



Small Steps Big Changes Early Intervention and Learning Conference

24-25 September 2024

Trent Vineyard Conference Centre, Nottingham





Welcome

Karla Capstick

Programme Director, Small Steps Big Changes

#SmallStepsBigChanges



Conference Aims

1. Share the learning, insights and evaluation findings from SSBC
2. Influence future commissioning and National policy
3. Celebrate the SSBC Programme and its achievements





Stay One Step Ahead: An Effective and Cost-effective Way to Improve Home Safety

Denise Kendrick

Professor of Primary Care Research, University of Nottingham

#SmallStepsBigChanges



Stay One Step Ahead: An effective and cost-effective way to improve home safety

Professor Denise Kendrick
University of Nottingham



University of
Nottingham
UK | CHINA | MALAYSIA



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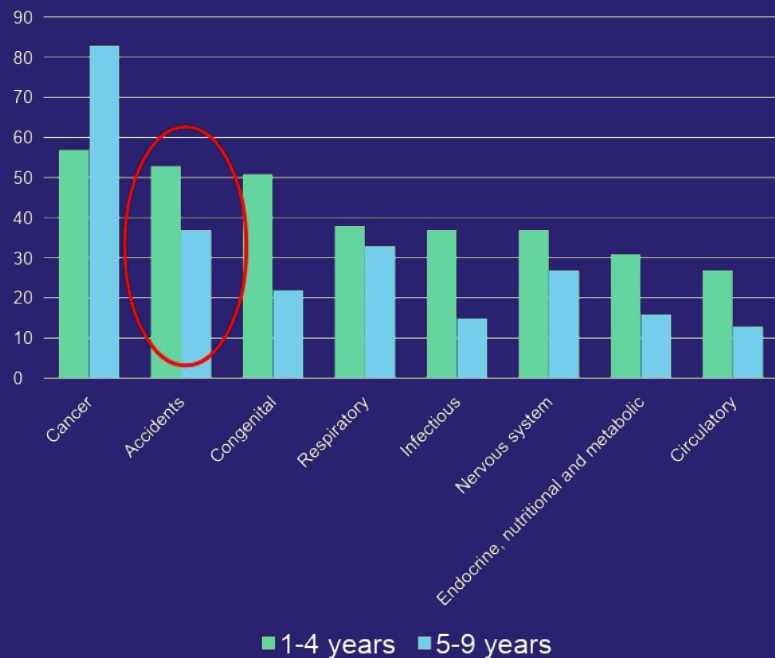
Structure

- Why child injuries are important
- What did we know about how to prevent child injuries before SOSA?
- What is the SOSA home safety programme?
- How did we evaluate SOSA?
- What did we find?
- Conclusions
- Next steps

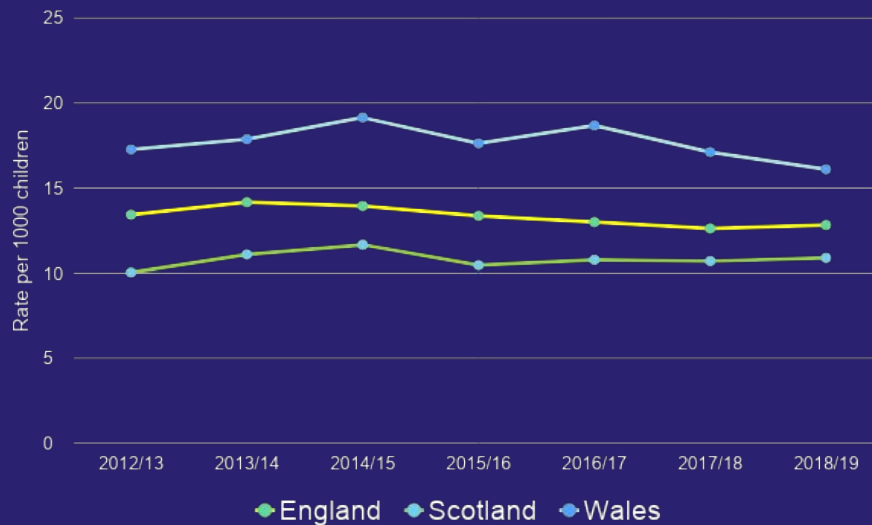


Structure

Deaths, England & Wales, 2018

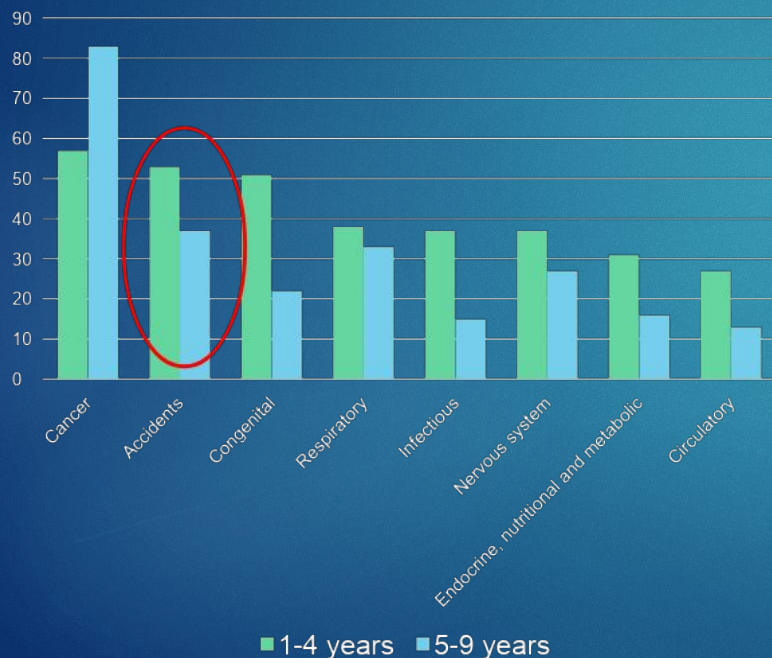


Hospital admissions, England, Wales & Scotland, 2012-19

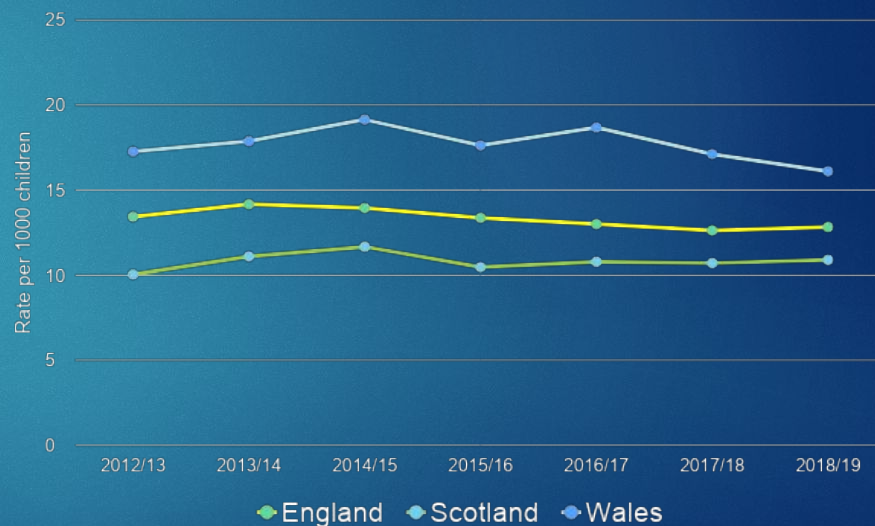


Deaths and hospital admissions

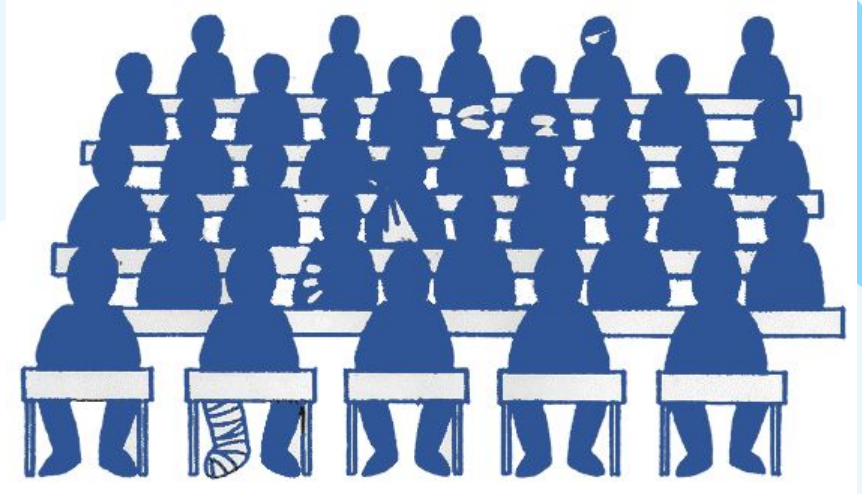
Deaths, England & Wales, 2018



Hospital admissions, England, Wales & Scotland, 2012-19



On average, one child in nine is taken to A&E after an unintentional injury at home each year, about 370,000 in England



Each week, unintentional injuries at home result in:

- 1 child death
- 770 children admitted to hospital
- 7,100 children attend A&E



How can unintentional injuries at home be prevented? The 4 E's

- **Engineering** – change environment e.g. better design of houses, install & use safety equipment
- **Education** – provide advice/support for parents to raise awareness of injury risk e.g. age-specific advice from health visitors
- **Empowerment** – helping communities/parents acquire knowledge, skills, confidence and resources e.g. home safety equipment schemes, first aid training courses
- **Enforcement** – legislation, standards and regulations



A combination of approaches often works best

How can child injuries at home be prevented?

Before SOSA was developed (pre 2016):

- Home safety education + home safety checks + providing & fitting safety equipment **significantly improves home safety**
- More elements = more effective
- Best evidence for injury reduction for smoke alarms, safety gates, safe storage of poisons



New evidence in 2021:

- Home safety education + home safety checks + providing & fitting safety equipment **significantly reduces hospital admissions for injuries**

The SOSA home safety programme

Co-produced

- Practitioners
- Parents
- Injury prevention experts

Trained

- 173 health visiting teams, children's centre staff and family mentors

Established

- Home safety champions in health visiting teams
- Home safety leads in children's centres

Implemented

- Evidence-based home safety programme
- Systematic advice from practitioners
- 2 years in SSBC wards

Evaluated

- Home safety
- Injuries
- Training outcomes
- Fidelity
- Acceptability
- Economics

Home safety checklists in 9 month and 2 year child health reviews

Monthly safety messages (flyers, quizzes, activities)

Manualised home safety activities guided by family mentors

4 home safety weeks/year at children's centres

- fires, scalds, falls, poisoning

Home safety checklists

- Covers falls, poisoning, burns and scalds, choking/suffocation, drowning, fires
- Age appropriate checklists for 9 month and 2 year reviews
- Discussion using behaviour change techniques

Parents record home safety needs, barriers, facilitators, plans to make home safer

	I already do this	I plan to do this in the future
To keep your baby safe from drowning:		
Don't leave your baby alone in the bath, even for a moment - they can drown in a few inches of water	<input type="radio"/>	<input type="radio"/>
Don't use a bath seat - they are not safety devices. Babies have drowned when bath seats have tipped over, or because they have slipped down under the water	<input type="radio"/>	<input type="radio"/>
Empty paddling pools as soon as you've finished using them	<input type="radio"/>	<input type="radio"/>
Fence off, cover up or fill in garden ponds	<input type="radio"/>	<input type="radio"/>

Monthly safety messages

Where do you keep your household products?

e.g. cleaners, bleach, laundry capsules



1 in 3 families in Nottingham keep household products where children could reach them



Keep household products **out of children's sight and reach** - in a locked cupboard or at adult eye level or above



Child resistant containers are **NOT** child-proof – some toddlers will be able to open them



Always store household products in their **original containers**



Laundry capsules, e-cigarette liquid and reed diffuser liquid can all be harmful – keep these **out of children's sight and reach**



TOP TIPS
FOR
KEEPING
ME SAFE!



1

The peak age for poisonings from medicines is 2 to 3 years.



TRUE



FALSE

2

Which are the sweets – picture A or picture B?



A



B

3

Most accidental poisonings are caused by household chemicals, such as bleach.



TRUE



FALSE

4

Child-resistant packaging is child-proof.



TRUE



FALSE

5

It is safer to store medicines high up out of reach than in a locked cupboard.



TRUE



FALSE



Safety Weeks

FIRE SAFETY WEEK

Join us for **FUN** and **FREE** fire safety activities with the Fire and Rescue Service!



- Fire safety tips!
- Meet our fire safety mascots!
- Spot hazards in the Risky Room!
- See our fire engine!
- ...And more!

If your child is aged under 5 and you would like to attend, join us on –

- Monday 21st May, 10am – 11:30am, Aspley Library
- Wednesday 23rd May, 1pm – 2:30pm, Aspley Children's Centre



NOTTINGHAMSHIRE
Fire & Rescue Service
Creating Safer Communities



Family mentor activities

3 and 8 weeks: Keeping baby safe



0-4 months: Bath and sleep safety



8 months: Keeping baby safe and first aid kits



11 months: Keeping baby safe



16 months: Keeping toddlers safe and fire escape plans



21 months: Scalds, burns and falls



23 months: Poisoning



25-36 months: Safe outdoor play

Activity Sheet 29a

Activity Sheet
29a

Keeping your toddler safe at nearly 18 months

Look at the house below.
As your toddler approaches 18 months old, the safety issues we worry about most are falls, poisoning, burns and scalds, drowning, choking and road safety.



Pick a room or image above and use this to talk about how you will keep your toddler safe both now and in the coming months.

Small text at the bottom right: Photo: J. G. 2010

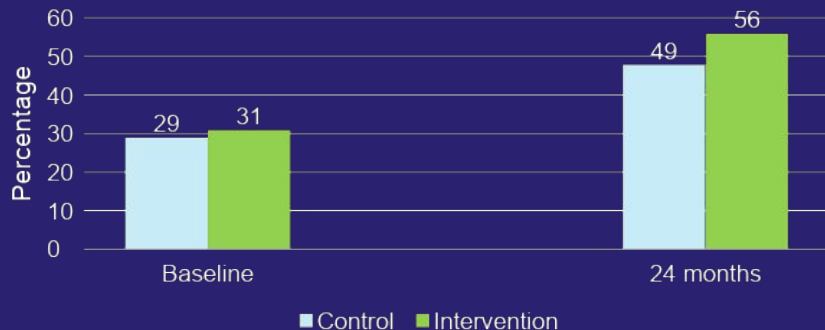
Family mentor activities

- ▶ **Design:** before-and-after study with a control group
- ▶ **Setting:** Nottingham City
 - ▶ 4 intervention wards (SSBC)
 - ▶ 5 control wards (usual care)
- ▶ **Population:** Parents of children aged 2-7 months
- ▶ **Outcomes** compared between intervention and control wards at 2 years follow-up:
 - ▶ **Primary:** fitted and working smoke alarm + safety gate on stairs + poisons out of reach
 - ▶ **Secondary:** other safety behaviours, injuries, practitioner knowledge, beliefs & confidence, fidelity, acceptability, return on investment
- ▶ **Data collection:** parent & practitioner questionnaires, interviews and observations of contacts, checklist data, safety week attendance data

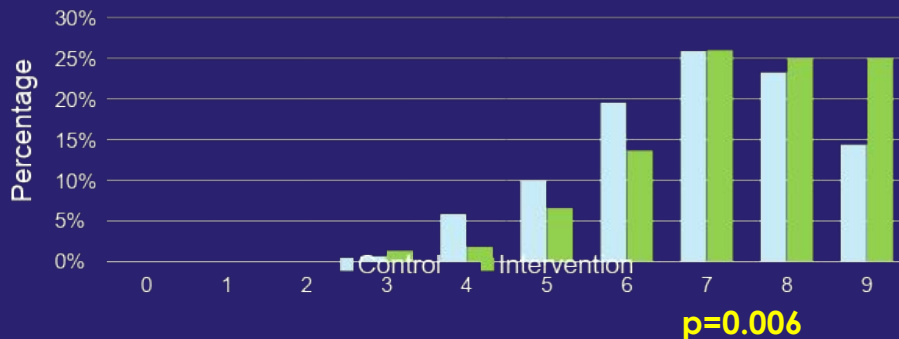


Home safety

Working smoke alarms, safety gates and poisons out of reach

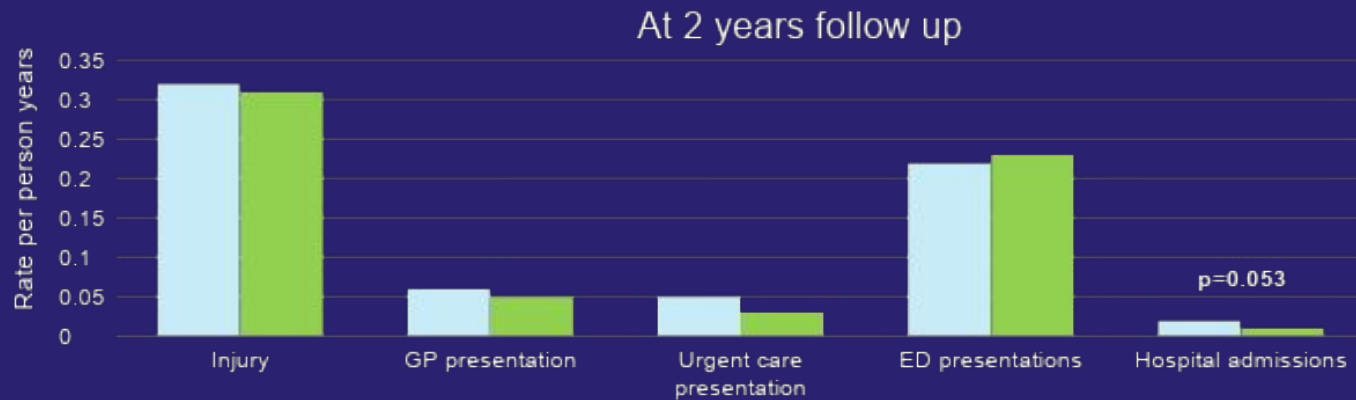
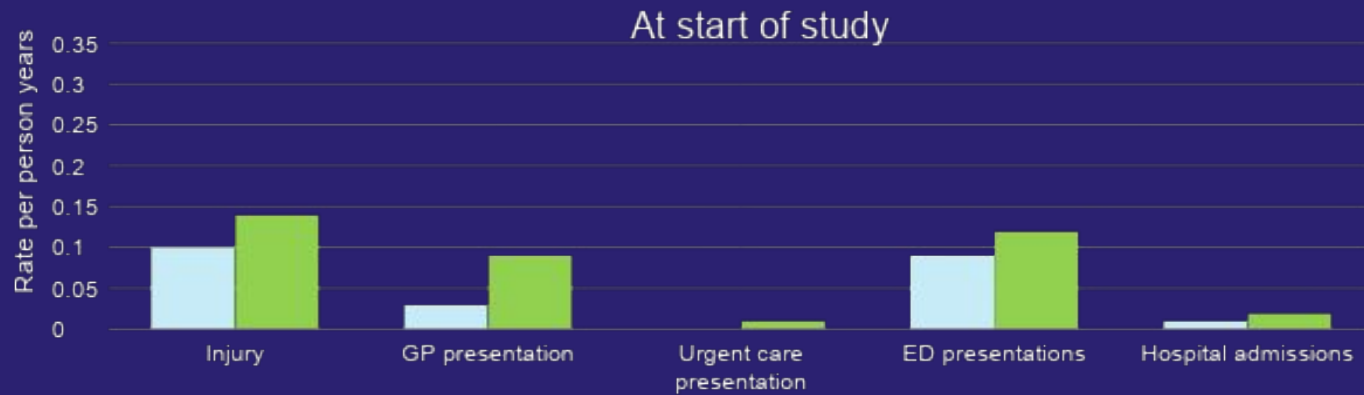


Number of home safety behaviours



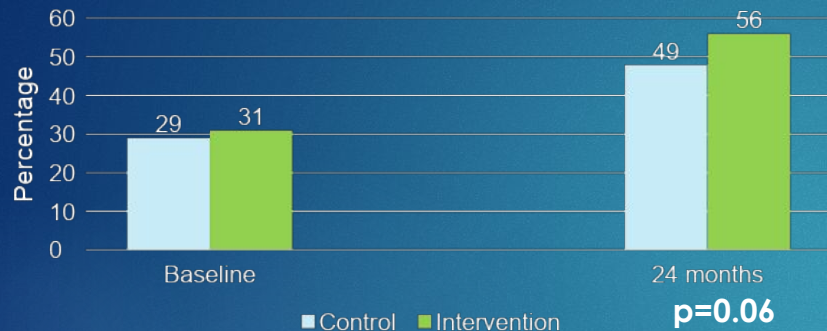
Safety behaviour	Control	Intervention
Smoke alarms	96%	94%
Safety gates	75%	77%
Poisons out of reach	67%	73%
Not left child alone in bath	91%	96%
Fireguard	80%	85%
Blind cords out of reach	86%	89%
Window safety catches	59%	65%
Fire escape plan	67%	77%
Always accompanies toddler in garden	73%	79%

Injuries

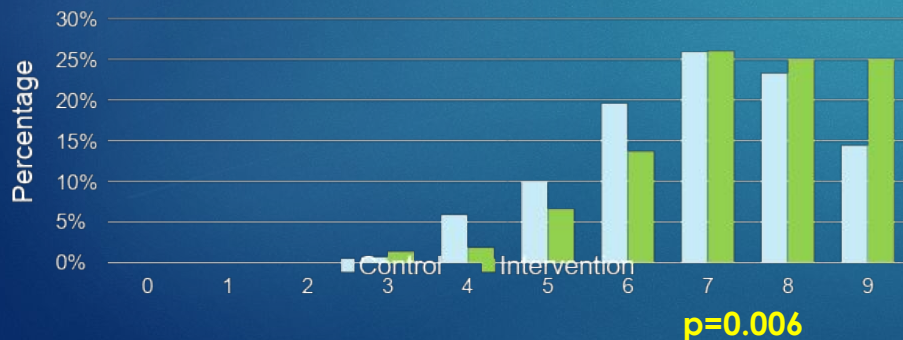


Home safety

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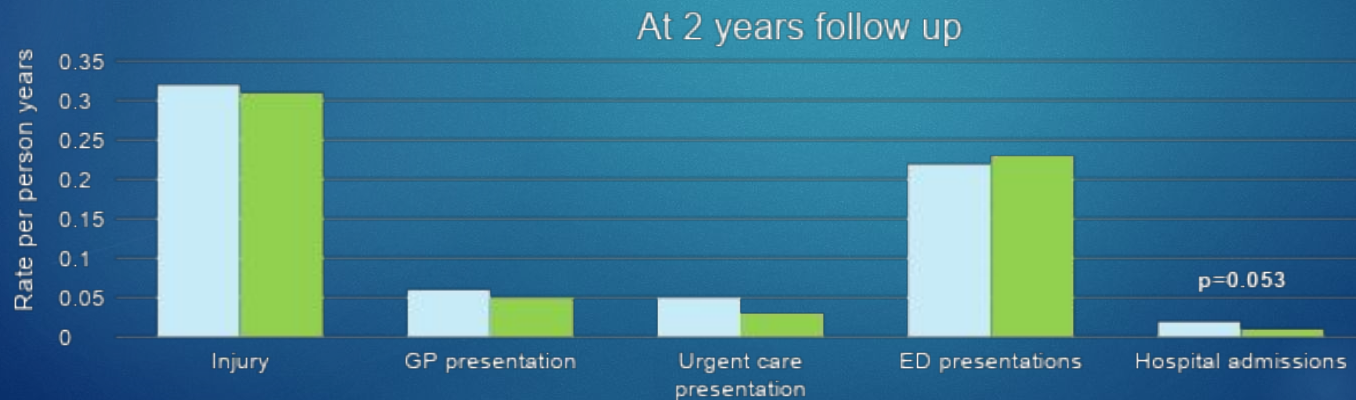
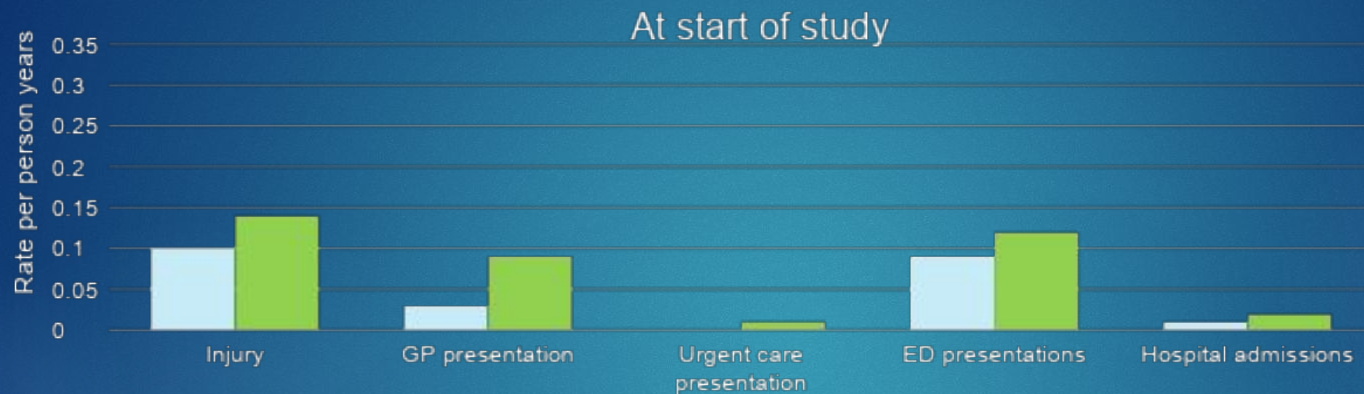


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Injuries



Training outcomes & fidelity

Training – significant findings

- Home safety knowledge increased for all practitioners
 - Increase greatest for family mentors
- Family mentors had more positive beliefs about importance of home safety promotion
- Health visitors more confident to provide home safety advice

Fidelity

- Significantly more intervention group families received home safety advice, advice from ≥ 2 practitioners, advice from children's centre staff and home safety leaflets
- Checklists: 86% child health reviews; not always used as intended
- Safety weeks: >500 attendances – limited reach
- Family mentor activities and monthly safety messages delivered with greater fidelity
- Higher fidelity where activity is more highly prescribed and built into contracted delivery

Acceptability

Parents

- Home safety information helped parents make safety changes
 - Written information valuable & a reminder
 - Family mentors highly regarded, providing useful & trusted information
- Access to safety equipment helped families keep children safe (previous free equipment scheme)
- Some parents would have liked more frequent HV contacts, more information & home safety checks
- Difficulty accessing children's centres was barrier to receiving information (C group)

Practitioners

- Structured scheduled intervention helped to find time for home safety discussions (FMs)
- Pictorial SOSA resources useful
- Activities helpful (CCs)
- Effective teamwork (HV, CC, FRS) improved referrals & awareness of home safety events
- Home safety champions viewed positively
- Many parents positive towards SOSA and made changes to their homes
- Literacy/language barriers remained for some families
- Time constraints, competing demands during contacts
- Communication difficulties between organisations (safety weeks)
- Covid impact on home visits

Economics

- Intervention costs: SOSA development costs, training, staff costs, cost of resources
- Healthcare costs: GP consultations, emergency department attendances, urgent care/walk in centre visits, hospital admissions, outpatient consultations
- Short term costs – in 2 year follow up period
- SOSA was cheaper and more effective than usual care
- SOSA cost £30.22 per child but reduced short-term healthcare expenditure by £41.95
- **SOSA saved £1.39 for every £1 spent**

Conclusions

- SOSA was effective in helping families make homes safer
- Fidelity was better where activity was more highly prescribed and built into contracted delivery
- Quality assurance & monitoring important to ensure fidelity
- SOSA is acceptable to and valued by families and practitioners
- SOSA is cheaper and more effective than usual care and saves £1.39 for every £1 spent
- SOSA should be commissioned to improve home safety and reduce healthcare costs

Next steps – implementation toolkit



Summary	4
Section 1 Building the case for investment in SOSA	7
SOSA study findings	8
A service specification for SOSA	12
Economic briefing paper	14
Summary of the evidence for commissioners	15
Summary of the evidence for elected members	17
Section 2 SOSA training materials	19
Section 3 SOSA intervention materials	21
Section 4 Monitoring, evaluation, and quality assurance	29

Next steps

- **Disseminating:**

- Won Children and Young People Now Award in 2021
- Academic & practitioner conferences
- Publications – 5 so far, 2 in preparation
- Animated video for parents
- Video for commissioners
- Costing tool
- Summary for parents
- Summary for practitioners

- **Wider implementation**

- **Looking for organisations interested in implementing SOSA so we can pilot it beyond Nottingham**

Children and Young People
Now Awards 2021

Advice and Guidance
Award

Winner

University of Nottingham
and
Small Steps Big Changes

**This award
showcases
innovation and
outstanding
practice across
the children's
services sector**





Thank you for listening

Any questions?

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Father Inclusive Practice - Has This Been a Missing Ingredient?

Felicity Callon, Senior Project Officer - Father Inclusivity, Small Steps Big Changes

Shanine Fasasi, Director and Founder, Diversify Education and Communities CIC

Mutsa Makaka, Founder and CEO, Shifting Your Mindset

Anna Tarrant, Professor of Sociology, University of Lincoln

Chaired by **Donna Sherratt**, Head of Programme, Small Steps Big Changes

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Refreshment Break & Marketplace

Next session commences at 11:30

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Starting Early: Doing Things Differently to Impact Nutrition Outcomes

Nelly Araujo, Head of Programmes Development, Royal Society for Public Health

Lynn McGuinness, Clinical Service Manager - Targeted Healthy Lifestyle Service,
Nottingham CityCare Partnership CIC

Sam Mackay, Director, Apteligen

Rachel Harding, Research Fellow, School of Social Sciences, Nottingham Trent University

Chaired by **Amy McDonald**, Research, Evaluation and Learning Manager, Small Steps Big Changes

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Starting Early: Doing Things Differently to Impact Nutrition Outcomes

Improving Diet and Nutrition Outcomes

A Better Start (ABS) objective

Improving children's diet and nutrition to support healthy physical development and protect against illness in later life.

“Whole Systems Approach” needed.

Locally this approach is embedded within the Eating and Moving for Good Health strategy and action plan.

To transform Nottingham's systems, services and infrastructure so that they support eating and moving for good health as a part of everyday life, for everyone in the City.

Theme 2 : Supporting healthy nutrition throughout the life course to support all people to achieve and maintain a healthy weight.



Market Place Stalls



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Ideas Fund Projects



Feed Your Way

SSBC commissioned a public health breastfeeding campaign.

Aimed at

- new and expectant families
- also breastfeeding allies, partners, friends and family.

What makes it different – Co-Production

1800 survey responses

- Families wanted to feel empowered, “all or nothing” messaging perceived as unhelpful
- They wanted honest, open conversations about the realities of breastfeeding
- Access to tailored support

Campaign assets developed with wider workforce and local parents.

Underpinned by Social Determination Theory



Evaluation of Campaign

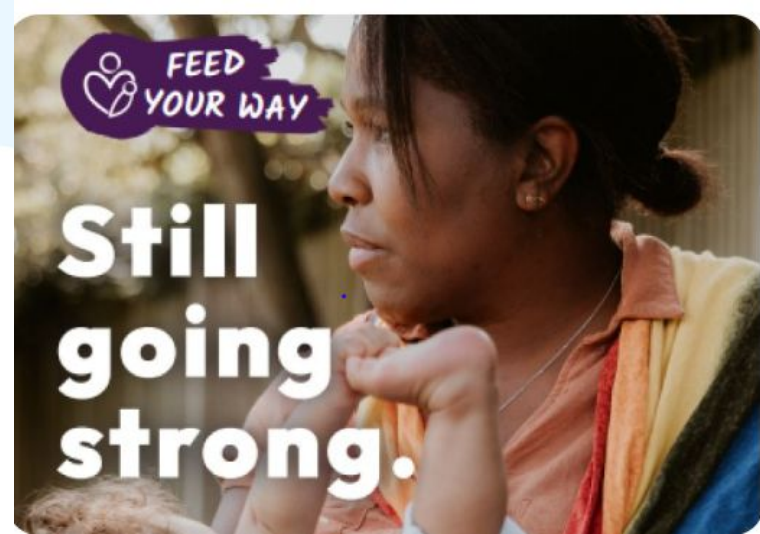
Headline findings from midpoint evaluation undertaken by HITCH - Reach and Efficacy of campaign.

When people saw the campaign, **people respond positively to it**, it is clearly a breastfeeding campaign and described as **non-judgemental** and **inclusive**.

✓ Positive changes in attitudes around breastfeeding were evident after seeing the campaign resources.

Opportunities to increase reach of campaign

Speaker - Sam Mackay – Apteligen, independent evaluator, who is building on the work of HITCH, with a focus on how the campaign is being received by the workforce.



Breastfeeding Incentives

There is a growing body of evidence that financial incentives have generated positive behavioural changes across Public Health eg smoking cessation.

Persistently low breastfeeding rates across some areas of Nottingham.

What makes it different? Transferring research evidence into practice

The Nourishing Start for Health (NOSH) large well-designed cluster randomised RCT, with breastfeeding rates at 6-8 weeks < 40%

- £40 shopping vouchers (2 days, 10 days, 6-8 weeks, 3 months and 6 months)
- Results
 - 5.7% point increase in breastfeeding across year
 - 12% increase in final quarter

SSBC – Breastfeeding Voucher Scheme

Pilot project to cover **feasibility and acceptability** of breastfeeding voucher scheme in Nottingham

Delivered via our Family Nurse Partnership (FNP) Service, £20 vouchers at (2 days, 10 days, 6-8 weeks, 3 months and 6 months).

Findings from workforce evaluation *

- Deliverable, acceptable within Family Nurse setting
- Including feeding baby any breastmilk, mixed and exclusive breastfeeding was viewed positively in terms of parents wanting to give breastfeeding a go
- Support for rolling scheme out Citywide

Speaker -Rachel Harding NTU who will share findings from a qualitative study with parents



Healthy Lifestyles Pathway Project

SSBC commissioned 0-19 PH Nursing Service to deliver a targeted healthy lifestyle project.

We know by the time children reach school a large number are overweight and this number increases by Year 6

What makes it different? Early prevention and early secondary prevention

Speakers Lynn McGuinness CityCare and service lead for HLP and Nelly Araujo, independent evaluator for Royal Society of Public Health (RSPH)





Starting Early: Doing Things Differently to Impact Nutrition Outcomes

Sam Mackay, Director, Apteligen

#SmallStepsBigChanges



Feed Your Way Campaign Evaluation

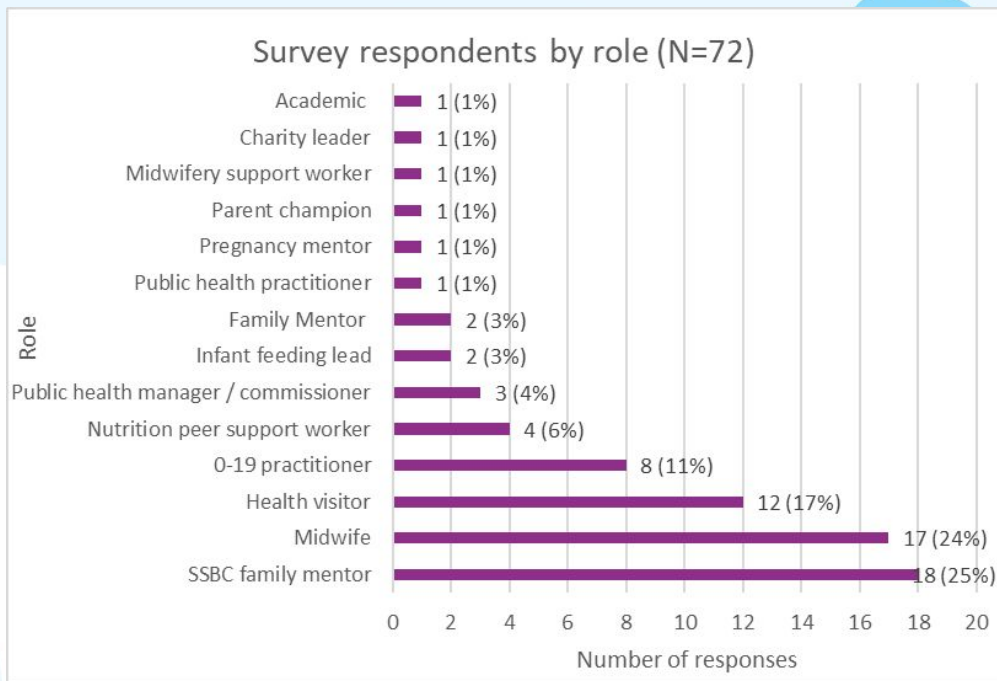
Our evaluation..

- Feed Your Way is a Public Health Breastfeeding Campaign in Nottingham City.
- Campaign is targeted at families with resources developed for professionals who work across Nottingham. These include:
 - Online and printable assets – leaflets, email footers, screensavers.
 - Social media assets
 - External events and merchandise
 - Out of home advertising
- Evaluation: September 2023 – March 2025
- Interim report in March. This has:
 - Informed the second phase of the campaign delivery
 - Identified considerations for longer term



What we did..

- Design workshop in September 2023
- Engagement with the Feed Your Way Steering Group
 - Stakeholder survey: 72 responses
 - Interviews: 10 professionals
- Participants had different levels of awareness and engagement with the campaign.



What we found...

Awareness and use

- A quarter of the workforce had used FYW resources
- A further third were aware but hadn't used
- Remainder (approx. 40%) were not aware of it.

Value

- The tone of the campaign: **unbiased** and **evidence-based** messaging. Uses: “reputable and trustworthy sources”
- The breadth of materials and ways people to engage with the campaign
- Materials are accessible and easy for parents to use
- How easy it is to share
- Nottingham-specific branding
- Important for making Nottingham a breastfeeding friendly city and supporting informed decision making around breastfeeding.



What we found..

- The resources were broadly able to be used with different cultures and are accessible to the diverse population in Nottingham City, and particularly in the SSBC priority wards.
- The digital nature of the campaign and resources provides great 'out of hours' access to guidance but there is a desire for physical resources.
- The resources are relevant for different communities. However, more resources in different languages or videos may be helpful, as well as links to local breastfeeding groups.
- FYW has been important for making mothers and families feel comfortable to breastfeed in public places
- Unclear from our work about parental engagement with the materials themselves.
- The campaign was widely praised for using images of real breastfeeding mothers, families, and groups in public and private places.



What we heard..

I thought it was fantastic, the logo was very eye catching. I thought that it was very well thought through, and very factual.

Generally, I don't [use resources], I've been a midwife for a long time and am experienced in giving breastfeeding advice, so I rarely seek resources.

I've had a few mums where they have struggled when they breastfeed their children. But when I give them advice and get the information, then [it transpires that] they've misunderstood a lot of things. And I clarified a lot of things with the support of your website and the resources. I've had a lot of different positive feedback on them. And many of them are still exclusively breastfeeding, thanks to the useful links and to the useful information that I've shared with them.

...the words "FEED YOUR WAY" are extremely powerful, and each time I discuss this with a family - I will explain about the campaign and tell them it's not about anybody else it's about feeding your way and what's right for you - it makes delivering breastfeeding information easy and natural

Local mums giving their stories, encouragement and positivity rather than trying to push a public health message across.

It needs to be kind of a one stop shop for literally everything, because that's where people go, if they're already accessing it for information about mastitis, they might have to click something else and go, oh, do you know what...and that's quite hard, because like tongue tie, there isn't a wealth of information about it.



What makes FYW special..

- Encourages evidence informed decision making around breastfeeding.
- Positive just to be talking about breastfeeding in the first place – which so many public bodies shy away from
- Includes voices and perspectives of local people.
- Volume, breadth and variety of resources



What we recommended

- Develop or refer to visual resources, as well as resources that cover topics such as stopping / starting breastfeeding, overcoming common challenges when breastfeeding, and the nutritional benefits of breastfeeding.
- Further engage with members of the workforce that support parents early on in their feeding journey, or antenatally.
- Further engage with businesses, who are a key stakeholder group for making Nottingham a breastfeeding friendly city.
- As the campaign is in its final year of delivery, consideration should be given to future funding streams, host location, and geographic area of operation.



What happens next

- Learning from this has already informed how the ongoing delivery of the campaign.
- Discussions are taking place about where the campaign sits
- New case studies have been developed
- Evaluation activity
 - Evaluation materials developed: September 2024
 - Fieldwork: October – December 2024
 - Reporting: January 2025
 - Dissemination: February – March 2025



**Nottingham Centre for
Children, Young People and Families**

Parents' perceptions and experiences of the breastfeeding incentive scheme: an evaluation

Rachel Harding, Kerry Newham and Professor Carrie Paechter

The study

1. Teenage and young mothers' perceptions and experiences of the breastfeeding incentive scheme
2. Original feeding intentions and those who influenced these decisions
3. Thoughts and feelings about the incentives scheme eg timings of the vouchers, monetary value and whether the incentives supported the breastfeeding 'journey'
4. Any other influences on decisions to breastfeed/continue to breastfeed or not.

Who took part

- qualitative approach using a semi-structured interview schedule
- all interviewees lived within Nottingham City and had been offered incentives and breastfeeding support
- 4 interviews, all women who had been offered breastfeeding incentives and support from healthcare professionals, the Nottingham City Care family nurses
- interviews completed by phone and audio recorded using MSTeams
- all recordings were then transcribed verbatim before thematic analysis

The literature

- Breastfeeding: exclusive breastfeeding is recommended for the first six months after birth (WHO, 2003), benefits increase with breastfeeding duration (Department of Health, 2007)
- UK rates: amongst lowest in the world (Srivastava et al., 2021), evidence of financial incentive programmes in increasing breastfeeding rates have been weak (Bassani et al., 2013; Moran et al., 2015)
- Decisions: often made during pregnancy (Condon et al., 2013), social embarrassment about feeding in public (ibid), changes to bottle feeding or from bottle feeding to breastfeeding (Johnson et al, 2018)
- Support: family & partners (Davidson & Ollerton, 2020), health professionals (Simpson & Creehan, 2007), especially early (Fraser et al., 2020), teenagers influenced by peers (Nelson 2009)
- Incentives: supplementary (not replacing) professional support (Hoskins & Schmidt, 2021), different timepoints with support for some of the challenges of breastfeeding (Johnson et al., 2018)

Findings: the participants

- **SSBC wards** – 2 interviewees lived in an SSBC ward, 2 did not
- **Age** – the women were either 19 or 20 years of age, their babies ranged from 6 to 14 months old
- **Household** – all lived with their child/children, no extended family members, 3 also lived with a partner
- **Extended family** – all said they had family nearby eg parents, partners' parents, sisters and cousins
- **Ethnicity** – all described their ethnicity as mixed White and Black Caribbean, and their child's as either mixed White and Black, or 'mainly White'
- **Gender** – all of the interviewees identified as women
- **Sexuality** – the women identified either as 'straight' or 'bisexual' when asked to describe their sexuality.

Findings: breastfeeding experiences

Choosing to breastfeed – a decision to be made with confidence

“I think just like, do you know just having your boobs out in front of people on the street...Like say if you're in town or something like that...it would make me feel uncomfortable in case someone did say something...Some people tell you like, oh you shouldn't do that in public, or you should go into the toilet and do that. And it does make you feel like a little bit scared to do it...”

“...to be fair, even if I did have like negative comments for example, I wouldn't listen to it, because it's my body, it's my child, I will do what I think is best for my child”

Findings: support and comments

Family and professionals – what they do and don't say

“Like in my family [nurse] she would come like, the benefit from my midwife, would tell me the benefits of it [breastfeeding], but no-one else ever really told me anything good about it”

“Like they just tell you obviously stuff like, oh well, it has better benefits to breastfeed and stuff like that. They don't actually tell you...about when your nipples are cracked, and about latching, like babies can find it difficult to latch. And it does hurt sometimes, even if they are properly latched on, like it can help, do you know what I mean, and stuff like that...They definitely don't tell you that they just want it for comfort”



Findings: the incentives

The vouchers – a welcome validation

“Yeah, it just makes me feel validated, like the fact that you’re doing something right...it’s like rewarding. So it makes you - obviously breastfeeding can be really hard, so it makes you, it just reminds you and reassures you that you know, you’re doing something good, and you’re doing a good job”

“...especially because I’m combination feeding, also with my son, because he’s quite older now as well, he doesn’t rely on breastfeeding for you know, his main source of food, he just kind of has it for comfort...So yeah, he still like, likes to have his few bottles a day. So obviously getting the vouchers, it can obviously help me pay for them, the milk, because that’s expensive.”



Recommendations

1. **continue to offer support and incentives to promote both the initiation and continuation of breastfeeding, including the timing of vouchers offered and monetary value;**
2. provide this support be face to face wherever possible;
3. continue to offer resources about the benefits of breastfeeding, including online and app resources providing detailed practical advice about breastfeeding, to minimise worry;
4. **continue the respect and support with incentives for those who choose ‘combination feeding’;**
5. **provide training if necessary so that those supporting breastfeeding are trauma informed;**
6. ensure that breastfeeding support continues to include support for those who might be too shy to breastfeed in public;
7. 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;
8. 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;
9. increase efforts to involve those feeding their infants in decision-making processes about breastfeeding support schemes and promote their rights to be heard.



Targeted Healthy Lifestyle Service

Lynn McGuinness and **Katie Lovatt**
Nottingham CityCare Partnership CIC

Nelly Araujo
Royal Society for Public Health



For families in Aspley, Bulwell,
Hyson Green & Arboretum,
and St Ann's.



Healthy Lifestyles
for babies and children under 4

Targeted support
to help children
and their families
stay healthy for life.



Why does Nottingham need this intervention?

- The Children's Public Health 0-19 Nursing Service, delivered by Nottingham CityCare Partnership, is funded by Nottingham Local Authority to deliver the Healthy Child Programme
- According to Nottingham's Local Authority Health Profile (2019), the health of people in Nottingham is generally worse than the England average, with lower life expectancy for both men and women. Nottingham is among the 20% most deprived areas in England, with a high proportion of children (29.5%, or 17,555) living in low-income families.
- Children in the most deprived communities are twice as likely to live with obesity compared with the least deprived families, and four times as likely to have severe obesity (NHS England 2021).
- Severe obesity rates are higher among children from Mixed, Black, and Asian ethnicities compared to national ratios, with a growing gap between boys and girls.
- National Child Measurement Programme (2022/2023) 23.6% of children in reception class are in the overweight and obese category.



Development of the Service

- In response to the local and national childhood obesity rates Nottingham CityCare Partnership Children's Public Health 0-19 Nursing Service developed and piloted a small healthy lifestyle intervention in 2021. A resource pack was developed inhouse based on NICE weight management recommendations (PH47). It was designed to engage families and young people using interactive and practical resources and behaviour change strategies including goal setting, parenting skills and informative activities.
- 2021 CityCare worked with SSBC to explore the opportunity to fund delivery of a Targeted Healthy Lifestyle Pathway to families living within the 4 SSBC Wards.
- April 2022 the contract commenced for 2 years until March 2024.
- September 2022 we received our first referral.
- March 2023, in response to positive results and service user feedback, the contract was extended until March 2025 and referrals opened to all city wards.



Giving Children the Best Nutritional Healthy Start

- Service Aim:

The Service contributes to one of the SSBC outcomes, helping children to enjoy eating well and staying healthy, helping families to eat healthily and move more for good health, achieving a sustainable healthy lifestyle, and CityCare's mission to make a difference every day to the health and wellbeing of our communities.

- Service Offer:

Targeted (meets referral criteria), early intervention healthy lifestyle advice and support for families with a child aged 0-4 years old living in Nottingham City.

- Referral criteria:

0-2 years olds: rapid weight gain (2+ weight centiles crossed from birth weight) or weight above the 98th centile and 2+ centiles above length/height.

2-4 year olds : Body Mass Index (BMI) above 91st centile.

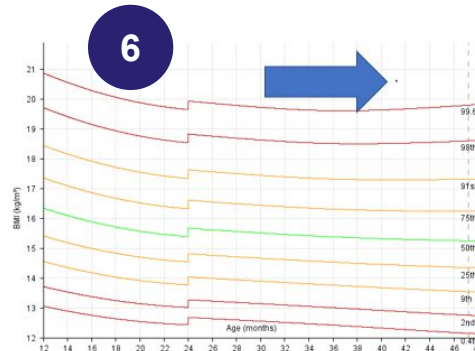
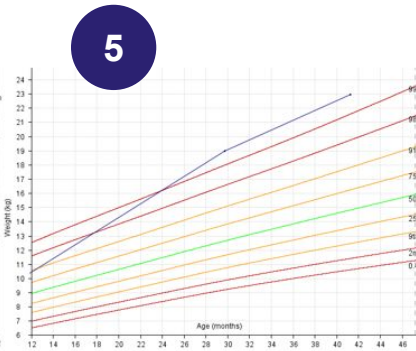
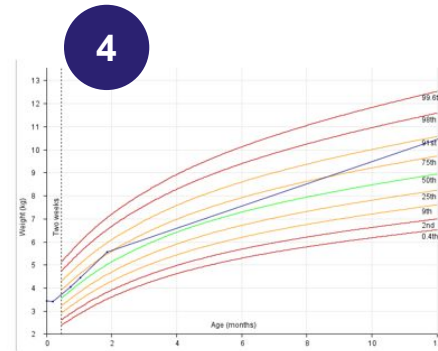
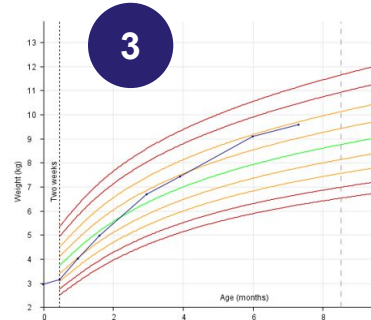
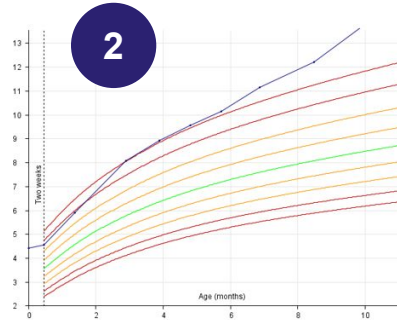
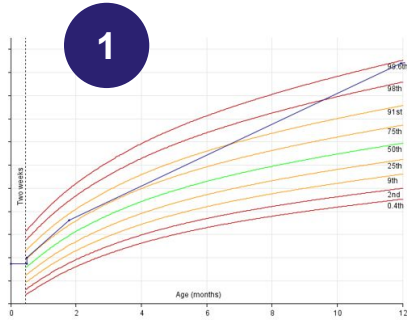
- Service Outcome Measures:

Children are eating healthier.

Children are more physically active.



Growth charts for children accessing the service



What do we offer?

- The team of staff are :

Clinical Service Manager, Public Health Nutrition Lead, Community Public Health Nurse, Public Health Practitioners, Children and Young People Support Workers, Administrative Assistant.

- Parents/carers are offered 6 one to one sessions over a period of 3 months, usually in their home.
- The initial assessment includes a comprehensive lifestyle and diet assessment using 24 hours recall of foods offered and eaten, food diaries and service developed questionnaires which contribute to evaluation data demonstrating pre and post intervention change.
- The sessions can be flexed to meet individualised family needs, lived experience of family food, nutrition and diet and include:
 - Nutrition (appropriate milk feeds, Eatwell guide, textures, balance, portion size, sugar/salt)
 - Play (active play, less screen time, safe spaces)
 - Parenting (role modelling, responsive feeding, rewards, routine, and mealtimes)
- Culturally appropriate resources e.g. pictorial resources, culturally adapted Eatwell Guide

The evaluation



Established in 1856 and incorporated by Royal Charter, the Royal Society for Public Health (RSPH) is an independent health education, research and advocacy charity dedicated to protect and improve the public's health and wellbeing.



RSPH was commissioned to provide **a process** and **an impact** evaluation of the HLP service.



Phases of the evaluation process

PLANNING

- Co-development of evaluation plan and framework
 - a. Commissioners
 - b. Service staff
 - c. Parent champions.
- High level literature review

Sept 2023 to Jan 2024

PRELIMINARY REVIEW

- Review of service data including service user feedback
- Write up of interim report.

Feb to March 2024

DATA COLLECTION AND REPORT

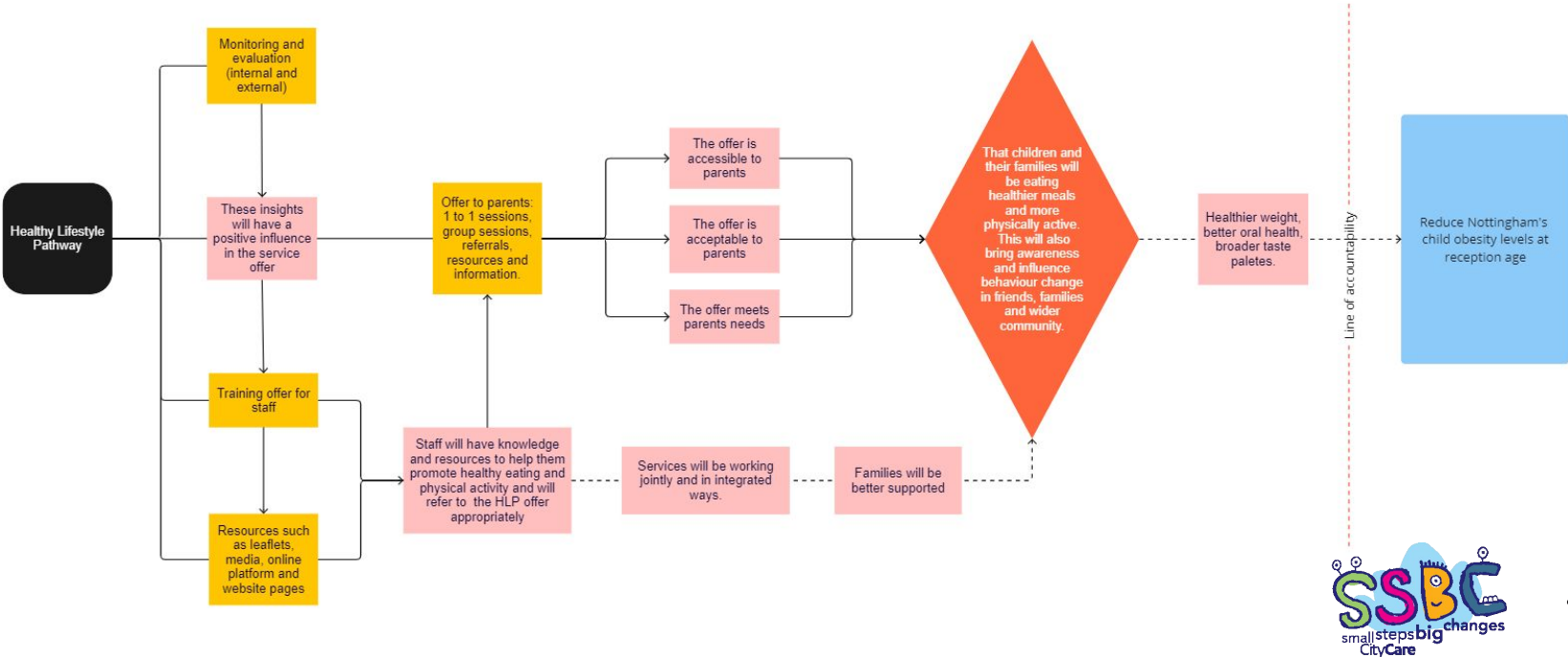
- Interviews with service users who completed the service course
- Interviews with service users who dropped out
- Interviews with HLP Staff
- Interviews with staff referring to HLP
- Second review of service data
- Final report and co-production of dissemination materials.

May 2024 to Jan 2025

Healthy Lifestyle Pathway: Draft Theory of Change



Note: Dotted line means a contribution to the outcome/impact/assumption, as opposed to change as a result of the intervention.



Preliminary review

- The HLP service meets an important public health need, and its design aligns with good practice explored from the literature reviewed, including national guidance.
- The preliminary analysis of the service data indicates a positive effect on behaviour change. However, due to the small data set and the number of dropouts, there is a need to explore this in further detail through the next phase of the evaluation.
- The analysis of the interviews so far highlights the barriers, enablers, and impact related to supporting families in making lifestyle changes. These are valuable insights for both the service and commissioners.

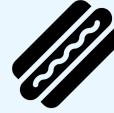
Behaviours being targeted



Frequency of fruit
and vegetable
consumption



Frequency
of sweet snack
consumption



Frequency
of savoury snack
consumption



Minutes of
physical activity
per day



Frequency
of takeaway
consumption



Frequency
of sugary drink
consumption



Hours spent
watching screens
per day



Hours of
sleep

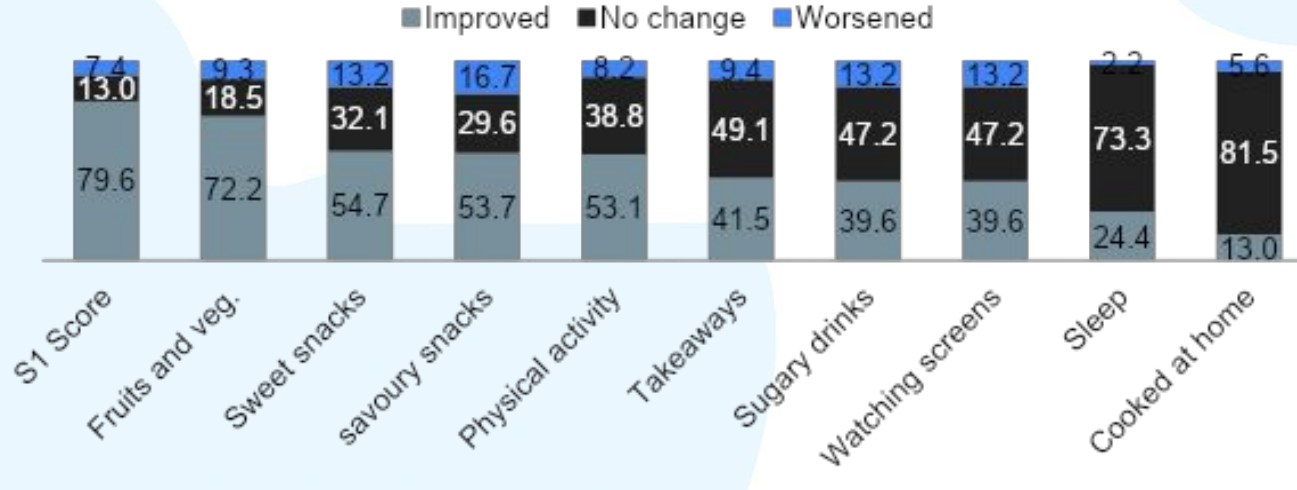


Frequency of
cooking meals
at home

Service user data

- We had 131 records of service users, 41% had completed the programme (24% had dropped out, 35% were ongoing)
- Self-reported data indicates positive behaviour changes in families in the short-term.

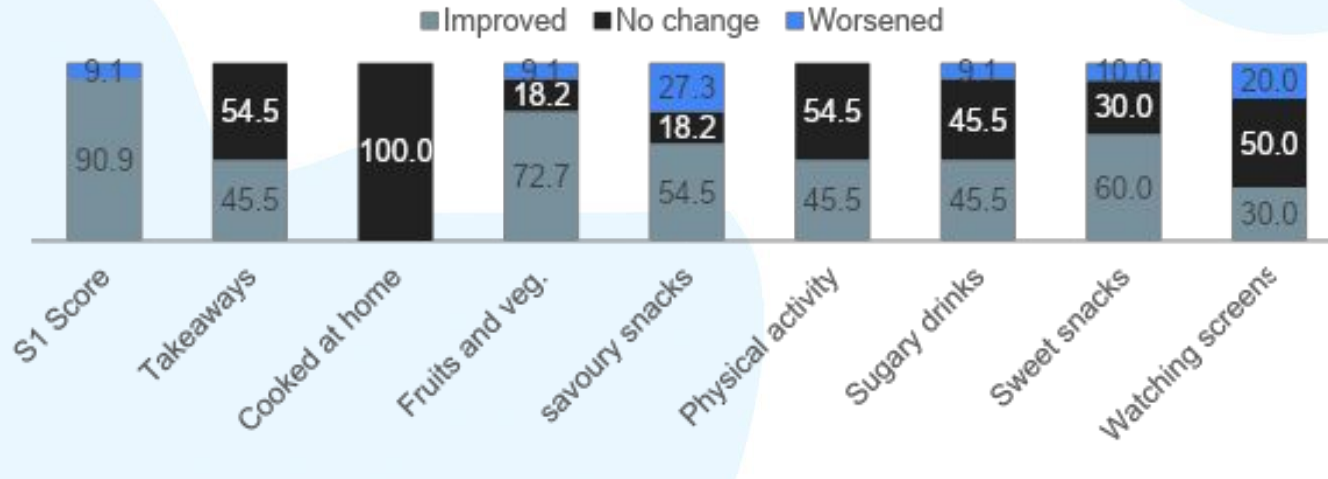
Behaviour Changes: Healthier lifestyles after intervention
(Proportions %)



Maintenance of changes

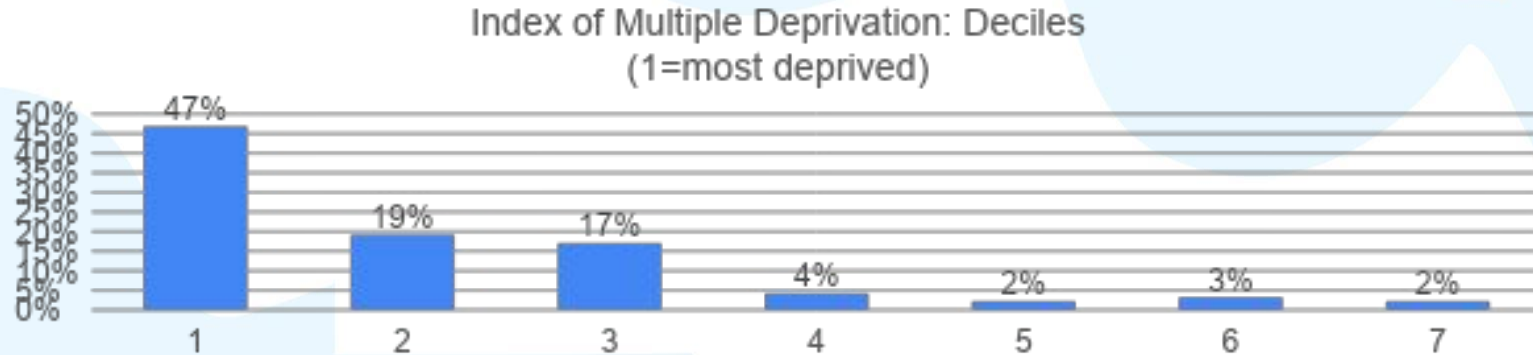
- The analysis of the six-months assessment data suggests that some changes might be slightly reversing in some cases, however on average the situation indicate healthier lifestyles.

Maintenance of Behaviour Changes:
3rd assessment vs Initial assessment
(Proportions %)



Addressing inequalities

- 83% of the children were from areas classified in the 3 most deprived deciles according to the index of multiple deprivation.



Interviews- Barriers

1. **Educational Gaps:** Many parents, especially those with limited understanding of nutrition or child development, struggle to grasp the significance of rapid growth or hidden sugars in food. A "chunky" baby is often perceived as healthy, creating resistance to interventions.
2. **Cultural Beliefs:** Some professionals might struggle with their understanding of cultural norms and foods from particular communities and how to address them when raising the issue or providing the service.
3. **Resistance to Change:** Factors such as lack of time, finances, or defensiveness about perceived criticism of their parenting affect participation. Families often feel accused of poor parenting when professionals raise concerns about weight or diet, leading to a reluctance to accept support.
4. **Confidence of Health Professionals:** Some health professionals mention the difficulty of initiating sensitive conversations about weight, especially if they lack confidence or fear offending parents.

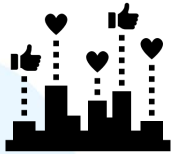
Interviews- Enablers

- **Education and Awareness:** Providing families with information about hidden sugars, healthy snacks, and the importance of exercise encourages long-term lifestyle changes. Framing the issue as part of a "whole health" approach (similar to addressing speech or hearing issues) helps parents accept the need for support.
- **Tailored, Realistic Support:** The programme supports gradual, realistic goals based on each family's unique situation (e.g., extended families, busy schedules), making it more accessible. Providing support directly in the home or through virtual methods (e.g., video calls) reduces the logistical burden on parents.
- **Cultural Sensitivity:** Approaching the issue by acknowledging cultural food norms and working with families to make adjustments helps reduce defensiveness. Presenting the programme as beneficial for the whole family, rather than focusing solely on the child, increases acceptance.
- **Referral Flexibility:** Offering families the option of a follow-up call or home visit instead of an immediate referral improves participation. Providing leaflets and follow-up conversations gives families time to process the information and make more informed decisions.

Interviews- Impact

- **Filling a gap:** The HLP service fills a gap for families as part of the local offer. Practitioners feel they can intervene earlier for weight concerns.
- **Reduced Workload:** HLP eases the burden on Health Visitors and other practitioners, allowing them to focus their broader offer.
- **Positive Lifestyle Changes:** Many families have successfully integrated healthier lifestyle behaviours, such as reducing sugar intake and making better food choices. Whole families, not just children, are improving their overall health.
- **Stabilised Growth Patterns:** Anecdotal evidence shows that some children who engaged with the programme have shown more stable weight gain, preventing them from rising through the centiles too quickly, which indicates healthier development.
- **Long-Term Prevention:** By educating families early, the programme is seen as potentially reducing future rates of childhood obesity.

What is coming



More data from
interviews with
service users



The final
report



Dissemination
materials



A webinar
on the key
findings



Thank you for listening!





Starting Early: Doing Things Differently to Impact Nutrition Outcomes

Nelly Araujo, Head of Programmes Development, Royal Society for Public Health

Lynn McGuinness, Clinical Service Manager - Targeted Healthy Lifestyle Service, Nottingham CityCare Partnership CIC

Sam Mackay, Director, Apteligen

Rachel Harding, Research Fellow, School of Social Sciences, Nottingham Trent University

*Chaired by **Amy McDonald**, Research, Evaluation and Learning Manager, Small Steps Big Changes*

#SmallStepsBigChanges



Lunch & Marketplace

Next session commences at 13:40

#SmallStepsBigChanges



Virtual Keynote: Communities at the Heart of Public Service Reform

Professor Donna Hall CBE

#SmallStepsBigChanges



Key Findings from the Ideas Fund Evaluation

Jo Lees

Chief Executive, STAA

David Waterfall

Impact Evaluator

#SmallStepsBigChanges

Ideas Fund Overview

- Launched in 2016 with overarching goal to:
 - Promote community-based commissioning.
 - Support asset-based approaches.
- Funded small-scale activity (average £5K pa), for one to three years.
- Focused on 0-4s in target wards.
- Projects had to align with standard outcomes:
 - Communication and language.
 - Nutrition and health.
 - Social and emotional.
 - Engagement.



Ideas Fund Overview

- Flexible and responded to emerging needs, eg:
 - 2019 Covid support (no ward restrictions)
 - 2021 longer-term support (increased max £ and duration)
 - 2023 cost of living crisis funding (more flexible use of funding)
- Adopted a '*test and learn*' approach throughout:
 - Enabled groups to take an idea and see what works, and why.
 - How to create meaningful impact locally for 0 to 4s and their families.



Ideas Fund Example - STAA

Jo Lees

Chief Executive
STAA



Our Ideas Fund Project

St Ann's Community Orchard

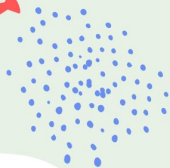
New Shoots

Tuesdays 9:30am-11:00am
& Thursdays 1pm-2:30pm

Free sessions
for local
families with
little ones
aged 0-4

Exploring,
bug hunting,
painting, crafts,
messy play, singing
around the fire,
and digging

 staa



Exploring



Trying Things Out



Learning



Evidence and Impact

Great space + activities
for the whole family.
Such a place of calm
in the city.

Safe space for children
to explore the outside
+ learn about wildlife
+ growing fruit + veg.

His project means to go

What would make these
sessions better.

Every week you find fabulous
things for the children to do
you a massive part of the
community and what you
provide children of their families
cannot be replaced! I wish you
had more funding to provide
more sessions as the children
benefit so much from visiting here.
Many families can feel isolated
so coming here is such a support
for them too where parents
can share advice/ideas together
further benefiting children.

Can't be
but possi
fair we
using
for

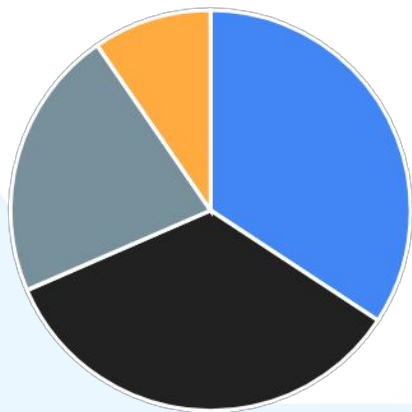
The Evaluation Brief

- Brief was for an intensive meta-evaluation with rapid evidence review to identify:
 1. Start-up and delivery experience of funded projects.
 2. What helped and hindered projects in effective delivery.
 3. Contributions to SSBC goals for community-based commissioning and co-production.
- Evaluation started January 2024, involved a staged approach:
 - Stage 1 - detailed review of available information of funded activity. Interim report issued in June.
 - Stage 2 - engagement to gain more insight on Fund's achievements. Final report in progress.

Ideas Fund Key Findings - Overall

- Projects funded:
 - 2016 – 8 funded projects, varying duration up to five years.
 - 2017 – 6 funded projects, varying duration up to four years.
 - 2018 – 13 funded projects, varying duration up to three years.
 - 2019 – 7 funded projects, varying duration up to two years.
 - 2020 – 19 funded projects, all one year.
 - 2021 – 13 funded projects, all three years.
 - 2023 – 9 funded projects, all one year.
- In 2024 16 projects awarded repeat funding and additional capacity building funds.
- In total SSBC will have awarded £1,004,414 to projects (2016 to 2025)

Ideas Fund Key Findings - Overall



Ideas Fund Key Findings - Aims

- **Aim 1 - Start-up Experiences**

- Grantees used local family feedback to inform their project concept
- Engagement with families continued during the grant to further hone delivery
- Application process considered to be relatively simple
- All grantees accessed some available SSBC support:
 - Development Day to help shape applications
 - Rolling contact with SSBC team to shape thinking
 - Senior Project Officer to provide organisational support
 - Learning and Networking Events for themed support and ideas sharing

Ideas Fund Key Findings - Aims

- **Aim 2 - Effective Project Delivery**
- Paperwork was a challenge, especially scale of requested data
- Much learning about Early Years delivery – existing and new providers
- Increased engagement with families, communities, and other providers
- Mix of terminology outputs – outcomes – impact, and how to prove ‘success’:
 - Understanding how to better reach families
 - Embedding behaviour change within families
 - Parents reporting improvements with their child
 - Gaining learning that can inform future projects
- Willingness to continue activity, subject to fundraising

Ideas Fund Key Findings - Aims

- **Aim 3 – Community-Based Commissioning**
- Use of Nottinghamshire Community Foundation provided independence, expertise and reduced SSBC admin
- Important to be flexible, eg SSBC quick to pivot for covid/ cost-of-living crisis
- Evaluation Panel embedded co-production (SSBC/ partners/ Parent Champion mix)
- Successfully put funding directly into the heart of communities:
 - Listened to local need, and responded accordingly
 - Encouraged innovation and testing
 - Strengthened local provider sustainability
 - Encouraged local collaborations
 - Identified a model for positive local change

Ideas Fund Learning

- Clear benefits of community-based commissioning.
- Local providers bring immense value for families and communities.
- Being able to evidence success to funders is essential.
- However ...

Ideas Fund Learning

- Clear benefits of community-based commissioning. However:
 - Methods of commissioning and monitoring can differ between agencies.
 - What is important for local families changes over time.
 - Not all areas/ communities need the same support.

... so how do we know what - and how - we want to commission?

Ideas Fund Learning

- Local providers bring immense value for families. However:
 - Activity can be flexible, reactive, and delivered ad-hoc.
 - Often time-limited and with irregular family attendance.
 - Not always considered in terms of formal outputs or outcomes.
- ... so how do we show the actual impact that they bring?

Ideas Fund Learning

- Being able to evidence success to funders is essential. However:
 - Can be unclear what information is needed, and why.
 - Not always proportionate to the scale of the grant.
 - Local providers may not be resourced/ skilled for data management.
- ... so what data do we need to prove success, and how do we get it?



Ideas Fund Reflection - STAA

Jo Lees

Chief Executive, STAA

Keeping up the Good Work!



Our Ask to All Funders ...



- Fund provision, not projects
- Cover your fair share of salaries, office space, insurance, training, admin and IT support
- Overhead is fuel, not fluff...
- Unrestricted funding unlocks creativity and potential
- Consider the demands of reporting

Small Charity HQ



Conclusion

- Ideas Fund sought to :
 - *'test and learn'* from new ways of working.
 - promote community-based commissioning.
 - support asset-based approaches.... it achieved all of these.
- SSBC legacy is the ripple effect. Funded projects reached more families – and new families that may not traditionally engage – all of whom can continue to access local support to benefit their community.



Key Findings from the Ideas Fund Evaluation

Jo Lees

Chief Executive, STAA

David Waterfall

Impact Evaluator

#SmallStepsBigChanges



Refreshment Break & Marketplace

Next session commences at 15:15

#SmallStepsBigChanges



Panel Discussion: Communities and Co Production

Ekua Ghansah, Child Friendly City - Nottingham Programme Lead, Nottingham City Council

Scott Hignett, Head of Funding, The National Lottery Community Fund

Donna Sherratt, Head of Programme, Small Steps Big Changes

Melkorka Stiller-Magnusdottir, Parent Champion, Small Steps Big Changes

*Chaired by **Karla Capstick**, Programme Director, Small Steps Big Changes*

#SmallStepsBigChanges



Scott Hignett

Head of Funding

The National Lottery Community Fund

Co-production – What Have We Learnt

Strategic Programmes: A Better Start

- A Better Start 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 in Blackpool, Bradford, Lambeth, Nottingham and Southend-On-Sea are supporting families to give their babies and very young children the best possible start in life. Involving 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.
- A Better Start is place-based and aims to create approaches, relationships and services which better support people and communities to thrive.



Co-production – A Piece of Cake?

- There are no right or wrong ingredients
- Everyone/Organisation will know what ingredients to use for their own particular circumstances
- One common ingredient – it takes hard work, time and dedication to get it right



What Did we find out?

Co-production across the strategic investments



Co-design: influencing what a project or service should look and feel like.

Co-delivering: people with lived experience doing things, delivering activities in a voluntary or paid capacity.

Decision-making:

Governance – making decisions about how the project runs as part of a formal governance process.

Co-commissioning – commissioning / procuring a delivery contract or making funding decisions.

Co-research: people with lived experience undertaking research and evaluation.

Voice: giving people with lived experience a say or influence on wider services, issues or policy.

Co-production is hard work, but worth it

- It takes time and resources
- It's not just about money and time
- **There are benefits for all involved**
- Taking part can increase people's self-worth and confidence
- It can be motivating for staff running services
- Co-production can make services a better fit for the people that use them

The Icing on The Cake

- Genuine co-production needs to be underpinned by three driving principles:
 - Transfer power do something they couldn't do before
 - Listened to and evidenced they have been heard
 - Co-production of outcomes – relevant to BOTH parties

It can be greatly enhanced through:

- Trusted Place and Trusted Person

Thank You

Resource Link:

https://www.tnlcommunityfund.org.uk/media/A-Meeting-of-Minds_How-co-production-benefits-people-professionals-and-organisations.pdf?mtime=20190919092658&focal=none



SSBC's co-production journey 2014 - 2018



Parent Champions engaged as part of the SSBC Bid including developing the Family Mentor programme

Parent Champions support implementation of SSBC programme supporting recruitment, commissioning decisions etc *

Parent Ambassador model developed

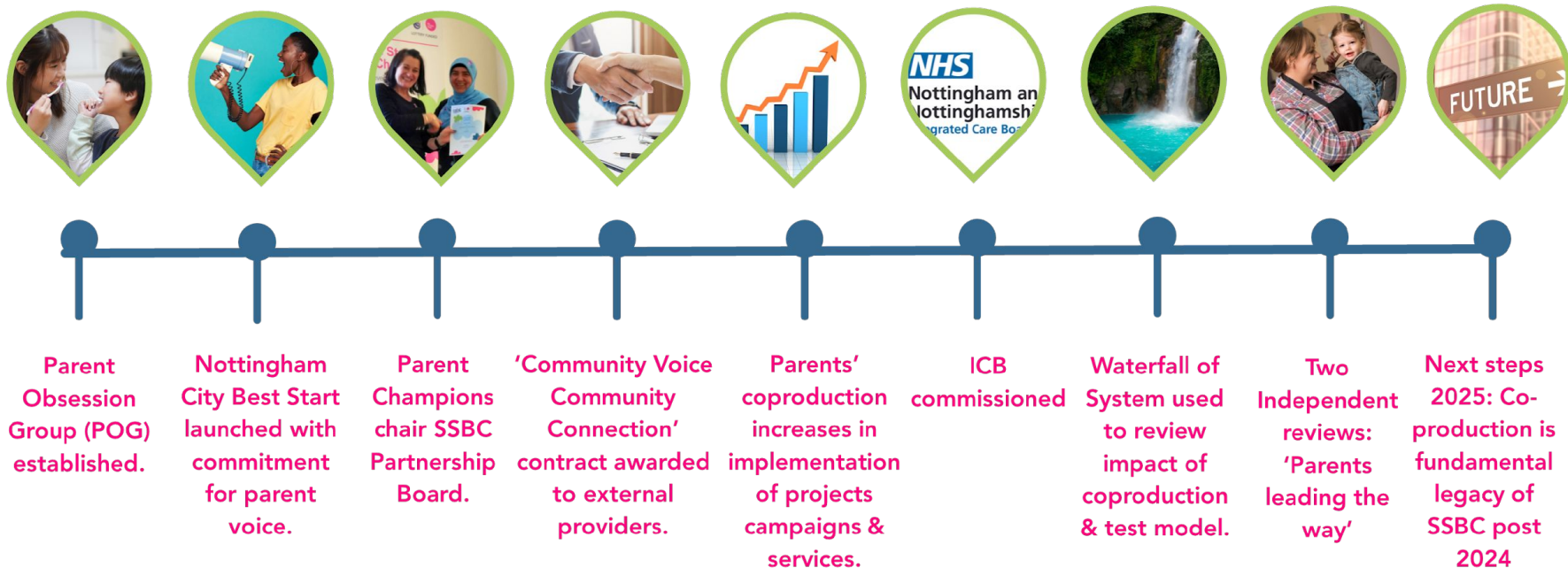
Community Partnerships established.*

Parent champions influence national evaluation & present at local & national events.*

Parents are members of strategic meetings including the System Change Board for Nottingham City.*

Nottingham Trent University appointed as SSBC local evaluation - PHD

SSBC's co-production journey 2019 - 2024



Delivering co-production within SSBC



Co-production across the SSBC Core Functions



Data:
which data is important to families
and how should it be presented



Communication, Marketing and engagement:
Shaping and maintaining the tone of
the programme



Projects:
Influencing the considerations when
developing and implementing
services, campaigns and approaches



Procurement and contracting:
Shaping specifications



Business Management:
Recruiting managing logistics
and expenses.



Governance: Creating a true
equal voice in decision-making



Workforce Development:
Identifying the less obvious
workforce.



Research, Evaluation and Learning - Ensuring evaluation
findings are accessible

Nottingham's Ambition



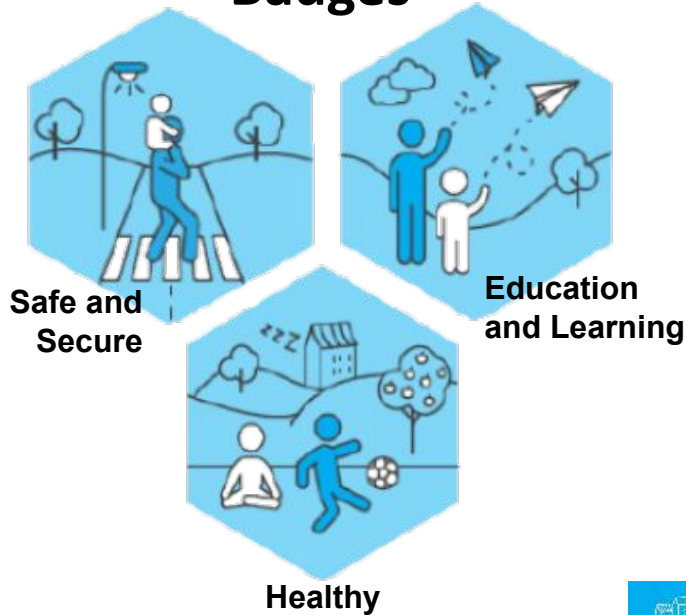
Child Friendly Nottingham

- Partnership journey with UNICEF UK towards international recognition as a Child-Friendly City.
- Nottingham's commitment to improving the lives of children and young people by realising their rights as articulated in the UNCRC.
- The voices, needs, priorities and rights of children and young people are an integral part of decisions, programmes and public policies across the city .



Child Friendly Nottingham's Priorities

Thematic (Nottingham's) Badges



Nottingham's Golden Thread



Equal and Included

Mandate (UNICEF UK) Badges



Please Insert Video here: Participation and Rights



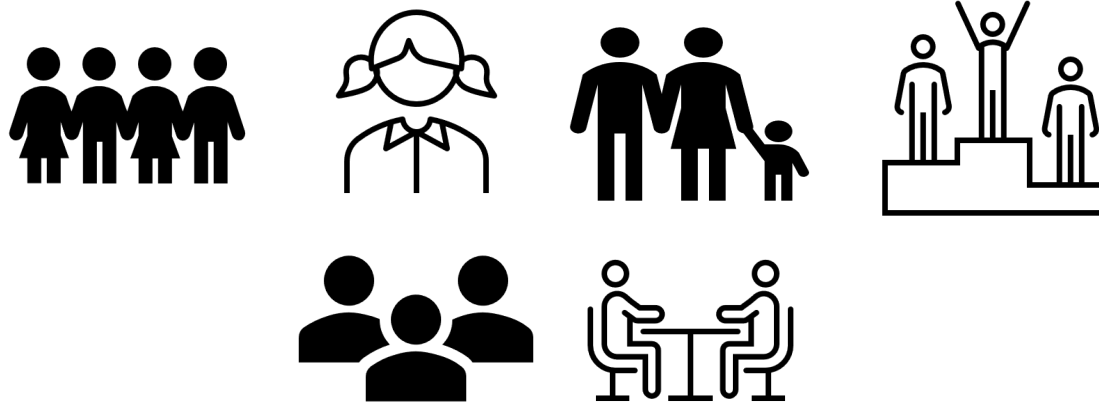
What does participation
mean to you?

Please Insert Video Here:
Importance of C&YP To Have Their Voices Heard



How important is it for children
to have their voices heard?

Valuing Co-Production



~ Engagement ~ Consultation ~
~ Participation ~ Feedback ~





Closing remarks

Karla Capstick

Programme Director, Small Steps Big Changes

#SmallStepsBigChanges

SSBC Legacy & Sustainability


Sustainability and Legacy Definitions

Sustainability

This focusses more on services/training and identifies where services are being **CONTINUED** with funding identified (albeit it on a different scale to SSBC) and or an owner identified that will maintain the assets and continue the offer post SSBC.

Legacy

The legacy is what is left behind after SSBC is gone so it will include the services as above but will focus on the **INFLUENCE** and includes clarity re the improvements for children, families, communities, workforce and the impact on the system. This identifies the difference the funding has made in ways that are not as visible or not necessarily the focus for the 'fund' alongside the data e.g. improved confidence, creation of new jobs paying living wage.



Legacy Model and Planning

Community Voice & Coproduction

Development of a coproduction toolkit
Joint funding of ICB post to embed SSBC principles and learning across the ICS/ICB
Codesigned Public Health Campaigns and resources – Love Bump, Big Little Moments, Feed Your Way breastfeeding campaign

Commissioning/ Funding

Opportunities to sustain and or embed learning from SSBC services
Support to influence/design the Start for Life offer and Family Hubs in the City
Learning from Ideas Funds and community capacity building through small 'grants'
Further Development of the FM Service and Small Steps at Home (accredited training, licensing etc)

Workforce Development

Trauma Informed – at the earliest opportunity
Early Identification of Neglect – video for workforce and families
Father Inclusive – Dads Pack resource, Think Dads training, development of father friendly service standards
Child Development Tool
Learning and impact from Family Mentor paid peer workforce

Transformation & Partnership Initiatives

Pregnancy Mentor (Maternity Support Worker) model at NUH
UNICEF Child Friendly City Status for Nottingham City
Read on Nottingham – city wide Literacy Hub

Improved Outcomes Child, family & community level

Babies and Children (numbers, Impact on child development outcomes, research and case studies)
Parents and Families (as above)
Employment and Volunteering – creation of 70+ living wage jobs, variety of volunteering opportunities
Economic Investments – stability in the VCS

Assets & Capital Investment

DPIL Books
SSBC Intellectual Property – research, training, website, resources, videos, animation, social media + followers

Sustainability, Legacy and Next Steps

Coproduction and Community Voice

1. Feed Your Way Campaign – SUSTAINED

Public Health in the City will take 'ownership' of the campaign which will be considered across wider ICS Infant Feeding Strategy, have also received interest from other LA areas.

2. Joint funding of the ICB coproduction team till 2025 – LEGACY (SUSTAINABILITY TBC late 2024)

SSBC learning has been shared and influenced coproduction strategy for the ICB.

3. SSBC Parents Voice – SUSTAINED/LEGACY

SSBC parents invited to sit on newly established ICS Children and Young People's Board as 'blueprint model' for system are also members of variety of other Boards/ strategy developments and the support from SSBC has led to personal developments (e.g. Chair of MNVP).

4. Community Partnership Approach – SUSTAINED in Aspley only.

5. Currently exploring opportunities to embed SSBC approach and learning into Family Hubs in the City.



Sustainability, Legacy and Next Steps

Commissioning and Funding

1. Family Mentors and Small Steps at Home - SUSTAINED

Successful bid for £600,000 to ICB Health Inequalities and Innovation Fund, to deliver a 3 year more 'targeted offer' City wide

2. Healthy Little Minds – LEGACY/ ADDITIONAL FUNDING

Currently received additional funding to SSBC investment as part of scale up plans for Family Hubs. Infant Mental Health Group now convened to consider if a system approach to commissioning for Infant Mental Health needs to be explored across ICS.

Infant mental health named as part of the [Integrated Care Strategy](#), alongside speech and language and reducing obesity. (Family Mentors appear as a case study)

3. Healthy Start work – SUSTAINED

This is now part of the Eating and Moving for Good Health [Strategy](#) and Delivery Plan, Child-Friendly City plan and within training to sit with CityCare 0-19.

4. DPIL – SUSTAINED

Charity now established to take this work forward, will fundraise independently of the City Council.

5. Commissioning and Strategies –LEGACY

Continued work with Work with Public Health and 0-19 to look at future commissioning intentions, this includes transition funding for Healthy Lifestyles Pathway. Have also supported development of speech and language pathways proposal with ICB, are now commencing conversations with County PH, and Childrens Commissioning

SSBC learning feeding into Family Hubs, Early Help Partnership, Start for Life and Infant Feeding Strategies with babies now referenced in the ICP refreshed 2024 [Integrated Care Strategy](#).



Sustainability, Legacy and Next Steps

Workforce Development

1. Pregnancy Mentors (Maternity Support Workers) – LEGACY

As part of wider maternity transformation and to support improvement plans at NUH, the plan is to take this learning and embed apprentice posts, with additional funding already identify from ICB.

2. Father Inclusive – SUSTAINED

Nationally SSBC have partnered with the [Centre for Innovation in Fatherhood and Family Research](#) (University of Lincoln) to transfer ownership of the Dads Pack, Father Friendly Standards and Think Dads Training and campaign resources to the Centre. Locally services will be able to access these and are considering transition funding to support the purchase of physical packs for 0-19's. Delivering training at the EH partnership workforce event in October also.

3. SSBC e learning/resources – SUSTAINED

Have agreed to transfer to Early Help partnership and or CityCare, need to finalise this

4. Trauma Informed approaches and practice in the prevention/early years space – ICB Trauma informed Implementation group. County and City Safeguarding training.

Transformation and Partnership Initiatives

1. UNICEF Child Friendly City – LEGACY

SSBC have agreed to support with funding till 2025/26 now in delivery phase and engaging with wider partners to support CFC ambitions and explore funding for post 25/26

2. National Literacy Trust Hub – SUSTAINED

National Literacy Trust have confirmed their 10-year commitment to fund the Hub till at least 2028. In addition NLT have received funding from Family Hubs to deliver Talking Tots and Babies in Family Hubs. SSBC have linked NLT to the strategic leads for Education and Early Help

Sustainability, Legacy and Next Steps

SSBC Assets

1. SSBC Intellectual Property- SUSTAINED/LEGACY

As described above

2. The shared learning, evaluation and research –LEGACY

This will be stored on the SSBC legacy website/website and with TNLCF and remain on the [NCB](#) site also

SSBC have continued to influence at a National level see next slide as part of LEGACY





Closing remarks

Mark Purvis

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