Data-informed decision making

Insights from The National Lottery Community Fund's A Better Start Programme

About A Better Start

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

The National Children's Bureau (NCB) is designing and delivering an ambitious programme of shared learning and development support for A Better Start, working within, across and beyond the five partnership areas. The programme is funded by The National Lottery Community Fund.

Our aim is to amplify the impact of these programmes by:

- Embedding a culture of learning within and between the partnerships.
- Harnessing the best available evidence about what works in improving outcomes for children.
- Sharing the partnerships' experiences in creating innovative services far and wide, so that others working in early childhood development or place-based systems change can benefit.

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Read more about the work of A Better Start here.

Contents

Introduction

These Programme Insight reports aim to collate and share the learning emerging from A Better Start (ABS) on a range of key programme outcome areas in order to inform the work of others in improving outcomes for young children.

This report is the fifth in the series (previous issues can be accessed here). It shares how A Better Start partnerships are using data and evidence to inform decisions about programme and service development and delivery. The report also summarises the wider thinking on why evidence-informed decision making should be embraced, and how it can best be undertaken.

The report is structured as follows:

- An overview of data-informed decision making, including the types and sources of evidence, and the reasons for working in an evidence-informed way
- Approaches to data-informed decision making, and tools to support data collation & presentation
- Challenges and barriers to data-informed decision making, including the potential impact of COVID-19 on data collection and usage
- The role of data-informed decision making across the ABS programme
- Case studies from across the ABS partnerships

Data-informed decision making - what is it and why do it?

Data-informed (or evidence-informed) decision making refers to the use of available evidence, from a range of sources, to support design, delivery and improvement of strategies, programmes or services. This is not a recent idea, and indeed is highlighted as good practice across many UK government policies and in UK Parliament. In 2013, the What Works Network was launched to support the use of evidence in policy-making and public service delivery. Within this, there are 10 'What Works Centres', supporting the dissemination of up-to-date evidence and best practice on a range of topics, including education, health, social care, early intervention and policing. In 2020, the UK Government's National Data Strategy was launched, emphasising the need to embrace the innovations that appropriate use of data can bring.

According to the US Department of Health's Guide to Data-Driven Decision Making, there are four key steps in the process:

1. Formulate the key questions that your organisation wants to answer.
2. Collect and analyse relevant data.
3. Communicate the data findings to relevant decision makers, inside and outside of the organisation.
4. Refine processes, systems or organisations, making use of the data collected to strengthen programmes and services.

In addition to this, the guide recommends that organisations focus on shifting the culture from reactive data collection for reporting or compliance purposes, to proactive data collection driven by a genuine desire to use it to improve the service.

Types and sources of evidence

There are a variety of different types of evidence that may be used in decision making; these are summarised below, along with some key sources for accessing this evidence.

1. Evidence of need

Evidence of need provides a picture of the issues facing a community or population and insight into potential causes, and is often the type of robust statistical trend data collected by health, education or social care services, or local authorities. The 'Open Data' movement is paving the way for more effective analysis and usage of large data sets, with the aim to make these accessible by all those seeking to use data to inform their work. The Office for National Statistics is a key resource to access official evidence of need on a wide range of issues, while local authority data on key children's issues can be accessed and compared using this Local Authority Interactive Tool. For families with young children, evidence of need may include data such as birth weight, breastfeeding rates, percentage of families living in poverty, or immunisation rates. These all tell us something about the population we are interested in, and the issues that a service may need to address. Evidence of need may also be sourced directly from community members, or from those who support them, in the form of qualitative data, that is, descriptive data gathered for example through discussions, interviews or observation.

2. **Evidence of ‘what works’**
   Once an issue has been identified that requires intervention, we want to be able to make decisions on ‘what works’ to effectively address the issue. So, the next stage is to decide which programmes or approaches would effectively address the issue. Evidence of ‘what works’ includes the research or evaluation undertaken to demonstrate how effective interventions are, and which outcomes they are likely to achieve. In recent years, there has been a drive towards developing trusted evidence ‘warehouses’ where the available evidence of ‘what works’ can be collated and accessed. There are several online searchable databases which summarise the available evidence on a range of interventions, such as Blueprints, the ICan What Works database on speech, language and communication, or the Early Intervention Foundation. These databases also helpfully provide a rating on the standard of evidence supporting each intervention.
3. **Evidence of impact**
   Thirdly, evidence of impact can be used to support effective decision-making. This helps to understand whether a programme or intervention is making a difference to the beneficiaries, and if so, what this difference is. Evidence of impact is generated via evaluations, either small or large-scale, and can include both qualitative and quantitative data collection. Evaluations may be formative, that is, they collect evidence throughout programme delivery, to support ongoing improvements; or summative, where an evaluation is carried out following programme completion, allowing overall judgements to be made on its efficacy.

Methods of generating evidence

While it is clear that there is much existing evidence available to support and inform decision-making, organisations may wish to collect their own evidence. Common methods include the following:

Primary research: this is evidence gathered directly through first-hand research activities, which may, for example, include large-scale representative surveys of a population to generate evidence of need, or evaluation techniques with service beneficiaries and practitioners to generate evidence of impact. Primary research activities may be qualitative or quantitative, and can take a variety of forms, but will be carried out directly by the researcher or their team. This may or may not be published in scientific literature. In undertaking primary research, data may be collated from a wide range of stakeholders, including:

- **Expert, professional or practice experience:** This type of evidence is contributed by someone who has worked directly with the population of interest, or studied the topic in depth in an educational or professional capacity, and therefore has direct knowledge of the issues faced, the challenges in the role, or other relevant information and able to speak with authority on the subject.
- **Service user / experts by experience:** this type of evidence comes from someone with lived experience of a particular issue, or who has taken part in a programme or service, and is able to describe from their own point of view how the issue has impacted them and/or what has helped them.
- **Anecdotal evidence:** These are individual stories that have come directly from practitioners, or service users, and while not representative, give a flavor of real-life experience.

Secondary research: this involves reviewing and analysing research findings which have already been collected by another researcher or team. Systematic reviews and meta-analyses, which aim to collate and summarise all existing evidence on a subject or theme, are useful in this regard. Robust examples of these can be accessed online via the Campbell Collaboration or EPPI-Centre.

Applying evidence to local context: When using existing evidence sources to support decision-making, it is important to consider the influence of the local context into which it is being translated. An intervention with a strong body of research carried out in the USA, may not necessarily have the same impact on service users in the UK, given the very different policy, health and social care backgrounds between the countries. Therefore, considering the context in which evidence was gathered, and how this may differ from the local context, is a critical consideration.

The Center for Evidence Based Management proposes that a combination of types and sources of evidence is necessary in order to build a complete picture and become truly evidence informed. They are all interlinked, and each provide a different part of the picture.

SCIE (2013), referring to the use of evidence in social work, reflects that it is the interpretation of raw data by those with professional experience that transforms it into evidence, and furthermore, the combination of this evidence with service user experience and wishes that transforms it into usable knowledge.

Evidence-based decision-making therefore involves identifying where research and evaluation, stakeholder opinion, practitioner experience and local context all align, as demonstrated by figure 1 below.

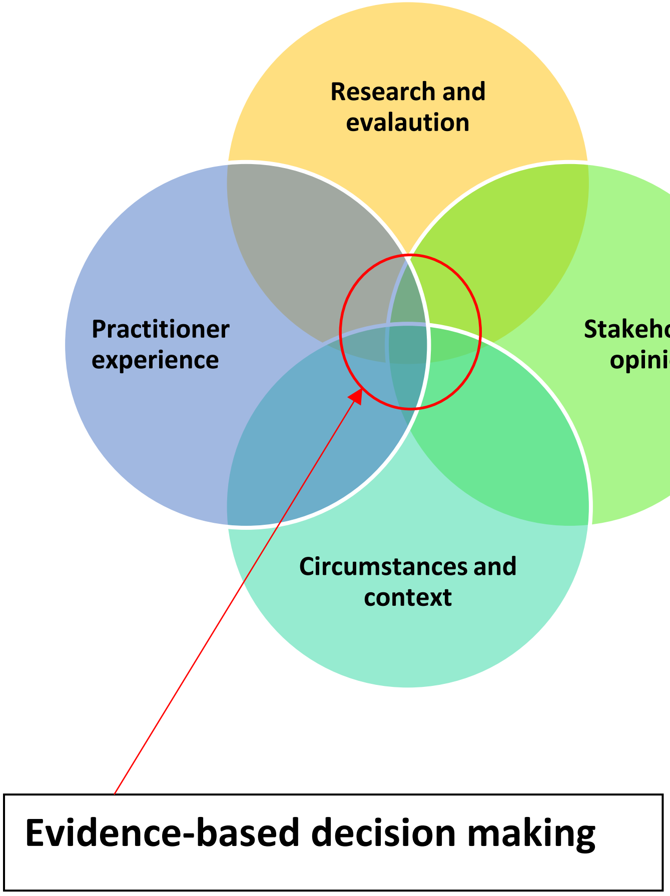

Figure 1: Evidence-based decision making, Centre for Evidence-Based Management

The Centre for Evidence-Based Management discusses a number of common misconceptions which may discourage people from regularly making use of data. These include:

- Data is only about numbers and statistics, and ignores practitioner and service user knowledge and experience. While obviously statistical and numerical data are important, it is clear that this only brings part of the story. To fully understand the real-life experience of the children and families represented by the data, qualitative data, including that brought by practitioners and service users, is also critical.

- Only 'quality' evidence should be used: As is often the case when new projects are being developed, there may be limited existing evidence of relevance, in particular that which would be considered 'quality' evidence (i.e. gathered through robust research methods). In this case, it is perfectly acceptable to base early efforts on the 'best available evidence' and adding to this by 'learning by doing', while planning to contribute to or build an evidence base at a later date. Of course, this is dependent on the scale of investment in the intervention and the implications of the decision - investments of a significant amount and impacting many people will require more robust evidence.

Why use evidence to inform services?

Using evidence, from a variety of sources, is now considered good practice in designing, delivering and improving services. There are several benefits of doing this.

- Taking time to gather and consider evidence of need will ensure that **the most appropriate services are implemented**, matching the needs of the local community.
- Reviewing evidence of 'what works' means that any investment in the development and delivery of services is done with a reasonable expectation that if delivered to fidelity (that is, following the manual or any instructions for

delivery well), it will **effectively address the issues identified** and improve outcomes for the beneficiaries.

- Most importantly, gathering evidence of impact will allow a service to **demonstrate that it is actually making a difference to the people using it**. This data helps to justify difficult decisions about which services to continue funding or grow, and which to end.
- Generating evidence of impact provides information that can be used to identify practical issues with service delivery and implement changes to **improve the overall quality of service delivery**. This will of course then contribute to stronger outcomes for service users.

Within the A Better Start Programme, the **'test and learn'** approach promotes a culture of learning, and encourages practitioners to embrace the available evidence to make ongoing adjustments to service implementation, as well as informed decisions about the long-term future of services. Across the ABS programme, there is an understanding that meaningful and robust data must underpin this approach. However, data collection should not be an additional burden for practitioners, nor should it distract from the delivery of services. Only data that serves a useful purpose should be collected, and it is critical that practitioner buy-in is sought, with a strong understanding of why data is being collected.

Approaches to support data-informed decision making

There are various tools and frameworks in common use across organisations and systems to support the data-informed approach to decision making. Many of these approaches can be seen in practice across the ABS partnerships and specific examples are included later in this report.

Theory of Change (ToC): This lays out a 'roadmap' for the desired change process for a programme or intervention, and is often developed early in the programme planning stage. It first identifies the long-term outcomes desired for the population in question, then works backwards towards the specific activities that will help achieve these outcomes, describing the 'change mechanisms' by which they will do so, and any short and medium-term changes expected on route to the desired long-term outcome. To an external audience, the ToC should provide a complete overview of the programme. While useful in supporting the planning process, the ToC also helps to identify the data that should be collected to demonstrate the impact of the service and is therefore often used as a framework against which to monitor and evaluate the service. In developing a ToC, a variety of sources of evidence are incorporated, including robust research, expert opinion, and practitioner and service user voice.

Shared or common outcomes framework: Where several organisations, agencies or departments are working together with/for the same population, a shared outcomes framework can support integrated working, ensuring that all involved are working towards the same goals. Identifying a number of common outcomes that each have a role to play in achieving helps to foster a local, regional or national 'vision', and reinforce the shared accountability for achieving positive outcomes for the population. It will support individual organisations to monitor their own role while also seeing the collective impact, and allows for comparison across services, which can help to identify and resolve any challenges faced.

Improvement science: This is a data-driven, iterative model of service improvement, which combines 'subject matter' knowledge with 'how to change' knowledge within a real-world context to find solutions to problems. Practitioners involved in service delivery are empowered to ask questions, test out new ideas and record the learning process so that all knowledge generated can be used again. The 'plan - do - study - act' learning cycle is central to the process, and ensures a continual process of gathering evidence, no matter how small, and using this to inform discussions and actions.

Outcomes Based Accountability (OBA): OBA provides a flexible framework to guide movement from 'talk to action' through several stages:

- Identifying the general conditions of wellbeing desired for the population (**outcomes**). There is shared accountability for achieving these outcomes across many different government departments, agencies and services.
- Identifying the population-level data which would measure progress towards achieving those outcomes (**indicators**), and then considering the current direction of travel by looking at historical trend data.
- Using available evidence (of need and of 'what works') to identify programmes or services which have a role to play in **'turning the curve'** for these indicators.
- Within each of those programmes or services, identifying service data (**performance measures**) which will demonstrate that the service is having the desired impact on service users. These focus on three questions:
  - How much are we doing?
  - How well are we doing it?
  - Is anyone better off?

  Report cards are developed within services to support the direct use of available data to inform practical and ongoing decision-making on the direction, content and delivery of the service.

Underpinning any framework for data driven decision-making lies a range of increasingly sophisticated software to analyse and present data. Common examples include Microsoft Excel, Power BI, Tableau and others. The choice of tool is a decision for individual organisations, however the use of one of these platforms to make data as user-friendly and appealing as possible will mean it is much more likely to be used.

Barriers and enablers to data-informed services

There are a number of common challenges for those aiming to work in an evidence-informed way, and more importantly, enablers which can better support the process.

Integrating data systems: Public health issues span a range of services, yet within the children's health and social care sector, data is held across a number of systems rather than as a joined-up record for each individual. For example, the Child Health Information Services keeps records of immunisations, screening and healthy child programme reviews. Feeding into this is the Personal Child Health Record (the 'red book') which is currently in hard copy form. Alongside this, the Maternity Services Data Set holds mothers' booking appointment details, maternity and birth records. GPs hold records on their contact with and treatment of patients, while hospital admissions data is recorded separately. This has been well recognised as a challenge, both in treating individual children, and in decision-making about population health, and is reflected in NHS England's 2016 report: Healthy Children: Transforming Child Health Information. It is difficult to get a full picture of each individual child, their specific needs, and the services they are accessing. However, there are various ongoing initiatives to enable better linkage between data records, including a commitment to ensure that the Child Health Record (Red Book) is digitised fully by 2023 (as prioritised in the Best Start for Life: A Vision for the 1001 Critical Days). Integrated data brings many benefits, for example providing detail on the pathway of a child through health and care services, the range of different services they are accessing, interconnectivity between particular health issues, and where provision might better overlap. It also allows services to better target those most in need, and supports collaborative and integrated working across services (Downs et al, 2016; Satherley et al, 2021)

Translating evidence into practice: It is clear there is a wealth of evidence available to support policy and practice development, and to support everyday interactions between parents and children. However, making this evidence widely accessible, and translating it into key messages for practice on the ground requires a system-wide recognition of the critical importance of this evidence. Many organisations regularly publish research and 'best evidence summaries' to increase evidence dissemination. The Campbell Collaboration and other similar evidence-synthesis bodies require the inclusion of a 'plain English' summary which is accessible by all. Opportunities for continued professional development and higher-level education allow frontline practitioners to learn about emerging evidence and build their expertise. Building a culture of evidence-based practice, and ensuring accessibility and targeted dissemination of the messages, allows everyone, including policy-makers, commissioners, practitioners and parents to become familiar with the available evidence and how to access it.

Supporting understanding of the General Data Protection Regulation (GDPR): The introduction of GDPR regulations in 2018 strengthened the rights of individuals to control the personal data held about them by organisations. It also placed additional requirements on organisations to ensure that the data they hold is strictly necessary, has full consent, is safely stored, and only used for legitimate purposes. While overwhelmingly positive and much needed, the rules around GDPR brought additional challenges, and understandably some fears, for voluntary and community sector organisations, particularly those working with children and families (Charity Finance, 2017). Changes included:

- New considerations and accompanying paperwork to ensure fully informed consent from the parent and/or child when routinely sharing data between local services.
- It being no longer possible to market new services using previously collected parent contact details without demonstrating a 'legitimate interest'.
- 'Opt-in' practice for contacts, requiring organisations to review or delete often substantial pre-existing contact lists.
- That both researchers and practitioners had to review and revise data retention policies.

However, GDPR need not be a barrier to data-informed practice, and ultimately supports the right of children and adults to know how their data is being used. HM Government (2018) has provided advice for practitioners in safeguarding roles, which summarises some key principles of sharing data, including sharing only what is necessary, proportionate and relevant; and sharing data accurately, safely and in a timely fashion.

Upfront investment in 'data maturity' is required: 'Data maturity' is defined by Data Orchard (2020) as an organisation's journey towards improved and increased capability in using data. Establishing the systems required to effectively capture, report on and use data to inform services requires investment in appropriate hardware, software/platforms and collection tools, as well as in staff time to build skills in their use. This investment is crucial to create effective systems, which require less effort to maintain once established. Data Orchard surveyed 249 organisations and found that common challenges included:

- Organisational leadership not seeing the value of data.
- Ongoing paper-based data collection rather than investing in digital tools which ultimately save time and effort.
- Lots of data collection but little data analysis.
- Prioritising data collection and usage for funding reports, rather than to challenge and inform services.

While often seen as a challenge, the benefits of investing in these systems can clearly be seen. Most recently, a pilot programme has been announced by the UK government to trial a single data maturity model for all departments.

The impact of COVID-19 on data collection and reporting

Within ABS partnerships and beyond, the COVID-19 pandemic has impacted data collection and usage in several key ways, which in turn is likely to impact the use of evidence to inform ongoing practice.

Gaps in statutory data collection: Much of the frequently used data on young children is collected during face-to-face health, social care or early education activities. As services have shifted to online or telephone, opportunities for collection of this data have been disrupted. The National Child Measurement Programme, which collects data on height and weight during reception year, has missed a cohort of children. The Early Years Foundation Stage profile data, collected from young children in preschools settings, has been disrupted due to the closure of settings during the pandemic. This is a crucial source of data on young children's development, and is used by many organisations, including the ABS partnerships, to identify issues for individual children, and at a population level to inform services. 2020 would have been the first year that EYFS data was available for babies born in the first year of ABS. This would have been of particular value for ABS sites working on data linkage projects, as they would have been able to assess the impact of ABS services by matching service user children with their EYFS data, and comparing to non-ABS children.

Across ABS and other early years services, efforts are being made to identify proxy measures for missing data, or to develop modelling techniques to predict trends. Looking ahead, the concern for many is that the lack of available data will mean that many children may miss out on early intervention for unidentified developmental delays.

Missing the voices of service users: The model of co-production evident across ABS partnerships, and indeed across many other child, family and community services, relies on opportunities to gather feedback directly from service users. Due to the closure of many face-to-face services, the opportunities for gathering the views and experiences of parents and communities has been severely reduced. While services have tried to maintain engagement, challenges such as a lack of access to digital devices or unwillingness to engage in online activities has left a gap in this rich qualitative data. This information is also an essential part of internal programme evaluation and leaves a piece of the puzzle missing when aiming to improve services.

Data-informed decision making from across A Better Start

Across the A Better Start programme, using data to inform services is very much integrated within ways of working. Partnerships use evidence of need, of what works, and of impact to ensure that what they are delivering meets the needs of community members, and delivers improved outcomes for local children and families.

Establishing common goals: Across the ABS programme as a whole, there is an overarching theory of change and a common outcomes framework. This ensures that, although each partnership has different priorities and delivers different services, there is a common thread running through all, with collective goals for improved outcomes across the three priority areas of social and emotional development, diet and nutrition, and language and communication skills. Within each ABS partnership, individual theories of change drive the local work, while also linking back to the bigger picture.

Integrating data: Several of the partnerships are working with local organisations to integrate data through data linkage projects, meaning that each has access to the bigger picture in terms of outcomes for the local population, and for individual children and families. Data sharing agreements are in place between different partners to enable safe and legitimate sharing of data.

Demonstrating impact: Multi-level evaluation activities are ensuring a strong evidence base from the ABS investment. Given that sustainability of services beyond the lifetime of the ABS funding is a priority for all, data collection is critical. There is an ongoing programme evaluation of A Better Start at a national level, which aims to demonstrate overall impact of the funding, identify the processes and models of service development that have been most successful, and understand the journey of children, families and communities through the programme. Across each ABS partnership, local evaluations are also ongoing, focusing on the impact of the partnership in the local context. Finally, within individual programmes and services, both qualitative and quantitative impact data is being collected from service users to demonstrate direct impact, and to inform improvements to the services.

Uses of data: Across the partnerships, data is being used in a variety of ways, including:

- Identifying patterns of usage for a service, or services.
- Identifying those families who aren’t using the service, and developing strategies to better engage them.
- Making decisions on which services to continue to fund, and which to end.
- Making decisions on which services to expand on, and indeed embed within local services, beyond the ABS remit.
- Demonstrating overall impact of services on children and families.

Case studies from across the partnerships

The following section provides case studies from each ABS partnership, demonstrating some of the innovative ways in which they are using data to make decisions and develop the best possible services for the children and families they support. If you would like to find out more about any of these services, contact details are provided at the end of each case study, along with links to the partnership websites.

Lambeth Early Action Partnership (LEAP)

Over the past few years, LEAP has invested time and effort in refining theories of change (ToC) for the programme as a whole, key priority areas (referred to as domains), and individual services. A ToC provides a roadmap showing how services will work individually, and collectively, to improve outcomes for children and families, and defines the framework by which LEAP demonstrates impact.

LEAP's process for refreshing ToCs included several key steps:

Commissioning a rapid review of evidence: This review summarised the current evidence-base on 'what works' to support early child development and to narrow developmental inequalities, particularly around the ABS outcome areas. It also covered evidence on place-based, collective impact approaches.

Creation of an updated, integrated Theory of Change: This included producing an overarching Programme Theory of Change, seven domain-level ToCs, and 20-plus service-level ToCs. Each service and domain feeds into the overarching programme-level ToC. LEAP's ToC documentation is available here, while accessible videos and vignettes on how LEAP is bringing the ToC to life are available here.

Creation of a Shared Measurement System: Each LEAP service collects five primary data types:

- User data
- Engagement data
- Feedback data
- Intermediate outcomes data
- Outcomes data.

User, engagement, and feedback data -and to some extent intermediate outcomes data- is standardised across the portfolio (with common required data fields, and common data collection forms). Data on longer-term outcomes is specific to each service, but clusters of services are working towards common outcomes. In establishing a Shared Measurement System, LEAP reviewed the most appropriate outcomes collection tools, and considered the views of national experts, local practitioners, and parents. LEAP's Practitioner Guide on LEAP's Shared Measurement System can be accessed here.

Data Analysis and Reporting systems: An Integrated Data Platform links person-level pseudonymised data across services and provider organisations, enabling LEAP to see the journey that families take through the early years system. This platform is a unique resource that is helping to transform LEAP's understanding of who is accessing services, individual journeys through the early years system, patterns of engagement, and importantly, who is not accessing services.

Drawing on this Data Platform, Quarterly Service Reports are produced for every service, addressing several core questions:

- What did the service do?
- Who did the service reach?
- What did participants think of the service?
- How did participants feel as a result of the service?
- Did we see progress towards the achievement of our longer-term outcomes?

Going forwards, the LEAP team plans to produce Annual Learning Reports while local evaluators (Dartington Service Design Lab) will produce their own annual reports. These reports will bring together understanding of service-level impacts with understanding of local population trends, so that LEAP builds a detailed understanding of early childhood and the early years system in the area.

Challenges, successes, and lessons learned

This has been a complex and lengthy process, with some challenges faced along the way, lots of learning, and a good degree of success, as summarised below.

Creating the LEAP Data Integration Platform was a huge piece of work: It involved mapping data flows across the entire programme, aligning consent, identifying a consistent mechanism for linking data, creating common minimum datasets, and designing, commissioning, and building a platform. LEAP has created Data Sharing Agreements with all partners, including the three NHS trusts who cover the target area, and designed mechanisms so that different partners can upload data in the way that suits them best. The Platform took around three years to establish and is already having a transformative effect on LEAP.

Producing high-quality data takes time and resource: Busy practitioners typically struggle to deliver services and collect high-quality data. LEAP needed to invest time in simplifying and focusing data collection processes and being very clear about what needs to be measured and why. LEAP has also substantially increased local capacity to support this work, with a new Data Collection team focused on working with services and modelling best practice.

To bring coherence to a local programme with over 20 services, common processes and tools were needed: The ToC work has helped LEAP better articulate how the entirety of the programme works together to achieve improvements in preschool children's outcomes. Whilst acknowledging the differences between services, it has also been possible to identify common points in service improvement journeys, and to agree on common types of data and broadly similar data collection tools. This puts LEAP in a strong position to demonstrate both how an integrated portfolio of services can work and what techniques are useful in promoting a collective local early years mission and ultimately collective impact.

What difference is this making for children and families?

All of the above creates strong foundations for work that helps tackle early years developmental inequalities. Narrowing outcome gaps between children from more and less privileged backgrounds is a massive policy challenge, and one where progress has been limited in recent decades. LEAP believes a collective approach (where a coherent portfolio of early years and family services support and build on one another) gives a better chance of helping children from more deprived backgrounds to get off to a better start.

LEAP now has better access to and is better informed by data. Each service receives a comprehensive quarterly data report and is guided through a structured process of reflection and service improvement. If services are not reaching certain families, this will be identified, and new approaches put in place. Where certain sub-groups are less likely to complete a service, this can be identified early, and new types of support established to address the problem. If families are not satisfied with a service, LEAP can quickly step in and change things.

How is ABS adding value to the wider system?

LEAP is currently in conversation with the local authority to consider how the systems and processes developed (including data processes, and collection and reporting tools) can be rolled out across the borough. LEAP is also keen to ensure the Data Integration Platform is a key part of the legacy handed over to the local system and that local leaders can see the benefits of linked data that gives a fuller understanding of child and family journeys through the early years system. LEAP has produced a 'How to guide' for other services wishing to refresh (or develop) a theory of change.

Future data priorities across the partnership

Over the next few years, LEAP wants to fully operationalise and where necessary refine all the systems and processes described above, aiming to show, in really specific ways, what it looks like to be a data-informed and learning organisation.

For more information, please contact Chris Wellings, LEAP Assistant Director at cwellings@ncb.org.uk

Better Start Bradford

From the bid phase of ABS and throughout, Better Start Bradford has believed that ‘knowledge is power’. A key partner in their work is the Born in Bradford research team, who established the Better Start Bradford Innovation Hub (BSBIH) from the beginning of Better Start Bradford to evaluate the programme. Together the BSBIH and Better Start Bradford teams have worked to build a thorough understanding of the needs of the local community and the impact of the programme. In the early bid phase, available data from the Census and other sources was used to understand the target population. In 2016, BSBIH established an experimental birth cohort – Born in Bradford’s Better Start (BiBBS). This cohort recruits pregnant women living in the Better Start Bradford area and collects in-depth data from a baseline questionnaire completed in pregnancy; routinely collected health and education data for mother and child; and data from Better Start Bradford services. As of October 2021, more than 3,600 pregnant women and their children have signed up.

The aim of BiBBS is to evaluate the impact of the Better Start Bradford projects. However, the in-depth data from families in this research study has also allowed Better Start Bradford to build a detailed picture of families’ lives, and the factors affecting their development, and use this to design and adapt services, ensuring that the services are relevant to their needs. Indeed, BiBBS cohort data has provided a very different picture of the pregnant women and young families that Better Start Bradford was set-up to support, and has changed the plan for how services would be delivered.

Challenges, successes, and lessons learned

Understanding the changing population: In Bradford, like many other cities, the population is not static. BiBBS can monitor change over time; for example, there has been a reduction in pregnancies in the Better Start Bradford area from 2016-2019 which explained a reduction in numbers of eligible women for projects; and there are also variations over time in the ethnic make-up of pregnant women which in turn might explain changes in the reach of projects. While it is not possible to predict this fully, this knowledge that the population of service users is likely to change can be built into service plans and services adapted to meet a variety of changing needs. This knowledge can also be utilised to help understand who Better Start Bradford services may be missing, and actively target support to these families.

Supporting practical service delivery considerations: Emerging data has informed very practical elements of programme design and delivery. For example, BiBBS data highlighted that one-third of the pregnant women in the Better Start Bradford area spoke little or no English, and that over 50 different languages were spoken by these women. Whilst services were planned to be delivered in the two most common languages (English and Urdu), these were by no means the only languages spoken.

Delivery language and access has therefore been a critical consideration across all services.

Applying a combination of valuable research methods and tools: As well as the BiBBS data, the BSBIH places value on qualitative information from practitioners, project providers and most importantly, the community themselves. This mixed methods approach allows a full picture of the impact of the Better Start Bradford programme, including a clear picture of the impact in the community.

What difference is this making for children and families?

Services designed to meet local needs: At the heart of this work is a desire to fully understand the needs of children and families accessing Better Start Bradford services, and ensuring that these services are tailored to the local context. Evaluation findings to date have shown which projects are acceptable to the community and which are able to be delivered well. There are now emerging indications of effectiveness for families accessing some key projects, for example HENRY, Incredible Years and Talking Together. The recent oTTer Feasibility Study for the locally developed Talking Together project which improves children's communication and language skills and the parent-child relationship, provided promise of being able to complete an RCT as well as indication of positive outcomes. In addition the evaluation of the Continuity of Carer midwifery model has enhanced the evidence base by demonstrating a potential impact on perinatal mental health.

How is ABS adding value to the wider system?

Identification of gaps in existing data: There are methodological challenges for routinely collected data. For example, across the country, data on perinatal mental health is poorly recorded, there are no objective measures of the mother-child relationship, and until 2021, no data was collected on children's language development. The partnership work of BSBIH and Better Start Bradford has highlighted the need for better recording of assessment tools, to ensure that data that is routinely collected by health professionals such as midwives and health visitors can be used to inform and develop services for the individual themselves and for the wider system.

Informing tools development: Building on this, BSBIH and Better Start Bradford have begun to plug gaps identified in evidence through the development of tools and measures which can be used by researchers, practitioners and commissioners to better integrate research and practice. One example is the team's work with health visitors, managers and commissioners to pilot the Maternal Postnatal Attachment Scale (MPAS) in an effort to identify a suitable, validated, inexpensive and user-friendly measure of attachment. The pilot found that the tool was feasible for use by health visitors, many of whom found the use of a tool helpful to their practice, but was not suitable or meaningful for the population in the area. Following the pilot, the research team have co-produced a new assessment tool with health visitors called “My Baby and Me (MaMB)”. This tool has now been piloted and it is hoped it will be implemented in Bradford Health Visiting in the future. Better Start Bradford Innovation Hub has also developed a series of guides to support organisations in designing, implementing, monitoring and evaluating interventions.

Future data priorities across the partnership

The learning emerging from the research team has valuable implications not just for the work of Bradford Better Start, but more widely both across Bradford and elsewhere. The BiBBS cohort study will run until 2024, and next steps include in-depth effectiveness evaluations of a number of Better Start Bradford projects, including HENRY, Talking Together, Incredible Years and Continuity of Care with a number of other projects that will have their evidence base enhanced. Watch this space!

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A Better Start Southend (ABSS)

ABSS has taken a data-informed approach to delivering all services across the area, using data from various sources to review and improve services alongside real time data dashboards, benefitting service users and delivery partners. These services include a one-to-one breastfeeding project delivered across three ABSS wards, and a group breastfeeding project delivered across all six wards. To support this work, a Data Sharing Agreement has been established with the local hospital to share maternity data via monthly person-level data updates about breastfeeding levels.

ABSS has contracted its key partner, Southend Borough Council, to provide and analyse data. As a healthcare provider, the Council has access to SystmOne, a clinical database used by healthcare providers to record service user data under unique individual identifiers. Breastfeeding data from 10-day and 6-8 week checks is used, in addition to first feed and 48-hour maternity data provided by the hospital, to draw conclusions about breastfeeding uptake and longer-term retention. The Council's Operational Performance and Intelligence (OPI) Team has developed tools that support practitioners to access and visualise data, including a Breastfeeding and Maternity Measures Tool that allows services such as Health Visiting to access monthly data at ward level, quickly demonstrating the service's impact and enabling planning of future delivery. The OPI Team has also developed a series of interactive data dashboard tools for the ABSS programme, showing activities and outcomes at project and programme levels. Alongside this quantitative data, internal evaluation partners as the University of Essex are taking an experience-led approach to understanding service impact via qualitative semi-structured interviews that also include a longitudinal perspective to understand how impact and change are maintained over time.

The strength of data collected means ABSS can be confident that the positive evaluation of projects reflects genuine impact, as significant improvements in population-level data are evident. This allows ABSS to expand proven services, such as the breastfeeding service, into areas where the data shows lower than average uptake of breastfeeding, with an expectation of a change in those figures.

Challenges, successes, and lessons learned

Partnership working: Building relationships with the hospital, and learning from the data provided, has given ABSS the opportunity to expand knowledge of what's needed by families. The one-to-one Breastfeeding Service offered as part of the ABSS programme is delivered by staff based in the Antenatal Department at the hospital, which allows them to share information on ABSS services with pregnant women at their antenatal appointments. This has built relationships with new parents/families previously unknown to ABSS services or who were unaware of the programmes available.

Sharing data between NHS services and ABSS: This has been a considerable challenge, particularly around enabling all partners to access the information they require. The hospital needed to understand which partners would see data on areas of need, both geographically and regarding the areas of maternal health affected. A Data Protection Impact Assessment (DPIA) was produced to allow aggregate data to be shared via the Breastfeeding and Maternity Measures Tool. As the Tool allows partners to directly access the data via a web app with individual passwords, additional security issues had to be addressed. However, the benefits of this Tool are widely recognised, as partners can access data as required rather than rely on the OPI Team for updates.

What difference is this making for children and families?

Having access to reliable data on breastfeeding rates has had a number of different benefits for ABSS:

Services that work: The very clear data dashboards produced by Southend Borough Council mean ABSS has robust evidence of change in breastfeeding rates over time, and importantly, evidence of what works and the impact of ABSS services. Both one-to one and group breastfeeding support have been hugely successful; the data dashboard shows movement from a statistically significant difference in breastfeeding rates at 6-8 weeks between ABSS and non-ABSS wards, to the gap closing, and ABSS wards now slightly ahead. This change in breastfeeding rates has a real impact on health in ABSS wards and children’s future outcomes. Data clearly shows that the support offered to families is increasing the confidence of parents, and there are clear social benefits of peer support gained in group sessions. Alongside this, evidence from longitudinal interviews/evaluation shows the key elements of the service that works, for example the personalised support offered and the relationships built with staff and other parents.

Reaching those with poorer outcomes: Having access to data helps target expansion of breastfeeding services into wards with lower levels of breastfeeding, ensuring those most in need can access support. Qualitative evidence shows a clear trend for women attending the one-to-one breastfeeding service to then move on to the group breastfeeding support, with the one-to-one Infant Feeding Advisors often introducing them to the group provision. The Group Breastfeeding service has used available data to tailor timings, delivery methods (both virtual and in-person), locations and activities to the requirements of the families attending. Combining data from dashboards and the formative evaluation has also enabled the Group Breastfeeding Service to target support towards more marginalised groups by recruiting team members who speak community languages and by developing multi-language promotional materials.

Identifying wider impacts: Analysis of formative evaluation data of the Group Breastfeeding Service showed the wider impact of the peer support elements of this service. Qualitative data from evaluation interviews shows that knowledge about breastfeeding (such as positioning and nipple care) is shared beyond ABSS wards through family members and friendship groups. Being able to identify this spread through collected data helps ABSS to understand the impacts of our breastfeeding services for outcomes around community resilience and systems change that are central to ABSS's longer-term sustainability and legacy planning.

How is ABS adding value to the wider system?

Strengthening prevention and early intervention across Southend: Integrated working with the hospital allows for the early introduction of families to ABSS's new universal YourFamily service, focused on system change and community resilience and integrating with Family Centres. This new YourFamily programme is a main strand of ABSS's legacy beyond 2025, and puts parents at the centre through a coproduction model. YourFamily as a preventative model must be informed by strong data on family needs and on what works to best support them. The data gathered by ABSS underpins the design of the programme, and will continue to inform the planning of specific services.

Supporting integrated working: The data integration work has led to an increased ABSS presence in hospital and has enabled the building of strong links with maternity and health visitor services, broadening the reach of ABSS work across the whole age range. A new project to offer enhanced 3-4 month health visitor checks funded by ABSS builds on the work undertaken by the breastfeeding projects, and will gather even more data on breastfeeding and retention trends beyond 6-8 weeks. This ABSS presence in hospital, and links with maternity services, enables more integrated approaches from pregnancy onwards.

Future data priorities across the partnership

Looking ahead, the ABSS team will be focused on building the YourFamily programme, using measurement of YourFamily outcomes to demonstrate the impact of the programme. A new Customer Relationship Management system will allow YourFamily case management, and provide an opportunity for further data integration. YourFamily will be extended beyond ABSS wards and offered alongside Southend Borough Council's Family Centre provision. Evidence from data integration will be a key driver in extending the impact of the ABSS programme across Southend and beyond 2025.

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Small Steps Big Changes (SSBC) Nottingham

SSBC takes a collaborative approach to data collection, sharing and usage; investing time and effort in developing partnerships to enable existing data to be accessed and shared. Any information captured is used to produce insights and learning that are useful to SSBC and the wider partnership.

The core SSBC offer uses SystmOne – the NHS records system used by Nottingham CityCare Partnership (providers of the 0-19 integrated Public Health nursing service locally) to capture all activity against a child or parent's record. SSBC can report on individual service activity, while also reviewing the overall picture of service and programme engagement for children and families. Using an NHS system also provides SSBC the added benefit of being able to report on demographical data, such as date of birth, address, and the age of children when they attend a group. As this information is available, SSBC has been able to access without having to create processes to capture this information separately.

SSBC also shares information with partners across the system; the main provider of this is the Data Analysis & Insight for School Improvement (DAISI) team (DAISI EDUCATION – Data, Analysis & Insight for School Improvement), within Nottingham City Council. With this agreement, SSBC receives information on educational outcomes on individual children, which is used to attribute impact of the SSBC programme as well as understanding the current context in Nottingham early years settings and schools. This information has also been used in other work such as the recent Outcomes Framework review, assessing what educational outcomes looked like before SSBC, and changes during the programme; enabling SSBC to assess if the Outcomes Framework was still accurate or whether specific outcomes should be removed or updated. The information is also used to compare progress on developmental outcomes between children across SSBC wards and other wards.

This data is used in a myriad of ways, with a key focus on demonstrating impact and outcomes and improving performance of the SSBC programme. For example, SSBC uses SystmOne data to identify the cohort of children eligible to access services and reports how many of those children have engaged with the programme, therefore providing information on current programme reach. Heat maps are then generated for partner providers to enable them to focus on improving uptake of services in specific postcode areas.

SSBC has used the data to make decisions on service improvement and commissioning new services. A recent example is the Family Mentor service, where knowledge of the service reach, alongside early local evaluation findings (showing 18 months of the service is required for impact), has informed service improvement. SSBC worked with providers to re-focus their resources and delivery activity, and co-developed new Key Performance Indicators (KPIs) aimed at increasing reach and engaging children at younger ages.

Challenges, successes, and lessons learned

Disruption from COVID-19: Like the wider system, COVID-19 is the main challenge faced now and in the future. The lockdown, and in particular the closure of schools and early years settings, had an impact on standardised testing in schools, reducing available information for two years. When testing schedules do return to normal, it will not be possible to compare the information in the same way, as there will have been impacts on education and child development.

Partnership working: This has been one of SSBC's biggest successes. For each new project, SSBC has involved partner providers and families, ensuring the right data is collected and collated to design and deliver evidence-based services as well as producing meaningful impact reports. One recent development has been the project with Nottingham Trent University (NTU), early years colleagues and local primary and nursery schools, to bridge the 'gap' in the missing standardised testing data. NTU research assistants have worked with local schools to implement the British Picture Vocabulary Scale (BPVS) assessments, which will support evidence of impact of SSBC interventions and has been welcomed by local schools and early years practitioners with positive local take up. The findings from this data will be available shortly with an ambition and plans to explore the use of the BPVS assessments wider across the early years system in the City as part of the SSBC legacy.

Embracing new technologies: Another success for SSBC has been the implementation of a new SQL server and PowerBi Reporting Services (PBRS), reports can be provided which are more in depth and accessible to staff outside of the Analyst team. PowerBi is a visual reporting system and can be tailored to suit needs. SSBC is now developing more engaging and accessible reports and can adapt them easily to suit the needs of the audience. The upgrade to PBRS is significant in terms of functionality for SSBC Analysts but also gives more power to the user to interrogate and drill down to specific information.

What difference is this making for children and families?

Services based on local needs: SSBC's Local Evaluation Partner, NTU, currently has access to anonymised child level information on multiple aspects of the programme. This includes datasets for each SSBC activity which can be cross-referenced with information such as the Ages & Stages Questionnaire, to understand impact. When services are evaluated, NTU have a full picture of every attendee for that service, alongside other services the individual has accessed. With this richness of data available, services can be evaluated in greater detail and provides SSBC with robust evidence and meaningful recommendations for service improvements and sustainability.

How is ABS adding value to the wider system?

This approach to sharing and producing information, places SSBC in a unique position to understand the current context of the Nottingham area and the challenges faced by families. The introduction of new technology tools (PowerBi) and the ability to produce more engaging reports has enabled SSBC to add value to the wider system, such as adding depth to JSNA reviews and updates and Integrated Care System (ICS) work on flu vaccination uptake. SSBC can identify the issues reported (qualitatively and quantitatively) and support plans to address these, impartially and collaboratively.

Future data priorities across the partnership

A priority is the data sharing agreements between Nottingham City Council and NTU, to enable tracking of the children who receive SSBC services and identifying any positive impact on medium term educational outcomes. This longitudinal tracking is of significant interest for the programme, and a key driver for sustainability.

For the internal programme, there will be a shift to ask more of the “is anyone better off?” OBA questions. SSBC has built a solid data foundation, investing to ensure information is captured efficiently, is of good quality, and meaningful. With this in place, the team can focus on making the case for future sustainability and telling the wider story and legacy of SSBC.

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Blackpool Better Start

The underpinning objective of Blackpool Better Start (BBS) continues to be to create local systems transformation, embedding practice changes and new ways of working that are sustainable long after ABS investment has ended. One of the ways in which Blackpool Better Start aims to influence local systems is through the alignment of services with national approaches, ensuring early years investment is prioritised. This provides an opportunity for Blackpool to demonstrate both locally and nationally the impact of the work undertaken to date across the BBS partnership, and the importance of sustaining and expanding this approach. Central to this is the collection of data and evidence to demonstrate local and national impact, and support better decision making. Various organisations and agencies across Blackpool collect data about children and families in the course of their engagement, however separate data systems mean each holds their own small piece of the puzzle. Linking data sets together gives a fuller picture of the child and family in relation to both their immediate and future outcomes and the impact of the programme.

To generate evidence and effectively demonstrate the impact of programmes and services, Blackpool Better Start has taken several approaches:

- At **intervention level**: Direct impact for beneficiaries is gathered by the local evaluation team, using standardised tools, evaluated measures and participant and practitioner feedback. This data provides insight into the acceptability, feasibility and, importantly, the impact of interventions on the lives of the children and families who use them.
- At **population level**: Health and social care administrative data sets have been monitored at aggregate level (that is, taking an overarching view rather than broken down to reflect individuals) to identify trends in the direction of change. Blackpool Teaching Hospitals and partners have developed a Data Warehouse containing these population-level metrics, such as birth weight, breastfeeding initiation, smoking/alcohol consumption during pregnancy, tooth extractions, and hospital admissions.

These two pieces of the puzzle are then matched together. Linking service data to population-level change data enables understanding of the richer picture and fills in the story behind the trends, ensuring the wider context of the impact for families is understood.

Challenges, successes, and lessons learned

Working together to generate data: Local research continues to successfully demonstrate the impact at intervention level for participants, however, evidencing the population level change will not be achieved during the lifetime of ABS. Yet emerging data is giving a flavor of this wider impact. Statutory partners in Blackpool have engaged in the process of mapping data to support analysis at individual level of the potential change. The resulting linked data will help to understand the impact on future generations, beyond the end of the funded period, and add to the legacy of Blackpool Better Start.

Gaining initial access to the data: Gaining informed consent from participants for the sharing of both population and intervention level data was challenging, and getting adequate data sharing agreements in place took time. Funding a post within Blackpool Teaching Hospitals to develop and analyse the data held within health systems, and link this to beneficiary data, removed some data access barriers and supported the process.

What difference is this making for children and families?

Linking data in this way has enabled direct improvements to how services are delivered, and therefore improved potential long-term benefits for children and families. The Baby Steps antenatal programme was previously delivered at a targeted level, through NSPCC, to vulnerable families in Blackpool, and universally, through the Blackpool Better Start programme, to all pregnant women and their partners in the Blackpool Better Start wards. The evaluation of the BBS programme, using the same measures as the NSPCC national evaluation, demonstrated outcomes for participants which were comparable to the national evaluation. This supported conversations with both the local health commissioner and provider about the potential to deliver the programme universally to all pregnant women and their partners across the town, and the service has now been scaled up across Blackpool. The success of the programme resulted in the delivery team being TUPE transferred over to the health provider, thus embedding the antenatal service within the provision of maternity and health visiting services. This means that the work of BBS is now benefitting parents right across Blackpool, not just within its target wards.

How is ABS adding value to the wider system?

There is an appetite in Blackpool to extend the approach of linking early years data across the town. This would give a rich insight into the families using services, helping to understand patterns of stability, economic functioning of households in receipt of services and patterns of change, and therefore better target more appropriate services to meet local needs. Data analysed at this level will support both operational and commissioning decisions on the provision of services for families. It is also hoped that the learning generated will not only benefit Blackpool, but will have a wider influence across national policy and practice decisions.

Blackpool Better Start has already used the learning and available data to contribute to conversations within the early years sector. The work informed the First 1001 Days enquiry by the House of Commons Health and Social Care Committee, and Blackpool Better Start has engaged in conversations with Andrea Leadsom MP, who identified that robust evaluation practices should be embedded to ensure the impact of the Best Start for Life recommendations are properly understood. Blackpool Better Start, alongside the NSPCC and key academics, will be working to influence and advise the government on the importance of prioritising and understanding the role that good quality data and evidence should play in the first 1,001 days.

Future data priorities across the partnership

Further exploration and linkage of available data continues. The next step will be to disaggregate data held in the Data Warehouse to better understand individual child and family journeys. Consideration will then be given to incorporating local authority data to the Data Warehouse to enable comparison of children and families engaging directly with A Better Start services with those who aren't. This insight will support discussions on sustainability, facilitating a better understanding of those interventions which are having the greatest impact for beneficiaries. This will inform decisions on scaling up the interventions which have been delivered across the Blackpool Better Start wards to the whole town, beyond the ABS funding period.

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The National Lottery Community Fund ABS Programme Team

In 2015, The National Lottery Community Fund (the Fund) invested £215 million to improve the life chances of babies and very young children in England in five local areas. This investment immediately presented a challenge. How will the Fund know that this investment has made a difference? An investment on this scale that aims to change the way services are commissioned and delivered requires more than traditional grant monitoring. It requires a common approach to data collation across A Better Start (ABS) so that information can be compared and aggregated at a programme level. Just like every local authority across England, the five local ABS areas all have very different data systems and approaches, and the potential to interpret data differently. The measurement of outcomes is the cornerstone of any effort to evaluate policies and programmes and therefore the Fund commissioned the Personal Social Services Research Unit (PSSRU) at the London School of Economics to develop a Common Outcomes Framework (COF) for the ABS sites to ensure comparability of data in a meaningful way.

The COF is underpinned by a commitment to rigorous and consistent data collection to support local planning and evaluation. It helps to understand where ABS programmes and early years policies are making a difference. At the same time, it can highlight areas for improvement or prioritisation. The COF facilitates this by drawing on routine data, therefore minimising the burden of data collection and providing a convenient source of comparison data, such as national trends or data on statistical neighbours. An overarching framework, such as the ABS COF, reflects a commitment to improving child outcomes that spans different agencies and stakeholders, and encourages coordination of work towards a common goal.

The COF leverages routinely collected data to collate information on key outcomes and indicators of child development. It is centred around critical milestones in the early years – birth outcome, school readiness and key stage attainment – and covers the three strategic early childhood outcomes that are the focus of ABS:

- Social and emotional development: preventing harm before it happens (including abuse and/or safeguarding, neglect, perinatal mental health and domestic violence) as well as promoting good attunement and attachment.
- Communication and language development: developing skills in parents to talk, read and sing to, and particularly praise their babies and toddlers and to ensure local childcare services emphasise language development.
- Diet and nutrition: starting out by encouraging breast-feeding and promoting good nutritional practices.

The Fund can aggregate data and confidently demonstrate impact of the investment over time. The COF has been incorporated into a monitoring template for the Fund, providing high quality programme data both quarterly and annually.

Challenges, successes, and lessons learned

The COF is the result of a consultation process with the five ABS partnerships and a wide range of experts in the field of child development, underpinned by a review of the evidence base and driven by the availability of routinely collected data. The Framework reflects the **'MVP' principles**:

- **M: meaningful.** Outcomes strike a chord with those involved, both at the policy level and personnel "on the ground".
- **V: valid.** At the same time, the Framework holds up to scrutiny from experts and scientists.
- **P: pragmatic.** Finally, data collection does not impose an unnecessary burden on personnel or services.

The following principles were applied in the selection of outcomes for the Framework:

Outcomes are within the remit of ABS: The focus is on the three strategic ABS outcome domains, covering a broad spectrum of developmental outcomes.

Outcomes can be changed by intervention: There is a focus on child outcomes and their major risk factors within the family that can be addressed by interventions, such as those falling within the remit of ABS. This way, the Fund can track whether efforts in working with children and families are making a difference at the population level.

Minimising the burden of data collection: Where possible, routinely collected and published data is used to populate the Framework. Otherwise, data collected but not routinely reported is enhanced for use within the Framework to fill gaps in routine publications.

Availability of comparison data: Aligning the Framework to existing national frameworks, evaluations and routinely collected data makes it possible to track progress locally against broader trends.

Backed by experts: The Framework draws on scientific research on child development, and has benefitted from the input of experts in the field at every stage.

Based on a consensus between the five ABS partnerships: This ensures the Framework has the backing of those working directly with children and families, and who have first-hand familiarity with the challenges associated with population-wide data collection.

For both the COF and the ABS monitoring framework, language and definitions remain a big challenge. What defines a service user? What happens when someone's age changes mid-year? How can a variety of measures for the same outcome be compared (for example, within perinatal mental health)? The answer was simple.

ABS partnerships came together and every data item identified as necessary for ABS reporting was discussed in depth and clearly defined to ensure consistency in reporting across the five areas.

There have been a number of challenges, some of which are yet to be overcome. ABS partnerships struggled with unique identifiers for service users meaning that tracking unique reach is difficult. Some measures have changed or not been routinely collected due to the COVID-19 pandemic (such as the Early Years Foundation Stage profile), leaving gaps in data. ABS grant holders continue to be vigilant and are looking for proxy measures to support gaps or ensure continuation of reporting via other data sources.

ABS partnerships have reported that their data reserves are now rich in depth but that the presentation of data is not fulfilling its potential. The challenge now is to ensure that data supports the priorities of the local areas and aligns to national policy areas.

Until recently the Fund reported on financial matters and higher-level numbers of service users who have benefitted from ABS. Impact data tended to be of a qualitative nature or commissioned separately through a bespoke evaluation. In the second half of 2021, the data from ABS coming through the ABS monitoring framework has vastly improved as ABS partnerships have overcome data challenges, and there is now some quantitative impact data that can be shared more confidentially with stakeholders internally and externally.

What difference is this making for children and families?

The common data produced by ABS is benefitting children and families in a number of ways. Data is providing local ABS partnerships with longitudinal evidence on what is working within local services and policies, and ultimately this knowledge is being used to support local decision making.

The Fund has been able to commission an evaluation of ABS that relies upon a subset of the 25 outcomes developed in the Common Outcomes Framework as comparable data items. The evidence will be used as part of a quasi-experimental approach to assess the contribution that ABS makes to child and parent/carer outcomes. Because of the work in developing the COF the evaluation can compare data with non-ABS sites and therefore infer what ABS site beneficiaries' outcomes would have been, if the site had not been funded. The approach will use both area-level and individual-level information to develop this group. The difference in outcomes between ABS and comparison groups will provide evidence on the impact of each site on these outcomes. The data will also support the estimation of the benefits to the public purse relating to primary school aged children as a result of these findings.

How is ABS adding value to the wider system?

The ABS monitoring framework is allowing the Fund to utilise local and programme level impact data to inform national policy conversations and national early years publications that support professionals. This is being done by disseminating the learning widely, ensuring that others working in early childhood development or place-based systems change can benefit. In 2022 The Fund will be working with other early years funders and The Office of the Children's Commissioner to create frameworks for defining and measuring outcomes related to their work with children and families. The ABS national evaluation will provide evidence for primary audiences (ABS grantholders and partnerships) and secondary audiences (local and national commissioners and other local and national audiences). In particular, evidence will:

1. Support ABS grantholders to improve delivery outcomes throughout the lifetime of the project.
2. Enable the Fund and ABS grantholders to confidently present evidence to inform policy and practice during the course of the evaluation.

Future priorities for data informed practice across the programme

Developing an ABS monitoring framework has highlighted the importance and value that good quality data brings to decision making. However, data itself and the context in which it exists are not static, bringing a number of considerations. Quantitative data should be analysed alongside qualitative data to provide the context necessary to understand statistical findings. Additionally, local and national policies and priorities can provide rich contextual insight into why there is statistical significance for a particular outcome measure. Data and data measures are constantly changing and therefore data monitoring cannot remain static and must be able to adapt. The common outcomes framework has shown that it is possible to compare and contrast different data sources and this should continue.

In October 2021, the Fund published 'Our Commitment to Communities'. In this report the Fund has committed to using data and evidence of impact to inform its strategy, and redouble efforts to measure, understand and share what works, and why and where the challenges and opportunities lie. ABS will provide rich evidence to inform how funding is invested in communities.

For further information, please contact the A Better Start team

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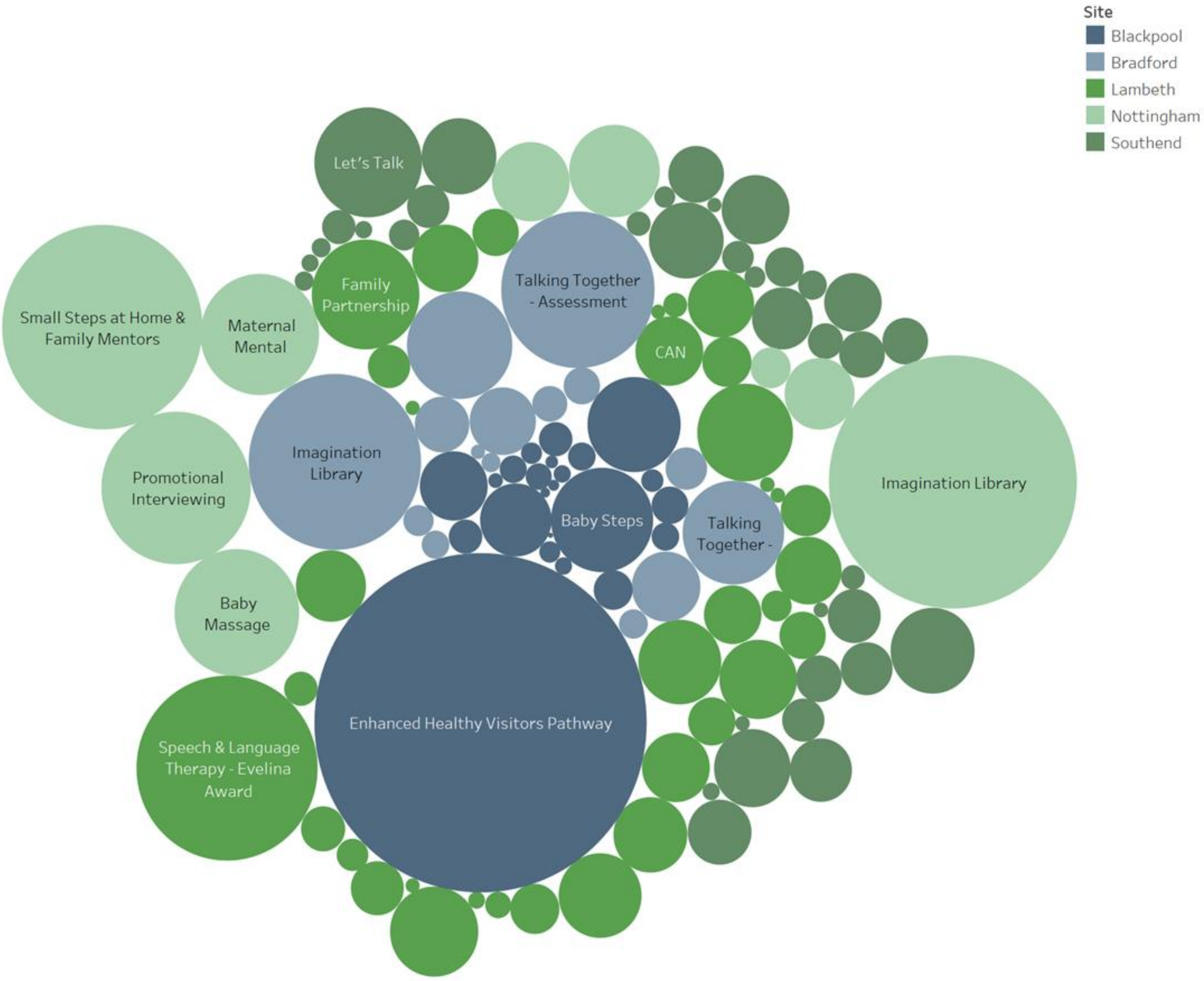

Services accessed by beneficiaries across all ABS sites, 2018 – 2021 – an example of an output possible through the ABS monitoring framework as a result of the data dashboard work with ABS sites.

Summary of learning across A Better Start

It is clear that data-informed decision making is high on the agenda across policy and practice, particularly for those working with children and families. There are many different ways to approach this, including types and sources of data and evidence to use, and tools and methods for embedding evidence. Evidence of need, of ‘what works’, and of impact all come together to ensure that services are doing what they should be doing, for the people who need them. There remains some way to go to ensure that the right data is collected, with the aim to be useful and informative, and that systems and structures are in place to make best use of this, however there is a strong commitment to this across ABS and from the government and key organisations.

While each ABS partnership has taken a slightly different approach to evidence-informed decision making, there is a clear commitment to rigorous data collection to support planning. A variety of evidence is embedded throughout the work of ABS, at programme, partnership and service level, and while there have been challenges along the way, there have also been many opportunities for learning as partnerships have developed their approaches. Common lessons are summarised below:

- In general, significant time, resources and commitment are required to effectively support the use of evidence-based practice, given the complexity of existing data sources. However, the benefit of this is clearly evidenced in the case studies from the five ABS partnerships detailed in this report.

- At a programme level, the development of a common outcomes framework brings partnerships together under a common desire to achieve positive outcomes for children and families, and keeps all eyes on the main goal, while allowing local creativity to determine what suits best in each local context.

- The work of ABS partnerships highlights the need to work in partnership to make the best use of available data across all available sources, particularly when delivering a place-based partnership service. The efforts required to establish data-sharing agreements with partner organisations are worth pursuing in terms of the benefits for service delivery evident across the partnerships.

- Evidence comes from a variety of sources, and each has a key role to play. The voices of parents, practitioners and community members are clear across the work of the ABS partnerships, and the data provided compliments service-level and population data to provide a much more complete picture.

- It is clear there is a real difference to be made in the lives of children and families when services are based on need, and when data is used to continuously understand and improve services. The case studies in this report provide strong examples of how the design and delivery of services has been radically changed to meet changing needs of local families.

- Data has a key role to play in determining the sustainability of services. Drawing together data from available sources to tell the story of a service truly supports decision-making on service growth and expansion, however also provides a strong rationale where difficult decisions need to be made on the closing of a service.

- An effective ‘data maturity plan’, developed in the early stages of project planning, provides the necessary processes and structures to make the use of evidence-based practice part of everyday life, rather than an additional burden on individuals, teams and organisations.

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HM Government (2018); Information Sharing: Advice for Practitioners providing safeguarding services to children, young people, parents and carers.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf

James Bell Associates (2018); Guide to Data-Driven Decision Making: Using Data to Inform Practice and Policy Decisions in Child Welfare Organizations.

https://www.jbassoc.com/wp-content/uploads/2018/05/Guide-to-Data-Driven-Decision-Making.pdf

Useful sources of evidence

ARK

Blueprints for Healthy Youth Development

Campbell Collaboration

Cochrane Library

Dartington (The Social Research Unit)

Early Intervention Foundation

European Commission Eurostat

Global Health Data Exchange

Inspiring Impact

Institute for Effective Education

NICE (National Institute for Clinical Excellence)

Observatory of Public Sector innovation

Office for National Statistics:

Knowledge Institute on Child and Youth Mental Health and Addiction

A Better Start

A Better Start is a programme set up by The National Lottery Fund Community Fund, the largest funder of community activity in the UK. A Better Start works with families so they play an active part in deciding on and designing the services and support they get so they can give their babies and very young children the best possible start in life. It is one of five major programmes set up by The National Lottery Community Fund to test and learn from new approaches to designing services which aim to make people's lives healthier and happier.

For more information visit: www.tnlcommunityfund.org.uk

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