

How do we promote healthy development in children?

Lessons from the evaluation of the Better Start Bradford Programme.

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The [Better Start Bradford Innovation Hub](#), part of Born in Bradford, has been working with [Better Start Bradford](#) over the last ten years to evaluate projects and early life interventions delivered to families in three wards of the city; Bradford Moor, Little Horton and Bowling and Barkerend. To support these evaluations, and wider research, we established [Born in Bradford's Better Start](#) (BiBBS) cohort – the world's first interventional birth cohort - recruiting mums and their babies living in these three wards. Our team worked closely with commissioners, project delivery organisations and the community to understand what works for some of our most ethnically diverse, and disadvantaged families. We have used our findings to develop some key recommendations for those supporting families in Bradford to give children the best start in life.



Why do we need to act?

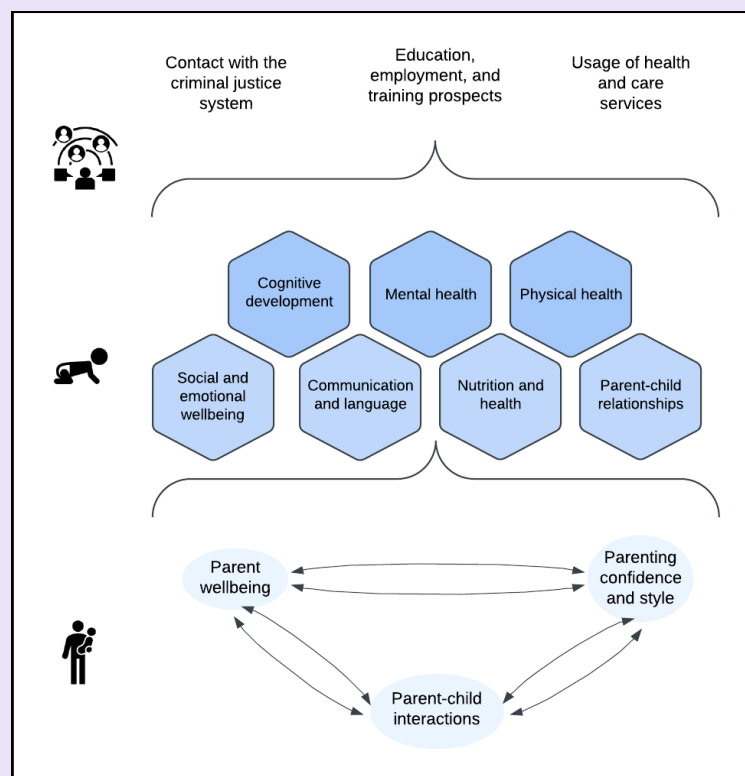


Figure 1 demonstrates how a parent's wellbeing, confidence in parenting, and relationship with their child all play a crucial role in a child's early development. These formative years lay the foundation for cognitive, mental, and physical health, shaping a child's future. The long-term impact extends to society, as happier, healthier children are more likely to be employed, and less likely to rely on the NHS or engage with the criminal justice system.

Early intervention has the potential to support parents in the earliest years of their child's life. By addressing concerns early, it promotes better outcomes for children, ultimately ensuring a healthier, more supportive environment.

Figure 1. Relationships between parent capacity, child outcomes and societal impacts

Our evaluations and research have focused on understanding the needs of disadvantaged communities as well as ‘what works’ for them when delivering early years interventions. This includes consideration of barriers families face to accessing interventions, and how interventions have worked to engage families and keep them engaged - a necessary foundation to improving outcomes. We have also conducted quantitative and qualitative evaluations that have explored the impact of projects for families.

How do we optimise our chances of success?

Prevention before intervention

Supporting families at the earliest possible point is key to promoting good outcomes for children. Investing in the early years has the potential to create savings across the system further down the line. The **10 following recommendations** are intended to help commissioners, practitioners, and researchers in the planning, delivery and evaluation of early life services.

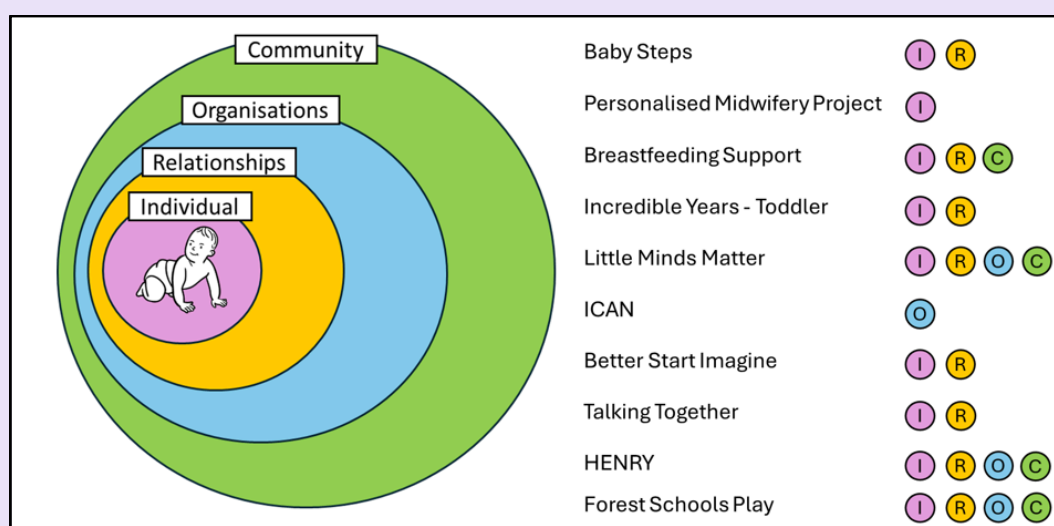


Figure 2. Better Start Bradford interventions and levels of the system that they work in
I=Individual, R=Relationships, O=Organisations, C=Community

1. Act early, and at multiple levels.

Factors that influence child outcomes are many, complex, and interacting. Interventions should happen early, to prevent escalation of need, and act at different levels of the system - e.g., at individual, relationship, organisation, community and environmental levels.

2. Deliver services universally, proportionate to need.

To maximise impact, and effectively tackle inequalities, the system should work in partnership to deliver universal services, with additional or more intensive support offered to those families with greatest need. This should include focused outreach and/or enhanced strategies to engage families who might face additional barriers to engaging with universal provision.

3. Tailor to the local context.

Selecting interventions with an evidence base is key, but tailoring implementation to the local context increases the likelihood of successful delivery. Using existing community resources and networks can help optimise engagement and uptake of projects and services.

4. Involve the community.

Community voices should be included at every stage of the design, planning, and implementation process. Keeping community voices central helps ensure services meet the needs of the families, are appropriate, accessible and keep families engaged.

5. Reach the right families at the right time.

Identifying the right families at the right time and supporting them to access relevant services is the first step towards success.

- A timely, proactive offer of support increases rates of referrals and enrolment into services
- Referral pathways that are inclusive, visible and easy to navigate for practitioners and families improve accessibility
- Dedicated roles within the system focused on supporting families to access services are also beneficial, particularly where they include community languages

6. Meet families where they are.

Meeting families where they are promotes engagement and provides a strong foundation for positive outcomes.

- Delivering support in the home or in other trusted community venues promotes accessibility and engagement with services
- Taking a strengths-based approach, i.e working collaboratively with families to identify what's already going well, promotes a trusting relationship between practitioners and families

7. Monitor and evaluate.

Good quality monitoring and evaluation can improve our understanding of what does and doesn't work for families. Ensuring services are resourced to collect and report on good quality data supports more robust evaluation.



8. Be mindful that it takes time.

It can take time to demonstrate meaningful changes in child level outcomes, but developing evidence of whether an intervention works can be done in a staged way - starting with implementation, before and after or qualitative evaluation and building to effectiveness. This allows us to anticipate longer term impact, based on successful delivery and the trajectory of short-term outcomes. Building in longer term investment for services, provides more opportunity for evaluation and the potential to understand effectiveness.



9. Take a collaborative approach to evaluation.

Building plans for evaluation should involve commissioners, deliverers, families, and evaluators. Taking a collaborative approach helps ensure plans reflect shared priorities and are feasible, without being overburdensome for practitioners and families.



10. Use (or develop) the right tools for the job.

Finding the right measures for evaluation can be challenging, as available validated tools are not always affordable or appropriate for our communities. Work is needed to develop new valid and reliable measures or adapt existing measures to be more inclusive. Ensuring practitioners can access necessary training to administer measures confidently will improve data quality and ensure findings can be interpreted.

What should we deliver?

Our learning from the last 10 years has identified a number of key interventions that have been shown to ‘work’ for some of Bradford’s most disadvantaged families. We provide a summary of each project below, including how it aligns with our 10 recommendations for success, and what the evidence tells us so far.



Social and Emotional Wellbeing

Baby Steps - a relationship based antenatal and postnatal parenting programme

Baby Steps was successful in *reaching the right families at the right time*, supported by a dedicated referral pathway embedded in maternity services. The project *intervenes early and meets families where they are* by engaging parents with a home visit before birth. The service is *delivered proportionate to need*, with additional emotional and practical support offered as required. Through *use of appropriate tools*, a before and after evaluation of the project showed **maternal mental health scores were lower after taking part in the project**. A *collaborative evaluation* is underway, with qualitative results already showing positive impacts for families. Findings from a robust effectiveness evaluation of Baby Steps, using data from the BiBBS cohort, are expected to be available in summer 2025.

Incredible Years - Toddler (IY-T) - a group-based parent education programme (1-3-year-olds)

IY-T successfully engaged and retained families with *high quality delivery and fidelity to the model*. Through monitoring and evaluation, IY-T were supported to select *appropriate measures* of child wellbeing and parent’s confidence, a before and after evaluation of the project showed that **children’s socioemotional capabilities and parent’s sense of competence scores were higher after taking part**. A *collaborative evaluation* is underway, with qualitative results already showing positive impacts, and a robust effectiveness evaluation, using data from the BiBBS cohort, is due to be completed by August 2028 when all children reach school age.

Little Minds Matter (LMM) - an Infant Mental Health service for practitioners and families

LMM *acts at multiple levels of the system* by providing training to practitioners which promotes awareness of infant mental health and influencing factors, and a consultation service which supports practitioners to identify and work with families at risk of poor parent-infant relationships. They also provide focused and intensive support directly to families through therapeutic intervention.

A *collaborative evaluation* showed LMM has **significantly contributed to an increase in awareness of Infant Mental Health across the early years system**, with it now being seen as 'everyone's business'. Successful delivery and embedding of the project were facilitated by LMM's supportive and collaborative approach, sustained communication and engagement, and the **benefits felt by practitioners to their own practice, job satisfaction and wellbeing**.

The Personalised Midwifery Project (PMP) – a continuity of carer model of maternity care

PMP is a model of maternity care which aims to provide continuity of carer during the antenatal, intrapartum and postnatal periods. Care is provided by a named midwife or buddy from a dedicated team and the model facilitates smaller caseloads, as well as flexible and responsive care supported by longer appointment times. A *collaborative evaluation* has shown that the model **fosters positive, trusting relationships between women and their midwives, which can promote disclosure of mental health concerns** as well as issues like domestic violence. This allows midwives to make appropriate referrals at the right time. When sufficiently resourced, the model also has the potential to **reduce the risk of burnout and increase job satisfaction amongst midwives**. An effectiveness evaluation, using data from the BiBBS cohort, is underway and findings are expected late 2025.

Language and communication

Better Start Imagine (BSI) – a book gifting service and wrap-around sessions for children 0-4 years



Part of Dolly Parton's Imagination Library, BSI is a *universal* book gifting service delivering free books to children every month from birth to their 4th birthday. The project also delivers wrap-around sessions aimed at supporting families to feel confident in sharing books and stories with young children. A *collaborative evaluation* showed the project was successful in reaching the *right families at the right time*, largely due to the strong partnership with the Health Visiting service.

Over 85% of the eligible population signed up and these families were representative of the diverse Better Start Bradford community. **Families reported valuing both the book gifting and support sessions and felt they promoted a love of books in children as well as bonding between parent/caregiver and child**. Evidence continues to show that this kind of wrap-around activity is a necessary component of delivery for book gifting to have an impact for families.

Talking Together (TT) – a home-based intervention for children at risk of language delay

TT is a locally developed intervention designed to improve the home learning environment for children aged 2, at risk of language delay. The project includes a *universally offered* language assessment for 2 year-olds, completed as part of a home visit. Taking a *preventative approach*, TT *acts early* by delivering a 6-week home-based intervention to children identified as at risk for weak or delayed language via the assessment. A collaborative evaluation showed the project was successful in *reaching the right families at the right time* with 72% of the eligible population assessed and **demonstrated a high level of community need with around 40% of children consistently identified as ‘at risk’**. The project *meets families where they are* by delivering the service in the home, and taking a strengths-based approach, helping families to build on what they’re already doing well. A feasibility RCT was conducted and found **higher parental warmth and improved child vocabulary following participation**, highlighting the potential value of this project.

Health, Nutrition and Green Space

The Breastfeeding Support Project - a universally offered infant feeding service

The project provides *timely and personalised support* for new mums in need of help with feeding their baby. A collaborative evaluation has shown the service was successful in *reaching the right families at the right time*, by **providing support to 98% of women within 48 hours of discharge**. Findings from our qualitative evaluation demonstrated that **women found the service to be easily accessible and valued the positive relationships they had with the support workers**. By *meeting families where they are*, through a *proactive offer* of support in the home or by phone, and providing protected and specialised support for breastfeeding both women and support workers felt that families were benefiting from the project. A robust effectiveness evaluation is underway, and results are expected in summer 2025.

HENRY - a parenting programme promoting healthy family lifestyles (0-4 years)

HENRY aims to improve family lifestyle behaviours, ultimately reducing the risk of childhood obesity. The project acts at *multiple levels of the system* by providing training for practitioners as well as an 8-week programme for parents. The HENRY group programme was a *universal* offer, but a 1:1 format was also available to maximise reach to families who might otherwise face barriers to engaging. A *collaborative evaluation* has shown the project has good levels of engagement and high completion rates across both formats. A before and after evaluation demonstrated **healthier mealtime and dietary behaviours for both parents and children after taking part as well as higher scores for parental confidence**. An effectiveness evaluation, using data from the BiBBS cohort, is being underway and findings are expected in 2028 when all children reach school age.

Forest Schools Play (FSP) – Forest Schools delivered through early years settings (3 years)

FSP works in *partnership with nurseries and early years settings* to support families to feel more confident in accessing the outdoor and natural environment through play. The project delivers 9 weekly sessions to groups of 3-year-old children, which take place in local woodland and green space. Parents and caregivers are encouraged to attend to share experiences and develop their own skills in facilitating their children's play in nature. A *collaborative evaluation* showed that the project **successfully engaged settings, children and parents** and that delivery of Forest Schools to a preschool age group was feasible.



An extensive ethnographic study found **the project was valued by parents and early years staff and suggested benefits for children's development**. Specifically, in relation to children's **social and emotional, language and communication, and physical development**, aligning with key elements of school readiness as assessed by the Early Years Foundation Stage.

More information about all projects, including detailed evaluation reports, can be found at <https://bsbinnovationhub.uk/>

You can also contact the BSBIH directly for more information:
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