

---

# Evaluating a Place-Based Approach to Violence Prevention Across Early Years Settings in Sefton, Merseyside

October 2024

**Evelyn Hearne**

**Hannah Timpson**

**Chloe Smith**

**Ellie McCoy**

**Zara Quigg**

---



---

**PUBLIC HEALTH**

World Health Organization Collaborating Centre  
for Violence Prevention

# Evaluating a Place-Based Approach to Violence Prevention Across Early Years Settings in Sefton, Merseyside

---

Final report

October 2024

## About this Report

Merseyside was one of several areas allocated funding by the UK Government to establish a Violence Reduction Unit. To inform the continued development of the work carried out by the Merseyside Violence Reduction Partnership (MVRP), Liverpool John Moores University (via Professor Zara Quigg) has been commissioned to evaluate the work of the MVRP and selected interventions that have been funded by MVRP, and to carry out specific research projects to fill gaps in local knowledge. One such project was to carry out an evaluation of the Sefton place-based approach as part of the continued efforts to evidence MVRP activities. The Sefton place-based approach was developed and implemented to offer a 'menu of support' across early years settings in targeted wards of Sefton, focusing specifically on families with babies born during the Covid-19 lockdown period. Other reports are available via the author or on the MVRP website:

[www.merseysidevrp.com/what-we-do/](http://www.merseysidevrp.com/what-we-do/)

## Acknowledgements

---

The authors would like to thank the following individuals for their support and participation in the evaluation:

- The commissioners of the evaluation, MVRP.
- Members of the MVRP team (particularly the Evidence Hub Team), wider partners and programme implementers who supported evaluation implementation.
- The Sefton team, specifically Majella Maguire and Kimberley Evans.
- With a special thank you to the stakeholders who participated in the workshop and interviews.
- Colleagues at Liverpool John Moores University.
- Ann Marie Farrugia who proofread the final report.



## Executive Summary




The Merseyside Violence Reduction Partnership (MVRP) was established in 2019 to provide strategic leadership on the public health approach to violence in Merseyside through policy, practice, and targeted communication. During this time, the MVRP has funded a suite of primary, secondary, and tertiary interventions to prevent violence with a focus on early intervention, life course, place-based, and community-led approaches. The MVRP works across five priority areas: early years, education, health, whole-family approaches and preventing offending. As part of their continued programme of violence reduction activities, between September 2023 and August 2024, the MVRP chose to develop and implement a **place-based approach** in Sefton to offer a ‘menu of support’ **across early years settings** in this area.

## Sefton Place-Based Approach

In order to inform the setting for intervention, the Merseyside Violence Reduction Partnership (MVRP) used a number of data sets to identify the most disadvantaged wards in which to deliver the place-based approach. Following a number of reports published after the Covid-19 pandemic lockdown which highlighted that babies born during that period could have missed out on many opportunities and those in deprived communities were the most affected was the catalyst for the place-based approach in this area (Saunders *et al.*, 2020; Pickett *et al.*, 2021). Furthermore, Sefton’s Ofsted report which stated that Sefton was “inadequate across all key judgements in the Inspection of Local Authority Children’s Services (ILACS) conducted in February 2022” (2022, p.3) was also a key concern for Sefton. The impact of lockdown measures on children’s mental health and emotional resilience (e.g. home schooling, lack of socialisation) was considered a contributing factor to the lower than national average school readiness outcomes in Ofsted’s report. In 2019, a five-month gap in school readiness outcomes between the most economically disadvantaged and the most economically advantaged children in the UK was reported (Education Policy Institute, 2019). In Sefton’s early years education, it was reported that its Local Education Authority was the lowest performing quartile achieving ‘a good level of development’ against the Early Years Foundation Stage Profile (McKeown, 2021). Research suggests that risk factors associated with low school readiness include area-level characteristics, parental demography, and parental and child health conditions (Camacho *et al.*, 2019). This presented an opportunity to create real change for practitioners in Sefton as the ideal location to deliver a place-based early years intervention. The local authority and the MVRP developed a plan to deliver an intervention that would provide support for children born during the Covid-19 lockdown period, and their families, before they began school. The approach was developed with support from a range of partners co-located in MVRP, including:

- Education
- Merseyside Police
- Community Services and the Department of Work and Pensions
- Early Help
- Early Years/maintained nursery/school settings
- Early Years private, voluntary, and independent settings
- Health visitors
- Hugh Baird College
- Libraries/community/family learning
- Practitioners across children’s services
- Safer families
- Southport college

## Evaluation Methods

	Interviews with stakeholders (service design and delivery; n=6), and wider beneficiaries (community/organisation/system level; n=7) were carried out to explore key issues related to the implementation of the place-based approach to violence prevention in Sefton and perceptions of impact.
	Stakeholder workshop (n=30) which aimed to explore short, medium, and long-term outcomes of the place-based approach, understand activities being delivered, and exploring outputs to assist the development of a logic model and Theory of Change for Sefton.
	Review of available programme documentation and any available monitoring data. A review of the relevant literature was also carried out to provide context to the study.

## Findings

- The use of a place-based approach to increase resilience, aspirations and lifelong learning in Sefton is clearly justified by the local evidence, and there is evidence that the rationale for implementing this approach has been understood by key stakeholders involved in developing this intervention.
- Findings from this evaluation showed that stakeholders all agreed that addressing the concerns outlined in the Ofsted report, improving school readiness, and supporting social interactions amongst children and young people was a key priority.
- The findings highlight how the activities being delivered in the eight Sefton wards were developed with consideration of the unique needs and attributes of the communities (as advocated by Smith *et al.*, 2023).
- Specific activities were selected by the Steering Group with reference to the evidence base and the local needs of the identified geographical areas in Sefton, which included language and communication initiatives, emotional regulation interventions, and trauma-informed training for existing Early Years professionals.
- The numerous private, voluntary, independent, and early years settings involved in the design and delivery of the suite of activities in Sefton, further demonstrate that a place-based approach has been considered, from a local needs perspective.
- Evidence from this evaluation has found that Sefton has used the civic-level strengths (through the Steering Group) to drive activity across the health and social care system and integrated the service-based interventions (across early years settings) through which change was driven.
- There was less evidence from this evaluation that the community-centred aspect of the place-based approach had been implemented. Working with community members and using participatory approaches to design the intervention would strengthen the community-centric aspect of the Sefton place-based approach.

- There was clear engagement with stakeholders at the civic-level and service-level of the intervention's design and delivery but less evidence of engagement at the community-level, which is a key attribute of a place-based approach.
- Primary evidence on the impact and outcomes of the place-based approach was limited, largely due to the evaluation focusing on the implementation of the intervention.
- The approach was developed in collaboration with a range of statutory partners as recommended by Smith *et al.* (2023). The MVRP early years lead, and Merseyside Police were the main stakeholders who brought the intervention to fruition. However, there was a lack of information provided regarding how other partnerships developed, the extent roles and responsibilities were fulfilled by other partners, and to what extent they were involved in decision making.
- The findings from this evaluation indicate that education, healthcare, and service providers who have received training through the Sefton place-based approach are now equipped to consider children and families as a whole and provide support where needed.
- It is anticipated that the place-based approach will result in a shared vision amongst the wider Sefton health and social care system regarding the importance and availability of early years provision.
- The improved collaboration of professionals across all services is anticipated to result in case-by-case rapid support for children, young people, and families, which will then go on to improve broader outcomes for this population.
- Long-term, the impact for children and young people includes improved communication and social skills, school readiness, and improved literacy.
- The Sefton place-based approach addresses a number of child developmental needs such as health and educational outcomes which focus on the individual child, the locality, their school, and the local context where they are growing up, using a collaborative, multi-agency approach.
- It is anticipated that the focus on early intervention and prevention will bring communities together through reducing social isolation, improving communication and inclusivity thus improving relationships within communities and between statutory and non-statutory organisations. These positive outcomes will lead to a reduced risk of violence in all wards of Sefton, and this will have an impact on reducing cultural stigma and fear of violence in communities.
- The evaluation highlights a number of challenges faced by stakeholders and delivery partners of the place-based approach. The issue of capacity and existing heavy workloads emerged as a key barrier to the approach developing further than the implementation stage.
- Steering group members had limited capacity to drive crucial elements of the evaluation forward (i.e. data and monitoring infrastructure) and delivery partners seemed to have difficulties collecting data and understanding the importance of evidencing impact.

## Recommendations

### Strengthening Community Action

A number of recommendations can be made to increase the community-level aspect of the Sefton place-based approach. These recommendations are made with reference to Smith *et al.* (2023) and the PHE's (2021) place-based approach for reducing health inequalities report and focus on:

Strengthening communities: bringing local people together to develop solutions and devise local actions. Volunteer and peer roles: using local community members to organise activities and support others. Collaborations and partnerships: involving communities and local services in planning interventions:

- Access to community resources: connecting individuals and families with assets based within local communities.
- Work with community members (including private citizens, local services and organisations, and local community groups) using participatory approaches to the design and/or delivery of the intervention and activities going forward. Working with the whole community and ensuring their contribution to the place-based approach is essential for long-term violence reduction in Sefton.
- Ensure that engagement with communities is strategic and needs-based. This can be supported through the use of local data, needs assessments, and community engagement which help with both the direct and indirect identification of needs amongst communities.
- Engagement and inclusion of the community in the approach will require further evaluation to capture service user voice to explore experiences, evidence the impact for individuals, families, and communities and evidence the wider impact across the system.
- Upskill early years professionals to have the skills to engage communities. This should also include engaging children/families in the intervention and any future evaluation work. Ongoing training will support this; additional resource would need to be considered for further training roll out. It is also important to consider how organisations and professionals can be supported to embed knowledge and skills into practice following training.
- There is a need to increase visibility and signposting of activities on offer as part of the Sefton place-based approach. This involves creating greater professional awareness of activities and pathways for signposting and referral. This could be through conferences or workshops across the participating organisations and should aim to reach all early years settings, the general community, and those not in early years settings e.g. healthcare, GPs, drug and alcohol support services, and community-based initiatives.
- Early years settings need to ensure they highlight the availability of parent/family-specific activities on offer as part of the Sefton place-based approach and signpost as necessary.

### **Outcomes and Impact**

- To ensure that children in Sefton, especially those who were born in the Covid-19 lockdown, become more confident, resilient, capable, more school ready, and able to continue to lifelong education; a wraparound, whole-system, whole-family approach is essential. This can be achieved through continued adherence to and enhancement of the place-based approach in Sefton's early years settings.
- A formal monitoring process needs to be put in place and embedded in delivery partners' practice, to capture engagement specific to the activities delivered solely as part of the place-based approach. Training and support is required to ensure delivery partners have the infrastructure in place to effectively capture data. It is important to consider any barriers and challenges that partners may face in monitoring activity and evidencing impact, ensuring that their feedback supports the future development of key performance indicators.

- Demographic data of children, parents, and families who have participated in activities as part of the Sefton place-based approach needs to be collected so that gaps in reach can be identified.
- Demographic data of partners and organisations delivering activities as part of the Sefton place-based approach needs to be collected and mapped to determine geographical reach.
- Given that all early years professionals should have received trauma-informed training, thus becoming more professionalised within their roles, data on the number of early years professionals with trauma-informed training should be collated and evidenced.
- To understand the impact of the Sefton place-based approach for bringing about change specific data monitoring and evaluation (e.g. case studies and/or surveys children/families) to explore if their perceived individual-level change was as a result of their engagement Sefton's place-based approach.



# Table of Contents

<b>ABOUT THIS REPORT</b> .....	<b>I</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>I</b>
<b>EXECUTIVE SUMMARY</b> .....	<b>III</b>
<b>1. INTRODUCTION</b> .....	<b>1</b>
1.1 RATIONALE FOR THE APPROACH .....	1
1.1 DEVELOPING A PLACE-BASED APPROACH TO VIOLENCE PREVENTION ACROSS EARLY YEARS SETTINGS IN SEFTON.....	3
1.2 EVALUATION AIMS .....	7
<b>2. EVALUATION METHODS</b> .....	<b>9</b>
2.1 IMPLEMENTATION AND PROCESS EVALUATION.....	9
<b>3. FINDINGS</b> .....	<b>12</b>
3.1 THEME ONE: IMPLEMENTATION.....	12
3.2 THEME TWO: DELIVERY OF THE PLACE-BASED APPROACH.....	14
3.3 THEME THREE: IMPACT .....	20
3.4 THEME FOUR: SUSTAINABILITY & THE FUTURE .....	22
<b>4. DISCUSSION</b> .....	<b>24</b>
4.1 IMPLEMENTATION .....	24
4.2 IMPACT .....	27
4.3 THEORY OF CHANGE FOR THE SEFTON PLACE-BASED APPROACH .....	30
4.4 ATTRIBUTION .....	32
<b>5. CONCLUSION AND RECOMMENDATIONS</b> .....	<b>32</b>
<b>6. REFERENCES</b> .....	<b>35</b>
<b>7. APPENDICES</b> .....	<b>37</b>
7.1 APPENDIX 1 SEFTON PLACE-BASED APPROACH OUTCOMES FRAMEWORK.....	37

# 1. Introduction

The Merseyside Violence Reduction Partnership (MVRP) was established in 2019 to provide strategic leadership on the public health approach to violence in Merseyside through policy, practice, and targeted communication. During this time, the MVRP has funded a suite of primary, secondary, and tertiary interventions to prevent violence with a focus on early intervention, life course, place-based, and community-led approaches. The MVRP works across five priority areas: early years, education, health, whole-family approaches and preventing offending. As part of their continued programme of violence reduction activities, between September 2023 and August 2024, the MVRP chose to develop and implement a **place-based approach** in Sefton to offer a ‘menu of support’ **across early years settings** in this area.

## 1.1 Rationale for the Approach

The focus for this intervention was informed by evidence that experiences during the early years of life play a unique role in shaping a child’s brain, with long-term consequences for health and wellbeing, and educational learning (Tierney & Nelson, 2009). Evidence shows that exposure to Adverse Childhood Experiences (ACEs)<sup>1</sup> has significant impacts across the life course, with exposure to different ACEs showing to have strong cumulative relationships with negative health and social behaviour outcomes, including health harming behaviours such as violence victimisation and violence perpetration (Bellis *et al.*, 2014; Bellis *et al.*, 2023a). The prevalence of ACEs is also affected by socio-economic status or deprivation (Bellis *et al.*, 2023b).

Research suggests that risk factors associated with low school readiness include area-level characteristics, parental demography, and parental and child health conditions (Camacho *et al.*, 2019). There is a clear link between school readiness and deprivation; for example, in 2019, a five-month gap in school readiness outcomes between the most economically disadvantaged and the most economically advantaged children in the UK was reported (Education Policy Institute, 2019). Exposure to ACEs has also been linked to poor employment and education outcomes (Hardcastle *et al.*, 2018). Evidence also suggests that babies born during the Covid-19 pandemic may have missed out on many developmental opportunities due to the imposed lockdowns, and that families from the most disadvantaged communities may be most affected (Saunders *et al.*, 2020; Pickett *et al.*, 2021).

In Sefton, Merseyside, a number of reports highlighted the need to improve support for families, children, and young people. For example, in 2022, Ofsted reported that Sefton was “inadequate across all key judgements in the Inspection of Local Authority Children’s Services conducted in February 2022” (Ofsted, 2022, p.3). The impact of lockdown measures on children’s mental health and emotional resilience (including home schooling and lack of socialisation) was considered a contributing factor to the lower than national average school readiness outcomes in Ofsted’s report. Furthermore, in Sefton early years education, it was reported that the Local Education Authority was the lowest performing quartile, achieving ‘a good level of development’ against the Early Years Foundation Stage Profile (Sefton Council, 2021).

---

<sup>1</sup> ACEs refer to exposure to negative or stressful experiences in childhood such as child maltreatment (e.g. psychological, physical, or sexual abuse) and within the household or family (e.g. parental mental illness, substance use, and domestic violence) (Felitti *et al.*, 1998; Bellis *et al.*, 2023a).

MVRP has invested in early intervention and diversionary activities aimed at preventing individuals from engaging in violence and supporting those involved in violence to make positive changes and reduce the risk of further harm. These interventions seek to address the risk factors of violence at an individual, interpersonal, community and/or societal level, whilst also promoting protective factors. A place-based approach was selected as the basis for this intervention, focusing specifically on families in Sefton with babies born during the Covid-19 lockdown period using a whole-system, whole-family approach.

#### Definition of a Place-Based Approach for Violence Prevention (Smith *et al.*, 2023)

Place-based approaches are defined as collaborative, long-term approaches that:

- Are based in a geographically bound location.
- Focus on local needs, local solutions, and the unique attributes of a place.
- Involve more than one statutory agency (e.g. schools, police, hospitals, health services, child welfare, youth justice).
- Demonstrate meaningful engagement and involvement of local communities (including private citizens, local services and organisations, and local community groups) in the design and/or delivery of the approach.

The intervention aimed to have a specific focus on increasing resilience, aspirations, and lifelong learning. Place-based approaches provide a promising framework to improving violence-related outcomes when combined with a public health approach to violence reduction. The approach involves organised efforts across a defined geographical area to prevent violence in a way that is responsive to local need and context (Baidawi *et al.*, 2023; Smith *et al.*, 2023). Due to the dearth of available evidence about the effectiveness of place-based approaches for violence reduction, the Youth Endowment Fund (YEF) set about developing and testing different place-based responses to violence and how these can support the work they do. Baidawi *et al.* (2023) reported on the design, implementation, and effectiveness of place-based approaches to support YEF and found that they can have a positive impact on youth violence, particularly serious violence. They suggest that for effective place-based working, key aspects to be included are multi-agency working, community engagement, reflecting local context, targeting impacts and activities at multiple levels, and a phased approach with appropriate timelines. Smith *et al.* (2023) report on approaches to evaluating place-based approaches as part of YEF's work. Their findings demonstrate challenges with evaluating place-based approaches, such as disparities in understanding between key stakeholders which can cause issues in agreeing on core aspects of the evaluation, lengthy timeframes required to appropriately evaluate a place-based approach, and attribution and causation. They also discuss the importance of asking the right questions at the appropriate stage of the evaluation, particularly during the design phase of evaluation.

The focus on 'place' and community action is critical for approaches of this type, and embedding this approach has been advocated as a key solution to narrowing the gap in inequalities in a number of key health-related documents, including the NHS long-term plan (2019) and the DHSC (2018) prevention-focused report. Health inequalities stem from a range of complex factors that interact to affect one's environment and behaviour (PHE, 2021). These factors work at individual levels (such as physiological and psycho-social levels) and at broader levels (these wider determinants of health include income and debt, education and skills, housing, employment, environment, and access to goods and services). The PHE (2021) place-based approaches for reducing health inequalities report

advocates for the importance of using a joined-up, place-based approach to tackle these factors. The role of the local area is critical, as it enables the use of leadership and expertise from across the community to inform interventions. It is important that this joined up approach focuses on ‘place’, using community action to develop and deliver interventions. The PHE (2021) place-based approaches for reducing health inequalities report describes the ‘Population Intervention Triangle’ which constitutes key components for place-based working, and focus on civic-level interventions (such as those commissioned and/or delivered by local authorities), service-based interventions (frontline services delivered by health and social care professionals across statutory and non-statutory organisations), and community-centred interventions (characterised by participatory methods where community members are involved in the design, delivery and evaluation of an intervention, developed in collaboration with those people most at risk of poor health, and working with communities to change the conditions that drive the problem being addressed).

### 1.1 Developing a Place-Based Approach to Violence Prevention across Early Years Settings in Sefton

The Sefton place-based approach (also termed the ‘intervention’ throughout this report) was developed in collaboration with professionals already involved in developing and delivering early years activities in Sefton. A Steering Group was established with responsibility for designing, developing and implementing the approach; this included professionals from the MVRP and from Sefton Council. MVRP members (n=2) included an Early Years Strategic Lead and the Temporary Director of the MVRP; representatives from the local authority (n=3) included the Early Years Partnership and Project Coordinator, Early Years Service Manager, and Early Years Team Leader.

Whilst the intervention concentrated on available resources and professionals working within statutory and voluntary agencies in Sefton, there was a need to bring in experience and knowledge from other members of MVRP to effectively deliver a place-based approach. During the development and implementation stages, it was anticipated that other services would also be represented, in addition to the Early Years team. Information about these services’ roles and responsibilities, including remit and to what extent these partners were involved are outlined in table 1 below.

**Table 1. Partners planned and actual roles and responsibilities**

<b>Partner</b>	<b>Planned role and responsibilities</b>	<b>Actual role and responsibilities</b>
<b>Education</b>	Early Years team to lead on the initiative with Early Help partners	Early Years team have led on the initiative including all organisation of the training with EarlyHelp partners.
<b>Merseyside Police</b>	Engagement with MVRP team	Ongoing engagement with MVRP team
<b>Community Services and the Department of Work and Pensions</b>	Already established links with Early Help and EY’s means that the service shares key information with clients about support for families who are looking to access work and training. Strengthened relationships with Sefton CVS	This has continued as part of the programme. These services will be represented as Early Years advocates as part of this initiative moving forward
<b>Early Help</b>	Early Help’s responsibility was to promote, recruit and undertake to training, liaise with partners. Develop skills and key messages around home Learning environments (HLE)	Early Helps responsibility was to promote, recruit and undertake to training, liaise with partners. Develop skills and key messages around home Learning environments (HLE)

<b>Early Years maintained nursery/school settings</b>	Key stakeholders to undertake training to directly impact children and families	Training attended e.g. Toddler tales, Ferre Laevers conference, Read to bump/Baby and Lifelong Learners project.
<b>Early Years private, voluntary, and independent settings</b>	Key stakeholders to undertake training to directly impact children and families	Training attended e.g. Toddler tales, Ferre Laevers conference, Read to bump/Baby and Lifelong Learners project
<b>Health Visitors</b>	Key stakeholder to deliver consistent key messages to parents and carers.	Engagement in training, read to bump/baby
<b>Hugh Baird College</b>	Participate in Read to bump/baby training and specific early literacy training	Participated with positive feedback given
<b>Libraries/community/family learning</b>	Sefton community learning-engagement with the service to share key Early Years' messages	The service have expertise with older children; however the place-based programme has facilitated links with the service and options to train tutors in the PEEP accredited programme
<b>Practitioners across children's services</b>	Social Care attendance at training.	Can be difficult to engage with training due to workloads, however practitioners had good representation on the Early Years Advocate scheme and the place-based programme has facilitated these links
<b>Safer Families</b>	Engage with Monkey Bob training for use in direct work with children	Training accessed and resources utilised
<b>Southport College</b>	Specific early literacy training (to be delivered September 2024)	Participated with positive feedback given

The MVRP's Evidence Hub identified the wards in Sefton that would most benefit from this approach. Specifically, evidence regarding deprivation; births; health inequalities; educational attainment, exclusions and attendance; crime; unemployment; breastfeeding rates; and early years Foundation Stage Profile were used to identify the eight wards in Sefton where the intervention was delivered (see Figure 1).

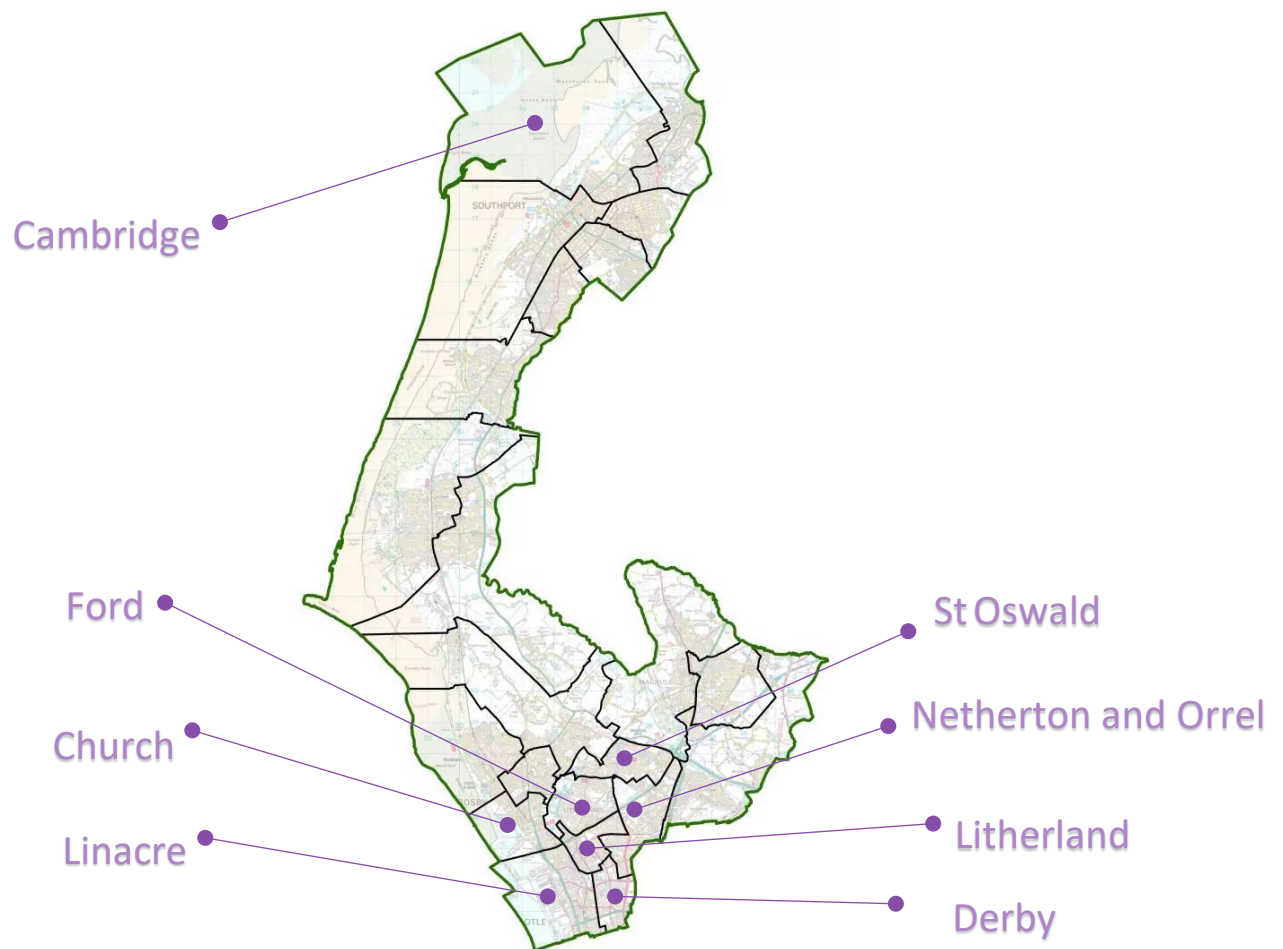


Figure 1. The eight Sefton wards identified

### 1.1.1 Specific Place-Based Approach Delivered in Sefton as Part of this Intervention

The activities that comprised the place-based approach were selected by the Steering Group, who designed the plan for implementation and delivery. The approach involved the delivery of a range of initiatives that have shown to be effective when delivered as individual standalone activities; the difference with the place-based approach is the delivery of the activities was a collective offer amongst the early years' settings across the health and social care system. These activities had not been delivered in Sefton prior to this intervention taking place but had been implemented elsewhere. Specifically, the place-based activities comprised:

- A number of universal activities, new to Sefton, across private, voluntary, independent, and early years settings. This suite of new activities were selected by the Steering Group members based on their evidence of effectiveness and appropriateness for the setting and included 'Lifelong Learners', 'Monkey Bob', 'Reading to Bump', and 'Books with Baby' (see table 2).
- A School Readiness group was developed in Sefton which promoted the importance of early years to professionals working across the health and social care system, with the aim to support early years providers to offer these activities within their communities. The School Readiness group was established as a subgroup of the Early Help Partnership board and is called 'Ready to Learn'. This group meets at least termly and includes:

- Early Years Quality
  - Early Years SEND
  - Early Help
  - Health Visitors
  - Representative from 2 schools
  - Public Health
  - Community Learning
  - Virtual School
- A ‘Train the Trainer’ model was implemented to train practitioners across early years settings in Sefton on the activities to be delivered as part of the place-based approach. The activities being delivered are trauma-informed approaches and interventions (e.g. Monkey Bob, Read to Bump). It was anticipated that having a universal offer would upskill professionals across Sefton and increase the number of trauma-informed early years professionals in the area.
  - Targeted services and initiatives were offered in specific settings and included a focus on language and communication initiatives and emotional regulation interventions. Such interventions, including ‘Lifelong Learners’, ‘Read to Bump’ and ‘Monkey Bob’ were all offered to practitioners in specific early years settings in Sefton.

Whilst all of these activities were new to Sefton, they were implemented and delivered by existing staff working across the health and social care sector, including Health Visitors and Midwives. All information on activities available were sent through targeted emails to relevant organisations by the Sefton project coordinator. Follow-up phone calls were also carried out to ensure fair and equal availability and/or uptake.

**Table 2. Activities delivered to existing Early Years professionals as part of the Place-Based Approach**

Activity Name	Description	Anticipated/Actual Outcomes
Train the Trainer	A framework for training Early Years professionals to enable them to train other people in their organisations.	Plan, execute and evaluate their own training and be able to demonstrate a thorough understanding of basic training and presentation skills.
Ferre Laevers Leuven Scales Conference	Explore the processes of learning; the crucial role of wellbeing; developing a powerful learning environment; and the use of the Leuven scales.	Participants who attend the conference will develop an understanding of the importance of wellbeing and involvement in learning and be able to use the Leuven scales to effectively assess and monitor children to inform their approach to teaching and learning.
Lifelong Learners	The Lifelong Learners project supports schools and settings to reflect on current practice whilst considering the current needs of our youngest learners in today’s world.	This project includes a Level 3 award for the Early Years Development Advocate Programme.
Monkey Bob	Aimed at professionals working with child victims of trauma, Monkey Bob	Ability to use Monkey Bob and the Do You Feel What I Feel?

	aims to reduce the impact of serious violence on children from birth up to age five.	toolkit to help Early Years professionals to talk to children and young people about their emotions.
Read to Bump	To support expectant mothers and families to 'read to their bump'. It provides an overview of the science behind learning <i>in utero</i> and the benefits involved in having families read to their child as early as possible.	Early Years professionals will understand the benefits of <i>in utero</i> brain development and the importance of developing relationships. They will be able to use this information to support expectant parents with key consistent messages about the benefits of early communication and reading <i>in utero</i> .
Books with Baby	This initiative is aimed at Early Years services who may wish to extend their provision to include working with parents. This is an opportunity to access training with other professionals including colleagues from Health, Early help and Social Care with the aim of delivering consistent messages to families.	Professionals will be able to share consistent messages with parents about the importance of sharing books and developing a lifelong love of reading.
School Readiness Group	The School Readiness group has been established as a subgroup of the Early Help Partnership board and is now called 'Ready to Learn'. This is a forum in which to update partners on key messages.	As a result of this group, there now exists a Sefton-wide definition of school readiness. Additionally the group has created a report for senior leaders on Sefton's Approach.
Six Steps to School Success	Guidance for practitioners and schools.	
PEEP Learning Together	Supported by a health visiting team, these sessions reinforce the key messages surrounding school readiness.	As this is a subgroup of the Early Help Partnership Board, it provides the opportunity to feed progress in at every meeting to ensure accountability and to ensure that the wider workforce are updated.

## 1.2 Evaluation Aims

Whilst place-based approaches have shown improvements in a range of health-related behaviour change outcomes, the impact of these approaches on both violence reduction and on health inequalities is largely unknown (Baidawi *et al.*, 2023; McGowan *et al.*, 2021). The MVRP requested that LJMU evaluate this project as part of the continued efforts to evidence MVRP activities. Key evaluation questions were informed through the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework. The research objectives were:



- To explore the rationale for a place-based approach in Sefton early years settings and the subsequent development of a logic model/Theory of Change for Sefton.
- To explore and describe the implementation of the Sefton place-based approach.
- To explore the facilitators and barriers to implementation of the Sefton place-based approach.
- To explore the anticipated outcomes of the Sefton place-based approach.
- To explore the activities being delivered as part of the Sefton place-based approach (what, how, which organisations, when).
- To assess the adoption and reach (number and representativeness of settings and individuals initiating the intervention; and individuals participating) of the Sefton place-based approach.
- To ascertain if an authentic place-based approach (bottom-up) is being implemented across Sefton early years settings.

## 2. Evaluation Methods

The evaluation methodology was informed by the systems evaluation methodology recommended by Egan *et al.* (2019), using mixed-methods to gather primary and secondary data to provide a multi-perspective assessment about the implementation of the place-based approach across Sefton early years settings.

Ethical approval was granted by the LJMU Research Ethics Committee (23/PHI/027) prior to any data collection taking place.

### 2.1 Implementation and Process Evaluation

Given that this evaluation was carried out at the same time that this intervention was developed and implemented, an implementation and process evaluation was chosen to explore the rationale for the place-based approach and to understand the processes involved in developing and implementing the intervention. Early data collection activities focused on developing both a logic model and a Theory of Change/Theory of Place, which were then explored through the evaluation. Given the focus of activity on implementation, it was not possible to capture evidence of outcomes at this stage. However, whilst the evaluation did not focus on impact, early indications were captured through engagement with stakeholders. The evaluation used Programme Theory (Funnell & Rogers, 2011) to link the activities, outputs, and expected outcomes of the approach. This helped all stakeholders, including local authority partners, the MVRP, and the research team, to understand the elements of the place-based approach and the anticipated outcomes, and provided a framework through which the longer-term process and impact of the intervention can then go on to be captured. Specific evaluation data collection activities included a stakeholder workshop, qualitative interviews, and secondary data analysis (see sections 2.11 – 2.14)

#### 2.1.1 Stakeholder Workshop

All stakeholders involved in the design and development of the Sefton place-based approach were invited to attend a face-to-face workshop on Monday 15<sup>th</sup> of January, 2024, at the Sefton PDC Hall, Formby. A total of 30 stakeholders from seven organisations were in attendance. The workshop was facilitated by the LJMU research team and explored a number of key questions with stakeholders, including:

- What activities and support are being implemented and delivered as part of the Sefton place-based approach?
- Who are the stakeholders and organisations involved in the initiative?
- What are the expected short, medium, and long-term outcomes?
- How are these outcomes achieved?
- What data is already being collected to understand the breadth of programme delivery, uptake, and outcomes?

Data was captured using post-it notes and flip charts. Electronic post-it notes were also available (Padlet). The data was then entered into an Excel spreadsheet where the information was distilled into inputs, activities, outputs, and outcomes, which was then used to inform the Sefton place-based approach logic model.

The first draft of the logic model was emailed to members of the evaluation Steering Group (representatives from the local authority and MVRP) who were invited to review the model to check

that the inputs, activities, outputs and anticipated outcomes had been appropriately captured and that they reflected their perspectives. No changes were made to the draft. Steering Group members subsequently circulated the logic model to all stakeholders who attended the workshops (including those who were invited but could not attend) for their review and feedback. No further changes were made to the model either.

Additional information collected from the workshops about the service user journey and the mechanisms of change were used to inform the development of the Theory of Change for the intervention. This provided information about how and why the intended outcomes should occur, detailing the context in which the Sefton place-based approach is delivered, the mechanisms of change, the enabling and external factors that affect service delivery, and the assumptions that need to be considered in order for change to occur.

### ***2.1.2 Qualitative Interviews***

Interviews with stakeholders (service design and delivery; n=6), and wider beneficiaries (community/organisation/system level; n=7) were carried out to explore key issues related to the implementation of the place-based approach to violence prevention in Sefton and perceptions of impact. Those interviewed included MVRP leads, Sefton Council Early Years leads, and activity leads from Liverpool Learning Partnership, Sefton Safer Families Practice Hub, Primary schools, and Nurseries in Sefton. This ensured that there was representation from key stakeholders working across Sefton and/or involved in decision making about what the place-based activities should comprise of, and the implementation, management and delivery of these activities. Interview discussions centred on the rationale for a place-based approach in Sefton, programme delivery, anticipated impact, and areas for development and sustainability. Stakeholders acted as gatekeepers to wider beneficiaries who were invited via email to be interviewed. All interviews (n=13) were carried out online via MS Teams and were subsequently transcribed verbatim into a word document. Transcribed interviews were then thematically analysed (Braun and Clarke, 2022) using NVivo software.

It was originally anticipated that interviews with children/families would be carried out as part of the evaluation to ascertain their views on the activities being implemented and to gather evidence of any early outcomes. The evaluation team discussed this at length with the Steering Group and with stakeholders and delivery partners who agreed they would act as gatekeepers to these potential participants. Nonetheless, it was determined that this aspect of the evaluation would not be feasible due to the infancy of the intervention activities being rolled out. Instead, further resource was placed upon developing the Theory of Change for the programme.

### ***2.1.3 Secondary Data***

Data about the activities delivered as part of the Sefton place-based approach was shared by the Steering Group with the research team for inclusion in this evaluation. This data included any early years activities that had been carried out as part of the intervention and included the number of practitioners from each setting, and the number of children/families who accessed the activity (see table 3).

### ***2.1.4 Analysis and Triangulation***

Data from each element of the evaluation has been triangulated to provide evidence about both the implementation and impact of the Sefton place-based approach to violence prevention across early-

years settings. Findings, inclusive of illustrative quotations provided from the interviews are presented in chapter 3 of this report. Quotations have been labelled with either stakeholder number (S) or wider beneficiary (WB) number in order to protect anonymity.

## 3. Findings

### 3.1 Theme One: Implementation

#### 3.1.1 Understanding of the 'notion' of a Place-Based Approach

Stakeholders, delivery partners, and wider beneficiaries were asked to explain their knowledge and understanding of what a place-based approach is. Participants all had varying perceptions of what place-based approaches are and how and why they are utilised.

Key stakeholders and delivery partners demonstrated a good understanding of what a place-based approach involves. Those interviewed described the need for such approach to be based on geographic/community-specific needs, sharing good practice through upskilling professionals in Early Years settings, and reducing inequalities for children and families in a specific area, with some stakeholders even outlining that they felt that it was a prevention intervention. Furthermore, stakeholders and delivery partners stated that improving communication and literacy in Early Years was also noted as being a key benefit of place-based approaches.

*"I think it's early prevention and it's consistently around all kind of professionals and stakeholders, and investing, within this and obviously targeted wards that have been identified" (S2).*

Wider beneficiaries were less able to articulate the purpose of a place-based approach with their knowledge limited to the activities on offer as part of the approach. Many discussed the intended outcomes of the Lifelong Learning course when asked to describe their understanding of the Sefton place-based approach.

*"From what I know there's a lot of focus on communication, so it's about that sort of speaking and listening element of it. So hopefully we should have families that are talking together more and are communicating with each other more and sort of face to face focus which will have the sort of benefits again of attachments but also the sort of understanding of literacy" (WB5).*

Improving educational outcomes such as attendance at school, improved literacy and school readiness, confidence in the classroom to communicate their needs, and attainment resulting in school completion to university-level, was considered by most interviewees as the primary focus of a place-based approach. This was particularly associated with educational outcomes of those born during Covid-19 lockdown periods.

*"It's targeting children in the early years particularly those children who were born during the Covid-19 lockdown. That's my understanding of it and to raise the profile of early years because they're that part of their development plays a really important part in shaping the children's brains, and has a long term, a long term effect on their future" (WB4).*

#### 3.1.2 Rationale for a Place-Based Approach

Stakeholders shared a range of views about the need for this intervention in Sefton, with many describing the impact of the Covid-19 lockdown on children and young people's mental health and emotional resilience. Some stakeholders suggested that the impact of lockdown had resulted in children and young people struggling to cope with being in a school environment and away from their parents, which had become their norm over the preceding two years. It was felt that supporting social interactions amongst children and young people was a key priority.

*“We're finding that children are having a lot more meltdowns, that children are having a lot more anxiety being away from the parents, that children are just not coping as well with things and having difficulty as well with friendship groups and that side of things. So it's all that side of things that I think they've missed out on because they've missed out on, you know, the equivalent of over a year haven't they, of those social interactions and that side of things. So hopefully with more of a focus on this side of things, we can start to address those needs and that mental health side of things too” (WB4).*

Linked to this, most participants referenced the Sefton Ofsted report following Covid-19 lockdown as a primary reason for the need for this intervention. It was noted that this report highlighted gaps in educational outcomes such as school readiness, which were much lower compared to other boroughs in Merseyside.

*“Some of the findings that have come from Sefton's Ofsted report around how they were failing in some areas for their children and young people” (S1).*

Many stakeholders discussed how this intervention had helped them to have conversations with families that they may not necessarily have had before. Some described how having an *“evidence base”* helped them to discuss sensitive issues, such as the need to deliver these activities to children and families within Sefton. It was felt that this evidence base made them feel more confident in their delivery of activities, enabling them to confidently rationalise the use of activities with partners and families.

*“So it has helped us to have what can be quite sensitive conversations and you know approach them maybe not 100% differently, but to be aware of other things definitely make our awareness around situations different, and to come with a more knowledgeable approach about things like screen times and stuff, you know we now know we've got back up in the research that's been shared with us and you know the conversations and the books that have been bought and the puppets are really helping” (WB2).*

### **3.1.3 Facilitators and barriers to implementation**

The Sefton place-based approach comprises a range of initiatives that are delivered as part of a wider programme of early years activities. Stakeholders felt that the implementation of the place-based approach was very positive, and that this was a result of the existing good relationships between delivery partners. Examples were provided of existing relationships between organisations and delivery partners such as schools, nurseries, and midwifery. Passion, commitment, and experience were all highlighted as being at the core of all stakeholders involved in the approach's implementation phase.

*“I think to be honest, we've just got really, really good managers in people like [name] and [name] who are really driving it, really passionate about it, are really good at communicating the benefits of it into why people need to get on board. And I think because they've got good relationships with those teams, people trust what they're saying because they understand the realities of their job. So I think really because we've got the right people in post at that level, that's why it's working really, they're the ones that are facilitating that engagement and keeping people on board” (S1).*

Additionally, barriers to implementation were also discussed, with those interviewed expressing that barriers arose primarily due to existing heavy workloads and a lack of capacity for extra work across everyone involved, from the stakeholders to the wider beneficiaries. This included reduced resource and capacity within Early Years, and recruitment and retention challenges. While those involved were

passionate and committed to their work, this initiative was described as an “extra” that people did not have additional capacity for.

In particular, stakeholders involved in implementing the intervention noted that the additional task of tracking and monitoring activities being delivered (e.g. feedback sheets, attendance numbers, numbers of people trained to date), planning and attending meetings regarding the intervention, and engaging with the evaluation were additional tasks to their existing workloads. This resulted in them working longer hours to ensure that the extra work was done. Stakeholders also described how it took longer than anticipated to develop and establish the place-based approach, and recommended the need for realistic timeframes if this approach is to be used in other settings. The steering group also reported being overstretched, which resulted in limited capacity to drive the evaluation forward.

*“I think that the biggest barrier is everybody's time and being pulled in lots of different directions and really selling it as a priority” (S2).*

*“We've taken a long time to get it up and running from when we first started the conversations. I think we probably needed to be more realistic around how long it would take to get it set up” (S1).*

*“Personally one of my greatest difficulties is this is like an add on to my job and I love the work, but it's an add-on... could it be even better if I had a 1/3 day, or day, or week allocated to this, but I don't. So you feel like you're always catching up on yourself. So I think sometimes these pilot projects, you take them on because you know it's the right thing to do and you take them on because they're fantastic in their essence (S5)”.*

*“Massive recruitment and retention challenges in early years and then... the current climate in early years at the moment, everybody is really pushed and challenged (S6)”.*

## 3.2 Theme Two: Delivery of the Place-Based Approach

### 3.2.1 Stakeholder views on Place-Based Approach activities

A number of activities were being delivered to Early Years professionals during the data collection phase. These were being taught through a ‘Train the Trainer’ model so that the learning could be passed on to other professionals and colleagues in their workplace. These activities included ‘Lifelong Learners’, the Ferre Laevers Leuven Scales Conference, ‘Monkey Bob’, ‘Read to Bump’, ‘Books with Baby’, ‘Building Attachment and Bonds Service (BABS)’, and ‘Look, Say, Sing, and Play’. It was noted in interviews that a number of other activities were also due to be rolled out in the near future, including, ‘PEEP’, ‘Incredible Years’, Baby Massage, and an Early Years Conference. All activities were targeted at what stakeholders termed the “child of today” i.e. children who were either born or lived through lockdown and the impact of this on their development.

Stakeholders were asked to name any activities being delivered as part of the place-based approach that they were aware of and what their views, knowledge, and experiences of each one was. The most widely discussed activity was ‘Lifelong Learners’ which stakeholders felt was the most acceptable and sustainable programme on offer to Early Years professionals. It was considered to be current and up-to-date with the post-Covid-19 lockdown climate and in terms of the impact technology, isolation, and missed education has had on the children and young people affected by the pandemic.

*“It was recognised that the child of today is very different to the child of five, three, even two years ago. Our children are changing. Childhood is changing for a lot of children and the lifelong learners project really focuses on the key causes of that really. So it really looks at things like the*

*effects of technology, the effects of too much academic, too soon, parental expectations. And so that project has really been developed from the voice of the sector and the needs of the children” (S4).*

*“To be honest with you, it's been very interesting. All the different subjects that we have tapped into or the strategies and things you know we've had things around, there's been the elements of the learning around how you coach and mentor and that's really interesting because there are many different approaches and some of them are new to me that I haven't come across” (WB2).*

The additional benefit of Lifelong Learners being an accredited course was also well received by those who participated, as it enhanced their professionalism both practically and academically. It was also felt that this element to the training would increase uptake and sustainability.

*“That's been the first time that we've done sort of something accredited like ourselves as opposed to maybe sending people on different accredited stuff. So, that's been interesting, and I think personally that's a programme that could really have legs and go beyond and I suppose some of this kind of has been a really good starting point for us” (S2).*

‘Read to Bump’, ‘Monkey Bob’, and the Ferre Laevers Leuven Scales Conference were also all positively discussed by almost all participants. ‘Monkey Bob’ was initially developed for children under 2 years of age who witnessed domestic abuse in their home, through the use of a puppet which acts as a tool to help them describe their feelings. However, Early years professionals were utilising ‘Monkey Bob’ for a number of different factors, such as to increase independence or resilience, highlighting the flexibility of this programme.

*“Monkey Bob was primarily developed for children who've witnessed domestic abuse in the home. So you know, if I'm ten and I go to school, the learner/mentor might say what's the matter? ‘Oh me mam and dad had a fight and dadada..’, and I can tell someone that, and then they can help me to talk through my feelings, you know, take me to a quiet room and all of those things. But if I'm two, one or two, I can't say that. So Monkey Bob is a tool which helps children describe their feelings using cards and stories, and then letting them know it's OK to feel like that, to acknowledge it, and then help them to build resilience and protective factors should it happen again” (S3).*

*“This little girl had experienced quite significant negative experiences at home ... I don't really know to what extent that wasn't for me to know, but so she used the little Monkey Bob teddy as somebody to just give her emotional reassurance really when she was in the setting on this particular day. She was carrying the little Monkey Bob teddy around the nursery, taking it with her to all the different areas. She was even talking to the little Monkey Bob, and it was obvious that it had become a real comfort to her. I think the setting even allowed her to take it home sometimes as well as you know, as a concrete object to go home with her and help her at home. So the staff were really confident about the Monkey Bob approach as well. They really encouraged it. They optimised it as much as they possibly could, so that was really, really positive” (S4).*

The Leuven Scales approach to assessing how children who have not yet acquired any language skills are doing in terms of their *“emotional wellbeing and involvement levels”* was also considered as being hugely beneficial for Early Help professionals and a much appreciated strand of the Sefton place-based approach.

*“The reason that that's really powerful is because it doesn't require a child to have acquired any language at all, so it can be used for babies, and if you want to upskill that practitioner to observe the verbal and nonverbal” (S2).*



*“Professor Ferre Laevers really just brings together our vision for Early Years ... we always say that when a child is highly involved, they are making progress in learning. That's when their brain is sparking, and they are going to succeed and thrive in life. So it was great to be able to get Ferre in Sefton and this is something we're gonna continue to push more in the next academic term” (S4).*

### **3.2.2 Dose and Reach**

Data on the activities and training that have been delivered as part of the Sefton place-based intervention were provided by the Steering Group. This included information about the organisations involved in delivering the approach, the number of practitioners from each setting, and the anticipated number of children/families who will/have been a beneficiary of these initiatives.

A number of different Early Years professionals are included, such as those working in nurseries and schools, teachers, social care workers, and domestic abuse services staff. Across the life course of the work, as of March 2023, a total of 104 practitioners and 35 student practitioners (for example from Hugh Baird College) have received training. As a result of this training, a delivery partner calculated that this meant an estimated 1540 children were initial beneficiaries, and 771 parents were secondary beneficiaries of the Sefton place-based approach through access to sessions, resources, and information.

The numbers of Early Years professionals who have been trained and the estimated numbers of children/families that this approach is anticipated to reach are summarised in table 3 below.

The activities on offer were viewed to be available and accessible to all eight identified wards in Sefton. Exact levels uptake and engagement by children and young people and their families was uncertain due to it being very early on in the pilot phase of the approach. Furthermore, it emerged through the interviews that a solid monitoring process to track dose and reach was lacking.

*“They've all been offered it. The hard thing is monitoring it and making sure that there is a fair uptake. I suppose maybe a bit more work could go into that” (S4).*

*“It's training the sector. It's training the professionals who are in it. But we definitely do need to move more towards parents and that is gonna be in our yearly improvement plan next year. And I mean the lifelong learners project came with three readymade workshops for parents. So I know that this the schools and the settings that took part then delivered those and it was things like talk to your child, play with your child, get down on the floor and we developed 50 things to do before you're 5 and it was things like that and to share with parents so that did touch a little bit on parents, but I think parents is definitely something to focus on more in the future” (S4).*

It was noted that whilst childminders had been invited to be part of the Sefton place-based approach, it has not been possible to reach them, likely due to their capacity/workload. This was something that was noted by some participants as needing to be addressed going forward.

*“I think it's a bit of a group of children that we might have missed, a group of stakeholders we might have missed, although we did invite them might be childminders” (S2).*

**Table 3. Sefton place-based approach activities as of March 2024**

<b>Monkey Bob</b> Aimed at professionals working with child victims of trauma, Monkey Bob aims to reduce the impact of serious violence on children from birth up to age five. <b>Date(s) delivered: 21/2/2024</b>		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
Early years maintained/school settings	2	117
Early years private, voluntary, and independent settings	11	624
Early Help	2	Team works universally during ‘Stay and Play’ sessions and with children on an Early Help plan
Safe Families	2	Approximately 80 families (with children under the age of 5) a year
<b>Ferre Laevers Leuven Scales of Wellbeing Conference</b> Training for those working in Early Years settings, focusing on the processes of learning; the crucial role of wellbeing; developing a powerful learning environment; and the use of the Leuven scales. <b>Date delivered: 24/01/2024</b>		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
Early years maintained/school settings	33	1530
Early years private, voluntary, and independent settings	16	771
Early years local authority team	16	Numbers not confirmed yet
Early Help	8	Team works universally during ‘Stay and Play’ sessions and with children on an Early Help plan
<b>Read to Bump</b> Encourages expectant parents to read to their child while in the womb to help them bond with their babies, familiarise the baby to their parents’ voice, establish a routine, and to stimulate brain activity and better communication later in life. <b>Date(s) delivered: 26/09/2023; 27/09/2023; Jan 2024; 28/02/2024; March 2024</b>		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
Early years maintained/school settings	4	235
Early years local authority team	5	Numbers not confirmed yet
Early years private, voluntary, and independent settings	5	300
Early Help	5	Team works universally during ‘Stay and Play’ sessions and with children on an Early Help plan
Health visitors	2	Number are difficult to quantify, however early reading has been added to the antenatal visit for all health visitors
Education psychology	1	Numbers not confirmed yet
Virtual school	1	Team works with all Cared for Children in Sefton
<b>Books with Baby</b>		

<p>Training for Early Years sector who work directly with babies and families enabling them to demonstrate to parents the importance of sharing books and developing a life-long love of reading.  <b>Date(s) delivered:</b> 26/09/2023; 27/09/2023</p>		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
Early years maintained/school settings	4	235
Early years local authority team	5	TBC
Early years private, voluntary, and independent settings	5	448
Early Help	5	Team works universally during 'Stay and Play' sessions and with children on an Early Help plan
Hugh Baird College	35	Numbers not confirmed yet
Health visitors	2	Difficult to quantify, however early reading has been added to the antenatal visit for all
<p><b>Lifelong Learners Project</b>  Accredited project with a focus on characteristics of effective learning and meeting the needs of the child of today.  <b>Date(s) delivered:</b> January-July 2024</p>		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
Early years maintained/school settings	8	292
Early years private, voluntary, and independent settings	2	201
Early years local authority team	2	Works with schools and setting rather than direct
<p><b>Toddler Tales</b>  Training for Early Years sector professionals who work directly with toddlers and families enabling them to demonstrate to parents the importance of sharing books and developing a life-long love of reading.</p>		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
Early years local authority team	1	Works with schools and setting rather than direct
<p><b>Jenny Holder-Direct Support to Settings</b>  Bespoke training for Early Years sector professionals who work directly with babies and families to increase confidence to support early literacy.</p>		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
PVI setting-Explorers		Approximately 30 children and families
PVI setting-Carousel		Approximately 20 children and families
<p><b>PEEP Learning Together Programme</b>  Home learning environment training.</p>		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
Early Years	2	Train the trainers
Early Help	2	Train the trainers

Early years maintained/school settings	7	If each practitioner conveys key messages to just 10 families, this will account to at least 70 families
Early years private, voluntary, and independent settings	7	If each practitioner conveys key messages to just 10 families, this will account to at least 70 families
Early Help workers/Community groups/Adult learning	14	Hard to quantify, this approach could be used in groups and one-to-one with families. If a conservative estimate of 10 families per practitioner is taken, this would account to at least 140 families
<b>Early Years Advocate conference</b>		
It is our ambition that each team across the council and our partners within community settings will nominate an 'advocate' to attend termly update meetings about all things early years, for example the childcare agenda, choosing childcare etc along with key messages around child development. They will then relay information back to their teams. This has been funded by MVRP		
<b>Services Involved</b>	<b>Number of Practitioners</b>	<b>Estimated number of children/ families who will benefit</b>
<b>Children's Social Care</b>	14	Not provided
<b>Early Help</b>	12	Not provided
<b>Education Excellence:</b>		
○ Virtual School	1	
○ Attendance and Welfare	1	Not provided
○ Inclusion	5	
○ SEND	1	
○ Education Psychology	1	
<b>Community:</b>		
○ Library service	1	
○ Active Sefton	1	
○ Housing	1	Not provided
○ Green Spaces	1	
○ Sefton@work	1	
○ Job Centre	1	
<b>Health:</b>	8	
○ 0-19 Services	1	
○ Public Health	2	
○ Maternity	TBC	Not provided
○ CAMHs	1	
○ BABS	1	
○ Alder Hey	2	
○ SALT	TBC	
○ SPOT	1	
○ Mental Support Team Health Team		
<b>Voluntary Sector:</b>		
○ Sefton CVS	2	
○ Parenting 2000	1	
○ Home-Start	1	Not provided
○ Venus	1	
○ Feel Good Factory	1	
○ Sefton Parent Carers	TBC	

Those interviewed added that the reach of the Lifelong Learners programme training was increased beyond Early Years professionals thanks to a collaboration with Hugh Baird College, whereby students were trained in Lifelong Learning alongside their university training. This enabled students to merge their university training with the programme's training, helping students to embed such merged learning to their future work opportunities from the outset.

*"We went into Hugh Baird College, so we've got the students there who are the future workforce, who they also received the training which isn't part of the normal curriculum that they would receive to be qualified early years practitioners, but this was an enhancement. So they're going into their student placements and then they can continue to use that when they become qualified and when they go to work" (S3).*

Similar to the implementation phase, the capacity and workload encountered by Early Years professionals was also identified as the main barrier to programme delivery.

*"One of my greatest difficulties is this is like an add on to my job and I love the work, but it's an add-on so I could be going from, like this morning I've been interviewing people back to back for jobs and then you go into like a school readiness meeting and then I might have had two child death notifications and I'm trying to do them. And then I might be preparing a presentation for something I'm doing. So, and I think that everybody finds that only it's the capacity you know it's the right thing to do, so you give into it, but actually you wanna give more, you know you wanna make it more, you're always feeling 'well it could it be even better if I had a day, a week allocated to this or 1/2 day a week', but I don't. So you feel like you're always catching up on yourself" (S5).*

### 3.3 Theme Three: Impact

#### 3.3.1 Children and young people

In the short-term, stakeholders felt that children and young people would have a better experience *today* in pre-school environments which would result in improved school readiness, thus reducing this gap as per the Ofsted report findings. Participants felt that this would also set the young people up for education from reception on a positive note.

*"I think the first outcome is that children are having a better experience today in their nursery today; they go in today and they're having a better experience because the staff have got different skills and they're more enthusiastic then. Medium term I'd hope that when the children do start school and you know they're assessed at the end of reception that the gap has narrowed, that we've closed the gap, we're not gonna remove the gap but that we've added some sort of, made a difference in them accessing the curriculum and you know, being more engaged when they start school" (S3).*

Medium to long-term it was anticipated that the place-based activities would impact children and young people through improved communication, language, and literacy skills resulting in emotional resilience, reducing vulnerability in the longer-term. It was acknowledged that there is a significant amount of serious violence and criminal activity in Sefton currently and that a lot of this is associated with ACEs and high levels of deprivation in the area. As part of the place-based approach, stakeholders believed that early intervention focused on the development of children's language and communication skills is essential because it would benefit children in the long run by improving their ability to make decisions, which will lower their risk of violence or exploitation.

*"I know Sefton has been a hotspot for serious violence, serious organised crime, drugs, and alcohol abuse. There are lots and lots of issues in those areas as well as being an area of high deprivation. So we know all of those things together, actual crime and then risk factors, ACEs,*

*that sort of thing is, is absolutely present. And we know just reacting to those when they happen is no good. So that preventative approach of going really, really early, primary intervention reduces those risk factors and allows children to make an informed decision” (S1).*

*“We know they’re less likely to fall behind because they’re actually in school, then they’re more likely to reach their potential, whatever that is, and then we know their communication and language skills and their personal social and emotional skills to feel happy and confident in themselves, they’re less likely to be vulnerable and exposed to being groomed or drawn into things” (S3).*

*“Any approach that raises children’s self-esteem and resilience and overall emotional intelligence will put them in a better position to avoid being a perpetrator or victim of violence” (WB1).*

### **3.3.2 Families**

The majority of participants discussed the impact that the activities will have on the family unit particularly improved communication in the home, less risk for violence or domestic abuse, improved parenting skills, less isolation for parents who may be struggling with their own issues, and access to support for both parents and their children..

*“I hope their home environment is improved or more positive because of the skills the parents have got” (S3).*

*“I think it also impacts on the wider family as well, because when children go home, it's what happens in the home and how children respond to things, manage emotions, how they can engage with family members and sometimes parents and older siblings learn just as much from what the kids are going through because of that communication is then happening” (S1).*

Additionally, it was felt that an improved home situation would likely result in the children and young people communicating any problems with parents, leading to less need for social care intervention.

*“While we're working with the wider family and the child, I think what will happen is the family or developing new skills, new techniques to cope with, well depending on who it is in that family, because we're working with all of them. But you know they're going to learn new skills and how to communicate, how to parent, how to manage their emotions, how to manage trauma. Yeah. So I would hope that overall the family feel more safe, more secure. Better able to communicate with each other. And just be happier and less referrals to the police and less referrals to children social care, all of them lovely outcomes” (WB7).*

### **3.3.3 Practitioners: System change**

An opportunity for system change was discussed by some who felt that Early Years practitioners who have been trained as part of the Sefton place-based approach would result in them being more confident and knowledgeable in their roles, thus reducing attrition rates and potential for burnout. As they have participated in ‘Train the Trainer’, it was felt that they can now bring that forward by training and upskilling existing colleagues or new staff who have not received it. Further, if they move on to a different service or organisation, these practitioners would bring their training with them, thus impacting wider children/families and increasing professionalism within the Early Years workforce.

*“There is a benefit to practitioners themselves because they become more confident in their role, they are trained better, they get more opportunities to be more professionalised in their own role as well. So that then means your workforce is better, happier to stay in the role. So they're not having that attrition rate potentially that could be there” (S1).*

*“I guess for me the short term impact is confidence of staff in terms of supporting the children who've been through, you know those experiences and being able to support them in terms of those characteristics effectively and building that resilience, understanding sort of the trauma elements of those children and then being able to share that with the families” (WB7).*

### **3.3.4 Whole-community impact**

Participants believed that a whole-community impact as a result of the Sefton place-based approach could be a reduction in crime in the identified wards which could ultimately lead to less police callouts and in return less children and young people entrenched within the youth justice and criminal justice systems. Stakeholders noted this would more likely be a longer-term impact for communities.

*“I'd say long-term wise, hopefully in 10 years' time, 12 years' time, if we look at our localities with the youth justice team, we'll be seeing and not as many young people being involved in low level crime in those hotspot areas and it might become that they're not hotspot areas anymore” (S5).*

*“I think it's everybody working together as a community. It's not just one person's responsibility, is it? It's when everybody contributes to it and everybody understands the vision, that's when we're gonna have that impact” (S4).*

Additionally, an overall reduction in violence or risks for violence in the eight identified wards was also something that was touched upon by some participants. One stakeholder attributed this anticipated impact to the Lifelong Learning programme specifically, as it this can upskill children and young people's literacy, communication, and language skills, which would, in turn, reduce their risk for being drawn into organised crime or violence.

*“Young people who have less literacy, sort of skills and less communication, speech and language skills are those who statistically tend to be more drawn into elements of crime. So hopefully it would, if we can skill up those young people, they've got more options in life, they're less likely to be drawn into that” (WB5).*

Participants stated that one way of ensuring that the ethos of a placed-based approach continues across Sefton's wards is through collaboration between a number of statutory agencies such as schools, police, youth justice as well as families and communities as a whole. Stakeholders also felt that such large-scale collaboration would have the potential to reduce criminal activities in the area.

*“We've now got to take matters into our own hands and using strategies like the lifelong learning, you know, linking in with the violence reduction service, just being aware that you know we play this tiny little part now, but if we can get that part right, that just builds up that solid defence and those solid ethos and knowing what is right and what is wrong and hopefully as the schools get involved in this principle as well, that impact spreads out through primary into secondary, so that it does have that impact longer, you know to children are older, those things become less of it because we've skilled them up” (WB2).*

## **3.4 Theme Four: Sustainability & the future**

The *“legacy of those [Early Years professionals] trained”* through the Sefton place-based approach was deemed to be the key to sustainability of the activities currently on offer going forward, such as 'Lifelong Learners', 'Monkey Bob', and the Ferre Laevers Leuven Scales. Trained Early Years professionals can share their learning and knowledge and bring it forward to embed it within their organisation's existing systems.

*“It's sustainable because the children will move on, but the practitioners stay there, and so future children will get it” (S3).*

*“When the funding runs out, I think because we've invested training and then that's kind of the legacy really, isn't it? So, while those people are in post, that can continue, whilst they've got some of the resources to be able to do it and obviously the Ferre Laevers is something that we're going to run with in Sefton. We've heard it from the horse's mouth, but then we can now kind of continue that sort of initial work and make it the part of good practice” (S2).*

Data monitoring was found to not be an essential task for some people, as was made clear by the interviews. Going forward, it would be essential to have this in place in order for impact and success to be measured. Nonetheless there wasn't a great level of understanding of data monitoring processes and how to put them in place. Furthermore, and as noted above, some considered it an extra task on top of people's already heavy workloads.

*“I can't highlight enough how we wish we had more capacity about gathering the data and investing that time into it. So if you ever think ‘Ohh they're slow they're dragging their heels’. It's not that we're slow or dragging their heels, the works happening, it's there getting the evidence in, and I think that's always hard, isn't it?” (S5).*

Due to the nature of the Early Years activities being delivered, some participants mentioned that they have to trust in their knowledge and experience and in the training they received as they will likely not see those same children in ten years' time to measure long-term impact. In terms of financial sustainability, the majority felt that the training offered to practitioners at this early stage meant that the costs to train others going forward is likely to be minimal, or in some cases (e.g. Monkey Bob where the puppets are provided on the first day and can be re-used over and over) at no extra financial costs.

*“If you don't work in early years, it's difficult, it's a long time to see the benefits. But you have to really believe and trust in what you're doing, and we can't do that just by training practitioners who have children for 15 hours a week. We've got to work with the setting, the family, and the wider community because then I think we can make a difference because it's not little pieces of the jigsaw missing, imagine doing a 1000 piece jigsaw and four pieces are missing, you'd be gutted” (S3).*



## 4. Discussion

### 4.1 Implementation

The use of a place-based approach to increase resilience, aspirations, and lifelong learning in Sefton is clearly justified by the local evidence, and there is evidence that the rationale for implementing this approach has been understood by key stakeholders involved in developing this intervention. A critical objective of this evaluation was to ascertain if an authentic place-based approach has been implemented across Sefton early years settings. The key principles of a place-based approach (as defined by Smith *et al.*, 2023), and with reference to the PHE (2021) guidelines to implementing a place-based approach to tackle health inequalities, have been used as the framework to explore the implementation of this intervention. These interventions seek to address the risk factors of violence at an individual, interpersonal, community and/or societal level, whilst also promoting protective factors.

#### 4.1.1 Geographically-bound location

The importance of using local-level evidence to narrow the gap in inequalities has been advocated in a number of key documents, including the DHSC (2018) prevention-focused report and the NHS England (2019) long-term plan. The vision in the PHE (2021) place-based approaches for reducing health inequalities report is for local-level action to be taken to find solutions for entrenched inequalities. In line with the recommendations made by Smith *et al.* (2023), the Sefton place-based approach was focused on eight specific geographic wards in Sefton. Evidence found that these communities were the most disadvantaged during lockdown and experienced significant health and wellbeing inequalities when compared to other areas (Bambra *et al.*, 2020). A breadth of local evidence (deprivation; births; health inequalities; educational attainment, exclusions and attendance; crime; unemployment; breastfeeding rates; and early years Foundation Stage Profile), provided by the MVRP Evidence Hub, gave an extensive and comprehensive justification for the selection of these wards. Findings from this evaluation showed that stakeholders all agreed that addressing the concerns outlined in the Ofsted report, improving school readiness, and supporting social interactions amongst children and young people was a key priority.

#### 4.1.2 Focus on local needs, local solutions, and the unique attributes of a place

The findings from this evaluation highlight how the activities being delivered in the eight Sefton wards were developed with consideration of the unique needs and attributes of the communities within them (as advocated by Smith *et al.*, 2023). Specific activities were selected by the Steering Group with reference to evidence base and the local needs of the identified geographical areas in Sefton. This included language and communication initiatives, emotional regulation interventions, and trauma-informed training for existing early years professionals. The numerous private, voluntary, independent, and early years settings involved in the design and delivery of the suite of activities in Sefton further demonstrate that a place-based approach has been considered from a local needs perspective.

With reference to the PHE (2021) 'Population Intervention Triangle', there is good evidence of place-based planning and leadership throughout the Sefton place-based approach. Evidence from this evaluation has found that Sefton has used the civic-level strengths (through the Steering Group) to drive activity across the health and social care system and integrated the service-based interventions

(across early years settings) through which to drive change. However, there was less evidence from this evaluation that the community-centred aspect of the place-based approach had been implemented. Working with community members and using participatory approaches to design the intervention would strengthen the community-centric aspect of the Sefton place-based approach.

#### ***4.1.3 Involve more than one statutory agency***

This intervention was developed in collaboration with a range of statutory partners. The MVRP early years lead, and Merseyside Police were the main stakeholders who brought the intervention to fruition. Following initial discussions about the proposed intervention, they consulted with Sefton Council's Early Years leads and formed the Steering Group committee. The Steering Group were the decision-makers in the development of the proposed activities. Other partners consulted in the development included representatives from Education, Community Services and the Department of Work and Pensions to identify the areas in Sefton who were most in need of support. A benefit of the place-based approach's universal offer is that professionals in Early Years settings in Sefton are being upskilled and can themselves train others in the future, thus increasing the numbers of Early Years professionals in the area who can then support the children/families in need of intervention. A 'whole' support system was developed as part of the place-based approach, evidenced through good engagement, multiagency response, and varied experience of partners involved (see table 1).

#### ***4.1.4 Impact for Education, Healthcare and Service Providers***

A range of short-term outcomes were identified for health professionals, these included the ability to increase the support offer for parents, access to SALT, increased trauma-based behaviour awareness, and the ability for services and educators to consider the wider family. The findings from this evaluation indicate that education, healthcare, and service providers who have received training through the Sefton place-based approach are now equipped to consider children and families as a whole and provide support where needed.

Findings from the evaluation workshop evidenced some support being delivered to parents by nursery managers, whereby the Lifelong Learners parent workshop module was used to guide sessions. Whilst there were challenges for most in engaging parents at this early stage of the approach, stakeholders, delivery partners, and wider beneficiaries felt that parents will be offered support and training in the future with some suggesting it will be included in their next yearly improvement plan. In terms of the wider family, it was clear that some of the activities have the possibility to reach the whole family, specifically, 'Monkey Bob', as when this is used with a child who has witnessed domestic abuse in the home, it is often the perpetrator and/or parents who are referred into the service, providing that whole-family approach. Increased trauma-based awareness was considered by stakeholders as being the primary learning outcome of the Ferre Laevers Leuven Scales conference for practitioners. This training enabled practitioners to be able to identify (based on observation and subsequent measurement with Leuven Scales) if a non-verbal child may have experienced trauma through their actions and engagement in early years settings. This is invaluable for educators particularly and has the potential to impact upon reducing the gap in school readiness outcomes. Whilst access to SALT was identified as a short-term outcome, no evidence of increased access to SALT support emerged from the findings.

From a longer-term perspective, it is anticipated that the place-based approach will result in a shared vision amongst the wider Sefton health and social care system regarding the importance and availability of early years provision. The improved collaboration of professionals across all services is

anticipated to result in case-by-case rapid support for children, young people and families, which will then go on to improve broader outcomes for this population.

#### **4.1.5 Demonstrate meaningful engagement and involvement of local communities (including private citizens, local services and organisations, and local community groups) in the design and/or delivery of the approach**

This evaluation found that stakeholders felt that the activities on offer through the place-based approach were available and accessible to all relevant individuals across the eight identified wards in Sefton. It was noted by some stakeholders that childminders had been invited to be part of the Sefton place-based approach but at the time of writing this report, there was no evidence of them engaging. This was noted by some participants as needing to be addressed going forward and was likely due to a lack of capacity to engage due to the fact that some childminders work in silos and therefore cannot leave their workplace/duties to complete training. This finding is an important limitation for this place-based approach, as there is a critical need for all early years professionals to be involved to enable change (Baidawi *et al.*, 2023; Smith *et al.*, 2023).

Whilst there was clear engagement with stakeholders at the civic-level and service-level of intervention design and delivery, there was less evidence of engagement at the community-level. This community engagement aspect is a key attribute of a place-based approach.

The exact levels of uptake and engagement in activities by children and young people and their families was uncertain due to the evaluation being carried out in the early phases of the intervention roll-out. Whilst there were a number of data collection and monitoring activities employed across the health and social care system (see the 'Outputs' column of the logic model, Figure 2), there was no formal monitoring in place to capture engagement specific to the activities delivered solely as part of the place-based approach.

The findings from this evaluation reflect those reported in the Badawi *et al.* (2023) review of place-based approaches to tackle youth violence. Here, 103 publications were included in a review of place-based models and implementation, and the majority focused on family-level rather than community-level change. Family/parenting programmes were key features of these models. A number of challenges were highlighted in evaluating the impact of these programmes, including: the evolving nature of place-based approaches and the breadth of activity presenting difficulties when defining the intervention; the multi-layered and complex nature of activities and outcomes; the changing drivers of activity (such as opportunity and funding); and the outcomes of such approaches often being based on relationships, such as trust, engagement, and leadership.

#### **4.1.6 Challenges to implementation, delivery, and measuring impact**

The evaluation highlights a number of challenges faced by stakeholders and delivery partners of the place-based approach. The issue of capacity and existing heavy workloads emerged as a key barrier to the approach developing further than the implementation stage. Steering group members had limited capacity to drive crucial elements of the evaluation forward (i.e. data and monitoring infrastructure) and delivery partners seemed to have faced difficulties collecting data and understanding the importance of evidencing impact. This is compounded by the increased demand on already overstretched services which inevitably lead to the place-based approach being seen as an 'add-on' rather than a priority. This meant that the evaluation could not interpret dose and reach of the intervention for the final report. Egan *et al.* (2019) describes a number of possible challenges

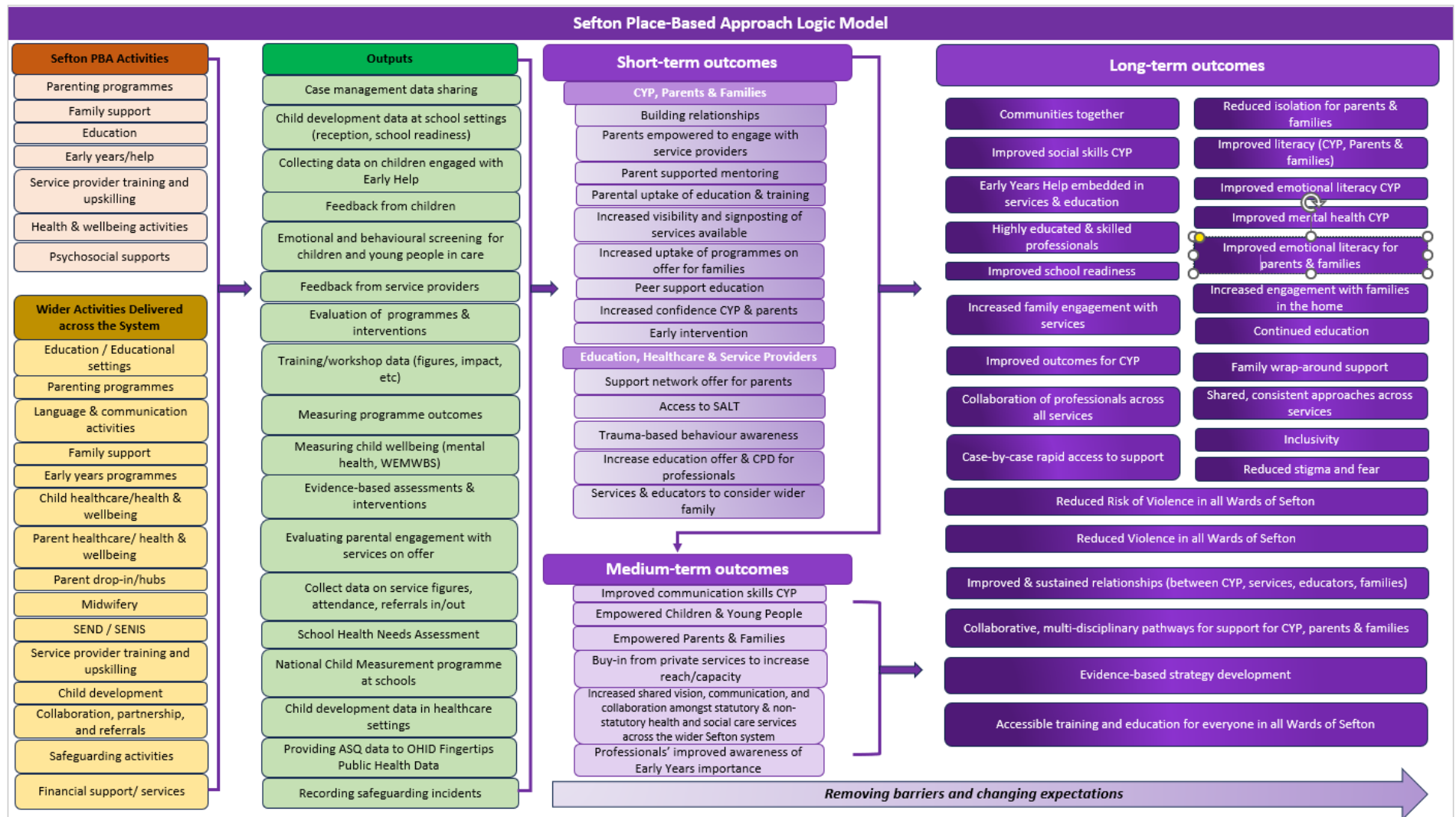
associated with place-based approaches which emerged in this evaluation. These included limited knowledge of place-based approaches and their usefulness for the area, lack of clarity of the aims of the intervention by different partners, and inability to engage with children/families who are beneficiaries of the intervention. These challenges are often due to the complex system dynamics of those involved e.g. young people, families, schools, practitioners, different organisations, services, policies, and funding (Egan *et al.*, 2019). It is critical that children and young people who have been affected by Covid-19 lockdown measures such as isolation, missed education, and the impact of technology on socialisation are reached by the activities on offer. Egan *et al.* (2019) suggest that to address place-based approach challenges there is a need to draw on a wide range of data across all systems involved to come to a resolve, however this was not possible in the current evaluation due to the lack of data and monitoring infrastructure.

The lack of community engagement with the intervention is critical for the true implementation and delivery of a place-based approach. Further, it is also necessary that the community are involved to evidence impact for individuals, families, and wider communities, as well as to evidence the wider impact across the system. This will also allow future evaluation to evidence if the approach works as whole system approach, as currently it is only evident at individual-level.

## 4.2 Impact

Primary evidence on the impact and outcomes of the place-based approach was limited, largely due to the evaluation focusing on the implementation of the intervention. Whilst this evaluation focused on the process and implementation of the place-based approach in Sefton, the logic model (Figure 2) and Theory of Change provide the evidence about how and why the intervention will be impactful at the short, medium and longer-term levels.

Figure 2. Logic Model for the Sefton Place-Based Approach



### **4.2.1 Impact for Children, Young People and their Families**

A range of short-term outcomes for children, young people, and their families have been highlighted by health professionals, as a result of this place-based approach, based on their experience and expertise in working in this field. These include building relationships between families, empowering parents to engage with services, increased parental uptake of mentoring, education and training, increased visibility of services available to families, increased uptake of programmes on offer for families, increased confidence in children, young people and parents, and the ability to intervene early. WHO (2014) state that violence can be prevented and that developing nurturing, safe, positive relationships between children and their parents and families is critical in preventing violence. Furthermore, the impact of developing life skills through early intervention education, such as those activities being provided as part of the Sefton place-based approach, will also reduce the likelihood for violence in later life (Hearne, 2023a, 2023b). Increased confidence in children and young people has reportedly resulted in children and young people having the strength and resilience to resist violence or involvement in violent incidents (Farrugia & Harris, 2023). That this evaluation illustrates there is strong potential that the children and young people of Sefton will have improved confidence and resilience is significant for violence reduction and prevention. In the longer-term, the impact for children and young people includes improved communication and social skills, school readiness, and improved literacy.

School readiness measures children's social, emotional, and cognitive readiness to embark on formal schooling. Those who demonstrate low school readiness may require additional support in school to help them catch-up with their class peers who are school-ready (Bandyopadhyay *et al.*, 2023). Economic disadvantage and low school readiness in early years can have a lasting impact on a person's future health, lifelong learning, and employment and earnings (Anderson *et al.*, 2003; Burger, 2010; Duncan *et al.*, 2012; Field, 2010; Garcia *et al.*, 2020; Heckman *et al.*, 2013; Pascal & Bertram, 2013). Purdam (2023) states that policy interventions to address child developmental needs such as their health and educational outcomes, should focus on the individual child, the locality, their school, and the local context where they are growing up. The Sefton place-based approach addresses these issues, using a collaborative, multi-agency approach. The focus on geography, needs, and attributes of a locality, and the wider community, substantiates Sefton's rationale to implement a place-based approach to focus on those families with babies born in lockdown and to reduce the gap in educational outcomes for the area.

### **4.2.2 Impact for Communities**

In the longer-term, it is anticipated that the focus on early intervention and prevention, through collaborative working across health and social care providers, will bring communities together. It is anticipated that the focus on reducing social isolation, improving communication and inclusivity will improve relationships within communities and between statutory and non-statutory organisations. These positive outcomes will lead to a reduced risk of violence in all wards of Sefton, and this will have an impact on reducing cultural stigma and fear of violence in communities.

Stakeholders agreed that the activities would instil young people with skills and resilience, which could lead to reduced risk factors and better decision-making later in life, resulting in reduced risks of violence or exploitation. They believed that this in turn could lead to reduced police call outs and a reduction in crime, leading to a reduction in young people entrenched within the youth justice and criminal justice systems, and the associated longer-term impacts associated with criminal justice system involvement. Stakeholders believed that this would likely be a longer-term impact for

communities as it was felt that it will take some time for all those in the community to have knowledge and understanding of the intervention. Further, it was suggested that everybody working together as a community and contributing to the place-based approach is necessary for the long-term reduction in violence, however, this too will take some time to evolve.

### 4.3 Theory of Change for the Sefton Place-Based Approach

In order for the anticipated outcomes to be achieved, there are a number of factors that are critical to the success of the place-based approach. These factors form the Theory of Change for the initiative and can be viewed as recommendations for the intervention as it moves forwards. These factors can also provide touchpoints for future evaluation of the programme, with a move towards focusing on outcomes and impact.

#### 4.3.1 Mechanisms of Change

This evaluation has highlighted that there are a number of mechanisms that are key to ensuring that this intervention brings about change:

**Accessibility of support** – families with children born during the Covid-19 lockdown are identified and referred into the place-based approach activities across Sefton. Support is provided through existing trusted relationships and/or the development of new relationships to help families to engage with services and attend appointments.

**Through collaborative practice**, partner organisations work effectively together, and have a better understanding of the strengths and areas of specialism that each can offer. Referral pathways between partners are improved through better communication and joint working. Partners also become better connected and forge collaborative short and long-term working relationships.

**Through learning and education**, children will demonstrate improved literacy, school readiness, and educational progression.

**Through engagement with service provision**, children and families will build confidence and trust in services and demonstrate increased self-esteem, better communication, and resilience, resulting in positive control over their health and wellbeing.

#### 4.3.2 Enabling External Factors

In order for the place-based approach to be effective, this evaluation has identified that a number of factors are critical to the successful delivery of the place-based approach. These are highlighted in table 4, along with recommendations for future evaluation activities.

**Table 4. Factors critical to the successful delivery of the Place-Based Approach**

Delivery	Critical to Success
<p>Awareness of the Sefton place-based approach should be widespread at the individual, community, organisation, and system-level in Sefton.</p>	<p>A range of awareness-raising activities such as workshops and conferences need to continue to be implemented across stakeholder and partner organisations, raising awareness of this approach.</p> <p>The impact of these could be measured to maximise visibility and identify gaps/differences in the needs of the different wards across Sefton and the variety of organisations/partners involved, thus increasing visibility and signposting of activities on offer as part of the Sefton place-based approach.</p>
<p>All early years settings should be aware of the support provided by the Sefton place-based approach and signpost children and parents/families who may require support (e.g. Speech and Language Therapy (SALT), Special Educational Needs and Disabilities (SEND), Emotional Literacy Support (ELS)).</p>	<p>It is important to ensure that signposting/referrals are timely and appropriate.</p> <p>Data collected by delivery partners can be obtained to explore how many people are being referred from the different early years settings (e.g. schools, nurseries).</p>
<p>Once a family is linked with the Sefton place-based approach, their specific needs need to be quickly identified and referral/s to appropriate delivery partners, activities, and organisation/s are made.</p>	<p>Information about onward referrals and subsequent intervention/s should be captured and available for review by the Sefton team to ensure that referrals are appropriate. Case studies could be collected to capture children and family’s journeys.</p>
<p>Activities as part of the Sefton place-based approach need to be accessible to those who are not engaged in early years settings (e.g. home schooled children).</p>	<p>Wider beneficiaries and other types of services such as healthcare, GPs, drug and alcohol support services, and community-based initiatives need to be aware of the support provided by the Sefton place-based approach and ensure to signpost children, parents, and families who may require help.</p>
<p>It should be clear that the activities on offer include parent-specific and family-specific support (not just support for the child) such as adult education, literacy support, psychosocial support, and health and wellbeing advice.</p>	<p>Early years settings should signpost parents of a service user (child) to the parent/family-specific activities on offer as part of the Sefton place-based approach.</p>



### 4.3.3 Evidencing Success

Whilst this evaluation focused on exploring the implementation of the Sefton place-based approach, through the first nine months of its design and roll-out, future evaluations should focus on measuring impact. A number of factors have been identified as being key to the success of this approach and should be considered when evidencing impact (table 5).

**Table 5. Measuring future impact**

Expected Outcome	Critical to Success
Sefton place-based approach is accessible to all within Sefton for support in early years settings.	Demographic data of partners and organisations delivering activities as part of the Sefton place-based approach needs to be collected and mapped to determine geographical reach.
The Sefton place-based approach stakeholders and delivery partners are effective in making the activities accessible for all children and parents/families across all wards of Sefton.	Partners work together to deliver a streamlined service where children, parents/families are quickly signposted to the appropriate support that they need.
Practitioners within organisations/delivery partners are highly skilled in their roles.	All staff/practitioners from Early Help and Social Care settings are offered Trauma Informed Training and are enhanced in their professional roles.
Children are more confident, resilient, capable, and school ready.	A wraparound, whole-system, whole-family approach is essential in increasing resilience, aspirations, and lifelong learning for children in Sefton who were born during Covid-19 lockdown.

### 4.4 Attribution

Key to evidencing the success of this approach is determining attribution, i.e. to what extent is the Sefton place-based approach responsible for achieving the range of expected outcomes detailed within the logic model. From an evaluation perspective, in order to understand the extent to which the Sefton place-based approach brings about change, we must understand how much of the change experienced is due to the activities delivered. Through case studies and/or surveys, children/families can explain whether they think that the change/s they have experienced would have happened if they had not engaged with Sefton place-based approach. The change/s experienced by organisations as a direct result of being a Sefton place-based approach partner (e.g. increased collaborative working resulting in joint funding applications etc.) could also be explored.

## 5. Conclusion and Recommendations

The Sefton place-based approach was put in place in response to the needs of children in Sefton who were impacted by the Covid-19 pandemic and associated lockdown measures. The approach has a specific focus on increasing resilience, aspirations, and lifelong learning. There is evidence from this evaluation that the implementation of a place-based approach was considered from a local needs perspective and included a number of agencies from the local authority. However, there was a lack of evidence for community engagement in the design and implementation of the approach. This is crucial

to the delivery of a true place-based approach. The report also highlights a lack of data and monitoring infrastructure which resulted in a limited opportunity to measure impact in this evaluation. Collaboration with community and a robust data monitoring system are essential for the future of the place-based approach. A number of recommendations to enhance the intervention and evidence impact going forward are presented below.

### **Strengthening Community Action**

A number of recommendations can be made to increase the community-level aspect of the Sefton place-based approach. These recommendations are made with reference to Smith *et al.* (2023) and the PHE (2021) place-based approach for reducing health inequalities report and focus on:

Strengthening communities: bringing local people together to develop solutions and devise local actions; Volunteer and peer roles: using local community members to organise activities and support others; Collaborations and partnerships: involving communities and local services in planning interventions; Access to community resources: connecting individuals and families with assets based within local communities.

To achieve this the following recommendations are encouraged:

- Work with community members (including private citizens, local services and organisations, and local community groups) using participatory approaches to design and/or delivery of the intervention and activities going forward. Working with the whole community and ensuring their contribution to the place-based approach is essential for long-term violence reduction in Sefton.
- Ensure that engagement with communities is strategic and needs-based. This can be supported through the use of local data, needs assessments, and community engagement which help with both the direct and indirect identification of needs amongst communities.
- Engagement and inclusion of the community in the approach will require further evaluation to capture service user voice to explore experiences, evidence the impact for individuals, families, and communities, and to evidence the wider impact across the system.
- Upskill Early Years professionals to have the skills to engage communities. This should also include engaging children/families in the intervention and any future evaluation work. Ongoing training will support this; additional resource would need to be considered for further roll out of training. It is also important to consider how organisations and professionals can be supported to embed knowledge and skills into practice following training.
- There is a need to increase visibility and signposting of activities on offer as part of the Sefton place-based approach. This involves creating greater professional awareness of activities and pathways for signposting and referral. This could be through conferences or workshops across the participating organisations and should aim to reach all Early Years settings, the general community, and other professionals not working directly in Early Years settings (e.g. healthcare, GPs, drug and alcohol support services, and community-based initiatives).
- Early Years settings need to ensure they highlight the availability of parent/family-specific activities on offer as part of the Sefton place-based approach and signpost as necessary.

### **Outcomes and Impact**

- To ensure that children become more confident, resilient, capable, more school ready, and continue to lifelong education; a wraparound, whole-system, whole-family approach is

essential for children in Sefton who were born during Covid-19 lockdown. This can be achieved through continued adherence to and enhancement of the place-based approach in Sefton Early Years settings.

- A formal monitoring process needs to be put in place and embedded in delivery partners' practice to capture engagement specific to the activities delivered solely as part of the place-based approach. Training and support is required to ensure delivery partners have the infrastructure in place to effectively capture data. It is important to consider any barriers and challenges that partners may face in monitoring activity and evidencing impact, ensuring that their feedback supports future development of key performance indicators.
- Demographic data of children, parents, and families who have participated in activities as part of the Sefton place-based approach needs to be collected so that gaps in reach can be identified.
- Demographic data of partners and organisations delivering activities as part of the Sefton place-based approach needs to be collected and mapped to determine geographical reach.
- All Early Years professionals should have received trauma-informed training thus becoming more professionalised within their roles. Data on numbers of early years professionals with trauma-informed training should be collated and evidenced.
- To understand the impact of the Sefton place-based approach for bringing about change specific data monitoring and evaluation (e.g. case studies of and/or surveys carried out with children/families) to explore whether a perceived individual-level change was as a result of their engagement with Sefton's place-based approach.

## 6. References

Baidawi *et al.* (2023). *Place-based approaches to tackling local youth violence: A review of evidence on models, implementation and impacts.* Available at: <https://youthendowmentfund.org.uk/reports/place-based-approaches-to-tackling-local-youth-violence/>

Bellis, M., Hughes, K., Cresswell., & Ford, K. (2023a). Comparing relationships between single types of adverse childhood experiences and health-related outcomes: a combined primary data study of eight cross-sectional surveys in England and Wales. *BMJ Open*, 13(4), p.e072916. [Online]. Available at: doi:10.1136/bmjopen-2023-072916

Bellis, M., Wood, S., Hughes, K., Quigg, Z., & Butler, N. (2023b). *Tackling Adverse Childhood Experiences (ACEs) State of the Art and Options for Action.* [Online]. Public Health Wales and Public Health Institute Liverpool John Moores University. Available at: <https://www.ljmu.ac.uk/-/media/phi-reports/pdf/2023-01-state-of-the-art-report-eng.pdf>

Bellis, M.A., Hughes, K., Leckenby, N., Perkins, C., Lowey, H. (2014). National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England. *BMC Medicine*, 12(72). [Online]. Available at: <https://doi.org/10.1186/1741-7015-12-72>

Camacho, C., Straatmann, V.S., Day, J.C. and Taylor-Robinson, D., 2019. Development of a predictive risk model for school readiness at age 3 years using the UK Millennium Cohort Study. *BMJ Open*, 9(6).

Dahlgren, G. & Whitehead, M. (2021) The Dahlgren-Whitehead model of health determinants: 30 years on and still chasing rainbows. *Public Health*, 199, pp.20-24.

Education Policy Institute. (2019). *Education in England.* Education Policy Institute.

Felitti, V., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., & Marks, J. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse. *American Journal of Preventive Medicine*, 14(4), pp.245-258. [Online]. Available at: [https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)

Funnell & Rogers. (2011). *Purposeful Program Theory: Effective Use of Theories of Change and Logic Models.* Hoboken, NJ: Josey-Bass.

Green, L., *et al.*, (2022). Predicted and observed impacts of Covid-19 lockdowns: two Health Impact Assessments in Scotland and Wales. *Health Promotion International*, 37(6).

Hardcastle, K., Bellis, MA., Ford, K., Hughes, K., Garner, J., & Ramos Rodriguez, G. (2018). Measuring the relationships between adverse childhood experiences and educational and employment success in England and Wales: findings from a retrospective study. *Public Health*, 165, pp.106-116. [Online]. Available at: <https://pubmed.ncbi.nlm.nih.gov/30388488/>

Hearne, E. (2023a). *Evaluation of 'In The Zone' School Programme, Wirral.* Public Health Institute, World Health Organization Collaborating Centre for Violence Prevention, Liverpool John Moores University.

Hearne, E. (2023b). *Evaluation of Think F.A.S.T. Academy, St Helens, Merseyside*. Public Health Institute, World Health Organization Collaborating Centre for Violence Prevention, Liverpool John Moores University.

Mckeown, S. (2021). *Children and Young People. Sefton Education Strategic Assessment 2020/21*. Sefton County Council.

McGowan *et al.* (2021). Examining the effectiveness of place-based interventions to improve public health and reduce health inequalities: an umbrella review. *BMC Public Health*, 21.

Pickett K, Taylor-Robinson D, Alexiou A, *et al.* (2021). *Child of the North: Building a Fairer Future after Covid-19*. Northern Health Science Alliance. <https://www.thenhsa.co.uk/app/uploads/2022/01/Child-of-theNorth-Report-FINAL-1.pdf>

Public Health England. (2021). *Place-based approaches for reducing health inequalities: main report*. Public Health England.

Quigg *et al.* (2020). *Evaluation of the Merseyside Violence Reduction Partnership 2019-20 (Final Report)*. Liverpool: Public Health Institute, Liverpool John Moores University.

Quigg *et al.* (2021). *Merseyside Violence Reduction Partnership 2020-21: Whole System Evaluation Report*. Liverpool: Public Health Institute, Liverpool John Moores University.

Quigg *et al.* (2022). *Merseyside Violence Reduction Partnership 2021-22: Whole System Evaluation Report*. Liverpool: Public Health Institute, Liverpool John Moores University.

Quigg *et al.* (2023). *Merseyside Violence Reduction Partnership 2022-23: Whole System Evaluation Report*. Liverpool: Public Health Institute, Liverpool John Moores University.

Saunders *et al.* (2020). *Babies in Lockdown: listening to parents to build back better*. Best Beginnings, Home-Start UK, and the Parent-Infant Foundation, UK.

Skivington *et al.* (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ*, 374:n2061.

Smith *et al.* (2023). *Evaluating Place-based Approaches: A Review of Methods Used*. Available at: Centre for Evidence and Implementation.

Tierney & Nelson. (2009). Brain Development and the Role of Experience in the early years. *Zero Three*, 30(2): 9-13.

## 7. Appendices

### 7.1 Appendix 1 Sefton Place-Based Approach Outcomes Framework

Evidencing Individual-Level Outcomes	Data Source/Evaluation Method	How Data could be Collected
<p>Demographics e.g.</p> <ul style="list-style-type: none"> <li>▪ Numbers and demographics of children and families being referred into services and organisations that are part of the Sefton place-based approach.</li> <li>▪ Numbers and demographics of people receiving support from the Sefton place-based approach.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Early Years, healthcare providers, educators, and any other referees to capture the number of referrals and to which organisations they have been referred.</li> <li>▪ Routinely collected data captured and recorded by all delivery partners and shared with the Sefton Team.</li> <li>▪ Case studies for children and parents/families.</li> </ul>	<ul style="list-style-type: none"> <li>▪ A shared Data Management Tool across all Early Years, education and healthcare providers, and delivery partners.</li> <li>▪ A shared Data Management Tool across all delivery partners.</li> <li>▪ Case studies to be collected by Sefton place-based approach delivery partners.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Improved school readiness for children across all wards of Sefton.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collected via an outcomes survey.</li> <li>▪ Collected via case studies.</li> <li>▪ Collected via interviews with stakeholders, delivery partners, children, and families.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Design an outcomes survey which would be collected by delivery partners of the Sefton place-based approach activities with a sub-set for children and parents/families.</li> <li>▪ Case studies to be collected by Sefton place-based approach delivery partners.</li> <li>▪ Qualitative interviews and focus groups to explore outcomes.</li> </ul>

<ul style="list-style-type: none"> <li>▪ Improved confidence, communication, mental health, and wellbeing of children across all wards of Sefton.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Collected via an outcomes survey.</li> <li>▪ Collected via case studies.</li> <li>▪ Collected via interviews with stakeholders, delivery partners, children, and families.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Design an outcomes survey which would be collected by Sefton place-based approach activity delivery partners with a sub-set of children and parents/families.</li> <li>▪ Case studies to be collected by Sefton place-based approach delivery partners.</li> <li>▪ Qualitative interviews and focus groups to explore outcomes.</li> </ul>
--	--	---

School of Public and Allied Health,  
School of Advanced Nursing and Practice,  
Public Health Institute (PHI),  
WHO Collaborating Centre for Violence Prevention,  
Faculty of Health,  
Liverpool John Moores University,  
81 Tithebarn St,  
Liverpool L2 2ER

**For further information contact:**  
Evelyn Hearne at [E.Hearne@ljamu.ac.uk](mailto:E.Hearne@ljamu.ac.uk)  
Hannah Timpson at [H.Timpson@ljamu.ac.uk](mailto:H.Timpson@ljamu.ac.uk)