



Insights from Small Steps Big Changes:

Improving Access to Early Childhood Services for Families from Diverse Backgrounds

About Small Steps Big Changes

Small Steps Big Changes (SSBC) is one of five A Better Start Partnerships. The A Better Start Programme is a ten-year (2015-2025), £215 million programme set up by The National Lottery Community Fund (TNLCF) and takes a test-and-learn approach to strengthening support and services for families, so that children can have the best start in life.

SSBC, hosted by Nottingham CityCare Partnership, operates in Nottingham City, with four ethnically diverse city wards as its target areas. Working with parents, SSBC has developed and is delivering a programme of support and activities for families with children up to age four to promote good early childhood development.

The key child outcome areas of the SSBC programme are diet and nutrition, social and emotional development, and speech, language and communication. In addition, SSBC focuses on systems change and aims to improve the ways that local health, public services and the voluntary and community sector work together with families to achieve improved child outcomes.

The work of the SSBC programme is grounded in scientific evidence and research, with the aim of furthering the evidence base for effective early childhood interventions. In line with the programme's test-and-learn approach, SSBC benefits from nine years of evidence and evaluation. As SSBC nears the end of its ten-year programme, the focus is on legacy building and telling the SSBC story with the goal of disseminating the learning from the approaches and principles that have contributed to the programme's success and inspiring system change.



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1 Introduction

1.1 Why Access to Diverse Communities Matters

Small Steps Big Changes (SSBC), funded through The National Lottery Community Fund's – 'A Better Start' ten-year Programme (2015-2025), supports the improvement of developmental outcomes in children up to age four in four ethnically diverse wards in Nottingham. As a test-and-learn programme, SSBC is building the evidence base around effective early childhood services and sharing its learning as part of its system change ambitions.

Giving babies and children the best start in life is at the heart of the SSBC programme. Experiences in the early years play an important part in determining a child's future. Ensuring equitable access to preventative public health programmes has never been more important. Investing in improving children's outcomes and reducing inequalities is a priority, including shifting the balance of spend towards prevention and early intervention for longer term improvements. This saves money by reducing the need for other services later on.^{1,2}

Equitable access to early childhood services is pivotal in tackling the unfair and avoidable differences in child outcomes across populations. Ethnicity is an important factor to consider within the context of the socio-economic position of families and children's developmental outcomes.

For example, poverty rates are very high for some ethnic minority groups.³ The 2021 Census shows that 43% of the Nottingham population belongs to an ethnic minority group. In 2019, Nottingham ranked as the 11th most deprived district in England and more than 1 in 4 of Nottingham children were affected by income deprivation.⁴

SSBC works in four wards across Nottingham City: Aspley, Bulwell, Hyson Green and Arboretum, and St Ann's. These wards have clusters of high-poverty neighbourhoods.⁵

Language and cultural barriers can form a considerable obstacle for families in accessing pregnancy and early childhood services. For instance, 7.8 % of households in Nottingham City have no members who speak English as a main language.⁶ This, in itself, can contribute to unacceptable disparities in positive outcomes.

The most important factors influencing a child's development are the nurturing characteristics of the environments in which they are raised. However, parents, caregivers and communities can often benefit from support and guidance to provide such environments.⁷ SSBC has built a programme of support for parents and prospective parents to create a healthy early-life environment for their children, with a focus on improving access to families from diverse backgrounds. This report shares some of the key insights gained by the SSBC programme in designing and providing more equitable early childhood services.



1.2 Inclusive Communications

As an introductory example of SSBC's work to improve access to diverse communities, we highlight some of the ways in which SSBC uses and promotes inclusive communication strategies aimed at maximising the engagement of local families.

1.2.1 Translations and Inclusive Imagery

The SSBC website can be translated from English into the top five languages spoken in the SSBC wards. This translation functionality makes basic public health information available to more families. The SSBC website has been designed with translation in mind. For example, the website design supports the change in writing direction for right-to-left scripts such as Arabic. Special attention has been given to exclude certain words, phrases, and metaphors from translation. These include brand names which would have little meaning in the target language, such as **Feed Your Way**, the name of SSBC's public health breastfeeding campaign for Nottingham.

The SSBC website also offers access to translations of some of the resources that have been developed by the programme. These include **An Information Pack for New Fathers**, which is available in Arabic, English, Kurdish, Polish, Romanian, Tigrinya and Urdu, as well as **A guide to Pregnancy & Parenting during Ramadan**, which is available in Arabic, English, Urdu and Kurdish Sorani.

SSBC aims to portray the diversity of families within Nottingham across the programme's communications and uses images and videos of local families wherever possible. For example, the **Feed Your Way** campaign features families' breastfeeding experiences. These families reflect the wider community, including ethnic minority and LGBTQ+ families.

1.2.2 Best Practice Tips for Working with Families Where English is an Additional Language

SSBC has also developed a resource that supports the workforce to improve health and education by engaging effectively with families who do not speak English as their main language. The resource "Best Practice Tips for Working with Families where English is an Additional Language" consists of five tip sheets which cover the following topics:

- Effective communication with parents and families
- Working with professional interpreters
- Translating written materials
- Working with children where English is an Additional Language (EAL)
- Supporting English learning for children with limited English

The tip sheets act as a support tool to raise the importance of the topics and give practical advice on how to improve the access, experience and outcomes of services for families who speak little or no English in order to empower families and improve equity and equality of need.



1.3 Outline of the Report

Access to diverse communities is one of the SSBC focus areas for its system change ambitions and runs as a golden thread through the SSBC programme. The chapters in this report discuss access to diverse communities in connection with SSBC's other four focus areas of system change, which are:

1. Co-Production
2. Community-Based Commissioning
3. Father Inclusivity
4. Speech, Language and Communication

While the SSBC programme sits in areas of deprivation and significant levels of need, this report highlights the local strengths and commitments to change, involving local parents, families, communities and voluntary and community sector (VCS) organisations.



2 Co-Production

2.1 Why Co-Production Matters

The A Better Start Programme is built on The National Lottery Community Fund's (TNLCF) principle of 'putting people in the lead.' Co-production is at the core of SSBC's approach to develop, test and embed ways to improve children's outcomes. This is reflected in SSBC's vision 'Children at the heart, parents leading the way, supported and guided by experts.'

Involving and empowering parents and communities is a fundamental element of the SSBC programme. This is consistent with the wider ambition nationally across health and social care to work in partnership with people and communities.⁸ Service user involvement allows the users of a service to be active in its development.⁹ Service users are considered experts due to their lived experience,¹⁰ and their knowledge can challenge the understanding of professionals who are regarded as experts due to their education and employment. Collaboration in equal partnership by those who draw on services and the professionals, helps to develop services that better meet people's needs.

Co-production is the approach used by SSBC to incorporate the voices of the community into the organisation. Co-production is a way of working that involves people who use the services in equal partnership and engages a group of people at the earliest stages of service design, development and evaluation. SSBC has embedded co-production by working alongside a diverse group of parent volunteers known as Parent Champions. Parent Champions act as representatives of the communities within SSBC wards. They use their own personal experiences and knowledge of the experiences of other local families to help professionals understand and deliver what local families want and need.

"We are all parents. We started meeting each other since we were parents, had young babies. But from my other volunteer work, I meet many people like asylum seekers or [who] have been homeless, you know in the past or now in this situation. So, we all have one ambition. The goal is helping."

Parent Champion

Parent Champions contribute to shaping and influencing the SSBC programme. They bring their knowledge and experience of what works in SSBC wards to help shape and determine future plans and development, and challenge traditional ways of thinking and doing. Parent Champions take on a range of responsibilities, such as supporting SSBC Community Partnership meetings, acting as members on recruitment panels, and being part of the SSBC Partnership Board, thereby influencing decision making. Parent Champions serve as a constant reminder to our partners and stakeholders of the centrality of the community voice in the programme and contribute to system change by grounding debates, discussions and decision-making around service provisions in the realities of people's lives. For example, Parent Champions influence strategic decisions as part of the Nottingham Strategic Systems Change Board and have supported system change across the Early Years/Early Help landscape through involvement in 0-19 workstreams.

Parent Champions take SSBC's commitment to co-production beyond SSBC's four target wards by speaking at local and national events and by helping system leaders understand, accept and value the role of community participation.

"Since joining SSBC, I have seen the difference parent voice makes. They actually take the steps to implement things. So, it's not just about, OK, you can talk as much as you like, but we choose what happens. So that is definitely that element of co-production."

Parent Champion

In addition to our work with Parent Champions, SSBC has worked in partnership with local parents/carers and community organisations on a range of projects. The following sections give two examples of the co-production approach that SSBC has taken in projects that have focused on reducing inequalities and improving access for diverse communities: The Pregnancy and Parenting during Ramadan booklet and successful engagement with non-English speaking families.

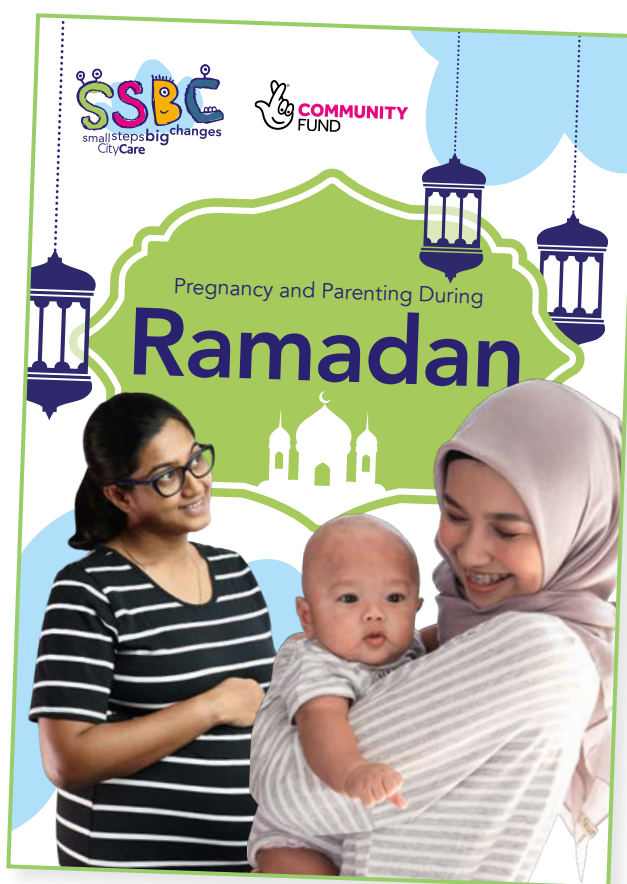
2.2 Pregnancy and Parenting during Ramadan

In collaboration with local partners, SSBC developed **A guide to Pregnancy and Parenting during Ramadan**. The guide aims to help Muslim women by providing them with information relating to pregnancy, breastfeeding and early parenthood during Ramadan. The guide is not only for Muslim women, but also for workforce to understand the impact of the month of Ramadan, when Muslims abstain from eating and drinking from sunrise until sunset.

The guide was developed in response to local need. SSBC was approached by a local mother and Volunteer Co-Ordinator at Framework

Housing Association, one of SSBC's Family Mentor (FM) Service providers. She felt there was a need for a trusted source that brought together information around Ramadan in the context of pregnancy, breastfeeding and early parenthood.

SSBC took a co-production approach to develop the guide and worked in partnership with Nottingham Muslim Women's Network, Nottingham Women's Network, Diet and Nutrition Peer Supporters, Nottingham CityCare Partnership and local parents. This helped to ensure the resource met the needs of local families and contained up-to-date reliable information.



The guide was made available in English, Urdu, Kurdish and Arabic, both online on the SSBC website and in hardcopy. SSBC supported promotion of the booklet by means of a social media campaign and distributed 2000 hardcopies across a range of service providers, including Nottingham University Hospitals NHS Trust Maternity, SSBC Family Mentors, Nottingham Women's Centre, Nottingham Refugee Forum, Children's Public Health 0-19 Nursing Service, and Feeding and Weaning Teams at Health Centres.

The guide was well received by partner organisations and was found to be very useful for workforce to learn more about Ramadan. The guide supports SSBC's work around improving access to ethnically diverse communities and helps build connections and trust with some seldom heard communities. It also complements the work SSBC is undertaking around improving nutrition outcomes and priorities across the local system, such as the **Eating and Moving for Good Health Agenda**.

2.3 Successful Engagement with Non-English-Speaking Families

To benefit from services, families need to be aware of them and engage with them. For families who speak little, or no English navigating services can be a barrier.^{11,12,13} SSBC wanted to gain a better understanding of the barriers and facilitators for families with young children, for whom English is not their first language, in accessing healthcare. SSBC undertook a successful engagement project in Nottingham City East Primary Care Network (PCN), which is one of eight Primary Care Networks in Nottingham's Place Based Partnership (PBP).

Compared to England averages, the PCN has a higher proportion of young working age adults and fewer elderly people. It is also more ethnically diverse. Black and minority ethnic groups form 35% of the resident population. The Nottingham City East PCN boundary covers some areas which are defined as the most deprived 20% in England; 73.9 % of children served by this PCN reside in these areas.¹⁴

The project started with the formation of a cross-organisational project group, which, alongside SSBC, included healthcare professionals from the PCN, Nottingham CityCare, a local community health provider and provider of Children's Public Health 0-19 Nursing Service, Nottingham University Hospitals NHS Trust Maternity, as well as Framework Housing Association, a local provider of the SSBC Family Mentor Service.

With a shared ambition to reduce health inequalities, the project group reviewed local interpreting data to inform the target audience for engagement activity. Arabic, Czech, Tigrinya and Urdu speaking local families were the most likely to need language support at healthcare appointments. The project thus aimed to better understand these families' view and experiences of accessing healthcare.

SSBC commissioned a local community organisation, Sisters of Noor, to support meaningful engagement. Sisters of Noor is a grassroots organisation that specialises in supporting women from ethnically diverse backgrounds, and single mothers and children to create an equitable future.

Sisters of Noor developed an online survey that covered a broad range of areas relevant to the early years' health agenda, including parental wellbeing, access to services and use of interpreters. Language and health terminology used in the survey was easily translatable with similar meanings to other languages. The English survey was translated into Arabic, Czech, Tigrinya and Urdu. A target was set to reach 100 families for whom English was not their first language, seeking 25 responses each from Arabic, Czech, Tigrinya and Urdu-speaking families.

This response target was successfully met. Working with Sisters of Noor, an established and active community provider was integral to this success. Access routes to families were enabled through existing and strong networks. Local families view Sisters of Noor as a trusted organisation and have confidence in them. The online survey was distributed by Sisters of Noor to schools, faith institutions and community organisations and was shared via organisational websites for participants to access.

The organisation spoke various languages and had strong cultural knowledge. This enabled sampling to develop iteratively, with a focus on ensuring a balanced representation of families across the languages. Some of the written surveys were completed as part of face-to-face interviews at community groups, with participants who spoke any of the four languages.

Participants completed the survey in their preferred language. Non-English survey responses were translated to enable analysis. Answers to the survey indicated that the sample was varied and included fathers, families where parents were born in the UK, families with older children, families who had recently arrived in the UK with varying age children, families who spoke little or no English, and others fluent in English alongside an additional language.

As healthcare continues to move towards an integrated model, services involved in the project group, welcomed and benefited from working collaboratively. The breadth of the survey allowed for relevant findings, for a variety of services who work with families with young children, to be gathered. The project provided an opportunity to share, deepen and strengthen knowledge of the community and the families in it. The strong cultural knowledge of the contracted partner, further supported quality learning about services and the community context they are delivered in.

Achieving good reach and meaningful engagement, especially with communities that are seldom heard, requires time. The initial allocated time of eight weeks proved unrealistic. Obtaining translations of the survey into the four languages was time consuming. The initial

planned timing for survey completion included the month of Ramadan, which meant accessing Muslim communities was not appropriate. Reach was supported through partnership working with community organisations, including schools, who also had holiday periods.

The survey findings were made **publicly available** and informed the development of resources to support improved understanding of services available in Nottingham. These online **Migrant Health Patient Resources** include written resources on improved understanding of services for families with young children under five, including immunisations and a series of common childhood illnesses. As part of further engagement events, each written resource was translated and shared with families to ensure the resources met their needs. Resources were shared via a link available to all GP's and further promoted and shared as part of a workforce engagement event.

This project clearly demonstrates the benefits of working collaboratively with community partners, in terms of gaining reach into diverse communities. Future projects may benefit from research expertise being included at an early and ongoing stage, to maximise the usefulness of all data collected.



3 Community-Based Commissioning

3.1 Why Community-Based Commissioning Matters

Nationally, ethnic inequalities have been either persistent or worsening in many areas, such as maternal and neonatal outcomes,^{15,16,17} childhood obesity,¹⁸ child oral health¹⁹ and school readiness.²⁰ In order to reduce these inequalities, it is important to look at the process of translating health and social care policies and ambitions into the design and delivery of services on the ground. Commissioning, which refers to the planning, purchasing and monitoring of services, is an important step in this process. Commissioning is a powerful tool in making services more equitable for families from diverse backgrounds. In order to tackle inequalities in access, experiences and outcomes, as well as improve population and health outcomes, services must be designed and commissioned with the needs of the communities they serve in mind.

The commissioning environment for health and social care is complex and has seen substantial changes in the last several years. Both national and local commissioning bodies are responsible for carrying out commissioning duties. At a national level, NHS England directly commission some health services. These include, among others, specialised services such as neonatal services, and some public health services, such as immunisation and screening programmes.²¹

At a local level, Integrated Care Boards (ICBs) have the commissioning responsibilities for health services within Integrated Care Systems (ICSs). In 2022, ICSs received formal legal status as NHS organisations with statutory powers and responsibilities. There are 42 ICSs covering the whole of England. Alongside the ICBs, ICSs have another key component: the

Integrated Care Partnerships (ICPs). The ICPs, whose membership is decided locally, bring together a wide range of partners concerned with improving the care, health and wellbeing of the local population. The ICPs set out the integrated care strategy on how to meet the health and wellbeing needs of the population in the ICSs' area. The ICBs' responsibility is to allocate the NHS budget and commission services for the population in accordance with this integrated care strategy.²²

Publicly funded social care services, a variety of public health services, including school nursing and health visitors, as well as other essential services that support health and wellbeing, like housing, education, recreation, and transport, fall under the remit of the local authority's commissioning responsibilities. When planning and making decisions, local authorities take the integrated care strategy of the ICPs into consideration.²¹



Through the A Better Start ten-year (2015-2025) programme, Nottingham was awarded £45 million to develop and test ways to improve babies and young children's diet and nutrition, social and emotional development, and speech, language and communication. The SSBC programme has meant a considerable investment within the Nottingham and Nottinghamshire ICS' locality.



SSBC's programme of activities is mainly delivered by commissioned providers. In its capacity as a commissioner, SSBC has adopted a community-based approach, which is also referred to as a community-centred²³ or an asset-based approach.²⁴ This means that SSBC has worked closely with stakeholders across the system, including families from diverse backgrounds, to understand the local needs, determine priorities, and design, plan and resource services to effectively meet those needs.

SSBC takes a collaborative approach to commissioning and has provided ongoing support to commissioned service providers to promote partnership working and development. This support includes, for example, workforce development opportunities through delivering a varied programme of high-quality training and conferences, networking opportunities to help build strong relationships across and between local organisations, services and families, as well as marketing and communications support to promote commissioned services. Moreover, as a test-and-learn programme, SSBC has a strong commitment to gathering and sharing the learning from the SSBC programme to inform the implementation of improved services in the future.

The following two sections discuss projects which illustrate SSBC's community-based commissioning approach: The Family Mentor Service and Ideas Fund.

SSBC is promoting system change towards community-based commissioning not only by exemplifying this commissioning approach within the SSBC programme, but also by its contribution to a tool that supports the assessment of the responsiveness of organisations, services, or systems in delivering or commissioning provision to meet the needs of Black, Asian and minority ethnic citizens. This tool is the Culturally Competent Maturity Matrix, which is discussed in the final section of this chapter.

3.2 The Family Mentor Service

In 2015, SSBC launched the Family Mentor (FM) Service, which embodies the SSBC principle *"Children at the heart, parent's leading the way, supported and guided by experts."*

The delivery model, which was co-designed with parents, is unique to Nottingham. Family Mentors are a trained, paid peer workforce of local parents employed by local voluntary and community sector (VCS) organisations. They deliver the **'Small Steps at Home'** manualised programme of child development and preventative health support to parents in SSBC wards through scheduled home visits, in a supportive and empathetic manner, as well as providing activity groups in community locations. Through service delivery and evaluation, the FM Service benefits from eight years of **test-and-learn**.

3.2.1 Positive Impacts on the Family Mentor Workforce

In 2023, the FM Service was awarded the Social Value Award as part of the Nottingham and Nottinghamshire Integrated Care Board’s Health and Social Care Awards. Commissioning a service can bring wider social, economic, and environmental benefits, which are referred to as social value. The FM Service model provides social value through commissioning established voluntary community sector (VCS) organisations that in turn employ local people based on aptitude rather than qualifications. Accredited on-the-job training provides certification at Level 2 (equivalent to GCSE).

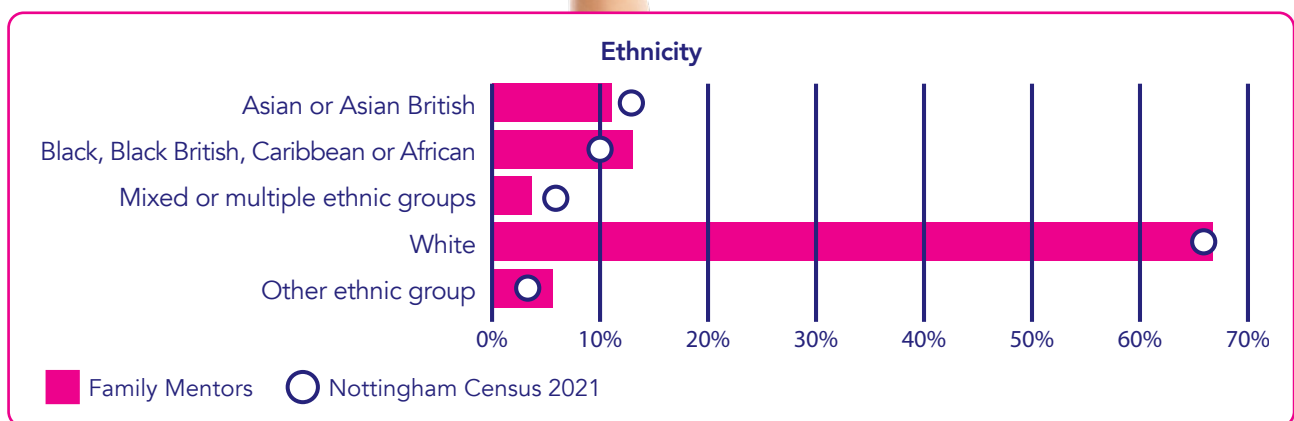
Family Mentor roles create job opportunities that suit part-time working parents who are new or returning to employment in particular.



A recent survey conducted by SSBC among 54 FMs, all female, showed the following:

- Almost all FMs are parents and live in Nottingham. Nearly half of FMs live in SSBC wards.
- 41% of FMs volunteered before becoming a FM. Most of them volunteered at SSBC or one of the FM Service providers, highlighting the value of volunteering as a route to paid employment.
- For 7% of FMs their current job is their first paid work. For 28% of FMs it is their return to work after not being in paid work for at least a year.
- Part-time working facilitates a FM’s childcare needs. 74% of FMs work less than 30 hours per week; 35% of Family Mentors are single parents.
- Before their employment as FMs, 41% of FMs did not have anyone else in their household earning an income from paid work. On average, FMs saw an increase in household income after gaining employment as a FM.

The survey also showed that the FM workforce ethnicity profile closely matches the Nottingham Census 2021, suggesting that the FM Service is providing equitable job opportunities to people from diverse ethnic backgrounds.



FMs who responded to the survey spoke 14 non-English home languages, including Polish, Urdu, Arabic and Romanian, which are among Nottingham’s most common minority languages. Matched with families from similar cultural backgrounds, multilingual FMs can deliver Small Steps at Home in their own home language.

“Thank you SSBC, I’m so glad to get a family mentor. I’m new in the UK, I can’t speak English I just [u]nderstand a little bit of it and I’ve found SSBC services amazing delivered in my own language. I like how [my Family Mentor] has an answer for all my questions and how she’s supporting me. Thank you again.”

**Mother from St Ann’s,
recipient of Family Mentor Service**

The survey also showed that FMs have an increase in confidence after becoming a FM in recognising and responding to safeguarding needs, working with computers, child development and building trusting relationships with families. FMs reported developing a wide range of knowledge and skills in their jobs in areas such as communication, management and leadership, conflict management, running groups, mental health, breastfeeding, and trauma-informed practice.

3.2.2 Positive Impacts on Families

Evaluation of the FM Service is positive for children and families. The diverse FM workforce is seen as a key contributor to making the FM Service an accessible service for families. Currently, 1056 children are signed up for the FM Service, which means that 40% of eligible families living in the four SSBC wards engage with the Service. FMs have delivered Small Steps at Home (SS@H) or community groups to 5328 individual children, totalling 111,668 interactions. 74% of children were living in the 10% most deprived Local Super Output Areas at time of sign-up.

Greater percentages of eligible Asian/Asian British and Black/African/Caribbean/Black British children currently benefit from the service (36.6% and 48.4% respectively compared to 35.1% White British). Non-English-speaking families in Nottingham City East Primary Care Network rated FMs as one of the services most easy to access.²⁵

As an accessible service, FMs are well-placed to offer timely and appropriate referrals into other services.

External evaluations conducted by Nottingham Trent University have shown the following positive findings:

- Children from SSBC wards who participated in the SS@H programme for more than 18 months had the highest mean scores both for the overall 24-Month Ages and Stages Questionnaire (ASQ) scores, and four out of the five ASQ domains, namely communication, gross motor, fine motor and personal-social scores.²⁶
- An increase in the visits of SS@H led to an increase in the 12-month Gross Motor Scores, which was statistically significant.²⁶
- An increase in SS@H visits led to an increase in the 24-month Fine Motor Scores, which was statistically significant.²⁶
- There was a strong, positive association between the number of SS@H visits and 12-month communication scores. That means, an increase in the visits led to an increase in the 12-month communication scores.²⁷
- Parents report improvements in the wellbeing and confidence of both parents and children, children eating healthier food options, and improvements in children’s sleeping routines and behaviours.²⁸
- Family Mentors reported perceived developments in children’s confidence, language and communication, and improved English for children whose parents first language is not English. They also reported a perceived improvement in relationships and more interactions between children and parents due to the SS@H programme, as well as parents being more safety conscious.²⁸
- Qualitative interviews, that sought to understand parents’ experiences of having a FM, show that parents have a positive view on their relationship with their FM. Parents value their FM’s non-judgmental approach and the trusting relationship they build with them through regular contact. All parents would recommend the FM Service to a friend or family member if they were eligible.²⁹



In light of positive impacts of the FM service for both families and the local communities, SSBC recommends for 'the support needs of families to be partially met through a trusted and non-judgmental peer support service, with the FM Service as an example of good practice.'³⁰

The FM Service has recently successfully bid for funding through the Health Inequalities and Innovation Fund, which is made possible by the Nottingham and Nottinghamshire Integrated Care System. The Health Inequalities and Innovation Fund provides resources to local projects aimed at reducing health inequalities by finding new ways of working. In line with these funding aims, the FM Service will be changing to a targeted-selective intervention for families identified in collaboration with Midwifery, Children's Public Health 0-19 Nursing Service and other health practitioners and will focus on the earliest stage of a baby's life from birth to twelve months. This new service will be rolled out across Nottingham City.

3.3 The Ideas Fund

SSBC also promotes and adopts community-based commissioning through micro-funding opportunities for grass root initiatives.

Launched in 2016, the Ideas Fund scheme provides small amounts of funding that enable local organisations to develop and implement initiatives that they think will help local families, as well as support a small-scale test-and-learn approach to influence future practice. Through the Ideas Fund, SSBC has funded, annually, a range of projects that aim to improve child development outcomes in the areas of diet and nutrition, social and emotional development, speech, language and communication. Some annual funding periods have had a more specific or themed priority, such as improving access to diverse communities, fathers, and families during pregnancy.

The Ideas Fund project moves away from the conventional commissioning approach in which

the focus is on funding tightly defined services and activities. Rather, within the remit of the SSBC programme, the Ideas Fund has given the opportunity for well-established Local Voluntary and Community Sector Organisations (VCS), as well as new and emerging community groups to put forward what they can or could do with the right support.

SSBC takes an assets-based approach to the tendering process. After completion of due diligence checks, applications are assessed and scored by the Ideas Fund Partnership Panel, which includes Parent Champions who are able to provide a service user perspective on how the Ideas Fund resources can be allocated most effectively.

National evaluations of integrated health and social care have consistently identified common barriers to asset-based commissioning, including a short-term focus, inability to leverage additional funding and siloed working.³¹ Short-term funding cycles for projects limit the ability to develop longer term partnerships across local stakeholders. With a focus on long lasting impact, beyond the term of the SSBC programme, the Ideas Fund extended the funding term from one to three years in 2021. Moreover, projects have been allowed to secure funding in multiple funding cycles. Nine projects received repeat annual funding and nine of the 14 projects funded for three years previously received at least one year of annual funding. This reflects SSBC's commitment to supporting the sustainable development of voluntary and community organisations.

Partnership work is an important component of the Ideas Fund to prevent siloed working. One of the requirements of Ideas Fund projects is to work with parents, workforce, partners and the local community. SSBC takes a collaborative approach to commissioning and provides ongoing support to Ideas Fund projects. For example, SSBC organises Ideas Fund Learning and Networking Days, as well as regular Community Partnership Meetings where workforce and Parent Champions come together to give updates on their services and discuss items related to the local community.

The Ideas Fund has successfully supported local organisations with a priority to improve access to diverse communities. **Belong Nottingham** has over 20 years of experience supporting refugees, asylum seekers and vulnerable migrants. Their Ideas Fund project provides language support for new and expectant mothers. Pregnancy is a period of increased vulnerability for migrant women. The project aims to help women feel in control over their pregnancy and parenting. A short, specialised English for Speakers of Other Languages (ESOL) course before birth focuses on relevant language for their healthcare appointments and ensuring they understand their rights around consent and making choices about their own health. After the birth, women are offered another general ESOL course, where they learn about different services, facilities and groups that they can go to with their babies and will be encouraged to visit together.

SSBC small steps big changes City Care

COMMUNITY FUND

Learn English for Free

with 'Small Steps to your English'

FREE 12-week course (ESOL) for parents with babies and toddlers aged 0-3, living in Hyson Green, Arboretum and St Ann's.

Come to one of our information days

at

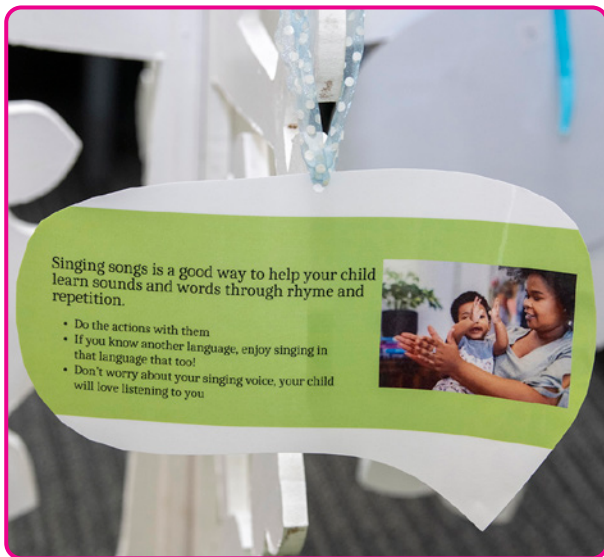
on

to learn more! Bring your little ones too (0-3 years)

Small Steps Big Changes - giving every child the best start in life

Another example is Boogie Mites, delivered by Sisters of Noor, an organisation specialising in working with Muslim single mothers. Boogie Mites is a music and movement programme for families with babies and toddlers. A friendly and supportive environment with songs from different cultures offers opportunities for parents to bond with their child, meet other parents and learn ideas for music and play at home.

The Ideas Fund also supports the Learning to Love Books project by **Literacy Volunteers**, a charity based in Nottingham that enriches young people's lives by assisting with their literacy, communication and social skills.



The project provides sessions that aim to encourage early literacy and vocabulary development, develop positive family relationships by sharing books for fun and giving ideas for learning activities at home. The sessions are hosted in libraries in Hyson Green and Arboretum, and St Ann's, which have a high proportion of families with English as a second language and a diverse ethnicity profile.

"My children have developed lots since coming to the group. They really enjoy the variety, e.g., singing, story time, playtime and craft, etc."

Parent, attendee of Learning to Love Books

In order to capture the learning from the Ideas Fund, SSBC commissioned Nottingham Trent University to undertake an **independent evaluation** of four selected Ideas Fund projects to explore their perceived impact and benefits and their sustainability.³² In addition to this, SSBC is commissioning an intensive meta-evaluation of the overall SSBC Ideas Fund.

3.4 Culturally Competent Maturity Matrix

SSBC's Head of Programme has co-led the Race Health Inequalities Programme for the Nottingham Place-based Partnership (PBP). The PBP has acknowledged that structural racism has played a part in increasing health inequalities, poor health outcomes and poor access to services for Nottingham's Black, Asian and minority ethnic communities. The PBP developed the **Culturally Competent Maturity Matrix**, which is a bespoke self-assessment tool used to assess the responsiveness of an organisation, service, or system in delivering or commissioning provision to meet the needs of Black, Asian and minority ethnic citizens. The purpose of the tool is to help to tackle structures and processes that can be exacerbating inequalities experienced by minority communities and to shift mindsets, by providing a platform for curious questions and difficult conversations. There are four stages of maturity in the Nottingham City PBP Culturally Competent Maturity Matrix: Emerging, Developing, Maturing and Thriving.

The Culturally Competent Maturity Matrix comprises seven principles to assess against. These are:

- a. Equality Impact Assessments
- b. Community Engagement
- c. Representative Workforce
- d. Accountable Leadership
- e. Data & Evidence
- f. Financial Investment
- g. Inclusive Decision Making

Since its soft launch in December 2022, the matrix has been piloted by four PBP partners, with feedback used to improve the tool.

The matrix was formally launched at Nottingham's first ever Race Health Inequalities Summit, led by Nottingham Community and Voluntary Service (NCVS), in May 2023. The summit was attended by 200 community, voluntary and statutory services. The event provided a platform to look at the Nottingham Landscape with a deep dive into maternity and mental health services.

The Race Health Inequalities Report, '**Local Routes to Change**' is a culmination of the voices of people who attended the summit and the community workshops that followed. The report serves as a call to action for what is needed next to address health inequalities in mental health and maternity care, as well as the focus needed to address systemic issues preventing minority ethnic groups from experiencing more equitable health outcomes. A broad range of over 30 community, voluntary and statutory organisations across the system have signed up to be part of a community of practice to roll out the matrix across the Nottingham and Nottinghamshire Integrated Care System.

The potential impact of the Maturity Matrix is that:

- Commissioners can commission culturally competent services.
- Providers will be commissioned to deliver and acknowledge the resources, focus and context to deliver services which meet the needs of our diverse communities.
- Workforce will benefit from greater awareness of cultural competence which in turn will affect behaviour change.
- Communities will be better connected to services, have their voices heard and be able to influence services.

The Culturally Competent Maturity Matrix has received national recognition for addressing race health inequalities as a finalist for the NHS Race Equality Award at the **2023 HSJ Awards**. The HSJ awards are a national recognition of healthcare service excellence in the UK.



4 Father Inclusivity

4.1 Why Father Inclusivity Matters

Father inclusivity is one of the SSBC programme's main system change ambitions, with the vision to embed the inclusion of fathers and male caregivers as the norm across services for families.



Research has shown that children have better outcomes when they have a positive male role model in their lives.³³ For example, father's playful interactions in the early years, often in the form of physical play such as "rough and tumble", can positively contribute to children's social, emotional and cognitive outcomes.³⁴

However, the transition to parenthood and early parenting can be a vulnerable period for mental ill health of mothers and fathers. The perinatal period can bring highly stressful events for fathers such as pregnancy and baby loss, neonatal admission, and ill health of the baby's mother. An estimated 8.4% of men experience paternal depression.³⁵ Perinatal mental health problems put fathers at an increased risk of suicide, with the likelihood of suicide risk up to 46.5 times higher.³⁶

Fathers' mental health impacts on themselves, their partner and their children. Research has shown that when mothers feel supported by their partner during pregnancy, this contributes

to improved well-being for mother and baby after birth.³⁷ Fathers' involvement in their children's upbringing can bring benefits to their children in terms of their developmental outcomes. Research has shown that children that experience more father-child time, have slightly higher levels of cognitive development, with greater gains in children's outcomes when fathers' involvement is directed at educational activities.³⁸

There is a clear imperative for policy makers and practitioners to make it standard practice for all services to better include fathers and other male carers. While pregnancy and early parenthood are times of vulnerability, these are also opportune times to support parents and their children due to their increased interaction with family health and support services. The perinatal period, from pregnancy to one year after birth, has been described as a 'golden moment' for identifying and addressing health problems and behaviours among fathers.³⁹

There is concern that current UK policy and intervention aimed at supporting fathers remains primarily informed by white middle-class values and experiences, failing to effectively address the needs of the diverse father population in Britain.⁴⁰

In conclusion, effectively reaching and engaging with fathers through the life phase of expectant and early fatherhood will benefit their children, themselves and their families. It is important that services do this in a way that improves inequalities for fathers from diverse backgrounds, with opportunities to improve understanding of fatherhood across cultural perspectives,⁴¹ eradicate unhelpful stereotypes of fathers from minorised backgrounds⁴² and address the needs of the diverse fathers in the UK.



THINK DADS

SSBC raises the importance of father inclusivity, not only locally, but also on a national scale. One example of this is **SSBC's evidence submission** to the Health and Social Care Committee's inquiry on Men's health. The following sections in this chapter will discuss local initiatives by SSBC to promote father inclusivity, with two initiatives discussed in more detail because of their contribution in improving access to diverse communities: An Information Pack for New Fathers and the SSBC Ideas Fund beneficiary Shifting Your Mindset.

4.2 SSBC Initiatives Addressing Father Inclusivity

SSBC engages fathers and father figures throughout the programme of support and activities. This has included a father inclusive strategy and operational plan, developed in **consultation with local fathers** and including a fathers' advisory group. Here, we highlight some of the SSBC initiatives to promote father inclusivity.

4.2.1 Think Dads!

System change is needed to value fathers and father figures as equal co-parents and recognise the vital and unique contribution they make to their children's development. There is a training need among health professionals to better support fathers.^{43,44} Across Nottingham, SSBC is sharing its knowledge and learning from the involvement of fathers and father figures through the **'Think Dads!' father inclusivity training**, as well as the **'Think Dads!' conference series** to encourage workforce partners to take a similar approach and influence the wider system.

In addition, SSBC's **'Think Dads!' social media campaign** was also produced to support the father inclusive strategy. A video campaign was developed with the aim of sharing positive interactions between local fathers and local services, as well as time spent with their children and their thoughts about being a father. The campaign shares the voices of fathers from diverse backgrounds and showcases the positive interactions between fathers and children in Nottingham. The campaign aims to act as a reminder for the workforce to make fathers feel welcome and valued and to support training and other digital campaigns for father inclusivity.

4.2.2 Recliner Chairs in Postnatal Wards

Research indicates that men experience a lack of support throughout their journey to fatherhood. While fathers are very appreciative of the care their partner and baby receive, they themselves experience poor communication with healthcare professionals, with some feeling ignored and side-lined in maternity settings where they tend to be treated as visitors rather than co-parents.⁴⁵ It is standard practice in maternity wards in England to support the presence of a father, partner or support person during birth due to the positive impact this has on women's experiences and outcomes.⁴⁶ However, fathers staying overnight in the postnatal wards is a topic which has sparked debate nationally around whether this is viable for hospitals, staff and the mothers in the maternity ward.⁴⁷



To support creating a welcoming environment for fathers, SSBC funded recliner chairs to be included in all postnatal wards within Nottingham University Hospitals NHS Trust, allowing fathers to stay over, support their partners, and bond with their baby. This improvement in the physical space to accommodate fathers required significant work, strong leadership, and persistence to accept and embed this father-inclusive initiative across the workforce. The recliner chairs project has been particularly successful in changing staff attitudes to the importance of partners on wards, with the majority of surveyed staff saying the chairs improved the postnatal environment. Recliner chairs have now also been implemented in another trust within the region. Implementation of the initiative beyond Nottingham City suggests that fathers and partners are now being recognised and supported as an integral aspect of maternity care within Nottingham City and the wider County.

4.2.3 An Information Pack for New Fathers

Research has shown a lack of resources that are tailored to fathers, despite fathers wanting more support.⁴⁸ SSBC undertook a consultation with local fathers to understand their needs when it comes to being supported in their parenting and giving their children the best start in life. A **shared learning webinar** was created for the workforce and partners to share the findings of this consultation.

The consultation showed that fathers felt that the times of greatest need for support were during pregnancy and in the first six weeks of their baby's life. Fathers used words like 'overwhelmed', 'lost', and 'struggling.' Whilst they recognised the importance of mum and baby being the priority, they also felt that they needed more information on the basics of looking after their new baby and how to support their partner.

In response to this need, SSBC developed and produced **An Information Pack for New Fathers**. This resource is available via the Dad's Zone on the SSBC website. **The Dad's Zone** is a one-stop shop of information for fathers, including for fathers who need support with low mood. The resource also offers practical advice to fathers about caring for their new baby and information about what fathers are entitled to in terms of rights and benefits.





The pack features images, which reflect the diversity of the local population, and has been translated into the six most commonly spoken minority languages in Nottingham, which are Arabic, Kurdish, Polish, Romanian, Tigrinya and Urdu. Alongside the **downloadable** versions, hardcopies have been distributed to local partners. An Information Pack for New Fathers has been embedded and promoted across SSBC-commissioned services, such as the Family Mentor Service and the Maternity Support Workers Pathway.

An independent evaluation of the pack by Nottingham Trent University showed that fathers, including those who were not first-time fathers, found the resource a useful source of first reference, especially as it is a comprehensive single document from a trusted source. Fathers and practitioners felt that the English version of the pack was understandable to those with basic English reading skills. Fathers learned how to hold and

bond with their baby, including bonding before birth, and appreciated the information about emergency care and how to keep their baby safe. Both fathers and practitioners reported that the information in the pack helped their understanding of the financial support available to them, as well as fathers' rights, parental leave and benefits. Practitioners liked the fact that the pack does not need to be read all at once and that fathers can pick up the resource when they want to know more about one of its topics. Practitioners highlighted the reliable, evidence-based nature of the information in the pack, including current and up-to-date guidance and links to trusted websites. As for the pack's future potential, the evaluation concluded that professionals felt it could play a role in engaging fathers from groups which are underserved, and that the pack should be given out as part of antenatal care, while fathers advised that the pack should be made available to parents throughout the UK.

4.2.2 Shifting Your Mindset

Shifting your Mindset is a local non-profit organisation, whose mission is to empower and uplift men, fathers, children, young people, and disadvantaged families in underserved communities. Shifting Your Mindset received funding through SSBC's Ideas Fund for their Nurturing Fatherhood Project which aims to empower and support dads from Black and minority ethnic communities.



Nurturing Fatherhood Project

For the Nurturing Fatherhood Project, fathers were consulted prior to its development. They are also involved in raising awareness of the project and encouraging fathers from Black, Asian and minority ethnic communities to attend the sessions. Fathers are engaged in outreach activities including a podcast, acts of kindness in Nottingham (e.g., handing out food to people experiencing homelessness), and establishing a dads' garden, where fathers can meet in the summer, and also decide upon and hold events. A key element of the project is peer-to-peer support, with fathers supporting each other. Two fathers have received training to co-deliver the project when needed. The Nurturing Fatherhood Project thus serves as an example of good practice of a support service, designed and delivered both by and for fathers.

Some fathers who engaged with the Nurturing Fatherhood Project have gone on to attend training, to be involved in outreach activities in the community, to raise awareness, and offer peer support to minority ethnic fathers who are going to court to seek access to their children.

An external evaluation of the Nurturing Fatherhood Project gives insight into the positive impacts of the Nurturing Fatherhood Project.⁴⁹ Fathers reported several benefits from engaging with the project, including improved

emotional wellbeing as a result of peer support from other fathers and opportunities to share their experiences and difficulties; practical support and signposting which has led to financial support, peer support and advice that had resulted in contact and more positive relationships with their children, the provision of food and stress release and therapeutic benefits from working in the dads' garden. Fathers also carry out 'acts of kindness' in the community including giving out food and drinks. The acts of kindness have provided opportunities for networking and meeting others supporting local communities, developing community connections further.

"Being actively involved in organising weekly events has instilled a sense of purpose and structure in my life. Previously struggling with depression, the responsibility of representing the organisation has motivated me to create a well-organised schedule and become a positive influence in the community. This transformation reflects a significant improvement in my mental and emotional well-being."

Local single father attending the Nurturing Fatherhood project

SSBC funding for the Nurturing Fatherhood Project was perceived to have acted as a stepping-stone to further funding as it had enabled Shifting Your Mindset to build a track record, evaluate the project and make plans to expand it further, including recruitment of more staff and implementing supported accommodation for men experiencing homelessness.

Supporting fathers with An Information Pack for New Fathers

Shifting Your Mindset have used **An Information Pack for New Fathers** in their sessions with fathers. As a helpful guide to fatherhood, Shifting Your Mindset describes the Pack as a 'game changer', which has been especially helpful for young fathers, as they did not have access to a resource that was targeted specifically to fathers before. The session organiser finds that the pack provides a starting point to a range of topics they discuss across different sessions and supports fathers to reflect on these discussions at home and come back with any questions.

Sharing lived experience with the local workforce

Fathers supported by Shifting Your Mindset have also influenced others through sharing their lived experience at the first **'Think Dads!' conference** on the 4th of October 2023, which was attended by a wide range of local organisations.

The fathers appreciated the opportunity to share their first-hand experiences of what it is like to be a dad today. The fathers spoke about their own parenting experiences, including how much they love being a father, and the different father roles they had taken on such as single father, co-parent, godfather, stepfather, grandfather, uncle, as well as their experiences as a non-residential father and the challenges in maintaining contact with their children. Fathers also elaborated on breaking down generational curses and changes in parenting. For example, moving away from the 'tough love' parenting style they experienced themselves as a child. Fathers also spoke about the challenges of balancing work and family time, and the strain this can have on the father's health.

The fathers' stories highlighted how Shifting Your Mindset offers a community of support at personally difficult times and the importance of peer-to-peer support for fathers and showed the importance of treating fathers as equal parents across services.



5 Speech, Language and Communication

5.1 Why Speech, Language and Communication in the Early Years Matters

Promoting early language skills is an important objective of the SSBC programme. SSBC wards are ethnically diverse, and many children are raised in multilingual environments, with some families having limited or no proficiency in English. Children's first language is a factor in their attainment of the expected level in communication, language and literacy in the first year of school. In Nottingham, 65.7% of children who have English as their first language reach this standard, versus 63.3% of children who have another language as their first language.

Attainment gaps are not only seen based on children's first language, but also based on ethnic group. According to the 2021 Census, 34.1% of people in Nottingham identified with an ethnic minority background.⁵⁰ Grouping all ethnic groups together in reporting statistics does not give accurate insight into where inequalities are most pronounced. For example, while considerably more children from ethnic minority and disadvantaged backgrounds do not meet expected levels of attainment in reception, pupils from the Chinese ethnic group have the highest percentage out of all ethnic groups in reaching the expected language standard.

Income-related language gaps are already present by 18 months and become entrenched by the age of three,⁵¹ with gaps increasing as children grow older.⁵² Children's early language development provides the foundation for learning and has a significant influence on later life outcomes, including their employment and earnings. To illustrate, adequately supporting pre-school language skills could boost the economy by £1.2bn.⁵³

5.2 Speech and Language Support at the Earliest Opportunity

SSBC aims to develop parents' capability and capacity to support their babies' and young children's speech, language, and communication development with a wide range of programme activities. Just two examples of SSBC commissioned projects aimed at supporting language and communication are **Literacy Champions**, community-based volunteers in the Nottingham hub of The National Literacy Trust, and **Dolly Parton's Imagination Library**, a book gifting programme which has delivered a total of 367,296 books to children aged 0-4-years-old in SSBC wards.



External evaluation evidences that the SSBC programme in general improves children's receptive vocabulary.⁵⁴ Standardised British Picture Vocabulary Scale (BPVS) scores at school entry were compared between children who participated in the SSBC programme and other children entering reception class in the same schools. Children who participated in the SSBC programme scored statistically significantly higher than children who did not.

5.2.1 Improving Accessibility to Early Intervention Speech and Language Support

SSBC focuses on the importance of early intervention through the provision of supportive services which empower parents and caregivers as their child's first teachers and aim to prevent the need for specialised services at a later stage. SSBC identified a gap in the provision for speech, language and communication (SLC) services for babies and very young children and commissioned the Early Intervention Speech and Language Team (EISLT) at Nottinghamshire Healthcare NHS Foundation Trust. The work of the team has been recognised for their excellent practice as winners of both the Nursery World Awards 2023, Inclusive Practice Award and the Children and Young People Now Awards 2023, The Public Sector Children's Team Award.

The team delivers services for families with children aged nine months to two and a half years in SSBC wards. While some of the services are offered to all children living in SSBC wards, others are specifically aimed at those children living in SSBC wards who have been identified as needing some additional SLC support. Group and at-home interventions support children's language and communication development at the earliest opportunity teaches parents and caregivers strategies and activities that support children's language development.

The EISLT has undertaken a range of actions to improve access to their language and communication interventions for families with babies and young children from diverse backgrounds. The team is accredited as a Communication Accessible team by **Communication Access UK**, which has developed training and set standards to support inclusive communication for all.

Linking directly to local communities by attending playgroups has increased awareness of the service offer. The team also attends workforce meetings, such as Children's Public Health 0-19 Nursing Service (Health Visiting) and Early Help, to ensure that practitioners are promoting all of the speech, language and communication services to all families.

The SSBC website provides an overview of the service offer with translation functionality into the five most common languages in SSBC wards. The EISLT have made the most used leaflets and resources available in Romanian, Polish, Urdu and Arabic, both as print for distribution by local workforce, and as free downloadable resources.

The team routinely works with interpreters to aid communication with parents and caregivers who speak limited or no English, as well as to support children's development in all their home languages. Through a working partnership with Nottinghamshire Healthcare NHS Foundation Trust's main Speech and Language Therapy service, multilingual speech and language therapy practitioners are able to support joint delivery of Home Talk, the nationally-recognised home visiting service for children aged two to two and a half years who need some help with their spoken language development, for families who speak Mirpuri, Hindi, Urdu or Punjabi.

This language-inclusive approach has successfully engaged many multilingual families. For example, 289 children in total have participated in Home Talk, with 142 of them recorded as multilingual.

The team takes a father inclusive approach and tries to include fathers and co-parents from the start of the intervention. Fathers have been successfully engaged in Home Talk home visits and group activities.

Sometimes referrals are not appropriate for the service and the child will need specialist speech and language therapy to support their wider communication needs. A joint triage system with the Speech and Language Therapy team allows referrals to be moved on without having to go back to the referrer and asking them to fill in a new referral form. This benefits around 40 children per year.

The team not only offers services to families but has also developed and delivered training focused on dispelling the myths around multilingualism and English as an additional language in terms of children's language development, and increasing awareness of SLC services and the referral process.



This training addresses the need for workforce training around SLC, which has previously been identified as a gap,⁵⁵ in a national context where 82% of Health Visitors report an increase in the number of children with SLC delay.

The Early Intervention Speech and Language team has liaised with the Children's 0-19 Public Health Nursing Service to deliver workforce training. Previous workforce training saw a high percentage of practitioners reporting they learnt a lot, particularly about services and resources to help children's language development (70%) and bilingual language development (78%). Additional training to the workforce in the future may present an opportunity to address the increased speech, language and communication needs identified by Health Visitors.

To sum up, the EISLT services commissioned through SSBC are a realisation of the vision that early intervention is key to giving children the best start in life and to reduce the need for more intensive intervention at a later time. The EISLT puts accessibility at the forefront of their services, with positive outcomes such as high engagement with families who do not speak English as their first language. Moreover, the EISLT is working hard to debunk myths around the language development of children who grow up in an environment where they are surrounded by multiple languages.

6 Conclusion

As part of the A Better Start programme (2015—2025) set up by The National Lottery Community Fund, Small Steps Big Changes in Nottingham develops and tests ways to improve children's diet and nutrition, social and emotional development, and speech, language and communication, with a focus on sharing the learning of the test-and-learn programme to enable systems change.

Reducing inequalities is paramount in giving all babies and very young children the best possible start in life. In order to tackle the unfair and avoidable differences in child outcomes across populations, services need to ensure and strengthen equitable access, experiences, and outcomes. Ethnicity is an important factor to consider within this context. Here, we summarise the elements across the SSBC programme which have served as a catalyst for more equitable services.

Shift towards prevention and early intervention in early childhood

Early intervention and prevention in early childhood provide a real opportunity to address ethnic inequalities, as good early childhood development will have a direct positive impact on a child's outcomes across their life course. When families are supported to parent safely and effectively, with the overall aim of achieving positive outcomes for children and their families, this will prevent escalating need in the future, which would require more costly intervention. The SSBC programme of activities has combined services which have both been universally offered to local families, such as the Family Mentor Service, and targeted interventions offering specific support, such as classes to improve parent's English skills.

Understanding and working with local communities

Improving equality in access to, experience of, and outcomes from early childhood services will be dependent on the local context. Increased awareness and understanding of the ethnic mix of the local population can improve the delivery of services, through better engagement with diverse communities and the targeted use of resources, such as translated materials. Trusted relationships are important in order to engage with families and communities; the SSBC programme collaborates with trusted community providers, for example, for the delivery of the Family Mentor Service, and local parents, the Parent Champions, who understand and voice the needs of their communities.



Place-based partnership working

The SSBC programme has seen local strengths and commitments to improve children's outcomes and improve inequalities. SSBC has supported and resourced local partnership working. This place-based partnership working has enabled the delivery of a programme of activities that involves local families, communities, VCS organisations, and local health and public services in a collective effort to improve children's and families' outcomes, and build community capacity to give children the best start in life.

Systems change

SSBC has aimed to embed a culture of systems change thinking within a wider partnership. By embedding co-production with local families across the programme, SSBC has exemplified the ways in which organisations can improve how they work together with families. SSBC has also provided local workforce development opportunities, promoting, for example, the importance of father inclusivity and challenging assumptions around the engagement of families from diverse backgrounds with child and family services. Diversity and cultural competence within organisations and the workforce can improve the accessibility of services for families from diverse ethnic backgrounds.

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