

Fairer Start Local Stockport



Working together
so that all children
have a stronger
start and a
brighter future



December 2021

nesta

 STOCKPORT
METROPOLITAN BOROUGH COUNCIL

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Introduction

Fairer Start Local Stockport

Not every baby, toddler or young child gets what they need to thrive. Fairer Start Local is a collaborative programme of work between Nesta and three local authority partners – Stockport, Leeds and York. Fairer Start Local brings together the experience, knowledge and ideas of practitioners and policy and commissioning experts, with expertise in innovation methods including data science, human-centred design and technology, behavioural science and experimentation.

This report summarises our learning from an initial phase of work, where we ran 16-week rapid discovery projects to explore how innovation could help to transform early years services in each area. The aim of these projects was to produce actionable insights about how to improve support for families in the early years (from conception to age five). In addition, it was an opportunity for the

local areas and Nesta to experience working together, to explore whether there was fertile ground for a longer-term partnership.

Following this discovery phase, we will embark on a three to five-year-long innovation partnership. Working together, Nesta and our local authority partners will use evidence-based design, data science

and behavioural insights to develop new ways to make sure that all babies, toddlers and young children have a fair start in life. We will focus on using innovation to uncover new ways of supporting stable and secure family relationships, boosting the mental and physical health of families, increasing access to high-quality childcare, and alleviating the impact of child poverty.

The process

Work together in partnership to test out ideas and potential for long-term partnership

Partnership

Multi-disciplinary team; structured innovation methods; ideas, expertise and networks



Deep understanding of local context; priorities for improvement; local convening power; ambition to redesign services over the long term; capability and drive to innovate locally

Prototype innovative solutions



Discovery of challenges and priorities; defining project focus

Designing solutions and piloting in the real world

Monitoring and evaluating impact



The research question in Stockport

Overview

- > The **vision** is for all children in Stockport to achieve a good start in life.
- > The **opportunity** is to work together in partnership to test ideas and scope potential long-term partnership.
- > The **focus** was on improving social and emotional development outcomes for children.
- > The working **hypothesis** was that if we could better understand what support parents want and how they want to access it, we could improve children's social and emotional development.
- > If successful, the **outcomes** we set out to achieve were:
 - Insight into the kind of support parents want and how that compares to the current offer in Stockport.
 - Better understanding of which services are resulting in good outcomes for children.
 - Ideas for new solutions informed by parents' voices.
- > Our **learnings** will inform the work of a longer-term collaboration between Stockport, the Greater Manchester Combined Authority (GMCA) and Nesta.

Our work was guided by Stockport's strategic objectives

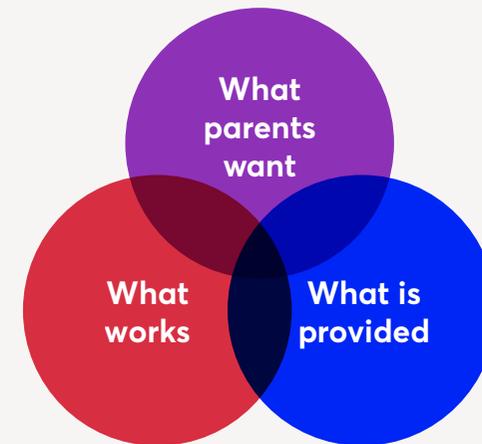
The Greater Manchester Combined Authority's priorities:

- > A commitment to school readiness and for every child in Greater Manchester to have the best start in life.
- > Greater collaboration with families through a commitment to co-production and championing the child and parent voice.
- > To raise the profile of the importance of social emotional development and wellbeing in supporting child development.
- > Demonstrate impact of the Early Years Delivery Model and innovative ways of working.

Stockport's Start Well Strategy priorities

- > All children to have loving nurturing relationships with parents/carers.
- > All children to receive support to regulate their emotions and manage behaviour.
- > All children to live in a safe home, free from stress and adversity.
- > All children to have good physical and mental health and access to healthcare.
- > All children to get the right help to develop good language and other cognitive skills.

The puzzle



↓
The project **focus**

Can we make this intersection bigger?

↓
Our working **hypothesis**

If we better understand what support parents want and how they want to access it, we could improve children's social and emotional development

Project overview

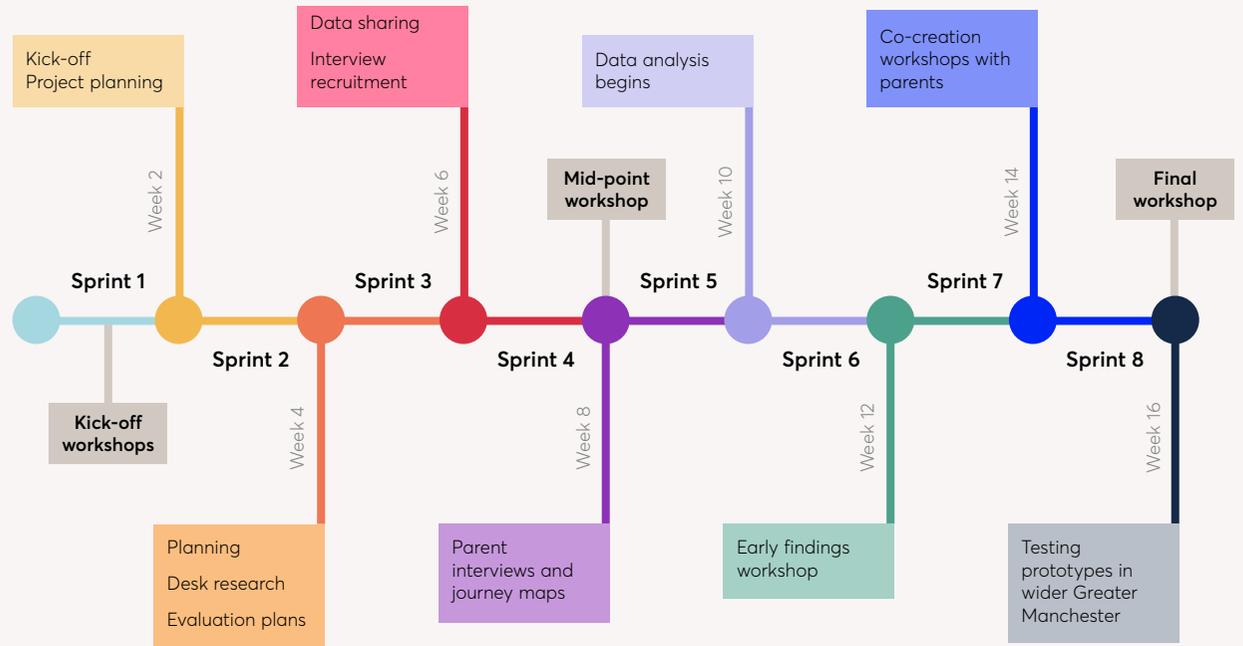
What we did

1. System and service mapping workshops with providers in the council and frontline practitioners to map out the full ecosystem of services and support.
2. Interviews with parents to test how their experience of the support available to them lined up with the perception of professionals, identify barriers and facilitators to access, and understand what they want in terms of further support.
3. Data analysis to map out the impact of specific interventions, see what is working well, and identify times when children might benefit from additional support.
4. Co-creation workshops with parents in Stockport and other local authorities within Greater Manchester, to imagine and develop new ideas to improve support for families, based on the challenges identified in the project. These prototypes will be piloted in Stockport in the future.





Discovery phase timeline



Mapping existing provision in Stockport

We ran a workshop with practitioners which gave us a map of the system (services and support). This gave us a starting point for exploring parent needs, experiences and journeys.

We followed this up with interviews across two contrasting local areas (Brinnington and the Heaton). We spoke to 14 parents and explored their support networks, experience with services, pain points, needs and gaps in provision.



Sources of support identified by parents in Stockport

Family and friends

- > Most important source of support, parents' own parents are often the first point of call for advice.
- > COVID-19 has had an impact (not been able to see friends or family as much).

Paid services and child care

- > Private nursery
- > Childminder
- > Baby ballet
- > Sport classes
- > Soft play

Internet and social media

- > Facebook parent groups
- > Mumsnet
- > Virtual storytime

Colleagues and neighbours

- > Wide variation between parents – dependent on job and where they live.
- > Neighbours usually 'just a chat' rather than formalised support or childcare.



Statutory services

- > Midwife visits
- > Health visitors
- > Weighing clinics
- > Weaning classes
- > Speech and language
- > Occupational therapist

Charities and community groups

- > Homestart
- > Opportunity Group
- > Church-based toddler groups
- > Caritas charity

Understanding of council and health services

There was mixed awareness of the council's role in running services. Factors impacting awareness included:

- > **Occupation:** those working in the sector had a stronger idea of what was available.
- > **Financial situation:** parents who already access financial support from the council had been able to find out more about the other types of child related support on offer.
- > **Number of children:** parents who had multiple children tended to have wider support networks and a better awareness of the range of services available.

Many parents didn't differentiate between what services were community or council led, showing a potential lack of awareness of what services the council is responsible for. This is potentially the impact of Stockport's integrated model of early years support but could present problems if people are confused or not aware what is available.

"I just piggybacked on loads of different things and researched it, and that was it to be honest, and then I became really well informed what was out there and what help I could get basically."



Experiences of being a parent in Stockport



Positive aspects of the experience

- > Adaptation around COVID-19 restrictions, notably **health visitors and midwives** calling regularly and checking in.
- > Receiving professional advice was **reassuring**, especially when hearing conflicting points from friends and family.
- > Parents liked being given an **opportunity to build their own support networks**, with other parents and professionals.
- > Where a parent had a negative experience, they were still keen to continue to access support, and focused on the **individual person they'd interacted with** rather than the council as a whole.



Things that were less positive

- > Some parents felt COVID-19 had left them with **limited support available**, especially in relation to connections with other parents and the availability of certain council and healthcare services.
- > **Reduction in the amount of council services on offer** due to budget cuts, meaning they now rely more on community or charity services.
- > Initial aftercare in the weeks following birth was lacking, **they didn't know where to look** for support.
- > Parents who had a child with **special educational or health needs** felt that there was not enough support, and some professionals were not knowledgeable enough.

Facilitators to accessing services

- > Having an **ongoing relationship** with a named health worker including contact details and a way to get in touch and rearrange visits.
- > **Recommendations** from friends or other people they know who already attend groups.
- > **Phone call check-in** or **leaflets** explaining what was available in their area.
- > **Expert knowledge** – knowing professionals e.g. midwives would be present at toddler groups gave extra reasons to attend.
- > **Good experiences** when accessing services encouraged them to seek out more.
- > **Financial support** available to help parents attend sessions or signposting to financial advice by health visitors, nursery workers or community group leads.

"I loved the fact that she would ask me when was the more convenient time to visit. If I needed to cancel or just rearrange the appointment, I could message her or ring her and she was absolutely fine with it, it wasn't a hassle."

"I know I got lost in it. For us, I can remember going to our HR lady at work, and looking at her lost and saying, 'What do I do? How do I get the 30-hour code?'"

"There was that element of being able to ask questions, if you were concerned about anything, because it was run by the early years workers and the community health visitors, so you had someone that was actually trained to answer the questions."

Barriers to accessing services

- > **Location** – some families may not have transport to attend groups and sessions, or no age appropriate groups in their area.
- > **Timing** – sessions or services provided only during certain hours or days were hard for some parents to work into their routine (especially working parents).
- > **Communications** – e.g. families not having internet to look for services or being taken off lists and losing automated reminders when they move house.
- > **Finances** – being unable to afford certain groups or childcare.
- > **COVID-19** – the move to virtual was not always possible or appropriate, and new parents missed out on the social aspect of the experience.
- > **Change in staff** or not having contact details to rearrange appointments.
- > **Confidence** – some parents may feel judged attending or be put off by a professional setting.
- > **Perceived lack of need** – e.g. if they already have other children or family support.

“I haven’t been, but purely because I work four days a week, so the things I can access are quite limited anyway in the day and there isn’t really those kinds of things at weekends.”

“They shut my local weighing service when my daughter was born so then I had to travel, but I found it more difficult because having a child already and getting them to nursery or having them with you, I found it more difficult to travel.”

“I know there are family groups that wouldn’t want that contact with local authorities, because they feel like they have enough contact with local authorities for other reasons. I could see how some families could find those services challenges, because they’re seen as coming from a place of authority.”

Examples of how parents support social and emotional development



Incorporate social skills into everyday activities



Have a routine in place



Listen to professionals and practice at home



Parents place a high importance on their child's social, emotional and behavioural development

Parents viewed cognitive and academic skills as something that their child would develop in time. Many felt it was better to focus on the building blocks of socio-emotional skills now. Important skills mentioned by parents included:

- > Communication
- > Building attachments with family and other children
- > Learning to share
- > Making friends

"She's three now, and she can count to 20, that doesn't bother me. Whatever, as long as she's happy, as long as she's well, as long as she's enjoying her time, she's making friends, everything else is a bonus."

"I took him out to groups, because he was an only child, so he would [learn to] share"

COVID-19 impact

Most parents were concerned that **lockdown and limited access** to social groups may have impacted their child's development.

Perceived impact of lockdown varies; some parents were surprised over how well their child was doing, others noted that there were **some issues around certain behaviours** i.e. sharing or playing.

Parents were **overwhelmingly positive** about groups and opportunities opening up again.

Parents think **toddler groups and nurseries** are important for social and emotional development. Some are worried about how COVID-19 may have impacted this.

- > Parents value the opportunities community groups and nurseries bring their children, namely in relation to:
 - Interacting with other children, especially if they have no siblings.
 - Getting them into a structured routine.
- > Parents also feel they offer opportunities to widen their own social support networks by meeting other parents.

"I think [child] has missed out a lot of the social development because of lockdown, and because obviously he's not had much time at playgroups, meeting friends. He's not really good at sharing!"

Parent quote from interview



Data analysis

Key findings

We wanted to find out which factors, including accessing services, influence good and bad outcomes for children in Stockport.

- > Analysis of assessment journeys suggests that boys are more at risk of falling short of their development milestones after a first assessment than girls.
- > There is some indication that the 18-month assessment is helping child development, though this tentative conclusion will be subject to more rigorous analysis.

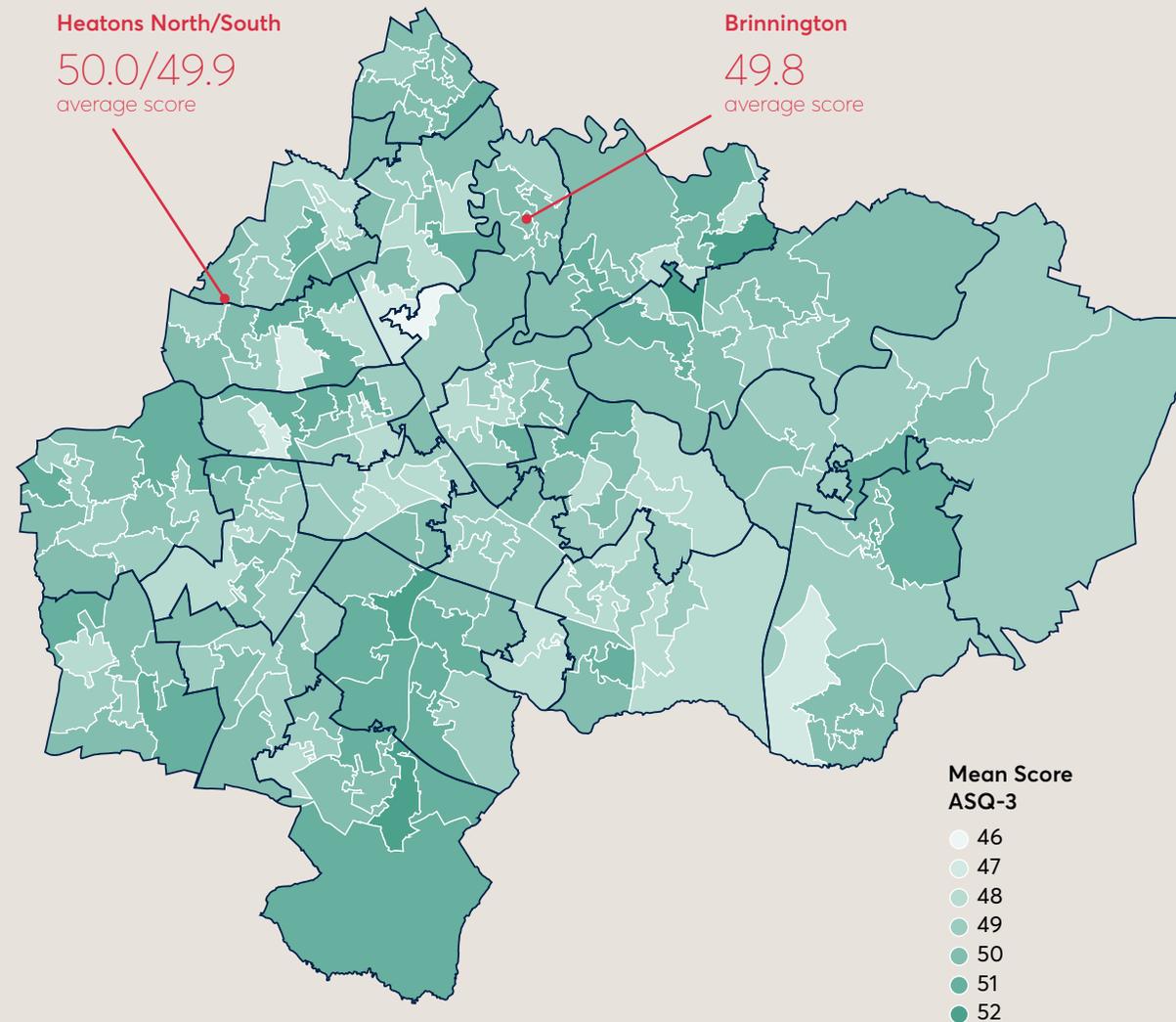
- > 'Before and after' analysis of ASQ scores indicates that interventions in Stockport are making a positive difference.
- > Interventions are skewed towards the first 15 months of children's lives, in line with the strategic priority to target the first 1001 days of life.

We conducted comparative analysis for the wards of Brinnington and the Heatons – areas with particularly high and low levels of deprivation respectively – to complement the interviews with parents we undertook in those two areas.



This map shows the mean ASQ-3 scores for the two wards we focused on in the qualitative research

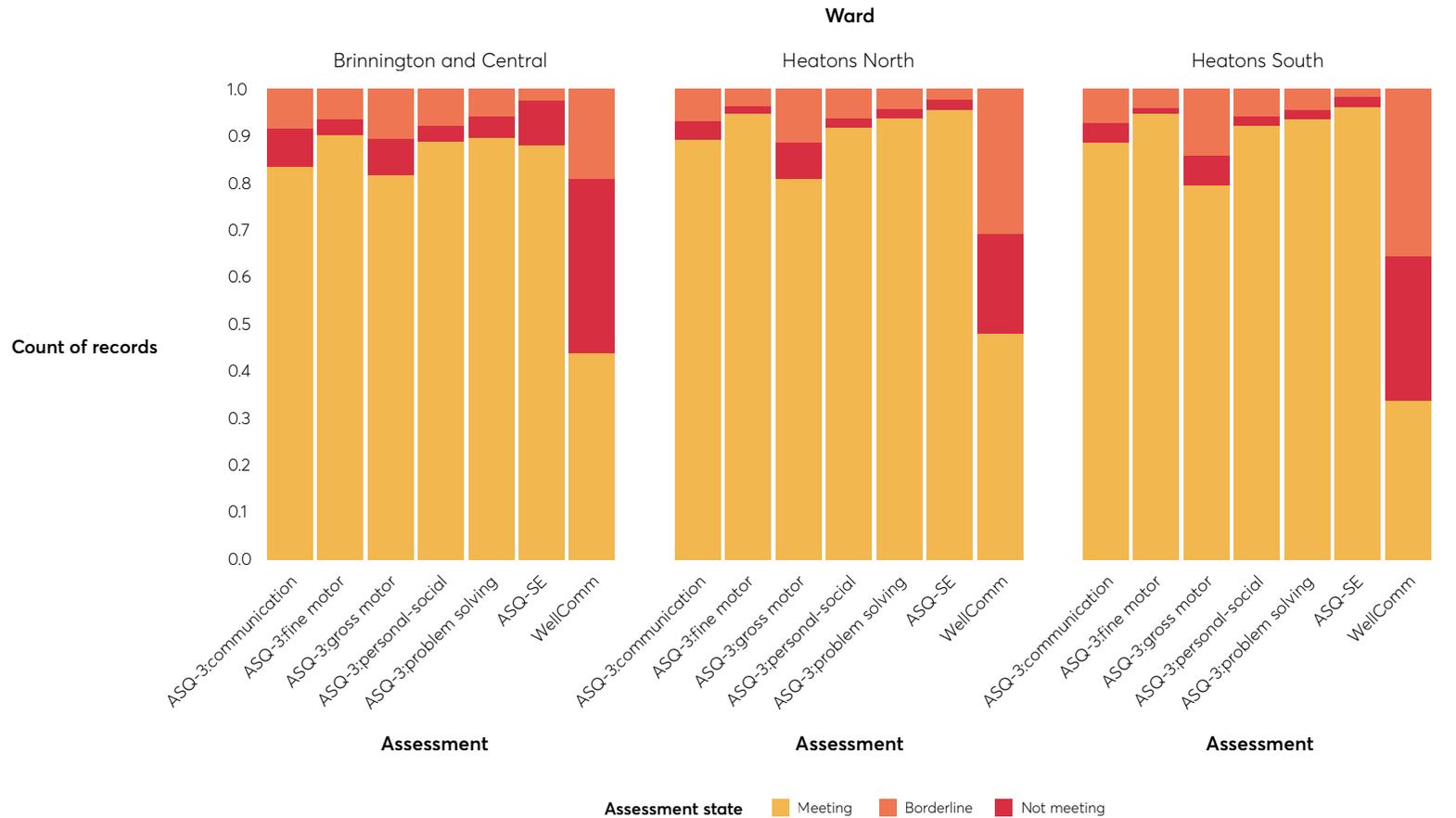
The ward with the highest mean ASQ-3 score in Stockport is Bramhall North (51.1). By comparison, Davenport & Cale Green and Stepping Hill had the lowest at 49.3. However, there is a lot of variation within the wards, as shown on the map of Lower Layer Super Output Areas (LSOAs). Heatons South and Brinnington both have a difference of more than four in the means of the ASQ-3 scores, more than any other ward.



Headline ASQ results for the two wards selected for qualitative research

Due to population size, Brinnington and Central has a larger cohort of children who do not meet age-related expected levels in ASQ-3 than Heatons North and South.

Normalised assessment state by ward



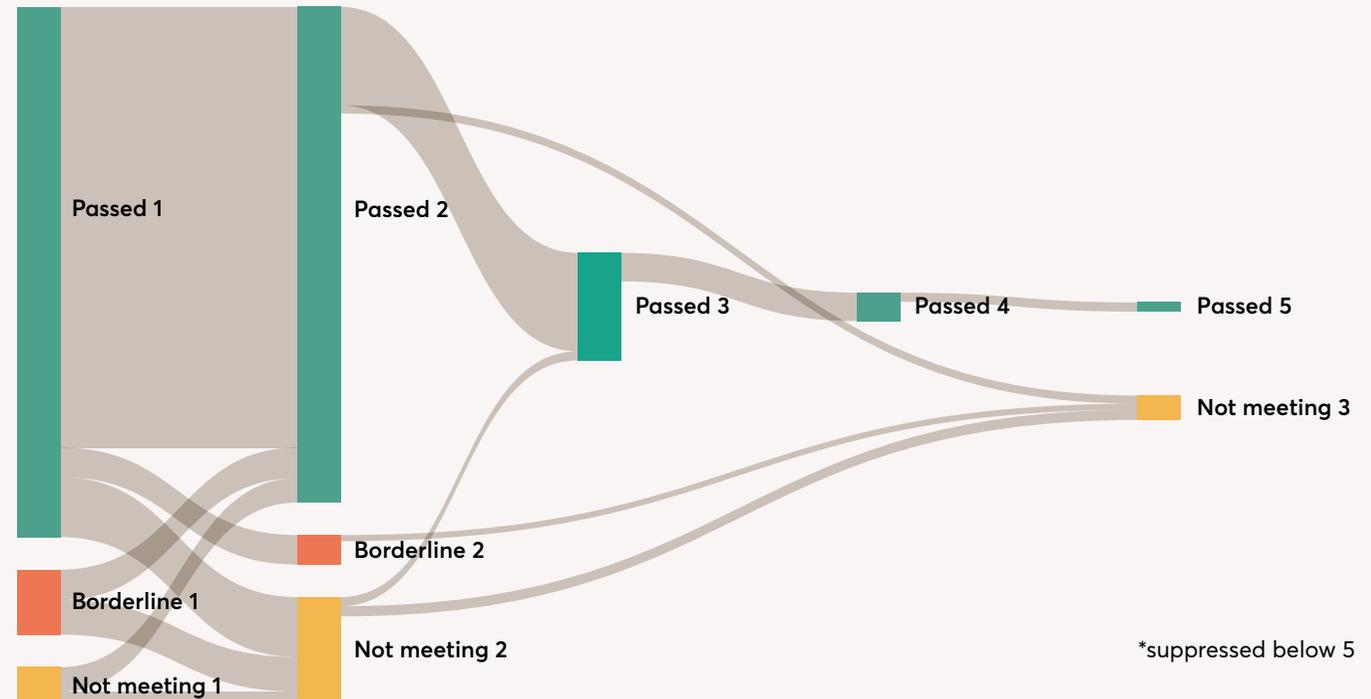
Sankey diagram: ASQ-SE

There are two cohorts of particular interest identified by this Sankey diagram: the children whose development drops off after their first assessment, and the children who are consistently not meeting age-related expectations according to the ASQ-SE.

As initial analysis we looked at the paths children followed in the ASQ-SE. As a first exploration of the data, we simplified their journey to Passed 1, Passed 2 etc. Passed 1 represented the first assessment they took and Passed 2 represented the next assessment.

Although this is a provisional analysis, it concerned Stockport practitioners as it indicates they may be missing some opportunities to identify children who would benefit from support. Following on from this analysis, the Stockport team are considering the possibility of introducing an interim assessment in an attempt to catch those children who are not continuing to meet their milestones.

Sankey Diagram x assessment outcomes (ASQ-SE)*



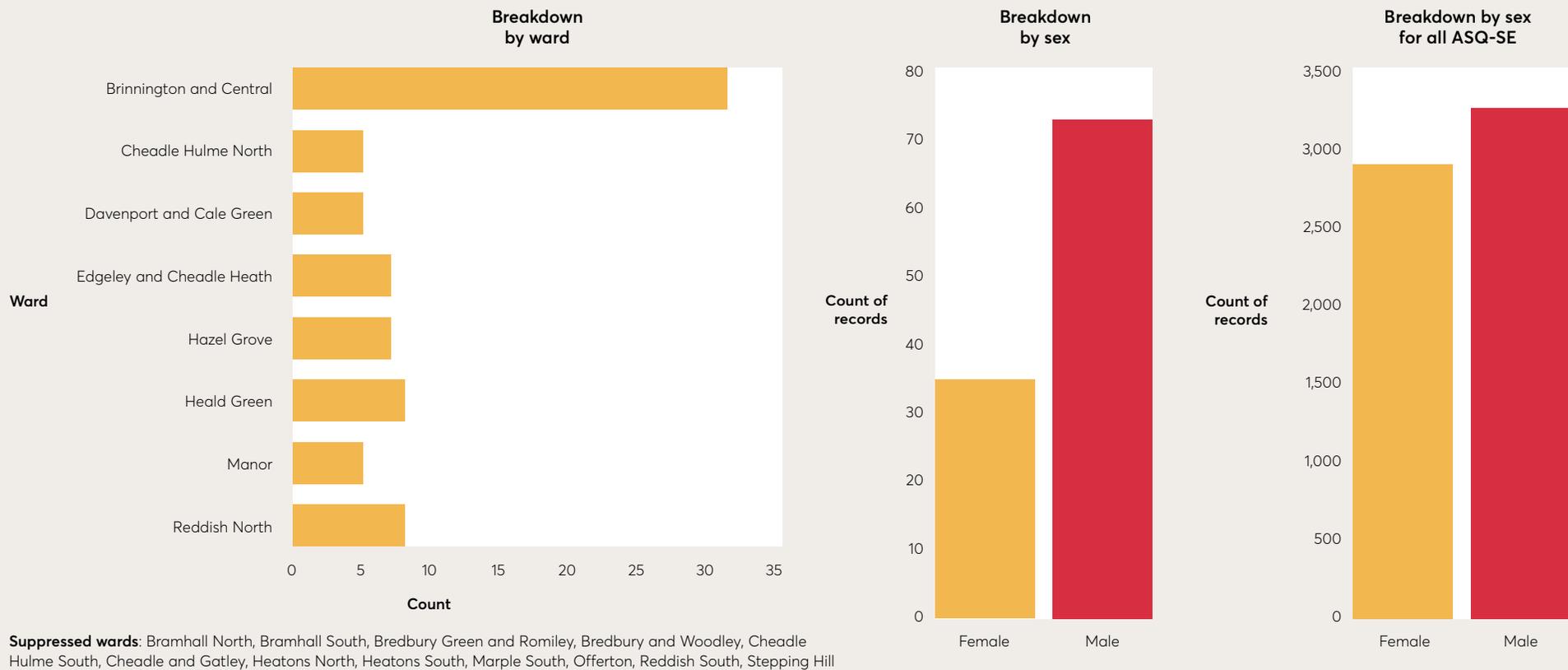
17% of children met age-related expectations at their first assessment and then were 'borderline' or did not meet the score for their second assessment.

50% of children who did not meet age-related expectations according to ASQ-SE at their first assessment then met expectations for their second assessment.

Further analysis attempted to identify risk factors that may indicate children at greater risk

Children from Brinnington, and boys in particular, are significantly over-represented in the cohort of children whose development progress drops off after their first assessment.

Characteristics of children who met age-related expected levels of development in their first assessment and then 'did not meet'/'were 'borderline' for the next assessment



Interventions tended to coincide with improved development outcomes

Our analysis of multiple interventions found that improvements in children's outcomes tended to occur around the same time that interventions were generally in place.

Specific interventions seemed to have particular impact on specific development outcomes, for example:

- > **Early Days/Baby Club** (a universal postnatal group offered between 0-6 months) seems to have a positive impact on social and emotional development for the children who access it, as measured 18 months after delivery.
- > **Little Talkers** (a speech and language therapy service) appears to help children move closer to overall average scores on ASQ communications assessment.

However, we found development progress sometimes stalled for children as the interventions available begin to drop off later on in the early years. This can be seen in results related to children's development of fine motor skills. We saw a decline in fine motor skills as children get older, happening at the point at which fewer interventions are being provided.



What do parents want in the future?

Prototyping new solutions



We brought some of our interviewees back together to discuss the problem and co-produce new solutions that might help them and other parents.

In a pair of workshops delivered over Zoom, our Stockport parents came up with two ideas:

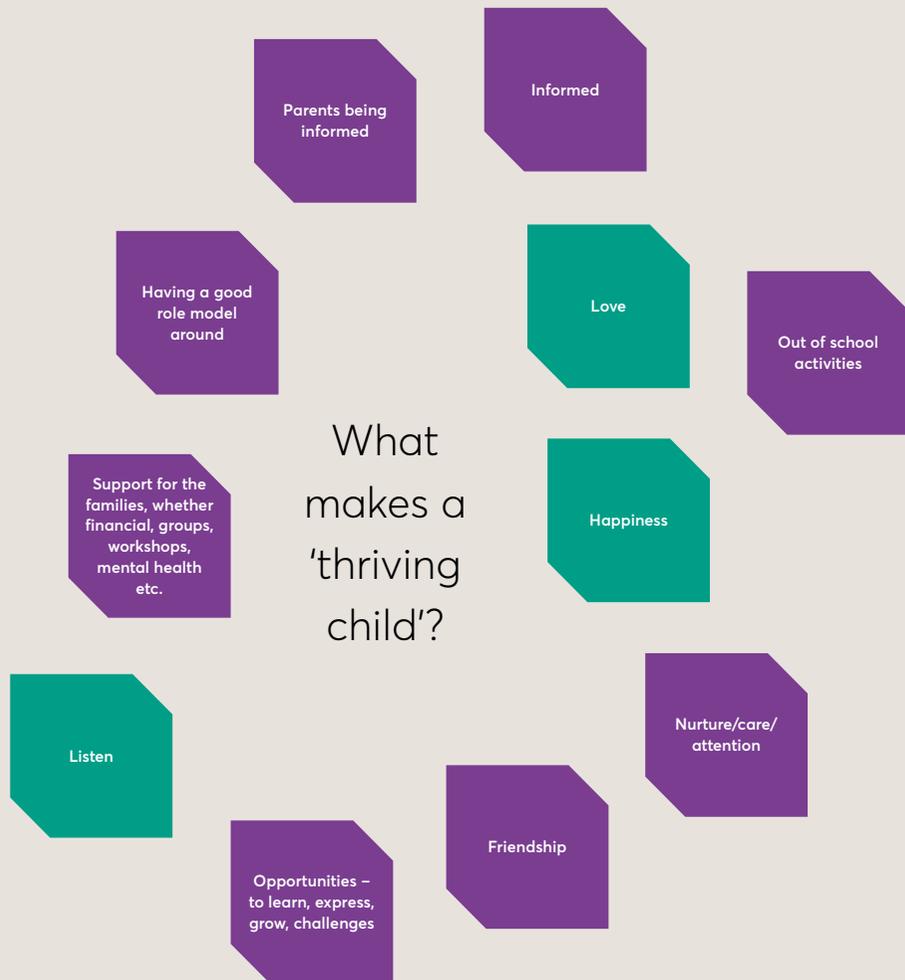
- > Toddler Challenge
- > Better Communications

Using the project team's links with the other boroughs of the Greater Manchester Combined Authority, we were able to test them with further parent workshops held in person at children's centres in Trafford and Bolton to get more feedback.



At the start of the workshops, facilitators from Nesta and the GMCA asked parents what factors children need to thrive and what supports them as a parent.

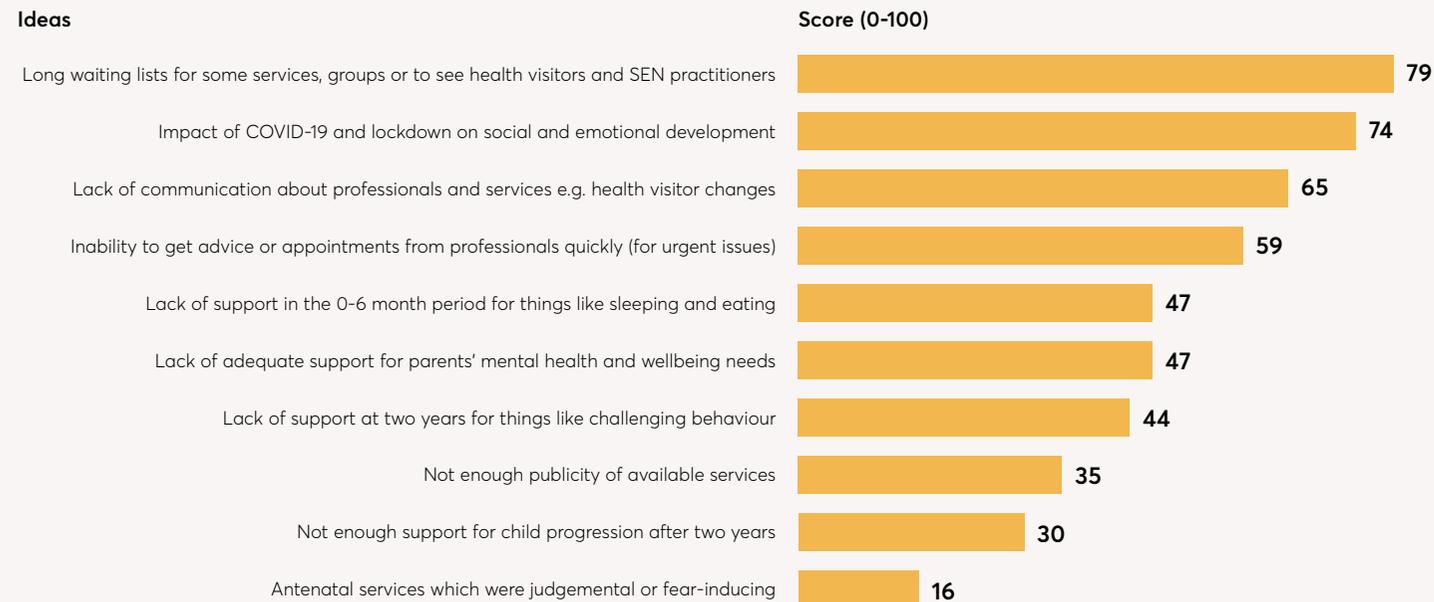
Stockport parents workshop



Bolton parents workshop



In advance of the second workshop we asked participating parents to vote on what they felt were the biggest issues for parents in Stockport.



Then, in the co-creation workshop, we focused on developing prototypes which responded to the top four issues voted on by parents.

Toddler challenge



Parents lack sources of informal support and advice, and places for their children to socialise with others.



A chance for children to play safely in outdoor spaces, supporting social and physical development, while parents can meet with support workers and peers.



Location: local green spaces and parks. Some indoor space needed. Needs to be within 15 minutes travel on public transport.



A routine frequency – e.g. weekly, more in the holidays.



Parents connect with support workers, early years practitioners, each other.

Better communications



Parents feel out of the loop when health visitors change, and can struggle to get advice quickly. There is no single place to go for information.



A chat service that notifies parents of health visitor changes and key development moments, where to find support and advice etc.



Via mobile phone, ideally through an existing app such as WhatsApp or Facebook Messenger



Available anytime.



Parents can receive information and advice, and request appointments.

Next steps

Having tried out these short-term partnerships and found this to be an effective way of working, all of the partners involved in the discovery projects (Nesta, Leeds, Stockport and the Greater Manchester Combined Authority and York) are now committed to building a longer-term collaboration over the next three to five years.

The new Fairer Start Local programme, which we are launching in November 2021, will build on the opportunities identified in

the discovery phase of work reported here, including building on the data analysis conducted so far to test existing findings and further hypotheses, and developing the prototypes with the possibility of piloting and testing with parents and practitioners in Stockport.

Through this partnership, we will develop new ways of supporting families in the early years, and test whether they are successful in closing the outcome gap for disadvantaged children.

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About Nesta

We are Nesta, the UK's innovation agency for social good. We design, test and scale solutions to society's biggest problems. Our three missions are to give every child a fair start, help people live healthy lives, and create a sustainable future where the economy works for both people and the planet.

For over 20 years, we have worked to support, encourage and inspire innovation. We work in three roles: as an innovation partner working with frontline organisations to design and test new solutions, as a venture builder supporting new and early stage businesses, and as a system shaper creating the conditions for innovation.

Harnessing the rigour of science and the creativity of design, we work relentlessly to change millions of lives for the better.

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