The fundamentals of A Better Start
January 2014

@BIGFirstYears
www.biglotteryfund.org.uk/betterstart
A Better Start: £165m to fund 3-5 areas to improve the life chances of babies and young children

“This welcome investment from the Big Lottery Fund means that we shall be able to help the most vulnerable babies get a better start – it is an important investment for the future of our society.”
Lord Robert Winston, Imperial College London

In October 2012, we launched one of the most exciting and ambitious funding initiatives that the Big Lottery Fund has ever run. A Better Start is a £165m initiative to fund 3-5 areas over 8-10 years to improve the life chances of babies and young children.

A little over a year later, the level of discussion, the number of people involved and the level of interpretation of what it is all about have mushroomed. This document sets out the ‘fundamentals’ of A Better Start: what it is; what it intends to do; and how we intend to achieve that. We hope this document provides the common ground upon which all the major partners involved in the initiative can agree.

What will success look like?

By the end of the initiative, we will have:

1. Directly improved the life chances of at least 30,000 babies and young children

2. Produced the evidence to show which approaches and programmes work best, and clearly demonstrated the social and economic benefits of investing to prevent harm before it happens to our youngest children

3. Influenced a systems change across the whole country towards prevention in the early years of children’s lives

The 15 shortlisted areas

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<tr>
<th>Blackpool</th>
<th>Leicester</th>
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<td>Bradford</td>
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<td>Greater Manchester</td>
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<td>Haringey</td>
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<td>Lambeth</td>
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### 1. What is A Better Start?

1.1 We want to improve the life chances of children by achieving a step change in the use of preventative approaches in pregnancy and the first few years of life. Our overall aim is ambitious. There is strong evidence that the first few years of life build the foundations for future health and wellbeing and we believe that taking a preventative approach together with systems changes in local agencies, can improve the life chances of babies and children. However, these interventions have yet to be tested at scale, and that’s what we want to do, through investing heavily in a small number of local areas. We want to use the learning from this investment to promote a shift in public policy, public funding and agency culture away from remedial services to greater investment in prevention in pregnancy and the first few years of life.

1.2 We will have a ‘dual approach’ to

  (i) deliver science- and evidence-based programmes in the areas that matter most to children’s development

  (ii) invest in systems change

Each area should deliver science- and evidence-based preventative programmes, policies and services with a focus on the most disadvantaged families. We want to invest in ante-natal and post-natal support programmes that aim to do one or more of the following: (i) improve a child’s social and emotional development, (ii) improve their language development or (iii) improve their nutrition and reduce obesity. The evidence suggests that these three areas can have a significant impact on long-term life chances and outcomes.

Each area will also need to address systems changes across all children and families agencies. The systems changes should deliver less bureaucratic, more joined-up services; services that are prevention-focused; that are needs-led and demand-led; that work with a whole family; and that get it right for families first time.

1.3 Our focus is improving the life chances of babies and children, particularly children who are most in need.

The initiative will concentrate on investing in parents through pregnancy until their children are three years old (i.e. children up until their fourth birthday), although the impact of these investments might only be measurable as the children become older. Local areas should progressively target the entire population through ante- and post-natal assessment, so that the greatest support is given to the neediest families. Note that the 3-5 areas we select will already be needy in terms of deprivation, so the neediest families within these areas are likely to have a range of other issues.

1.4 We will invest heavily in a small number of local areas over a long period of time.

We will invest £30-£50million in each of 3-5 local areas, each with a population of between 30,000-70,000, for up to a maximum of 10 years. This means that each area is likely to comprise 3-5 wards within a local authority. This scale is intended to make a measurable impact in children’s outcomes in the chosen areas.
## 2. What will happen in the areas that we fund?

### 2.1 We want to fund areas where there is:

**(i) a high level of need**

We want to fund geographic areas where there is, first, a high level of need. To do this, we wrote to all local authorities in England in January 2013 asking them to identify wards within their authority area where there was a particularly high level of need in terms of deprivation, educational achievement and child health.

**(ii) a high level of commitment**

Since then, we have assessed the best selection of areas down to a shortlist of 15 where there is, as well as need, a clear commitment to making the initiative a success and a well-structured, voluntary-sector-led partnership to deliver the work.

**(iii) a robust plan to deliver the work**

We will assess applications and announce the final 3-5 awards from these 15 shortlisted areas in June 2014. The decisions on who to fund will be based primarily on which partnerships can match the need and commitment with a clear delivery plan to make the initiative work in their area. Each of the shortlisted partnership has received substantial funding to help them develop their plans and strategy for prevention in pregnancy and the first few years of life.

### 2.2 The Social Research Unit (SRU) at Dartington is supporting the local partnerships

Working in partnership with the Centre on the Developing Child at Harvard University, Impetus-PEF, and Warwick University, the Social Research Unit at Dartington are supporting the 15 sites by: (a) providing bespoke data about the needs of children in the partnership areas; (b) supporting partnerships to engage with the very best evidence and science about what works; and (c) facilitating community engagement with key-decision makers to develop locally-owned strategies and plans.

### 2.3 Strong leadership and vision within voluntary sector-led partnerships is key to changing the system of first years provision in their area.

One of the key features of A Better Start is that there should be a systems change in the way that local health, public services and the voluntary sector work together to put prevention in early life at the heart of service delivery and practice. Strong leadership and vision is a vital part of effecting this systems change. As part of our assessment process, we have conducted leadership interviews with Directors of Public Health, CEOs of voluntary organisations and Directors of Children’s Services.

### 2.4 The key child outcomes of our funding will be improved:

**(i) social and emotional development**

Area plans will need to address our three key child outcomes. The first of these, around improved social and emotional development, will include addressing essential elements of preventing harm before it happens (including abuse and/or safeguarding, neglect, perinatal mental health and domestic violence) as well as those that promote good attunement and attachment.
(ii) language development
For language development, there should be plans in place to develop in parents the skills to talk to, read to and sing to - and particularly to praise - their babies and toddlers and to ensure local childcare services also emphasise language development.

(iii) nutrition and diet.
Areas should be clear about the nutritional priorities in their areas, and have plans in place to address these nutritional needs, in particular breast feeding, based on the best available evidence.

2.5 Health is central to all these outcomes
Universal maternity and child health services, as well as intensive/specialist services have a key role in A Better Start. A Better Start can test and develop innovative approaches within the Healthy Child Programme and how learning from the sites can be fed back into Healthy Child Programme for national adoption and scale. Similarly, we have much to learn about developing and implementing evidence-based practice from the Family Nurse Partnership.

2.6 Interventions will be based on the best available science and evidence of what works.
To work well, A Better Start will need to rely on evidence, but where the evidence is weak, we will support partnerships to innovate based on a sound logic model and understanding of the science.

3. How to measure what we achieve?

3.1 We want to ensure that impact is measurable and can influence change
We estimate that over the 8-10 years of the initiative, we will directly help at least 30,000 babies and young children in the areas that we fund. The greater prize, however, is to use what we learn to improve services for babies and children right across the country. We are therefore investing almost £8million into two evaluations of A Better Start.

3.2 An overall evaluation: a consortium led by Warwick University
Working with five other British universities and the National Children’s Bureau, Warwick University have been engaged to evaluate A Better Start. This will consist of: (a) evaluating the implementation in the successful sites; (b) evaluating the impact by tracking cohorts of children; (c) conducting localised randomised controlled trials (RCTs); and (d) sharing and disseminating learning.

3.3 London School of Economics (LSE) will conduct an economic evaluation
The LSE have been engaged to: (a) calculate the savings that might accrue from investing in prevention in pregnancy and early life; and (b) develop easy-to-use tools to support partnerships in developing economic business cases for investment in pregnancy and early life.

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<th>Organisation</th>
<th>Key events in 2013</th>
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<td><strong>Big Lottery Fund</strong></td>
<td>- Launched assessment process (Jan 2013)</td>
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<td>- Announced shortlist of 15 sites (Aug 2013)</td>
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<td>28 Feb - application deadline for 15 sites. Assessment of bids: Mar-May</td>
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<td>- Science Within (Aug 2013) and What Works (first version - Nov 2013) published</td>
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<td><strong>Warwick Consortium</strong></td>
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