

10 Years On

10 Years On

An Evaluation of
Lambeth Early
Action Partnership

Dartington
Service Design
Lab

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10



Years

This report presents the findings of the LEAP evaluation, led by Dartington Service Design Lab. It details LEAP's impact on early childhood development in Lambeth, by sharing what happened and why, and how this was shaped by the wider context LEAP existed within.

On.



It is aimed at local and national policymakers and decision-makers involved in early childhood development and place-based systems change. The report offers lessons from LEAP's experience to inform and improve future policy and practice in similar contexts.

Produced by Dartington Service Design Lab

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What was

LEAP was one of five local partnerships that formed A Better Start (ABS), a ten-year (2015-2025) programme funded by The National Lottery Community Fund. The programme aimed to improve the life chances of babies, very young children, and families in some of Lambeth's most economically deprived areas, spanning from Stockwell to Myatt's Field, North Brixton, and Tulse Hill.

LEAP?



What did the evaluation do?

LEAP commissioned Dartington Service Design Lab to evaluate its programme between April 2021 and August 2024. The aim of the evaluation was to understand the extent to which LEAP contributed to improving the lives of children and families in the LEAP area, which children, under what circumstances and why.

The LEAP evaluation used a combination of theory-driven approaches to guide the overall direction, including theory of change, contribution analysis, and realist evaluation. Theory-driven evaluations develop and test assumptions about how programmes contribute to change before testing whether the expected results occur. Qualitative data collection involved 23 focus groups and 58 interviews with a total of 121 participants, including parents, carers, practitioners, community workers, LEAP Core Team staff and wider policy and practice stakeholders.

Qualitative analysis involved coding transcripts within a structured framework based on the programme theory.

Quantitative data collection and analysis involved the programme-level analysis of parent and carer pre-post questionnaires and the analysis of local administrative datasets on child development. Existing LEAP research was also reviewed. Findings were synthesised through an assessment of the degree to which the insights from different sources of data converged.



What did the evaluation find?

What difference did LEAP make?

How did LEAP make a difference?

How was LEAP's impact shaped by wider influences?

1 LEAP improved outcomes for children

3 LEAP influenced wider systems change, nationally and locally

2 LEAP helped to improve outcomes for parents and carers

4 LEAP's services nurtured trust with families

6 LEAP supported holistic practice by building a connecting infrastructure

5 Holistic practice helped to improve families' lives

7 LEAP influenced the wider system by building partnerships, generating evidence, and sharing learning

9 Some parents and carers faced barriers accessing and interacting with LEAP

8 Support through LEAP could mitigate but not tackle poverty

10 Rising needs, fewer resources



What difference did LEAP make?



Improved outcomes for parents & carers

Parents' and carers' mental health and wellbeing improved by 12% following engagement with LEAP services, while parenting knowledge, skills, and behaviour improved by 5%. The greatest improvement was for those from poorer areas.

LEAP contributed by nurturing trust between parents, carers, practitioners & community workers and strengthening connections in parents' networks.



Improved outcomes for children

Babies and children whose families engaged with relevant LEAP services were 40% more likely than those who did not to have reached expected levels of overall development at two and a half.

This is because LEAP helped to build responsive relationships around children, nurture children's capabilities, and reduce their exposure to stress.

LEAP also secured ongoing support for many of its services, and completed improvements on 11 children's centres, one o'clock clubs and early years hubs.



Influenced wider systems change

Nationally, influenced the £301.75 million Family Hubs and Start for Life programme. In Lambeth, LEAP informed approaches to parent and community participation, and embedded evidence-based, family-centred practice among early years practitioners.

LEAP's principles-led strategy drove its impact



Recognising the complexity of the challenges it faced, LEAP embraced a principles-led strategy. Six principles were consolidated and articulated by the evaluation team. In practice, some were more implicit than others. Nonetheless, they all guided LEAP's efforts to build the foundations in each layer of the physical and social environments surrounding children.

LEAP's principles-led strategy helped it to lead in partnership by sharing decision-making

responsibility across organisational boundaries and within the LEAP Core Team. This helped partners and the LEAP Core Team to capitalise on their expertise, experience and relationships in their part of the system, all in the collective pursuit of common goals. This helped LEAP to build the foundations of its approach in children's physical and social environments. This strategy was enabled by the shared values and long-standing relationships among partners in health and local government in Lambeth.

Building & managing services

Principle 1: Be needs-led, relational and integrated commissioners by being data-driven, collaborative & developing complementary service pathways

Building a connecting infrastructure

Principle 2: Protect child and family spaces by investing in building and improving them.

Principle 3: Ensure families and communities actively participate in the design and delivery of support.

Principle 4: Put relationships at the centre by offering peer support opportunities to families, community workers and practitioners.

Principle 5: Get families the support they need and want, when they need and want it by coordinating support and developing the early years workforce.

Influencing the wider system

Principle 6: Champion a life course approach in the wider system by building partnerships, generating insights & sharing learning.

LEAP's services nurtured trust with families

LEAP helped to nurture trust between parents and carers and the practitioners and community workers LEAP funded and supported. This trust contributed to improvements in parents and carers' lives. LEAP helped by remaining in alignment with principle 1 in three ways.

1. Basing commissioning decisions on a comprehensive understanding of the biggest issues facing babies and children in the LEAP area.
2. Bringing policymakers, academics, funders, professionals, communities and families together to make decisions as part of a relational approach to commissioning.
3. Commissioning in partnership with others where service aims and populations overlapped.



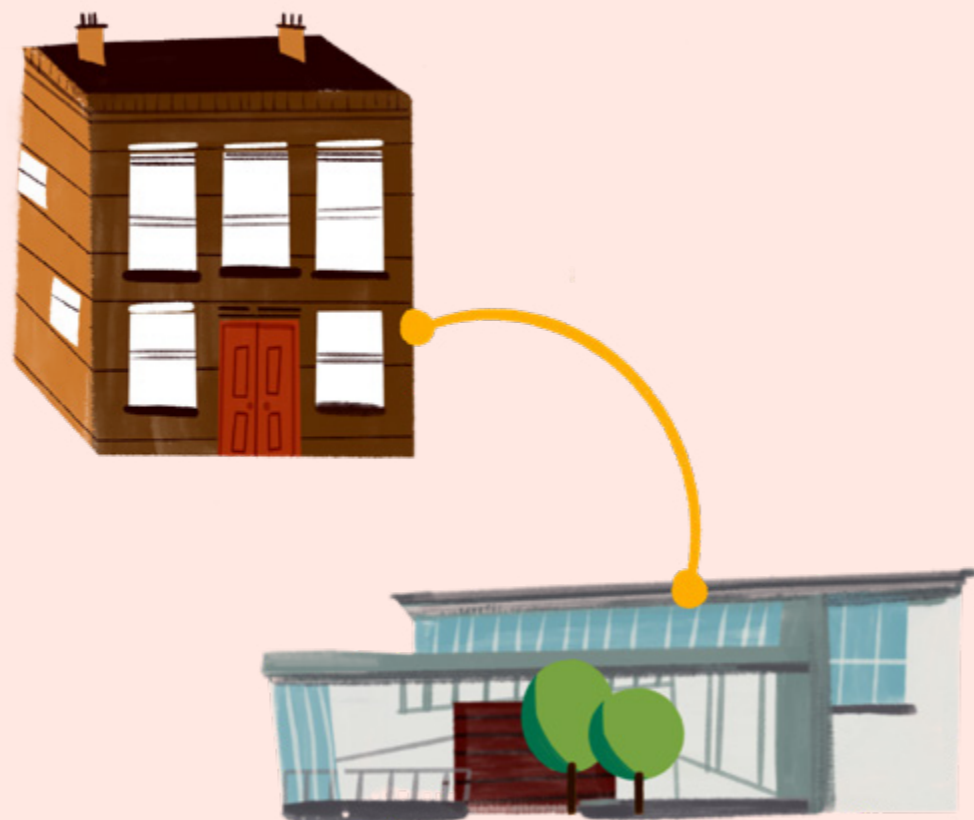
Holistic practice helped to improve families' lives



LEAP supported practitioners to develop their holistic practice. This approach encouraged community workers and practitioners to collaborate with others, including families, rather than trying to respond to the needs of families in isolation. By working together, they were able to deliver family-centred care, which helped parents find the support they needed when they

needed it, gain control over what they engaged in and how, and build relationships with staff, volunteers, and other parents outside of formal services. These connections enhanced parents' and carers' opportunities to establish and nurture trusting relationships within services, directly contributing to improvements in their lives.

LEAP supported holistic practice by building a connecting infrastructure



As LEAP progressed, the Leadership Team recognised that embedding holistic practice required a dynamic, connecting infrastructure. Between 2018 and 2020, LEAP's Core Team doubled in size to provide the 'backbone support' necessary for establishing and maintaining this infrastructure. Despite the constraints of competing demands, this larger Core Team was given the time, budget, support and

guidance from senior managers to develop structures for family and community participation (principle 3), peer support (principle 4), and coordination between services (principle 5). These efforts were carried out through a test-and-learn approach, with a focus on engaging LEAP's priority population. This created the conditions for holistic practice to flourish.

LEAP influenced the wider system by building partnerships, generating evidence, & sharing learning



LEAP's strong partnerships, alongside an expanded Core Team from 2019 and robust data infrastructure from 2021, enabled it to generate evidence and influence policy and practice. This drove LEAP's impact in the wider system, both locally and nationally. LEAP's influence was reinforced by

its principles-led strategy, which galvanised widespread engagement in influencing activities across the LEAP Core Team, all in pursuit of principle 6 (champion a life course approach in the wider system).

How was LEAP's impact shaped by wider influences?

Support through LEAP could mitigate but not tackle poverty



Many wider influences exacerbated deprivation for some children. Public sector cuts, COVID-19 and the cost-of-living crisis all limited the potential positive influence of parents and carers on children's lives. LEAP's support for families

could not tackle the root cause of disadvantage: poverty. This was compounded for some families by delays in connection to care and support from primary care providers.

How was LEAP's impact shaped by wider influences?

Some parents and carers faced barriers accessing & interacting with LEAP



Racially minoritised groups, refugees, immigrant communities, children with special educational needs and disabilities (SEND) and those experiencing deprivation – particularly inadequate housing – often faced systemic barriers that prevented them from engaging with LEAP's attempts to strengthen their connections to services, community organisations and each other. Some

services were harder for these groups to find, particularly those who were isolated with smaller social networks. Some of those that did find them opted for alternative community- or faith-based support instead. These routes were often more culturally relevant, particularly for those with negative experiences of state and mainstream institutions.

How was LEAP's impact shaped by wider influences?

Rising needs, reduced resources, & disruptions from COVID-19 hindered the holistic practice of some practitioners & community workers, while also creating windows of opportunity for others

Between 2015 and 2024 rising needs and reduced resources created a negative feedback loop: large, complex caseloads fuelled staffing crises in local government and health - particularly health visiting and midwifery - further exacerbating staffing vacancies and increasing caseloads. These pressures had a destabilising effect: the churn and stress severed connections and limited

the breadth and depth of the holistic practice some were able to develop. However, the disruption, particularly following COVID-19, also created windows of opportunity. Relationships between children's centres and some community organisations and services strengthened as organisations sought new ways of filling the gaps in their knowledge of and connections to families.



How was LEAP's impact shaped by wider influences?

Emerging consensus on the value of community participation amplified LEAP's influence, but fewer resources and rising needs limited LEAP's scope

LEAP's influencing position was most impactful where its partnerships were strong, the appetite from partners for LEAP's insights was high, and partners had shared power over decision-making. Its impact was amplified when it was able to capitalise on wider trends, including the emerging consensus on the importance of parent and

community participation and a child's earliest years. But public sector cuts and rising needs limited the scope of LEAP's wider local and national partners to put some of their learning into practice. This meant that some of LEAP's services and initiatives drew to a close when the funding for LEAP ended.



Recommendations for policy and practice



Invest in support for early childhood

The COVID-19 pandemic, cuts to services, and cost-of-living crisis have exacerbated inequalities for children. Ensuring that every child is safe and supported requires investing in preventative, life-course approaches. National and local investments in pregnancy and early childhood can narrow inequalities, improve long-term physical and emotional health, and reduce costs for national and local authorities and health services. That is why national and local policymakers should:

- Prioritise and protect investment in support during pregnancy and the first 1,001 days of early childhood.
- Deliver pregnancy and early years support that reaches those families who need it most.



Build connecting infrastructures

The trusting relationships that practitioners built with parents and carers did not develop in isolation. They relied on practitioners' holistic practice – that is, their ability to work with others to deliver family-centred support. Others have identified this liberated method as fundamental to improving support for families'. LEAP enabled this practice by building a connecting infrastructure. National and local policymakers and early years decision-makers looking to replicate and build on LEAP's success should consider building this infrastructure, by:

- Building a network of connecting activities across four areas for families, community workers and practitioners: community-based spaces, peer support activities, participation and inclusion activities and effective support pathways.
- Creating a 'backbone support' team responsible for building and maintaining this infrastructure through a test-and-learn approach.
- Using a principles-led strategy and leading in partnership to create the foundations for a test-and-learn approach to thrive.

Recommendations for policy & practice



Early years funding should be pooled, place-based & long-term

Short-term and single-issue funding creates isolated early years services. It fuels competition between them, rather than collaboration. National and local policy makers, local authorities, funders and early years providers must work together to:

- Build pooled, place-based budgets that support early childhood development at a local level. These should enable joint decision-making between parents, carers, community organisations and services, all in pursuit of collectively agreed principles.
- Fund grassroots community organisations that offer alternatives to many mainstream services.
- Increase the proportion of our national wealth that we invest in early childhood over the long term. This will create the time, money and security local areas need to build connecting infrastructures and nurture holistic practice through a test-and-learn approach.



Invest in the early years workforce

Cuts in funding, severe staffing crises and a rise in demand have increased pressure on the early years workforce to deliver high-quality care. This limited the holistic practice that practitioners within some of LEAP's partners were able to develop, which reduced LEAP's impact. National and local policymakers, the Treasury, funders and early years services should:

- Invest in the recruitment and retention of staff within the early years sector.
- Strengthen opportunities for professional development and training for the early years workforce.
- Increase awareness of early years services among health and social care workers and create additional opportunities for early years professionals to engage with each other.

Recommendations for policy & practice



Develop an early years data infrastructure

LEAP's experience demonstrates that our national system for collecting and using data about children is not fit for purpose. Children cannot be fully tracked through different services. At the same time, the UK lacks the people, resources and strategy to drive data-led learning at the neighbourhood-level. This prevents us from learning more about who is and is not benefiting from different support and what different children need, which hampers our efforts to tackle inequality in the early years. That is why we need the national and local government to:

- Use data to better understand progress against collective, population-level goals, rather than service-specific goals only.
- Invest early in backbone teams that help them and others manage and make sense of data to support ongoing learning and improvement.
- Publish a clear roadmap for implementing a single unique identifier for children, following the commitment in the Labour manifesto; this should form part of a wider strategy to improve data and information sharing, including improving legislation and increasing staff confidence



Reducing poverty should be a national priority

The rising cost of living and public sector cuts have compounded challenges for children in the UK. While early years programmes like LEAP can provide some relief, collective action is required to tackle the root cause of disadvantage – poverty. Experts in poverty reduction have called for national and local policy makers, local authorities, and early years providers to work together to:

- Ensure families have access to safe, affordable, and high-quality housing where they live².
- Provide universal, affordable, high-quality childcare, prioritising families with the greatest disadvantage³.
- Develop robust social support systems that ensure every family has access to essentials like food, heating, and clothing⁴.
- Improve paid family leave and child benefits for flexible, well-paid work that supports family life⁵.



Introduction

Background

Why is child development important?

Early childhood significantly affects future wellbeing⁶. Positive early experiences relate closely to better school performance, social skills, job prospects, income, and health. On the other hand, negative early experiences are closely associated with poverty, unemployment, homelessness, and poor mental and physical health³.

Three areas of early childhood development are particularly important⁷.

- Communication and language development.
- Social and emotional development.
- Physical development, including diet and nutrition.

These areas are foundational to other areas of learning and therefore to child development more generally.

What shapes child development?

Child development depends on the ways in which our brains and bodies adapt to the social and physical environments we grow up in. According to the Center on the Developing Child at Harvard University⁸, three factors drive healthy adaptation:

- **Responsive relationships:** Nurturing relationships foster strong brain development, enhance well-being and support constructive relationships with others throughout life.
- **Opportunities to strengthen core capabilities:** Critical thinking and self-regulation skills are developed through practice, feedback, and supportive environments. These are key skills to navigate life, work, and relationships effectively, such as planning, focus, self-control, awareness, and adaptability.
- **Reduced sources of stress:** Frequent stress can overwhelm the brain and other organs, hindering healthy development and the effective use of core capabilities.

These drivers are distributed unevenly across people and places and over time, depending on wider social factors. Children experiencing poverty and different forms of systemic oppression, including racism, are more likely to be exposed to toxic levels of stress and fewer opportunities⁹. Differences in our genes and our personal histories of care mean that we respond differently to these drivers, with some people being more sensitive to their influence than others.

Child development in the UK

Progress on child development in the UK has stalled. For example, infant mortality is 30% higher than the average rate in Europe, and it is rising, along with rates of childhood obesity¹⁰. These changes have not been felt equally. Children from racially minoritised backgrounds and those growing up in deprivation are experiencing poorer health. Black women are nearly three times as likely to die in pregnancy and childbirth than White women¹¹. In 2018, the infant mortality rate among those living in the most deprived areas in England was nearly double the level of those in the least deprived areas¹², while children from poorer backgrounds are more likely to experience obesity¹³ and have poorer core language skills.¹⁴ At the same time, the inequalities driving these disparities are widening³.

In response, calls for approaches that explicitly target inequalities in the UK are growing. These include:

- ‘Proportionate universalism’, in which a targeted, more intensive offer for those with greater needs is delivered alongside a universal offer for all families³.
- Flexible, family-centred care that supports practitioners and community workers (those working for community organisations, either in a voluntary capacity or through paid employment) to respond to individual variation by tailoring their approach and working in partnership with each other¹.
- Looking beyond stand-alone attempts to support individuals that ignore the wider contexts families exist in. Instead, appetite is building for multi-component, cross-sectoral partnerships, built on broad membership from local stakeholders in a particular neighbourhood, that consider (and shape) the wider social and environmental factors that generate disparities in child health¹⁵.



Lambeth Early Action Partnership (LEAP)

Lambeth Early Action Partnership (LEAP) was one of five local partnerships that made up A Better Start, a national ten-year (2015-2025) programme funded by the National Lottery Community Fund that aimed to improve the life chances of babies, very young children, and families.

The area where LEAP worked was selected based on local need, drawing on a range of evidence that illustrated greater needs for young children in the LEAP area compared with the rest of Lambeth. This area stretched from Stockwell to Myatt's Field, down through North Brixton to the top of Tulse Hill, covering about 20% of the borough.

LEAP was hosted by the National Children's Bureau charity (NCB). The core implementation team, referred to as the LEAP Core Team, was made up of public health professionals, evaluators, researchers, data specialists, programme managers and a community engagement and communications teams.

LEAP spent £38 million on three workstreams:

1. **Funding 31 services** in line with proportionate universalism – LEAP supported families with different levels of need but offered more intensive support to those with greater need, in its effort to tackle inequality.
2. **Building connections** between families, community organisations and services. This included developing family-friendly spaces in the community, greater family and community participation in service design and delivery, building relationships between families, community organisations and services, and supporting quicker, more timely and more humane experiences for families moving between different sources of support.
3. **Influencing the wider system.** LEAP advocated for the importance of the early years in policy and practice. It also shared what it learned along the way, to try and create a more conducive environment for early childhood development beyond LEAP's lifetime, both locally and nationally.



Integrated Theory of Change

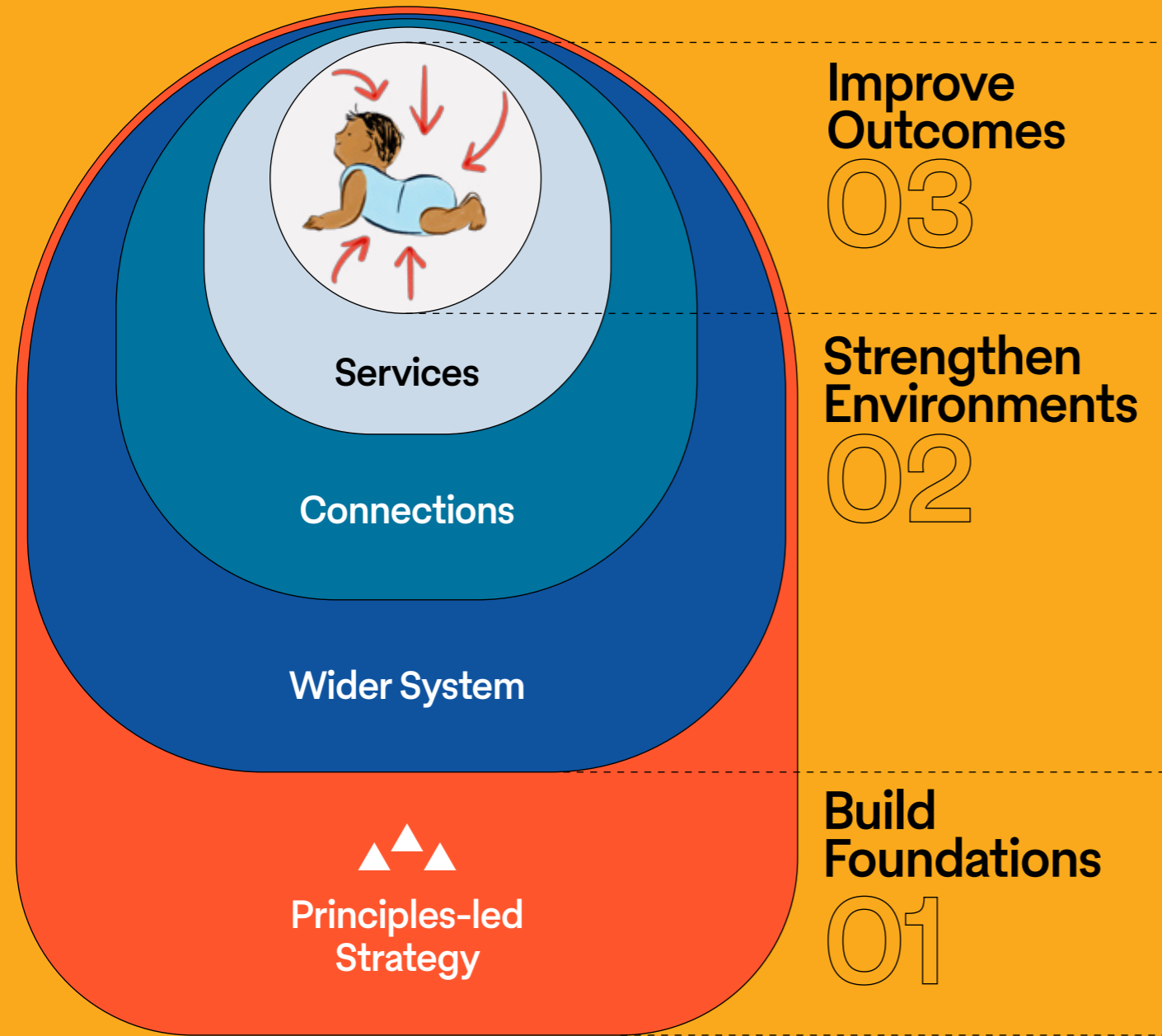


Figure 1: A high-level visualisation of LEAP's Integrated Theory of Change.

The LEAP Integrated Theory of Change

These three workstreams form the basis for the LEAP Integrated Theory of Change. A theory of change describes how a programme is supposed to work, for whom, under what circumstances and why. The LEAP Integrated Theory of Change was developed during the formative phase of the evaluation and refined during the summative phase. It integrated LEAP's pre-existing programme-level theory of change with its service-level theories of change and was subsequently strengthened through a comprehensive suite of research activities. Further information on how it was developed can be found in the Methodology Supplement to this report¹⁶.

According to the LEAP Integrated Theory of Change, LEAP wanted to contribute to improved outcomes for children and families by building the foundations necessary to strengthen the environments surrounding children. This process was a dynamic one, with LEAP's ability to contribute to outcomes increasing as it progressed through periods of growing, refining and embedding its model¹⁷. Figure 1 summarises LEAP's Integrated Theory of Change at a high-level. A more detailed version is shared in the 'Methodology' chapter of this report.

Each of the three core workstreams – services, connections and the wider system – are outlined in further detail on the next page.

Services

LEAP funded and supported 32 local services to assist families during pregnancy and early childhood. Some services were targeted, while others were available to all Lambeth families. Services were categorised into two groups:

1. Direct support for children and families to help reach developmental milestones.
2. Indirect support through early years practitioners and the community to enhance responsive relationships and positive experiences for children.

LEAP integrated existing, evidence-based services with newly developed ones, leveraging the latest science and local innovations to offer comprehensive early years support. The initial service portfolio was designed based on an in-depth analysis conducted at the programme's inception. In line with the requirements of The National Lottery Community Fund (TNLCF) and wider evidence⁷, LEAP focused on three core strands of childhood development:

1. Diet and Nutrition
2. Social and Emotional Development
3. Communication and Language Development

Additionally, LEAP collaborated closely with maternity services.

During the programme's first five years, LEAP focused on establishing and developing local services, involving intensive consultative service design and building and training the workforce necessary for an integrated programme. From 2020, LEAP prioritised resources for the most promising services, resulting in a streamlined service portfolio detailed below.

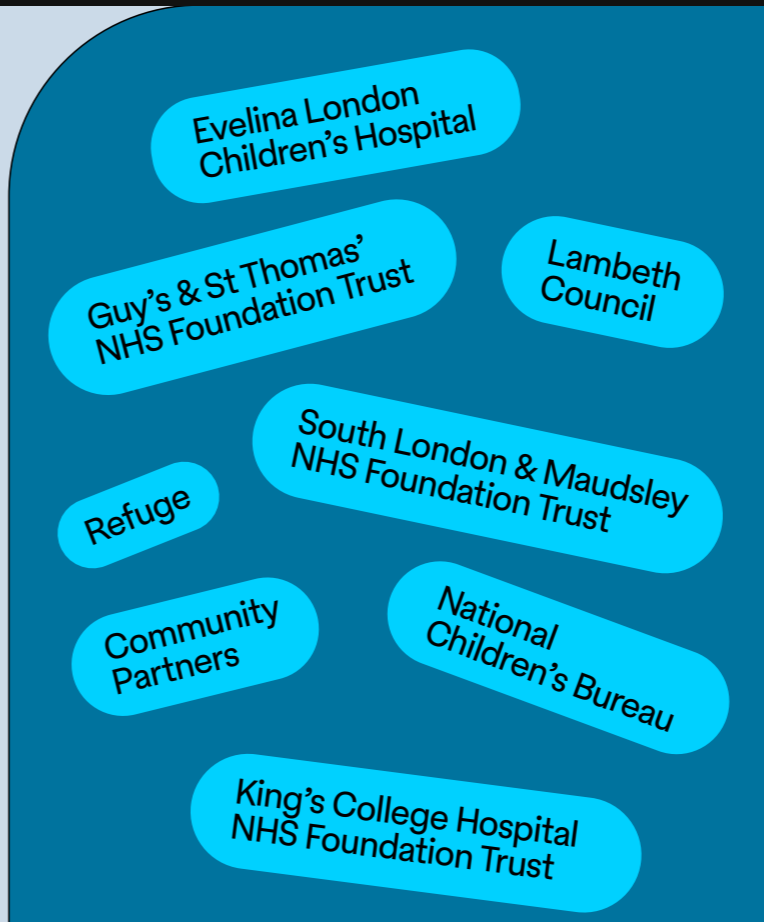
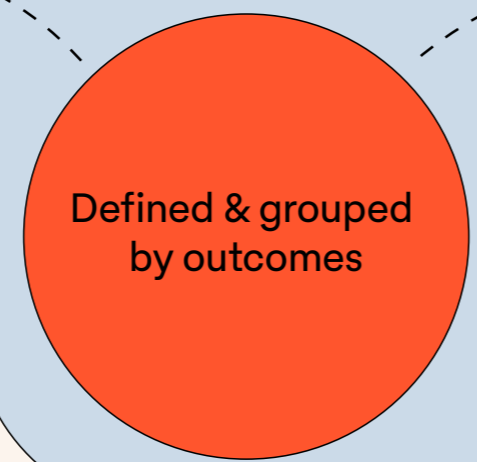
LEAP's Services



30+ Integrated Services



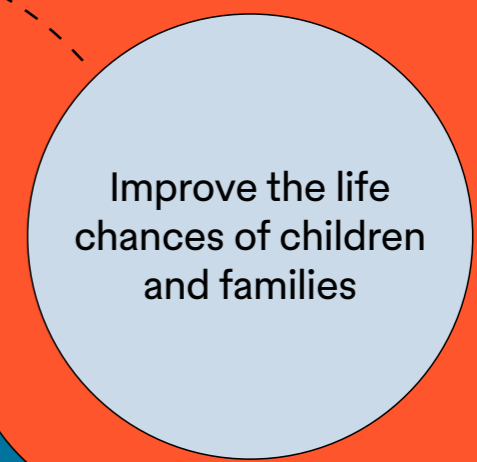
Defined by purpose



Flexibly delivered



To improve outcomes



Services

Diet & Nutrition

Service name	Partner(s)	Service description
Community Activity and Nutrition	Guy's and St Thomas' NHS Foundation Trust	An eight-week service that supported pregnant women with a Body Mass Index (BMI) of 25 and over to change their behaviour in relation to dietary intake and physical activity.
Breastfeeding Peer Support	Lambeth Council and The Breastfeeding Network	Support for local parents who required practical, emotional, and informational support with regards to breastfeeding.
Leap into Healthy Living	Healthy Living Platform	A local membership-organisation, where families with young children could learn how to cook healthy meals, get access to healthy food through pantries, grow food, and take part in physical activity together.
Oral Health Support Service	King's College Hospital Special Dentistry Team	A local Oral Health Service that worked with childcare settings and the early years workforce. Activities included supervised toothbrushing and oral health packs.

Table 1: LEAP's portfolio of diet and nutrition services.

Services

Social and Emotional

Service name	Partner(s)	Service description
Baby Steps	Lambeth Council, Evelina London Children's Hospital, Guy's and St Thomas' NHS Foundation Trust	A nine-session parent education service designed to prepare for the transition to parenthood.
Parent and Infant Relationship Ser-Vice (PAIRS)	South London and Maudsley NHS Foundation Trust	A specialist parent-infant relationship team that promotes responsive parenting through therapeutic interventions for families including parent-infant psychotherapy and group-based sessions, and workforce development on infant mental health.
Empowering Parents Empowering Communities	Lambeth Council and South London and Maudsley NHS Foundation Trust	Two eight-week programmes (Baby and Us and Being a Parent) led by trained parent facilitators that helped parents to develop their parenting skills and the quality of in-teractions with their child.
Circle of Security Parenting	Lambeth Council and South London and Maudsley NHS Foundation Trust	An eight-week group programme that helped parents to support their child's emotional needs and enhance the parent-child relationship.
Domestic Abuse Enhanced Caseworkers	The Gaia Centre, run by Refuge	Enhanced casework support for local families who were at risk of or experiencing domestic abuse.

Table 2: LEAP's portfolio of social and emotional development services.

Services

Communication & Language Services

Service name	Partner(s)	Service description
Enhanced Speech and Language Therapy	Lambeth Council and Evelina London Children's Hospital	An intensive programme of coaching and training for early years practitioners in settings and weekly drop-in groups for families aimed at supporting the development of young children's early communication skills.
Raising Early Achievement in Literacy	Lambeth Council and the National Children's Bureau	A structured programme of home visits and events that helped parents support their children's early literacy and a four-session training course that supported parental confidence regarding supporting their child's early language and literacy.
Natural Thinkers	Lambeth Council	Training to help early years practitioners provide high-quality outdoor learning for children.

Table 3: LEAP's portfolio of communication and language development services.

Midwifery Services

Service name	Partner(s)	Service description
Caseload Midwifery	Guy's and St Thom-as' NHS Foundation Trust	A midwifery service that offered continuity of care by a small team throughout pregnancy, labour, birth, and the postnatal period.

Table 4: LEAP's midwifery service.

Connections

LEAP tried to strengthen the contribution of its services to families' lives by developing the connections between families, communities and services in four ways:

- Building and improving child and family spaces.
- Creating opportunities for families and communities to participate in the design and delivery of services.
- Offering peer support opportunities to families, community workers and practitioners, to help them develop relationships and share information and knowledge with one another.
- Ensuring families receive the support they need and want, when they need and want it, by strengthening referral pathways and signposting practices and training the early years workforce.

LEAP designed and implemented a range of activities to deliver on these four areas of connection. Its approach was flexible and iterative: activities were developed and improved over time based on learning and feedback and tended to contribute to more than one of these four overlapping areas. These activities are described below.

Improving child and family spaces

LEAP spent £4.3 million on redeveloping 11 early years sites, to ensure they provided high quality, accessible and welcoming environments for families, and facilitated collaboration between services.

Workforce development

The Workforce Development initiative supported Lambeth's diverse early years practitioners through tailored capacity-building. LEAP focused on individual competencies with training and webinars, institutional development with conferences and training manuals, and organisational growth through new skills investment. LEAP also developed networks between

practitioners by sharing and cascading information and hosting Provider Forums.

Provider Forums

The Providers Forums brought together all service providers quarterly. They focused on updating services on programme developments, sharing new information, gathering feedback, and fostering networking to enhance service knowledge and collaboration.

The Health Team

The Health Team, comprising primary care practitioners in midwifery, health visiting, and general practice, dedicated one day a week to enhance collaboration and coordination between their professions and community services. The team also helped LEAP improve engagement with primary care, crucial for supporting parents from pregnancy through early childhood.

Family engagement workers

Family engagement workers, attached to local voluntary community organisations, coordinated and facilitated activities for parents with young children. Though often part-time and tasked with multiple duties, their role aimed to foster community engagement and support for families.

People in the Lead

People in the Lead (PiL) was a parent forum where parents and carers shared their expertise to influence service design and accessed LEAP support. Sessions built community relationships and were co-designed with practitioners seeking parental input.

CoCreate

CoCreate was a community awards project granting up to £10,000 to local community organisations. It aimed to integrate early years support into their practices and create sustainable services for families, particularly hardly reached groups.

Festivals

LEAP hosted three themed festivals annually, each with four flagship events. Festivals connected parents to support services and featured child-friendly activities and local partner stalls to engage families in a supportive environment.

Community Connector

The Community Connector role bridged the gap between practitioners and families by building relationships and deepening understanding of LEAP services. This role enhanced family engagement in LEAP's offerings through trusted connections.

Keeping In Touch Sessions

Keeping in Touch (KIT) sessions were weekly community activities, including baby yoga and drumming, designed based on parent feedback. They fostered parent relationships and connected them to additional LEAP support and services.

Parent Champions

Parent Champions was a volunteer programme helping families engage with LEAP services. It included roles like Digital Champions and Parent Befrienders, supporting online access and vulnerable families, while Parent Representatives advocated for parents at the board level.

The wider system

LEAP aimed to promote systems change by influencing policy and practice in Lambeth and nationally to improve the lives of babies and children.

Its influencing activities were driven by the shared measurement system (SMS), finalised in 2021. The SMS allowed LEAP to pool and compare information across the programme, building a larger evidence base and achieving greater efficiency and consistency in data collection, analysis, and learning. An integrated data platform was also developed to link data from various sources, combining health and education data with service utilisation to understand reach, engagement, and outcomes.

This data infrastructure enabled extensive research and evaluation, allowing LEAP to publish insights on the contributions of individual services and the programme as a whole. Evaluation activities relied on a range of people, including parents and carers who provided feedback, practitioners who submitted data, and LEAP Core Team members who developed partnerships and promoted LEAP's learning through webinars and conferences locally and nationally.



Calls are growing for multi-component, place-based, flexible approaches focused on fundamentally altering the dynamics of families' environments. Yet evidence on where, how and with whom they make a difference is limited¹⁸.

To fill this gap, LEAP conducted a number of studies to gather evidence on the feasibility and impact of individual services and activities. To understand the contribution of the programme as a whole, LEAP partnered with Dartington Service Design Lab to evaluate its programme in two phases:

- A **formative** phase (April 2021 – August 2023) to better understand how LEAP works by developing the LEAP Integrated Theory of Change; and
- A **summative** phase (March 2023 – August 2024) to test this understanding, by using it to guide evidence gathering on the extent to which LEAP contributed to improving the lives of children and families in the LEAP area, which children, under what circumstances and why.

This report focuses on the findings from the summative phase. Given the complexity of LEAP, theory-driven approaches, including theory of change, contribution analysis, and realist evaluation, were employed during this phase. These methods were chosen because they were well-suited to uncovering the underlying mechanisms of change, contextual factors, and multiple pathways through which LEAP influenced outcomes. By grounding the evaluation in these approaches, the team could systematically assess the programme's effectiveness, identify key contributing factors, and provide the nuanced insights that were crucial for answering the research questions about the impact and effectiveness of LEAP. This approach ensured that the evaluation was both comprehensive and adaptable to the dynamic nature of LEAP's work. More information on the approaches used during the evaluation is provided in the 'Methodology' chapter below.

Research questions

Each of the research questions (RQs) was drawn from, and guided our evaluation of, LEAP's Integrated Theory of Change.

- To what extent did LEAP's principles-led strategy help it to **build LEAP's foundations** in children's physical and social environments, for whom, under what circumstances and why?
- To what extent have these foundations helped to **strengthen children's environments**, for whom, under what circumstances and why?
- To what extent have these strengthened environments contributed to **improved outcomes** and reduced inequalities for children and families, for whom, under what circumstances and why?



The evaluation team

The evaluation team that led this study was multi-disciplinary. It included:

- **Theory-based evaluation specialists** with expertise in theory of change, contribution analysis and realist evaluation.
- **Systems thinking and systems change specialists** with expertise in exploring and understanding the root causes of social problems and social change.
- **Service designers** with expertise in co-production methods and facilitation.
- **Community researchers** with expertise in engaging families hardly reached by mainstream services and the lived experiences of parents in Lambeth.

The evaluation team recruited four community researchers in January 2022. Three remained a part of the evaluation until its completion in August 2024. They were led and supported by a Community Research Lead with experience and expertise in delivering and training others in peer research, community research, and qualitative research. The community researchers were key to the way in which this evaluation challenged power imbalances. By playing a central role in the study, they introduced several strengths to the process¹⁹.

The benefits of community research

Empowerment:

Community research involves conducting research 'with and for' communities, reducing the power imbalance between researchers and communities.

Access:

Community researchers, being from the community, have access to people who might avoid professional researchers.

Lived experience:

Their own experiences add depth and nuance to the research, enhancing understanding of the issues.

Better data:

Shared experiences between researchers and participants reduces misunderstandings and increase the relevance and honesty of responses, resulting in higher quality data.

Activated communities:

Participatory approaches challenge traditional research, aiming to transform social reality and improve participants' lives, creating self-critical, engaged communities.

Benefits to community researchers:

Being a part of the team offered valuable opportunities to develop their research experience and expertise, boosting employability, confidence, self-esteem, and social inclusion, especially for people from groups often marginalised in research.

All four community researchers were long-standing residents in the LEAP area. They were all local parents with young children from racially minoritised backgrounds. The community researchers contributed to the design of the evaluation, theory development, data collection, analysis and dissemination. They were employed as paid associates of Dartington on a long-term contractual basis.

Methodology

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Background



This section summarises the methodology used for evaluating LEAP. The full details are available in the accompanying Methodology Supplement¹⁶. This summary aims to provide a clear and accessible overview.

A theory-driven approach

The LEAP evaluation was a theory-driven evaluation (TDE). TDE uncovers and develops explanations for how programmes contribute to change in different contexts, before testing whether the anticipated causal pathways occurred as expected²⁰. We integrated several TDE methodologies to guide the evaluation and understand LEAP's impact on early childhood development. The primary frameworks used were:

- **Theory of change:** This framework helped in understanding how and why LEAP's activities were expected to lead to desired outcomes²¹. It involved mapping out the expected pathways through which LEAP's interventions would achieve its goals, identifying key assumptions that might influence these processes.
- **Realist evaluation:** This approach helped us to strengthen our theory of change by identifying the underlying mechanisms that generated outcomes in different contexts, providing insights into what worked, for whom, under what circumstances, and why²². This helped us to unpack the complexity inherent in LEAP's pathway to impact.
- **Contribution analysis:** This method helped us to assess the extent to which LEAP's activities contributed to observed outcomes, considering various influencing factors²³. It involved gathering evidence on each component of the theory of change and determining how and to what extent these components contributed to the outcomes.

Theory development

LEAP's Integrated Theory of Change was developed through an iterative process that began during the formative phase of this study and continued into the summative phase. It involved:

- **Building on LEAP's existing knowledge:** Using the LEAP Programme Theory of Change and theories of change for each service, which captured the core activities and outcomes but less so the key mechanisms of change²⁴; and reviewing published research on LEAP^{25,26,27}.
- **Reviewing research and evidence literature:** Incorporating theoretical frameworks for child development^{28,29}, systems change³⁰, and collective impact³¹.
- **Workshops and interviews:** Engaging with staff and practitioners to refine the programme theory. These sessions were essential for capturing the on-the-ground experiences and insights of those directly involved in LEAP's implementation.
- **System mapping:** Illustrating the interactions between LEAP's services and activities²⁰. System mapping helped to visualise the connections and relationships between different components of the programme, which was crucial for understanding how various elements worked together to achieve desired outcomes.
- **Eco-mapping exercises:** Conducted by the community researchers to better understand the support networks within families in Lambeth. This method provided a visual representation of the relationships and resources available to families, highlighting areas of strength and potential gaps in support³².
- **Qualitative causal mapping:** Used to articulate the interaction between LEAP and the wider context, including enablers and constraints²⁰. This approach helped to identify critical pathways and turning points in the programme's implementation.

The result was a theory of change that articulated the key assumptions within LEAP's model, including how LEAP's activities were expected to contribute to improved outcomes for children and families by building the foundations necessary to strengthen the environments surrounding children. This Integrated Theory of Change shaped the research questions and data collection, and analysis methods applied in this study. It is visualised in figure 2 on the next page.



LEAP's Theory of Change

01 Build Foundations

02 Strengthen Environments

03 Improve Outcomes

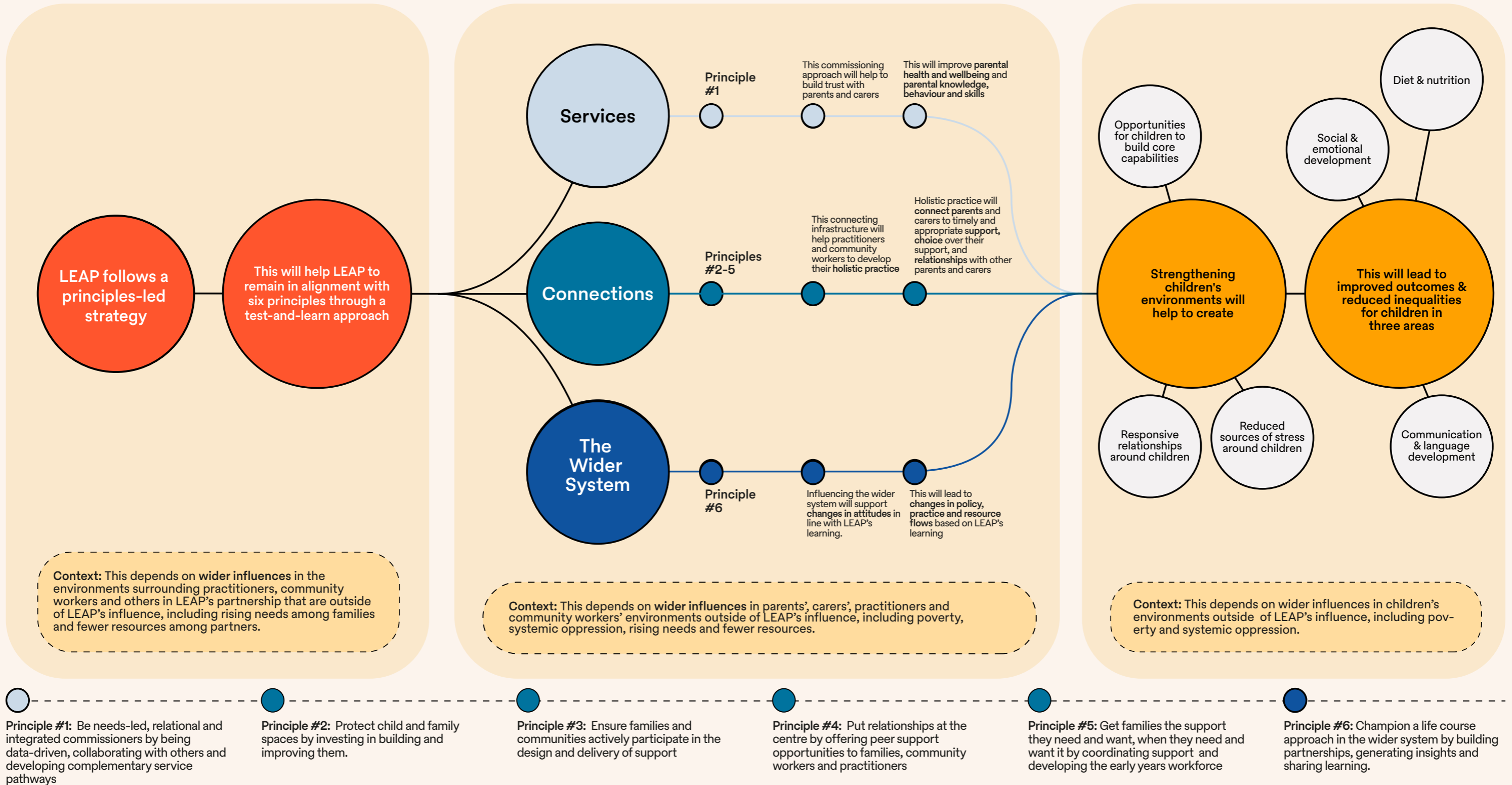


Figure 2: A detailed visualisation of LEAP's Integrated Theory of Change.



Data collection

The evaluation team collected data through a combination of qualitative and quantitative methods.

Qualitative data

Qualitative data collection involved 23 focus groups and 58 interviews with a total of 121 participants, including parents, carers, practitioners, community

workers, LEAP Core Team staff, and wider policy and practice stakeholders. Qualitative data collection was designed to capture diverse perspectives and provide a rich, detailed understanding of participants' experiences and views.

- **Focus groups:** These were conducted to explore shared experiences and collective insights. They provided a platform for participants to discuss their experiences with LEAP and how the programme impacted their lives.
- **Interviews:** These allowed for in-depth exploration of individual experiences and provided detailed personal insights that were critical for understanding the nuanced impacts of LEAP.

Quantitative data

This included the analysis of pre-post questionnaires from parents and carers, as well as local administrative datasets on child development. The quantitative data provided measurable evidence of changes and outcomes resulting from LEAP's interventions.

- **Parent and carer questionnaires:** These assessed changes in mental health, wellbeing, and parenting knowledge and skills before and after engagement with LEAP services.
- **Child development data:** Local administrative datasets provided information on child development outcomes, including communication and language development and social and emotional development.

Further information can be found in the full reports on the methods and findings on outcomes for parent and carers²³ and children³⁴ that accompany this report.

Analysis

Data analysis involved several key steps to support a comprehensive assessment of LEAP's impact:

- **Qualitative data analysis:** Transcripts from interviews and focus groups were analysed using framework analysis. This is a structured approach to organising and analysing qualitative data. This approach was used to chart data against the elements of the Integrated Theory of Change. This framework allowed the evaluation team to systematically analyse the data and identify key themes and patterns.
- **Quantitative data analysis:** Statistical methods, including multivariate logistic regression models, were used to analyse the quantitative data to determine the impact of LEAP engagement on child development outcomes. We combined and standardised scores for mental health, wellbeing, and parenting skills before and after participation in LEAP services to measure changes for parent outcomes. Statistical tests were then used to determine if these changes were significant.
- **Synthesis:** Findings were synthesised through a triangulation assessment of the degree to which insights from different data sources converged.

Limitations

This evaluation addressed key uncertainties about LEAP's impact in Lambeth, particularly who benefited and under what circumstances, but many questions remain due to the broad and complex nature of these issues. Additionally, the long-term effects of LEAP may not yet be fully realized, as the impacts of large, complex programmes often take time to manifest. For further information on limitations, please refer to the Methodology Supplement¹⁶.

Ethics and data protection

The evaluation adhered to strict ethical standards, ensuring informed consent and data protection. Personal data was pseudonymised and securely stored to protect participants' privacy. Further detail on ethics and data protection can be found in the Methodology Supplement¹⁶.



Findings

The LEAP Integrated Theory of Change outlines how LEAP's principles-led strategy was intended to work. Specifically, it posits that this strategy would help build foundations across three layers of children's physical and social environments: services, connections, and the wider system. Strengthening these layers was expected to contribute to improved outcomes for children.

This theory of change led to the development of three key research questions:

- To what extent did LEAP's principles-led strategy help **build LEAP's foundations** in children's physical and social environments, for whom, under what circumstances, and why?
- To what extent have these foundations **strengthened children's environments**, for whom, under what circumstances, and why?
- To what extent have these strengthened environments contributed to **improved outcomes** and reduced inequalities for children and families, for whom, under what circumstances, and why?

The findings are structured in accordance with the LEAP Integrated Theory of Change. The narrative of LEAP's progress is more effectively told 'horizontally,' by following how one element led to another. This approach provides a cohesive story, which might be interrupted and harder to follow if structured 'vertically' based on the research questions (RQs). Therefore, evidence related to each causal pathway and each layer in the theory of change is presented sequentially. As the evidence along each part of the causal pathways is revealed, the answers to each

research question naturally emerge. These answers are then summarised in the conclusion at the end of this report.

Accordingly, the findings are structured as follows:

- **Chapter 1** explores the first part of the theory of change and RQ1, specifically whether and how LEAP was able to implement a principles-led strategy.
- **Chapters 2 to 4** examine whether LEAP successfully built the foundations in children's environments according to its principles, and whether these foundations helped strengthen those environments. Each chapter addresses a different pathway in the theory of change, presenting findings relevant to both RQ1 and RQ2.
 - **Chapter 2** focuses on the 'services' pathway, assessing LEAP's principles-led strategy in relation to building and managing services (RQ1), and the contribution of these services to improved parent outcomes (RQ2).
 - **Chapter 3** addresses the 'connections' pathway, considering how LEAP's strategy contributed to building a connecting infrastructure (RQ1), and how this infrastructure helped practitioners and community workers to develop their holistic practice. This involved community workers and practitioners collaborating with others to deliver family-centred care. It then describes how holistic practice impacted parents' and carers' access to support, choice over their engagement, and relationships with other parents and carers (RQ2).
 - **Chapter 4** examines the 'wider system' pathway, focusing on how LEAP's strategy influenced the wider system (RQ1) and contributed to changes in policy, practice, and resource flows (RQ2).
- **Chapter 5** directly aligns with RQ3, analysing how these strengthened environments contributed to improved outcomes for children.

A principles-led strategy

Summary

Recognising the complexity of the challenges it faced, LEAP embraced a flexible, principles-led strategy to improving outcomes for children. Six core principles guided LEAP's efforts across services, connections, and the wider system.

LEAP prioritised needs-led, integrated, and collaborative services, physical spaces, community involvement, relationships, timely support, a life course approach, and sustainability. By fostering partnerships and shared decision-making among diverse community and sector leaders, LEAP built a strong foundation to help them remain in alignment with these principles.

What was LEAP's principles-led strategy?

LEAP's goal was to improve outcomes and reduce inequalities for children and families in the LEAP area. This was not something that could be achieved by a single organisation or a fixed set of activities. The problem was too big and the conditions holding the problem in place too deep, dynamic and wide-ranging. Like all large complex programmes, LEAP faced a dilemma: how could it balance the need for a clear and coherent strategy with the flexibility and broad buy-in required to fundamentally alter the constraints surrounding disadvantaged families?

LEAP's response was to be led by principles. These principles emerged during the bid phase, a product of the principles developed over time by senior leaders in the local authority and health partners, building on the guidance set by The National Lottery Community Fund (TNLCF) and the history of integrated commissioning in Lambeth. They were consolidated

and articulated by the evaluation team into six discrete principles. In practice, some principles were more implicit than others. Nonetheless, they all guided LEAP's efforts to build the foundations in each layer of the physical and social environments surrounding children.

Building and managing services

- **Principle 1:** Be needs-led, relational and integrated commissioners by being data-driven, collaborating with others and developing complementary service pathways.

Building a connecting infrastructure

- **Principle 2:** Protect child and family spaces by investing in building and improving them.
- **Principle 3:** Ensure families and communities actively participate in the design and delivery of support.
- **Principle 4:** Put relationships at the centre by offering peer support opportunities to families, community workers and practitioners.
- **Principle 5:** Get families the support they need and want, when they need and want it by coordinating support and developing the early years workforce.

Influencing the wider system

- **Principle 6:** Champion a life course approach in the wider system by building partnerships, generating insights and sharing learning.

To help them stay in alignment with these principles, LEAP tried to lead in partnership. According to the LEAP Director, this meant "leadership was led by where we were on that implementation journey and who we needed to bring in around us to make things happen." LEAP aimed to build relationships with people from different communities and sectors, each with their own power and expertise, and share decision-making power with them. It was hoped that this would build the momentum and broad coalition of support required to tackle inequalities in the early years in the LEAP area.

A principles-led strategy

Did LEAP lead in partnership?

"The recognition of the importance of early years services has deep roots in Lambeth" (Director, LEAP). LEAP's Director, Laura McFarlane, had worked in Lambeth Council in different roles since the early 1990s. She and others in Lambeth Council, including councillors and civil servants, observed that from at least the 1990s, local leaders and communities in Lambeth enjoyed a shared commitment to the early years, joint commissioning and community-based, single-point-of-access spaces for families. That is why "there was no hesitation in Lambeth when the announcement for Children's Centres funding came... we then developed 30 children's centres, which was more than any other London borough" (Director, LEAP).

Following the end of the Labour Government in 2010, Laura observed that funding for the early years was "starting to get tight". Together with a group of colleagues in local government, they began thinking about, "how can we come together and really identify how we bring all these elements together under a partnership umbrella? We worked on an early intervention strategy and brought all the delivery partners together. It was at this point that the lottery invited all the local authorities in England to bid for the A Better Start funding. It could not have come at a better time."

As the bid developed, the partnership board and executive board were established. The partnership board comprised 40 members from a range of health, local government and community partners, as well as parents and carers who had been involved in the bid phase. The partnership board was focused on information-sharing, building momentum and retaining buy-in.

The executive board was responsible for decision-making. It emerged out of the core group of senior leaders, which continued to grow. The National Children's Bureau (NCB) was selected as the voluntary sector partner to house LEAP, given its long-standing

working relationship with Lambeth Council. Partners in the health sector joined too, excited by the opportunity LEAP represented to improve outcomes for children.

As a result, the foundations for LEAP to lead in partnership were set. Strong, long-standing relationships between Laura and local leaders in health and local government, a shared history and commitment to LEAP's principles, and the size and potential of the opportunity on offer, all combined to galvanise a large cross-section of the early years sector to participate in LEAP and share decision-making responsibility between them.

The initial board meetings were "absolutely incredible... there is nothing like money to bring people around the table, but people were genuinely interested... we formed the senior leadership group. So those were the leaders from the council and CCG [Clinical Commissioning Group] as it was at the time, and maternity trusts. And that was very well embedded. By the time the official start date came around, we'd already met several times and were unblocking various things" (Director, LEAP).

Others involved at the time felt similarly.

Lambeth Council, Consultant in Public Health: "I think there was a lot of hope... it just gave us a lot of opportunities, in terms of learning, expertise, reach. And ultimately, the places that LEAP was going to be working in were the areas that we really wanted to see change in."

Whether LEAP's ability to lead in partnership was maintained, whether and how this approach helped LEAP to remain in alignment with each of the six principles, and whether and how this helped to strengthen the environments surrounding children, will be discussed in the chapters that follow. First, we consider the principle related to services.

Commissioning

Summary

LEAP's commissioning principle was simple: commissioning should be needs-led, relational, and integrated. All three of these attributes were fully realised during LEAP's infancy, supported by LEAP's principles-led strategy and the way in which it led in partnership.

Over time, LEAP encountered challenges. LEAP's ability to address housing need was limited. The research and data burden experienced by families and practitioners created difficulties. Senior staff turnover with some partner organisations weakened LEAP's ability to integrate services. Yet overall, LEAP was able to remain in alignment with its commissioning principle.

What was LEAP's approach to commissioning?

Commissioning formed a core part of LEAP's work; 68% of LEAP's budget was spent on building, nurturing and delivering services. LEAP's approach to commissioning was governed by the following principle.

- **Principle 1:** Be needs-led, relational and integrated commissioners by being data-driven, collaborating with others and developing complementary service pathways.

According to the wider literature^{35,36}, the attributes of this principle can be defined as follows:

- **Needs-led:** Based on a comprehensive (and intermittently re-assessed) understanding of the biggest issues facing pregnant women and children

under four in Lambeth, with particular consideration given to the most disadvantaged groups.

- **Relational, not transactional:** Commissioners bring stakeholders together to make decisions, foster close operational partnerships with providers, simplify bureaucratic arrangements, and offer improvement support to providers.
- **Integrated, not siloed:** Services are commissioned in collaboration with partners where aims and populations overlap. Careful consideration is given to the development of integrated service pathways (i.e. supporting services working towards the same goal to combine effectively and not duplicate).

Did LEAP commission services in line with its principle?

1. Needs-led commissioning

The needs-assessment

The strength of LEAP's partnership enabled a thorough assessment of Lambeth families' needs during the bid phase, ensuring that LEAP's needs-led approach was effectively established from the outset.

The needs assessment was supported through the resources provided by TNLCF. These included a budget for developing the bid, intensive support from early years experts and research organisations and the opportunity to learn from other A Better Start (ABS) sites: "Each site's going to be different obviously... but it did help us I think to frame what was going well for us and what we needed to put a bit more effort into" (Programme Manager, LEAP).

The needs assessment identified the core drivers of poor outcomes for children in Lambeth across the three primary outcomes set out by TNLCF: communication and language development (CLD), social and emotional development (SED) and diet and nutrition (D&N). The close involvement of local government and health partners facilitated access

to administrative datasets that LEAP used to identify which communities and areas were experiencing greater disadvantage in the early years. This was reinforced by primary research, including an Area Wellbeing Survey of 607 Lambeth residents that considered the prevalence of wider familial and community factors likely to increase the risk of poorer outcomes for children.

Key findings from the needs assessment include:

- The LEAP area had low levels of children achieving a good level of SED with particular concerns for those in poverty, some racially minoritised groups, including Black Caribbean boys. Reported domestic abuse levels were also high.
- As with SED, the LEAP area had low levels of children achieving a good level of CLD, particularly families in more deprived areas and some racially minoritised groups, including Black Caribbean boys. The LEAP area also had high levels of many of the risk factors that are predictive of poor CLD and SED, including social isolation and overcrowded housing.
- The LEAP area had high rates of childhood obesity, maternal obesity and some vitamin deficiencies, particularly among families in deprived areas and some racially minoritised groups, including Black African children. There was also evidence of poor physical health in children, including poor dental health.

Working groups were formed around the three outcome areas to consider the insights emerging from this research and augment it with their own expertise. These groups included parents and carers, practitioners (including midwives, health visitors, family support workers and social workers), community workers and early years experts. Each group identified associated gaps in provision and developed a corresponding suite of programmes, all in line with 'proportionate universalism': delivering targeted services that provided greater levels of support to those with greater needs alongside universal services for all families³. The hope was that

this would reduce inequalities by improving outcomes for all children, but particularly for those with higher levels of need.

For LEAP, the population it wanted to prioritise was informed by an analysis of the characteristics predictive of greater challenges in child development in Lambeth: being from a racially minoritised background and living in a deprived neighbourhood. This priority population remained consistent throughout the programme's lifetime.

2015-2019: Using needs data to build and establish services

The process of building and establishing services was as considered as the needs-led approach to identifying them. Service plans were designed for most services with support from service design experts. These plans included service blueprints, which articulated how services would be delivered 'end-to-end' (i.e. all the touchpoints with a service user from the moment they start trying to achieve a goal to the moment they finish) and 'front-to-back' (i.e. the user-facing service, the internal processes that support those experiences and the wider organisational, financial and governance structure behind the service)³⁷.

Needs data, analysed and synthesised by the Public Health Team in the LEAP Core Team, was pivotal to this process. Data on which groups and communities were most likely to experience poor outcomes and the prevalence of the issue in the LEAP area more generally informed eligibility criteria and reach targets for different services. This needs-led understanding was intermittently updated and fed into decision-making as LEAP sought to continuously test and learn. For example, LEAP's Caseload Midwifery service initially prioritised families from the LEAP area and those experiencing some form of social complexity, including refugee status. However, as new national-level insights became available¹², this was expanded to include families from racially minoritised backgrounds. This data-led understanding was supplemented with the personal experiences and understanding of needs from families, communities and practitioners.

2019 onwards: Building the Core Team and LEAP's data infrastructure

In the bid phase, LEAP planned to recruit nine staff members to the LEAP Core Team. This meant that, when LEAP began in 2015, the Core Team was relatively small. LEAP underestimated the amount of resource that was needed to provide the level of backbone support required to build the foundations in children's environments: "The reality was that we grew into our thinking in terms of the capacity that we needed" (Director, LEAP).

At its peak, in 2019, the Core Team included 27 staff. Challenges with recruitment, including a lack of applicants for different posts, delayed the growth of the Core Team once the need to expand was identified.

Before 2019, LEAP focused its capacity on building the programme and establishing services. This was partly driven by pressure to show progress and a return on investment. This was due to cuts to local government and health budgets and "significant churn in senior roles" in the Council, which reduced the number of senior leaders involved who had informed the development of the proposal and identified closely with the programme (Assistant Director for Integrated Commissioning, Lambeth Council).

Prioritising delivery meant that, before 2019, fewer resources were directed towards data and evaluation. This was also due to misalignment among partners over who was responsible for collecting, recording, analysing and interpreting data: "We thought that there would be more capacity within organisations to collect data, and it's a bit short-sighted of us to assume that" (Programme Manager, LEAP).

From 2019, LEAP moved to address this gap. The larger Evaluation and Research, Public Health and Data Collection Teams in the LEAP Core Team, with support from the Leadership Team:

- Developed a shared measurement framework (completed in 2021), which articulated outcomes

and indicators for different services.

- Developed a comprehensive data infrastructure to put this framework into practice, in which children and families were assigned unique pseudonymised identifiers that helped LEAP to track their interaction with and benefit from different services.
- Gained access to local administrative health visiting and maternity datasets, using the unique identifier to find families that had engaged with LEAP (a source of information that proved critical to this evaluation).

The absence of a single unique identifier for children across administrative datasets on child development meant that LEAP had to create and maintain its own. This required considerable investment and staff time.

However, LEAP's data and evaluation infrastructure played a key role in helping LEAP to influence the wider system (discussed in the relevant chapter of this report). It also helped to make LEAP's approach to the use of data more comprehensive and systematic, and to improve the scope of what LEAP could do with needs data, including relating it more closely to service performance and service improvement: "[Before 2019] there was a lot of data collected, but from my point of view, there was too much data collected. Not all of it was used and not all of it was useful, from an evaluation point of view. I think what the SMS really did was streamline it and focus on what was useful in terms of knowing the direction of travel towards outcomes" (Evaluation and Research Manager, LEAP).

For example, LEAP combined needs data with service-level engagement data to identify that there was less engagement in the Baby Steps service from some racially minoritised groups. This prompted further exploration of who was attending Baby Steps and why, following a discussion with Baby Steps service leads during their Quarterly Service Review (QSR). These were quarterly meetings held with all services where data and insights were reviewed across each service's theory of change.

However, despite the development of LEAP's data infrastructure, some gaps remained, particularly regarding domestic abuse prevalence. To address this, LEAP sought alternative sources of information, including family, community, and practitioner insights. For example, during LEAP's 2020 strategy refresh, each service was evaluated to determine which should continue. Due to limited data on domestic abuse, LEAP consulted practitioners, community workers and other professionals in the wider Violence Against Women and Girls (VAWG) sector to understand the issue's trajectory. In keeping with wider national evidence, their feedback revealed a widespread and growing awareness of the risks the pandemic posed to domestic abuse survivors. This concern informed the continued inclusion of the Domestic Abuse Caseload Worker service in LEAP's portfolio.

In some cases, LEAP was unable to make needs-led decisions. This was particularly the case with housing: "Overcrowded and poor-quality housing came through quite strongly during the needs assessment in the bid phase" (Director, LEAP). There was also good evidence on the impact of poor housing on child development. In response, LEAP designed a small service to support families living in overcrowded conditions, and trained the early years workforce in supporting families to navigate the housing system and access support.

However, "what the overcrowded housing service aimed to do was to mitigate the effects of overcrowding... we would have never been able to impact on housing status or overcrowded status" (Director, LEAP). As a non-governmental, early years programme, LEAP's ability to fundamentally alter the dynamics of an issue as cross-cutting, large and multi-faceted as housing was severely limited.

2. Relational commissioning

LEAP aimed to be a relational commissioner, which meant being supportive. For service providers and CoCreate grantees, support on evaluation, learning, and improvement was an important part of their relationship with LEAP. For example, some of the

measures and tools that LEAP introduced alongside its data infrastructure were designed to support learning and improvement, including Quarterly Service Reviews (QSRs). The QSRs were particularly helpful for services, like the Healthy Living Platform (HLP), that felt ownership over their theory of change, were able to collect and use high quality data, and had the freedom to use the information to make tangible changes to their service relatively quickly. Their contribution was reinforced by the training and support the LEAP Core Team provided to help them understand and use their data.

But for those with less freedom, including more evidence-based, manualised programmes, this was harder to achieve. Equally, where data quality was poor or outcome measures less reliable, given the complexity of the outcome – a particular concern for LEAP's Social and Emotional Development (SED) services – some of the insights contained in the QSRs were less useful. This was compounded by the burden on service leads' limited capacity these reviews created, as well as those in the LEAP Core Team responsible for compiling them for every service.

The demands of LEAP's data infrastructure more generally also became difficult for some families to manage, due to the data collection forms they had to complete: "It's like the parent... suddenly they've got to fill out a form... that says, 'Did you enjoy this?'... And then two weeks later, they're doing another one... to be frank, parents tend to kind of go, 'It was great. It was lovely.' Because they want to get rid of that form" (Children's Centre Manager).

The burden on many practitioners was problematic, too: "Initially we got overexcited about what we thought we could collect, and in the process, we lost a few people because it was just too much... We tried going to the settings, we tried talking to the parents, we tried every which-way possible. And it's still, I would say to this day it has been a hurdle" (Co-Lead, CLD, LEAP Core Team).

There was widespread agreement within the LEAP

Core Team that many of these challenges would have been mitigated had LEAP's data infrastructure been developed from the beginning of the programme. This would have meant "that data collection could have been more gradual, enabling more ongoing support for services, so it might not have felt so difficult... There was a finite amount of time and it needed a longer period to become embedded" (Public Health Intelligence Manager, LEAP).

Yet these challenges were experienced within the context of a commissioning relationship with LEAP that was, overall, very supportive. The Public Health Team in the LEAP Core Team managed relationships with services. These went beyond transactional partnerships focused on holding services to account. Instead, they were characterised by close working relationships in which the Public Health Team played a proactive, problem-solving role. This included:

- **Strategic support** on the vision and direction of services, as well as more granular support on possible areas for innovation, learning and improvement.
- **Practical support** on a range of complex issues, including implementation plans, recruitment, finance and monitoring and evaluation. Support from the Public Health Team was particularly important during COVID-19. They supported most services to transition to an online format, train them in the necessary technology, and offer guidance as the social-distancing rules tightened and loosened.
- **Emotional support** for service leads during stressful and challenging moments, as well as support with relationships, including directly facilitating links between services and other partners as well as other functions in the LEAP Core Team. Members of the Public Health Team were seen as empathetic and committed to power-sharing by service leads: "The previous pilot that I worked on with a local council... contrasting with the support I got from LEAP to run this service, LEAP are incredibly supportive"

(Service Lead, Breastfeeding Peer Support).

From 2020, LEAP's commissioning was expanded through CoCreate, a small grants programme for local community organisations. CoCreate grantees echoed the perspectives of LEAP's main service providers: "I cannot fault but only praise LEAP for the amazing support from the very off – them getting introduced to us, identifying this funding, working together to attain it. And once granted, seeing through the delivery side to it, supporting us every step... With all this support mechanism put in place by LEAP, it allowed our organisation to take a step forward" (Director, East African Association).

3. Integrated commissioning

LEAP faced considerable obstacles in its efforts to build integrated service pathways. This was largely due to the complex and diverse governance arrangements that it encountered in health and local government, each of which often had different jurisdictions and different processes for recruiting and supporting staff. As a result, setting up new services and integrating old ones that brought these sectors together in new ways took time: it took until 2018 for LEAP's full-service portfolio to stabilise (see figure 3). These delays were compounded by the careful, considered, and inclusive service design process that LEAP facilitated. Given the ambitious and wide-reaching aims of complex programmes like LEAP, this is in line with expectations³⁷.

LEAP reached that point and overcame many of these challenges by relying on the cross-sectoral senior leadership group that formed during the bid stage.

Director, LEAP: "It was very clear throughout the various stages of the bid that the team that had come together in the local authority - the early years team, public health, some of the maternity services - we were the instigators... we were 'doers...'. One of the key functions of that grouping was to really, unblock any blockages that

were happening across different strategic partners in terms of implementation. We needed the services of various parts of the Council to get things moving."

While it felt like the work this group "were doing could have been done by more junior staff sometimes," the fact that they had "this amazing consistent support from senior people in the local authority, it felt you were given a way in, I suppose, to lots of different mindsets and strategic thinking and that was the right approach for the biggest impact. So that is what works really" (Programme Manager, LEAP).

However, as time passed, turnover of senior leaders among partners accelerated. LEAP was mostly able to replace these relationships. The Fund Manager at

TNLCF, who oversaw both LEAP and the ABS site in Blackpool, observed that while "Blackpool's been really stable from a staffing perspective, I think LEAP have really had to reintroduce the programme as senior staff changes [in the local authority] have taken place."

Some of these relationships were more challenging to replace. This was often due to the interruption created by the pandemic and structural changes in partners' teams. For example, the Public Health Team at Lambeth Council (a core partner for sharing knowledge on the health of Lambeth's population) "did have somebody who was the main link person to [LEAP], because he led on children." But "when that role became vacant, there may have been less of a stronger public health voice that they were hearing." (Public Health Consultant, Lambeth Council).

Similar issues arose with the maternity service at King's, which covers many of the births in the LEAP area. The weakening of this relationship was exacerbated by the pandemic, given LEAP "had a maternity service there, but we had to close that in the early days of COVID" (Public Health Specialist, LEAP Core Team).

Yet overall, despite these challenges, the gains LEAP made during the bid phase and in its first few years enabled it to establish and maintain an integrated approach to commissioning.

Service Lead, Breastfeeding Peer Support: "The first thing that struck me was how much effort went into getting the foundations for the service, and how much energy and time and, I guess, resources was spent on getting everyone around the table, from the families to other services that you might be working in partnership with, including health, but also children's centres, other teams from the diet and nutrition strand, to get everyone in the same room and say, 'What does a breastfeeding peer support service actually look like?'"

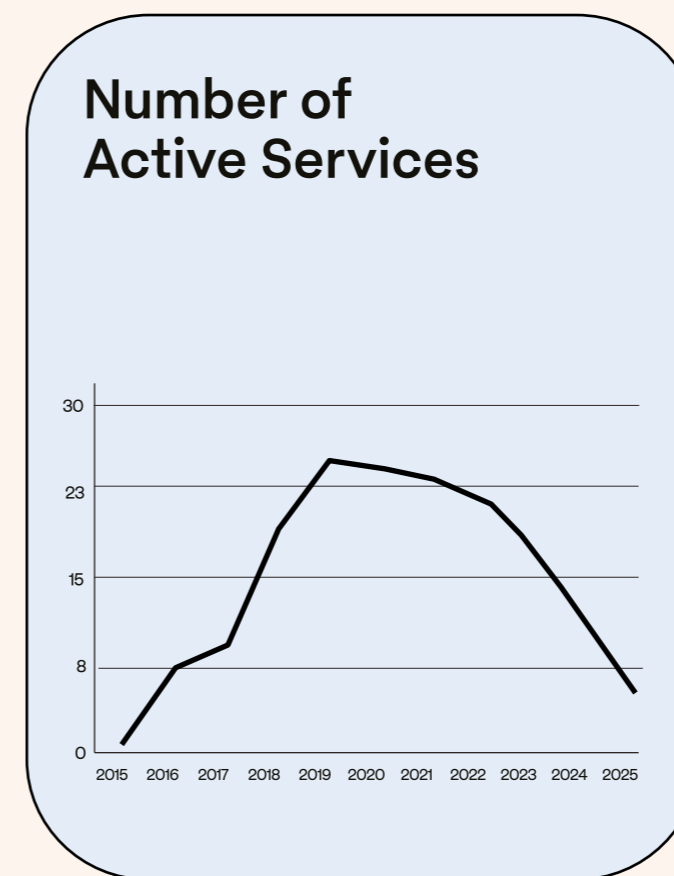


Figure 3: Number of services active by year.

Changes for parents & carers

Summary

There is some evidence that, overall parents' and carers' lives improved following engagement with LEAP's services.

There is also evidence that LEAP's approach to commissioning contributed to that improvement, as anticipated in LEAP's Integrated Theory of Change. This was driven by the trust practitioners created with parents and carers.

Parent story: Sana

Sana's¹ pregnancy was a surprise. A traumatic experience in her past meant it was hard for her to conceive: "My mind has healed... But my subconscious has not... I just can't relax. So my body is still kind of like protecting itself... Hence why it was hard to get pregnant."

She was allocated to LEAP's caseload midwifery service due to her previous experience of trauma. That is how she met Beth, her midwife. Along with support from her husband and sister, Beth's care meant that, when Sana gave birth, she felt ready: "She really prepared me... and like really let me go in with an armour. And I needed that."

Sana found it difficult to breastfeed initially, so Beth connected her to LEAP's Breastfeeding Peer Support service, which Sana found "really, really helpful". Beth suggested Sana go to the local children's centre: "Beth was like, you know, once you're ready, just come to the centre... and then I found the timetable... it just really helped me... I just felt like I had a safe place. That was so important, because I did not want to go out. I just felt too scared, like... Where do I change him? Where do I breastfeed him, outside?... it was just down the road."

Sana found lots of activities that were relevant to her. The children's centre helped to fill in the gaps in her knowledge: "You just get taught different things... We did HENRY [a LEAP nutrition programme], because I'm not comfortable making food. That really helped me... Not fruits, not sugar... I felt like I just became more aware of things."

She also took part in Baby Steps. The relationships she built helped to improve her wellbeing: as a recent immigrant, Sana lacked a social network. Baby Steps made her feel less alone: "All these things they do have really led me to feel confident in myself. And knowing that I'm not by myself because I didn't really have family around... the thing is the whole concept of bringing up a child, you shouldn't really be doing it alone. It does take a village."

But Sana was struggling with poor housing. Her one-bedroom house was cramped, cold, mouldy and neglected, which meant her wellbeing suffered. LEAP offered some sanctuary.

"It's hard, because, I mean, we live in a one-bedroom house... we also had mould... we even have issues with hot and cold water, like, the basic stuff... Quality of life is not really there... so coming here, it also gives him the opportunity to run around."

¹ Pseudonyms are used for all parent stories and case studies.

Parent and carer outcomes

Sana was not alone in the benefits she experienced through LEAP. For many of LEAP's services, parents and carers completed questionnaires before and after they participated, to see what had changed. These questionnaires were carefully designed and tested to improve the accuracy and reliability of the results. The evaluation team analysed the results from these questionnaires to see what had changed for parents and carers and by how much across LEAP as a whole. Further detail on the findings and methodology can be found in the Methodology Supplement¹⁶. The findings from this analysis suggest that, on average:

- **Parents' and carers' mental health and wellbeing improved by 12%** according to five questionnaires delivered across four services.
- **Parents' and carers' knowledge, skills and behaviour improved by 5%** according to three questionnaires delivered across five services.
- **Across both domains, the greatest and most consistent improvement was observed for those from the most deprived areas.**

These changes were statistically significant, meaning it is unlikely that they occurred by chance. The questionnaires included in these two analyses were different, so we cannot compare the differences between them. Importantly, the overall trajectory was positive and the improvement was greater for those from more deprived areas. The evidence presented here suggests that LEAP's commissioning approach made a positive contribution to this trajectory.

According to parents and carers, practitioners and community workers, the driving force behind that contribution was the degree to which parents' and carers' relationships with practitioners were characterised by trust.

Like Sana's relationship with Beth, this means parents and carers were confident practitioners could and would help them and felt a sense of control over decisions, which helped them to feel safe. These

relationships facilitated stronger engagement in LEAP support, which provided the fuel that drove improvements in parents' and carers' lives.

However, these relationships also relied on the referral from the hospital to Beth, Beth's and others' signposting to further support, and the information contained in the timetable, as well as the accessibility of the children's centre. Similarly, it was not just Sana's relationships with practitioners that helped her – these were compounded by family support, the relationships she built in Baby Steps, her ability to choose which activities met her needs, and the temporary relief that the children's centre represented. All these influences were mitigated by her housing situation.

Yet the circumstances surrounding each parent are different. That is why LEAP was experienced by parents and carers in different ways. Where it did work, this was driven by LEAP's strengthening of the 'connections' layer in children's environments, as hypothesised in the LEAP Integrated Theory of Change. Specifically, community organisations and services were supported by LEAP's connecting infrastructure to strengthen their holistic practice – that is, they grasped the limitations of their ability to address families' needs and worked with others to fill in the gaps. This helped connect parents and carers to the support they needed and wanted, provided them with choices regarding their support, and facilitated relationships with other parents and carers. This reinforced the contribution of commissioned services and the trusting relationships they nurtured to parent and carer health, wellbeing, knowledge, behaviour and skills.

The next section delves deeper into the evidence supporting this ‘connections’ pathway within the theory of change, which also informs our understanding of research questions 1 and 2. These questions are concerned with whether LEAP was able to build the foundations necessary to strengthen the environments surrounding children.

- First, this section defines the contribution of LEAP’s principles-led strategy to the development of a connecting infrastructure.

- Second, it considers the contribution of LEAP’s connecting infrastructure to the development of holistic practice and explains why some community organisations and services were better able to develop this practice.
- Finally, it outlines which parents and carers were connected to support, power and relationships through the development of this practice and why.



Building a connecting infrastructure

Summary

LEAP’s goal was to reinforce the contribution of services to families’ lives by strengthening the connections between families, community organisations, and services.

This meant building a connecting infrastructure that helped them to stay in alignment with four principles across four areas: providing accessible community-based spaces for families, building peer support structures, providing opportunities for family and community participation and coordinating support pathways. LEAP started strongly and made good progress in completing building works to community spaces in the first few years. However, challenges with building the Core Team and establishing services limited progress in the three remaining areas. The growth of the Core Team from 2019 supported LEAP to deliver across all three for the second half of the programme.

How did LEAP try to build a connecting infrastructure?

Four of LEAP’s six principles led LEAP’s efforts to build a connecting infrastructure that would provide the foundations for connections between practitioners, community workers and families. These built on principle 1 (concerning commissioning and principle 6 (concerning the wider system).

- **Principle 2:** Protect child and family spaces by investing in building and improving them.

- **Principle 3:** Ensure families and communities actively participate in the design and delivery of support.
- **Principle 4:** Put relationships at the centre by offering peer support opportunities to families, community workers and practitioners.
- **Principle 5:** Get families the support they need and want, when they need and want it by coordinating support and developing the early years workforce.

Did LEAP build a connecting infrastructure in line with its principles?

Principle 2:

Protect child and family spaces

Alongside establishing services, the focus during the first half of LEAP was on improving physical spaces (principle 2). Complex contractual and legal arrangements delayed construction, which mostly took place from 2018 to 2021: “For every site that you’ve got, it’s another kind of consultation, set legal requirements, contracting, different architects... it was just a lot of work... it was really an ambitious programme... The architect said that we were the longest ever programme she’s ever worked with” (Programme Manager, LEAP).

Despite these challenges, LEAP managed to complete most of the intended projects. This included 11 sites in total, including improvements to four children’s centres, three one o’clock clubs and three early years hubs in local estates. Drawing on her Sure Start experience, Laura worked with senior leaders and children’s centre managers to progress the work and ensure the buildings were fit for purpose. The result was a network of, overall, appropriately designed family spaces that were better equipped to support multi-agency working.

Children’s Centre Manager: “I’ve only got St Stephen’s which was under LEAP... But I do have another building which was remodelled by someone else... I do think the consideration that they made for St Stephen’s, and the thought that obviously went into the planning of it, you do get a nicer feel... the way that the training rooms are set up upstairs, there’s a separation from the crèche, which really helps because parents can focus on what they’re doing up there. The way that the crèche space leads onto the outdoor space so that you can do that whole Natural Thinkers, inside/outside play. The way that there’s a multi-agency office space, it means that you can bring people in and work together.”

Principles 3, 4 and 5:

Creating structures for family and community participation, relationship-building and timely support

Pre-2015: A positive start

As described in the ‘Services’ chapter above, the bid development phase saw considerable attention given to creating integrated service pathways that could offer timely support. This process also involved extensive input from families and communities. Over 150 parents and carers in the LEAP area contributed. 15 parent researchers played a key role in gathering insights from disengaged parents and carers. Some felt this marked a step-change in how communities contributed to the design of services that affected them.

Director, St. Michael’s Fellowship:

“There were various groups which engaged parents into what they thought LEAP was all about and what changes could be made... those were really positive because I felt that parents hadn’t been given that

opportunity before to be seen as equals with valid opinions.”

2015 to 2019: Family engagement workers alongside a small Core Team

Initially, LEAP partnered with four community organisations to lead its community engagement work in each of the four wards that made up the LEAP area. These organisations were central to LEAP’s efforts to remain in alignment with principles 3, 4 and 5. The strategy centred on a “family engagement worker” role that LEAP funded in each organisation. LEAP gave community partners autonomy to lead on the design of these roles, “to fulfil that commitment to spread the lottery money into the community.” (Director, LEAP).

Family engagement workers delivered ad hoc sessions with families and communities. These sessions offered standalone opportunities for families to connect with each other and engage in child-friendly activities. However, family engagement workers lacked time, resource and backbone support. This made it harder for them to build the network of activities and connections necessary to support comprehensive family and community participation, relationship-building and timely support for families. The Community Engagement Team within the LEAP Core Team only included two people at most until 2019, and experienced high staff turnover. This limited their ability to support family engagement workers.

Children’s Centre Manager: “I think where the struggle was at the beginning... I think there was like a person at the top in LEAP. And then there’s these guys here. And this middle bit was missing. So they were... a bit lost in that connection.”

At the same time, the autonomy granted to the host organisations created challenges. Different interpretations of the role emerged between the organisations, which themselves were different from one another, making it difficult to coordinate between them. It also meant that, where the priorities of the host organisation and LEAP diverged, the direction

and purpose of the family engagement worker role became less clear. For some, it created “this tension, ‘oh, we’ve got to do it the LEAP way and it doesn’t quite fit in with what we’re doing.” (Director, LEAP).

The Public Health Team in the LEAP Core Team also had responsibility for delivering on principles 3, 4 and 5 – particularly principle 5 (connecting parents and carers to services). Until 2019, they were part of a small Core Team that spent considerable time and energy on the sizable task of establishing services. This also involved putting the foundations in place for effective connections between services and strong referral pathways, through the development of service plans and regular troubleshooting along the way. However, the time it took to establish these foundations made it difficult for them to hone these connections prior to 2019.

Public Health Specialist, LEAP: “There’s always that kind of building time. We’ve set it up, we’ve got people, it’s there, it’s in a space, but then it takes time as well to get people in the door. So that’s why there was that lag.”

2019 to 2024: A fully developed Core Team providing backbone support

The contracts with three of the four organisations hosting family engagement workers all ended between 2017 and 2020. Some ended the partnership early, as their interests and those of LEAP diverged. One organisation – Stockwell Partnership – retained a family engagement worker for the duration of the programme. They excelled in the role, proactively bringing together families, communities and practitioners to share knowledge and build relationships between them. The success of this relationship was because Stockwell Partnership had a “broader understanding of what the possibilities were for them, how the LEAP funding and what they do could be mutually beneficial.” (Director, LEAP). This was partly due to the long-standing relationship Laura had with them, given she had “commissioned them from Sure Start days.”

LEAP did not seek to renew these contracts. Instead, they decided to build their Community Engagement Team internally. The hope was that this would give them the autonomy and resource to build a connecting infrastructure through an iterative, test-and-learn approach.

As with other parts of the Core Team, building the Community Engagement Team took longer than intended. Initially, the team faced challenges with hiring, given the complexities of working for LEAP, which are characteristic of those encountered by large, multi-faceted, place-based programmes. These included “shaping and creating and developing. It wasn’t just like, here’s a job description, get on with it. Some people found that quite hard and didn’t stay” (Director, LEAP). LEAP used these experiences to improve its recruitment processes such that by 2020, the team had a fuller complement of community engagement staff with the tools to deal with these demands.

People in the Lead Manager, LEAP:

“Community engagement requires you to not only be strategic but to flex... people in this team have been able to adapt to all of that.”

Two critical moments acted as tipping points for this larger, more established Community Engagement Team. COVID-19 and the murder of George Floyd both had a considerable and ongoing impact on communities in Lambeth that evolved over time. This created a need for LEAP to set up processes that would help them to listen and respond to families as the situation evolved. At the same time, the pandemic created a demand for new ways of engaging families. These methods would also have to be nimble and flexible as new ideas were tried and adopted or dropped as restrictions eased or intensified.

The Community Engagement Team was well placed to meet this challenge. When “COVID came... for community engagement, that’s our bread and butter. Actually being physically out there doing those things. And so we really had to dramatically look at how we z

LEAP's principles-led strategy created the space and provided the support for the team to respond. The Community Engagement Team was given decision-making autonomy alongside the time and budget to respond to both situations.

People in the Lead Manager, LEAP: “Having the ability to test and learn, having financials to actually have the spends to be able to do some of this work... the senior management, buy-in... I think we've had good backing.”

The result was a flurry of development activity from 2020 onwards. New ideas grew to form the connecting infrastructure that helped LEAP to remain aligned with principles 3, 4 and 5 during the second half of the programme.

These activities are described below. They were all developed through the test-and-learn approach facilitated by LEAP's principles-led strategy, in which ideas were designed, delivered, tested and iterated in cycles of learning and improvement.

People in the Lead

People in the Lead (PiL) was a parent forum. Parents and carers attended sessions (two were hosted per quarter) where they could share their expertise to inform decisions around service design. PiL also offered a chance to build relationships with other parents and carers and access other LEAP support. PiL partly grew out of the listening sessions that the Community Engagement Team hosted with families in the wake of George Floyd's murder. The team co-designed the sessions with practitioners that were looking for help from parents and carers, whether on communications or a particular aspect of delivery. Food, refreshments and crèche facilities were provided. Parents and carers received retail vouchers as a ‘thank you’ for attending. Each session was followed up by a ‘you said, we did’ summary of the actions taken forward. A total of 152 people (including 68 parents and carers) participated in 11 PiL sessions facilitated by 33 practitioners between 2021 and 2023.

CoCreate

CoCreate was a community awards project that gave grants of up to £10,000 to 14 local community organisations. The aim was to support grantees to embed early years support within their practice and create a sustainable offer for families in Lambeth. CoCreate partnered with community organisations working with LEAP's priority population and other groups LEAP found harder to reach, including parents and carers of children with special educational needs and disabilities (SEND), East African communities and fathers. Grantees benefited from tailored support to build their capabilities across evaluation, business development and engaging families in service design. They also benefited from connections to a network of other CoCreate grantees that met quarterly, as well as the wider LEAP network of organisations and services.

Festivals

LEAP hosted three festivals a year, each comprising four flagship events, from 2021. The aim was to connect parents and carers to support, particularly LEAP's priority population. Each festival was framed within a theme, ranging from Black History Month to a set of events adapted to the COVID-19 lockdowns. Child-friendly activities were organised for each event, while local partners set up stalls to connect with families.

Community Connector

LEAP hoped to see more parents and carers engage in LEAP services after attending its community events. The problem was that the practitioners, event organisers, and community organisations that supported or engaged in these events lacked time and capacity. The pressure of their day jobs limited their ability to develop an in-depth knowledge of the LEAP offer to pass on to parents and carers. This also made it hard for them to build close relationships with families that attended, which limited their ability to steer parents and carers to the services they needed and wanted. In response, the Community Engagement Team introduced the Community Connector into their team, who developed an in-depth understanding of LEAP's services and

developed trusting relationships with practitioners, community workers, parents and carers, to help bridge this gap.

Keeping In Touch Sessions

Keeping in Touch (KiT) sessions were weekly activities hosted at community venues, including children's centres. Covering various activities from baby yoga to drumming, these sessions were designed based on feedback from parents and carers, particularly from LEAP's priority population. The main purpose of the KiT sessions was to support relationships between parents and carers, who were usually regular attendees, while also helping to connect parents and carers to other LEAP support. LEAP held 1,483 KiT sessions between 2017 and 2023.

Parent Champions

The primary role of LEAP's parent volunteer programme, Parent Champions, was to support families to engage in LEAP services. As the Community Engagement Team grew, they designed improvements to the programme, including greater clarity on expectations, a greater focus on learning and development, and a clearer recruitment process, which focused specifically on recruiting families from LEAP's priority population. Further Parent Champion cohorts were also piloted, each with a particular focus. These included Digital Champions, who supported parents and carers to access support online, and Parent Befrienders, who formed long-term relationships with more vulnerable parents and carers to support them to access services. They also included Parent Representatives, who advocated for parents and carers at board level. A total of 373 Parent Champions were trained and supported between 2016 and 2023.

From 2019, once the Core Team had grown and the full service portfolio became established, the Public Health Team in the LEAP Core Team was also able to shift more of their attention to principles 3, 4, and in particular, principle 5 (connecting families to timely, appropriate support). The overall service portfolio was informed by a comprehensive assessment of the needs of parents and carers in the LEAP area. At the

heart of many of these services themselves was the understanding that “if a person comes to you with X problem, it's probably not just that problem they're facing. There's probably other stuff at play as well” (Public Health Specialist, LEAP).

Public Health Specialist, LEAP: “Our pregnant clients we know go for their midwifery care, but there's a whole host of other stuff going on because life is messy. As an example, our midwives knew how to liaise with the domestic abuse support and they knew how to support clients with getting emergency food parcels or they had time to support their clients with making a referral.”

Creating dedicated time and space within the design of services was an important part of coordinating connections between services. That meant services themselves played a central role in connecting with each other, independent of direct support from the Public Health Team. But the pressures of the day job make it hard for practitioners to develop and maintain a full and up-to-date understanding of what else is on offer for their families, and to share that information: “When we are delivering services, we are so steeped in what we have to deliver, that sometimes it's very hard to remember to give information out on all these other services that interconnect” (Co-Lead, CLD, LEAP).

The LEAP Core Team continually helped services to work against this pressure through a range of activities. These activities grew in intensity, reach and frequency in the second half of LEAP as the team grew and services and practitioners settled. Part of that growth was due to refinements the Public Health Team made along the way, as part of a test-and-learn approach, due to their increase in capacity.

Provider Forums

The Provider Forums organised by LEAP were quarterly meetings that brought together all service providers. These forums served multiple purposes: updating services on programme developments, sharing new information, gathering feedback, and



fostering networking opportunities. By sharing knowledge and updates, service providers could enhance their service delivery and improve coordination. For example, the coordinator of the Parent Champion service started talking to a midwife from the Caseload Midwifery team, who wanted some parents to input on the design of their new maternity pathway. This would benefit parent champions, too, as they would learn more about the services on offer in their community. “We were able to send two volunteers... it got their voices in there, they were then added to the mailing list, and invited to their monthly meetings, so it helped to make those partnerships. And it helped the parent champions to realise that its beyond just saying to a parent, ‘oh, this

is a LEAP activity happening’. They’re really building on their knowledge” (Former Parent Champion Coordinator, LEAP).

The Health Team

From 2019, the work of the Health Team became more concrete. This was a group of primary care practitioners across midwifery, health visiting and general practice, given one day a week by LEAP to come together and improve collaboration and coordination between their professions and with services in the community. They also supported LEAP to understand how to liaise better with their professions – a critical issue for LEAP, given every parent interacts with primary care from pregnancy through to birth and beyond.

Workforce development

LEAP’s workforce development workstream targeted the diverse early years workforce in Lambeth, including health visitors, midwives, general practitioners (GPs), speech and language therapists, children’s centre practitioners, childcare providers, social care practitioners, housing officers, and the voluntary and community sector. Recognising their varied learning needs and capacities, LEAP offered a blended capacity-building programme in close collaboration with practice experts in LEAP’s services. This approach focused on developing individual competencies through training and webinars, enhancing organisational capabilities with improved service manuals and skills development, and fostering networking through collaborative opportunities. Initiatives like training early years workers in the Family Partnership Model provided structured, family-centred support. Additionally, practitioners were educated about LEAP’s entire service portfolio to better guide families to the support they needed.

Holistic practice

Summary

By building a connecting infrastructure, LEAP helped practitioners to develop their holistic practice: they worked with others to offer family-centred care. But this infrastructure contributed to some practitioners’ practice more than others.

This depended on how well they and their service were equipped to respond to the marked changes in the wider social landscape surrounding LEAP. This included cuts to public services, a fall in living standards and rising needs, as well as COVID-19.



The parable of the elephant

Three blindfolded people approach an elephant to find out what it is. The person touching the trunk exclaims “this feels like a snake!” The person grabbing the tail says “this feels like a rope!” The person touching its side shouts “this feels like a wall!” Each of these perspectives may be true for each person. But it is only when they share their perspectives with each other that they can understand the elephant as a whole.

Like the elephant, the complexities of families’ needs, wants and environments are difficult for practitioners to grasp and respond to on their own. Organisational blindfolds can stem from limited time and resources, as well as the accessibility and cultural relevance of services: state institutions may be less accessible to those from racially minoritised groups or with precarious immigration status. These groups may prefer to engage with other sources of support in their community.

That is why LEAP tried to support practitioners to develop their holistic practice. This means practitioners appreciated the limits of their ability to understand and address families’ needs. They worked with and listened to others, including families, to deliver family-centred support. LEAP supported practitioners to develop this practice through its principles-led strategy and by leading in partnership, which facilitated connections within and between services and community organisations.

The case studies below from two services and two community organisations capture how these connections developed.

LEAP Domestic Abuse Enhanced Casework

The Enhanced Casework service offered “more holistic support around a range of needs” for parents and carers at risk of domestic abuse, according to its former Team Leader. This involved seeing and working with survivors as whole people with a range of complex needs and promoting parent, carer and child wellbeing more generally, rather than focusing more narrowly on safety. That required collaboration.

The Provider Forums gave them an opportunity to build relationships with other services: “LEAP have these amazing Provider Forums... which hugely helped and just make those face-to-face connections.” That helped with referrals, but they still were not accessing parents and carers directly from the community. So, they “met with Parent Champions... and got feedback from parents who said that our leaflets... are a little bit intimidating... naming ‘domestic violence’... if someone is earlier in their journey, that may not speak to them... We learned simple changes in language were hugely important to reach this client group.”

The Parent Champions also shared that the Enhanced Casework service needed a “really flexible approach when offering the service”. So, the team leader and their team “began running women’s advice surgeries at children’s centres... someone might book on for something finance-related. And when we explore, there’s also things happening at home. So that has been an amazing route to reach people earlier.”

LEAP reinforced these surgeries “by promoting that amongst all the other LEAP services. We were able to share our learnings, and why we’re taking this approach amongst all of the other professionals who could then help to signpost.”

The enhanced caseworker service also made sure to connect parents and carers to other services that their service may not have been best placed to support: “We have referred a lot of people to PAIRS, it’s a brilliant service... And then sort of broader health visiting teams... the midwifery team... we’ve

done briefings with REAL [LEAP’s ‘Raising Early Achievement in Literacy’ Service], which was a kind of course that parents could do. So yeah, various agencies.”

PAIRS

PAIRS (Parent and Infant Relationship Service) offered therapeutic support to promote responsive parenting. PAIRS practitioners were always looking for new ways to improve connections with other services and families. They worked particularly closely with children’s centre staff and LEAP’s caseload midwifery service, who “really get to know the parents, and then flag up and signpost to us at PAIRS when there are relationship difficulties.” PAIRS practitioner PAIRS also delivered taster sessions to other services to support them to develop PAIRS’ profile and network: “Just for us to have an understanding that if we were talking to a parent or someone said to you, ‘what’s [PAIRS] Together Time?’ You’re not just sharing flyers... we can have an inkling as to what these sessions are, what the service provides” (Parent Champion).

They also worked with the Community Engagement Team to run a People in the Lead session: “PAIRS... did a whole three-hour session, twice, with families talking about reach and talking about accessibility... the language used around it, the website, the referral pathways” (Community Engagement Officer, LEAP).

Like Domestic Abuse Enhanced Caseworkers service, PAIRS practitioners used children’s centres to go directly to parents and carers, as well as the Community Connector: “PAIRS will go into the children’s centre where it’s going to be running, and will hang out at ‘stay-and-plays’ and try and meet parents and make sure that the staff at the centre are aware of what [PAIRS] Together Time is and thinking about which families might be well suited for it.... they would work with the Community Connector, and go along and meet parents at a coffee and chat session” (Public Health Officer - SED Strand Lead, LEAP).

Over time, the children’s centre managers observed “so much development” in PAIRS’ approach. They put

it down to co-locating: “They developed over time... and made it fit to the community they were working with... they just work in the space... which means we’ve built up a really good relationship with them. And then you just have those conversations in the corridor, which actually can have the biggest impact on ‘things” (Children’s Centre Manager).

Besty’s Inspirational Guidance

Besty’s Inspirational Guidance Community Interest Company (BiG CIC) was a local community organisation in Lambeth that took part in LEAP’s CoCreate community funding scheme. According to the director, they used the grant to create the Dream BiG Young Parents’ Hub: “Especially for young parents, sometimes they can be isolated, their friendship group changes because they may be the only parent in their friendship group and then they need to meet more people.”

Being part of CoCreate helped BiG CIC to access peer support through CoCreate’s Learning Network: “What LEAP did was put together and host regular network meetings with all the CoCreate [grantees], so then we became a family.”

It also helped them to access the wider resources and infrastructure available through LEAP. That included the Community Connector and Parent Champions, both of which helped them to reach more families and build relationships with other services: “They had their sort of links person... she had a lot of relationships with different people and she would connect you and whatnot... Then they’ve got their parent champions, which is where my sidekick came from, who now is even today, still part of the Dream BiG Young Parents’ Hub and still committed to try and engage and support as many young parents as we can in Lambeth.”

Stockwell Partnership

Stockwell Partnership was a local community organisation that housed one of LEAP’s four family engagement workers. LEAP helped Stockwell Partnership to further develop their holistic practice: “It is the three areas of connection that we do.. that’s

people to services, people to people, which is the parents or peer support groups, but then there’s also services to services... I think we’ve been able to do that through LEAP.” (Director, Stockwell Partnership).

First, the money, time and infrastructure LEAP provided enabled them to do more with and for families with very young children: “Establishing the parents forum, mapping community assets, talking to families, that brought much more knowledge in depth, because their needs are changing often. So we had this good, ongoing result” (Family Engagement Worker, Stockwell Partnership).

Second, it helped them to work more closely with other services to bring them closer to families, by helping services to pitch themselves in the ways and places most likely to appeal to their communities: “We tried to use our knowledge and expertise about the community settings and the families to meet those needs from both sides” (Family Engagement Worker, Stockwell Partnership).

Third, LEAP helped them to connect parents and carers to each other, with a particular focus on LEAP’s priority population: “One thing that’s kind of come out of this LEAP programme for us is we’ve set up lots of peer support groups... many of them are LEAP parents, so we’ve got a Black mamas group, we’ve got other coffee and chat groups... now we’ve got 13 different small groups... I think that parental support that they give each other is really important” (Director, Stockwell Partnership).

A changing landscape: 2015-2024

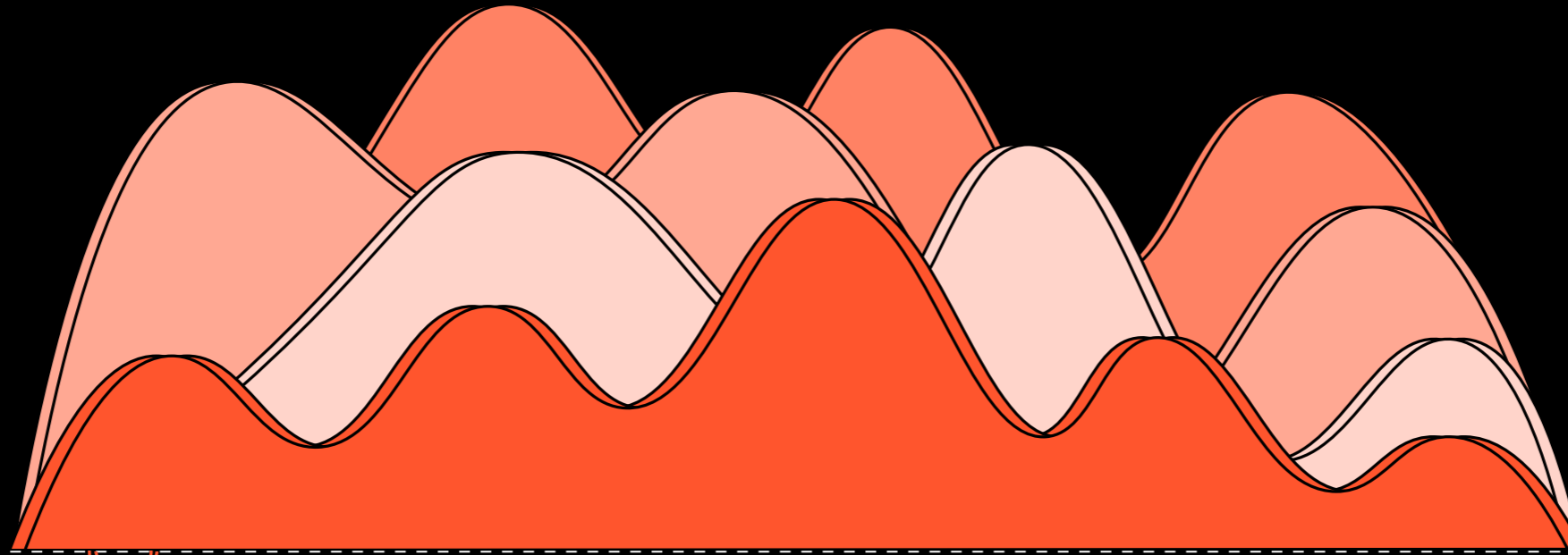
The local and national landscape that LEAP found in 2015 was markedly different from the one it left behind in 2024. This period was characterised by several long-term trends, including cuts to public services, a fall in living standards and rising needs. These trends were punctured and exacerbated by COVID-19.

Whether LEAP’s efforts to build connections contributed to the development of their holistic

A changing landscape: 2015-2024

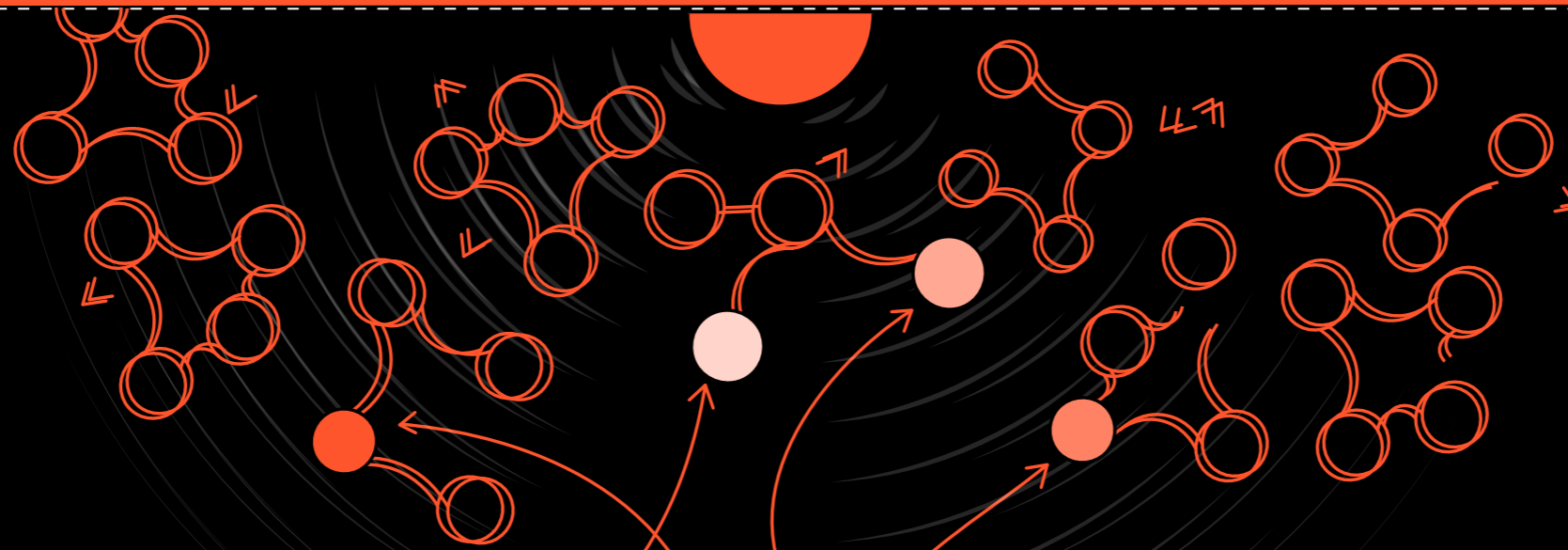
Landscape shifts

Rising needs and reduced resources created a negative feedback loop: large, complex caseloads fuelled staffing crises in local government and health – particularly health visiting and midwifery – further exacerbating staffing vacancies and increasing caseloads.



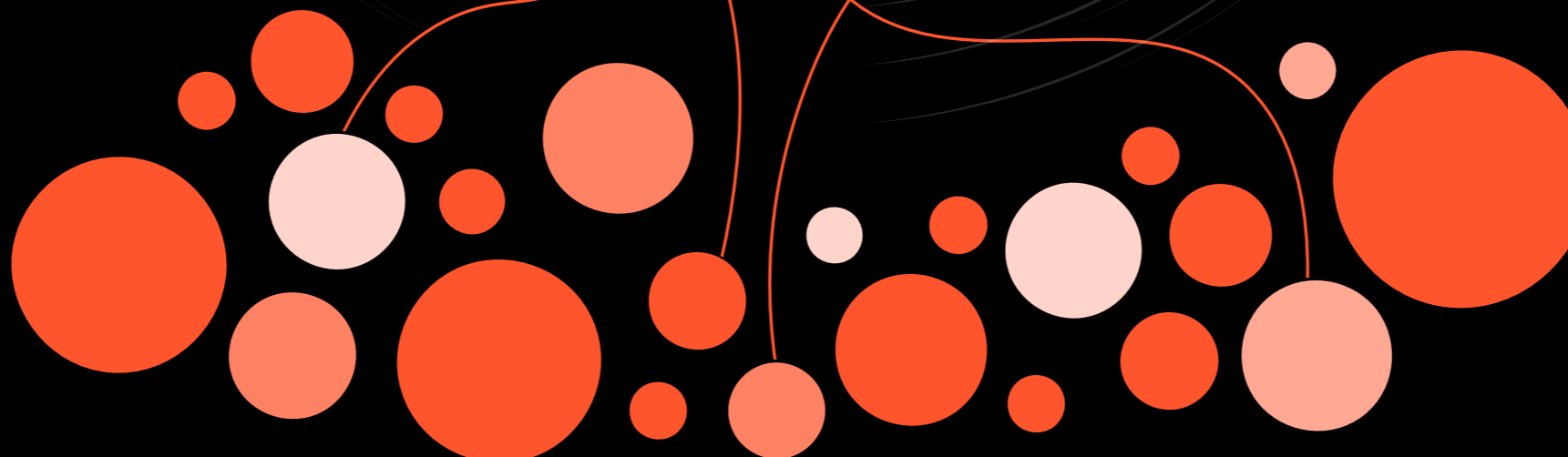
A destabilising effect

These pressures had a destabilising effect: the churn and stress severed connections and limited the breadth and depth of the holistic practice some were able to develop.



Windows of opportunity

However, the disruption, particularly following COVID-19, also created windows of opportunity. Relationships between children's centres and some community organisations and services strengthened as organisations sought new ways of filling the gaps in their knowledge of and connections to families.



practice depended on how this shifting landscape affected practitioners. Rising needs and reduced resources created a negative feedback loop: large, complex caseloads fuelled staffing crises, which increased caseloads. These pressures had a destabilising effect: the churn and stress severed connections and limited the breadth and depth of the holistic practice some were able to develop.

Yet amid the strain, the disruption created windows of opportunity. New ways of reaching families were developed, relationships formed and ideas accelerated that would not have been otherwise².

Life for families in 2024

Life for many young families is harder now than it was in 2015. Widespread and deep cuts to public spending since 2010 have contributed to poorer health and wellbeing for more socially disadvantaged families³. Their impact was exacerbated by the pandemic, which interacted with other domestic and external shocks to fuel a cost-of-living crisis. 27% of adults were unable to afford switching the heating on in 2022-23, compared to 5% in 2019-20. 28% were unable to afford balanced meals, up from 9%³⁸.

As with austerity, the cost-of-living crisis has been felt unequally. A combination of systemic oppression, financial insecurity and poor physical and mental health means that single parent families, Black people, social renters and low-income households have all been more severely affected³⁷.

In 2021, 70% of families in the LEAP area were from racially minoritised groups. 47% of them were living in social housing. 67% of children were living in very deprived neighbourhoods. For LEAP, the level and complexity of needs experienced by the families it served had changed.

Commissioning Lead, Early Years and Parenting, Lambeth Council: “Thinking

² This concept – a shifting landscape creating destabilisation but also windows of opportunity – builds on the work of Joss Colchester⁵⁰.

about that fundamental problem of inequalities for children... that’s become more and more pronounced as time has gone on. Certainly looking across the board, all my early years staff are saying, ‘Well, we might have used to deal with a family who are maybe really struggling in one area. Now, we are working with multiple challenges.’ That’s both linked to COVID and to cost of living as well.”

A destabilising effect

Local government

Amid this changing landscape, local government budgets have undergone a radical transformation. Rising needs have triggered a surge in demand for late-intervention, acute services: the number of children going into care increased by 25% between 2010 and 2022. The cost of these services has risen too, as more and more children are placed in high-cost residential care: spending on social care increased by 61% over the same period³⁹. In 2018, Lambeth Council received a “requires improvement” OFSTED [Office for Standards in Education, Children’s Services and Skills] rating that really tipped things right on their head. So there was rightly a real focus on making sure that that kind of acute end of the service was operating. Obviously, we all know what the implications are of having a failure there. So, a lot of attention went on that” (Director, LEAP).

As the attention of local governments was drawn to tackling urgent high-need cases, combined spending on early intervention services, including children’s centres, family support services and services for young people, fell by 46%³⁸. Lambeth was no different. As the Commissioning Lead for Early Years and Parenting in Lambeth Council observed, early years budgets had been cut “by around half since 2015”. These cuts meant Lambeth’s “workforce as a whole decreased so much”, which limited the ability of some parts of the Council to work with LEAP and develop their holistic practice. Training and development became difficult, given the “constant challenge of ‘ah, well, yes, if that person’s

doing that, they can’t be doing this.’ That’s been hard.” The strain on those left behind rose. This contributed to increased staff turnover, the gaps in which have often been filled by temporary staff. This in turn limited LEAP’s ability to build connections by interrupting relationships and undermining professional development, including in early years settings: “If you’re having staff every six months, every three months moving, you never have time to train them” (Co-Lead, CLD, LEAP).

As LEAP moved into its final few years, the scarcity and uncertainty in Lambeth was reinforced by the time-bound nature of LEAP’s funding to discourage connections with some partners.

Children’s Centre Manager: “I’ve been really kind of mindful about over the last like two years of it, like kind of going, I’m not going to do that because it’s going to be short lived.”

Health

Staffing crises have not been confined to local government. From 2015 to 2023, the national Public Health Grant that funds health visiting was cut by £1 billion. The health visiting workforce has been cut in half over the same period, falling from 11,192 to 6,441, leaving an estimated shortfall to meet demand of roughly 5,000 health visitors⁴⁰. These challenges were keenly felt in the LEAP area, which has been affected by an “unbelievable staffing crisis post-COVID”. The health visiting service at King’s went through “two or three reorganisations in the period that LEAP’s been there, and it’s been very, very difficult to get proper engagement from that service” (Midwifery and Research Fellow, King’s).

A rise in the share of pregnant women presenting in maternity wards with complex medical and social needs, alongside government directives to provide increasingly personalised care, has left midwifery facing similar challenges: staffing shortages stood at around 2,000 full-time midwives in 2022⁴¹. The impact on the pressures and workloads facing midwives has been considerable. As with local government, it has limited their ability to look beyond

the provision of acute care: “They’re very good at dealing with the here and now of the pregnancy and the acute setting... it’s very much an acute service” (Clinical and Care Professional Lead for Maternity, Evelina Children’s Hospital).

As well as impacting on the attention given to early intervention generally, it also left early years professionals with less capacity to consider infant mental health specifically.

PAIRS practitioner: “What can get overlooked within overstretched teams that don’t have reflective practice is the focus on the infant and the parent-infant relationship... I think PAIRS is only as strong as the ecosystem around it... there’s some examples where that’s going well, so for instance, [caseload] midwifery, children’s centres. But I think there’s other places where that hasn’t worked so well. And I would put in that category, health visiting, and also social care...the huge caseload of families that individual practitioners are working with... that has meant that there’s a limitation to the impact that PAIRS can have with the numbers and the types of babies that we’re working with.”

As with local government, staff turnover limited the relationship development necessary for holistic practice to develop.

Midwifery and Research Fellow, Kings: “Changing culture is very difficult because we have such churn... it’s really hard to do that when people just come and go. We’ve lost three directors of midwifery while LEAP’s been going on in King’s, and we’ve had a period without one for about a year and a half. So that just gives you an idea of how fast these things churn.”

Along with staff in children’s centres, early years settings and local governments, this left health partners with little capacity to navigate the

complexities imposed by LEAP's ward boundaries.

Public Health Specialist, LEAP: “By and large, taking the time, stopping in a 10-minute appointment with a patient to check a postcode – not going to happen. And that’s not my speculation, that’s based on the Health Team that we hired to act as advisors about how to navigate health visiting, midwifery and the GP worlds. And that postcode was a big barrier.”

Windows of opportunity

COVID-19 placed considerable strain on the LEAP partnership. Ties were cut and relationships weakened as swathes of local government and NHS employees were redeployed.

Public Health Specialist, LEAP: “Anybody employed by the NHS, they weren’t in their jobs. They were putting PPE [personal protective equipment] on people in COVID wards. They weren’t around. So there was absolutely no service delivery at all for some specific teams. The others were like, ‘Okay, quick, what can we do? We didn’t design this to be an online service so what can we do in this space?’”

The impact on connections and reach was substantial. LEAP observed “just a ski slope just in terms of reach. It just kind of fell off the edge of a cliff” (Director, LEAP). But the disruption created a window of opportunity for new connections to emerge. Relationships between children’s centres, Healthy Living Platform (HLP), which provided a volunteer-led community food service, and other small community organisations strengthened over this period, as practitioners and volunteers pulled together to limit the gaps in their collective knowledge of which families needed what.

Children’s Centre Manager: “I’ve worked in Lambeth for a very long time, but some

of these organisations I wasn’t even aware of. And I think what really kind of helped over that COVID time of lockdown, is being able to call on small organisations within the community... LEAP was a really major part in pulling together different organisations and us kind of all working together to try and map support for families to ensure that kind of nobody was left behind. You know, I, myself and my team linked up with HLP. And we got very much involved with food deliveries.”

As this relationship strengthened, others like the Enhanced Casework service began to rely on it. The networks they forged lasted beyond the pandemic.

Former Team Leader, LEAP Domestic Abuse Enhanced Casework Service: “Working within LEAP was hugely beneficial during [COVID-19]... because of the deep connections we had with community-based services and very local services who were still speaking to or seeing people... for example, the children’s centre and Healthy Living Platform providing food bank things and deliveries and stuff, we were able to joint work with them so well through that period. And since I would say it cemented our strong partnership work... We could speak to people, reach people in a different way that we wouldn’t have been able to at all because of LEAP really.”



Connecting parents and carers to support, choice and relationships

Summary

The trust Sana (the parent in Parent Story 1) developed with Beth (her midwife) and other practitioners played an important role in driving the positive changes she experienced.

Changes in Sana’s environment also played a role, including some that LEAP contributed to and others it did not. Practitioners supported by LEAP to develop their holistic practice helped to connect parents and carers like Sana to the support they needed and wanted, choice over their support, and relationships with other parents and carers. These connections reinforced the contribution of services and the trust they nurtured to parents’ and carers’ lives.

Yet the environments, experiences and capabilities of parents and carers are infinitely varied. That is why some parents and carers were better placed to respond to the invitations of these systems actors.

- LEAP connected two-thirds of parents and carers in the LEAP area to LEAP support. This depended on how accessible services were. By connecting parents and carers to support, LEAP provided opportunities for trust to develop with practitioners.
- Whether parents and carers engaged with support depended on how much choice they had over what they engaged with, when and how. This depended on how much power they had to negotiate these choices in a way that worked for them. There is

evidence to suggest many LEAP parents and carers were able to do so: two-thirds of parents and carers attended the target number of sessions for services in which targets were set. By connecting parents and carers to choice, LEAP equipped them with the sense of control necessary for trust with practitioners to grow.

- Some parents and carers were able to build relationships beyond those with practitioners, including with other staff in children’s centres, parent volunteers and other parents and carers. This depended on whether they could identify with other people in these groups. These relationships reinforced the contribution of trusting relationships with practitioners to parents’ and carers’ lives. They also helped to support parents’ and carers’ wellbeing directly by improving self-esteem, while learning from peers supported their knowledge and skills.

Connecting parents and carers to support

Reach

LEAP aimed to reach 10,000 children in the LEAP area, including every one of the roughly 1,000 children they thought would be born in that area each year from 2015 to 2025.

2 in 3

Parents and carers in the LEAP area connected to LEAP support

Since then, this target has shifted. As of March 2023, a falling birth rate meant that 29% fewer babies were born than LEAP had initially projected⁴². At the same time, LEAP arrived at “steady state”, with a fully established service portfolio, in 2019. Despite this being in line with expectations for a large complex programme like LEAP⁴³, it took longer than anticipated, which further reduced LEAP’s reach below the initial target. This was exacerbated by the fact that the declining birth rate accelerated over the LEAP period, and was its lowest from 2021 onwards, once LEAP’s service portfolio had settled.

Nonetheless, LEAP was able to serve 4,451 children in the LEAP area, representing roughly two-thirds of all children under five living there from 2015²⁶. 79% of those children were from LEAP’s priority population. This proportion is similar to the percentage of all children who did not engage with LEAP, but who shared the characteristics of LEAP’s priority population (77%). Families from LEAP’s priority population were nearly three times more likely to engage with multiple LEAP services than families who were not. This is partially consistent with proportionate universalism: while LEAP was unable to reach a disproportionately high number of families in its priority population – those most likely to have higher levels of need – it was able to offer more intensive support to those it did reach, in its effort to tackle inequality.

Moreover, LEAP reached 14,028 children in total, factoring in children from outside the LEAP area. This is a consequence of place-based programming: families’ lives transcend ward boundaries. LEAP also relaxed ward-related restrictions on families when the pandemic struck, to reduce barriers to accessing support. The way children from outside the LEAP area interacted with LEAP was also consistent with proportionate universalism: they were from less deprived areas and engaged in fewer services.

Whether parents and carers could connect with support depended in part upon whether they could find it and engage with it in a way that worked for them.

Finding support

When parents and carers begin their parenting journey, their networks change. This includes greater interaction with midwives, health visitors and GPs, as well as other practitioners and community workers. By nurturing the holistic practice of people in the networks, LEAP supported parents and carers to discover the right help when they needed it. Sometimes, this involved explicit referrals. Other times, primary care professionals signposted parents and carers to relevant support.

Parent or carer: “I talk to parents who live in other boroughs. And there’s nothing... their child’s experience is so, so diminished by comparison... parents I know feeling really isolated... They don’t know where to go. And I’m like, ‘God, I know exactly where to go.’”

Parent or carer: “I took him to the weighing clinic. The health visitor said ‘Do you know anything about the children’s centre? Do you go out? How’re you coping with the baby?’ I said no I’m not going out, only hospital, home, hospital, home... So she said, ‘No, it’s no good for you. Did you hear of something called LEAP?’”

Some parents and carers relied on existing relationships to identify the right help. Others sought new connections. The evidence presented here and in LEAP’s latest Annual Learning Review²⁷ suggests the Community Engagement Team played an important role in this latter scenario. Looking at families’ first engagement with the LEAP programme, 13.3% of families first engaged with a Community Engagement event or activity, with the remainder engaging through direct recruitment, referrals or signposting. After entering LEAP via the Community Engagement pathway, 23.1% of families accessed a LEAP service²⁶.

Interviews with parents, carers, practitioners and wider stakeholders suggest that the Community Engagement Team’s efforts to build connections created a greater number of people equipped with the relevant knowledge to steer parents and carers to support. They focused particularly on nurturing the individuals,

groups and places that were already in or more likely to enter the networks and environments of LEAP’s priority population.

Parent or carer: “We went to the library just to see what it was about... Marta [the Family Engagement Worker from Stockwell Partnership] was the key person there, talking... ‘Oh, we’re having this at the children’s centre,’ and from there I just started going into sessions and seeing Marta everywhere. I’m like, this lady’s a go-to, you can speak to her. She just knew my daughter by name and it was just like a family... it snowballed from there really.”

Accessibility

Some parents and carers were able to access LEAP support through a primary care professional. However, due to the destabilising effect on primary care of the shifting landscape since 2015, the holistic practice capabilities of many primary care professionals were limited.

Parent or carer: “I am still annoyed actually at the paediatrician down to the Health Visitor because they could have just checked in and saved me the stress I had... I could say breastfeeding as a whole was more traumatic than even the childbirth.”

Some services were less accessible to isolated parents and carers with smaller networks. This included refugees, recent immigrants, and those whose networks had depleted due to unaffordable housing and population change in Lambeth, which is a particularly transient borough⁴². Some were equipped with the confidence and tools to find their way, regardless. But for isolated parents and carers that lacked the resources to navigate statutory services, this lack of cultural capital and their isolation compounded one another, often reinforced by language barriers.

Parent or carer: “I was supposed to move my GP, my hospital and everything when

I moved [but I didn’t]. So I keep going to antenatal in Barking [in East London]... The distance was just too much. Nobody told me I’m supposed to move everything. I was very ignorant about that... that was one of my mistakes. Not knowing where to go, what to do... I just had the mentality I brought back from home... not knowing that here everything’s free.”

This limited accessibility was particularly prevalent for parents and carers of children with complex needs alongside their isolation and lack of cultural capital, including SEND.

Director, East African Association: “Our programme is accessed 80% by single parents who have multi-children age groups... if one parent has to bring a three year old to her early years session she may have got two others that she has to pick up from school, etc. It makes it even more challenging to those who have disabled autistic children... these parents... are isolated, struggling with these difficulties, but also further away from mainstream society, in terms of opportunities that exist. So there are strong challenges ahead for us to overcome.”

Connecting parents and carers to choice

Engagement

Nine of LEAP’s services set a minimum number of sessions that families had to attend for the service to have a chance of making a difference. Most parents and carers – two-thirds – attended the target number of sessions required for these services²⁶.

LEAP supported engagement by developing the holistic practice of those supporting parents and carers. This gave families more control over their choices and increased their trust in practitioners,

thereby encouraging them to attend and helping to build on the contribution of services to improvements in their lives.

Choice

The initial needs assessment, the considered approach to service design and the structures for parent participation helped to give parents choice over what they engaged with, when and how. This helped to embed a flexible, timely, people-centred and culturally competent approach to delivery across LEAP's services.

Parent or carer: “So I just got into the UK in November, from Nigeria... I wanted to go back home... the hospital, they recommended me to HLP... And then I met the lady. She was from Nigeria... she told me what to get, African foods, healthy foods, how to make them, how to buy portions... It was really fun meeting somebody also from Nigeria, and eating the food I was craving, that really helped.”

Practitioners applied their holistic practice to support parents and carers on other issues in their lives, too.

Parent or carer: “The advice [my LEAP midwife] gave me, she listened to me a lot... she helped me to get a social worker. And she helped us get somewhere to stay.”

Children's centres largely offered a welcoming, accessible environment for families, encouraging their participation, enhanced by LEAP's investment.

Parent or carer: “I regularly go to Loughborough children's centre because... they're my family now... who I know I feel safe with. They know my story.”

22.5% of families accessed multiple LEAP services, excluding community engagement activities²⁶. The focus on children's centres as a hub for practitioners reduced barriers to multiple service engagement for parents and carers, too.

Parent or carer: “And then from there, I found out about LEAP sessions, because I had hip pain – baby yoga. [PAIRS] Together Time, that was so amazing, because I could come and share my experience. I feel they have been my family. And I still have a contact with [a Parent Champion]. I can email and ask, ‘what can I do, what's going on?’”

Power to negotiate choice

Whether parents and carers could capitalise on the choices available to them through LEAP depended on how much power they had to negotiate these choices in a way that worked for them. For parents and carers who felt alienated by mainstream society and statutory services, accessing decision-making power was complex. Experiences of systemic racism within state institutions discouraged some racially minoritised parents and carers from engaging. Had they had more power to shape their support, many would not have chosen mainstream or statutory services, regardless of the choices available to them within these services.

PAIRS practitioner: “I work a lot with Black British parents and expectant parents who often might say to me, they don't feel their voices being heard, or they may have had difficult experiences with healthcare professionals.”

Some immigrant communities shared these experiences. Their alienation was often compounded by practical barriers, including language.

Director, East African Association: “There is zero trust in the community, because of failed previous initiatives... language, religion, everything being against many members of our communities, especially single parent women with young children.”

The limited development of holistic practice among some elements within local government and health made things worse for these families. It reduced the amount of choice these services shared with them.

Consultant Child & Adolescent Psychotherapist, South London and Maudsley (SLaM) NHS Foundation: “Lambeth is a place with... so many people for whom English is their second language, which means that so many things that they come to, they're at a disadvantage with... I'm not sure that we, and I very much include myself in that, are really trying to take what we can learn for it to be more two-way... we've all really struggled to do real capacity building.”

These experiences often interacted with deprivation to reinforce parents' and carers' inability to negotiate with services in a way that worked for them. Poor housing was mentioned as a barrier to negotiation by parents and carers, practitioners and policy stakeholders.

Community Activities Facilitator, LEAP: “If you're living in a hotel room that's dirty, there's four of you in there, you've not got cooking facilities... you're not going to want to get up and meet someone that's going to bark at you about children's services.”

Parents and carers adapted to this position in different ways. Some accessed alternative community-based or faith-based means of support, which contributed to improvements in their health, wellbeing, knowledge, behaviour and skills independently of LEAP.

Practitioner, Breastfeeding Peer Support: “[Some racially minoritised groups] tend to trust their own community more. So they will go to their mothers, their aunties, to ask for breastfeeding support.”

Others didn't access any support. Their alienation and a lack of alternatives generated an insurmountable sense of stigma around welfare, mental health, or poverty.

Parent Champion: “As a Jamaican, as an immigrant, you can feel quite isolated... I

know how hard it can be, especially when families come in and they have English as a second language, that feeling of, ‘should I go in? I have immigration issues, should I go to a children's centre? If I put my name down, will it mean social services?’... and over the years I've grown to understand when you really think of having housing issues compared to going in and doing a song time with your child, it's at the bottom of your list of priorities.”

This led some to argue that LEAP should have given parents and carers even greater choice over how they engaged in support. While parents and carers played an important role during the development of the bid, the foundations of LEAP were decided for them, including its focus on the three developmental outcomes of CLD, SED and D&N and the predominant focus on services as the means to deliver that support. This differed from the approach taken through Sure Start.

Midwifery and Research Fellow, Kings: “When the children's centres were here, they were given their own budgets and they were asked to draw their chairs from service users. And so the local community genuinely had a say in how this money was spent... Sure Start gave some power to service users that they didn't have before and haven't had since. Even with LEAP, to be honest. I know LEAP has done a lot of really amazing engagement work, but the funding strings were held very centrally still. I think that affects the kind of things that get funded, to be honest.”

While Parent Representatives had a position on the partnership board, their decision-making power was limited.

Community Engagement Officer, LEAP: “Parent Reps, bringing the voice of parents, have been an important part of the partnership board and their input

was a highlight and a valued part of the meetings. But although their role at the board increased in recent years, there were limited opportunities in their power to shape decision-making at a high level.”

Connecting parents and carers to relationships

LEAP provided regular opportunities for building relationships with other staff in the children’s centres, parent volunteers and other parents and carers. Parents’ and carers’ closest relationships were often with others in their groups – many of LEAP’s services were group-based for this reason.

Parent or carer: “I was then taken in by St. Michael’s... they were very supportive. They had us in cooking groups... So then I formed relationships with parents within those groups, which I have to this day.”

These relationships reinforced parents’ and carers’ connections to further support. For many of the parents and carers we interviewed, the advice of other parents and carers was the biggest contributor to their knowledge and skills.

Parent or carer: “I had a good experience with LEAP. And I say sometimes they have helped me open my eyes and give me my life back... I start to go into class, meet other parents, I feel comfortable just to text someone to say ‘what can I do that position?’... They will tell me ‘you can go there or you can speak with her’... I feel like it’s so much easier accessing things than otherwise.”

These relationships also reinforced parents’ and carers’ mental health and wellbeing, particularly for those that went on to be parent volunteers, a role which helped them to develop a sense of purpose and self-worth.

Parent Champion: “I was then helping other parents...I got quite a kick out of that, because it was me helping loads of other people... it was nice, because I also got to meet new people, made some friends – still talk to them.”

Identifying with others

The same factors that shaped parents’ and carers’ ability to manage their interaction with support also influenced their ability to develop relationships within that support. Racially minoritised groups, immigrant communities, those experiencing deprivation – particularly poor housing – and those with children with additional needs often faced severe obstacles.

Parent or carer: “I was so scared. I was struggling with the language. I was like, the same clothes like two or three days. Because I didn’t wash so much. I was like, the money I had was so so... I was like, ‘oh, I’m going to meet other parents, they have everything they need in their house, when I don’t have anything.’”

For some, their isolation drove them to engage heavily in LEAP support due to the lack of alternatives.

Parent or carer: “I also did Baby Steps... the friends I made there are the only friends I have in the UK. I don’t have any other friends. Yeah, because they were all pregnant at same time. We all had our babies the same within like two weeks of each other... on the WhatsApp group, everybody says “oh, what’s your baby doing right now?” “Yeah, and then go off to coffee once in a while so those are like the only friends I’ve had.”

But again, others responded by relying on pre-existing connections or building new, alternative networks of support. Sometimes these were based on a desire to find specialist support, including for children with SEND. Other times, parents and carers sought more culturally meaningful support, including from faith-based networks



Parent or carer: “We attend church, where I meet a lot of people from South America. It’s a really good thing for us to socialise with other people. So you get the chance to talk more in your own language.”

LEAP put considerable effort into reaching racially minoritised groups, immigrant communities and those in poverty. The Community Engagement Team worked closely with community organisations, with whom these groups had more trusting, long-standing relationships, to co-host events. Yet these tended to only invite engagement when attendance was limited to others from these groups, due to the wider structural factors that left these groups alienated from mainstream sources of support. Some felt this limited their contribution, by cutting them off from the wider support infrastructure.

Community Engagement Officer, LEAP: “The way that we’re able to get dads is by having a dads-only space, but even the organisation that specialises in that, that’s not what they want. Their vision is for dads to be represented and to be catered for across the entire early years’ ecosystem... the same with the East African community or LGBTQI+... that’s not actually where everybody wants to be, but it’s the easiest way to start.”

The wider system

Influencing

Summary

LEAP's focus on strengthening connections helped them to build the partnerships necessary for influencing the wider system.

Yet it wasn't until the halfway mark that LEAP had much learning to share. From 2020, LEAP was better able to capitalise on the potential within these partnerships and in LEAP's principles-led strategy and commitment to leading in partnership. The Public Health Team, the Community Engagement Team and the Evaluation and Research Team all engaged in gathering evidence, distilling insights and sharing learning, all in pursuit of influencing wider stakeholders.

How did LEAP try to influence the wider system?

LEAP wanted to make an impact beyond service provision. That included changing Lambeth in ways that would support families beyond LEAP's lifetime and influencing others in the wider system, including decision-makers in local and national government and health. LEAP's efforts to influence the wider system were built on one principle. This sits alongside the previous five related to the foundations LEAP was trying to build in children's environments, through building services and connections. This principle articulates how LEAP tried to build the foundations of its influencing approach by building partnerships, generating insights and sharing learning, all to promote a life course approach to social change.

- Principle 6 - Champion a life course approach in the wider system LEAP advocated for the importance of the early years and early intervention in tackling inequalities. LEAP also

advocated for the role of large, place-based programmes, needs-led, relational, integrated commissioning, and strong connections in families' networks, in driving change in the early years. It aimed to do that by building partnerships, generating insights and sharing learning – three essential ingredients for influencing policy and practice^{44,45}.

Did LEAP influence the wider system in line with its principles?

Building partnerships

In their first few years, LEAP's focus was on building the partnerships needed to accelerate implementation and complete building works. These played an important and foundational influencing role. Within these partnerships, LEAP championed the protective value of children's centres and "really put the spotlight on" infant mental health, by implementing Lambeth's first parent-infant relationship service (Director, LEAP).

LEAP was supported by allies in the Council, many of whom were part of the group of senior leaders established during the bid phase. This helped to underline the value of these assets "at a time where locally and politically and in the wider system, lots of questions were being asked about children's centres and their value for money and their reach... we've been holding partners to account for their progress and the way they think" (Director, LEAP).

But while LEAP was helping to win the argument locally on why the early years were important, it was limited in what it could say about how to support them. Once its portfolio settled and its Core Team grew, learning began to emerge.

Generating insights

In line with LEAP's principles-led strategy and their commitment to leading in partnership, each of the Public Health Team, the Community Engagement Team and the Evaluation Team in the LEAP Core Team generated and shared learning. Before the



data infrastructure became established, most of the insights related to services were focused on which elements were more or less feasible or helpful, as well as data-led insights regarding service performance and reach. In parallel, the Community Engagement Team “really stepped up a gear, especially through COVID and all their learning, especially for the local authority. That is one of the biggest impact areas” (Programme Manager, LEAP).

From 2021, attention shifted towards evidencing impact. This was enabled through the newly developed data integration platform and shared measurement framework, which extended the number and complexity of questions LEAP could answer, and the confidence with which they could answer them. Comprehensive primary research was carried out using this infrastructure, including LEAP’s two Annual Learning Reviews (ALRs)^{25,26}, the Community Engagement Team’s report on ‘Community engagement in a diverse inner-city area’⁴⁶. The Evaluation and Research team and the Community Engagement Team helped the Leadership Team to extract insights from these documents to support influencing efforts with partners.

This work was reinforced by the primary research carried out and published by the Public Health Team on service-level performance and impact, including Caseload Midwifery⁴⁷ as well other innovations. These included GP Connect, a service improvement project orchestrated by the Health Team that focused on early identification of at-risk children by monitoring their immunisation status⁴⁸. Health visitors and GP practice staff used a bespoke template to guide discussions and create action plans during interdisciplinary meetings.

Careful consideration was given to the research questions LEAP chose to prioritise. At times, this meant focusing evaluation resource on services with a weaker evidence base, which needed more support to build their profile and strengthen their case for recommissioning, either in Lambeth or elsewhere. LEAP also worked with partners – including those they wanted to influence, or those with influence –

to prioritise research questions and draw from their expertise.

Senior Researcher, LEAP: “For example, for the PAIRS evaluation, some of the very final decisions were informed by speaking to the director of the Parent Infant Foundation... he had these specific evidence gaps he was aware of and that directly fed into our approach.”

Some areas of the portfolio were harder to generate evidence on. Some of LEAP’s SED services had “either been quite well-established licensed programmes... or they’re more innovative services... doing quite specialist work with smaller numbers of families, and often with measures that are the best available but not ideal or very clear” (Public Health Officer – SED Strand Lead, LEAP).

Sharing learning

Responsibility for sharing learning was distributed.

Programme Manager, LEAP: “I think really to get on well with LEAP as a practitioner, you needed a bit of a research lens... it wasn’t just delivering. You’d have the chair of the England Board come in or the trustees want to have a look on the site... they were much bigger asks than you’d normally get.”

From LEAP’s halfway point onwards, webinars were delivered, conferences spoken at, reports published and visitors hosted with increasing regularity. LEAP’s reach was reinforced by the platform provided by ABS and NCB, without which “LEAP probably wouldn’t have as much influence as it has nationally... ABS is very well known in this sphere” (Community Engagement Officer, LEAP).

Changes in the wider system

Summary

LEAP aimed to influence the wider system and create sustainable change in Lambeth by building partnerships, generating insights and sharing learning.

Whether it did so depended on many of the same landscape shifts that shaped whether practitioners developed their holistic practice – that is, whether they worked with others to deliver family-centred support. The emerging consensus on the importance of parent and community participation created fertile ground for some of LEAP’s influencing efforts. However, public sector cuts and rising needs limited the scope of LEAP’s audience to put some of their learning into practice.

A shifting landscape

The shifts in the landscape that took place from 2015 formed the backdrop for LEAP’s influencing efforts. These included public sector cuts, COVID-19, the cost-of-living crisis and spiralling needs, all of which are detailed in greater depth in the ‘Connections’ chapter above. But there were other trends, too. Since 2015, the importance of a child’s first 1,001 days has grown in prominence among local and national decision-makers. Similarly, a consensus has emerged that meaningful community and family participation constitutes both a moral imperative and an effective route to impact.

People in the Lead Manager, LEAP: “There wasn’t actually much around co-production or anyone really who’d done some really good well-grounded work. Now, it’s a completely different thing. And actually, people recognise it’s not just co-production and

they’re talking about lived experience now.”

In 2020, COVID-19 and the international rise of the Black Lives Matter movement sparked a greater focus on inequalities as a priority issue for decision-makers.

GP in Lambeth: “In 2015, I was the inequalities lead and it was very hard to push the idea with my CCG [Clinical Commissioning Group] colleagues or council colleagues that inequality was important to address. But once lockdown and George Floyd happened, and suddenly everyone’s talking about it... from about 2020 you definitely hear much more about inequalities.”

Reinforcing effects

LEAP responded by positioning itself as valuable sources of expertise on these areas. That expertise was a product of the time, money and freedom it was afforded to experiment. LEAP’s position as experts was established through a mutually reinforcing process of developing relationships, generating insights and sharing learning, the responsibility for which was shared through LEAP’s principles-led strategy and commitment to leading in partnership.

Public Health Specialist, LEAP: “Some of those relationships we either inherited or we grew or they evolved out of, ‘Oh, I know this person and you should know them too.’ I think we’ve nurtured all of that over the years and some of these invitations to present have fallen out of that.... We’ve been approached twice within the last month or so to create national tools, whether it’s a framework or whether it’s a manual... that has probably evolved out of years of being able to call on LEAP and to do these other speaking engagements.”

National influence

LEAP's influencing position was most impactful where its partnerships were strong, the appetite from partners and wider stakeholders for LEAP's insights was high, and partners had power over decision-making. At a national level, these conditions were established through LEAP's relationship with NCB and ABS more generally. They helped secure influence with early years policymakers, including Andrea Leadsom, who chaired the Early Years Healthy Development Review. LEAP and ABS were important influences on the subsequent £301.75 million Family Hubs and Start for Life programme funding package.

CEO, NCB: “One of the reasons that we really wanted this place-based delivery programme at the National Children's Bureau was so that we could have some real-life examples that we could take back into the privileged position that we have in speaking to national decision makers. And LEAP has fulfilled that so many times over. So, very early on in LEAP's programme, we had visits from ministers and government officials... they were seeing firsthand the work that was being done there. Andrea Leadsom visited the programme at least twice... I know we played a really strong role in influencing Start for Life.”

Local influence

Locally, LEAP's relationship with the Council – built on strong partnerships, alignment and the Council's local decision-making power – was a key pathway through which LEAP's legacy in Lambeth will be felt, in a range of ways.

Strategy

- LEAP worked with councillors to share their learning on early intervention and parent and community participation, to “make sure that those issues were added into the 2030 way of service delivery. So, that was absolutely key to enabling system change” (Councillor, Lambeth)

- The same was true of Lambeth's Violence Against Women and Girls (VAWG) strategy: “LEAP's learnings are in there... It's about flexibility, providing in-depth support around a range of needs to survivors and being trauma informed” (Former Team Leader, LEAP Domestic Abuse Enhanced Casework Service).

Services

- Funding through the Family Hubs and Start for Life programme has helped the council to recommission most of LEAP's parenting programmes and some of its CLD and D&N services as LEAP draws to a close. LEAP's Parent Champion programme merged with Lambeth Council's parent volunteering programme, with many of LEAP's Parent Champions joining the latter.

Skills

- Hundreds of early years practitioners in Lambeth were trained in the Family Partnership Model, a family-centred, evidence-based approach to one-to-one work with families: “The family partnership model has made a huge impact... that helped to kind of tailor the casework to work in more in partnership with the families... that was a structure that we were definitely missing beforehand. Because everybody kind of had their own way of how they were doing it. But that brought all children centres across Lambeth together to really define that work and it's still very strong within the children centres now” (Children's Centre Manager).

Assets

- Improvements were completed on 11 children's centres, one o'clock clubs and early years hubs in the LEAP area. Due to the conditions of TNLCF's contribution, these can only be used for early years services for the next decade. LEAP worked closely with Lambeth to secure their future, with both making an important contribution: “The priority, as much as you could prioritise within Lambeth, was to recognise the importance of [children's centres], and to try and preserve them as much as possible. Alongside that came the LEAP programme, which also I think helped” (Councillor, Lambeth).

LEAP's influence at a local level was also channelled through CoCreate, LEAP's small community awards project. The partnerships grantees developed through CoCreate's quarterly networking events became self-sustaining; First Five Lambeth is a consortium of 11 community organisations committed to continuing and strengthening the working relationships they developed through CoCreate to support children and families. Along with the Parent Champions programme, these two structures offer fixed, ongoing and accessible ways for services to reach out to and hear from parents.

These are the clearest indications of LEAP's influence in the wider system. Others exist. LEAP's work on community engagement has informed the approaches taken by national organisations, including Nesta and Save the Children. The Maternity Disadvantage Assessment Tool (MaTDaT) developed by LEAP's Health Team has been launched nationally by the Royal College of Midwifery. MaTDaT helps midwives to identify social risk factors to support engagement with other agencies and offer more tailored support to pregnant people. Through building partnerships, generating insights and sharing learning, LEAP accumulated influence.

Public Health Specialist, LEAP: “Colleagues in Northern Ireland reached out to me... they were obviously aware of the MaTDaT tool... so we'll be going and we'll be delivering a presentation about the process, how we developed it, why social complexity is important in pregnancy... and I've done similar kind of conversations like, ‘How did you develop the MaTDaT?’ with other people that have heard me talk about it. They've approached me at the end and said, ‘Can you tell me more?’ So there's been many, many of those. I couldn't count them.”

Limiting effects

Cuts to local and national government and health budgets amid rising needs limited LEAP's influence. In some cases, funding through the Family Hubs and

Start for Life programme and strong partnerships with well-aligned partners – particularly parts of the council – was sufficient to secure the medium- to long-term future of LEAP's portfolio, including several of LEAP's parenting programmes. But in a minority of cases, this was not enough. Community Activity and Nutrition (CAN) was not recommissioned, while other services were only partially recommissioned, including LEAP's Caseload Midwifery service – health partners lacked the financial resource necessary to keep them going.

Clinical and Care Professional Lead for Maternity, Midwife and Breastfeeding Coordinator, Evelina Children's Hospital: “LEAP Caseload Midwifery have had an impact in that area. And where it hasn't changed is the learning from that wider within the rest of Lambeth. And there's lots of reasons why that's so, but it hasn't happened. It's like money arrives in the system and you can provide a really amazing gold standard service, but as soon as the money goes, so does the service... when we think of systems thinking and the people involved, it's detrimental really.”

One wider policy and practice stakeholder suggested that this discrepancy between LEAP's resources and those of the rest of the system may have had wider implications. All wider policy and practice stakeholders were asked during interviews whether they had observed any unintended effects of LEAP. One interviewee tentatively identified one possible negative effect. They felt that the transfer of some of the local authority's responsibility for the early years to a programme that sat outside the Council but which was finite may have affected the resilience of the Council's early years infrastructure.

However, it is important to recognise the strength of evidence behind the alternative view. The findings shared above suggest that LEAP also contributed to strengthening the early years infrastructure in Lambeth by contributing to the strategy, services, skills and assets of the Council and the Borough more generally.

Improved outcomes for children

Summary

There are tentative signs that, overall LEAP made a positive contribution to child development. This was driven by improvements in parents' and carers' lives, strengthened connections in parents' and carers' networks and LEAP's influence in the wider system. These helped to create responsive relationships around children, develop children's core capabilities and reduce stressful environments around children.

Parent story: Natalie

Natalie's pregnancy was difficult: "I was in an abusive relationship... I managed to end it... I went into counselling to try and sort my head out... I was all over the place."

Challenges with her mental health continued after her daughter was born. She struggled to find help through her GP: "I remember calling up saying 'I think I've got postnatal depression' and the receptionist said... 'we can't do appointments over the phone'... I was having those thoughts about like, what do I do with my daughter? I want to throw her out the window. I didn't. But you know, just those awful things that come into your head."

She was also having problems with breastfeeding. The hospital referred to her to a specialist, who introduced her to the children's centre: "I started off on this side... the negative side. And then we found Chattertime and all of that. And suddenly, like, everything got a bit better."

Natalie wondered how her daughter had experienced it all. She tried to describe her daughter's journey through her daughter's voice. "Mummy was a bit overwhelmed... it wasn't great to start with. And she wasn't dealing with things very well... come on, mummy, give me attention! ... And then we discovered Chattertime. This is quite fun. I get to play games with people and what I get to learn is exciting."

"We're going to lots of children's centres. We've met [LEAP practitioner] and she is my best friend... It was a bit cold because of everything being so expensive and we didn't have the heating on. So going to those meant we were nice and cosy."

"Mummy's meeting other mums and I get to see other children. And then we start going to dance and mini athletics... This is fun... Mummy seems to not be so stressed with me."



Outcomes for children

There is tentative evidence to suggest that children who engaged in LEAP shared the benefits that Natalie's daughter enjoyed.

- Children whose families engaged with relevant LEAP services were 40% more likely to have reached expected levels of overall development at age two and a half, compared with children who had not.
- They were 70% more likely to reach expected levels of communication and language development and 50% more likely for personal, social and emotional development.

These changes were statistically significant (i.e. it is unlikely the differences occurred by chance). This is controlling for ethnicity, gender, deprivation, and level of need, which gives us greater confidence that LEAP's contribution was an important factor in the differences observed.

But this should be treated with caution. There may be differences between the two groups that have not been accounted for. For example, many LEAP families may have started with a higher level of need than non-LEAP families in ways we could not account for in the analysis - there is reason to believe this is the case²⁶.

LEAP found no significant differences in developmental outcomes for children at the end of reception between families who engaged with LEAP services and those who did not. The unaccounted level of need could also partly explain this finding, which is an outlier when triangulated with other research on the programme^{26, 33, 47, 48}. A child who reached the end of reception may not have shown significant differences in their outcomes compared to those who did not engage with LEAP, but they may have improved more upon their initial baseline level.

We must also consider the gap between LEAP provision, which ended before a child turned four, and the outcomes measured at the end of reception.

It may be that the shifting landscape curtailed how long children felt the benefits of LEAP after their support ended. Furthermore, higher levels of need at the family level may have persisted beyond LEAP provision, which could have had a limiting effect on the contribution of LEAP by the end of reception. Further information on the methods, findings and implications of this analysis can be found in the report on outcomes for children that accompany this report³⁴.

Nonetheless, there are tentative but positive signs of LEAP's contribution to children at 2.5 years old, which, according to the evidence presented here, was driven by direct improvements in parents' lives, connections in parents' environments and LEAP's influencing of the wider system. This supported child development by:

- Nurturing and embedding responsive relationships between parents and children.
- Building on these relationships to provide consistent opportunities for developing core capabilities.
- Reducing stressful environments by limiting the impact and length of negative developmental experiences.

While Natalie's daughter was not alone, her experience was unique. Some children experienced more shocks to their environments, which obstructed their development, while others were more exposed to longer, more intense episodes of disruption. These inequalities contributed to differences in their developmental trajectories.

Responsive relationships

LEAP's contribution to improvements in parent and carer mental health and wellbeing helped to create the conditions for responsive relationships to develop.

Parent or carer: "I'm the pillar of the home. If I'm happy, it all goes down to my kids. If I'm happy, I'm healthy. I'm eating well. I'm exercising, I'm talking to people, then it makes sense that my whole household is better... Because I'm not shouting at them."

Better understanding their own emotions enabled parents and carers to pay more attention to their children's.

Parent or carer: "[Circle of Security Parenting] helped me understand how I can deal with things in a positive way instead of getting angry... they get you to understand certain things from your child's perspective... that has helped me the biggest because I understand her more, and I'm more calm in situations where she's like throwing a tantrum."

LEAP's contribution to improvements in parents' and carers' knowledge, skills and behaviour also contributed to responsive relationships, by helping parents respond to their babies' needs. The contribution was greater when parents and carers' were supported to develop their skills on an ongoing basis as their baby's needs changed.

Parent or carer: "PAIRS was really good. I learned how to play with him and engage with him. For me, that was my big thing... I was really scared about how I was going to connect to him. PAIRS really helped me to connect and really engage more. I loved it."

Core capabilities

These consistently responsive relationships set the conditions for the development of core capabilities, including CLD and SED. But these relationships did not function in isolation. Rather, parents and carers acted as gatekeepers, shepherding their children to different opportunities, particularly in children's centres. The more gates they opened, the greater LEAP's contribution.

Some LEAP services supported children to communicate. Others supported their physical development.

Parent or carer: "I thought, maybe seven months, she should be crawling but no, she was just sitting and something had to be done. A friend said go to a children's centre... the children's centre actually helped because she needed to reach a toy, you know... it was really good."

Other sources of support exposed children to different social situations with other babies and toddlers, helping them to make friends and build confidence.

Parent or carer: "When I say to him... 'we're going to an activity, we're gonna meet friends,' he starts saying, 'Oh, I want to see Lucy. I want to see Jason.' They're still friends. When I celebrate his birthday, I invite them or when it's their birthday they invite us so it's so good."

The range of parent-centred options available through LEAP supported children to sustain their development, by helping parents and carers to help their children engage in progressively more complex activities as they grew older.

Parent or carer: "At the beginning, you're told at the hospital, all they need is cuddles, nappy changes and food. So it gets to a

certain time and you go hang on a minute, it's no longer just cuddles, nappy changes and food... Like, oh my God, what do you do now?... And you know, we will go to the park every day... it might just be going for a walk and kind of pointing things out, which is fine. But it's not the same as developing the fine motor skills and the gross motor skills... they would always do that like with Circle of Security or with the REAL [Raising Early Achievement in Literacy] classes.”

LEAP's influencing of the wider system played a role as well. Parents and carers' lives do not fit neatly into the catchment areas surrounding the children's centres that LEAP funded directly. Nor are the places they live and spend time in confined to the boundaries of the LEAP area. Changes in policy and practice that LEAP contributed to at a borough-level, beyond the LEAP area, directly contributed to parents and carers' lives who engaged with LEAP. They did so by extending the number and strength of opportunities for children to develop core capabilities. Notable contributions include LEAP's advocacy for children's centres and the expansion of the family partnership model to early years practitioners in children's centres across the Borough.

Commissioning Lead, Early Years and Parenting, Lambeth Council: The family partnership model... that's now really, really embedded. In some ways, that's the most significant, really big workforce change I think when I look across the borough. I think that that's been really influential in enabling staff even with that massive lack of resource and change to get the most for those families who need it the most.”

Reduced sources of stress

Many of the children in LEAP's priority population were more likely to be exposed to extended periods of stress. By helping to limit the intensity and length of

their exposure to negative experiences, LEAP helped to limit the impact of some of these experiences on child development.

Inadequate housing was (and remains) a serious concern for families in Lambeth. Damp and mould can harm child health, the stress of poor housing can affect parental health and wellbeing, which affects their children, and cramped conditions can limit physical development. By supporting families through its overcrowded housing service, helping them to navigate the housing system and offering them accessible community spaces, LEAP helped to offer some respite for some families.

Parent or carer: “When I had my child, I had my own home, but it was quite small. Having access to all these events and activities around Lambeth that are local to me, I can access walking or a short bus, like one stop, two stops away, was really helpful. Because then I can take them to the event, it's child friendly and safe, they can run free.”

By supporting parents and carers to tackle severe mental health challenges, LEAP contributed to limiting children's exposure to stressful environments.

Parent or carer: “I had quite a few losses before I had [my baby]. That was a big worry... I had some, like mental health difficulties before I got pregnant. So that kind of on top of the worry about losing the baby as well. [PAIRS] helped me with both of those things. I only had a few sessions with them, maybe three or four. But that was enough to kind of sort it. And I really enjoyed the rest of my pregnancy, having not enjoyed the first kind of three, four months at all.”

Some children were also exposed to extended periods of food poverty and poor nutrition, a source of stress that afflicted more children as the landscape around LEAP shifted: Lambeth's food banks distributed 9,819 food parcels to children in 2023, up from 5,573 in

2017, and with a spike of 15,099 in 2020 during the pandemic⁴⁹ (see figure 4). LEAP helped to reduce the impact of their exposure.

Parent or carer: “I remember we got delivered food from [HLP]. And I just call her back. And I said, ‘Are you sure you delivered it to the right address?’ Because the amount of food we got today... we never had this in our house... And she was like, ‘yes, it's for you.’”

Shocks and disruption

Access to supportive networks reinforced LEAP's contribution to child development.

Parent or carer: “She was born at Christmas time. So that was a very open time for family.... She got all the touching, all the cuddling, all of that stimulation... she had her siblings, which was very positive on her.”

But for some children, extended periods of disruption had a limiting effect. Child development can be described as “sticky”. The longer we are on a path, the harder it is to divert from it. That means delays to support matter, including those experienced by many parents and carers during interactions with primary care.

Parent or carer: “I didn't know about LEAP... so she didn't go for two or three years anywhere... Because of this, she has speech delay... I just call to health visitors... so many times, she didn't answer the phone... she told me... they are coming and still, no one is coming.”

Extended exposure to deprivation also limited LEAP's contribution. Respite through LEAP could not tackle the root cause: poverty.

Parent or carer: “Where we stay is very small.... the children's centre... can't help

until she's a year old... She has no space to grow. When you're cooking, there's so much smoke and she's coughing, they're doing lots of construction and it's very loud. There's no heating... it's very cold.”

These negative experiences were exacerbated by COVID-19, which reinforced existing concerns for children, including their exposure to domestic abuse

Former Team Lead, LEAP Domestic Abuse Enhanced Casework Service: “It was basically huge rises in risk, rises in numbers of people in crisis... people literally being assaulted, as they're talking to us, sort of needing to call, you know, emergency services immediately. Lots more people needing to flee. Other people, we just couldn't connect with them.”

Food Parcels Distributed to Children in Lambeth



Figure 4: Number of food parcels distributed to children in Lambeth by year⁴⁶

Answering the research questions



At the beginning of this report, we set out three research questions for the evaluation. Each of them was drawn from, and guided our evaluation of, LEAP's Integrated Theory of Change. By answering them, we sought to gather evidence on whether and how LEAP's attempts to build the foundations in children's environments helped them to strengthen those environments and improve outcomes for children.

Conclusion



Answers to these research questions are summarised below. Each of them articulates what happened, for whom, under what circumstances and why.

01.

To what extent did LEAP's principles-led strategy help it to build its foundations in children's physical and social environments, for whom, under what circumstances and why?

LEAP adopted a principles-led strategy. This meant leading in partnership by sharing decision-making responsibility among a broad coalition of partners and within the Core Team, all in the collective pursuit of common principles. The contribution of this

strategy to building LEAP's foundations varied over time and by principle.

1a. To what extent did LEAP's principles-led strategy help LEAP to be a needs-led, relational and integrated commissioner, with whom, under what circumstances and why?

- Principle 1: Be needs-led, relational and integrated commissioners by being data-driven, collaborating with others and developing complementary service pathways

LEAP's principles reflected a shared mindset among senior leaders in the local authority. This collective ownership of the principles and the bid, combined with widespread excitement for the opportunity LEAP represented and the time and resources provided by the TNLCF, created momentum for a positive start for LEAP and its approach to commissioning. The activities designed by LEAP were based on a thorough understanding of needs in Lambeth, involved extensive engagement with various stakeholders and local communities, and were well-integrated.

Needs data continued to inform decision-making during the first half of LEAP, including shaping the eligibility criteria and reach targets of services. However, its use was predominantly reactive and ad hoc, as was LEAP's research and evaluation activity more generally. From 2019, efforts were made to develop a robust data infrastructure, including a shared measurement framework and access to local datasets, and build LEAP's evaluation and public health functions within the LEAP Core Team. This helped to make LEAP's use of data more comprehensive and systematic, and improved the scope of what LEAP could do with needs data, including relating it more closely to service performance, which supported ongoing service improvement. The growth of the Community Engagement Team in the LEAP Core Team improved

LEAP's ability to gather information on needs where data was poor or unavailable.

However, in some cases, LEAP was unable to make needs-led decisions, despite its commitment to being needs-led in principle. LEAP identified significant and persistent concerns around overcrowding and poor-quality housing, yet as a non-governmental, early years programme, LEAP's ability to fundamentally alter the dynamics of an issue as cross-cutting, large and multi-faceted as housing was severely limited.

Guided by its ongoing commitment to relational commissioning, LEAP's fostered strong, supportive relationships with service providers, characterised by proactive problem-solving and emotional support. Despite burdensome data demands, the overall supportive nature of LEAP's commissioning was appreciated by service providers.

The strong foundational relationships established during the bid phase, supported by a shared and historical commitment to integrated commissioning among partners, helped LEAP maintain an integrated approach, even as it navigated senior staff turnover within partners and the impacts of the COVID-19 pandemic.

1b. To what extent did LEAP's principles-led strategy help LEAP to build a connecting infrastructure, with whom, under what circumstances and why?

- Principle 2: Protect child and family spaces by investing in building and improving them.
- Principle 3: Don't do anything about families and communities without families and communities by building opportunities for participation in the design and delivery of support.
- Principle 4: Put relationships at the centre by offering peer support opportunities to families, community workers and practitioners.

- Principle 5: Get families the support they need and want, when they need and want it by coordinating support and developing the early years workforce.

Building LEAP's connecting infrastructure took time. From 2015 to 2019, LEAP focused on nurturing partnerships, setting up services, and completing building works on family friendly community spaces, including children's centres (principle 2). It was not until 2019 that LEAP's full service portfolio became established. While similar to other large, place-based programmes⁴⁹, this was longer than expected. This was because LEAP faced complex bureaucratic challenges in forming the partnerships necessary to build services that cut across sectors, institutions and jurisdictions. Hiring practitioners to services was difficult due to broader staffing shortages and capacity crises in health and local government. These challenges were compounded by capacity limitations within LEAP's Core Team, which found it difficult to provide the backbone support necessary to family engagement workers to help them connect families, community workers and practitioners to one another.

From 2019, the Core Team grew. LEAP moved away from the family engagement worker approach to build its internal Community Engagement Team instead. This gave them autonomy, flexibility and resource efficiency. At the same time, as services and practitioners settled, more capacity within LEAP's burgeoning Public Health Team was directed towards coordinating service pathways. Alongside LEAP's Evaluation and Research Team, these larger teams provided the backbone support required to build LEAP's connecting infrastructure, which helped LEAP to deliver on principles 3, 4 and 5. The success of this infrastructure was due to LEAP's principles-led strategy, which provided the time and support needed to build and develop ideas through a test-and-learn approach.

1c. To what extent did LEAP's principles-led strategy help LEAP to build its approach to influencing the wider system, with whom, under what circumstances and why?

- Principle 6: Champion a life course approach in the wider system by building partnerships, generating insights and sharing learning.

From 2015 to 2019, LEAP prioritised building essential partnerships to accelerate implementation and improvements to building works. It was able to use these partnerships to influence the local authority. Once LEAP had established PAIRS (Lambeth's first parent-infant mental health service) and completed improvements to children's centres, LEAP championed the protective value of both with support from council allies, amidst their scrutiny in a resource-scarce context.

From 2019, LEAP's service portfolio, Core Team and data infrastructure grew and became established. This enabled LEAP to build on its partnerships by generating more and more impactful insights and sharing learning. Early insights focused more on service feasibility, particularly during COVID-19. By 2021, LEAP shifted to evidencing impact through a new data integration platform and shared measurement framework.

LEAP's influencing activity was supported through LEAP's principles-led strategy and commitment to leading in partnership: influencing was a distributed effort, with staff from across the Core Team and elsewhere taking responsibility to build partnerships, generate insights and share learning. LEAP's influence was amplified through its affiliation with ABS and NCB, which enhanced its national impact.

02.

To what extent have these foundations helped to strengthen children's environments, for whom, under what circumstances and why?

2a. To what extent did LEAP's approach to commissioning help to improve outcomes for parents and carers, for which parents and carers, under what circumstances and why?

Parents' and carers' mental health and wellbeing improved by 12% following engagement with LEAP services, while parenting knowledge, skills, and behaviour improved by 5%. The greatest and most consistent improvement was for those from the most deprived neighbourhoods in the LEAP area. While parents' and carers' pre-existing social networks were influential, there is strong evidence to suggest that LEAP's commissioning approach also contributed by fostering trust between practitioners and parents and carers. This success hinged on how effectively LEAP's holistic practice connected different parents and carers to the support they needed and wanted, provided them with choices, and facilitated relationships with other parents and carers.

2b. To what extent did LEAP's connecting infrastructure help to connect parents and carers to support, choice and relationships, for which parents and carers, under what circumstances and why?

LEAP's connecting infrastructure supported practitioners in developing a holistic approach to family-centred care. Instead of addressing families' needs independently, practitioners and community workers collaborated and listened to families, providing timely support, offering choices, and fostering relationships with staff, volunteers, and other parents and carers. These connections enhanced parents' and carers' opportunities to build trusting relationships within services, directly contributing to improvements in their lives.

The development of holistic practice by practitioners was influenced by the broader context in which LEAP operated. Between 2015 and 2024, rising needs and reduced resources created a negative feedback loop: large, complex caseloads led to staffing crises in local government and health services, particularly in health visiting and midwifery. This increased vacancies and caseloads, further destabilising connections and limiting the development of holistic practice. However, disruptions, especially post-COVID-19, opened opportunities. Relationships between children's centres and community organisations strengthened as they sought to fill knowledge gaps and connect with families.

Racially minoritised groups, refugees, immigrants, and those experiencing deprivation—especially inadequate housing—often faced systemic barriers that limited the impact of holistic practice. These groups sometimes found services hard to access, particularly those with smaller social networks. Those who did often preferred community- or faith-based support, which was more culturally relevant, especially for those with negative experiences with state and mainstream institutions, including systemic racism.

2c. To what extent did LEAP's approach to influencing the wider system lead to changes in policy, practice and resource flows, with whom, under what circumstances and why?

LEAP contributed to changes in policy, practice and resource flows beyond the LEAP area and the programme's duration. Nationally, LEAP, NCB, and other ABS sites influenced the role of parent and community participation in the £301.75 million Family Hubs and Start for Life programme. In Lambeth, LEAP informed borough-wide strategy on parent and community participation, secured ongoing support for its parenting programmes and other services, embedded evidence-based, family-centred practice among early years practitioners, and completed improvements on 11 children's centres, one o'clock clubs, and early years hubs.

LEAP influenced the wider system by building partnerships, generating insights, and sharing learning. LEAP's impact was strongest where partnerships were robust, partners were highly receptive to LEAP's insights, and there was shared decision-making power. LEAP's influence was amplified when it capitalised on broader trends, including the growing consensus on the importance of parent and community participation and early childhood development. However, public sector cuts and rising needs limited the ability of LEAP's audience to implement some of their learning. As a result, some of LEAP's services and initiatives will conclude with the programme's end.

03.

To what extent have these strengthened environments contributed to improved outcomes and reduced inequalities for children and families, for whom, under what circumstances and why?

Children whose families engaged with relevant LEAP services were 40% more likely than others to have reached expected levels of overall development at age two and a half. They were 70% more likely to reach expected levels of communication and language development and 50% more likely for personal, social and emotional development. This is because improvements in parents' and carers' health, wellbeing and parenting knowledge, skills, and behaviour, their connections to support, choice and relationships and changes in the wider system helped to:

- Nurture responsive relationships between parents and carers and children.
- Provide consistent opportunities for children to develop core capabilities, including through direct support from LEAP services.
- Reduce stressful environments by limiting the impact and length of negative developmental experiences.

Despite LEAP's best efforts, broader influences exacerbated deprivation for some children. Public sector cuts, COVID-19, and the cost-of-living crisis all hindered the positive impact some parents and carers were able to have on their children's lives. LEAP's support, though beneficial, could not address the root cause of disadvantage: poverty. This challenge was further compounded for some families by delays in accessing care and support from primary care providers.



Recommendations



Invest in support for early childhood

The COVID-19 pandemic, cuts to services, and cost-of-living crisis have exacerbated inequalities for children. Ensuring that every child is safe and supported requires investing in preventative, life-course approaches. National and local investments in pregnancy and early childhood can narrow inequalities, improve long-term physical and emotional health, and reduce costs for national and local authorities and health services. That is why national and local policymakers should:

- Prioritise and protect investment in support during pregnancy and the first 1,001 days of early childhood.
- Deliver pregnancy and early years support that reaches those families who need it most.

Recommendations



Build connecting infrastructures

The trusting relationships that practitioners built with parents and carers did not develop in isolation. They relied on practitioners' holistic practice – that is, their ability to work with others to deliver family-centred support. Others have identified this liberated method as fundamental to improving support for families'. LEAP enabled this practice by building a connecting infrastructure. National and local policymakers and early years decision-makers looking to replicate and build on LEAP's success should consider building this infrastructure, by:

- Building a network of connecting activities across four areas for families, community workers and practitioners: community-based spaces, peer support activities, participation and inclusion activities and effective support pathways.
- Creating a 'backbone support' team responsible for building and maintaining this infrastructure through a test-and-learn approach

Using a principles-led strategy and leading in partnership to create the foundations for a test-and-learn approach to thrive.



Early years funding should be pooled, place-based & long-term

Short-term and single-issue funding creates isolated early years services. It fuels competition between them, rather than collaboration. National and local policy makers, local authorities, funders and early years providers must work together to:

- Build pooled, place-based budgets that support early childhood development at a local level. These should enable joint decision-making between parents, carers, community organisations and services, all in pursuit of collectively agreed principles.
- Fund grassroots community organisations that offer alternatives to many mainstream services.
- Increase the proportion of our national wealth that we invest in early childhood over the long term. This will create the time, money and security local areas need to build connecting infrastructures and nurture holistic practice through a test-and-learn approach.



Invest in the early years workforce

Cuts in funding, severe staffing crises and a rise in demand have increased pressure on the early years workforce to deliver high-quality care. This limited the holistic practice that practitioners within some of LEAP's partners were able to develop, which reduced LEAP's impact. National and local policymakers, the Treasury, funders and early years services should:

- Invest in the recruitment and retention of staff within the early years sector.
- Strengthen opportunities for professional development and training for the early years workforce.
- Increase awareness of early years services among health and social care workers and create additional opportunities for early years professionals to engage with each other.



Develop an early years data infrastructure

LEAP's experience demonstrates that our national system for collecting and using data about children is not fit for purpose. Children cannot be fully tracked through different services. At the same time, the UK lacks the people, resources and strategy to drive data-led learning at the neighbourhood-level. This prevents us from learning more about who is and is not benefiting from different support and what different children need, which hampers our efforts to tackle inequality in the early years. That is why we need the national and local government to:

- Use data to better understand progress against collective, population-level goals, rather than service-specific goals only
- Invest early in backbone teams that help them and others manage and make sense of data to support ongoing learning and improvement
- Publish a clear roadmap for implementing a single unique identifier for children, following the commitment in the Labour manifesto; this should form part of a wider strategy to improve data and information sharing, including improving legislation and increasing staff confidence.



Reducing poverty should be a national priority

The rising cost of living and public sector cuts have compounded challenges for children in the UK. While early years programmes like LEAP can provide some relief, collective action is required to tackle the root cause of disadvantage – poverty. Experts in poverty reduction have called for national and local policy makers, local authorities, and early years providers to work together to:

- Ensure families have access to safe, affordable, and high-quality housing where they live².
- Provide universal, affordable, high-quality childcare, prioritising families with the greatest disadvantage³.
- Develop robust social support systems that ensure every family has access to essentials like food, heating, and clothing⁴.
- Improve paid family leave and child benefits for flexible, well-paid work that supports family life⁵.



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