judgemental and consistent support.</li> <li>• Service delivery was good, and especially welcome during lockdown; however, some parents were confused about the initial contact, and others disliked any change from one mentor to</li> </ul>	2022

			<p>another; overall, the ASQs were seen positively, although some parents disliked the programmatic approach.</p> <ul style="list-style-type: none"> <li>• The parents preferred being mentored by other parents using personal knowledge and experience; the service was seen as inclusive especially for dads, however, some of the paperwork could be more inclusive of gay partners; it was also thought more could be done to recruit minority ethnic mentors.</li> <li>• All of the parents (100%) said they would recommend the Family Mentor service to other parents; it was particularly appreciated that the Family Mentors were offered due to postcode, rather than as a needs/crisis based intervention.</li> </ul>	
Fathers Reading Every Day	Communication and language	<p>Aim: to assess the extent to which the FRED programme increases reading frequency of fathers with their child, fathers' confidence in reading to their child, father-child relationship, and fathers' involvement in their child's development.</p> <p>Data collection method: Pre and post parents questionnaires and interviews with Family Mentors.</p> <p>Sample: 70 fathers 7 Family Mentors</p>	<p>Parents pre and post questionnaire:</p> <ul style="list-style-type: none"> <li>• Reading frequency increased following participation in FRED.</li> <li>• There was no statistically significant increase in the levels of fathers' confidence in reading to their child, father-child relationship, and fathers' involvement in their child's development)</li> <li>• Additional findings reported by fathers in the free text section of the pre and post questionnaire: improved relationship with their child (80%), and more involved in their child's learning (74%). Some fathers felt that their child's language and communication had improved as a result of FRED, that FRED</li> </ul>	2020

			<p>had helped to increase confidence in both children and fathers; and that spending time reading led to an improved bond between father and child.</p> <p>Interviews with Family Mentors:</p> <ul style="list-style-type: none"> <li>Family Mentors reported that FRED had improved child and father outcomes including improved speech and language, bonds, emotions, and confidence.</li> </ul>	
Baby Massage	Social and emotional	<p>Aim: To examine whether participation in the baby massage groups improves outcomes for parents and babies.</p> <p>Method: Interviews with parents</p> <p>Sample: 25 parents</p>	<p>Findings:</p> <ul style="list-style-type: none"> <li>Baby massage was found to have helped to strengthen the bond between some parents and babies (attributed to the skin on skin contact and eye contact that baby massage involves, and the dedicated one-to-one time).</li> <li>Some parents reported that certain massages soothed their baby; helping them to relax and to fall asleep for longer periods.</li> <li>Some parents reported that Baby massage techniques helped to alleviate the symptoms and discomfort of colic, wind, constipation; and improved digestion.</li> <li>Attending the baby massage sessions helped some parents to relax and feel calmer (due to the calming environment; reassurance from other</li> </ul>	2020

			<p>parents; and calmer babies which led to them feeling more relaxed).</p> <ul style="list-style-type: none"> <li>• Knowing how to soothe and calm their baby (and reduce discomfort from colic, constipation, poor digestion, and wind) led to some parents feeling more competent as parents.</li> <li>• Parental confidence increased amongst some, as a result of spending time with other parents who offered reassurance.</li> <li>• A number of parents reported that their ability to read their baby's cues had increased and that their babies had become more vocal.</li> <li>• Friendships had been formed amongst some parents, with some socialising outside of the groups.</li> <li>• Attending the classes had helped to reduce isolation during the postpartum period for some parents.</li> </ul>	
Group Triple P	Social and emotional	<p>Aim: to examine Group Triple P's impact on the following outcomes:</p> <ul style="list-style-type: none"> <li>• Increase in parental confidence and efficacy;</li> <li>• Increase in the use of positive parenting practices;</li> <li>• Decrease in parents' use of coercive, harmful, or ineffective parenting practices;</li> <li>• Decrease in emotional distress experienced by parents including stress, depression, anger;</li> </ul>	<p>SDQ scores:</p> <ul style="list-style-type: none"> <li>• There were statistically significant differences in mean SDQ scores for Conduct, Hyperactivity and Prosocial scores. Thus, children's Conduct and Hyperactivity problems significantly reduced after their parents participated in the Group Triple P sessions. In addition, children's Prosocial scores significantly increased after their parents participated in the Group Triple P sessions. There were no statistically</li> </ul>	2020

		<ul style="list-style-type: none"> <li>• Decrease in parental conflict over raising children, and</li> <li>• Reduction in the prevalence of early onset behavioural and emotional problems in children.</li> </ul> <p>Data collection methods: Administration of the Strength and Difficulties Questionnaire (SDQ), Parenting Scale (PS), and Warwick-Edinburg Mental Wellbeing Scale (WEMWBS) to parents before and after taking part in the Group Triple P programme.</p> <p>Sample: 77 parents whose children were aged 2-10 years.</p>	<p>significant differences in mean Emotion and Peer scores between pre- and post-intervention.</p> <p>Parenting scale scores:</p> <ul style="list-style-type: none"> <li>• There were statistically significant differences in mean PS Laxness, Over-reactivity, and Total scores between pre- and post-intervention. Therefore, parents' problems in parenting skills significantly reduced after they participated in the Group Triple P sessions.</li> </ul> <p>WEMWBS:</p> <ul style="list-style-type: none"> <li>• There were statistically significant differences in mean WEMWBS scores between pre- and post-intervention. Therefore, parents' mental wellbeing significantly improved after they participated in the Group Triple P sessions.</li> </ul>	
Story and Rhyme Time	<p>Communication and language</p> <p>Social and emotional</p>	<p>Aim: To explore the impact of Story and Rhyme Time in relation to the improvement in children's and parents' outcomes including speech, language and communication; and social and emotional development.</p> <p>Data collection method: Interviews</p> <p>Sample: 14 parents 7 Family Mentors.</p>	<p>Family Mentors suggested that:</p> <ul style="list-style-type: none"> <li>• Children's speech, language and communication was improved during sessions.</li> <li>• Children's social and emotional development was improved as a result of the sessions, particularly in terms of the confidence they gained.</li> <li>• Sessions also improved children's interaction with others and concentration skills developed by listening to stories.</li> <li>• Parents social and emotional lives were positively affected and it gave them confidence to read with their children.</li> </ul>	2022

			<ul style="list-style-type: none"> <li>• Parents became less isolated because of attendance at the sessions.</li> <li>• Parents gained tools to help them develop their children's outcomes at home, particularly in relation to modelling and reading techniques.</li> </ul> <p>Parents suggested that:</p> <ul style="list-style-type: none"> <li>• Children's communication skills had been developed through engagement with books. However, this did not occur in all sessions as Family Mentors sometimes read the stories without any discussion.</li> <li>• Children's language had been improved by attending the sessions, this was particularly noted by parents for whom English was not their primary language.</li> <li>• Children's emotional development had benefitted from session attendance. This was noted in terms of the relaxed atmosphere created at sessions and also interaction with others which children had missed as a result of the pandemic lockdowns.</li> <li>• Children had become more confident and more willing to explore during sessions.</li> <li>• Children's fine motor skills improved as a result of the interactions during sessions such as using shakers and rattles.</li> <li>• Children learned about the importance of books. Parents found this valuable due to the learning benefits from books</li> </ul>	
--	--	--	---	--



			<p>at an early age including associating words with images.</p> <ul style="list-style-type: none"> <li>• Parents learned skills during sessions which were useful for home learning including singing and reading skills.</li> <li>• Parents' own speech, language and communication skills have been improved, particularly for those who don't speak English as their first language.</li> <li>• Attending sessions had reduced parents' social isolation, provided them with an opportunity to make new friends and allowed them to build their confidence in reading whilst being with other parents.</li> </ul>	
Family Mentor Group Activities Online	<p>Communication and language</p> <p>Social and emotional</p> <p>Nutrition</p>	<p>Aim: To explore parents' and staffs' perceptions of the online activity groups delivered by Family Mentors, including outcomes for children.</p> <p>Data collection methods: Interviews and focus groups with parents and staff.</p> <p>Sample:  12 parents  10 Family Mentors  4 members of Family Mentor Senior Leadership Teams</p>	<p>Findings:</p> <ul style="list-style-type: none"> <li>• The online groups provided families with a connection to other families. However, communication and interaction was minimal during online groups, and thus it was difficult for parents to develop friendships during online groups</li> <li>• Generally, the Family Mentors and members of the Family Mentor Senior Leadership team perceived the online groups to be less effective in developing children's outcomes, when compared with face-to-face groups.</li> <li>• Children's communication and language development was deemed to have deteriorated as a result of their limited social interaction with other children and families.</li> </ul>	2022

			<ul style="list-style-type: none"> <li>• Baby Massage classes were deemed to have been effective with parents reporting that they used the techniques learned to help ease their babies colic, stomach ache, teething and constipation, and aided to relax and calm their babies.</li> <li>• Some parents reported making healthier choices and repeating the recipes they had learned during the Cook and Play sessions.</li> <li>•</li> </ul>	
Breastfeeding Incentives Scheme	Nutrition	<p>Aim: To understand mothers' perceptions and experiences of the scheme and whether the Incentives supported the breastfeeding 'journey'.</p> <p>Data collection method: Interviews</p> <p>Sample: 4 mothers</p>	<p>Findings:</p> <ul style="list-style-type: none"> <li>• Support from the Family Nurses proved invaluable in encouraging the women to start and continue breastfeeding.</li> <li>• The Incentives were viewed positively by all the women interviewed. While those who had already chosen to breastfeed did not need an incentive to start, they welcomed the scheme and spoke about how they felt it validated their decision.</li> <li>• The Incentives were also seen as an encouragement to keep breastfeeding, and here the timing of the vouchers was viewed very positively, drawing attention to achieving weeks and months of breastfeeding.</li> <li>• The value of the vouchers was considered to be a good amount, going towards the cost of for example, formula milk, healthy food and treats.</li> </ul>	2023
New Fathers' Information Pack	Nutrition	Aim: to explore improvements in fathers' knowledge concerning their new baby.	Findings	2023

	Social and emotional wellbeing	<p>Data collection method: Interviews and focus groups</p> <p>Sample: 20 fathers 8 Family Mentors</p>	<ul style="list-style-type: none"> <li>Fathers felt they had gained knowledge regarding preparing for birth, baby safety, feeding (although there was an uneven focus upon breastfeeding), fathers' rights, financial benefits, and bonding.</li> <li>Overall, the Pack improved fathers' confidence.</li> <li>Family Mentors felt that the fathers would gain important knowledge from the Pack and shared important experiences where fathers demonstrated new understanding about their rights. The Pack made fathers feel more included in the whole process.</li> </ul>	
Ideas Fund Evaluation	<p>Communication and language</p> <p>Social and emotional wellbeing</p> <p>Nutrition</p>	<p>Aim: To explore the perceived impact and benefits of the projects funded by the Ideas Fund and in particular the difference the projects have made to parents and children from birth to three years old.</p> <p>Data collection methods: Interviews and focus groups with parents and staff.</p> <p>Sample: 24 parents, 2 childminders 7 members of staff</p>	<p>Findings:</p> <ul style="list-style-type: none"> <li>New Shoots was perceived to benefit children's physical and emotional wellbeing, support their socialisation, and increase their confidence, enhance their communication and language skills, and encourage healthy eating. In addition, some parents reported that New Shoots had helped them to develop connections with other parents, reducing isolation and loneliness.</li> <li>Benefits of the BAME Dads Project included: improved emotional wellbeing as a result of peer support from other fathers and opportunities to share their experiences and difficulties; practical support and signposting which had led to financial support; peer support and advice that had resulted in contact and a relationship with their children; the</li> </ul>	2023

			<p>provision of food; and stress release and therapeutic benefits from working in the dads' garden.</p> <ul style="list-style-type: none"> <li>• Berridge Nursery and Primary School: The Let's Talk programme had supported children's communication and language development. The Let's Be Healthy programme had encouraged healthy eating and exercise and it was suggested that the programme may have contributed to fewer children at the school being considered overweight or obese. The Let's Be Happy Programme had encouraged children to talk about their emotions with teachers and develop empathy for others.</li> <li>• Grow Together: Tiny Talk had supported parents and babies to communicate via baby sign language, developing communication between parent and child and helping parents understand their baby's needs. It had also supported babies' socialisation and helped to develop their confidence. Tiny Talk offered parents the opportunity to support and socialise with other parents and this had led in some cases to reducing feelings of isolation. The Sport and Movement sessions were seen to have supported children in developing their language and numeracy skills and benefited their physical fitness and fine motor skills. The Parent Led sessions encouraged healthy eating, and the craft activities supported children to be</li> </ul>	
--	--	--	---	--

			creative and express themselves and gave them a sense of achievement.	
--	--	--	---	--





## Nottingham Centre for Children, Young People and Families



*Nottingham Centre for Children, Young People and Families  
School of Social Sciences  
Nottingham Trent University  
50 Shakespeare Street  
Nottingham  
NG1 4FQ*