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A Better Start Implementation Evaluation Workstream Report 2 - Learning from the grant set up phase

January 2017

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Executive Summary

The Big Lottery Fund has committed to invest £215 million over 10 years (2015 to 2025) in *A Better Start* which aims 'to deliver a step change in the use of preventative approaches for babies and children from pregnancy to three years of age. It is being implemented in five selected areas of England: Blackpool, Bradford, Lambeth, Nottingham, and Southend. Each *A Better Start* area comprises specific wards with a population of 30,000 to 70,000 people where there is evidence of deprivation and high levels of need among children.

This is the second report of the implementation evaluation of *A Better Start*. Report 1 focused on the evaluation of the bid development phase, which led to the five areas being selected to be part of *A Better Start*. In this Report 2 we focus on the grant set up phase, drawing upon interviews undertaken with 33 interviewees in different roles within the five areas, carried out between April and September 2015.

An early version of the key learning themes from this stage of the evaluation was presented to a knowledge exchange workshop organised by the Warwick Consortium's partner ECORYS in December 2015, attended by representatives from each *A Better Start* area, and an initial report was presented to the Big Lottery Fund. The present report comprises a refinement of this earlier report, presented with a view to learning from the evaluation that has longer term usefulness, rather than the immediate purpose of informing the Big Lottery Fund and sites to issues that required early consideration.

The evaluation addresses two phases of the Quality Implementation Framework¹ which provides the conceptual basis for the implementation evaluation. This report addresses the latter part of Phase 1 and Phase 2 of the framework (steps 5 to 12). We examine

- Organisational structure: governance, including:
 - Development of governance structures;
 - Accountability for finance and sustainability;
 - Parents and community representation;
 - Governance structures as building capacity for *A Better Start*.
- Organisational structures: area teams, including :
 - Recruitment and support of the core area teams;
 - Induction;
 - Creating implementation teams.
- Planning services, including:

¹ Meyers, D.C., Durlak, J.A., & Wandersman, A (2012)

- Priorities for staff with different leadership roles;
- Addressing unforeseen challenges.
- Developing monitoring systems
 - IT systems and data management.
 - Monitoring data.
 - Cost benefit analysis.
 - Local evaluation.
- Looking ahead 10 years.

The report provides an account of the development of *A Better Start* during this key period of its early development. This will form the basis for subsequent evaluation of *A Better Start* which will explore the early factors that contribute to the later development of the programme.

1. Introduction

1.1 A Better Start

The Big Lottery Fund has committed investment of £215 million over 10 years (from 2015 to 2025) in the 'Fulfilling Lives: A Better Start' programme, referred to throughout this report as *A Better Start*. *A Better Start* aims to, 'deliver a step change in the use of preventative approaches for babies and children from pregnancy to three years of age'². It is designed to enable different models of effective preventative services to be implemented and tested out locally in the five selected areas: **Blackpool, Bradford, Lambeth, Nottingham and Southend**. The five *A Better Start* areas are each made up of **specific wards** with a population of 30000-70000 people where there is evidence of **deprivation and high levels of need among children**, as measured by data on child poverty, low birth weight births, child development at age 5, and obese children at Year 6.

A Better Start focuses on pregnancy and the first three years of life. In particular, it aims to create **population-level improvements in the life chances of children** through the investment being spent on the design and delivery of preventative interventions implemented collaboratively across health and other public services and the voluntary, community and social enterprise (VCSE) sector. It is directed at creating improvements in three outcome domains: **social and emotional development, diet and nutrition, and communication and language development**. The fourth desired outcome is **long term systems change** in the way that local health, other public services and the VCSE sector work together to improve outcomes for children. By 'systems change' the Big Lottery Fund³ means changes in organisational culture, policies and procedures within individual organisations, or across organisations, that enhance or streamline access and reduce or eliminate barriers to the services needed by a target population. In relation to *A Better Start*, it means achieving three outcomes in and across services and agencies working with children and families:

- A shift towards **prevention** in culture and spending.
- The coproduction and delivery of **less bureaucratic, more joined-up services** that are led by needs and demand and that focus on prevention.
- Effective work with **the whole family** to improve outcomes for children.

1.2 The evaluation of A Better Start

The Big Lottery Fund appointed [the Warwick Consortium](#) to undertake the evaluation and learning contract for *A Better Start*. The Consortium is led by Professor Jane Barlow, University of Warwick⁴, and comprises a team from the Universities of Warwick, Oxford, Imperial, King's College London (KCL), Glasgow, and Durham; Ipsos MORI; Bryson Purdon Social Research; and ECORYS.

² From Expression of Interest guidance notes, 2012

³ Taken from the Big Lottery Fund document, 'A Better Start definitions, version 1, June 2016'.

⁴ Professor Barlow later moved to the University of Oxford.

The aim of the research is to evaluate the impact and cost effectiveness of *A Better Start* and to understand the systems change that was delivered. The evaluation of *A Better Start* comprises a combined (mixed) methods design including impact, cost effectiveness and process components.

- The **impact study** comprises a cohort study in the five *A Better Start* areas and 15 matched comparison sites, beginning in pregnancy in 2017 and ending in 2024 when the children are age 7 years.
- The **implementation evaluation** comprises the collection of process data from the sites, including a profiling of the structure and services being provided at baseline and yearly thereafter; and data regarding the participating families and the services they receive.
- In addition, a third strand of the evaluation comprises **learning and dissemination**.

1.3 The focus of this report

This is the second in a series of reports aimed at sharing findings from the implementation evaluation of *A Better Start*. The first report introduced the *A Better Start* programme and its evaluation, looked at the evaluation of the **bid development phase** (January 2013 – June 2014)⁵, and drew out learning from that phase, using the ‘Quality Implementation Framework’⁶ (QIF) as a tool.

This second report also focuses on learning messages - those arising out of the grant set-up phase (September 2015 – March 2016). The **‘grant set-up phase’** is the term used by the Big Lottery Fund to define the period of preparation required to ensure that all necessary plans and agreements are in place to allow the release of Big Lottery Funding to an accountable body. The Big Lottery Fund’s aim was to have all five sites at this stage by end of March 2015⁷. The plan was that the next Big Lottery Fund phase, two years of **implementation and embedding**, would begin from April 2015, later to be followed by a full **delivery phase** from April 2017. However, the Big Lottery Fund knew that the timings on these phases would, in reality, vary from site to site depending on how each *A Better Start* site developed.

The implementation evaluation of the grant-set-up phase was guided by **three research questions**:

1. What services, organisational structures and monitoring systems were in place at the beginning of the programme?
2. What planning procedures were undertaken in order to set up and implement the programme?
3. What was the nature of the relationship between the *A Better Start* areas and the external support made available to them during the grant set-up phase.

⁵ Cullen, M A, Cullen, S and Lindsay, G (2017) *A Better Start Implementation Evaluation Workstream Report 1: Learning from the Bid Development Phase*.

⁶ Meyers, Durlak and Wandersman, 2012. See Appendix 2.

⁷ Speech at Launch Conference, July 2014.

Research question 1 was interpreted in two ways: (i) in relation to each *A Better Start* area's own services, structures and monitoring systems and (ii) in relation to the services, structures and monitoring systems in the geographic areas with which the *A Better Start* work would interact. However, during our visits to the sites, we found that (ii) was in process by the relevant people in each *A Better Start* team and was described to us as a valuable relationship and knowledge-building exercise for that stage of development of work in each area. We therefore made the decision that it was preferable for the sites to do this work without what could be construed as an added complication of us also getting involved. Instead, we agreed to seek permission to have access to this knowledge at a later date. This aspect of the evaluation is not, therefore, included in this report but will be reported on in due course.

1.4 Data collection and analysis

This report is based on data collected through 31 semi-structured interviews with 33 *A Better Start* personnel from across the five *A Better Start* areas, carried out between 16 April and 30 September, 2015. The intention had been to conduct all of the interviews over April to July 2015. This happened in four of the five sites; in the fifth site, the delay into September in achieving interviews related to the elongation of the grant set-up phase in that site (for example, the later than expected appointment of a Director and signing-off of the partnership agreement).

In advance of the interviews, each site was asked to send their link researcher a copy of that area's *A Better Start* governance structure diagram and a list of the names and roles of those appointed as *A Better Start* team members.

The interviews were conducted using a semi-structured interview schedule focused on **looking back** over the grant set up phase (September 2014 to March 2015), describing and discussing **progress** [at date of interview] during Year 1 of the implementation and embedding phase (April 2015 – March 2016) and **looking forwards** to predictions of what would support the 10-year programme locally and what could threaten its success if not mitigated against. There were six main section headings:

- About the interviewee's role.
- Grant set-up phase: changes from bid and work priorities.
- Governance structures.
- Data and IT systems.
- Year 1: First portfolio projects and role-specific work priorities.
- The future: strengths and threats over the 10-year timeframe.

The interview was refined to suit the role of the interviewee; that is, more time was given to questions of most relevance to the exact role of each interviewee. (For example, new appointees were not necessarily expected to know a great deal about the changes made since the bid was successful; the Directors and programme Managers were asked about the governance structures in more depth than other interviewees).

The interviewees' job titles varied widely. In Table 1, these are categorised to indicate the range of roles represented in the sample, whilst protecting the anonymity of those with unique job titles. For the same reason, throughout the report, the role one rung below *A Better Start* area Director is referred to as the 'programme manager', regardless of the actual title used in any single site.

Table 1: Interviewees by role category (N = 33)

Role category	Number
Director	5
Programme manager	3
Strand lead (e.g. early years, workforce, evaluation)	9
Community-focused (ward or area)	10
Business support (e.g. finance, administration)	4
Representative on a governance body	2

Source: Implementation evaluation

The interviews were carried out face-to-face or by telephone, depending on the preference of the interviewees. The interviews were recorded (with informed consent), fully transcribed and analysed thematically. That is, the interview transcriptions were coded individually against pre-determined themes from the interview schedule (deductive analysis), and emergent themes raised by the interviewees (inductive analysis). The development of the thematic coding system was a recursive (iterative) process shared by two researchers. Testing of the coding revealed a very high inter-rater reliability (99 of 100 units of text were coded to the same theme or sub-theme by both researchers independently). Typically, the interviews lasted between 40 and 75 minutes. The transcriptions amounted to 643 pages of typescript.

1.5 Reporting learning from the data collected

To protect the anonymity of the interviewees, each was allocated a randomly generated unique number that had no association with area. In this report, these are used where quotations have been included. Similarly, the five *A Better Start* areas were also allocated a random number between 1 and 5. These are used when it is necessary to distinguish between different areas.

On 9 November 2015, key learning themes derived from analysis of the data described in Section 1.4 were included in a **Knowledge Exchange Workshop**, organised by Warwick Consortium partner, ECORYS. The event was attended by representatives from each *A Better Site* area, the Big Lottery Fund and Warwick Consortium. Subsequently, in December 2015, a **draft report** based on six main learning themes arising from the data was submitted to the Big Lottery Fund. The six themes were:

- Maintaining the *A Better Start* vision.
- Building the workforce and workforce development.
- Parents, families and communities as a key element.

- The meaning of ‘system change’.
- Long term threats to *A Better Start*.
- Leadership and organisation.

The themes had been identified as highlighting specific issues where formative feedback was deemed to be to the immediate benefit of the overall programme. That draft report informed, alongside other sources, the development by the Big Lottery Fund of a ‘**Shared learning and development programme**’ of capacity-building activity for the five sites. However, it was agreed that a revised and extended version of the report would be more useful for dissemination; hence this present report.

In this revised and extended report, the same issues are included but these are presented in a different way, with a view to longer term usefulness, rather than the more immediate purpose of alerting the Big Lottery Fund and the sites to issues we believed required early consideration.

In this report, the chapter headings refer to aspects of our first two research questions (organisational structures, monitoring systems, planning, and services) and each, where relevant, includes data relevant to our third research question concerning external support. As in Report 1, we also draw upon the Quality Implementation Framework (Meyers, Durlak and Wandersman, 2012) to help in understanding the data. That is, once the thematic analysis was completed, we then related the findings to the Quality Implementation Framework; we did not ‘impose’ the Framework on the data during thematic analysis. The Quality Implementation Framework comprises a synthesis of 25 other implementation frameworks. The Quality Implementation Framework has four phases and 14 steps (see Appendix 2). The data presented in this report relate to the following steps of the Quality Implementation Framework:

- Capacity-building strategies (part of Phase 1 of the Framework):
 - Step 5 Obtaining explicit buy-in from critical stakeholders and fostering a supportive community/organisation climate (Chapter 2).
 - Step 6 Building general/organisational capacity (Chapter 2)
 - Step 7 Staff recruitment/maintenance (Chapter 3).
 - Step 8 Effective pre-innovation staff training (Chapter 3).
- Creating a structure for implementation (Phase 2 of the Framework).
 - Step 9 Creating implementation teams (Chapter 3).
 - Step 10 Developing an implementation plan (Chapter 4).
 - Step 11 Technical assistance, coaching, and supervision (Chapter 5).
 - Step 12 Process evaluations (Chapter 6).

In the final chapter (Chapter 7), we report interviewees’ views about what they see as strengths of *A Better Start* that bode well to see it safely through its life-course to sustainability as the new ‘normal’ way of working and delivering services, as well as the potential threats they thought needed to be recognised and addressed. We also refer to *A Better Start* developments that happened subsequently to the work reported in Chapters 2-6. These can be seen as relating to the final two steps of the Quality Implementation Framework:

- Step 13 Supportive feedback mechanism.

- Improving future applications (Phase 4).
 - Step 14 Learning from experience.

2 Organisational structures: governance

2.1 Introduction: legacy from the bid development stage

As part of the successful bids submitted to the Big Lottery Fund, each of the five areas had included a proposed structure for governance arrangements. These governance structures grew out of the links and relationships made during the bid development phase. They can be viewed as a representation of how each of the five *A Better Start* partnerships, led by a VCSE organisation, intended to work collaboratively to ensure:

Financial accountability for how the Big Lottery Fund money is spent, including:

- Monitoring what preventative interventions are provided for families and the take-up of that provision.
- Monitoring the quality of interventions delivered.

Outcome accountability – that is, for ensuring that:

- Expected beneficial impacts on improving children’s social and emotional development, health and nutrition, and communication and language development are achieved.

Sustainability accountability – that is, for ensuring that:

- Money from statutory agencies in health and in the local authorities is forthcoming.
- Ensure the long-term impact of the Big Lottery Funding on child wellbeing through the *A Better Start*-influenced changes made to service systems⁸.

According to guidance⁹ issued to the areas during the bid-development phase, the **area partnership** (often called the **partnership board** by interviewees) was the core component of the governance structures, being the **decision-making body**. It could be a new structure or an adapted version of an existing planning or decision-making body. In addition, one of the key responsibilities of the area partnership was described as: “[ensuring] that [...] people from the local community feel ownership over and share accountability for the strategy that is developed”. “A significant number of” community representatives, “ideally residents”, were suggested as area partnership members or, in addition to the area partnership, areas could set up a **community partnership** involving:

“key stakeholders from the local community, including representatives of parents who will be benefitting from the services and practitioners who will be helping to deliver it on the ground. [...] The aim is for half the community partnership to be local residents.” (SRU Governance paper).

⁸ These bullet points are based on text from the paper, Governance, by the Social Research Unit (Dartington) as part of their *Better Evidence for a Better Start* (BEBS) work, commissioned by the Big Lottery fund during the development phase of *A Better Start*.

⁹ The SRU paper on Governance, as in previous footnote. All quotations in section 2.1 are from this paper, unless indicated otherwise.

During the grant set-up phase, the governance structures proposed in the successful bids, informed by this basic structure, were refined and/or developed, in discussions between the five sites and the Big Lottery Fund - and through what was reported as hard work on the ground. One quotation illustrates this point:

“[The Big Lottery Fund] were involved in conversations along the way. They spoke to senior leaders. They spoke to the [area partnership] board. They spoke to us as lead organisation. They wanted to see a done deal. [...] [That deal] with directors across the area required far more of a coaching leadership. ‘You can lead a horse to water but you can’t make them drink out of the same trough’ sort of situation. I spent a significant amount of physical and mental energies on [governance systems].” (l.12)

2.2 Developing governance during the grant set-up phase

During the set-up phase, interviewees reported, the five areas had to convince the Big Lottery Fund that their proposed governance structures demonstrated clear lines of accountability; where decisions would be taken and by whom; how the local community would be represented and to what extent these community representatives would have decision-making power; and how the *A Better Start* governance would relate to existing structures of planning and decision-making in the area. In our view, the set-up phase work around refining and developing governance structures involved a **revisiting of Step 5** of the Quality Implementation Framework: **obtaining explicit buy-in from critical stakeholders and fostering a supportive community/organisational climate**, and its associated first two questions:

“Do we have genuine and explicit buy-in for this innovation [i.e. *A Better Start*] from:

- Leadership with decision-making power in the organisation/community?
- From front-line staff who will deliver the innovation [i.e. *A Better Start*]?
- The local community?

Have we effectively dealt with important concerns, questions, or resistance to this innovation [i.e. *A Better Start*]? What possible barriers to implementation need to be lessened or removed?

2.3 Accountability

During set-up, interviewees spoke about governance work related to the three types of accountability: financial accountability to the Big Lottery Fund; accountability to the partner organisations and the community to deliver better outcomes for local children and families; and accountability to ‘lever’ a shift in statutory service spending towards pregnancy and the first three years of life, thus ensuring sustainability of the *A Better Start* focus on prevention through improved child wellbeing.

2.3.1 Financial accountability

Being able to reassure the Big Lottery Fund that its investment would be “safe and well-managed” was viewed as the main governance task of the grant set-up phase. This was regarded by more than one interviewee as a marked change of priorities around governance, compared to the bid development phase which had been characterised, in these interviewees’ views, by a focus on involving parents, on behalf of their children, in decision-making, including decision-making on how

other money was spent by the statutory agencies in the area. Interviewees from all five areas reported a sense that ensuring financial accountability functions was a priority for the Big Lottery Fund during the grant set-up phase and all accepted that, given the size of investment being made, this was understandable. One quotation illustrates this shared view:

“This is a very large financial investment and I can understand why governance would be the most important part of [the grant set-up] phase.” (I.4)

From the interviews, it was clear that the Big Lottery Fund role was perceived as insisting that **the lead VCSE organisation was the formal accountable body** for the investment. However, it was also clear that the investment was in the partnership, not the lead body. This meant that the **distinct roles** of the lead body’s board and of the area partnership board had to be clarified and agreed: “We had a lot of conversation about the [lead body] board and the partnership board and the relationship between the two.” (I.7)

The *A Better Start* grant set-up phase coincided with a period of public service funding cuts. This was viewed as an issue for *A Better Start* which had secure funding from the VCSE sector (the Big Lottery Fund). **The governance structures had to be strong enough to guard against *A Better Start* money being used to replace cuts in public services.** For example, in one area, the local statutory services partners were described as being faced with making large cuts in public sector early intervention services. Although aware of “the guiding principle” that “the [*A Better Start*] programme mustn’t compensate for savings”, a local authority interviewee explained that she and a colleague drew up a savings plan knowing that the *A Better Start* services would “add strength” to early intervention services in the most deprived areas. This could be regarded as verging on the *A Better Start* money ‘compensating for’ cuts in public services except that the influence of being a partner in *A Better Start* also had another effect, which was to encourage a focus on delivering services differently (for example, by decommissioning some services and delivering them instead through children’s centres) so that, although there might be less public sector money, it did not necessarily mean that families would lose out. This example illustrates the importance of the area partnership board being able to ensure robust financial accountability for the Big Lottery Fund money, with the final accountability lying with the lead organisation.

Interviews indicated that the Big Lottery Fund encouraged site Directors to learn from each other and facilitated the relevant links – for example, sharing with other sites that one site had written terms of reference for the lead body board and for the area partnership board that defined their respective roles around financial decision-making and accountability. Other site Directors were then able to learn from that template and used it to develop a version that fitted their local area.

2.3.2 Sustainability accountability

The Social Research Unit’s *Better Evidence for a Better Start* (BEBS) Governance paper had been clear that the area partnership was to be the decision-making body for *A Better Start* in each area. Some interviewees indicated that, during the grant set-up phase, the **ownership of decision-making** was something they were asked to work on by the Big Lottery. This related to a further development of governance structures – the creation of executive groups largely made up of senior leaders from the public services. The purpose of these executive groups was to engage what one interviewee called the “small group of people in strategic positions [able] to implement things” (I.60) This was linked to the role of these senior leaders in creating a financial environment over time where the

changes planned to be created by *A Better Start* would become **embedded and sustainable** in the long term.

For example, in one area with a particularly large area partnership board, an additional smaller group was created of “6 or 7 people, mainly statutory organisations”, plus a local councillor representing ward members and one parent and one voluntary sector representative “who can get together quicker than [the area partnership]” (I.9). The decision-making issue was that, while the intention was that the large area partnership board would “drive the programme” (I.9), there was a need to ensure that the smaller group was not, “creating something which takes away the decision-making power of the wider partnership” (I.16).

In each of the five areas this type of **executive group** was added in to the original concept of one partnership board with or without an additional community partnership group. In each case, a community representative was included on this smaller ‘executive’ group of mainly statutory organisation directors, something that one interviewee spoke about as an “important” way of preventing getting “wrapped up in our normal service conversation” (I.7). These executive groups reported to the area partnership board.

There seemed to be both a ‘top-down’ and a ‘bottom-up’ rationale for creating these executive groups. The ‘top down’ rationale is illustrated by an interviewee who reported that during the grant set-up phase, the Big Lottery Fund was looking for the “top strategic leaders” (I.23) to be pulled in to the governance structures. One area chose to augment the existing local Health and Wellbeing Board to fulfil this function. In other areas, new groups were created to achieve this. To enable the lead person from each *A Better Start* area to “sit around the table with other directors of service”, the Big Lottery was reported to have insisted that each area called their leader the ‘Director’, even when there was some local opposition to this (for example, one argument against it was that ‘Director’ meant something quite different in the VCSE sector to which the lead organisations belonged). Overall, interviewees supported this move – for example, one said:

“I think the appointment to the Director post has been good. I think that’s given us a strong leadership message [...] I think to have [name] given that more strategic role is good in terms of how sure her role will be [in relation to] the local authority and public health; that’s really strong now.” (I.44)

The ‘bottom up’ rationale is illustrated by an interviewee who reported simply formalising regular meetings that had been happening in any case with local senior leaders and calling this the executive group.

2.3.3 Levering a shift in statutory spending towards prevention

Although financial accountability ultimately rested with the lead body, a key element of the *A Better Start* approach was to insist that, over the life of the Big Lottery Fund investment, statutory services would commit to increasing the percentage of money spent on preventative services for pregnancy and the first years of life. The concept was that the ‘lever’ of the Big Lottery Fund investment would work to shift the overall balance of statutory service spending towards prevention and early life. The small scale of the ‘lever’ versus the large scale of public sector spending was illustrated by one director who spoke of the *A Better Start* annual budget as “the little sibling” sat at the table with other public service directors each of whom commanded annual budgets many times larger. The way the leverage effect was to be achieved was originally described as the public sector partners paying in to

a 'bank' alongside the *A Better Start* money but, over the bid development period and in to the grant set-up phase, slightly different approaches developed (Table 2).

Table 2: How funding is leveraged

Approaches to leverage funding

- The lead body would hold a **ring-fenced bank account**, including the sum of 'leverage' money agreed during the bid development phase from two key partners (local authority and health) over **the first three years**.
- A **bank account** for the Lottery money and the leverage money had been created and reporting to the Partnership Board had been established. Leverage was on a **formula basis**, working up to an eventual 2% shift in public sector spending to prevention. Public sector partners were invoiced and paid in the money.
- No pooled funds; instead, **joint commissioning arrangements** had been agreed with public sector partners.
- The **local authority was hosting the bank** on behalf of the lead body and had agreed **to align** the Early Years' budget and the Public Health 0-3s budget with the aims of *A Better Start*.

Each bullet point refers to a different area; one bullet may cover more than one area

Source: Grant set-up phase interviews, April –Sept 2015

Two quotations illustrate in a little more depth than in Table 2 two different approaches to the commitment to 'lever' change in public sector spending in order to build in sustainability from the start. In the first illustration, the partners had understood that the 'leverage' meant "real cash" and by time of interview (in 2015) had a bank account for the Lottery money and the leverage money and had established reporting to the Partnership Board. Leverage was on a formula basis, working up to the "2% shift that we'd had from SRU evidence. [...] In the first year, partners committed 0.5% of the budget they are currently spending in our area of 0-19s (i.e. 0-3 years)". Partners were invoiced and they paid over the money (I.7). As a contrast, in another area, one interviewee (I.23) explained that the context of local public sector budget cuts meant, "There's no extra money. All statutory agencies for the next five years are going to take huge amounts of knocks". Instead, in this area, the local authority was hosting the bank on behalf of the lead body and had agreed to "align the Early Years' budget and the Public Health 0-3s budget". This was viewed as the partnership, "coming together to have the best outcomes for our children and families". Rather than, "having separate pots of money everywhere [it was] bringing it collectively together". Creating this bank was not viewed as a problem and was deemed to be working well.

All five areas were aware of the impact of **public sector budget cuts** on their partnership colleagues and, in this context, the willingness of partner organisation to "share resources with a well-funded organisation [*A Better Start*]" was seen as illustrating the importance public sector partners placed on *A Better Start*.

"[There are] millions going out of services and [multiple] restructures within the local authority so staff not knowing what their future brings; staff not knowing how long they're going to be in that role or they're about to have a new role and are wondering what does that look like. It's really tricky to manage - and to share your resources with a wee-funded programme at a time

when there's that going on is, I think, quite something to pull off. It shows the importance that they put on *A Better Start*." (I.7)

This is important because, as one interviewee put it, systems change was closely related to, "decision-making on how other money in the [local area as a whole] is spent" (I.12).

2.3.4 *Working together to deliver better, more accessible services for families*

Systems change as defined by the Big Lottery Fund for *A Better Start* is about more than shifting statutory services spending towards prevention; it is also about improving access to services by the target population; and working together, across sector divides, to create less bureaucratic more joined up services that work with the whole family to improve outcomes for children¹⁰. As one person explained, workforce development plans were, "really linked to systems change". This desire for a different way of working was **a driver behind the creation of the executive groups** feeding in to the area partnership boards (Table 3).

¹⁰ Wording in this sentence based on the definition of 'systems change' in the Big Lottery Fund document, *A Better Start definitions – version 1, June 2016*.

Table 3: System leaders involved in governance to facilitate systems change

Summary of system leaders opinions on system change	
<ul style="list-style-type: none"> In this area, the members of the executive group were described as being, <p>“In time, the ones who, if there is an issue at any of the statutory partners represented, they will unblock those organisational issues. They’ll be the ones that influence all the strategic local boards, like the Health and Wellbeing Board, the Safeguarding Board, those statutory partner bodies. They are the ones who can influence those, who can make sure [<i>A Better Start</i>] is joined up.”</p> 	
<ul style="list-style-type: none"> In this area, the executive group was described as crucial to: <p>“Culture change, getting everybody really engaged and working in a different way”</p> Each member of that group was asked, “to be responsible for different elements of <i>A Better Start</i>” by leading a specific theme group. 	
<ul style="list-style-type: none"> In this area, the executive group was described as being, <p>“A small group of people in strategic positions to implement things. [...] They’re the group that actually make it happen, strategically [...] that can implement these changes.”</p> 	
<ul style="list-style-type: none"> In this area, the executive group remit was described as being to, “unblock blockages and other things”; another person from this area argued that: <p>“We need to ensure that strategic leads support the development of the systems change and understand that and how that will work across the [whole area] not just in the <i>A Better Start</i> area.”</p> 	
<ul style="list-style-type: none"> In this area, rather than create an executive group for the governance of <i>A Better Start</i>, the <i>A Better Start</i> Director sat on the local authority’s senior leadership team where decisions were made. This was viewed as giving the director, “easy access to decision-makers within the local authority, rather than being sat outside it” (1.42). The argument was that: <p>“It is only the statutory partners who can systems change. [...] We want to ensure that in 10 years’ time this is our way of working; this isn’t just a ‘one-off’ thing.”</p> 	

Each bullet point is about a different area
Source: Grant set-up interviews, April – Sept, 2015

One interviewee used the image of *A Better Start* being “woven into” the fabric of the area:

“We’re thinking about sustainability right from the very beginning. We’re not setting up stand-alone stuff unless there’s no way around that.” (1.42).

An example of this sustainable approach in that area was that the *A Better Start*-appointed data analyst would be placed within the local authority data team because that was where most of the relevant data were handled.

2.4 Parents and community representation in the governance structures

Early in the grant set-up phase (September 2014), a two-day conference was held for the *A Better Start* areas and other partners in Blackpool. At this event, Andrew Morris, who had been heavily involved in the development of *A Better Start* at the Big Lottery Fund, included in his speech to delegates the advice:

“Don’t get rid of the voices of the children, the families and the community in the bureaucracy of governance.” (Andrew Morris, September 2014, Blackpool. Quoted from notes taken during the speech.)

It was clear from the interviews that all five areas worked hard during the grant set-up phase to develop their approach to parent and community representation as members of the area partnership and/or the community partnership, as well as ensuring parent and community voice in other groups feeding in information, advice, and expertise. In our view, this work related to **the remaining questions associated with Step 5 of the Quality Implementation Framework:**

“Can we identify and recruit innovation [i.e. *A Better Start*] champion/s?”

“Are there one or more individuals who can inspire and lead others to implement the innovation [i.e. *A Better Start*] and its associated practices?”

“How can the organisation/community assist the champion/s in the effort to foster and maintain buy-in for change?”

2.4.1 Refining where the *A Better Start* wards’ communities were to be represented in the governance structures

In all five areas, part of the grant set-up phase work was to refine where community representation, including by resident parents, was to fit within the governance structures. One issue discussed was **the definition of ‘community’**. As noted in Report 1¹¹, the SRU’s *Better Evidence for a Better Start* documentation and the Big Lottery Fund definition of community in relation to *A Better Start* did not match exactly. In our interviews, some made points about the distinction between a **beneficiary**, as being someone who **lived** in the ward/s identified as the *A Better Start* area, versus that of a **community representative** for governance and other roles (for example as local parent champions) who, it was suggested, need not necessarily live in the ward/s so long as they had “excellent **links** in the community” (l.75). Table 4 illustrates how community representation on the governance structures looked at time of interview (April to September 2015).

¹¹ Cullen, M.A., Cullen, S., & Lindsay, G. (2016). *A Better Start implementation evaluation report 1: Learning from the bid development phase*.

Table 4: Community representation in governance at time of these interviews

Community representations
The area partnership board had one parent representative from each ward-level group. The ward-level groups were made up of parents living in the ward and professionals working in the area.
The plan was that, in time, the Chair of the area partnership board would be a community representative (at time of interview, the Chair was Director of Children’s Services). The executive group included a community representative but, in time, the plan was that that place would be given to the community representative chairing the area partnership board. The intention was that there would be a community representative on the sub-committee dealing with finance but, at time of interview (summer 2015, i.e. during Year 1) no-one had shown interest in that role.
In spring 2015 (time of interview) a local councillor represented the ward members on the executive group and work was about to start on finding a parent representative and a voluntary sector representative too. The area partnership board had parent representatives on it, with plans to increase this to 12, expecting that at least 6 would attend any one meeting.
There was a community partnership group of 12-15 people, mostly representatives of services across statutory and other public services, and the voluntary sector, which also included at least three parents. A parent representative from those on the community partnership group was a member of the executive group . Because there was a separate community partnership group, the area partnership board did not include community representation.
The community partnership group was made up exclusively of parents living in the <i>A Better Start</i> area. The parent Chair of the community partnership group attended the executive group . Each of the thematic sub-groups included at least one parent representative. Because there was a separate community partnership group, the area partnership board did not include community representation.
Each bullet represents a different area.

Source: Grant set-up interviews, April – Sept 2015

The opportunity to be a local parent representative, included in the governance of *A Better Start* alongside senior professionals, was valued by one such person interviewed:

“As Chair of [the community partnership group], I then have the opportunity to sit on the executive board of *A Better Start* which is a fantastic opportunity. I value it no end because I’ve got literally contact with top people. [...] Genuinely, from the bottom of my heart, I feel very privileged to be able to sit on such a board because, let’s face it, it’s the highest you can go and I’m putting [the community group] view across.” (I.41).

On the other hand, an interviewee from another area that also had a separate community partnership structure argued that having a small number of community representatives ought not to be viewed as enough in terms of listening to the voice of local people, especially local parents:

“We have to be careful how we’re listening to the voice of all the parents, not just the two or three parents that might sit on the board of anything! (I. 23)

This interviewee argued that the voice of parents more generally could and should be brought in to the governance structures through, “the people that out there, the health visitors, the children’s centre [staff]”. The change from the large, open community partnership group meetings held during the bid

development phase to the more formal, structured, slimmed down community partnership group of just 12-15 representatives was not greatly welcomed by this interviewee for this reason: “For me, it feels like we’re missing what we had so I think we’ve still got a bit of work to do on that”.

2.4.2 Approaches to the decision-making role of community representatives

In some of the five areas, the grant set-up period had included thinking further about the relative weight in decision-making that was to be given to community representatives sitting on governance boards. For example, in one area, where parent representatives were voting members on the area partnership board, the grant-set-up phase included thinking through exactly how this would work: “We had to look at how that is going to work, at how many are there going to be and what their vote share is going to be” (I.12); and also how best to explain to other parents the influence of these representatives:

“We’re trying to make our governance structures clear for parents because we want them to understand that what happens in these [ward] partnerships does have a direct influence on the decisions that are made on the [area partnership] board.” (I. 60)

One interviewee highlighted what was seen as a potential issue related to the decision-making influence of parent representatives on the area partnership board. In that area, parents made up 40% of that body, and the remaining members were described as “the usual people [...] all from different organisations”. This person noted a potential tension between sustaining the *A Better Start* vision and parent decision-making, arguing that the parents had a potential block vote that could, in the face of divided views amongst other representatives from different organisations, be a de facto ‘majority’:

“What is interesting is that ‘the usual people’ are all from different organisations so, if the parents vote together, they’ll have the majority [sic] of the vote, so it will be quite interesting. There lies the rub, a little, because Big Lottery want to make sure that the decisions that were taken are based on the strategy we submitted, their priorities and appropriateness [...] Actually, we’ve got the job as a programme, and a responsibility as a programme, to assure the Big Lottery that the parents will be supported and developed to the point that they can start making strategic decisions.’ (I.12)

This is an interesting insight in that it suggests the potential for tension over strategy and intervention choices between parents and the *A Better Start* vision. Here, the solution to this potential for tension was seen to lie in, “supporting and developing” the parents in the *A Better Start* approach. On the other hand, it was explained that it was unlikely that the area partnership would make any early decisions by voting rather than by reaching a consensus through discussion. (The training and support of parents taking on representative roles is discussed in Chapter 4, as part of the picture we gained of priorities for Year 1 of the embedding and implementation phase.)

Part of the refinement of the governance that took place, or at least was planned, during the grant set-up phase was developing agreed approaches to identifying parent representatives for the governance positions open to them. Initially, representatives tended to be those parents who had already been involved in the bid development process and/or had already been involved in other forms of parent representation in the area. However, active steps were planned to widen this pool of representatives, something that was included in the Year 1 remits of particular staff. For example, one community worker, as an interim measure, was inviting new parents to attend the area partnership board

meetings to have that experience. Subsequently, a formal recruitment process was planned but this interim taster approach was a starting point.

2.5 Governance structures as building capacity for *A Better Start*

Step 6 of the Quality Implementation Framework is **building general/organisational capacity**. Its associated question is:

“What infrastructure, skills and motivation of the organisation/community need enhancement in order to ensure the innovation will be implemented with quality?”

This is explained further:

“Of note is that this type of capacity does not directly assist with the implementation of the innovation, but instead enables the organisation to function better in a number of activities (e.g. **improved communication** within the organisation, and/or with other agencies; **enhanced partnerships and linkages** with other agencies and/or community stakeholders).”

Over and above the governance core of the area partnership board and, in two areas, a community partnership board, each area also developed **other groups** linking in to these. These groups were, or were planned to be, an important way of **information, advice and expertise being channelled in to the governance** of *A Better Start* in each area. In one area, for example, these groups included a steering group of **providers** from all the services that *A Better Start* hoped to influence (for instance, children’s centres, housing, libraries, midwives, health visitors) - “all the people [...] that will help us implement the programme” (1.60). This provider steering group was also open to every member of the *A Better Start* team. The same area also drew on the expertise of members of existing local structures, such as the local Children’s Partnership and the Health and Wellbeing Board. In other areas, additional groups acted as conduits for enriching *A Better Start* with the expertise, information and advice of academics, practitioners, and community organisations and individuals. In this way, the core governance structures had access to these capacity-building links.

Finally, there was acknowledgment in all five areas that *A Better Start* was a ‘test and learn’ initiative and that, in this spirit, the governance structures would need to be reviewed and, where necessary, refined on a regular basis over time.

3 Organisational structures: area teams

3.1 Introduction

From our interviews, it was clear that each area's core team contained a mix of those who had previously been involved in the bid development phase and those who had not previously been involved in *A Better Start*. Those involved in the bid development from Expression of Interest Stage had 18 months of *A Better Start* knowledge under their belts by the beginning of the Grant set-up phase in July 2014; those involved from Stage 2 onwards (August 2013), had almost a year's experience by that point. It was also clear that appointments in each area were made over a period of time, rather than all at once. In our view, both of these facts could be expected to make the induction of new staff and the creation of a sense of a unified team somewhat challenging. This challenge is reflected in the Quality Implementation Framework by the fact that three separate steps within it relate to work around **staff recruitment (Step 7)**, **staff training (Step 8)** and **creating implementation teams (Step 9)** – these steps are set out in more detail in Table 5.

Table 5: Steps 7, 8 and 9 of the Quality Implementation Framework

Quality Implementation Framework
Phase 1: Initial considerations regarding the host setting.
<ul style="list-style-type: none">Capacity building strategies.
Step 7: Staff recruitment (see Section 3.1)
<ul style="list-style-type: none">“Who will implement the innovation?”Who will support the practitioners to implement the innovation?”
Step 8: Effective pre-innovation staff training (see Section 3.2)
<ul style="list-style-type: none">“Can we provide sufficient training to teach the why, what, when, where and how regarding the intended innovation?”How can we ensure that the training covers the theory, philosophy, values of the innovation, and the skill-based competencies needed for practitioners to achieve self-efficacy, proficiency, and correct application of the innovation?”
Phase 2: Creating a structure for implementation
<ul style="list-style-type: none">Structural features for implementation.
Step 9: Creating implementation teams (see Section 3.3)
<ul style="list-style-type: none">“Who will have organisational responsibility for implementation?”Can we develop a support team of qualified staff to work with front-line workers who are delivering the innovation?”Can we specify the roles, processes and responsibilities of these team members?

Source: Extract from Meyers, Durlak & Wandersman, 2012

3.2 Recruitment and support of core team

3.2.1 What attracted new staff to A Better Start roles?

Interviewees among the core teams appointed in each area, who were new to *A Better Start*, were asked about what had attracted them to the role. Essentially, what was reported was a **dovetailing** of personal circumstances, skillsets and previous work and/or life experience with the vision for *A Better Start*. This was a powerfully attractive cocktail: words such as “exciting”, “excitement”, “unique”, “something really positive”, “innovative” were frequently used in describing the attraction of the roles (Table 6).

Table 6: Examples of why an A Better Start job was attractive

Reasons A Better Start Job was desirable

Fitted with personal circumstances (illustrative examples):

- A return from maternity leave.
- Needed a new job.
- Desire to shift focus towards community-orientated work.
- Offered opportunity to develop career in desired direction.
- Offered opportunity to work part-time.
- Offered opportunity to have a long-term/permanent job.

Built on skills sets and previous experience (illustrative examples):

- Previous work with lead organisation.
- Previous work with local authority or other lead partner.
- Previous work in the local area.
- Previous work in other communities.

The ‘hook’ of the A Better Start vision (illustrative examples from different roles and areas):

- “It’s really exciting. You really feel you’re part of something unique”.
- Attracted by ABS being about, “putting more power back into the hands of communities so that they could shape more accurately what they felt was more fitting to what their needs were”.
- “The concept for me was really exciting [...] It also had a strong sense of moral purpose in the role in terms of making a once-in-a-generation change and breaking cycles of poor outcomes linked to the wider poverty issues that [this area’s] got.”.
- “The project looked really innovative compared to [jobs advertised in] all the other local authorities. [...] I think primarily it [was] that whole non-governmental organisation leading the partnership which really attracted me because I had felt that there was more restrictions working in a local authority, less scope for doing things independently, whereas with this prestigious charity and I’d know they were kick-starting their impact and evaluation. It looked to be really promising. [...] They were using a public health approach; they were looking for transforming

systems, community empowerment or engagement as they referred to it”.

- “Because of the ethos of the programme of helping children”.
- “Massively appealed” because, “it is a ten year look at improving life chances for children”.
- “The excitement” of a new project that would be building on previous work in the area rather than ignoring that – “we’re building on top of what’s gone on before and trying to make things better for the children and families”.
- “What attracted me is that it’s a once in a lifetime opportunity to get it right for our children. [Previously] people worked in silos and we’re still not narrowing that gap. [...] For me, this really gives us the opportunity to use *A Better Start* as a catalyst to drive system changes. [...] [because] the money is coming through the voluntary sector, it’s pushing people to work in a completely different way than what they’ve ever done before”.

Source: Interviews April to Sept 2015

3.3 Induction

In our view, the quality of the induction processes for new members of *A Better Start* teams are likely to be central to the transmission of both the mechanics and the vision of the programme in each area. Our Grant set-up phase interviews with new¹² staff appointed to the *A Better Start* core teams indicated that their experiences of induction **varied markedly** by **area** and by **time of appointment**.

3.3.1 Variation by area

In **Area 1**, the new staff interviewed reported a sense of their being hierarchical layers of *A Better Start* staff with no regular meetings of the operational lead level and a sense of a lack of communication from layers above to that operational level. This contrasted with **Area 5**, where new staff interviewed described an emphasis on allowing time and space for reflective practice and regular team meetings of three different types, alongside a sense of a flat organisation, with clear leadership but no real sense of hierarchy. In Area 1, the lack of induction, of staff meetings and the poor communication was linked to reports of frustration and upset; in Area 5, the regular team meetings, the emphasis on reflective practice and the ‘flat’ management style were linked to reports of enthusiasm and excitement, and a really supportive environment. In **Area 4**, only one new member of staff was interviewed; this person reported benefitting from a planned induction. Table 7 provides a composite picture across the five areas of what was valued about induction processes.

¹² That is, staff who had not been involved in the bid development phase.

Table 7: Induction: composite list of what was found useful

Induction: composite list of what was found useful

Induction pack

- “On my first day, I was given an induction pack.”
- I was given a folder with my first two weeks planned out for me.” For example, meetings to attend, people to meet, things that had to be done as a new employee of the voluntary sector lead organisation such as online safeguarding training.

Away Days

- “Where we talked through our values, our beliefs, what was important, how we’d be working.”
- “Having a bit of **time as a team to reflect** where we are, what we’re doing, how we’re doing it and how we can work better together.” Recognises that “because so much of what we do is **collaborative** as a team and collaborative with externals and parents” that [...] there’s quite a lot of work and planning that we **need to align** and get right [...] we all need to be saying the same things.”
- “You get to know a bit about what we each do and how everybody’s role fits in with everybody else’s and how we are all working towards the same goal. [...] It’s helping us understand things quicker and, because it’s every month, it’s reinforcing what we’ve already learnt because it touches on what we’ve already learnt..”

Regular staff meetings

- “New staff have a weekly one with [Director], and we have the regular staff meetings where we share everything.”
- “We have regular weekly meetings plus fortnightly planning sessions. I think, personally, if these programmes are going to work, you have to have time to think. You have to have time to challenge.”/ “Our meetings are very effective. They work well. [...] I think we would be lost without them ...”

Office layout

- In the office, we’ve set it up differently [...] so we have a big creative space at the bottom to encourage all staff to work differently, to work together, to be collaborative, to be discussing.”
- “We are in very close contact in the office and share a great deal with one another.”
- “being one big team based in one office and that we all interact with one another, I suppose it’s all part of the induction, you know, getting to know one another.”

Attending one or more of the 2-day events for the 5 areas

- “Two and a bit days just purely dedicated to induction rather than the day to day business.”
Where more than one quote is given under a main bullet point, these are from different areas.

Source: Grant set-up interviews, April – Sept 2015, all 5 sites

3.3.2 Variation over time

Our data included examples where, within the same area, different interviewees reported different experiences of induction, with those appointed later describing a more **structured, supported process** than those appointed earlier (see Table 8). In both **Areas 2 and 3**, it took time to develop a

structured induction but, once in place this was reported as having been valued and useful. In Area 3, those interviewed who were appointed during Grant set-up phase reported that there was no formal induction process; team days and weekly meetings began in early summer 2015 (i.e. during Year 1 of Embedding and implementation phase).

Table 8: Induction in one area: developments over time

Induction in one area: developments over time	
Earlier appointment (illustrative examples)	One interviewee said her induction was experienced as not structured enough. She recognised that this was partly because <i>A Better Start</i> was new - “It’s a new project for a new organisation” [meaning <i>A Better Start</i>] – and so, “in terms of induction, there is no HR department, there’s no Payroll department ...” She reported having had, “A few weeks reading through [the bid and other documents] but thinking,” ‘I don’t really know where I’m going or what my role is’. It was really uncertain and you had to find out a lot yourself and, you know, when you don’t ask the right person, you don’t get the right answer, do you?” She reported that others were supportive and willing to sit down and tell her things but, overall, she felt her induction had been, “a bit too free”. Also that the practical, factual systems information wasn’t shared –e.g. how expenses were claimed and where timesheets went.
Later appointments (illustrative examples)	<p>“We had a very good, appropriate induction which was well-timed and appropriately paced. [...] We had one away day in particular which I remember where we pretty much went through the whole journey of how the bid was written.”</p> <p>“I don’t feel like I’ve joined a movie half-way through. I got a good catch-up because bits that I missed, somebody filled me in on.”</p> <p>“It’s been a strong induction over a lengthy period of time rather than this is your induction for your first two weeks and then get on with it. It’s a planned induction and it’s planned over a period of time. As the project develops and grows, the induction continues.”</p>
Plan for subsequent appointments	“We’ve been developing an induction plan to make sure that [the next phase of recruited people] feel fully [included]. [...] shadowing people, being introduced to people, lots of documents to read and not expecting them to start doing things straight away. Allowing them, and affording them, the time to familiarise themselves with the programme . We’re all buddying up with somebody so that they can come along with us and we’ll look after them for the first few months and make sure that’s all in place. [...] We have got a plan in place to make sure that they feel they have enough support to be able to then start work. “

Source: Grant set-up phase interviews from one area

3.4 Creating implementation teams

Phase 2 of the Quality Implementation Framework, “Creating a structure for implementation”, begins with **Step 9** which asks:

Who will have **organisational responsibility** for implementation?

Can we develop **a support team of qualified staff** to work with front-line workers who are delivering the innovation?¹³

If we interpret ‘the innovation’ as *A Better Start* at area-level, then organisation responsibility lay with the VCSE sector lead organisation and specifically the area Directors. The ‘support team’ are then the core *A Better Start* teams employed in each area to support the delivery of the portfolio of interventions and to ensure the embedding of systems change and improved outcomes for children.

3.4.1 The leadership of the Directors and Programme Managers

The roles of the Directors and, to a lesser extent, of the Programme Managers, were noted by interviewees as playing a significant part in creating clear leadership (or not) for the implementation of *A Better Start* in each area: for example, “The appointment of the Director has given us a strong leadership message.” (I. 44)

As with induction processes, one area stood out because interviewees reported a **lack** of operational leadership. In the four other areas, interviewees **praised** the leadership for creating supportive environments for learning and working together. For example, one person said:

“[The Director has] invested a lot of time in enabling us to think things through rather than us quickly reacting to situations.” (I.60)

This person described leadership that enabled time for discussion, for reflection together at weekly meetings and team days and had asked every staff member to complete weekly updates about any need for support or escalation of issues. As a result, interviewees reported feeling supported and able to learn and develop into their new roles.

3.4.2 Creating a core team

During the period when the interviews were carried out (April-September, 2015), core teams were being expanded, new posts filled, and some team members were moving into different posts. This activity took place against the backdrop of development activity across the range of *A Better Start* work.

The growth, and change, in personnel involved in building the core teams meant that designated time for team building, team maintenance and the formal exchange of information between members was valued by those who experienced this (across four areas) and missed by those who did not (all interviewees from one area). The activities that were valued as supporting team building and cohesion overlapped with those valued for induction purposes (for example, regular team meetings, regular team away days). In addition, both generic training (e.g. on IT systems, on organisational

¹³ The third question related to Step 9 is covered in the following chapter.

processes) and role-specific training (e.g. on managing a contract, on project management) were also valued as helping to create a sense of competence and confidence as a team.

Plans about staffing structures changed a little from the bid to the grant set-up stage, sometimes because of external factors. For example, in one area, the restructuring of children's centres meant a change of plan for the *A Better Start* staff that had been planned to be placed and line managed within children's centres; instead, the line management was brought into the core team. In more than one area, the opportunity for reflection afforded by the grant set-up phase enabled clarity to be reached on exactly which posts were required to create staffing structures that would support the delivery of *A Better Start* over its lifetime. For example, one area clarified staffing needs around data and evaluation:

'I think we know now what we need. We need someone [...] with a bit of an economics background, or a statistician. And then we need someone who can be the research and evaluation person [...] and then there is going to be someone who is just about monitoring' (1/9).

A second area was deliberately setting out to create a team with diverse skills, knowledge and backgrounds as well as shared core skillsets (Table 9) whilst a third was rethinking the roles and purposes of having a core team versus having *A Better Start*-funded staff placed alongside public sector colleagues inside the relevant services.

Table 9: Creating a core team

One approach to creating a core team (illustrative example)	
Diversity of knowledge and skills	<ul style="list-style-type: none"> • Voluntary sector background. • Local knowledge of the area. • Private sector background. • Work with and alongside health. • Experience as a health visitor and family nurse. • Experience in engaging parents in the voluntary sector. • Experience in engaging parents in the public sector (health). • Early Years (childcare and teaching) background. • Workforce development background. • Communications and marketing background.
Shared knowledge and skills	<ul style="list-style-type: none"> • Management skills. • Leadership skills. • Skilled in partnership working.
Shared ethos	<ul style="list-style-type: none"> • Work culture and values.

Source: Grant set-up phase interviews, one area

4 Planning services

4.1 Introduction

During the grant set-up phase interviews, as well as asking about what had been the priorities for that stage, we also asked interviewees what their role-specific priorities were for Year 1 (April 2015-March 2016) of the embedding and implementation phase. In our view, this links to **Step 10** of the Quality Implementation Framework, **developing an implementation plan**, and its associated questions:

“Can we create **a clear plan** that includes specific tasks and timelines to enhance accountability during implementation? (covered in sections 4.1 and 4.2)

What **challenges** to effective implementation can we **foresee** that we can **address proactively**? (covered in section 4.3)

To preserve interviewee confidentiality, analysis and reporting of this is based on the role categories in Table 1 (Chapter 1), with some amalgamation to enhance this confidentiality. For example, the priorities reported by directors and programme managers are amalgamated¹⁴.

4.2 Year 1 planning and priorities

This section is organised by broad categories of interviewee roles. First it covers priorities described by the eight senior staff (directors and programme managers), then by work strand leads (9), next by those engaged in strategic and operational level community work (10), and finally those with business support roles (4).

4.2.1 Year 1 priorities for directors and programme managers

Each of the senior staff asked about their Year 1 priorities responded with a rather long list. There was some overlap with governance, team building, and communications the most commonly cited priorities. Overall, however, each area’s senior staff seemed to have very specific priorities for Year 1. Two examples are given to illustrate this (Table 10).

¹⁴ The two interviewees who were on a governance group (see Table 1, Chapter 1) are not included in this chapter as they were not members of an *A Better Start* core team.

Table 10: Examples of Year 1 priorities

Two illustrations of senior staff Year 1 priorities in different areas

Example 1

- Core team-orientated priorities.
- Appointing the team and training them.
- Ensuring that they each become steeped in the vision and the key messages.
- Delivery team-orientated priorities.
- Bringing in international experts to build up the understanding, knowledge and skills of staff who would deliver targeted interventions.
- Preparing to deliver the extension of Family Nurse Partnership – recruitment and training of the additional nurses required.
- Recruitment and training of new staff to deliver an intervention to all other new parents in the *A Better Start* wards.
- Task-related priorities.
- Developing a strategic commissioning review process.
- Work on parks and open spaces.
- Systems change –related priorities.
- Building capacity to deliver systems change by:
- Sending four partnership staff on nationally recognised training (e.g. National College’s Systems Leadership Course;
- Executive board working with a consultant on Leadership for Change).

Example 2

- Core team-orientated priorities.
- Recruiting and building a core team, plus some embedded posts within local authority and (potentially) public health.
- Systems change-related priorities.
- Governance.
- Task-related priorities.
- Keeping momentum on the capital build programme (expansion of some children’s centres, enhancement of open access play facilities in parks, create some new early years hubs and gardens on local estates) including consulting with tenants associations and children’s centres – will then take the designs out for local discussion and input.
- Engagement-related priorities.
- Managing expectations.
- Communications (website, twitter, Facebook) and also through co-production events and service design work i.e. through being visible and having conversations with people.

4.2.2 Year 1 priorities for strand leads

By 'strand leads', we mean those team members we interviewed whose remit focused on leading a specific strand of work, such as learning and development, child health or evaluation. Unsurprisingly, Year 1 priorities were role-specific and so cannot be easily summarised. To give a flavour of these data, whilst preserving individual confidentiality, we provide a composite priority list for two illustrative remits: evaluation (Table 11) and learning development (Table 12) for each of which we interviewed more than one person.

Table 11: Year 1 priorities

Composite list of Year 1 priorities within one illustrative remit (evaluation)

- Inputs-related work.
- Work on community needs assessment – understanding the potential participants for services, their needs and preferences.
- Collating qualitative information about risk factors and the local environment.
- Outcomes-related work.
- Common measures group – seeking measurable proxies for outcomes
- Created an inventory of existing locally used outcomes measures – mapped that on to the Warwick Consortium Cohort Study to investigate if there could be interactions there
- Local evaluation
- Starting off local evaluation studies
- Designing evaluation approach for specific interventions – e.g. of community engagement
- Having oversight of all the evaluation and monitoring activities that support the implementation or the impact of interventions

Table 12: Composite list of Year 1 priorities within illustrative remit (learning development)

Composite list of Year 1 priorities within illustrative remit (learning development)

- Sourcing the right training for different purposes.
- For the community representatives on the board.
- For staff preparing to deliver portfolio projects.
- Planning.
- Define the relevant workforce – core; outer spheres; and then wider pool of people not directly delivering or supporting delivery of the interventions but still working with families in the area.
- Coordinate the mapping of the relevant workforces to be trained and put that workforce mapping data into a database, such as Salesforce.
- Develop a coherent learning and development programme together with a working group of key training people from other partners such as NHS, local authority – and to agree that anyone can access training regardless of who is providing it i.e. integrating the offer to make it more sustainable.
- Work together to create a baseline of current knowledge in the workforce across the three outcome areas – and develop or source an auditing tool for that.
- Develop a key messages strategy for each of the portfolio projects – i.e. what the wider workforce needs to know about it.

4.2.3 Year 1 priorities for community-focused team members

The Year 1 priorities for the 10 interviewees who had community-focused remits proved to have much in common. These fell in to five clear themes, each of which had multiple examples in our data. These themes were:

- Becoming familiar with, and in, the *A Better Start* wards.
- Engaging resident parents, including fathers.
- Supporting and training community representatives.
- Identifying and mentoring potential community representatives.
- Promoting and modelling systems change from the start.

4.2.4 Year 1 priorities for business support roles

The grant set-up phase interviews included four interviewees who had business support roles, such as finance. Table 13 shows the main Year 1 priorities they described.

Table 13: Business support priorities during Year 1

Business support priorities during Year 1

Governance

- Ensuring governance groups meet at appropriate intervals to enable decisions to be made at the appropriate level without delaying operational-level work

Financial probity

- Ensuring systems are set up for recording the spend by each portfolio project
- Setting the budget for each portfolio project – in one area, this was explicitly linked to the service design document
- Setting up a new accounts reporting system within the system operated by the lead body
- Working with service delivery partners to explain what the *A Better Start* money would pay for and what it would not pay for
- Issue: One interviewee reported a lack of clarity about whose role it was to audit spend on individual portfolio projects

Management of contracts

- Procuring and setting up contracts and service level agreements and setting up monitoring of the delivery of the contracts

Reporting to the Big Lottery Fund on grant spend

- Regular completion of spreadsheets setting out actual spend over previous quarter/s and anticipated spend for next quarter
- Claiming in arrears for capital spend with invoices

Each bullet point may be derived from more than one interview

Source: Grant set-up interviews in four areas, April – Sept 2015

4.3 Addressing foreseen challenges

We asked the core team members interviewed what, if any, challenges there were, in their view, to the successful implementation of *A Better Start* over its projected lifetime and, conversely, what particular strengths they thought it had that would help to create stability over time.

4.3.1 Predicted potential challenges and ways to address these

Table 14 provides a composite list of all the challenges or threats foreseen by interviewees and suggested approaches to addressing these. The challenge and the suggested approach to addressing it do not necessarily come from the same interview.

Table 14: Composite list of challenges and approaches to addressing these

Foreseen challenges	Approaches to addressing these
<p>‘Austerity’ policies leading to cuts in public sector services</p>	<ul style="list-style-type: none"> • Use as the impetus to think creatively with partners about how high quality services could be delivered differently. • Share learning and successful services across the whole area (not only the <i>A Better Start</i> wards). • Mitigate risk by including this scenario in planning with partners and have an agreement to continue to work responsively and flexibly together. • Hold fast to the <i>A Better Start</i> remit and avoid replacing public services.
<p>National-level decisions affecting partners services and the ‘landscape’ of service configurations e.g. the transfer of commissioning of certain health services for NHS England to local authorities</p>	<ul style="list-style-type: none"> • Work together as a partnership to ensure joined up service delivery, regardless of commissioning body or changes in public sector service configuration. • Embrace change and be flexible and solution-focused in response to it.
<p>Engaging families with a history of not seeking or accepting external services</p>	<ul style="list-style-type: none"> • Design services that are strongly appealing to parents of 0-3 year olds. • Use local monitoring and evaluation to tailor services and interventions to the local families. • Engage mothers and fathers in the first few months of pregnancy. • Recognise that it is not an easy task and be willing to listen to what parents say and change practice in positive ways.
<p>Getting information about and understanding of <i>A Better Start</i> to filter down to “on the ground” staff in partner services</p>	<ul style="list-style-type: none"> • Use the full extent of governance structures as a way of feeding in intelligence about where more information is needed .
<p>Wards being administrative categories, not necessarily natural communities which may affect engagement</p>	<ul style="list-style-type: none"> • View this as an opportunity to ‘test and learn’.

<p>Cynicism about the possibility of successful and sustainable changes</p>	<ul style="list-style-type: none"> Engage with the hearts and minds of all those working with families with young children so that they open up to believing that lasting and positive change is possible. Work with operational service leads across the partnership to fit together all the statutory and non-statutory services for 0-3 year olds. Encourage the Big Lottery Fund to work with government departments to argue for early intervention but in an integrated way – not as a series of isolated initiatives.
<p>Focusing on the delivery of the multiple portfolio projects at the expense of coproducing joined-up services that are prevention-focused and demand-led</p>	<ul style="list-style-type: none"> Work to convince partner service delivery staff of the <i>A Better Start</i> vision and persuade them to reflect this in job descriptions, recruitment, training and ways of working.
<p>The necessity to challenge existing practice in order for positive changes to happen being resented as insulting and threatening by some practitioners</p>	<ul style="list-style-type: none"> Work towards systems change from the start. Work slowly and respectfully with others to encourage openness to changing practices to achieve better outcomes for children.
<p>Losing the focus on improved outcomes</p>	<ul style="list-style-type: none"> Ensure all monitoring and evaluation is able to show how far outcomes are being positively affected.
<p>Ability to recruit to the required level – e.g. additional speech and language therapists</p>	<ul style="list-style-type: none"> Advertise widely.
<p>Population changes (growth, turnover of families, changes in demographic make-up e.g. in ethnic groups) which, in some cases, may make a sustained shift in public sector spending towards prevention and early intervention difficult</p>	<ul style="list-style-type: none"> Movement: Set up tracking systems than enable the local partnership to be aware of, and responsive to, population changes. Increase: Accepting that a continued influx of families with high needs will require continued resourcing at targeted and specialist level . New to area ethnic groups: Take the time and make the effort to engage the trust of new residents and to support their integration with established residents; support them to meet their priority needs for housing and income before seeking to engage in <i>A Better Start</i>; recruit a representative to sit on the governance

	structure; engage new families through support by a worker who speaks the new group's language.
Loss of key strategic or operational knowledge as core <i>A Better Start</i> staff move on	<ul style="list-style-type: none"> • Set up regular practice of recording information to create an archive of local intelligence and data that could be picked up and used by someone else.
Changes in senior leadership of partner organisations	<ul style="list-style-type: none"> • Maintaining detailed briefings and a strong influence so that the commitment to prevention and early intervention and to systems change is maintained. • Mitigate risk by including this scenario in strategic planning with partners and have an agreement to continue to work responsively and flexibly together. • Share evidence that <i>A Better Start</i> is working locally.
Changes in operational level staff with whom a good working relationship has been established	<ul style="list-style-type: none"> • Keeping abreast of these changes and continuing to invest in sharing the <i>A Better Start</i> vision and plan and in building new good working relationships. • Mitigate risk by including this scenario in strategic planning with partners and have an agreement to continue to work responsively and flexibly together.
The balance of community and other representatives on the area partnership board does not work e.g. community representatives feeling they are not listened to	<ul style="list-style-type: none"> • Supporting the community representatives by prior preparation for board meetings. • Encouraging a core group of community representatives to commit to serve for two to three years at a time; meanwhile mentoring new representatives to take over the roles.

Source: Grant set-up phase interviews, April – Sept 2015

4.3.2 Local area strengths

Interviewees in each area acknowledged the strength afforded by the secure funding from the Big Lottery Fund. In addition, in each of the five areas, interviewees articulated particular local strengths that in their view would support the implementation of *A Better Start*. For example, in one area reference was made to the fact that there was already an early intervention strategy in place that integrated local authority and health. This was perceived as supportive of the work of *A Better Start* locally and as easing the process of replicating successful services across the whole area. In another area, local strengths were perceived as including an increasing focus on a “bottom up” and “joined up”

approach to working with families and an acknowledgement that public sector, and VCSE sector have to work together to find answers to local issues. It was also noted that there was “a wealth of volunteering capacity and interest” in the area (I.72)

In another area, interviewees spoke of the “enthusiasm”, “passion” and “perseverance” and “hard work” of all the staff involved. One noted that *A Better Start* had already had an influence on local policy, adding:

“I get the feeling that people are coming around to this early intervention way of thinking, that we can be preventative instead of reactive” (I.46).

Other strengths highlighted in that area were:

- Working in a collaborative way.
- How the governance structures fit together and feed in to each other.
- A willingness to ask the Big Lottery Fund for help that is needed.
- A willingness to review the balance of power on the governance structures so that the community have power and are represented by people who are committed to *A Better Start*.

Finally, interviewees in the remaining area spoke of the strength afforded by the complementary styles of the Director and programme manager; the successful recruitment of a team of people energised by a moral desire to create positive changes for children; having creative ideas; weaving *A Better Start* into everyone’s day job rather than being separate; the rigorous use of service design, and an intention to use regular monitoring and evaluation to support learning and, hopefully, provide evidence of improvement.

5 Monitoring systems

5.1 Introduction

In the grant set-up phase interviews, we wanted to know what systems the areas had chosen to use to create the technical infrastructure required once delivery of the portfolio projects started. We focused on asking about:

Which IT systems (and why) would be used for recording monitoring data (such as numbers of staff trained, quality of implementation, beneficiaries taking part, outcomes achieved by each portfolio programme)

Whether or not (and why) use would be made of the Preventonomics cost benefit package

Whether or not (and why) use was or would be made of the Social Research Unit's service design process.

These data relate to **Step 11** in Phase 3 of the Quality Implementation Framework (Table 6).

Table 15: Step 11 of the Quality Implementation Framework

Quality Implementation

Phase 3: Ongoing structure once implementation begins

Ongoing implementation support strategies

Step 11. Technical assistance/coaching/supervision

Can we provide the necessary technical assistance to help [*A Better Start*] and practitioners deal with the inevitable practical problems that will develop once the innovation begins.

5.2 IT systems and data management

5.2.1 IT systems for monitoring data

The Big Lottery Fund alerted areas to the fact that they would be required to provide information to the Big Lottery Fund about reach and demographics. The area partnership board would also require to have information about activities, reach and outcomes of activity. Therefore each area had to decide on a way of collecting monitoring data for these purposes. This raised a number of issues such as the need to reach information sharing agreements and to agree information governance protocols, as well as the more technical issues of how feasible it was to try to have one system. At the time of the grant set-up phase interviews (April to Sept 2015), the areas were at different stages of resolving these issues. Overall, the desire was to find a way of integrating *A Better Start* monitoring data within an existing system, rather than creating a new separate system.

All five areas entered discussions with their health partners as the national health patient record system, System 1, already included basic demographic information and a unique NHS number for each person, as well as data on outcome indicators relevant to *A Better Start*, such as breastfeeding rates information, maternal depression information, childhood obesity data. At least one area seemed almost certain that they would be able to use this system and have technical support to have an A

Better Start data unit added to it. Another area had scoped a partnership with the local Hospital Trust to act as data handlers whilst the lead body would act as data controllers. A third area was in the development and discussions stage - different views were expressed as to the certainty or not of eventually finding a way to work with System 1 or whether *A Better Start* would also draw in monitoring data from two other existing systems, one used by midwifery, and one by education.

In a fourth area, the main focus, at time of these interviews, was on developing information sharing and information governance protocols to enable tracking of individual children as well as use of aggregate data. The decision had been made to locate the data analyst post in the local authority data team and to use the existing data systems in the public sector and the third sector. There was talk of using a data warehouse where health data on System 1 would be integrated with local authority data on Capita's E-start programme (potentially adapted to strengthen the outcomes data capture in addition to outputs data) and to third sector organisations' data systems.

5.2.2 IT systems for cost benefit analysis

The Big Lottery Fund had also provided another form of technical support through commissioning a bespoke approach to cost benefit analysis for *A Better Start* from academics at the London School of Economics. This approach was called Preventonomics. We were interested in the extent to which this support had been taken up. We found that interest in it varied. For example, interviewees in one area made it clear that local thinking about measurable outcomes had not reached a stage where the Preventonomics model could be engaged with. In another area, there was a history of using a similar cost benefits package and there was no desire to change to the Preventonomics one for the sake of it. At least one area reported working with Preventonomics on outcomes data (developing the baseline and then what a good score would look like to show impact) and creating an inventory of currently collected population measures, and individual measures and looking at what an optimum score might look like. The extension of the national Troubled Families programme to cover the 0-3 years age group complicated this because it meant that some partners were using the Troubled Families cost benefits package. Discussions were being held with local systems leaders to decide whether or not to go forward with the Troubled Families model or the Preventonomics one. The overall aim was to use data in a way that showed impact; the choice of model was likely to come down to which one was viewed as most sustainable locally.

5.3 Service design for portfolio projects

Another form of external assistance commissioned by the Big Lottery Fund for the sites was training in the use of the Social Research Unit's service design process. The supporting Better Evidence for a Better Start paper ('Module 7 How to design a service') summarised this (see Table 16).

Table 16: Summary of steps in the Social Research Unit's service design process

Social Research Unit – Service Design	
-	Being clear about the desired outcomes of the service, for whom, and to what extent.
-	Creating a logic model for the service – that is, what outcomes will be affected? What activities will achieve these outcomes? What inputs and investments will be needed? What outputs will be measured to monitor the inputs, activities and outcomes?
-	Creating a theory of change for the service – that is: How the different elements of the service are expected to impact on known risk factors affecting poor outcomes, explaining why and how the intervention will affect the problem.
-	Describing the service – what will be done for whom, by whom, when, how, where and how often.
-	Defining the target group (e.g. by socio-demographics, by geography, by risk factors) and the potential size of the population that might benefit from the service (drawing on local data to do so).
-	Involve in the design process the people who will be expected to deliver and use the services to make it appealing and deliverable.
-	Consider the ethical implications – Will the service do good? Will it do no harm? Will there be fair access?
-	Set out the processes for identifying, recruiting and retaining participants.
-	Set out the staffing, management and training requirements.
-	Outline costs for set up and implementation and the equipment and facilities required.
-	Describe how implementation will be monitored and evaluated.

Sources: Extracted from 'Module 7 How to design a Service', and 'Proposed structure for a service design document', Better Evidence for a Better Start, the Social Research Unit

From our interview data, it was clear that at least three of the areas were using the service design process. One had used it for the first four projects to be up and running. Two areas were very committed to it and positive about it. For example, in one of these areas, it was described as “a brilliant framework” (I.3). That area team had enhanced it by adding to it. The presentations of the first few service designs at the area partnership board had led to a commitment that the local authority would adopt it for the future: “Once it’s up and running [the local authority] have said they are going to adopt it for everything they do in the future” (I.3) The enhanced full service design document in this area was running to between 50 and 100 pages. Several approaches had been tried to create a 10-page summary but, by time of interview, none had suited all stakeholders. Using the service design process had also led this area to begin developing a service review template to ensure that learning could also be captured from pilots of service delivery.

5.4 Local evaluation

Step 12 of the Quality Implementation Framework focuses on **process evaluation** with its associated question:

“Do we have a plan to evaluate the relative strengths and limitations of the innovation’s implementation as it evolves over time?”

Data are needed on how well different aspects of the innovation are being conducted, as well as the performance of different individual implementing the innovation.”

The overall *A Better Start* programme is being evaluated by the Warwick Consortium. In our interviews, where it was appropriate to do so, we asked about local experience of evaluating preventative and early intervention services or programmes, the types of data routinely collected relevant to such service delivery, and any plans for local evaluation of one or more portfolio projects.

In at least two areas, local evaluation planning had been put on hold pending the receipt of the research protocol describing the Warwick Consortium Cohort Study of impact. Nevertheless, in one of these areas, the local plans included drawing in “a lot of information from the local authority”, for example, analysis of school census data to look at attendance, foundation stage results, levels of special educational need, social care information. The area’s outcomes framework had been conceptualised over the 10 year life of a child so short term outcomes were viewed as relating to under-3s; medium term would be school readiness and foundation stage results; longer term would be key stage 2 results. The plan was to follow individual children over time and then to collate these data at aggregate level to enable comparisons to be made of outcomes by ward, by *A Better Start* wards collectively versus rest of the local area, and by those involved in the programme versus those not involved.

Interviewees from more than one area reported that previous evaluation of universal services had been rather poor. For example, in one area, previous evaluation data were reported as having been qualitative rather than quantitative. The relevant members of the core team were working to build relationships to access local quantitative data held by partners in the health service and in the local authority. A great variety in assessment tools in use by frontline workers was described, along with recognition that it would take time and careful work to agree what assessment measures should be used. In this area, two local evaluation studies were planned for the future. One interviewee in this area reported valuing the work of the cross-site common measures group whilst acknowledging that it had longer than expected to get to the stage of, “really meaningful conversations about certain measures and the challenges that would bring in a universal environment, and the interaction with the others, and working out where we really had got a measure that was common” (I.84).

The specific challenges of evaluating community engagement work were discussed in interviews in one area. There, it had been agreed to use participatory qualitative methods to document the development journeys of community representatives and volunteers. In addition, scoping work was being done to explore how developments such as the enhancement of a local park could be evaluated.

6 Looking ahead 10 years

At the end of the interview, when there was time to do so, interviewees were asked to step back mentally from the earlier focus on their own day-to-day role and to think ahead, across the 10-year timespan of the Big Lottery Fund investment in their area. They were asked to say to what extent they felt confident that the local *A Better Start* partnership would be able to sustain *A Better Start* over time. They were then asked specifically about their views on how, if at all, the management structure of *A Better Start* would support continuity of the work over 10 years.

6.1 Confidence in the local partnership

All but one of the interviewees who were asked declared themselves to be either confident or very confident of the success of the local *A Better Start* programme. A composite list of reasons given for this sense of confidence included:

- The unifying focus on improving outcomes for children, making it a collective effort across delivery workforces.
- A willingness to be reflective and to recognise that not everything would turn out to be the “most useful thing to achieve what it is we want to achieve”.
- The strong foundations built during the bid development phase and the grant set-up phase.
- The time given to beginning to build the structure during the implementation and embedding phase.
- The monitoring and evaluation will allow for “tweaks and learning all along the way” and, if this happens, and leads to systems change then the programme will be successful.
- A strong focus on **how** work is done i.e. on the behaviours of staff working with families.
- The involvement of community representatives throughout.
- The time invested in building relationships that enable people to engage with *A Better Start* in a sustainable way will result in gaining the commitment needed for systems change.
- The arguments for early intervention becoming stronger as the benefits become self-evident.
- A composite list of the aspects of the **management structure** that were highlighted as supportive of the continuity of the work comprised:
 - Clarity of leadership, coupled with a low sense of hierarchy.
 - Governance structures that were open to hearing the voice of local parents and that parents were involved in making the decisions.
 - Approachable leadership willing to listen to ideas and suggestions.
 - Leaders who valued what each member of staff brought to the team.
 - ‘Sign up’ from all the system leaders.
 - System leaders, including *A Better Start* Directors, working together in an integrated way.

- ‘Inspirational’ operational leadership with strong knowledge of and respect from the local authority.

One interviewee was not convinced that *A Better Start* would be successful (that judgement would be based on how well the outcomes monitoring would be achieved) but this person was “hopeful” of success “because so much money, time and effort is going in to it” (1.98). Another interviewee was “very confident” that “a change” would be made but was “hesitant” about achieving population-level change within 10 years:

“I’m very confident that we can make a change and that the interventions we have chosen have potential. I’m hesitant that we will change the lives of everybody in 10 years; I think it might be generational. [...] The biggest outcomes will come when these children are parents themselves and know instinctively how to be parents that get their children school ready and socially and emotionally developed” (1.46).

6.2 The next steps

The data reported on in Report 1¹⁵ and in Chapters 2-5 of this report linked to Steps 1 – 12 of the Quality Implementation Framework. **Steps 13 (Supportive feedback mechanism) and 14 (Learning from experience)** link, in our view, to subsequent developments in Big Lottery Fund support for *A Better Start*.

6.2.1 Supportive feedback loops

By September 2015 (half-way through Year 1 of the Implementation and embedding phase of *A Better Start*), the Big Lottery had created a new role, ‘Director of Development for *A Better Start*’. The focus of the role was to support the five site Directors and their teams to learn from each other and from external expertise in a supportive way.

6.2.2 Learning from experience

The Big Lottery has invested in a number of ways in which others external to the *A Better Start* programme can learn from it. The Warwick Consortium evaluation and learning work will, over time, be part of this. In addition, the five sites are being supported to engage with each other through the shared learning and development programme. In this way, experience from implementation in one area can be shared with other areas. Each area is also working with national and international experts who, in turn, will learn from the implementation of *A Better Start*.

Our formative evaluation of the implementation of *A Better Start* across the five areas during the bid development process (Report 1) and the grant set-up phase (this report) indicates that all the steps expected of quality implementation have been visited at least once. This bodes well for the strength of the foundations built during these stages for *A Better Start*.

¹⁵ Cullen, M-A, Cullen, S and Lindsay, G (2017) *A Better Start Implementation Evaluation Workstream Report 1: Learning from the Bid Development Phase*.

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Appendix 1: The Warwick Consortium evaluation

The Big Lottery Fund appointed [the Warwick Consortium](#) to undertake the evaluation and learning contract for *A Better Start*. The Consortium is led by Professor Jane Barlow, University of Warwick (latterly, University of Oxford), and comprises a team from the Universities of Warwick, Oxford, Imperial, King's College London (KCL), Glasgow, and Durham; Ipsos MORI; Bryson Purdon Social Research; and ECORYS.

The aim of the research is to evaluate the impact and cost effectiveness of *A Better Start* and to understand the systems change that was delivered. The evaluation of *A Better Start* comprises a combined (mixed) methods design including impact, cost effectiveness and process components. The **impact study** comprises a cohort study in the five *A Better Start* areas and 15 matched comparison sites, beginning in pregnancy in 2017 and ending in 2024 when the children are age 7 years.

The **implementation evaluation** comprises the collection of process data from the sites, including a profiling of the structure and services being provided at baseline and yearly thereafter; and data regarding the participating families and the services they receive.

In addition, a third strand of the evaluation comprises **learning and dissemination**. Over the period of the study, the evidence that is produced will be disseminated to *A Better Start* sites and the Big Lottery Fund. The developing evidence base will therefore be used formatively within *A Better Start* to inform the Big Lottery Fund and the sites. This will allow each site to learn from research across the five sites and to amend their practice accordingly. It will also allow the Big Lottery Fund to make strategic decisions for *A Better Start* overall, regarding future patterns of support and funding. Dissemination nationally and internationally will follow.

The *implementation evaluation* has two components: i) Profiling of the structure and services being provided in the five *A Better Start* sites at baseline and changes over the course of the next five years; ii) the collection of core process data from the sites regarding the participating families and the services that they receive.

The implementation study is a form of 'realist evaluation' (Pawson & Tilley, 1997):

Such evaluation has an explanatory quest – programme theories are tested for the purpose of refining them. The basic question asked [...] is thus multi-faceted. Realist evaluations ask not, "What works?" or "Does this programme work?" but ask instead, "What works for whom in what circumstances and in what respects, and how?" (Pawson and Tilley, 2004, p2)

Our implementation evaluation draws upon the 4-stage Quality Implementation Framework (Meyers et al., 2012), and Interactive Systems Framework (Wandersman et al., 2008) to determine the data to be collected on the system of service delivery and monitoring created by the sites. The implementation data (which will consist of both quantitative and qualitative data) will be collected concurrently with the impact data, and triangulated to better understand the results obtained.

Appendix 2: The Quality Implementation Framework

The Quality Implementation Framework comprises a synthesis of 25 other implementation frameworks. The Quality Implementation Framework has four stages that we relate to the two phases of our implementation evaluation; the initial period (2014-17) when *A Better Start* is being set up, and the five years (2017-22) when *A Better Start* is implemented in full (Table 2).

Table 17: Relating the Quality Implementation Framework (Meyers *et al*, 2012) to our implementation evaluation

Quality Implementation Framework Stages:	Phases of the implementation evaluation
1. Initial consideration of the host setting.	Phase 1:
2. Creating a structure for implementation	Bid development: to June 2014 Grant set-up: to March 2015: Review and refinement of plans; recruitment to the core programme teams; set up of governance; partnership agreement signed off by Big Lottery Fund. Implementation and embedding: April 2015 to March 2017: Implementation of first interventions, roll out of pilots, moving to full delivery phase.
3. Ongoing structure once implementation is underway.	Phase 2:
4. Improving further application.	Delivery phase: April 2017 – 2022.

Source: Based on Warwick Consortium: Fulfilling Lives: A Better Start evaluation and learning contract bid, as amended

