

# A Better Start – A Better Future for Blackpool’s Children

## Strategy

Our community is united in our ambition to give every new baby in Blackpool a better start in life. We do not underestimate the scale of the challenges we face. But we are determined to seize this moment to make a decisive change and to transform the life chances of our youngest children and families.

Our vision is that Blackpool will be a place in which families raise happy, healthy children who grow up to take pride in belonging to the community. Through Better Start, every new baby in Blackpool will enjoy the early care and nurture they need for healthy development and to be ready for school

### EXCEPTIONAL ABILITY TO DELIVER

We are confident we will be able to deliver this vision and have a lasting impact beyond the life of the programme because we have:

- **Strong partnerships:** all key players from the voluntary, statutory, private and community sectors are united behind a shared vision and a shared plan for delivering change. This proposal builds on a long track record of successful partnership working

*"The only way we can change things is by working together."*

Parent

- **Bold plans for system transformation:** all partners are committed to whole system change, underpinned by financial, structural, cultural and workforce changes.
- **Effective and inclusive governance:** our governance structure ensures effective and strong leadership, including a dynamic and robust role for the community to shape services and activities.
- **Compact unitary authority:** two-thirds of children live in the target wards and we are committed to rolling out the learning and activity across the whole borough. Common boundaries between local authority and the clinical commissioning group make joint planning and alignment of activities straightforward and effective.
- **Policy alignment:** the Better Start Approach is clearly aligned with the wider regeneration agenda. Blackpool’s aim to become a great place to live and Britain’s number one holiday destination and to make its offer to the resort relevant to today’s visitor. Its investments in the environment and heritage of the town alongside a plan to boost availability of good quality family housing all reinforce the goals of A Better Start.
- **Public health approach:** we believe in change at the population level (through universal services and public health campaigns) with more intensive intervention for those identified as needing extra help

- **Exceptionally strong portfolio of evidence based interventions:** We have a carefully tiered approach to addressing need across the population and a track record of delivering evidence based interventions
- **£30 million of local investment:** we have agreed to leverage £30 million of real investment for conception to threes across the 10 years of the programme. We will create a 'Bank of Blackpool' to pool resources.
- **Role of the NSPCC:** we are in a unique position to have the NSPCC as the voluntary sector lead for this bid. They bring to this strategy not only the size and reputation of the leading child protection charity, but also in-depth knowledge and experience of evidence-based interventions – including a major national programme of work on pregnancy and infancy.
- **Access to international expertise:** We have established links with national and international experts who can enhance our knowledge base and capacity to share cutting edge learning and development
- **Blackpool Centre for Early Child Development:** This new centre demonstrates our commitment to building local expertise and capacity in the design and delivery of evidence based interventions. It also signals our bold ambition to make a difference to children's lives and to share the learning.

*"We want to be a place where people from around the world come to see how things should be done".*

Neil Jack, Chief Executive, Blackpool Council

## CONTEXT: THE CHALLENGES FOR BLACKPOOL

Blackpool, a seaside resort on the North West coast, is the sixth most deprived local authority in England. Our population of 142,000 people is predominantly White British. Our main industry is the tourist trade which is obviously seasonal and must compete in a global market for visitors. We have problems with high levels of poverty, poor quality housing and a low-skill, low-pay economy. Employment opportunities are difficult to create, given our geography and lack of available development land, and 'out of work' benefit levels are at almost twice the national average. Blackpool suffers major health inequalities, with life expectancy for men and women respectively the lowest and third lowest in England. Many local families feel socially isolated. What is more, these challenges are compounded by low aspirations and expectations, and a sense of almost resignation amongst some in our community.

Every year around 750 babies are born in the Better Start wards of Bloomfield, Brunswick, Claremont, Clifton, Park, Talbot and Victoria. And in total there are around 2,650 children aged up to 3 in these wards – almost 40% of all those in Blackpool as a whole. Park and Clifton are fringe of town estates, dominated by social housing. The other five wards form a continuous area around Blackpool's town centre and are characterized by dense housing, with some accommodation converted from former Bed and Breakfast stock into multi-occupancy flats and houses.

Blackpool's children face high levels of disadvantage. 30% of children in our town experience poverty; and a

*"There is an on-going generational cycle of poverty in Blackpool that is very difficult to break."*

Joseph Rowntree Foundation

half of those in poverty live in the Better Start wards. We have the highest levels of Looked After Children in England. In fact, 78 of our 434 children in care, are under 3 and from the Better Start area. Large numbers of babies in our town are exposed to parental problems of mental illness, drug and alcohol abuse and domestic abuse. Women's risk of suffering domestic abuse, for example, is estimated to be nearly four times the national average.

Blackpool has high teenage pregnancy rates, with around one in twenty girls aged 15-17 conceiving each year. One in five babies in Better Start wards experienced an unhealthy gestation and birth (measured by low birth weight, prematurity or use of drugs/alcohol/tobacco by their mother in pregnancy). 30% of mothers in Blackpool continue to smoke when their babies are born (twice the national level). 44% of mothers choose not to try breastfeeding. And among those that do try, only half persist after 6-8 weeks.

Not surprisingly given these levels of disadvantage, child development outcomes are poor. One in twenty children aged 6 months to 5 years has poor speaking or listening skills. Around one in five children in Better Start wards are affected by hyperactivity or ADHD; and results across the Early Years Foundation Stage profile compare poorly against the national average.

Against this backdrop of disadvantage it would be easy to become fatalistic and write off the children and families of Blackpool. On the contrary, it is precisely because of the scale of the challenge, that we are so united in our determination to turn things around.

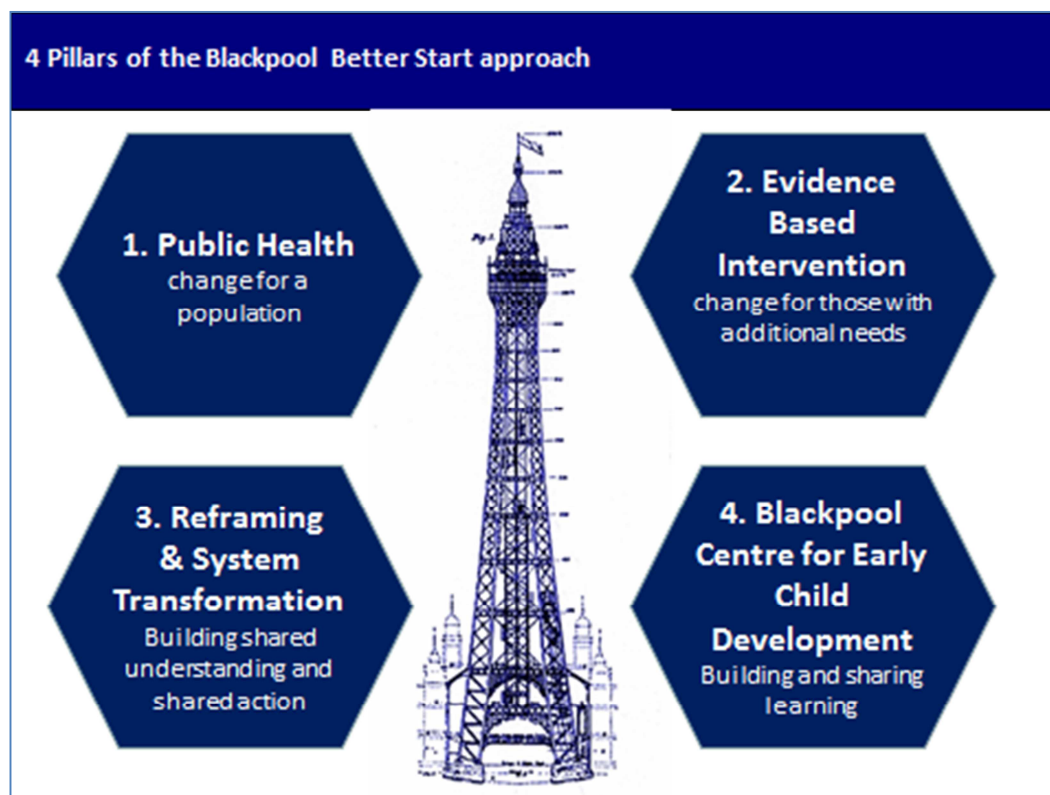
## OUR BLUEPRINT FOR CHANGE

Delivering our bold vision requires a **cohesive and committed partnership** and a **strategic programme of action**.

Our partnership brings together all players – voluntary, community, private and public - who can make a difference to young children’s lives. We want to achieve change for a whole generation and we knew this could only be achieved by building a genuinely inclusive and cohesive alliance. Our approach started with the needs of children and families themselves and is underpinned by meaningful engagement with the community. We are in this together - for the long run.

Delivering the vision requires rigour and a strategic framework for prioritising those activities that will make most impact on the outcomes we care about most. It requires careful implementation and systems that help – not hinder - what we need to do. We have a strong track record of partnership working, but we also recognise we need to invest time in developing common understanding and a shared language. We need to build local capabilities and to develop the infrastructure for learning and sharing what we learn with others. Better Start provides us with an exceptional opportunity to make this transformation and we are determined to deliver real and sustainable change in the way we do things.

In Blackpool, we have developed a blueprint for our Better Start programme based around 4 pillars, which we believe provide exceptionally strong foundations for our work over the next ten years and beyond.

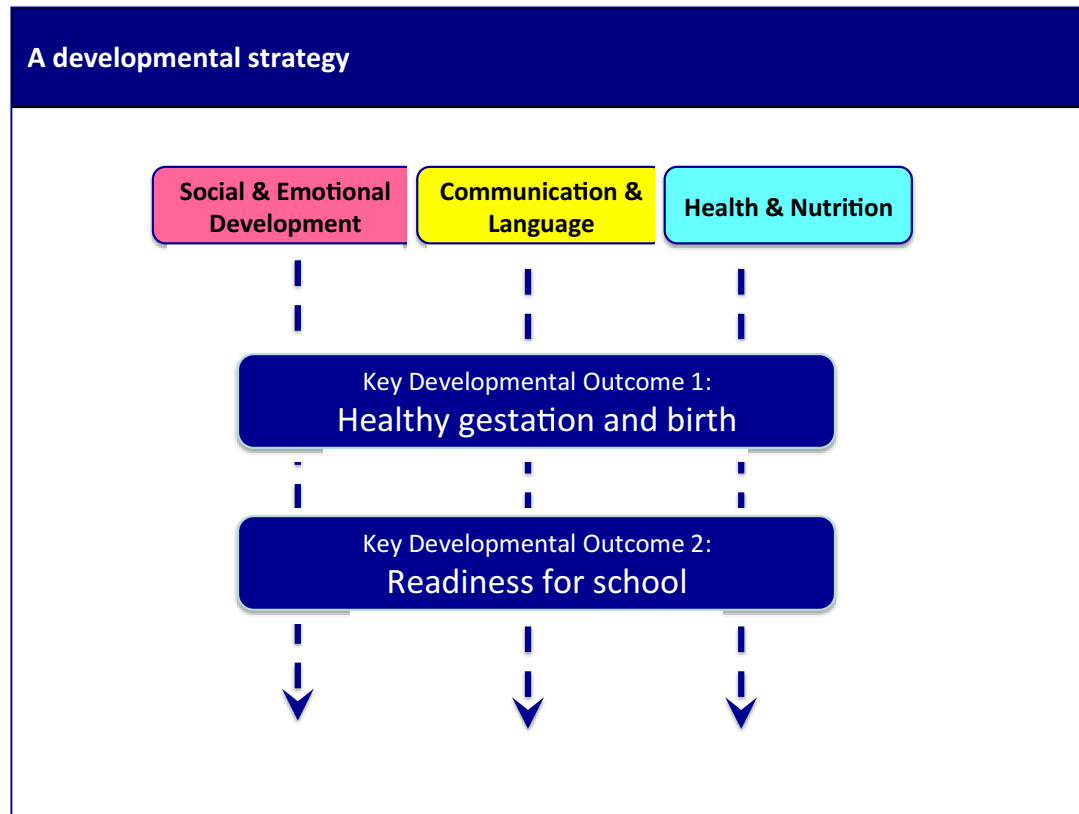


First of all, our programme of action is grounded in a **public health approach**, and starts with an understanding of needs across the whole population. Secondly, for those with additional needs, we

have crafted a programme of science and **evidence based interventions** designed to provide more intensive services, focussed on achieving clear priority outcomes. The third pillar of our approach is **systems transformation**, which refers to the change we need to see at all levels of our local services and systems. We believe this type of reform can only be successfully implemented if it is underpinned by a shared understanding (or 'framing') of the problem we face and a cohesive approach that unites community and professionals from all agencies. And our fourth pillar – **the Blackpool Centre for Early Child Development** – provides the dedicated locus for driving the strategy, programme implementation and research. The centre will build local capacity and expertise and become internationally renowned as a centre of innovation and learning.

Blackpool Better Start takes a public health approach. This means we emphasise: the needs of the whole population; the underlying socio-economic and wider determinants of children's outcomes; and collective responsibility and partnerships with all those who contribute to the wellbeing of young children and families.

Our overall strategy for the Blackpool Better Start programme is a developmental one. Based on extensive analysis of local data and a careful review of the research literature on early child development, we have prioritised two key outcomes: **healthy gestation and birth**; and **readiness for school**



These outcomes were selected not only because baseline data show particular challenges for our community, but also because they pinpoint important developmental milestones and provide rich composite measures of developmental progress. We fully embrace the Big Lottery Fund's three domains of: social and emotional development; language and communication; and diet and nutrition. We see these as crucial 'golden threads' that run right throughout our programme.

We have an important responsibility to ensure the Better Start investment is targeted where it can achieve the greatest impacts.

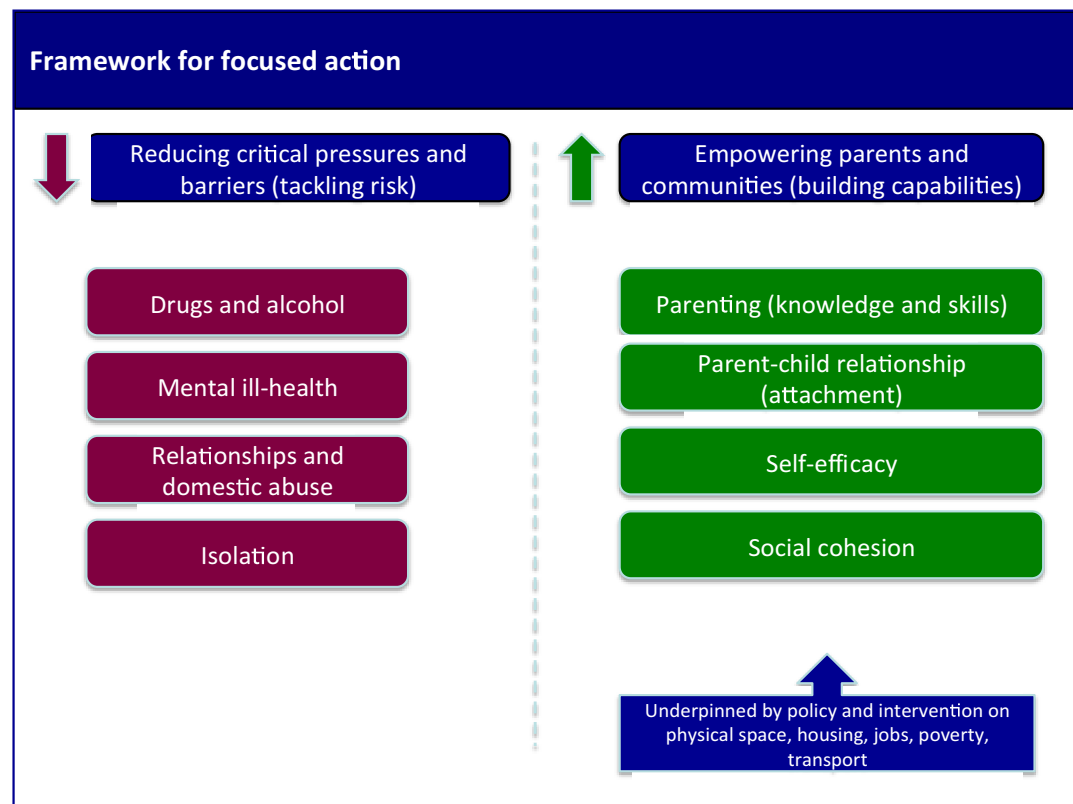
In Blackpool, there is a high degree of consistency between the issues of greatest concern to the community and the areas that stand out most in our local needs analyses and the survey data from Dartington. We have combined these data about local needs and priorities with what research

evidence tell us about the factors that matter most for achieving our desired outcomes for babies and young children.

We have used these data to create a 'Framework for focussed action' in our Better Start programme, based around:

- Reducing critical pressures and barriers (tackling risk)
- Empowering parents and communities (building capabilities)

The chart below sets out on the left-hand side the four key risks/barriers we aim to reduce through our programme. And on the right-hand side it lists the key ways in which we will empower parents and the community (our 'mechanisms for change'):



We have designed an integrated programme of activities spanning all levels of the government's Healthy Child Programme policy framework.

Building on our strong local universal health and children's services provision, we will ensure that new parents have access to a suite of **universal health promotion** resources, directly addressing:

- Diet and nutrition
- Language and communication
- Social & Emotional Development

[Details of the specific resources can be found in Annex C]

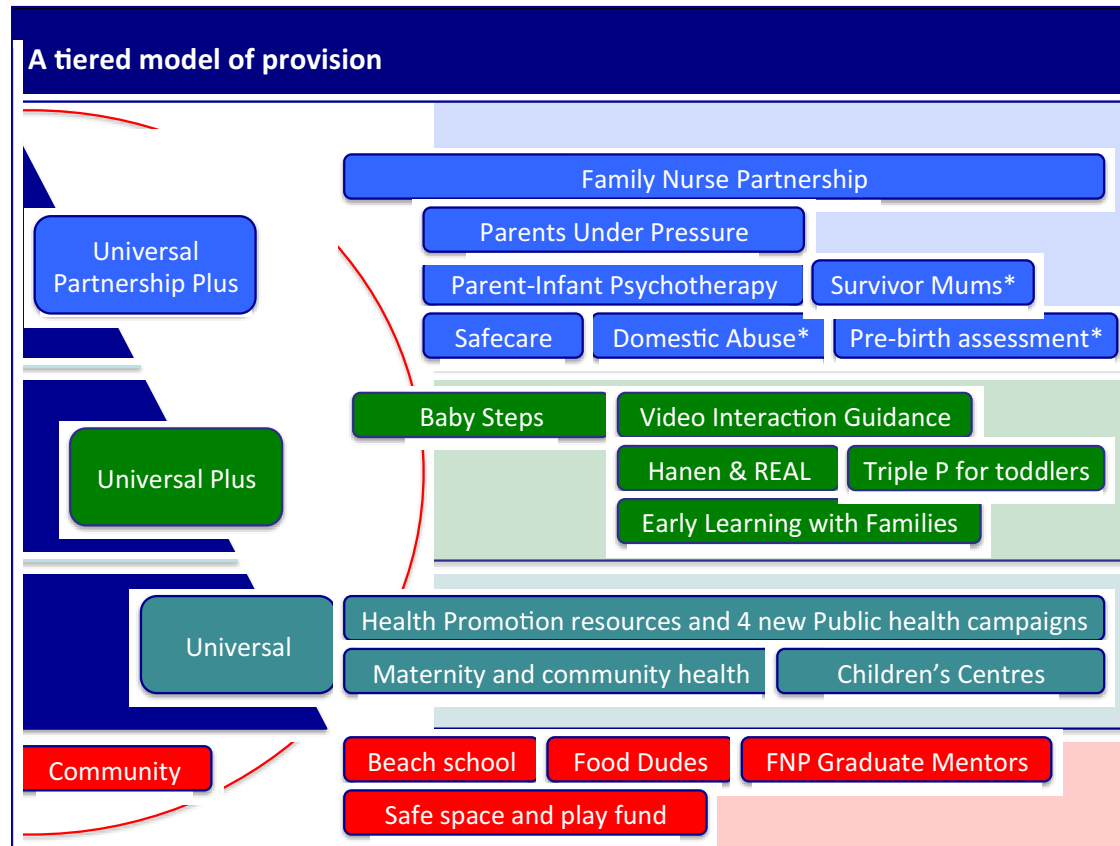
Over the course of the ten years, we expect to develop and deliver four public health campaigns. The first will be on the impacts of parental alcohol misuse. Our campaigns will each have a clear theory of change based on latest scientific research and they will be informed by original ethnographic research helping us to better understand local values, attitudes and behaviours that

might inhibit or motivate change. Campaign executions will be carefully designed and pre-tested locally. Evaluations of awareness, recall and attitudinal and behavioural change will help us measure the impacts of these campaigns; and also create an evidence base for their potential replication elsewhere.



**Pillar 2 EVIDENCE BASED INTERVENTION:**  
*Change for those with additional needs*

We propose a tiered model of provision, spanning different levels of need across the Healthy Child Programme framework:



\*projects marked with an asterisk are innovation projects

Each of these programmes has been identified on the basis of a careful assessment of: its current evidence base; fit with our priority outcomes; fit with our local needs; feasibility and suitability for our workforce and context; fit within the wider programme of activity; resource implications and value for money; potential for sustainability and replication; as well as its potential for new learning and impacts. Further details on the programmes can be found Annex C.

We have adopted a staged approach to implementation; identifying three broad categories of activity.

- 1. Development or expansion of existing services and 'quick wins'**
- full expansion of the **Family Nurse Partnership** programme to reach all under-20s in the town
  - development of a **new FNP graduate mentoring service**, provided by local FNP graduates to other mums
  - full expansion of the **Baby Steps** group parent education programme to reach all those not on FNP
  - increasing access to **Triple P** parenting programme, for parents of 2-3 years olds

<ul style="list-style-type: none"> <li>• full expansion of <b>Food Dudes</b> health and nutrition programme</li> <li>• development of <b>Early Learning for Families</b>, supporting language development and learning</li> <li>• creation of the <b>Beach School</b>, providing community led space for learning</li> <li>• creation of the <b>Improving safe space and play</b>, community led fund</li> </ul>
<b>2. Introduction to Blackpool of interventions successfully developed elsewhere*</b>
<ul style="list-style-type: none"> <li>• <b>Parents Under Pressure</b>, for families with drug and alcohol problems</li> <li>• <b>Video Interaction Guidance</b>, increasing parental sensitivity in families with attachment problems</li> <li>• <b>Safecare</b>, structured home visiting for families at risk of, or reported for, maltreatment</li> <li>• <b>Parent Infant Psychotherapy</b>, addressing critical mental health and attachment needs</li> <li>• <b>Hanen &amp; REAL</b>, improving language and communication skills</li> </ul>
<b>3. Innovation and research projects<sup>§</sup></b>
<ul style="list-style-type: none"> <li>• <b>Domestic abuse in pregnancy and infancy</b>, attachment based service where families stay together</li> <li>• <b>Pre-birth assessment</b>, a new model where harm is suspected about an unborn child</li> <li>• <b>Survivor mums companion</b>, tackling abuse-related trauma triggered in pregnancy</li> <li>• <b>Alcohol abuse in pregnancy</b>, developing an early intervention service</li> </ul>

\* Three of these programmes have already been successfully implemented in other areas of the UK by the NSPCC. And we have strong existing links with the providers of the other identified programmes

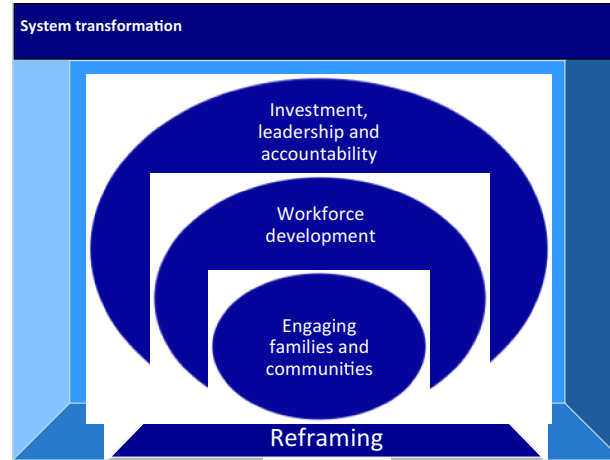
<sup>§</sup> The first two of these projects are already underway, led and funded by the NSPCC and their collaborators. Our close partnership with the NSPCC means the opportunity to help shape and inform these new services as they are being designed; and it means opportunities to pilot and deliver services that are relevant to our needs locally. The NSPCC has a strong track record in attracting funding for service development projects and research. We are currently awaiting the outcome of a bid to the NIH in the USA to fund the Survivor Mums Companion work.

We will make the most of our relationship with the NSPCC and their experience of developing and testing evidence based programmes specifically in pregnancy and the early years. They have extensive knowledge of the evidence base and are skilled at identifying opportunities for science-based innovation. Together we will identify the gaps in the evidence and take a thoughtful and considered approach to innovation, always building on the work of others and working with programme developers to ensure a good fit with our specific local context.

**Pillar 3** **REFRAMING AND SYSTEM TRANSFORMATION:**  
*Building shared understanding and shared action*

We will not achieve the step-change in the outcomes we desire, through evidence-based interventions alone. A key pillar of our blueprint is systems reform, which means change at all levels and pulling everyone together behind our shared vision.

Children in our target wards make up two thirds of the conception-to-threes in the town. We can't re-design part of the system for such a large proportion of children, so we are ready to completely reform public services for all conception to threes. We have already started the work of transforming our local systems, in part stimulated by large cuts in public expenditure, but also because we recognise the strategic importance of investing in the early years and prevention.



**Reframing**

We want to give everyone: professionals, volunteers and parents, a common language for communicating about children’s needs. Inspired by the success of the *Alberta Child Wellbeing Initiative* in Canada, we plan to deliver a cross-workforce training and development programme in partnership with the US based *FrameWorks Institute*.

In Alberta, the Initiative has worked with a range of leading child well-being experts and the *FrameWorks Institute* to build a cohesive workforce bound by a common language and shared experiences.

The purpose of the reframing programme is to:

- Develop a shared understanding of child development across the community and across the children’s workforce (‘what do children need?’ and ‘how can we help them?’)
- Develop a shared language for articulating these needs
- Through sharing the experience of learning, break down professional and professional-citizen boundaries and build trust and confidence, creating a culture of integrated working

The reframing work will be the essential bedrock for our ambitious programme of system reform. We have identified key systems challenges at three main levels of our systems. These are set out in the table below, together with our programme of action to turn things around:

<b>Engaging families and communities</b>	
<b>Key challenges:</b>	<ul style="list-style-type: none"> <li>• Many families in Blackpool are poorly connected to their communities</li> <li>• Parents want safe space to meet other new families</li> <li>• Service access and engagement is often poor</li> <li>• Trust in professionals is often low</li> <li>• Parents want more say in the design and delivery of services</li> <li>• Parents would like to be more informed about child development</li> <li>• Parents would like to be more in control and to have greater agency to help</li> </ul>

	children themselves
<b>Our approach:</b>	<p><b>1. Strengthening our understanding and skills</b> Building on the Well-Being data, we will work with researchers to get a deeper understanding of how Blackpool's families think about children and how they see their needs. This research will feed directly into the 'Reframing' work; and it will also provide important insight for our public health campaigns described earlier.</p> <p><b>2. Delivering our pledges on service accessibility</b> In our community consultation, parents asked us to make our services more accessible by putting them in places where people currently go, like their GP clinics and children's centres. We will operate them at times that suit the community, not just between 9am and 5pm. Parents also want our services to have 'one front door' so that families' needs are met without multiple referrals and so that information is shared in a way that means families need only tell their story once.</p> <p><b>3. Nurturing community champions</b> A volunteer academy will be established to recruit, mentor and support a group of community champions. Building on the existing Community Champion initiative in Blackpool. They will work in communities to actively promote the use of services and highlight to the partnership where changes are needed.</p> <p><b>4. Creation of 'FNP Mentoring Service'</b> Building on the local success of the Family Nurse Partnership, we will develop a new mentoring service, provided by local graduates of the programme. Building trust and engagement are major challenges for public services in Blackpool. We believe that by training and supporting FNP graduates as mentors/befrienders to other parents, we will not only overcome barriers to service engagement, but also help to build the skills, confidence and work-readiness of the graduate volunteers themselves.</p> <p><b>5. Empowering 'Community Voice'</b> <i>Community Voice</i>, our community engagement board provides a solid foundation on which to build a group of empowered service users with formal structural links to the governance of the Better Start Partnership. [Further details on how we will ensure they have meaningful influence in our governance arrangements can be found in Annex M.] We will coach and support this group through the stages of engagement. They will be our touchstone for when we're getting things right – and wrong</p> <p><b>6. Targetting known weaknesses</b> We have identified areas where our current user engagement is particularly poor and we will target these areas for special attention: engaging dads; take-up of free nursery places for 2 year olds; and help in a crisis. We have included budget for specialist workers whose role will be to address these</p>

	<p>critical issues, drawing on research and development insights brought together by the <i>Blackpool Centre for Early Child Development</i>.</p> <p><b>7. Real projects with budgets and impact</b>  <i>Community Voice</i> and other bodies that will be developed over time will be given control of budgets and have real decision making authority. We have already identified two totemic projects that <i>Community Voice</i> will take lead responsibility on: <b>Beach School</b> and <b>Improving safe space and play</b>.                  [These are described in Section C]</p>
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<b>Workforce development</b>	
<b>Key challenges:</b>	<ul style="list-style-type: none"> <li>• We have a partial picture of development needs across the Better Start workforce as a whole</li> <li>• Professionals want tools and approaches for better engaging families</li> <li>• Professionals want access to evidence based methods of practice and opportunities to share learning</li> <li>• Some practitioners need specialist training in evidence based programmes</li> <li>• There are opportunities for increased multi-agency working</li> <li>• Professionals want more opportunities for reflective practice</li> <li>• There are opportunities to increase professional confidence in decision-making</li> </ul>
<b>Our approach:</b>	<ol style="list-style-type: none"> <li><b>1. Establishment of the 'Better Start Workforce Development Group'</b>                      This inter-agency body will oversee the production and delivery of the workforce development strategy. It will bring together senior managers from the partner agencies with the authority to reshape workforce development according to a common Better Start design.</li> <li><b>2. Core values, competency framework and skills audit</b>                      We will develop a set of 'core values' to guide professional practice and provide a common frame of reference between staff from different disciplines. The group will develop a shared 'competency framework' for staff and volunteers and undertake an audit of the current skills, experience and competencies of the workforce. Findings will be used to prioritise needs and to plan specific training and development activities.</li> <li><b>3. 'Core training' programme</b>                      Definition of the core training programme is likely to include child development, roll out of approaches for engaging families (such as Motivational Interviewing) as well as issues such as safeguarding, perinatal mental health awareness, domestic abuse, drug and alcohol misuse and data protection.</li> <li><b>4. Specialist training for specific professionals</b>                      The Workforce Development Strategy will also capture the specialist training needs identified by individual services or professions.</li> </ol>

	<p><b>5. Specialist training in evidence based programmes</b>                  The <i>Blackpool Centre for Early Child Development</i> will oversee the planning and delivery of specialist training in our newly-introduced evidence based programmes such as Video Interaction Guidance and Safecare. Many of these new programmes will involve increased multi-agency and inter-professional working</p> <p><b>6. Video enhanced reflective practice (VERP)</b>                  We will explore the potential to pilot the use of Video Enhanced Reflective Practice, an approach involving the use of video technology to film supervision sessions; and joint discussion of the films between managers and practitioners to help review interaction and promote reflective practice.</p>
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Investment, leadership and accountability	
Key challenges:	<ul style="list-style-type: none"> <li>• There is a need to redirect investment towards early years intervention and prevention</li> <li>• There may be opportunities to increase outside investment in services from pregnancy to three</li> <li>• There can be competing priorities between different agencies, reflecting different government agendas</li> <li>• There are gaps between systems (between health and children's services; adults' and children's services; maternity and child health; voluntary, statutory and private; and between prevention and protection).</li> <li>• We need to ensure commissioning decisions are made on the basis of 'what works' and 'what doesn't' – as well as evidence of value for money</li> </ul>
Our approach:	<p><b>1. £30m of local investment to Better Start</b>                  In addition to the Big Lottery funding, the Delivery Partners agree to ring fence and make available over the ten years of the Better Start programme £30,000,000 (thirty million pounds) from existing budgets. This additional investment underscores the seriousness of our commitment and provides resources to enable re-design of service delivery and expansion of services demonstrated to be effective and provide good value for money.</p> <p><b>2. Creation of the 'Bank of Blackpool'</b>                  The 'Bank of Blackpool' is the vehicle through which we will pool and ring-fence resources from partner agencies for our Better Start programme. Blackpool Local Authority has a history of pooling and aligning budgets to improve outcomes, create economies of scale, and work in closer partnership with other organisations. Most recently the Local Authority have pooled budgets with health and local voluntary organisations on Learning Disabilities and created a joint NHS commissioning pooled budget for substance misuse services. During the first twelve months of the programme, the Delivery Partners will obtain legal and financial advice as to the most appropriate vehicle for holding such funds. This could be holding the monies in a joint bank account, on trust, or in accordance with any other structure as may be agreed by the parties.</p>



The Bank of Blackpool will also provide an important and highly visible symbol of our Better Start investment; and we will exploit this to profile to attract further funding and outside investment.

### **3. Integrated Commissioning Framework**

We will develop a new integrated commissioning framework, ensuring a shared, transparent and effective approach to commission across the partnership. This process will include a joint commissioning sub group that will manage the mechanics of any commissioning process and ensure conflicts of interest are effectively managed. It will also include a critical friend role from the *Blackpool Centre for Early Child Development*, helping ensure that commissioning draws on the best and most current evidence and science base.

### **4. Effective and inclusive governance**

We have established robust governance structures so that decision-making processes are fair and transparent. Roles and responsibilities are clearly defined across the partnership. Further details on governance arrangements can be found in Annex M.

The community will have a clear influence on decision making through the newly developed 'Community Voice' – a group of parents with an elected member sitting on the Operational Board. As *Community Voice* grows in confidence it is hoped that other members will take a more active role in developing Better Start. To give community members real power and influence over outcomes they will be supported by the *Blackpool Centre for Early Child Development* and they will have their own budgets for flagship projects such as the Beech School. Further details on community engagement can be found in Annex N.

### **5. The Better Start policy test**

Better Start has backing at the very highest levels in all our partner organisations. Senior Officers and politicians will ensure that Better Start is a long-term priority for the town by acting as champions for the programme and sending out clear and consistent signals that we mean business. We will also ensure that wider policy developments – such as in housing, transport and regeneration - all take into account the goals of the Better Start programme. When new policies are being formulated, we will ask whether the proposals pass the 'Better Start test'.

### **6. Clear accountability**

The Executive will ultimately be accountability for leadership of the change agenda and for delivery of Better Start outcomes. Senior local leaders commit to working together to build consensus around the Better Start vision and to drive sustained commitment towards its goals.

The final pillar of our distinctive Better Start approach will be establishment of the *Blackpool Centre for Early Child Development*. The centre will play a crucial role in driving Better Start strategy and overseeing delivery and learning from the programme. Our ambition is that the centre should become an internationally recognised and renowned source of expertise and innovation in services and systems from pregnancy to three.

#### Functions of the Centre

- Leadership and strategic direction for the Blackpool Better Start programme as a whole
- Planning and implementation of the public health campaigns and new evidence based interventions, working in partnership with other providers
- Chairing the operational partnership group
- Communications and marketing, including the FrameWorks approach
- Managing community development contracts and projects
- Research and development of new services
- Support and challenge to the Executive around systems transformation
- Support and challenge to the Workforce Development Group
- Local evaluation of process, impacts and costs to inform service improvement and commissioning
- Data capture for the programme
- Support and challenge to the Bank of Blackpool and commissioning board on quality of evidence
- Capturing and sharing learning

#### How it will work

We will establish a **dedicated and expert local team**:

- **The Director** of the Centre will provide overall leadership of Better Start in Blackpool and be accountable to the Executive Partnership Board. He/she will be a key ambassador for the programme across the partnership and externally. The Director of the Centre will be a high profile role and we expect this to be filled by a recognised expert in the sector.
- **Development Managers** will each be responsible for leading implementation of several evidence based programmes, liaising as appropriate with other partners and providers. They will also have a role in managing research and innovation projects and in workforce development and training.
- **Evaluation Officers** will be responsible for local evaluation at individual and population levels.
- A **Community Development Officer** will manage the community engagement contracts and projects, support the *Frameworks* project and be the key link between the Centre and *Community Voice*.
- A **Senior Communications Officer** will manage all marketing and communications activities, including materials for new services and management of the *Frameworks* project.



There will be a dedicated and experienced **Business Manager** to oversee day-to-day operations of the programme. There will also be **Administrative** posts, a **Data Analyst** and a part time **Finance Officer** to ensure smooth running of the programme and business operations, to organise events and to meet reporting requirements expected by partners, funders and the accountable body.

We will develop a '**special relationship**' with the **NSPCC's programme on pregnancy and babyhood**, led by Chris Cuthbert (Head of Strategy & Development at the NSPCC) and his team, providing:

- **Communities of practice** with practitioners from over thirty other NSPCC service centres providing evidence-based interventions specifically for pregnancy to threes
- **Local opportunities to collaborate** with NSPCC's established and fully staffed local service centre in Blackpool
- **National experience** and advice on developing, implementing and rigorously evaluating science and evidence based programmes
- **Policy and influencing** at national level, such as NSPCC's *All Babies Count* campaign and Spotlight reports on issues such as perinatal mental illness, drug and alcohol misuse, homelessness and babies in the criminal justice system
- **Opportunities for 'buddying'** with Development Managers, Evaluation Officers, Policy & Public Affairs Officers, Communications Specialists and Fundraisers at the NSPCC's national offices
- **Advice on replication and dissemination**
- **Advice on research ethics**

The NSPCC has a unique contribution to bring to the *Blackpool Centre for Early Child Development*. The 0-3 life stage is a strategic priority nationally for the NSPCC and over the past two and a half years the NSPCC has invested £11.5 million in evidence based programmes specifically focussed on this life stage. We have a track record of implementing programmes as well as undertaking rigorous, science based innovation, including robust experimental evaluation. This capacity will have direct benefit for Blackpool as the only site supported by the NSPCC in the Better Start programme. Furthermore, any learning from Better Start will have a wider benefit, since NSPCC operates in 43 sites across the UK and has a strong influence in national policy.

We will create a **virtual network of national and international experts** to keep abreast of latest research, policy and practice and to share findings from our own programme.

The *Blackpool Centre for Early Child Development* will become part of a wider community of learning that includes other successful Better Start areas across the country, the Early Intervention Foundation, Dartington Social Research Unit, WAVE Trust and other centres of expertise in this important field. Internationally, we will look to build on existing links with organisations like the Yale Child Study Centre and the University of Colorado Blueprints programme.

## HOW THE STRATEGY WAS DEVELOPED

The strategy builds on a 12-year history of successful partnership between local agencies. Our proposal is the result of over six months of work by public services, the voluntary sector and the communities themselves, to maximise the involvement of all members the community.

We engaged with 210 families who have children aged pre-birth to three - 30 in each ward, and 50 families with older children. We also collected and analysed data to inform our priorities, so that our strategy was based on the best available information.

It was essential to remove barriers so that the most vulnerable and seldom heard residents were able to feed their views in, so we designed a variety of community engagement activities that enabled the local residents to also have their say.

Once we felt confident that all families knew about Better Start, we held consultation events that they were invited to attend to share their views about services for children and the changes they wanted to see.

The Social Research Unit aimed to collect data on 600 children from across Blackpool by door knocking to find eligible families to participate in a survey. Despite extensive advertising to inform people about the survey, the interviewers were not able to get sufficient responses in the time available. The sample was 'topped up' by engaging families using the Children's Centres. The struggle to engage people in the survey seemed to echo the experience of services, which also struggle to reach and engage some of the more vulnerable families in the town.

The commitment of all our partners was evident at our two-day Strategy meeting on 15th - 16th January 2014, when 49 people from statutory bodies (including the Local Authority, Health and Police) , the voluntary and community sector, and parents, came together to generate the content behind this document.

## CONTINGENCY PLAN

We are committed to changing the way we do business across Blackpool to improve the life chances and health outcomes of our babies, children and families. But we are ambitious for faster and greater improvements and with the Big Lottery Fund's help we know we can do more.

There is a strong commitment from all levels, to the systems change element and for the Bank of Blackpool to still proceed even if we do not get the funding. The Partnership and Governance arrangements would remain in place and move forward. We would have to revise our plans in terms of timescales, as without the Big Lottery funding the programmes we have planned would not be able to go ahead within the timescales set. Our plan is to front load the project using the Big Lottery Funds between years one and five and then the funds from the Public Sector and fundraising would start to come on board.

We would have to rationalise our projects where that could be done and set up a new timescale. Our plan would stand but it would be slower to be realised. We would have to manage the expectations of the community and ensure that they were fully involved in the new more modest plans. Some of the community work around isolation and social cohesion could still take place. We will continue to work with communities who will drive our system change and be accountable to them for delivering outcomes. The development of the green spaces and park would be built in to the revised timescales.

We would not have the resources to go ahead with the Blackpool Centre of Early Child Development. We would still want the commissioning framework to be in place and this would lead the monitoring and learning. The services for birth to threes would be reorganised as part of the systems change. We would continue too with the Healthy Child Programme and other initiatives that can go ahead with small pots of funding. The commitment to pooling budgets and the Bank of Blackpool means that some funds would come on stream in the future and our plans would adapt to this.

## Attendees at Blackpool Better Start Strategy Days: 15th and 16th January 2014

Role and organisation if appropriate	Name
Blackpool CEO	Neil Jack
Director of Children's Services	Sue Harrison
CEO NSPCC	Peter Wanless
Divisional Commander Western and Northern Divisions, Lancashire Constabulary	Richard Baley
Borough Treasurer (Blackpool Council)	Steve Thompson
Managing Director for Community Development, Blackpool Teaching Hospital NHS Foundation Trust	Wendy Swift
Head of Families Division (Blackpool Teaching Hospital NHS Foundation Trust )	Pauline Tschobotko
Chief Clinical Officer of the Clinical Commissioning Group (CCG)	Dr Amanda Doyle
NHS England	Jane Cass
NHS England	Carol Ann McElhone
Senior Manager Public Health	Lynn Donkin
Portfolio Holder for Children's Services	Ivan Taylor
Head of Early Help	Merle Davies
Senior Manager Early Years and Family Support	Sarah Lambert
Regional Head of Service for North West and Cumbria NSPCC	Bernadette Oxley
Projects Co-ordinator for North West and Cumbria NSPCC	Annette Algie
Associate Head for Strategy NSPCC	Joanne Hay
Head of Strategy and Development for Children Under One and Neglect NSPCC	Chris Cuthbert
CEO Blackpool Coastal Housing	Peter Jefferson
Lancashire Police	Steve Hodgkins
Representative of Pre-school provision	Joan Harris
Blackpool Corporate Development Manager	Scott Butterfield
Blackpool Council Researcher	John Patterson (for data section only)

Role and organisation if appropriate	Name
Aiming Higher Trustee	Bruce Ainge
Groundworks	Rachael Hesketh
Empowerment	Claire Powell
One Blackpool	Vicky Wells
Children's Centres	Sara McCartan
Volunteer Centre	Claire Mashiter
Communicate	Joanne Burr
Head Teacher Mereside Primary School	Susan Diver
CPEA	Robin Currie
Kaleidoscope	Julie Housby
Parent	Cheryl Hole
Parent	Nicola Hitchon
Parent	Stephanie Bradley
Parent	Simone Moore
Parent	Louise Chennells
Parent	Darren Downs
Parent	Dave Bannister
Parent	Teresa Cornwell
Parent	Kelly Rayner
Parent	Josephine Morbury
Parent	Martina Draycott
Parent	Clare Sampson
Parent	Aileen Lyons
Parent	Peggy Bannister
Parent	Lisa Roberts
Parent	Vanessa Beckett

