Thrive at Five

Year 1 Evaluation Report

Stoke-on-Trent

Centre for
Evidence and
Implementation

Authors

Dr Stephanie Smith, Principal Advisor, CEI

Paola Castellanos, Senior Research Assistant, CEI

Amy Hall, Advisor, CEI

Georgina Mann, Advisor, CEI

Jane Lewis, Associate Director, CEI

About CEI

The Centre for Evidence and Implementation (CEI) envisions a world where people can improve their lives through support that is equitable and effective. We are a global, for-purpose evidence intermediary and advisory organisation dedicated to using the best evidence in practice and policy to improve the lives of people facing adversity.

Established in Australia in 2016, CEI is a multi-disciplinary team across five offices in London, Melbourne, Oslo, Singapore, and Sydney. We work with our partners, including policymakers, governments, practitioners, programme providers, organisation leaders, and funders in four key areas of work:

1. Understanding and making sense of the evidence base

2. Generating evidence through trialling, testing, and evaluating policies and programs to drive more effective decisions and deliver better outcomes

3. Developing methods and processes to get high quality evidence into policy and practice

4. Building cultures for evidence use

Contents

Acknowledgements

List of tables

List of figures

Executive Summary

Introduction to Thrive at Five

Thrive at Five is a national charity with a mission to drive systemic change in early childhood development for those living in socio-economically disadvantaged communities, beginning with Stoke-on-Trent as its first adopter site. Using a holistic, place-based approach, it aims to strengthen parental capacity and build cross-sector collaboration across public, private, and voluntary organisations.

The intended long-term outcome of Thrive at Five is to improve Early Years Foundation Stage Profile (EYFSP) scores and increase the proportion of children reaching a 'Good Level of Development' (GLD) by the end of their first year at school. It aims to bring about positive change through simultaneous action across five key intermediate outcomes areas – parent-infant relationships, parental wellbeing, home learning environments, early communication and language, and quality early education and care.

Year 1 evaluation

This report outlines findings from the first year of the independent evaluation of Thrive at Five in Stoke-on-Trent, identifying implementation facilitators, barriers, and preliminary impacts. Drawing on data from 30 qualitative interviews, a workforce survey, internal evaluations, and a parent survey, the report evaluates progress against the national theory of change. While quantitative outcome data (including impact on EYFSP and GLD) is not yet available, and unlikely to be detectable until late 2025 at the earliest, the qualitative evidence and survey responses outlined in this report signal positive change.

Stoke-on-Trent: a city in need

Stoke-on-Trent faces significant socio-economic challenges that hinder early childhood outcomes. The latest EYFSP data from the 2023/24 academic year shows only 63.9% of children in the city achieved a GLD, below the national average of 67.7%. Disparities are stark among children eligible for free school meals, with only 59.2% reaching GLD compared with 68.4% of their non-eligible peers. Thrive at Five is operating in Abbey Hulton and Bentilee wards - two areas marked by high deprivation, fragmented services, and parental isolation.

Stakeholder interviews revealed an under-resourced, disjointed early years system, which was exacerbated by the pandemic when Thrive at Five began operating locally in 2021. Since then, improvements in collaborative working are building and are being attributed to Thrive at Five. Despite this, findings from the workforce survey (summer 2024[i]) indicated continued challenges across the city's practitioners, with only 55% of respondents feeling connected to others in the sector. Parents also echoed concerns about service coordination, highlighting gaps in awareness and access to support, but also clear opportunities for Thrive at Five to help bridge this gap.

Impact of Thrive at Five

Stronger systems and practices

Interviews with system leaders and practitioners described Thrive at Five as playing a catalytic role in improving collaboration across services. System leaders and practitioners report better partnership working and deeper engagement with parents and communities. Some interviewees report stronger collaboration in the Thrive at Five wards compared to other areas and there is tentative evidence to support this viewpoint from the workforce survey, with more positive responses to collaborative working reported by practitioners working in the Thrive at Five wards and across Stoke-on-Trent than those exclusively working in non-Thrive at Five wards. Thrive at Five has also elevated awareness of the importance of the early years, expanded training opportunities (e.g., NELI training), and increased data-driven decision-making.

Empowered parents

Parents engaging with Thrive at Five initiatives—such as the new Parent-Baby-Toddler (PBT) groups and other Family Hub programmes, reported reduced isolation, stronger social networks, and greater confidence in supporting their child's development. Participation in Thrive at Five activities has led to increased take-up of other early years services, improved parent-school engagement, and greater readiness for school transitions. Parents described having increased knowledge and confidence around how to support their young children's development from attendance at PBTs and were repeating PBT activities at home, therefore strengthening their home learning environments. They also described benefits to their own confidence and social skills and improvements in mental health and wellbeing.

Children more ready for school

Parents and professionals observed clear improvements in children's school readiness. Key indicators include better emotional readiness, improved language and communication skills, greater independence (e.g., toilet training), and stronger peer interactions. Teachers

---

[i] It is important to note that the workforce survey and the survey of parents and carers do not represent a 'baseline', since they were undertaken in 2024, three years into Thrive at Five's work in Stoke-on-Trent.

describe being "shocked" by the scale of positive change in children entering school. Participation in PBTs, Talking Time, school transition support, and the Nuffield Early Language Intervention (NELI) were reported to be key drivers of these gains.

Implementation insights

Thrive at Five has established itself as a valued initiative within Stoke-on-Trent's early years landscape. There is a clear sense that this approach came at the right time, and the area's readiness was strikingly described in terms of the high level of need rather than by reference to existing foundations from which to build on.

Despite being up against systemic challenges, Thrive at Five appears well adopted by the local system. It is seen as highly acceptable by professionals at all levels and parts of the system, and those interviewed say they would strongly recommend it to other local authorities. Stakeholders commended its inclusive, co-designed approach, and the credibility of its local backbone team and national leaders. Key facilitating factors also include its local adaptation, with the discovery phase ensuring alignment with Stoke-on-Trent's specific needs and assets. Other facilitators include high levels of community trust. Thrive at Five's collaborative ethos resonated with stakeholders, fostering buy-in and momentum, and there is a strong sense of its presence in the local community.

Despite strong engagement, challenges remain, including:

- **Reaching the most marginalized families**: The activities introduced by Thrive at Five are highly valued by parents, and Parent Connectors are widely cited as the driving force for bringing in parents who would otherwise not engage with local support. However, reaching the most marginalised families remains an ongoing challenge. Barriers such as transport and stigma hinder broader parental participation.
- **System integration**: While frontline and strategic buy-in is strong, greater engagement at the management level is needed to accelerate systems change.
- **Data sharing and coordination**: There are also reported blockages around data sharing and integration across services, which hinders coordinated action, e.g. only 50% of workforce survey respondents reported effective structures for cross-sector collaboration.
- **Long-term sustainability**: Embedding Thrive at Five within existing structures and ensuring long-term funding remain pressing issues.

Conclusion

Thrive at Five is making tangible progress in strengthening early years support in Stoke-on-Trent and it has laid a strong foundation for systemic change. Early evaluation findings suggest promising outcomes in system collaboration, parental engagement, and school readiness. However, sustained commitment, adaptive learning, and a sharp focus on scaling and embedding within systems will be key to achieving its long-term impact and ensuring more children enter school ready to thrive.

1. Introduction

1.1. Introduction to Thrive at Five and the evaluation

Thrive at Five is a national charity with a mission to help children in their early years develop strong foundations for life and learning, especially for families living in poverty and with other disadvantaged circumstances. They operate using a holistic place-based model which has been developed to strengthen and coordinate early years systems, practices, and pathways of support from pregnancy to the end of the first year at school in some of the UK's disadvantaged local communities. Their approach comprises of two closely linked elements:

- Unlocking the power of parents to give their children the nurturing care and supportive environments they need

- Strengthening the community of collaboration around children and families within and across the public, private, and voluntary sectors

The long-term goal is to help bring about sustainable improvements in the proportion of children reaching a 'Good Level of Development' (GLD) at age five, as measured by the Early Years Foundation Stage Profile scores (EYFSP).

Thrive at Five's ambition is to create a replicable early years model that can be applied widely in disadvantaged local communities across the UK. They are initially implementing the model in two places with high levels of socio-economic disadvantage, in Stoke-on-Trent, and Redcar and Cleveland. In each area they work in selected wards, and target approximately 2500 children aged 0-5 years, their families/carers and early years practitioners. They will work in places for at least five years to see through and embed a

thorough change process, recognising that meaningful and sustainable improvements in early years outcomes take time to achieve.

In each locality, 'backbone' teams work with local partners and communities to implement and sustain complementary workstreams that target five intermediate outcome areas which are all key drivers of early years outcomes. Direct impact workstreams directly target these intermediate outcome areas through the adoption and careful implementation of evidence-based approaches at scale. Enabling workstreams help create the underlying conditions necessary for sustainable positive change. Whereas this framework is consistent across places, the detailed 'what and how' are tailored to local context. Thrive at Five provides funding to support the work with a requirement for co-funding by local organisations.

1.2. Thrive at Five's national theory of change

Thrive at Five have developed (with support from the CEI evaluation team) and iterated a national theory of change - see Figure 1, which sets out the key elements of their initiative and pathways of impact. The theory of change includes their intended mission, the target population, key strategies they will use, inputs, implementation outcomes, short-term outcomes, intermediate outcomes and final impact.

Mission
The theory of change sets out an explicit mission at the forefront of the model. This is simply articulated as helping children in their early years develop strong foundations for life and learning.

Target population
The target population is defined as pregnant women and all children aged 0-5 years in their target localities, with a particular emphasis on children at risk of not reaching a GLD at the end of their first year of school. As well as the families, Thrive at Five also targets all those who help shape babies and children's early development and learning, which includes practitioners, broader early years professionals, early years volunteers, and system leaders.

Strategies
The Thrive at Five approach is comprised of two interwoven strategic drivers:

• **Unlocking the power of parents and carers** to give their children the nurturing care and supportive environments they need, and

• **Strengthening the community of collaboration around children and families** across (and within) the public, private, and voluntary sectors.

These two strategic drivers are interwoven because they interact with, and influence, each other. For instance, as parents become engaged and knowledgeable they will be more likely to access and benefit from services and support. Equally, strengthened collaborative action encourages better services and support that, in turn, helps unlock parenting capability.

The team in each locality coordinates and supports a broad range of partners through a 3-stage development process:

• **Phase 1 - Discover**: this phase includes mapping the gaps in support for babies, children and families, and identifying the assets in the local community.

- **Phase 2 - Co-Design and Implement**: using the data from discovery plus research evidence to co-design strategies. Supporting implementation with additional capacity, including expertise and funding.
- **Phase 3 - Improve and Embed**: partnering with an internal and external evaluation team to test, learn and refine. Discovering sustainable ways to embed things that work.

As Thrive at Five build trust and relationships, the local team and partners focus on the following activities:

- **Working to a common agenda** – aligning agendas by consistently bringing the local system together to unite behind a shared goal and to network, update, reflect, learn, and plan.
- **Using data evidence** – identifying gaps in support across a local community that influence outcomes for babies and children in the early years; implementing evidence-based tools to deliver sustainable change; and systematically monitoring progress against key indicators.
- **Engaging parents**: by supporting parent champions, creating welcoming community spaces and consistent communications, ensuring parental views and voices are heard.
- **Upskilling practitioners**: by providing opportunities for them to learn and share best practice and to embed evidence-based approaches.
- **Embedding ways of working**: to deliver an integrated pathway of early years support that simultaneously addresses multiple factors that are important to children's development.

Thrive at Five's current approach encapsulates two types of action – direct impact workstreams and enabling workstreams.

Direct impact workstreams typically involve the introduction and careful local implementation of established evidence-based approaches or tools. These workstreams <u>directly</u> target the intermediate outcome areas (see below) progress can be tracked using pre-and-post assessments of participants. The direct impact workstreams currently being delivered in Stoke-on-Trent include Talking Time, PEEP Learning Together, and the Nuffield Early Language Intervention (NELI).

Enabling workstreams aim to create the underlying conditions for sustainable positive changes in EYFSP outcomes. The enabling workstreams centre around three key strands - *parent engagement* - including parent outreach initiatives, innovative communications, and community events; *improving practice* which includes workforce upskilling; and *strengthening the system*.

Inputs
To put the above approach into practice in local places, Thrive at Five provide support in the following ways:

- **A minimum 7-year commitment to working in local partnership** towards a common agenda. The approach starts with an agreement with a Local Authority and other public sector partners to a minimum five-year partnership with Thrive at Five. This is intended to cement a co-funding arrangement and agreement to the Thrive at Five approach to achieve sustainable improvements in the percentage of children reaching a GLD by the end of their first year at school, within a selected geographical locality.

- **A local backbone team**: Thrive at Five provide capacity for collaborative action through a small, local 'backbone' team, which is made up of talented and passionate local people. Local teams work in partnership with the public, private and voluntary sectors. They enable effective collaboration by playing a neutral, coordinating role, creating connections, and enabling continuous communication across all parts of the systems and within communities. Backbone teams may comprise of a Head of Local Programme, Pregnancy-2 Lead, 3-5 Lead, Programme Officer, Community Coordinator, Communications Officer, and Parent Connectors.

- **Access to expertise**: local backbone teams are supported by the Thrive at Five national team which includes expertise in the delivery of early childhood programmes, research, and evaluation. The Thrive at Five national team assist local programme development and implementation, oversee the testing of replicability and scalability, and lead on the development of the overall Thrive at Five early years model. The national team is supported by Thrive at Five's Board and Expert Advisory Council.

- **Additional resources** of between £150-200k per year is recommended (over and above the cost of the backbone team) to catalyse, test and embed new approaches.

Implementation outcomes

Implementation outcomes are separately defined in the theory of change to help identify how to evaluate the quality of implementation. The relevant implementation outcomes include:

- **Adoption**: the extent to which services and organisations engage with the Thrive at Five local programmes.

- **Reach**: the extent to which the right children and families are engaged and supported by the programme at the scale necessary to achieve the intended outcomes.

- **Acceptability**: whether the approach is liked and/or seen as suitable by parents, practitioners, the broader early years paid and volunteer workforce, system leaders, and the 'backbone team'.

- **Feasibility/Fidelity**: whether the approach as outlined - the nascent model - is do-able and can be delivered broadly as intended.

- **Institutionalisation/Sustainability**: whether the approach gets institutionalised within systems and processes and/or can be sustained over the long term.

Short term outcomes

Short term outcomes are defined according to key groups of beneficiaries – children, parents/carers, and practices and systems.

- **Children** get the positive experiences, nurturing care, evidence-based support and high-quality education they need.

- **Parents and carers** have improved access to high-quality services, wider peer support networks and general parenting advice. As a result, parents have improved parenting knowledge, skills, and confidence, and they are better able to meet children's needs.

- **Practitioners, broader early years professionals, and early years volunteers** are better connected with each other and with parents, have a stronger knowledge of the full scope of available resources to support children and families across their locality. They have a shared goal/shared goals around early years outcomes. They also have strengthened data and processes to identify need; improved access to evidence-based

approaches; enhanced knowledge, skills, confidence, and capacity to soundly implement these approaches; strengthened data systems to assess the effectiveness of these approaches; and improved support to help them reflect on and strengthen their practice.

- Systems leaders[ii] have a strengthened shared vision and better connections with parents. They have an increased understanding of the full scope of available resources to support children and families across their locality; improved access to and knowledge of evidence-based approaches; improved data systems to identify need and assess what works; enhanced processes to enable collaborative action. They are coordinating and strengthening early years systems, practices and pathways of support from pregnancy to the end of the first year at school.

Intermediate outcomes

Thrive at Five aims to bring about positive change through simultaneous action across five key intermediate outcomes areas. These intermediate outcomes were carefully selected based on the best available evidence around what shapes children's early outcomes. They are:

1) Parent infant relationships

2) Parental wellbeing

3) Home learning environment

4) Early communication and language

5) Early education and care in settings

Impact (ultimate outcome)

The ultimate outcome of Thrive at Five is to achieve improved scores at age five on the Early Years Foundation Stage Profile, and increased percentages of children reaching a 'Good Level of Development' by the end of the first year at school.

[ii] Systems leaders are those who have strategic responsibility and oversight across their organisation/sector.

Figure 1. Thrive at Five National theory of change (updated Autumn 2024)

NATIONAL THEORY OF CHANGE (ENGLAND)

Thrive at Five's mission is to help children in their early years develop strong foundations for life and learning

Target population	Strategies we use	Inputs	Implementation Outcomes		Short term outcomes	Intermediate Outcomes	Impact

Unlocking the power of parents and carers to give their children the nurturing care and supportive environments they need.

Strengthening the community of collaboration around children and families and in doing so improving early years pathways of support from pregnancy to the end of the first year at school.

Target population

Focusing on the disadvantaged communities that we work with: -

Pregnant women and all children aged 0-5 in our target localities, with a particular emphasis on children at risk of not reaching a 'Good Level of Development' by the end of their first year at school. To achieve our intended outcomes, we work with all those who help shape babies and children's development and learning in pregnancy, and during the early years (including parents, carers, practitioners, broader early years professionals, early years volunteers, and system leaders).

Strategies we use

In each locality, we support a wide range of partners though a 3-stage development process: Discover, Co-Design and Implement, and Improve and Embed. *As we build trust and relationships our partners come together with a focus on: -*

Working to a common agenda
Defining the nature of the challenge, aligning agendas, and committing to a combined approach.
Using data and evidence
Identifying gaps in support that influence outcomes for babies and children; identifying and soundly implementing evidence-based tools to deliver sustainable change; and monitoring progress systematically against key indicators.
Delivering mutually reinforcing activities (with some workstreams that directly drive progress against our intermediate outcomes and some workstreams that act as enablers by creating the underlying conditions necessary for positive shifts in these outcomes).
Engaging parents by supporting parent champions, creating welcoming community spaces and consistent communications, and ensuring parental views and voices are heard.
Enhancing parental capabilities by improving access to advice and support.
Upskilling practitioners by providing opportunities for them to learn and share best practice and to embed evidence-based approaches.
Embedding ways of working to deliver an integrated pathway of early years support that simultaneously addresses multiple factors that are important to children's development.

Inputs

An agreement with a Local Authority and other public sector partners to a minimum five-year partnership with Thrive at Five. The partnership will be designed to achieve sustainable improvements in the percentage of children reaching a 'Good Level of Development' by the end of their first year at school, within a selected geographical locality.

A local Thrive at Five team based in each selected locality ('backbone team') comprising a Head of Local Programme, Pregnancy - 2 Lead, 3 - 5 Lead, Programme Officer, Community Coordinator, Communications Officer, and Parent Connectors.

A National Team, supported by an Expert Advisory Council, who assist with local programme development and implementation, oversee the testing of replicability and scalability, and lead on the development of the overall Thrive at Five early years model.

Additional resources (over and above the cost of the backbone team) of between 150,000 GBP and 200,000 GBP per year to catalyse, test and embed new approaches.

Implementation Outcomes

Adoption (the extent to which services and organisations engage with Thrive at Five's local programmes).

Reach (the extent to which the right children and families are engaged and supported at the scale necessary to achieve our intended outcomes).

Acceptability (whether the approach is liked and/or seen as suitable by parents, practitioners, the broader early years paid and volunteer workforce, system leaders, and the 'backbone team').

Feasibility/Fidelity (whether the approach as outlined - our nascent model - is do-able and can be delivered broadly as intended).

Institutionalisation (whether the approach gets institutionalised within systems and processes and/or can be sustained over the long term).

Short term outcomes

Children
Children get the positive experiences, nurturing care, evidence-based support and high-quality education they need.

Parents and carers
Parents have improved access to high-quality services, wider peer support networks and general parenting advice. As a result, parents have improved parenting knowledge, skills and confidence and they are better able to meet children's needs.

Practices and systems
Practitioners, broader early years professionals and early years volunteers are better connected with each other and with parents and have stronger knowledge of the full scope of available resources to support children and families across their locality. They have a shared goal/shared goals around early years outcomes. They also have strengthened data and processes to identify need; improved access to evidence-based approaches; enhanced knowledge, skills, confidence and capacity to soundly implement these approaches; strengthened data systems to assess the effectiveness of these approaches; and improved support to help them reflect on and adapt their practice

System leaders have a strengthened shared vision and better connections with parents. They have an increased understanding of the full scope of resources available to support children and families across their locality; improved access to and knowledge of evidence-based approaches; improved data systems to identify need and assess what works; and enhanced processes to enable collaborative action. They are coordinating and strengthening early years systems, practices and pathways of support from pregnancy to the end of the first year at school.

Intermediate Outcomes

Strengthened Parent-Infant Relationships

Improved Parental Mental Health

Enriched Home Learning Environments

Enhanced Communication and Language

Better Quality Education and Care in settings

Impact

Improved scores at age five on the Early Years Foundation Stage Profile, specifically more children reaching a "Good Level of Development"

9

1.3. The importance of early years

A critical period for intervention and reducing inequities

The first five years of life are widely recognised as a critical period of development. Experiences in the years before starting school play a profound role in determining future opportunities and later life outcomes, including health, wellbeing, relationships, and achievements throughout the life course[1,2]. By the age of five, many children in England are failing to achieve a 'good level of development' (GLD), as defined as meeting expected levels of development across the core areas of the Early Years Foundation Stage profile. Children from disadvantaged backgrounds are already likely to be behind their peers by this stage. A large body of research shows that inequalities across a range of outcomes are strongly correlated with being born into household poverty, and that they tend to widen with age[3]. Inequalities in early childhood development have consequences that are not only carried into adulthood, but also passed down to future generations, creating a poverty trap effect[4]. The first five years of life are therefore a critical period for intervention not only to ensure that children are able to have a positive start in life, but also to break the cycle of intergenerational inequality.

Within this period, the "first 1000 days" are often highlighted as a time of heightened opportunity and vulnerability for physical growth and brain development, making it a crucial window for interventions that can shape long-term outcomes[5]. Following this, the "next 1000 days"—between ages 2 and 5—has recently been emphasised as a phase of expansion and refinement in cognitive, language, and socioemotional skills[6,7]. During this time, children's developmental trajectories can either be sustained by building on early gains or recalibrated by addressing gaps in areas where environmental conditions may have previously been challenging or scarce[8]. Overall, there is sound agreement that the quality of care and stimulation children receive during these years is critical, as it directly impacts children's future capacity to navigate academic, social, and emotional challenges.

Exposure to adverse experiences in the early years, such as socioeconomic disadvantage, poor caregiver mental health, maltreatment, or social isolation, not only increases children's vulnerability but can also undermine their developmental progress[9,10,11]. The effects of inequality can manifest as early as age three, with significant gaps in cognitive and behavioural skills between children from disadvantaged backgrounds and their more advantaged peers[12]. These early disparities underscore the importance of creating a nurturing environment in the home, care, and educational settings that ensures children receive sensitive care, access to early learning opportunities, and protection from harmful threats[2,10].

Role of the early years ecosystem

Whilst parenting has been found to account for around half the variance in adult outcomes[13], such nurturing environments are not solely dependent on primary caregivers, but also require the integration of services, policies, and programmes across sectors that support the early years ecosystem[1,14]. The early years system encompasses a broad range of settings, organisations and services that are engaged in the care, protection, education, and development of young children from birth (and before, in the prenatal period) until they enter formal schooling, typically at the age of five. An integrated approach across this system is essential to fostering the holistic development of young children and mitigating the impact of adversity.

A system under strain

Across the public, private and voluntary spheres, tremendous resource and effort is put into supporting children in the early years. Yet increasingly, evidence suggests that *fragmentation* in the early years system in England and at the local level is a significant

issue and limits the impact that the system can have as a whole[15]. Services and professionals from across different parts of the system struggle to work together effectively, leading to missed opportunities to coordinate between agencies to provide holistic, joined up and equitable care for children and families and limiting attempts to tackle area-wide challenges collaboratively[16].

Supporting parents and services

Supporting parents and fostering positive relationships between caregivers and service providers is equally important to ensuring positive outcomes. Therefore, fostering a shared understanding of the importance of the early years, establishing effective communication channels, and promoting collaborative and coordinated efforts across various child-serving systems and sectors can collectively sustain a healthy early years ecosystem, which, in turn, supports children's development and enhances family wellbeing[14].

1.4. Place-based approaches to supporting the early years

"Place-based" approaches[17] have gained increasing traction in recent decades as an approach to addressing entrenched issues across whole local populations. Although their focus varies, they typically adopt an ecological or systems approach to tackling complex social issues, often targeting a defined geographical location or 'place' and engaging all partners with a stake in an issue locally. By harnessing the resources and reach of the entire system and bringing all stakeholders together behind a shared vision and plan that is rooted in the use of evidence, these approaches have potential to achieve large-scale and sustainable change far beyond the reach of individual programmes or services.

Thrive at Five is informed by the Collective Impact model[18]. Collective Impact approaches bring together local leaders from different sectors to work together on a common agenda to address a specific problem. The Collective Impact framework is based on five components or 'impact conditions':

- **A common agenda**: with a shared vision for change, shared understanding of the problem and joint approaches

- **Shared measurement**: agreement on how success will be measured and reported and consistent data collection

- **Mutually reinforcing activities**: coordinated activities in a mutually reinforcing plan

- **Continuous communication**: to build and sustain trust and partnership

- **Backbone support**: provided by a separate organisation and staff team.

A growing body of evidence, although mixed and of varying quality, suggests that place-based initiatives can play an important role in tackling inequalities in the early years[17]. Of 12 initiatives identified in a 2021 scoping review of place-based approaches to improving outcomes among disadvantaged children under the age of five, all but one demonstrated a positive outcome on at least one outcome measure. Of the 83 outcomes assessed using a comparison group across all studies included, over a third (36.4%) demonstrated a positive outcome and at least a quarter of studies demonstrated sustainability in positive effects over time[14].

In the UK, across seven evaluations identified for the place-based 'Sure Start' programme, positive effects were found for nine outcomes measures relating to pregnancy and birth, child, parent, family and school and community measures[17]. Four of these positive effects were found to be sustained at follow up[17]. More recent analyses of Sure Start have

provided further evidence of positive impacts across additional domains including health[19] and education[20], as well as outcomes relating to youth offending and children's social care[21]. By age 11, for example, children in areas with Sure Start coverage experienced significantly lower levels of hospitalisation, as well as improved self-reported health and mental health[19]. Access to a Sure Start centre from birth to age five was found to significantly improve educational achievement with effects lasting up to GCSEs (age 16). Furthermore, living near a Sure Start centre before the age of five was associated with a reduced likelihood of being convicted or being in custody for a criminal offence by age 16, as well as reducing the amount of time spent in care[20,21].

Evaluation findings from the ongoing ten-year early place-based programme, 'A Better Start' (ABS), also provide numerous examples of the ways in which place-based programmes can help to reduce the risk of disadvantage in the early years[22]. Consistent relationships with ABS staff, for example, were found not only to help disadvantaged families to access a variety of services and resources, but also thought to be key to maintaining the engagement of families who might have been unlikely otherwise to access formal support. This type of systems change brought about by ABS, the authors suggest, is particularly relevant in the pre-school years when disadvantaged children may not have many points of contact with the system[22]. Research on early years integration commissioned by London Councils similarly provides strong evidence that well-integrated early years services and systems can transform the experience of services for parents and their children including by supporting families to navigate the local services available to them, supporting mainstream services to tailor their support to family's needs and helping to ensure that families with high levels of need who are less visible to the individual programmes within the system, or less familiar with it, are less likely to fall through the gaps[23].

Evaluation of Collective Impact also finds positive impacts. A synthesis of evaluations of 25 collective impact initiatives in the US, using theory-based evaluation approaches concluded that there was plausible evidence of the initiative contributing to population change in most sites[24]. Changes in services and practices were found in most sites. Partnerships were a key driver of change.

1.5. Thrive at Five delivery in Stoke-on-Trent (2021-2024)

1.5.1. Building local connections and establishing trust

Thrive at Five's first priority in Stoke-on-Trent was to build local connections and establish trust. During their early Discovery work, they invested time in listening to and shadowing public sector leaders, practitioners, representatives from the faith and voluntary sectors, and local parents.

As a new organisation, they were keen to demonstrate their added value as early as possible with some concrete deliverables. They agreed to start this process focusing on improving children's transitions into nursery and reception. This led to the delivery of a series of activities for families with transitioning children (together labelled Ready Steady Stoke), all co-produced with a steering group of local stakeholders. The activities culminated in two large community events in summer 2022 - one in Abbey Hulton and one in Bentilee - where hundreds of families came together with school staff and staff from wider community services. The Thrive at Five team utilised national connections for these events, bringing in the BBC Tiny Happy People campaign alongside the National Literacy Trust and a team from the LEGO Foundation.

1.5.2. Early delivery work with schools

From 2022 onwards, the local Thrive at Five team convened the seven local primary schools in the two wards for collective discussions around how to improve children's early skills and readiness to learn. This led to a workstream based on the introduction and rigorous implementation of the Nuffield Early Language Intervention (NELI) for children in reception who needed language catch-up support. The local need for this additional input was significant, with many children requiring additional support. However, in-school delivery capacity was not sufficient to enable delivery at the scale required. Through a partnership with the University of Staffordshire, Thrive at Five piloted bringing in undergraduate education students as a source of additional capacity. To further strengthen the approach, they recruited peripatetic teachers to work across the seven schools, initially focused on supervising students and supporting NELI delivery.

1.5.3. Parent Baby Toddler Groups

A key challenge in the two Stoke-on-Trent wards was that parents did not have enough places to go with their young children. This contributed to high levels of parental isolation. Working in partnership with local organisations, the local Thrive at Five team sought to increase the number of available PBT Groups in their two wards. They initially supported the setting up of school-based weekly PBTs where school staff get to know local families with babies and infants (i.e., their future pupils and families). Through new school groups and new community groups, they have now seen a five-fold increase in PBT attendance, with capacity for 200 families every week to attend a PBT.

1.5.4. Expanding activities

Alongside NELI, Thrive at Five introduced Talking Time (a universal oral language intervention) into nursery classes across all seven primary schools. They have more recently also introduced PEEP Learning Together into local nursery classes and local PBTs to improve home learning environments.

1.5.5. Next steps

As the Stoke-on-Trent programme becomes more mature, Thrive at Five expect to refine and sharpen their theory of change, with the individual elements complementing one another to create a coherent integrated package. To support this, they will shortly be relaunching their local governance structures. This will include two Working Groups (one for 0-2 and one for 3-5) with Link Practitioners from a range of local services, a Senior Stakeholder Group, and a Leadership Group. They also expect to establish 0-2 years direct action workstreams, focused on strengthening parent infant relationships and improving parental mental health. They hope to increase the precision of their outreach work, by utilising birth registration data and Parent Connector capacity to reach a high proportion of local families with newborns at the very start of their journey. They also hope to introduce two Communities of Practice (one on Parenting and one on Early Learning & Development). Finally, they hope to be able to introduce data scorecards, showing data trends across the range of intermediate outcomes and helping to cement the work as a local multi-disciplinary mission to improve children's outcomes at age five.

1.6. Brief update on Redcar and plans

The second adopter site – Redcar, in northeast England, was set up in 2023, with the discovery phase starting in September 2023. They have recently completed their discovery phase, which involved a successful recruitment of the local backbone team, setting up local governance structures, and completing detailed asset mapping of the five Thrive at Five wards chosen for delivery.

Redcar is now in the co-design stage, where they are researching and collaborating on appropriate direct impact workstreams, drawing on learnings from Stoke-on-Trent, and tailored for their local population.

1.7. Overview of the national evaluation

1.7.1. Evaluation approach

CEI will undertake an evaluation in each of the Thrive at Five sites, following the delivery of the programme over time, and building learning from comparison between sites.

Each site-level evaluation includes an **implementation and process evaluation (IPE) strand**, using a mixed methods approach to assess progress in implementing Thrive at Five and learning about what it takes to implement it well, plus an **impact strand** with a focus on measuring progress against the five intermediate outcomes using a range of validated measures, and the overall impact on EYFSP scores.

The overarching evaluation research questions are:

- RQ1. Is there sufficient and collaborative support for the place-based initiative from key leadership?
- RQ2. Is there sufficient support being provided to Workstreams from Working Groups and Backbone staff to deliver their work?
- RQ3. Are individual workstreams being implemented as intended?
- RQ4. What are the barriers and facilitators to implementation of individual workstreams? What refinements are needed as a result?
- RQ5. Is Thrive at Five being implemented as intended?
- RQ6. What are the barriers and facilitators to implementation of Thrive at Five? What refinements are needed as a result?
- RQ7. Is there evidence of perceived impacts on intermediate outcomes, both quantitatively and qualitatively, among delivery staff and community participants?
- RQ8. Is the Thrive at Five approach acceptable to all stakeholders and can it be sustained beyond the central Thrive funding and support period?
- RQ9. Is there evidence of impact on long-term outcomes (EYFSP scores and GLD) that is attributable to Thrive at Five?

1.7.2. Impact on GLD

To understand the impact on GLD, the evaluation will compare the child-level outcomes in the wards receiving the initiative with child-level outcomes in the other wards within the local authority, as well as these outcomes before-and-after the initiative. This approach is commonly known as 'difference-in-difference' and compares changes in outcomes in the 'treated' wards with the changes in outcomes in the 'counterfactual' wards over the same period. We will use a range of analysis methods.

1.7.3. Impact on intermediate outcomes

CEI will work with Thrive at Five to understand how existing data systems in each site can be used to explore change in the intermediate outcomes, and what additional data collection will be feasible to build in. In Stoke on Trent, Thrive at Five has worked extensively with

services to agree new data to be collected during health visitor review checks at age 1 and age 2 within the two Thrive at Five wards. Standardised validated instruments linked to intermediate outcomes have been agreed. CEI and Thrive at Five will together support this new data collection, training relevant staff, and providing oversight. The measures to be used are:

- Parental Wellbeing (1 year check) – Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)
- Parent-infant interaction (1 and 2 year check) – Mothers Object Relations Scale, Short Form (MORS-SF)
- Home learning environment (2 years check) -Toddler Home Learning Environment Scale (THLES)
- Early language and communication (2 years check) -Early Language Identification Measure Shortened (ELIM-S)

The tools to measure the quality of early education and care are in discussion.

1.7.4. Implementation and process evaluation

The IPE is guided by the Exploration Preparation Implementation Sustainment (EPIS) framework[25], focused on exploring elements from the inner and wider contexts in which Thrive at Five operates, and how these connect to the central role of Thrive at Five as a bridging actor within the inter-organisational networks of the local system (e.g. partnerships, backbone team).

The IPE serves an important role in supporting Thrive at Five workstreams by providing real-time analysis around how well the initiative is operating, providing information around the potential need for, and possible approaches to course correction, and eventually generating learning for wider application and scaling of the approach to other sites. As Thrive at Five expands to other sites, the IPE will also generate valuable information about how the implementation differed between sites and provide important insight into what works in different contexts and into the external validity (or transferability) of findings.

The IPE involves:

- A programme of annual qualitative interviews and group interviews with leaders, backbone team staff, workstream delivery staff, practitioners and parents and carers

- An annual workforce survey with staff working in early years to benchmark and monitor key features of the local early years system

In addition, the Thrive at Five national team has undertaken internal evaluation activity in each site, including evaluations of the delivery and where possible impacts of discrete activities or programmes. They also undertake regular surveys of parents and carers to understand and monitor change in experiences of each local context.

1.8. Evaluation activity drawn on for this report

This report draws on the following evaluation activity – a survey of the early years workforce and qualitative interviews of key stakeholders.

1.8.1. Early years workforce survey

A survey of the local early years workforce in Stoke-on-Trent was also conducted between June and August 2024. This survey targeted local stakeholders, including leaders, managers and frontline practitioners. It explored perceptions of the early years system's key aspects, perceived current performance on Thrive at Five's intermediate outcomes, and awareness of Thrive at Five. The survey was launched in June 2024 and the main distribution channel was an anonymous URL shared among key leaders and service leads by the Thrive at Five national team. A QR code was shared at the Thrive at Five conference on 19th June 2024 to extend its reach, and the survey was then closed on 15th August 2024 after 10 weeks of keeping the URL active.

The survey received 138 responses (of which 112 had complete data) from both managerial and frontline early years staff, working within Thrive at Five and non-Thrive at Five wards. Table 1 below gives a breakdown of survey respondents.

Table 1. Workforce survey respondent summary

Nature of respondent role	n (%)
Frontline staff	60 (54%)
Senior leadership	25 (22%)
Other management / supervisory role	16 (14%)
Administrative staff	3 (3%)
Other	8 (7%)

The survey data was analysed using descriptive analysis, looking at total numbers and percentages for each response item. Where appropriate, bivariate analysis was used to compare respondents based on the geographic location of their work – which included those working in the Thrive at Five wards (either exclusively or across Stoke-on-Trent), and those working only in non-Thrive at Five wards. Chi-square tests and t-tests were used to check for evidence of statistical significance in responses between these two groups.

1.8.2. Qualitative interviews

We conducted qualitative interviews across five participant groups, with a total of 30 interviews/focus groups (n=49 individuals) conducted in total during the year 2024.

Table 2. Summary of conducted qualitative interviews

Participant Group	Timeframe	Roles	Total
System Leaders	Round 1: June & July 2024	CEO local authority; MD Children & Families local NHS Trust	8 individual interviews
	Round 2: Nov & Dec 2024	AD children's services; CEO local academy trust; local headteacher; ICB lead; director of public health; VCS lead	

Participant Group	Timeframe	Roles	Total
Backbone team	Round 1: June & July 2024 Round 2: November 2024	At rounds 1 and 2: Partnerships & Programme Lead; 0-2 Lead; 3-5 Lead At round 2 only: parent connectors (x2); communications officer	9 individual interviews
Workstream leaders/delivery staff	November & December 2024	Leads for NELI, Talking Time, Ready Steady Stoke and Parent-Baby-Toddler groups	5 individual interviews
Parents	November & December 2024	Local parents of children aged 0-5	2 individual interviews 1 paired interview 3 focus groups (n=19 parents in total)
Practitioners	November & December 2024	Staff from early help team Staff from local VCS organisations	1 paired interview 1 paired interview

For the qualitative interview analysis, data collected from this comprehensive range of informants was cross validated, identifying disparities and similarities across groups. The data was analysed thematically, with themes derived both deductively (based on research questions and the national theory of change) and inductively (including any unexpected issues). The theory of change was used as a roadmap for analysis, aligning insights implementation outcomes (and where possible, with short-term and intermediate outcomes too).

2. The Stoke-on-Trent context

In this chapter, we present the contextual landscape of Stoke-on-Trent. We first describe Stoke-on-Trent, drawing on published administrative data. We then draw on qualitative data from the Implementation and Process Evaluation and on quantitative insights from the survey of the early years workforce, as well as the survey of parents and carers undertaken by Thrive at Five, to describe experiences of parenting in Stoke-on-Trent and experiences of the current service system.

It is important to note that the workforce survey and the survey of parents and carers do not represent a 'baseline', since they were undertaken in 2024, three years into Thrive at Five's work in Stoke-on-Trent. We also highlight that both surveys used pragmatic rather than systematic sampling approaches and the sample sizes are small, and the data should be regarded as indicative only.

2.1. Understanding the broader community landscape

Stoke-on-Trent, a city in North Staffordshire with a population of 258,000, is often regarded as one of the UK's archetypal 'left behind' towns, shaped by long-term deindustrialisation. This economic decline has resulted in a predominantly low-wage, low-skilled economy centred around manufacturing, logistics, and health and social care services, with fewer opportunities in services, administration, and professional fields. The city faces both structural and austerity-driven disadvantage, leading to a high reliance of the population on welfare support. In addition to economic hardship, Stoke-on-Trent consistently ranks among the highest in England on the Index of Multiple Deprivation (IMD)[iii], highlighting significant challenges across employment, education, health, housing, and living conditions.

The impact of this socio-economic disadvantage is particularly pronounced among children and families in Stoke-on-Trent, as reflected in the Income Deprivation Affecting Children Index (IDACI) reported in 2022, ranking the city 18th out of 317 English local authorities in terms of children aged 0 to 15 living in income-deprived families. The city's social care indicators reported for this same period further reflects these challenges. Stoke-on-Trent is ranked 11th highest in the proportion of 'children in need' and 15th in the proportion of children subject to child protection plans among 154 local authorities[iv]. These numbers not only indicate escalating concerns about their welfare and safety but also underscore the deeply entrenched nature of disadvantage faced by children in this community.

Children in their early years are particularly affected by these socio-economic challenges. The latest Early Years Foundation Stage Profile data revealed that only 63.9% of children in Stoke-on-Trent achieved a GLD in the 2023/2024 academic year[v], positioning the city among the lowest performers nationwide (the national average is 67.7%). Furthermore, when these figures are broken down by those who are eligible for free school meals – the

---

[iii] City of Stoke-on-Trent (2023). DPH Annual Report 2023.
https://www.stoke.gov.uk/download/downloads/id/2485/director_of_public_health_annual_report_2023.pdf

[iv] Children's Services Statistics Team. Children in need, Reporting year 2024

[v] Early Years Statistics Team, Early years foundation stage profile results, Academic year 2023/34

average percentage of those reaching GLD is 59.2%, compared with 68.4% for children who are not eligible. This suggests substantial barriers to early learning and school readiness for those children living in this area and especially those who are socio-economically disadvantaged, which has significant long-term implications for children's educational trajectories.

In terms of childcare provision in Stoke-on-Trent, while the 2021 Childcare Sufficiency Assessment concluded that, at the local authority level, there were no significant gaps, it acknowledged that disparities do exist at the ward level, where access to early years services may be severely limited[vi].

The two Thrive at Five wards – Abbey Hulton and Bentilee, were selected as areas facing significant deprivation, with limited formal and informal service provision and parents facing isolation. Several of the systems leaders involved in the Discovery work were struck by the high levels of isolation and need.

> *"I know Staffordshire and Stoke-on-Trent very well. I know the levels of deprivation. I don't think I understood the level of isolation that some of these families experience, how excluded they are from opportunities that I would just think are accessible to everyone."* Systems Leader

2.2. Fragmentation and resource challenges in the early years ecosystem

In the qualitative interviews, stakeholders consistently described the early years system, at the point when Thrive at Five approached Stoke-on-Trent, in 2021, as under-resourced and fragmented, with widespread recognition of the need for stronger integration across services (see also discussion in section 4). Several described the system as significantly weaker than in other geographic areas where they had worked. Senior leaders described huge reductions in funding available for early intervention and preventative initiatives in recent years, identified by one leader as a 75% reduction in the budget for community services and preventive work. Interviewees commented on the high levels of deprivation and need, particularly with an increase in need after Covid.

Senior leaders and other professionals described the 2021 landscape as having little collaboration between services like healthcare, education, and community support and a lack of coordinated pathways and services. Differences in working cultures across agencies were pointed as a significant barrier that interferes with being able to do joined up work across agencies.

Whilst the qualitative interviews identified evidence of changes in ways of working since 2021 (see section 4), the 2024 workforce survey suggests there remains room for improvement, and implies that Thrive at Five may have been working from an even lower baseline when they began implementation in 2021. The findings from the 2024 workforce survey found that only 55% of survey respondents across all Stoke-on-Trent wards agreed they felt connected to other individuals and organisations in the sector, and only a little over half of respondents agreed that there was good collaboration (59%) across organisations.

Interestingly, when this data was stratified by the geographic scope of respondents' work, we found that individuals working in the Thrive at Five operating wards – whether

---

[vi] City of Stoke-on-Trent (2021). Childcare Sufficiency Assessment 2021-22. https://www.stoke.gov.uk/downloads/file/1040/childcare_sufficiency_report

exclusively or alongside non-operating wards – reported more optimistic views on connectedness and collaboration compared to practitioners whose work was limited exclusively to areas outside of the scope of Thrive at Five. Specifically, 76% of respondents in contact with Thrive at Five operating wards felt connected to others in the sector (Figure 2), and 70% felt staff collaborated well across organisations (Figure 3).
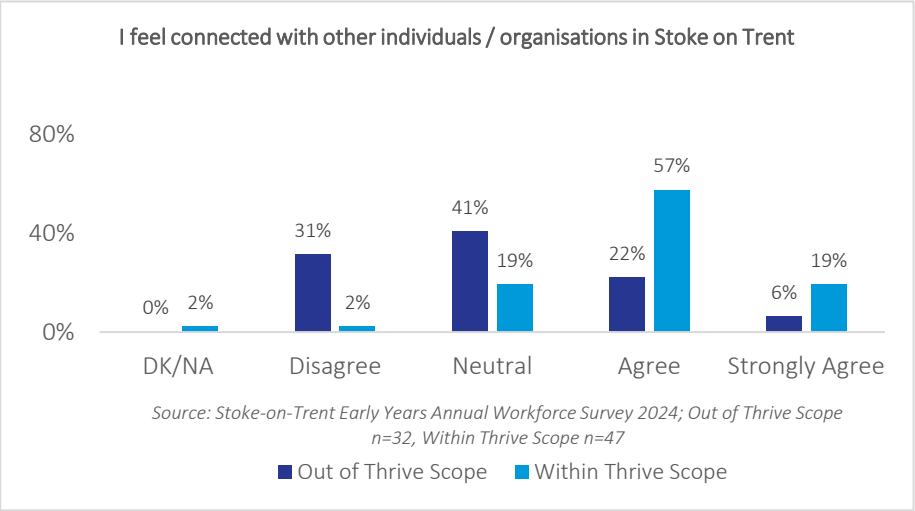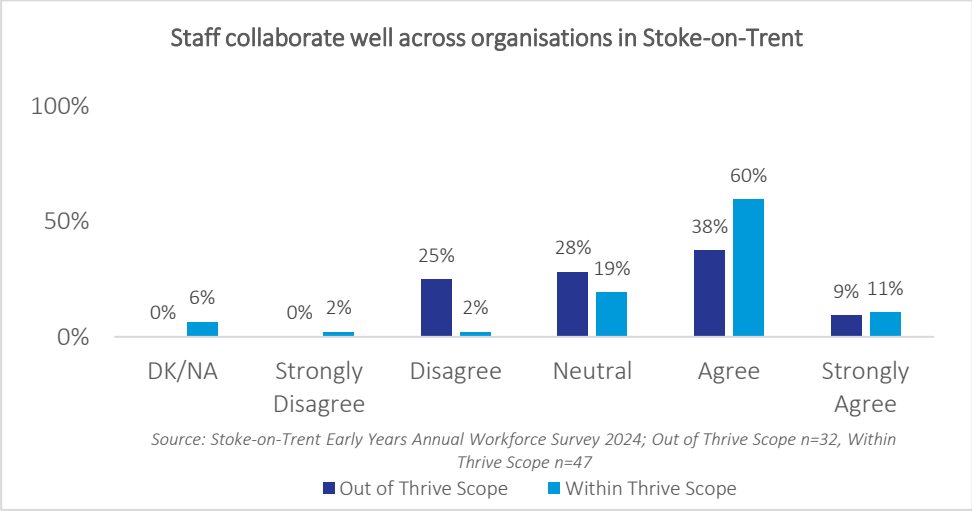
Figure 2. Perceptions of connection with other organisations

I feel connected with other individuals / organisations in Stoke on Trent

	DK/NA	Disagree	Neutral	Agree	Strongly Agree
Out of Thrive Scope	0%	31%	41%	22%	6%
Within Thrive Scope	2%	2%	19%	57%	19%

Source: Stoke-on-Trent Early Years Annual Workforce Survey 2024; Out of Thrive Scope n=32, Within Thrive Scope n=47

■ Out of Thrive Scope ■ Within Thrive Scope

Figure 3. Perceptions of collaboration across organisations

Staff collaborate well across organisations in Stoke-on-Trent

	DK/NA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Out of Thrive Scope	0%	0%	25%	28%	38%	9%
Within Thrive Scope	6%	2%	2%	19%	60%	11%

Source: Stoke-on-Trent Early Years Annual Workforce Survey 2024; Out of Thrive Scope n=32, Within Thrive Scope n=47

■ Out of Thrive Scope ■ Within Thrive Scope

Over half of the respondents from Thrive at Five operating areas (58%) felt that organisations are well integrated (Figure 4), while a slightly larger proportion (64%) agreed there are structures and processes in place to bring individuals and organisations together (Figure 5). In both cases, agreement was higher among those working in areas within the Thrive at Five scope compared to those working exclusively in areas where the initiative does not operate.

These survey findings hint that there may be feelings of change within the Thrive at Five wards when it comes to improved connection and collaboration.

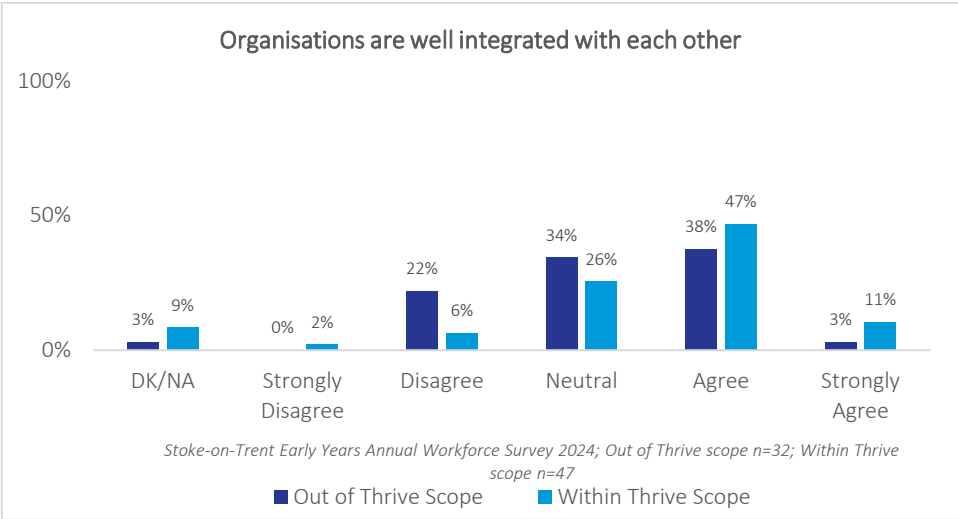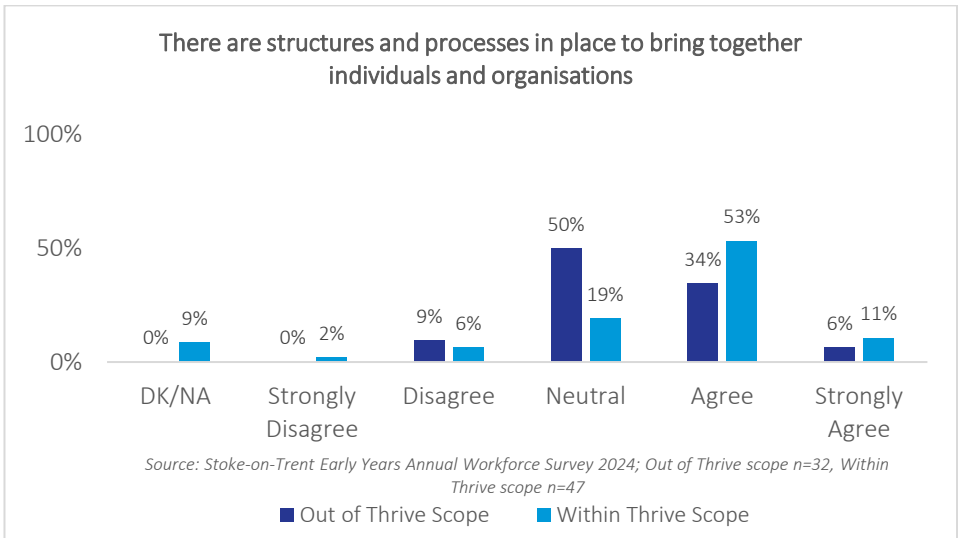## Figure 4. Perceptions of integration across organisations

Organisations are well integrated with each other

	DK/NA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Out of Thrive Scope	3%	0%	22%	34%	38%	3%
Within Thrive Scope	9%	2%	6%	26%	47%	11%

Stoke-on-Trent Early Years Annual Workforce Survey 2024; Out of Thrive scope n=32; Within Thrive scope n=47

Figure 5. Perceptions of infrastructure for connecting organisations

There are structures and processes in place to bring together individuals and organisations

	DK/NA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Out of Thrive Scope	0%	0%	9%	50%	34%	6%
Within Thrive Scope	9%	2%	6%	19%	53%	11%

Source: Stoke-on-Trent Early Years Annual Workforce Survey 2024; Out of Thrive scope n=32, Within Thrive scope n=47

2.3. Professionals' perceptions of the quality of support for parents and children

We also have data from the 2024 workforce survey about perceptions of the quality of support for parents and children.

First, the survey highlights high levels of recognition of the importance of parents within professionals working across all of Stoke-on-Trent. Over 90% of all survey respondents said that their organisation's ethos is rooted in a belief that parents are the most important support to children (Figure 6). 79% say they provide support aimed at empowering parents and carers to develop their parenting capabilities, and similarly high proportions say they create opportunities to meet and hear from local families (83%) and incorporate their views into service development (87%).

Figure 6. Perceptions of importance of parents' role

Our ethos is rooted in a belief that parents are the most important support to their children

	DK/NA	Disagree	Neutral	Agree	Strongly Agree
Out of Thrive scope	0%	0%	3%	60%	37%
Within Thrive scope	2%	2%	7%	23%	67%

Source: Stoke-on-Trent Early Years Annual Workforce Survey 2024; Out of Thrive scope n=35, Within Thrive scope n=57

■ Out of Thrive scope ■ Within Thrive scope
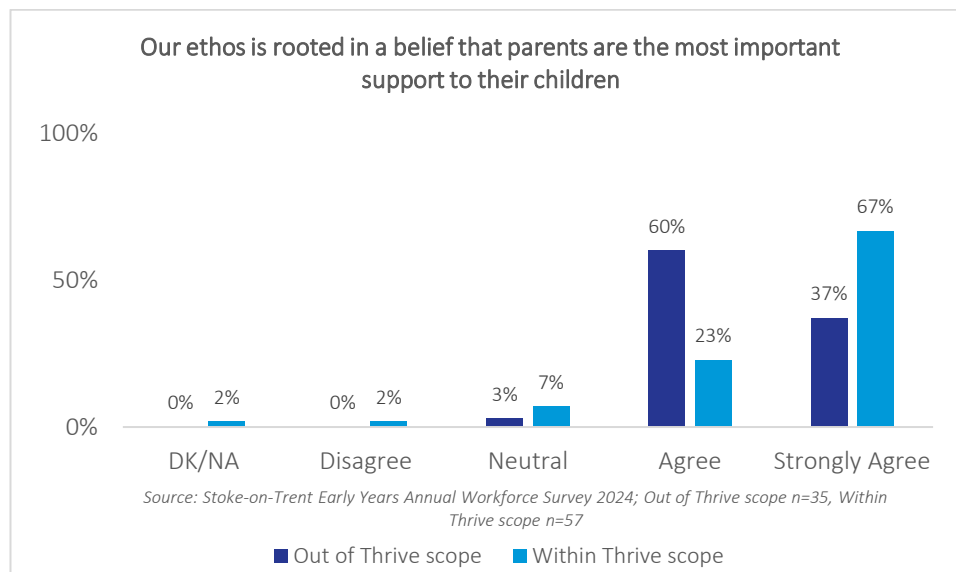
Similarly high proportions of workforce survey participants say they have access to approaches that they are confident work well for families (79%), are confident in their own abilities to support children and families (89%) and feel well supported by their service to provide the best care for families (87%).

However, while nearly 80% of workforce survey participants across Stoke-on-Trent including Thrive at Five operating wards indicated they had a good understanding of available services and programmes for children and families in the area (see Figure 7), rather fewer felt confident in their knowledge of local referral pathways to access these (66% - 71%, see Figure 8) or always knew how to access services and programmes (67%).

Figure 7. Understanding of available services

I have a good understanding of the available services and programmes for children and families in our area

	DK/NA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Out of Thrive scope	3%	3%	5%	13%	60%	18%
Within Thrive scope	2%	3%	2%	12%	49%	33%

Source: Stoke-on-Trent Early Years Annual Workforce Survey 2024; Out of Thrive scope n=40, Within Thrive scope n=61

■ Out of Thrive scope ■ Within Thrive scope

Figure 8. Knowledge of local referral pathways

I am confident in my knowledge of local referral pathways to access these services and programmes

	DK/NA	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Out of Thrive scope	3%	3%	5%	28%	58%	5%
Within Thrive scope	2%	3%	7%	18%	53%	18%

Source: Stoke-on-Trent Early Years Annual Workforce Survey 2024; Out of Thrive scope n=40, Within Thrive scope n=61

■ Out of Thrive scope ■ Within Thrive scope
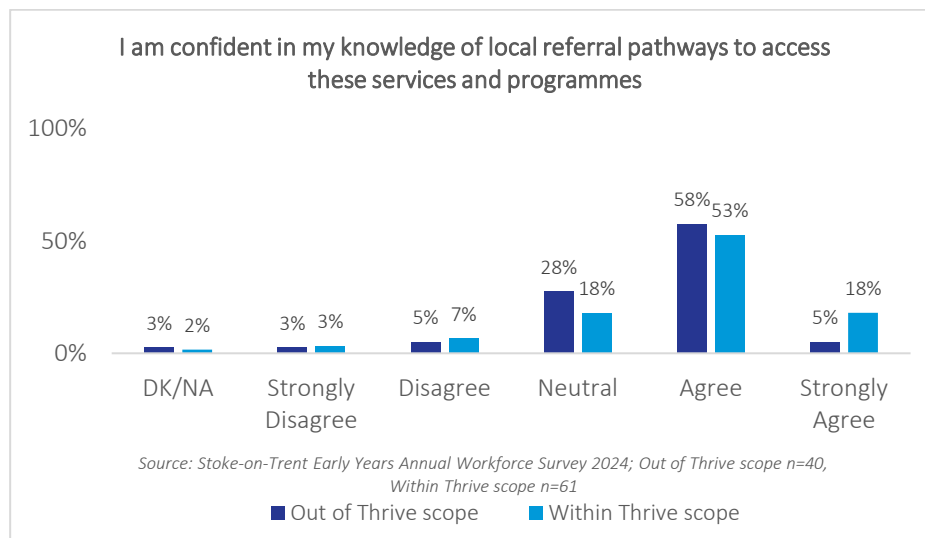
2.4. Experiences of being a parent in Stoke-on-Trent

We also have data from the IPE interviews, and from the parents and carers survey undertaken by Thrive at Five in 2024, about the experience of being a parent in Stoke-on-Trent[vii].

From the qualitative interviews with parents living in the Thrive at Five wards, we heard quite diverse experiences of being a parent in Stoke-on-Trent. Some parents described their local area as friendly, others much less so, and they also described different levels of other challenges including their own mental health and wellbeing and their children's health.

There was general agreement that parenting is challenging and hard and can be an isolating experience. They described feeling disconnected and overwhelmed, with parenting experienced as 'a whirlwind'.

> *"As parents, it can be really tough to manage stress, especially when you're dealing with the challenges of parenting." Parent*

There were also differing views about the extent and quality of support from local services, which may reflect differences in localities. Also, some of the parents we spoke to in the IPE felt there was more support now than a few years ago.

> *"Where we are is really nice because we've got this treehouse, the parent hub, and then up the road we've got the neighbourhood centre … Everything's so close together." Parent*

[vii] A parent survey was conducted by the Thrive at Five evaluation team in May 2024. It received 511 total responses, including 199 from Thrive wards and 312 from non-Thrive wards.

"I might not be aware of the support, but I've not got any support from the community at all." Parent

Findings from the parent survey provide tentative evidence that parents/carers attending PBTs in the Thrive at Five wards feel more informed about early child development compared with parents attending PBTs in non-Thrive at Five wards. The survey data found that 47% of Thrive at Five parents felt they received 'lots of information' at their PBTs versus 17% of parents attending PBTs in non-Thrive at Five wards.

Although some parents we interviewed were positive about the availability and accessibility of resources, others struggled with a lack of awareness and information gaps. Parents also expressed frustration with outdated advice, poor communication among services, and a lack of tailored support from services. They highlighted the need for better coordination and up-to-date information on topics such as weaning, breastfeeding, financial support, and father-specific guidance. Parents we spoke to had also experienced what they felt were judgemental attitudes from statutory services, making it harder to seek support.

These challenges were also reflected in the survey of parents and carers undertaken by Thrive at Five. The parent survey found that 44% of respondents expressed anxiety due to conflicting advice and concerns about not meeting expectations. Furthermore, the fear of being judged was identified as a significant barrier affecting parents' willingness to engage with support or ask for help, with 60% of parents citing this as a reason for not accessing support services. Many parents reported experiencing insufficient and inconsistent information, particularly for children over 12 to 18 months and those with special educational needs (SEN), reflecting a strong demand for accessible and consistent parenting information and support.

2.5. Context conclusions

The overall picture is one of Stoke-on-Trent as an area facing high levels of deprivation, with particular challenges in the Thrive at Five wards. The service system, at the point when Thrive at Five became involved, was seen as fragmented, and although (as Sections 3 and 4 describe) Thrive at Five's work is seen to be catalysing change, professionals working in the system continue to describe a system where there is much room for improvement in collaborative working. Local practitioners are generally confident in their organisations' services and practices, but less confident in the quality of cross-organisation integration. Parents find parenting isolating and challenging and have often previously experienced poor support, making it more difficult to accept or seek out new support.

There appears to be a stark contrast between practitioners' high levels of confidence in the quality of their services and the extent to which they are taking parents views into account compared with the data gathered from parents – which calls out issues with outdated advice, poor communication, lack of tailored support, need for better coo-ordination, and judgmental attitudes. This is an important mismatch of views and experience which requires attention.

This chapter sets the context for Thrive at Five's work in Stoke-in-Trent, and in the next two sections we discuss the decision to work with Thrive at Five, as well as its implementation and impact so far.

3. Implementation of Thrive at Five

In this chapter we discuss experience of the implementation of Thrive at Five. We begin with the decision by systems leaders to adopt Thrive at Five, and the formation of partnerships which are central to the adoption of Thrive at Five. We then discuss the reach of Thrive at Five to parents, and particularly those most in need of support. We then discuss the acceptability and feasibility of the approach. Throughout these sections, we discuss facilitators and challenges faced. We then turn to the internal evaluation of Thrive at Five interventions, drawing on the evaluation reports produced by the national Thrive at Five team. Finally, we discuss views about the potential sustainability of Thrive at Five, and views about extending it to further geographic areas in Stoke.

3.1. Adoption

Systems leaders' decision to adopt Thrive at Five turned on two key issues: perceived need, and the particular features of Thrive at Five that meant they saw it as the right solution.

The need for a new approach to support for early years in Stoke-on-Trent was described in terms of:

- The high levels of deprivation and social isolation experienced by many communities and the impacts of this - including the low levels of GLD compared with the national average - and high numbers of children in care

- The absence of a strong early years service system and concerns about the children and families who are not reached by services until children start school

- A system seen as particularly siloed and fragmented, with diverse professional cultures and a lack of alignment in priorities and ways of working, which had experienced significant budget cuts and particularly reductions in early intervention over the last decade

- The Ofsted assessment of Stoke social care in February 2019, where social care was rated as inadequate, leading to a clear sense of the need for change but also what was described as a degree of paralysis in the face of the scale of the challenge.

This acute sense of need was highlighted in discussions about the 'readiness' of the system for Thrive at Five in the qualitative interviews. Organisational readiness for change is an important part of effective implementation. It is a multi-faceted concept that is defined in different ways, for example as requiring a shared resolve to implement a change (change commitment) and shared belief among those involved in their ability to make the change (change efficacy)[26], and as the degree to which those involved are individually and collectively primed, motivated, and technically capable of executing the change[27]. In the context of place-based interventions, readiness is also seen as including acknowledgement of the need for better collaboration across agencies and organisations, a network of trusted partners with shared values, distributed leadership, a focus on impact and on communities and willingness to embrace risk and innovation[28], although it is recognised that the necessary conditions develop over time and are in part built through the work[29]. The Collective Impact model (described in Section 1) particularly emphasises

the need for an influential champion, resources for planning and long-term commitment including a backbone team, a sense of urgency, a history and culture of collaboration, relationships enabling collective leadership, and a commitment to using data to set the agenda and drive improvements[30].

In Stoke-on-Trent, readiness for Thrive at Five was strikingly described in terms of the high level of need rather than by reference to existing foundations on which to build. Stoke-on-Trent was 'ready' for Thrive at Five because of the recognition of acute need and because of the very absence of an early years system, which meant a 'clean slate'.

In addition, there was, at the point that Thrive at Five approached Stoke-on-Trent, a '*renewed sense of purpose*', a strong commitment to change and improvement, and to doing the '*hard graft*' involved. The new City Director had taken up post in February 2020, during Covid, in what was recognised to be a system in need of transformation.

It is these features, rather than an existing foundation of partnerships and shared goals, that were described as the elements of readiness by interviewees, and they were combined with a confidence that the work to adopt Thrive at Five would itself build readiness. This is somewhat counter to other thinking about readiness for place-based change (as noted above) and is a different context from that in Redcar and Cleveland, where partnerships and early years strategies are more advanced. This provides an important opportunity to explore further what 'readiness' for Thrive at Five involves, and the possible shortcomings – and possible advantages – of starting in a less complete system.

The second set of drivers for the adoption of Thrive at Five described in interviews were the Thrive at Five approach itself - features that made the model attractive and appropriate for the context. These were viewed as differentiating it from previous initiatives, an important consideration given a sense of 'intervention fatigue' after several new initiatives had been tried but had not been sustained. Here, systems leaders and other professionals interviewed pointed particularly to:

- **The holistic approach:** beyond a focus on education, health or social care alone, based on a broad vision of what it takes for a child to have a good start in life, and rooted in collaboration and partnership. The fact that emphasis was also placed on working with the voluntary and community sector meant it was seen as a richer and '*less statist*' approach than other placed- based approaches – less oriented to the public sector only and acknowledging the whole ecosystem around children and families.

  "It wasn't just about getting a child ready to absorb a curriculum, but it was about actually creating future citizens who would be resilient and contributory." System Leader

  "[Thrive at Five] were entirely focused on that 0-5 cohort, of course, but their ambition was much wider than that ... they were completely committed and open to this bigger, more holistic change in society really, and the way services deliver for children and families, and the way we come together as services for children and families .... Their approach was absolutely rooted in partnership." System Leader

- The fact that Thrive at Five is an **approach rather than a fixed and boundaried programme** or intervention, combining a theoretical basis and specific interventions and seen as more than either of these alone, so that it can be applied more widely across communities and the system, and adapted to the local context.

- The **emphasis on flexing a core model to the local Stoke-on-Trent context** with a 'test and learn' approach

  "At every opportunity it feels like they're trying to interweave into things that are already happening, to make it sustainable." System Leader

- **Centring community** engagement and the empowerment of parents.

The discussion indicates a generally consistent understanding of Thrive at Five and its aims and ways of working among professionals at all levels, from senior leaders to practitioners. Parental empowerment was less often referenced (and with an emphasis more on *'hearing parents' voices'* and *'parental engagement'* rather than co-design and shared decision-making). The emphasis on community engagement had not always been clear to those involved in early decisions about adopting Thrive at Five, though it was strongly supported as they became more aware of this feature of the approach.

3.2. Building and sustaining partnerships

3.2.1. Engagement of partners so far

The consensus among those we interviewed was that Thrive at Five had very effectively built relationships with, and secured the buy-in of, key partners in Stoke-on-Trent. It was viewed as having a high profile in Stoke-on-Trent at a strategic and operational level and within communities, being involved in key initiatives, and being very well connected with key organisations.

> *"If you say 'Thrive at Five', nobody would <u>not</u> know who they are, I don't think."* Practitioner

> *"We see them everywhere. They see us everywhere …. So we have a really strong close relationship with Thrive at Five …. They're just embedded within the community."* Practitioner

Key organisations were reported to be working closely with Thrive at Five, and some interviewees commenting that these relationships were stronger than previous partnerships they had been involved in.

> *"I would say it's the closest collaboration that we've had in terms of partners. We've had partners before, but I can't say that we've worked hand in hand on the ground as much."* Practitioner

Thrive at Five had also facilitated new or strengthened relationships between partners. Co-funding had been secured at an early stage. The Police, Fire and Crime Commissioner (PFCC) had been an early funder of Thrive at Five but withdrew funding when their leadership changed, although remaining involved in other capacities. Most interviewees saw no obvious gaps in the partners involved, although some noted that partnerships did not yet involve some health providers including University Hospitals of North Midlands and North Staffordshire Combined Healthcare NHS Trust, and multi-academy trusts (MATs) operating outside the Thrive at Five wards but that are nevertheless part of the wider education system.

Interviewees described how securing the engagement of local partners had involved intensive, sustained and nuanced work on the part of local leaders and Thrive at Five national and local leaders.

3.2.2. Facilitators of partner engagement

The role and skills of Stoke City Council Chief Executive was particularly highlighted. His personal commitment, drive, emotional intelligence and nuanced understanding of how to build strategic partnerships, including recognising and being able to develop shared agendas, and understanding when another leader's most immediate challenges meant they could not yet be an active partner, were all seen as pivotal in building partnerships.

> *"A very committed and passionate Chief Executive who has made this his mission and put children and families at the very top of his agenda."* Systems Leader

The buy-in secured early on from political leaders was also influential, and indeed it was felt it had been reinforced when council control leadership changed in 2023, and early years was elevated as a local political priority by the new leadership.

The credibility and commitment of Thrive at Five leaders, particular the co-founders and national lead, was emphasised. They had been seen as bringing a clear resolve and commitment to working with agencies and leaders in Stoke-on-Trent, with a determination and energy that had impressed partners and local leaders from early on. The same commitment was seen as being shown by the local backbone team as they came into post.

> *"[Thrive leaders are] relentless people .... They share a real passion and a real commitment, and a real absolute no fear of hard work, real hard graft - because this has been hard for everyone."* Systems Leader

The backbone team described the importance of finding points of connection with partners, using a combination of story-telling and data, and working hard to understand other organisations' priorities and where there were points of connections.

Securing buy-in was also supported by:

- The **shared understanding** about the importance of early years and the need for change, particularly as the Discovery work reinforced understanding of the depth of need.

  "Most leaders understand that intervention in the early years, pre-school, can be hugely impactful." Systems Leader

  "The discovery phase that Thrive went through actually brought community into the programme and listened to the community in the co-construction of what services would be most impactful and beneficial to them .... It was a very strong piece of work that I think gave value." Systems Leader

- The **particular features of the Thrive at Five approach**, discussed above, and the inclusive approach taken.

  "[Thrive at Five] were demonstrating commitment of the right people being involved .... [Education] partners were round the table very early on, whereas often in NHS

[initiatives] they are added to at a later date as opposed to them being there from the outset. So, I think that having early years settings around the table from the outset was a real strength." Systems Leader

- The fact that Thrive at Five was seen as quite quickly starting to implement **tangible** changes and activities, such as the PBTs

- The **links formed by local Thrive at Five leaders**, structurally and personally. The Partnerships & Programmes Lead is seconded into the local authority to work on the Family Support programme, and he sits on a number of local decision-making boards including the ICB Children and Young People's Board, Early Help and Prevention Board and Children and Young People's Voluntary Sector Forum. The Deputy Partnerships & Programmes Lead was seconded from a local MAT and was able to use their existing relationships with school leaders and staff in engaging school and other partners.

3.2.3. Barriers to partner engagement

Securing engagement was challenged by the immediate pressures faced by systems leaders and organisations, particularly in the health system, including structural change, change in leadership, and acute capacity and resource pressures. There were differences in the extent to which different parts of the system are ready to engage with a holistic model of child development, and ready to empower and cede leadership to local parents and communities. Blockages in data sharing were also described and were a familiar barrier to partnership working.

Interviewees described having observed, or themselves felt, some resistance to Thrive at Five in the early stages. This resistance was thought to arise from a combination of suspicion of an unknown 'outsider' organisation asking challenging questions, resentment that local resources were being used to fund it rather than existing local partners or initiatives, and a degree of 'intervention fatigue' (as noted earlier). But these concerns quickly dissipated as people became more familiar with the Thrive at Five personnel and how they worked.

There were different views about whether the focus on two wards supported engaging partners or not. On the one hand, it made the ambition more feasible and focused the work in a pragmatic way, and having just two wards as 'test beds' was seen as helpful. However, for some partners the focus on two wards sat more awkwardly, raising ethical and strategic challenges, and potentially limiting the scope for change or improvement work where this would only benefit a small part of an organisation's population.

3.2.4. Deepening partner engagement
Working to a common agenda

Securing and sustaining the engagement of partners in place-based change is never a finite process and requires ongoing efforts. The interview data suggest that there have been a lot of successes, and ways in which partnership work could be strengthened as the work continues in Stoke-on-Trent. These issues are subtle and nuanced, and emerged in several ways.

The first is the adoption of a common agenda – a key feature of Thrive at Five (and of the Collective Impact model), expressed in the theory of change (see Section 1). For Thrive at Five, this is manifested in the focus on the ultimate outcome of more children reaching a GLD by age five.

Only a few of the interviewees referenced this spontaneously in talking about Thrive at Five and its aims. The aims were usually described in wider terms, as improving early years services and/or outcomes, improving outcomes and lives for children and families, and strengthening communities. This resonates with interviewees' focus on the holistic nature of Thrive at Five, and one interviewee described it:

> *"What are the things that have to change to help GLD improve, but also what things GLD will improve as a consequence." Systems Leader*

> *"For me it's broader than health. It's broader than education. It's broader than the socioeconomic factors. It's people's lives .... How can we enable these babies, children, to thrive and be able to access all of the things that everyone else can." Systems Leader*

There was also occasionally a sense of interviewees describing the aims of Thrive at Five in terms of outcomes that went beyond the early years and more directly reflected their own service or organisation goals (for example, referencing homelessness, employment, secondary education and public health outcomes). There was also more emphasis, in the way that some systems leaders discussed Thrive at Five, on what their own organisation had gained from Thrive at Five and how it had supported their strategic goals, rather than how they had oriented their work in support of a shared agenda. The withdrawal of funding by the PFCC is perhaps indicative of this and it may also be evidenced in the need for Thrive at Five to fund the collection of additional data in the health visiting system relating to Thrive at Five intermediate outcomes, rather than these data and outcomes being taken on by health partners.

This focus on aims that are relevant to their respective organisations may be a recognition of both the longer-term benefits of focusing on early years and the diverse influences on children's early years. It may indicate alignment of Thrive at Five with organisational priorities, and recognition of the diverse influences on children's early years. Almost all interviewees, particularly at system leader levels, have strategic priorities and goals that extend well beyond early years, and it is clearly positive that they make the connection, explicitly and implicitly, between Thrive at Five and these other goals.

However, these comments might also imply something short of a common agenda. They raise the question whether the commitment to early years is contingent on this successfully advancing other organisational goals and suggest that this commitment might be vulnerable to changes in organisational priorities. All the organisations involved have remits that also go beyond the two wards that are the focus for Thrive at Five, which may also influence the extent to which they are centring the common agenda.

The need for flexible and agile approaches to support alignment around a common agenda are also noted by backbone team staff. They described how they have managed the ongoing tension between keeping the focus, in partner engagement, on the specific intermediate and final outcomes in the Thrive at Five model and taking a more flexible approach to engaging with potential partners 'where they are'. They have found they may need to connect with partner organisations on an issue that was not directly linked with Thrive at Five's aims but that was potential a block to being able to explore more aligned collaboration.

> *"If you want to help them find a long term solution you have to give them the bandwidth in their brain .... I will help with your urgent, most needy problem now,*

*so that we can work together to think about your long-term sustainable
solutions." Backbone staff*

Finally, there was also a sense, in some interviews, of relationships with Thrive at Five
described in bi-lateral terms, rather than in terms that suggest a set of partners moving
forward together with a common agenda. Some interviewees reflected that they knew
much less about how other organisations are connecting and working with Thrive at Five
(including other organisations in their own sector).

Taking responsibility for Thrive at Five aims

The sustainment of activities and cultures promoted by Thrive at Five will require partners
to take responsibility for delivery of Thrive at Five's strategies and outcomes within their
own organisations and embed new ways of working. There was a view among some of
those interviewed that partners were engaged and collaborating with Thrive at Five but
had not yet, as one interviewee put it, *"taken on the mantle"* of Thrive at Five, taking
responsibility for delivering Thrive at Five's strategies and outcomes within their own
organisation, and cascading the agenda and strategies associated with Thrive at Five
throughout their organisations. For some practitioners, their links with Thrive at Five
appeared to be based on their own work with the Thrive at Five backbone team, rather
than coming from line managers or other organisational steers, suggesting that the new
priorities associated with Thrive at Five are not being absorbed into every layer of these
organisations.

This is echoed in the experience of a local backbone team member that other strategic
leaders and groups need to be reminded of the important of early years, and that is not
yet centred in local work.

> *"There is good high-level reporting, and there is good partnership working on the
> ground and collaboration, but in the middle when you're trying to effect change
> that reports upwards or affects what's going on on the ground, it can be more
> blurred. [Later in the interview] We have to move on from where you come to the
> table, you get involved, you engage, you collaborate, and then you go away and
> you go back to your day job, so that it doesn't become part of your day job, or it
> does but it becomes just another task on the list." Systems Leader*

> *"The messages don't go down the system …. Don't assume [communication] is
> great in these places because these are overworked places where they don't
> communicate well with each other." Backbone staff*

Wider evidence about implementation highlights the importance of 'middle managers'[viii] in
change efforts, and the pivotal roles they play in disseminating information about new
initiatives, planning and coordinating their incorporation into existing work and goals,
motivating staff, facilitating and helping to overcome barriers, and holding staff
accountable for new ways of working[31-34]. But this evidence also highlights that managers
can experience barriers to incorporating new approaches, as they may be required to
continue to deliver on existing targets or ways of working and may have limited decision-
making power. This evidence highlights that having the support of leaders and access to
necessary resources are important.

[viii] 'Middle manager' is a term used to describe individuals who have operational responsibility and
oversight.

Governance arrangements

Several interviewees were on Thrive at Five stakeholder groups. There is now a 'strategic leadership table' and a 'strategic stakeholders reference group', and the backbone team talked about the delineating stakeholder management at strategic, operational and practitioner levels.

However, the professionals we spoke to were not always clear about governance arrangements or about where accountability for delivering on Thrive at Five's aims sits within the system. The data suggest there may be a lack of clarity among key stakeholders about how a shared responsibility for delivery across leaders and parts of the system is reflected in governance and reporting. This suggests there may be a need to review governance arrangements and whether they sufficiently make local leaders and boards accountable for Thrive at Five's intended outcomes.

The partner engagement achieved so far is clearly a very strong foundation, and the interviews suggest directions for deepening it in the next phases of work.

3.3. Reach

It is clear from the interviews that very extensive work has gone into engaging parents and encouraging their participation in events and initiatives led or stimulated by Thrive at Five and in other local initiatives, and that it is seen as successful. The Parent Connectors' role was viewed as central here and highly effective, and as one to mirror in other local initiatives. Interviewees involved in local groups and initiatives said that parent engagement is building all the time, with new parents attending and getting involved including parents who don't know other parents. Thrive at Five are trialling incentives to encourage regular participation in PBT groups.

Parent Connectors were described as promoting opportunities for engagement through social media and in community centres, Family Hubs, at events, schools and GP surgeries (and looking to extend this to cafes, leisure centres and shops) and direct approaches.

The Parent Connectors were widely seen as playing a vital role in reaching parents, bringing high levels of energy and commitment to the work, and having credibility and authenticity through their roots in and relationships with local communities and people. Their engagement with parents was commented on by professionals and by parents. They were viewed as forming warm, genuine, open relationships with parents, which avoided any sense of being patronising or judgemental. The fact that they do hold cases or statutory responsibilities or work in the public sector was seen as influential here, facilitating relationships with parents that were viewed (by parents and other professionals) as different from those that other professionals hold. They were viewed as adding clear value to the system.

> *"They've developed a good trust and a rapport in the area and presence where parents and carers will see them as peers and on their side, rather than that power imbalance that you would get from professionals."* Backbone staff

> *"Without the Parent Connectors, the actual legwork of forming trust and relationships with parents could not have been achieved."* Backbone staff

Parents were also important connectors and advocates to other parents (as we discuss further below). For example, backbone staff and partners involved in PBTs described

seeing parents bringing other parents to the group, sharing information about other initiatives and sources of support and encouraging parents to engage with them.

> *"The parents that attend groups make friends, so they all encourage each other to the next one. I think that peer-to-peer support and ... telling families and friends and bringing them along really helps spread the message."* Backbone staff

However, backbone team members and partners were clear that extending reach and particularly reaching the most marginalised parents is work in progress, and they were by no means complacent about what has been achieved thus far. Although they were confident that *some* of the *more* marginalised parents are engaging, there is more to do to reach *more* of the *most* marginalised and isolated parents.

> *"I think sometimes engagement is perhaps a bit of a challenge sometimes, or perhaps sometimes you engage with parents that you don't necessarily need to engage, those hard-to-reach parents."* Workstream staff

> *"The [parents] that you really want to reach are not the ones that are necessarily engaging. Moving forward, I'm not quite sure how we get to them, but all we can do is keep trying."* Practitioner

A particular question was raised about how to reach parents whose children are not in early education and who are not using other services. It was hoped that Thrive at Five can catalyse work to identify such families based on birth and health visiting data, linking with other datasets.

3.4. Acceptability

The work undertaken and role played by Thrive at Five thus far was very positively viewed by all the people we spoke to in the implementation and process evaluation. Thrive at Five was viewed as having become part of the local community and the local system. There was strong belief in the approach and the added value it brings among everyone we spoke to, and they reported that colleagues and staff held the same views. The specific initiatives led or catalysed by Thrive at Five were very positively viewed. Thrive at Five was seen as having brought additional resource and capacity to important areas of work.

The parents involved in the IPE focus groups and interviews were also very positive about their experiences of PBT and other groups. They found the group dynamic warm, friendly, welcoming, supportive, informative and non-judgemental, and they praised these qualities among those who led the groups as well as other parents. Some parents, comparing the groups with others they had attended, commented on the fact that parents interacted with children in the groups (rather than sitting back with other parents and allowing practitioners to interact with children) and that the groups were not *'cliquey'*, with parents, Parent Connectors and groups leaders reaching out to make new joiners feel welcomed and involved. Both features were identified by the staff involved in groups as being core parts of their approaches.

Staff involved reported parents as having engaged enthusiastically with transitions work, and staff described children as clearly enjoying these activities as well as NELI and Talking Time. The only activity that appeared not to have landed well with parents was Peep. We were told that initial take-up had been lower than expected and there is ongoing work to review this.

This high level of acceptability of the Thrive at Five approach and of specific initiatives, and the progress made in initiating and embedding change, was underpinned by a number of aspects of the intervention, the Thrive at Five team and the wider context.

We noted in Section 3.1 the features of Thrive at Five that made the model attractive to the senior leaders involved in the decision to adopt it: the holistic approach, the combination of theory and practical interventions without the fixed parameters of a programme, the scope to adapt to Stoke on Trent and to the two wards, and centring local communities and partners. We also described in Section 3.2 the intensive work that had gone into building partnerships. These continued to be referenced as study participants described what they viewed positively about how they had seen Thrive at Five working.

Of particular importance, for systems leaders and other staff involved, was the **Discovery and Co-design work**, seen as a very inclusive process with collaborative decision-making, with a continuing approach of contextualising the work to Stoke-on-Trent and to the two wards. Although some interviewees commented that they had had a sense of impatience during the Discovery and Co-design stages to see delivery work start, they since recognised the importance of these stages and felt on reflection that the pace of work had been right.

The backbone team also emphasised that they aim to work in a way that **supports delivery organisations in implementing** a new intervention (recognising that capacity constraints would otherwise be a barrier), but do not become the delivery team themselves. They aim to do this by selecting or designing interventions that will be feasible for delivery by existing teams. They provide initial support, for example planning set up work, providing resources and materials (e.g. lesson plans and policies). They provide training to delivery teams, and they may model initial delivery or co-deliver with partners and provide ongoing coaching and support for a period. But their intention is then always to withdraw, and to make it clear to delivery teams that this is how they will work. This approach was recognised and valued by partners.

> "The support is brilliant. They have well and truly got us up and running."
> Workstream staff

The **quality of local Thrive at Five staff** and their approach to the work was consistently praised. There was a clear sense of Thrive at Five staff consistently and authentically taking an approach of listening and learning, building the capacity of other organisations by sharing expertise, initiating and supporting work. The secondment of the Partnerships & Programmes Lead to the Family Support programme was seen to bring important expertise as well as extending connections. The Parent Connectors were, as noted, viewed as highly effective. Staff were viewed as having developed strong genuine relationships, being supportive, open and well connected with professionals at multiple levels.

> "[Backbone team member] is from Stoke. [She] speaks the same language and has that credibility and trust in the community and understands the community. I think having key people who live and breathe and belong to those communities are going to be the people that needed to be included in the conversations [is important] …. We come from the same place [in terms of] our practice, our heritage ... and I think we both come from the same place from a social justice point of view, we're committed to this [geographic] area." Workstream staff

Having a physical presence through the Family Hub in Bentilee was seen as very helpful, as a way of influencing and collaborating with the Family Hub's work, establishing joint work, and building a profile in the local community. The backbone team were planning to establish a physical centre in Abbey Hulton. Some practitioners felt that not yet having that physical base in Abbey Hulton meant there was more limited reach to practitioners (and,

as we note below, to parents) compared with Bentilee.

3.5. Feasibility

As we describe in Section 5.1, implementation of Thrive at Five is progressing well in line with the national theory of change. The core strategies described in the theory of change are being implemented. Although there are aspects of the work that are challenging, and where there is scope to strengthen approaches, our analysis did not identify issues that point to Thrive at Five <u>not</u> being feasible for implementation in Stoke-on-Trent. The areas of continued challenge were noted by partners and by the backbone team in interviews were:

- As noted earlier, interviewees recognised that it was taking time to get to a deep level of engagement by partners. Although senior leaders endorse the approach, and there is good collaboration on the ground, continued work is needed to bring partners together committed to and prioritising a common agenda, to ensure leaders cascade that commitment throughout their organisation, and to ensure that staff at all levels understand how to work well with Thrive at Five. Despite their intention to initiate or catalyse work to be taken forward by a partner, backbone team staff had sometimes been asked by partner agencies to do direct work. They felt this reflected leaders not communicating with their own staff sufficiently how to work with Thrive at Five.

- Although partners were generally positive about the emphasis Thrive at Five had brought to community engagement, there was also a sense, particularly among backbone team staff, of some way to go before this involved genuinely sharing power. For example, a backbone team member referenced a model of asset-based community development which describes progressing through doing work 'to', 'for', 'with', and 'by' a community[35], and viewed Thrive at Five as needing to move from 'with' to work being done 'by' the community.

- Some practitioners commented that there is a longstanding tension between the Abbey Hulton and Bentilee communities, and that communications that reference both (e.g. describing events or services) may not always be well received. They also questioned whether using churches for activities is fully inclusive.

- Parents said that poor public transport makes it hard for them to engage with activities and services. Additionally, large roads run through both wards with limited crossing points which can make travelling to services hard for parents who live on the opposite side from activities' location.

- At this stage there has been more work with schools than with early years settings. There was a sense of it being harder to build momentum and agreement about how to move forward with work with 0-2s given less formal services that were fragmented and particularly under-resourced.

3.6. Insights from internal evaluation of Thrive at Five initiatives

In this section, we turn to the internal evaluations of Thrive at Five initiatives. The reports of these evaluations, conducted by the Thrive at Five national team, also highlight widespread satisfaction among partners, parents and children. As we noted in the Introduction, there are internal evaluation reports on NELI (Years 1 and 2), Talking Time (Year 1) and transition support / Ready Steady Stoke (Years 1 and 2). The reports draw on

interviews and focus groups as well as some analysis of pre and post intervention assessments. We summarise key messages from each initiative here.

Nuffield Early Language Initiative

Five schools took part in Year 1 with 46 children receiving at least some of the intervention through groups and individual sessions. In Year 2, and seven schools and 101 children took part.

The Year 1 report found that only three of the participating schools delivered over half of the intervention. Similarly, of the 32 students recruited to support delivery over half of them dropped out. The peripatetic support staff employed by Thrive at Five to support delivery were not in post until the final weeks of the intervention due to recruitment delays which amplified other challenges. Although Thrive at Five's introduction of NELI through the student teachers to schools enabled many children to receive the intervention who otherwise would not have done, there were significant challenges in delivery identified for improvement in Year 2. The key challenges identified were in relation to the student recruitment, onboarding and retention, and pupil screening and selection for the programme. To address inconsistent implementation, plans were made for the second year of delivery including improved support for onboarding the students, better relationship building with schools via the peripatetic practitioners, and flexibility to work within each schools' context.

The Year 2 report similarly found that schools found it difficult to deliver all the intended sessions but there were significant improvements. Although there was improvement in dosage – all schools delivered all the Phase 1 sessions – the proportion of intended sessions delivered by individual schools ranging from 57% to 71%. In Year 2, delivery by the students recruited from the University of Staffordshire was supported by a peripatetic practitioner funded by Thrive at Five. The peripatetic support staff proved crucial to delivery, aiding administrative issues, supporting students, stepping in to cover sessions and providing consistent relationships with schools throughout the year. There were fewer challenges for schools in making time for delivery and providing space, and student onboarding and retention had improved, although both these issues were noted as continued challenges.

Positive implementation findings across both years also point to high-quality delivery thanks to the skills and training of peripatetic staff and student practitioners, and the programme was seen as acceptable by school staff.

In Year 2, 19% of the children supported by NELI had English as an additional language, 45% were eligible for Pupil Premium, and 22% were identified as having SEN.

Talking Time

The Talking Time Year 1 evaluation reports that Talking Time was delivered in nursery classes in six schools, with 160 children receiving support. The training, support, resources and materials, and the programme itself, were positively viewed by staff although there were some delivery challenges. Delivery required time for planning and to gather and adapt resources. Although Talking Time is intended to be a universal intervention, in practice staff were not able to involve all children in group sessions and found it difficult to balance time for sessions with other teaching time.

Transitions support / Ready Steady Stoke

In Years 1 and 2, transition support included community events, Stay and Play sessions in schools in the summer term, summer holiday sessions in schools, and the Mouse Club (a specific intervention designed to support children's readiness for school).

In Year 1, six schools took part. Staff were positive about the initiative, although felt the lead-in time had been too short and the preparatory work challenging. 46% of target children had been involved in at least one event but staff felt more work was needed for wider and more sustained engagement of families.

In Year 2, schools had more ownership of activities, with support from Thrive, and this was positively viewed by schools. Engaging families continued to be a challenge, with lower attendance during the summer holiday but over 50% of the children invited to attend a summer term activity taking part, a figure that rose to over 80% in three schools. Parents and staff felt the activities were well-organised and engaging. The report notes a need for more consistent delivery, additional support from Thrive, a need to incentivise and encourage engagement to reach more families more often and plans to develop approaches to sharing practice and learning between schools.

3.7. Sustainability

Sustainment of Thrive at Five was a very live question for all the professionals we interviewed, underpinned by a view that the nature and scale of transformation that Thrive at Five aims to create is likely to take longer than the duration of Thrive at Five funding to secure, let alone to sustain. They recognised that the Thrive at Five national and local teams were very alert to the issue and saw this in the focus on catalysing and facilitating partners and modelling new initiatives rather than taking on direct delivery responsibilities.

> *"They [Thrive at Five] never lose that end goal of it having a sustainable purpose." System Leader*

Staff interviewed saw the various activities initiated or catalysed by Thrive at Five as generally fitting well with the existing system and feasible for the system to deliver, in principle. PBTs are now being delivered by partners rather than by Thrive at Five staff. From what we heard, there is an expectation that schools would be able continue to use NELI and the partnership with the University of Staffordshire was viewed as secure and likely to endure. The support currently provided by the peripatetic staff funded by Thrive at Five would need to be considered, but otherwise these new activities appear to be, in principle, sustainable.

Several interviewees talked about the importance of *"building stickiness"* through shared leadership, changing cultures and ways of working, embedding new priorities and ways of working in the work of all partners, so that the Thrive at Five approaches become *'the way we do things here'*. The emphasis on collaboration and on Thrive at Five backbone team not doing direct delivery work was seen as important here.

> *"It's not about us doing it. It's about corralling the system to do it and making the connections across there." Backbone staff*

However, there was some doubt about whether this would be sufficient to sustain focus and improvements. There was a widely shared view that sustained service redesign cannot be done and sustained 'on the cheap' and would require either re-prioritisation and re-allocation of funding by local partners (with investment in new roles and capabilities) or funding from national government. There was a view that even with systems redesign and cultural change, it would still be necessary to have a dedicated backbone resource within Stoke-on-Trent - which might in time be embedded in several partner organisations and did not necessarily require a separate organisation. Securing national support for place-based early years improvement was seen as an important way forward for sustainability.

> *"I feel very passionately - and we're lobbying with the local MPs - that this model of Family Hubs, Thrive and the education Trust co-delivering together is a model that should be seen on the national scene." System Leader*

> *"We need to make a decision as a country that it's important to invest in our children and young people .... How do you shift the electorate's views on that?" System Leader*

The focus of Thrive at Five on two wards was also seen as a potential challenge to sustainment, limiting the scope for whole systems change and widespread cultural change.

3.8. Extending Thrive at Five activity geographically

Several of the systems leaders and other professionals we interviewed felt that Thrive at Five was needed in, and should be extended to, other localities in Stoke-on-Trent, or rolled out across the city. Some emphasised that this would need to involve new Discovery and Co-design work, although others were keen to see wider application of particular approaches they saw as effective.

Interviewees also pointed to ways in which they felt Thrive at Five had already influenced services and provision beyond Abbey Hulton and Bentilee, particularly:

- Stimulating community engagement and partnership working (see further elaboration in Section 3)

- Influencing Family Matters: specifically, the role of Local Trusted Organisations and use of parent connectors or navigators and more generally the emphasis on systems coming together to deeply consider and take collective responsibility for addressing the multiple underlying causes of families' difficulties, and recognition of the importance of community engagement and co-production in Family Matters

- Influencing the work of Family Hubs beyond the Thrive at Five wards.

The focus on discrete wards rather than an entire local authority or other geography is an important aspect of the Thrive at Five model. Based on focused Discovery work, this is seen as essential for deep engagement with communities, and replicating just some aspects of the work in other wards would lack integrity to the Thrive at Five model. Whilst the desire for wider application of Thrive at Five and its approaches is evidence of the strong positive regard for Thrive at Five, there are tensions here that need to be kept in sight. It is also worth noting here that the evaluation design includes comparing change over time in the proportion of children reaching a GLD in the Thrive at Five wards with others in the same local authority, although we are reviewing the scope to also compare

changes in the Thrive at Five wards with other matched wards outside Stoke-on-Trent, recognising that aspects of the model may be increasingly adopted more widely in Stoke-on-Trend.

4. Impact of Thrive at Five

At this stage in the evaluation of Thrive at Five, our data on impacts of the initiative come mainly from the implementation and process evaluation interviews, where we gathered qualitative data on the impacts so far from systems leaders, workstream staff, practitioners and from parents. In this chapter we also incorporate quantitative data from the internal evaluation of some of the Thrive at Five programme and activities conducted by the Thrive at Five national team. As we noted in Section 1, future evaluation reports will include analysis of data on intermediate outcomes and of the proportion of children reaching GLD based on EYFSP data, reflecting the ultimate intended outcome.

The data available at this stage point to consistent perceptions of positive outcomes relating to practices and systems, parents and children. We summarise the findings by reference to the theory of change in Section 5.1

4.1. Impacts for practices and systems

Impacts for practices and systems are described as short-term outcomes in the theory of change. Almost without exception, the systems leaders, workstream staff and practitioners we interviewed pointed to positive changes for practice and systems which they considered either wholly or partly attributable to Thrive at Five. The two most consistently and emphatically described changes related to better partnership working between organisations and better engagement with parents and communities (both emphasised in the theory of change).

4.1.1. Impacts on partnerships and collaboration

There were many references to Thrive at Five having stimulated, facilitated and modelled more and better partnership working between organisations and individuals. Interviewees described strong partnerships developing at strategic and practitioner levels because of the Thrive at Five stakeholder groups and developing in both new and existing initiatives. This was seen as resulting in better professional networks, and better knowledge among professionals about the wider system of support available to children and families.

> *"From that professional relationship-based approach, it does seem to be working ... they've done very well in the context [of a place where historically] there isn't actually that connection and collaboration."* System Leader

> *"I now know which teams I am being made aware, because I wasn't aware before. There is a team that are dedicated to perinatal mental health. I didn't know how to access that team. I can't refer into the team, but I very much can get in touch and say 'Look I'm really worried about one of our ladies' which I have done .... That's all come from that collaborative working."* Workstream staff

Specific examples were collaborative working on Family Matters, in Family Hubs, and closer partnership working between schools and early years settings.

> *"I think half the stuff that we have delivered as part of the Family Hub, couldn't have been done without the funding or without the connection with Thrive .... We wouldn't be networked enough to make the connections if we were sitting in*

isolation without Thrive. They have most definitely been integral to the whole process." System Leader

The perception was that this increase in collaborative working was leading to more consistent support for and messaging to parents, more cohesive services, and work that was more impactful because of reinforcing activities.

"[Having Family Hub, MAT and Thrive at Five coming together] has created a cohesiveness and network that has been far more impactful than if these things were operating in silos. [Later in the interview] Thrive has shown how different institutions can work together and create a cohesive strategy that's got a good evidence base and impact data." System Leader

"Until you hold hands across the system, the system is never going to be strong .... It's fragmented." Backbone staff

Some interviewees also felt that professional networks and collaborative working were now stronger in Abbey Hulton and Bentilee than in other wards in Stoke-on-Trent because of Thrive at Five's work. There are some very tentative possible indications of this in the workforce survey (more detail in Section 2). We analysed the data to compare the responses of survey participants who work in Abbey Hulton or Bentilee (many of whom work in other parts of Stoke-on-Trent too) with those who do not work in these two wards. We have only the first year of survey findings so cannot observe change over time, and the two groups are different in their composition, so the data must be viewed as indicative only. In a series of questions asking about survey participants' own organisational approaches and their views about collaborative working, survey respondents working in the Thrive at Five wards gave more positive ratings to items such as their understanding of services available and how to access them, their connections with other professionals and organisations, their confidence in being able to support families, whether their organisation provides support to empower parents, and organisational use of data. Although only a few of the differences were statistically significant, there was a consistent trend of more positive responses from survey participants working in the two Thrive at Five wards, in line with the views expressed by IPE interviewees.

In the interviews, improvements in professional networking and collaboration were seen as reflecting an underlying change in professional cultures and expectations arising from Thrive at Five's work. Thrive at Five's role as a constructive and positive *'disruptor'* was noted. However, one practitioner reflected that as more organisations take on these new ways of working, Thrive at Five is less unique as a driver of change, meaning over time less change may be directly attributable to Thrive at Five. Systems leaders felt that fragmentation and siloed work are still evident but viewed the changes so far as a very strong start to build on.

"[National and local Thrive at Five leaders] have disrupted and said 'come on, we need to be working together'. I think there's been some boldness there .... There's honesty in where the issues are. They are willing to have the conversations that perhaps sometimes we don't have about where the need is, what the problem is and the necessity to work together .... It's giving permission to have more open conversations .... Disruption is about being honest about we can't keep working in silos. We have to collaborate." Workstream staff

4.1.2. Impacts on community engagement

The second area of impact for practices and systems that was particularly emphasised was a new or renewed emphasis across services on engagement with parents and communities. Interviewees saw Thrive at Five as both having demonstrated the value of this and ways of doing it. They pointed to examples of planned, and early, activity both collaborative and by individual organisations or parts of the system, which they saw as catalysed by Thrive at Five. Some saw this as reflecting changes in professional and organisational mindsets and cultures. Specific examples included community engagement in the design of Family Matters; plans for consultation with parents in developing health visiting services; considerations about taking some health services into community settings; and a new recognition among schools of the importance of working in partnership with parents. In some accounts, the emphasis was on consultation and hearing parents' voices rather than on co-design or shared decision-making, but the changes observed were nevertheless seen as profound.

> *"We always talk about families having to change their mindset, but I think it's us, within the voluntary sector and organisations, also changing our mindset, and for me, [Thrive at Five] are part of that and they're at the core of that."* Practitioner

> *"It's made [some] education practitioners realise the importance of those social interactions, and then working more collaboratively with parents …. talking to a parent on a level from a human being to another human being rather than as a teacher to the parent …. Coming to a stay-and-play group …. They realise the importance of those things …. There is a lot about the power dynamic in there, isn't there, that makes a huge difference? Just shifting the power dynamic can make a massive difference."* System Leader

4.1.3. Other impacts for practices and systems

Whilst partnership working and parent/community engagement were the most consistent areas of change described, there were others too.

Emphasis on early years

Interviewees felt that Thrive at Five has helped to raise awareness of the importance of the early years in children's development and had put it more firmly on organisational agendas, particularly Stoke City Council, health trusts and schools as well as governance groups overseeing their work. This suggests progress towards the theory of change short term outcome relating to 'shared goals around early years outcomes.

> *"[Early years] remains a huge need, but what I'm pleased to say is - and Thrive have been part of the reason for this - is that it's much higher profile now. It's much higher on everybody's agenda, and it really wasn't before Thrive."* System Leader

Several specific programmes or activities have been developed or expanded as a result of Thrive at Five's work, as we noted in Section 1. Interviewees referred to these, particularly noting the significant increase in the number of Parent Baby & Toddler groups, the development of family hub services, and the expanded and embedded use of NELI.

Skills development

There were also references throughout the qualitative interviews to Thrive at Five's work having enriched the skills of staff in other organisations (again, noted as an outcome in the theory of change). For example, school staff had a better understanding of speech,

language and communication because of schools' use of NELI. We heard that the Partnerships & Programmes' Lead's secondment to workforce development has been useful for emphasising the importance of skills in areas such as relational working, trauma-informed practice and knowledge of effective programmes. Thrive at Five staff reported that they had been asked to provide training to early life workers in Family Hubs. Thrive at Five have also supported school staff and others with new skills and confidence in working with parents through their involvement in PBTs, and the professionals involved had a better understanding of how to identify earlier the children who might need additional support and Thrive at Five have shared skills in using social media and other communications approaches to support parental engagement.

Finally, we heard that early years students at the University of Staffordshire involved in NELI had developed in their understanding of language and communication as well as building confidence, team-working and having skills and experience that it was thought would support both their ability to secure future work in early years and to bring greater skills to it.

> "So, it's just more strings to your bow really, and being able to have a greater awareness of different strategies and things to use for communication and learning. [NELI] has been great for that." Workstream staff

Use of evidence and data

Strengthening the use of data and evidence, and improving access to evidence-based approaches, are both noted as short term outcomes in the theory of change. There were some references to Thrive at Five having stimulated expanded use of evidence and data: stimulating more granular analysis of local data in the Discovery and Co-design work; bringing a stronger use of evidence in strategic planning and decision-making, and the evidence-based measures to be collected within the health visiting system. Interviewees also noted the introduction of evidence-based approaches such as NELI into the system. Overall, though, this area of intended outcomes was given less emphasis in interviews than other changes, suggesting it may need more emphasis, or to be surfaced more directly in Thrive at Five's communication with partners.

> "Thrive has shown how different institutions can work together and create a cohesive strategy that's got a good evidence base and impact data." System Leader

Drivers of change

These changes were seen by interviewees as arising from a number of aspects of Thrive at Five's work: raising questions and bringing a new strategic focus; a dedicated resource in the backbone team; modelling and acting as an example; facilitating and catalysing; the quality and expertise of the work of individual Thrive at Five team members nationally and locally; and the role of the Partnerships & Programmes Lead on various boards.

> "I don't think we would have changed and acted if he [Partnerships and & Programmes lead] wasn't a board member on some of those boards. I don't know whether the [Thrive at Five] stakeholder group itself would have been powerful enough to influence the [Family Matters] strategic group for some of this to be implemented and delivered. …. He says the stuff that everybody else wishes they knew." System Leader

4.2. Impacts for parents

The parents we interviewed were not always aware of Thrive at Five's involvement in initiatives that they had engaged with, but all pointed to the benefits they had experienced, for themselves and for their children (see below), from these initiatives. Systems leaders, workforce staff and other professionals also pointed to positive impacts for parents and for children in a range of areas. Again, these reflect the Thrive at Five theory of change which notes short term outcomes for parents relating to improved access to services, peer networks and advice; improved parenting knowledge, skills and confidence, parents being better able to meet children's need – see Section 5.1.

4.2.1. Increased social networks

Parents described having made new relationships from their involvement in PBTs and other groups and activities and feeling much better supported by other parents.

> *"I suffer with anxiety massively, so for me it can be really intimidating to go into a room full of mums, but here I don't feel that and it's really lovely here …. You can just talk to them [other parents], and if you say you're struggling as well, no one looks at you like you're a bad parent because you're struggling." Parent*

> *"I didn't know any of the other parents who were attending, and now we all stay in touch on Facebook, and we try and make time outside of [the group] to meet up with the children, go to soft play, or we're trying at the minute to arrange just a mums' night." Parent*

Practitioners had also observed relationships between parents quickly deepening at PBTs. They had seen parents connecting, sharing information, reaching out to other parents to encourage them to get involved, attending to new group members, and discretely flagging to PBT staff leads if they felt another parent needed more support. Staff had also seen parents starting to travel further to attend groups.

> *"They are then building their own social network, which is absolutely fantastic …. These friendship networks are really, really building." Workstream staff*

4.2.2. Increased take-up of services and support

It was clear in the way that some parents described the activities and groups they engaged with that their engagement with a Thrive at Five group had led to them knowing more about, and engaging more with, other support available locally, particularly Family Hubs services and other groups. Staff also highlighted this as an important aspect of the work they do.

Professional participants working in education also described parents' attitudes to schools changing in ways that supported parent-school partnership working. They felt that Thrive at Five work to support children's transitions to school, and parents' greater contact with schools, had helped parents to be less anxious about school, more trusting, and readier to engage with school staff.

> *"The strength in parent, baby and toddler [groups] means that parents' relationships and parent perceptions of school is different. I would say some of our strongest parent engagement is with children that aren't ready for school because parents are coming in and bringing their children at the earliest opportunity …. For some parents, schools are [now] more of a community point. They know staff*

within schools, they know people within the hubs, they've got somewhere to go to … they know where to go." System Leader

4.2.3. Increased parental knowledge and support for children

Parents talked about having learnt and understood more about how to support their young children's development. They had benefited from what practitioners had said, what they'd heard from other parents, and what they participate in in PBTs, and they were repeating the PBT activities at home. This links with the short-term outcome in the theory of change relating to parents being better able to meet children's needs, and points towards the intermediate outcomes of strengthening parent-infant relationships and enriched home learning environments.

> *"I don't have social media, I don't have Facebook or anything like that, so this is where I get my information. If I try looking on the internet, I just find it's very contradicting. …. Coming here and meeting other parents, it really helps because you're getting first-hand knowledge, because these people have just been through it … and then when you get new parents that have got younger babies, I can pass on that knowledge as well of what's helped me." Parent*

> *"It has given me a lot of tips on different things that I couldn't do with my first child, I'm now doing them with my daughter. I didn't realise how important storytelling was to my little one. I always read stories to my eldest, but I didn't start reading them to her until she was much older when I thought she could understand. I've now realised through Thrive at Five that even now, when she's [very young], how important reading is to her, and telling her stories." Parent*

> *"Like the […] song that we do, if I'm trying to get him to sleep, I'll … just sing it to him while I'm rocking him to sleep, and it helps." Parent*

Staff also noted that parents engage in activities with their children in PBT groups and see them implementing the kinds of interactions encouraged by group leaders.

4.2.4. Improved confidence, wellbeing and mental health

The theory of change notes improved mental health as an intermediate outcome. Several parents talked about how being involved in Thrive at Five activities had helped them to feel less isolated, anxious or depressed, and to build confidence and social skills, feeling that their mental health and wellbeing had improved. Again, the staff involved had also observed parents seeming happier, less anxious and gaining confidence.

> *"I really struggled with my mental health after having her, so that really helps coming here, and having mothers and staff to talk to really helps." Parent*

> *"My confidence is so much better since coming, it really is because I don't feel alone in my mental health. Granted, it hasn't gone away. My depression and anxiety probably won't ever go away, but it feels a lot more at ease, and I don't feel as nervous or as anxious." Parent*

4.3. Impacts for children

Finally, and most importantly, parents and professional interviewees also pointed to improved child outcomes that they attributed, wholly or partly, to Thrive at Five.

4.3.1. Readiness for school

Most significant of the improvements noted by interviewees were improvements in children's readiness for school. Impacts here will be important steps towards the ultimate goal of more children achieving a GLD. The changes perceived were attributed by interviewees to PBTs, Talking Time, and work to support transition, and to NELI once children started at school.

Parents described their children's interaction with other children having developed through attending PBT groups. Staff described children starting at school being more ready to be away from parents emotionally and in terms of being toilet trained with less use of pushchairs and dummies; interacting well with peers; being able to concentrate, sit calmly, focus and being ready to learn. They noted that this also impacted on other children in the class. Leaders working with schools said that school staff were surprised and 'shocked' by the scale of change they had seen.

> *"In terms of the impact of the transition and school readiness and things like that, the children that attended our transition sessions, we did feel started school more settled."* Workstream staff

> *"You can see the impact that it has on the children when they come into our nursery settings. Nine times out of ten we can say, 'You can tell they've been to a playgroup'."* Workstream staff

4.3.2. Speech, language and development

Staff also described significant gains made by children involved in NELI in their speech, language and communication. They reported that, in schools using NELI, the difference in the proportion of children reaching a GLD in EYFSP scores had significantly narrowed. Talking Time was also seen to have improved children's skills in nursery settings, with these changes evident when they started school. These perceived changes point towards the intermediate outcome of enhanced communication and language.

> *"[NELI] is one of the greatest things that's come out of our engagement with Thrive."* System Leader

4.4. Insights from the internal evaluations

We turn now to the findings of the internal evaluations undertaken by the Thrive at Five national team. Data reported in the internal evaluations, based on pre-post measures rather than rigorous impact analysis, align with the perception of improvements in language and communication, readiness for school and improved parent-school relationships.

Nuffield Early Language Intervention

The Year 1 internal evaluation reports on children's findings based on Language Screen results before and after the intervention in the three schools that delivered more than 50% of the intervention. Scores were higher after the intervention and 62% of children made significant progress. This demonstrated that NELI was a promising intervention worth continuing into the second year.

The Year 2 report describes improvements in children's language scores based on the NELI Language Screen, a validated tool used as part of the programme. Overall, across all seven

schools, the proportion of children for whom the assessment rated green indicating 'no cause for concern' rose from 3% before the intervention to 65% after. There was improvement for 82% of the children rated red (indicating children in need of support to develop language skills), and for 89% of those rated amber (indicating children may benefit from support). It is not possible to say to what extent these changes can be attributed to NELI since we do not have a measure of the counterfactual, that is, how far children's language skills would have improved if they had not received NELI. Furthermore, most of possible attributable change of NELI (and other Thrive at Five initiated programmes) on improvements in GLD will not yet be detectable until at least 2025.

Talking Time

The Year 1 report notes that the Early Communication Screen tool showed the proportion of children with a normal level of communication rose from 28% in the Autumn term to 53% in the Summer term. The tool showed improvements in the scores for 59% of children rated as red in the Autumn term and for 67% of those rated amber. Again, we do not know whether these changes can be attributed to Talking Time, since they may have occurred anyway without the intervention. However, in qualitative interviews, teachers said they felt the programme had supported development in children's vocabulary, confidence and interactions with peers. They also felt it had improved their own skills and confidence in attending to language development, and the quality of their interactions with children.

Transitions support / Ready Steady Stoke

School staff described positive impacts on trust and interactions between parents and school staff, and felt the sessions had helped them to understand and prepare better for the needs of children joining in September.

5. Summary, discussion and recommendations

In this chapter we review progress in implementing Thrive at Five against the theory of change described in Section 1. We also summarise findings against each of the Research Questions outlined in Section 1. We discuss key issues identified in the report and their implications, both for Thrive at Five delivery and for future stages of the evaluation. We finish with a set of recommendations for taking Thrive at Five forward in Stoke-on-Trent.

5.1. Reviewing progress in relation to the theory of change

Thrive at Five have produced a detailed national theory of change to help guide the implementation across their adopter sites and set out a clear pathway towards their goal of improving children's early development by the end of their first year of school in the most disadvantaged communities in the UK. The theory of change serves both as a roadmap for implementation, and as a tool for the independent evaluation, to track progress over time and quickly surface important areas which warrant further attention and support.

The Stoke-on-Trent site has successfully completed their Discovery phase (phase 1) and is straddling between the next two phases of implementation – Co-design and Implement (phase 2) and the Improve and Embed stage (phase 3).

Reviewing progress against each of the components of the theory of change, there is evidence that the **core strategies** are being implemented and recognised by key stakeholders. In terms of the model helping to **create a common agenda**, whilst this may not be fully cemented yet, there is definite evidence from the qualitative interviews that Thrive at Five has raised awareness of the importance of the early years across the local system – particularly within the local council, health trusts and schools, and including the voluntary sector.

There were also references to Thrive at Five having stimulated expanded **use of data and evidence** within the local system. This includes their role in stimulating more granular analysis of local data in the Discovery and Co-design work, bringing a stronger use of evidence in strategic planning and decision-making, and the success of securing additional data collection using evidence-based measures within the local health visiting system. Interviewees also noted the introduction of evidence-based approaches such as NELI into the system. Overall, though, this area of intended outcomes was given less emphasis in interviews than other changes, suggesting it may need more emphasis, or to be surfaced more directly in Thrive at Five's communication with partners.

There were also references to Thrive at Five's role in **upskilling practitioners** and enriching the skills of staff in other organisations. Finally, in terms of evidence of core strategies being utilised, there were many references to Thrive at Five having stimulated, facilitated and modelled more and **better partnership working** between organisations and individuals. Overall, there is clear evidence of Thrive at Five working to the core strategies documented in the theory of change and to these being supported locally.

The key **inputs** are also in place.

In terms of **implementation outcomes**, Thrive at Five appears well **adopted** by the local system. There is a clear sense that this approach came at the right time, when need was high and there were limited resources available to support local families. The features of the model noted to support its adoption include its holistic approach, flexibility, being tailored to the local context, and including the community at its core. Thrive at Five is also strongly felt to be reaching local families and maintaining ongoing engagement with their programmes. Parent Connectors are widely cited as the driving force for bringing in parents who would otherwise not engage with local support. There is still work to be done around extending **reach**, particularly around engaging with families who children are not accessing early education provision or using other services.

Thrive at Five is seen as highly **acceptable** by practitioners, parents, and systems leaders. In terms of **fidelity** to the model, it appears that Thrive at Five have been able to implement their intended strategies and inputs, albeit that the 0-2 workstream is taking longer to finalise. The approach is seen to be **feasible** to implement and is not duplicating provision.

In terms of institutionalising and **sustainability** of the work, the individual activities and programmes that have been put in place (e.g., NELI and the Parent Baby Toddler groups) are viewed as in general being sustainable by the existing system. The backbone team have been cognisant of the need to avoid reliance on them for sustainment. Thrive at Five currently provide or fund some important supports (e.g. the peripatetic support for NELI) which would need to be taken on by the system. The sustainment of the overall Thrive at Five approach is a live discussion among systems leaders, with several possible ways forward. The local backbone team are very alert to this issue and are conscious that their support is facilitative and not ongoing.

In terms of **outcomes** – there are promising signs that Thrive at Five is contributing to improved **outcomes for practitioners** – including better partnership working, improved knowledge of the local system, and increased recognition of the importance of the early years. The two most consistently and emphatically described changes in practitioner outcomes related to better partnership working between organisations and better engagement with parents and communities.

Although the parents we interviewed were not always aware of Thrive at Five's involvement in the initiatives they had engaged with, they all pointed to benefits of attending Thrive at Five initiated support. **Parent outcomes** including increased social and peer networks, increased take-up of services and support, improved parent-child support and interactions, and improved confidence, wellbeing and mental health. The role of parent champions was seen as integral to engaging local families and for breaking down misconceptions and mistrust of services.

We do not yet have quantitative data on the intermediate and final outcomes. However, both parents and professional interviewees spoke about improved **child outcomes** that they attributed wholly or partially to Thrive at Five, including readiness for school and improvements in speech and language development. These qualitative findings are in line with findings from the internal evaluations of Talking Time and NELI which indicate a trend for improvement in language development, as measured within nurseries. Taking these findings together, there is early promising evidence to suggest that Thrive at Five has the potential to impact positively on early child development.

5.2. Summarising findings against the Research Questions

Table 3 provides a summary of the findings against the evaluation's research questions.

Table 3. Summary of findings against the research questions

RQ1. Is there sufficient and collaborative support for the place-based initiative from key leadership?	There is strong support from key systems leaders, but scope to deepen this in collaborative partnership work, and by cascading Thrive at Five's aims and ways of working within organisation (particularly utilising the support of management staff).There is also a need to reinforce the common agenda and ensure early years are prioritised by key partners, to review governance arrangements and report, and to ensure shared responsibility and accountability for delivery of Thrive at Five's work and ambitions.
RQ2. Is there sufficient support being provided to Workstreams from Working Groups and Backbone staff to deliver their work?	No significant issues identified although there is a need to ensure managers and leaders take responsibility for delivery by their teams and understand that direct deliver is not the role of the backbone team.
RQ3. Are individual workstreams being implemented as intended?	Yes, both the direct and enabling workstreams appear to be well implemented to date, although work on the 0-2 direct workstream is at an early stage compared with the 3-5 direct workstream.
RQ4. What are the barriers and facilitators to implementation of individual workstreams? What refinements are needed as a result?	Facilitators include early Discovery work, strong relationships and presence in communities, quality of Thrive at Five staff, and leadership support. Barriers include capacity challenges within partner organisations and data sharing.
RQ5. Is Thrive at Five being implemented as intended?	Yes, implementation is aligned with the theory of change.
RQ6. What are the barriers and facilitators to implementation of Thrive at Five? What refinements are needed as a result?	Facilitators include having a strong backbone team and strong endorsement by local leaders and practitioners, recognition of need and the acceptability of the approach. Key challenges are data sharing challenges and partner organisation capacity, and the need to deepen partner engagement and widen reach.
RQ7. Is there evidence of perceived impacts on intermediate outcomes, both	No quantitative evidence available yet. There are qualitative reports of

quantitatively and qualitatively, among delivery staff and community participants?	perceptions of improvements in parental wellbeing, home learning environments and communication and language.
RQ8. Is the Thrive at Five approach acceptable to all stakeholders and can it be sustained beyond the central Thrive funding and support period?	The approach is highly acceptable. It is not yet clear whether and in what form Thrive at Five would be sustained.
RQ9. Is there evidence of impact on long-term outcome (EYFSP scores and GLD) that is attributable to Thrive at Five?	No quantitative evidence available yet.

5.3. Discussion and implications

Thrive at Five has clearly secured a very strong position in Stoke-on-Trent. The model is very positively viewed, with the initial Discovery and Co-design work seen as core, both developing the national model and adapting it to Stoke-on-Trent and the two wards. The national and local teams are held in very high regard, their tenacity, commitment and expertise are clearly noted. There are influential and well-regarded local champions. Importantly, Thrive at Five has 'permission' to continue to 'disturb' the system, asking challenging questions and raising ambitions.

The model, and its implementation in Stoke-on-Trent, are seen as highly acceptable by professionals at all levels and parts of the system and those interviewed say they would strongly recommend it to other local authorities. The activities introduced are highly valued by parents. Stoke-on-Trent did not, at the start, have all of what some commentators regard as necessary pre-conditions for place-based systems change, but this does not appear to have halted progress. There are strong and consistent perceptions of the intended changes beginning to be evident.

The evidence from the evaluation point to three key areas for attention in the next phases of work.

5.3.1. Deepening partners and strengthening accountability

Thrive at Five has built a very solid partnership, and the next phase of work should involve deepening partner engagement. It may be helpful to give further thought and clarity to what it means to work to a common agenda with partners whose responsibilities and priorities are much wider than early years, and whose geographic remit extends beyond the Thrive at Five wards. Leaders recognise the importance of early years per se and to their own strategic responsibilities and priorities, and there is plenty of evidence of new joint work in early years and parenting. A key issue to consider further is whether a focus on early years, and on the ways of working that Thrive at Five aims to stimulate, is being built into the strategies, priorities, plans and goals of individual organisations and of collaborative groups and boards. It will also be important to keep sight of whether the geographically targeting of Thrive at Five creates any friction for partners in embedding the Thrive at Five ambitions and ways of working within their organisations.

A further consideration is how to ensure that staff at all levels in partner organisations have a consistent understanding of these new priorities and aims and what they mean for individuals' and teams' own work and expected behaviours. Our data suggest that there

may be more experience of bilateral contacts with the Thrive at Five teams at different levels than of coordinated multilateral activity. The next phase in engagement would involve leaders ensuring that new priorities and goals are cascaded through their organisations and through the strategic board and collaborations they lead. Special attention is needed on managers, who play a number of key roles in change – including sharing information, planning, motivating, integrating, facilitating, mediating, evaluating, being accountable and holding others to account. Managers are a powerful resource for change provided they have clarity and support from leaders.

Some key questions it may be worth considering are: What changes would we need to see the key organisations, groups and boards make, to evidence that Thrive at Five is becoming structurally embedded throughout the system? Do leaders have clear and consistent understanding of the changes needed? Are they committed to making them – when and how? What support do they need from the Thrive at Five teams to do this? What will it look like, and what evidence will demonstrate that it has been achieved? What are the governance arrangements by which leaders and organisations are accountable for these changes, and are the Thrive at Five ambitions sufficiently clear within them?

5.3.2. Deepening community engagement and reach

Thrive at Five has demonstrated the value of engaging directly with local communities and parents – understanding their strengths, challenges, priorities and preferences, consulting with them on what is needed, and viewing them as partners. Our data suggest professional cultures are beginning to change in profound ways. These are promising foundations to build on, taking partners along with Thrive at Five's ambitions for genuine co-design and for change led 'by' communities. There is also clear agreement that the next phases of work should also involve extending the reach of Thrive at Five to more of the most marginalised families.

5.3.3. Institutionalising and sustainability

Strategic partners at all levels, and the local and national Thrive at Five team, are clearly focused on the need for change that will endure without a permanent Thrive at Five presence in Stoke-on-Trent. Embedding cultural change in ways of working across the system will be an important part of this. The Thrive at Five model aims to introduce or catalyse new interventions which are integrated into the existing system so that they can be taken forward sustainably by the system. The backbone team are clearly aware of the careful balancing act this involves, and systems leaders are also highly attuned to this.

There are several possible models for sustainment and different views about what it will take. Possible approaches – not mutually exclusive - include embedding new priorities and cultures in existing organisations and collaborative structures so they become 'the way we do things here', local co-funding of a backbone team, having a virtual team dispersed across organisations, and national policy incentives. Now that Thrive at Five is well embedded in Stoke-on-Trent, it would be timely to have more focused discussions of the possible options, their potential strengths, weaknesses, feasibility and fundability, and to agree and start to move towards a preferred model for sustainment. Advocacy to national government is likely to be an important part of this. It will be important to keep sight of whether the geographic targeting of Thrive at Five's work in any way inhibits institutionalising and sustainment.

5.4. Next stages of the evaluation

The first year of evaluation in Stoke-on-Trent has culminated in several important learnings to consider as the evaluation progresses. We will extend the reach of interviews with

professionals to ensure we include all key groups, including health visiting staff who have not yet been centrally beyond their important work extending data collection. We will also extend our reach to parents, prioritising face-to-face data collection.

Additional topics to explore in the next round of interviews with senior leaders, managers and practitioners (to begin in Q2 2025) include drilling down further into whether and how they have incorporated new ambitions and priorities relating to Thrive at Five into strategies and plans. We will explore further the specific changes in the system observed. There are also further perspectives to seek out in relation to the common agenda, what this constitutes and how this can (realistically) be achieved. We also want to explore further the important role of middle managers as catalysts for change, whether and how systems leaders are cascading Thrive at Five within their organisations, and what this looks like. There are outstanding questions around local governance arrangements and how far they are supporting accountability to Thrive at Five's model. With workstream leaders and staff involved, we want to understand better their role in designing workstreams and selecting programmes, and how they see their role as a 'leader'.

As we begin the evaluation of Thrive at Five's work in Redcar & Cleveland, we will explore understandings of 'readiness' there, how they differ or align with those in Stoke-on-Trent, and the implications for how the work proceeds in each locality, the conditions that best support Thrive at Five, and how any gaps in 'readiness' can be mitigated.

There are also important questions to interrogate around the ambition for Thrive at Five to be rolled out more widely across the city, which has implications for how we approach the impact evaluation, as the core model for this analysis involves comparing progress in the proportion of children reaching a GLD in the two Thrive at Five wards with progress in other Stoke-on-Trent wards. If Thrive at Five, or elements of it, are rolled out in other wards, our ability to detect change is limited.   We will consider alternative or additional evaluation approaches, including looking to other comparable areas to act as a 'unaffected' control condition. It will also be important to document the changes or new initiatives introduced in other parts of Stoke-on-Trent.

The next stages of evaluation also involve initial analysis of the EYFSP baseline scores and establishing the first year of additional data collection in the health visiting system relevant to the intermediate outcomes.

We will continue to explore institutionalisation and approaches to sustainability. Finally, we will want to explore any ways in which implementation of Thrive at Five is constrained by national policy, advocacy to national government, and how national policy can support place-based change in the early years and the Thrive at Five model.

5.5. Summary of recommendations

We summarise below our key recommendations for the next phases of Thrive at Five, based on the evidence so far and areas for action identified by partners, and recognising that much of this reflects current plans.

1. Explore how to embed a focus on early years and on new ways of working in organisational and collaborative priorities, strategies and plans, and how leaders within local organisations can take responsibility for delivery on Thrive at Five's aims.

2. Consider whether governance systems can be strengthened or used to hold local partners to account for delivering on Thrive at Five aims and outcomes.

3. Work with partners to ensure that staff at all levels understand what this means for their work, and how to work with the Thrive at Five team, with particular attention to middle managers.

4. Continue to address barriers to partnership working such as data sharing.

5. Explore possible models for institutionalising and sustaining Thrive at Five with a view to identifying and agree a preferred model and mapping out what this would involve. Continue to work in ways that catalyse, facilitate and support change, and that strengthen capacity of and approaches within the existing system, including looking for opportunities for upskilling and extending the use of evidence and data.

6. Continue to model the benefits of, and approaches to, community engagement, raising the level of ambition to extend genuine co-design and co-leadership by parents. Extend the reach of Thrive at Five activities to the most marginalised families. Take forward partnership work with health and other partners to identify the children who are not reached by existing services and who are 'unseen' until they start school.

7. Finalise and take forward the 0-2s workstream, including working with the voluntary sector and informal groups as well as with statutory services.

8. Review opportunities for coordinating and extending support for parental mental health, which are currently seen as fragmented.

5.6. Concluding comments

Overall, the findings from the evaluation so far suggest that considerable progress has been made in implementing Thrive at Five within Stoke-on-Trent. The approach is very widely and warmly endorsed. There is a high level of confidence that it will catalyse new ways of working that will achieve real improvements in early years support, parenting and early years outcomes, and promising early evidence of change.

> *"For a relatively small investment you get a massive bang for your buck. It's one of the best value investments that I've made in my time here in terms of the return that we gained, one of the best decisions I've made." Systems leader*

6. References

1. Tomlinson, M., Hunt, X., Daelmans, B., Rollins, N., Ross, D., & Oberklaid, F. (2021). Optimising child and adolescent health and development through an integrated ecological life course approach. *BMJ*, *372*. https://doi.org/10.1136/bmj.m4784

2. Deloitte (2024). Prioritising early childhood for a happier, healthier society. How businesses can drive, and benefit from, transformative change in the UK. Report for The Royal Foundation of The Prince and Princess of Wales On behalf of The Business Taskforce for Early Childhood. https://thebusinesscase.centreforearlychildhood.org/about/the-report/

3. Almond, D., Currie, J., & Duque, V. (2018). Childhood circumstances and adult outcomes: Act II. *Journal of Economic Literature, 56*(4), 1360-1446.

4. Lindahl, M., Palme, M., Massih, S. S., & Sjögren, A. (2015). Long-term intergenerational persistence of human capital an empirical analysis of four generations. *Journal of Human Resources, 50*(1), 1-33.

5. Indrio, F., Pietrobelli, A., Dargenio, V. N., Marchese, F., Grillo, A., Vural, M., Giardino, I. & Pettoello-Mantovani, M. (2023). The key 1000 life-changing days. *Global Pediatrics*, *4*, 100049. https://doi.org/10.1016/j.gpeds.2023.100049

6. Aguayo, V. M., & Britto, P. R. (2024). The first and next 1000 days: a continuum for child development in early life. *The Lancet*, *404*(10467), 2028-2030. https://doi.org/10.1016/s0140-6736(24)02439-5

7. Draper, C. E., Yousafzai, A. K., McCoy, D. C., Cuartas, J., Obradović, J., Bhopal, S., ... & Okely, A. D. (2024). The next 1000 days: building on early investments for the health and development of young children. *The Lancet*, *404*(10467), 2094-2116. https://doi.org/10.1016/s0140-6736(24)01389-8

8. Britto, P. R., Lye, S. J., Proulx, K., Yousafzai, A. K., Matthews, S. G., Vaivada, T., ... & Bhutta, Z. A. (2017). Nurturing care: promoting early childhood development. *The lancet*, *389*(10064), 91-102. https://doi.org/10.1016/S0140-6736(16)31390-3

9. Nelson, C. A., & Gabard-Durnam, L. J. (2020). Early adversity and critical periods: neurodevelopmental consequences of violating the expectable environment. *Trends in neurosciences*, *43*(3), 133-143. https://doi.org/10.1016/j.tins.2020.01.002

10. The Royal Foundation Centre for Early Childhood (2021). Big Change Starts Small. https://centreforearlychildhood.org/our-work/research/the-report/

11. UNICEF (2022). Early Moments Matter. Guaranteeing the best start in life for every baby and toddler in England. Policy Report. https://www.unicef.org.uk/campaign-with-us/early-moments-matter/

12. Cattan, S., Fitzsimons, E., Goodman, A., Phimister, A., Ploubidis, G. B. and Wertz, J. (2022). Early childhood and inequalities. IFS Deaton Review of Inequalities. https://ifs.org.uk/publications/early-childhood-inequalities-0

13. Bjorklund, A., Lindahl, L., & Lindquist, M. J. (2010). What more than parental income, education and occupation? An exploration of what Swedish siblings get

from their parents. *The B.E. Journal of Economic Analysis & Policy*, *10*(1), Article 102.

14. Miller, A. L., Stein, S. F., Sokol, R., Varisco, R., Trout, P., Julian, M. M., ... & Rosenblum, K. L. (2022). From zero to thrive: A model of cross-system and cross-sector relational health to promote early childhood development across the child-serving ecosystem. *Infant Mental Health Journal*, *43*(4), 624-637. https://doi.org/10.1002/imhj.21996

15. HM Government (2021) ''The Best Start for Life A Vision for the 1,001 Critical Days', https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/973085/Early_Years_Report.pdf

16. House of Commons Education Committee (2019). 'Tackling disadvantage in the early years: Ninth Report of Session 2017–19'.

17. Burgemeister, F. C., Crawford, S. B., Hackworth, N. J., Hokke, S., & Nicholson, J. M. (2021). Place-based approaches to improve health and development outcomes in young children: A scoping review. *Plos one*, *16*(12), e0261643.

18. https://ssir.org/articles/entry/collective_impact

19. IFS (2022), The health effects of universal early childhood interventions: evidence from Sure Start. https://ifs.org.uk/publications/health-effects-universal-early-childhood-interventions-evidence-sure-start

20. Carneiro, P., Cattan, S., & Ridpath, N. (2024). The short- and medium-term impacts of Sure Start on educational outcome. https://www.nuffieldfoundation.org/wp-content/uploads/2020/08/The-short-and-medium-term-impacts-of-Sure-Start-on-educational-outcomes.pdf

21. Carneiro, P., Cattan, S., Conti, G., Crawford, C., Drayton, E., Farquharson, C., & Ridpath, N. (2024). The effect of Sure Start on youth misbehaviour, crime and contacts with children's social care. https://www.nuffieldfoundation.org/wp-content/uploads/2020/08/The-effect-of-Sure-Start-on-youth-misbehaviour-crime-and-a-contacts-with-childrens-social-care.pdf

22. The National Centre for Social Research et al. (2024) ABS National Evaluation Second Annual Report. https://natcen.ac.uk/sites/default/files/2024-05/2nd%20ABS%20Annual%20Report_final_forpublication%20V2.pdf

23. Isos partnership and London Councils (2022). Beyond Boundaries: Early Years Integration. https://www.londoncouncils.gov.uk/our-key-themes/children-and-young-people/beyond-boundaries-early-years-integration

24. https://www.orsimpact.com/blog/When-Collective-Impact-Has-Impact-A-Cross-Site-Study-of-25-Collective-Impact-Initiatives.htm

25. Moullin, J. C., Dickson, K. S., Stadnick, N. A., Rabin, B., & Aarons, G. A. (2019). Systematic review of the exploration, preparation, implementation, sustainment (EPIS) framework. *Implementation Science*, *14*(1), 1-16.

26. Weiner, B.J. A theory of organizational readiness for change. *Implementation Sci* **4**, 67 (2009). https://doi.org/10.1186/1748-5908-4-67

27. Holt DT, Helfrich CD, Hall CG, Weiner BJ. Are you ready? How health professionals can comprehensively conceptualize readiness for change. J Gen Intern Med. 2010

Jan;25 Suppl 1(Suppl 1):50-5. doi: 10.1007/s11606-009-1112-8. PMID: 20077152; PMCID: PMC2806967

28. Billiald S & McAllister Jones LT (2015). *Behaving Like A System? The preconditions for place-based systems change*. Collaborate https://e9a68owtza6.exactdn.com/wp-content/uploads/2015/12/Collaborate_Behaving-like-a-System_Artwork_PagesFINAL.pdf

29. Randle A and Anderson H (2017) *Building Collaborative Places: Infrastructure for systems change* https://collaboratecic.com/wp-content/uploads/2023/09/Building-Collaborative-Places_Digital-Report-Pages-2.pdf

30. Collective Impact (2022) *Readiness Assessment Tool* https://collectiveimpactforum.org/resource/readiness-assessment/

31. Birken, S., Clary, A., Tabriz, A.A. *et al.* (2018) 'Middle managers' role in implementing evidence-based practices in healthcare: a systematic review'. *Implementation Sci 13, 149*

32. Birken S. A., Lee S.-Y. D., Weiner B. J. (2012). 'Uncovering middle managers' role in healthcare innovation implementation'. *Implementation Science*, *7, 28*.

33. Urquhart R, Kendell C, Folkes A, Reiman T, Grunfeld E, Porter G. (2019) 'Factors influencing middle managers' commitment to the implementation of innovations in cancer care'. *J Health Serv Res Policy.*

34. Urquhart R, Kendell C, Folkes A, Reiman T, Grunfeld E, Porter GA. (2015). 'Making It Happen: Middle Managers' Roles in Innovation Implementation in Health Care'. *Worldviews Evid Based Nurs. Dec;15(6):414-423*. doi: 10.1111/wvn.12324.

35. Nurture Development (2018) https://www.nurturedevelopment.org/blog/abcd-approach/bridging-the-gap-expert-to-alongsider/

//
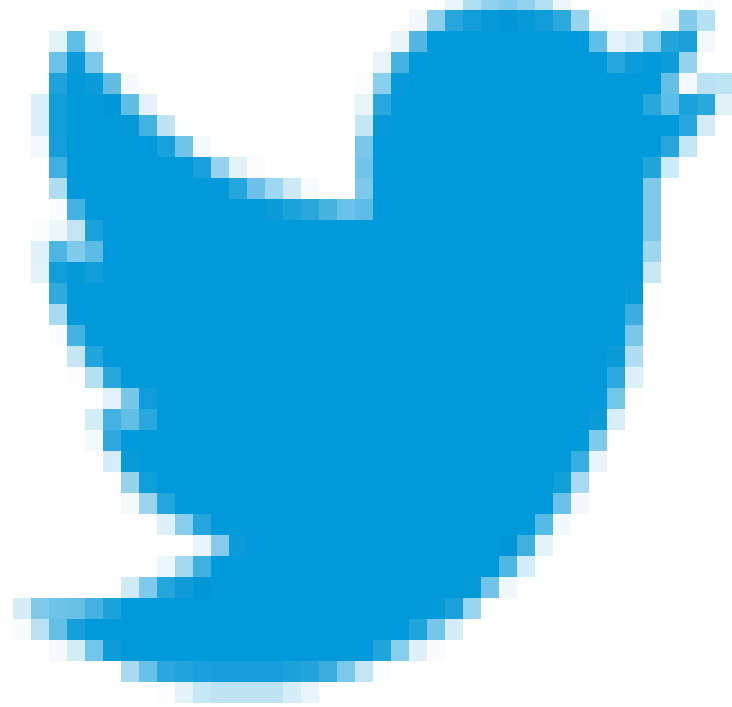
CEI refers to the global organisation and may refer to one or more of the member companies of the CEI Group, each of which is a separate legal entity.

CEI operates in the UK under the company name CEI Global UK Limited. CEI operates in Singapore under the name of Centre for Evidence and Implementation Singapore Ltd. In Australia CEI operates under the name Centre for Evidence and Implementation Ltd. In Norway CEI operates under the name CEI Nordic.

Centre for Evidence and Implementation

www.ceiglobal.org   @cei_org   linkedin