
FEBRUARY 2021

RISE AND SHINE

INSIGHTS BRIEF #1

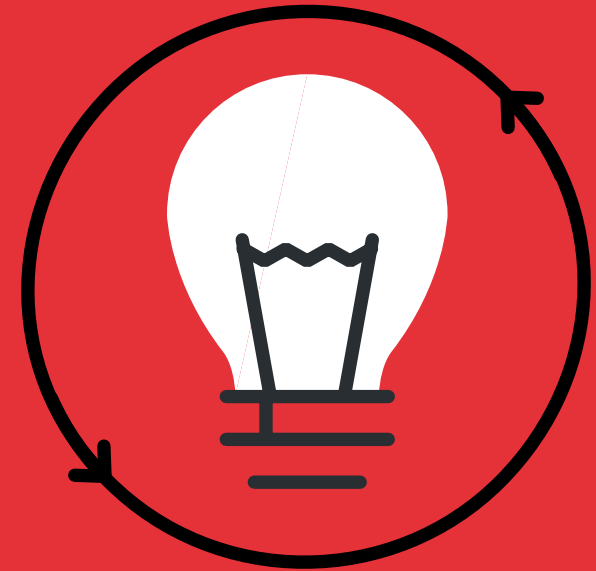


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Photo by: Bessi

ABOUT THIS REPORT AND AUTHORS

Rise and Shine is the first funding programme under the Children Survive and Thrive pillar of Comic Relief's Social Change Strategy, focussing on early childhood development (ECD). Work is taking place in the UK, Kenya and Malawi.

The work undertaken within this theme is driven by a belief that every child has the right to the best start in life.

This report has been written by the learning coordinator team in the UK, commissioned by Comic Relief for the duration of the Rise and Shine funding period to facilitate a shared learning process for grantees and the wider ECD community. The team includes Tim Hobbs CEO of Dartington Service Design Lab and Dartington Associates Sarah Frost, Dawn Hart and Dorothy Flatman.

ABOUT DARTINGTON SERVICE DESIGN LAB

Dartington Service Design Lab is a research and design charity focussed on using evidence and design in innovative ways to help those working with children and young people have a greater impact. Our team of researchers and specialists are skilled in service design and improvement methods, systems thinking approaches, and data visualisation and communications. As an organisation, we have more than 50 years of experience working across the public and voluntary sectors.

ABOUT COMIC RELIEF

Comic Relief's vision is of a just world, free from poverty.

Founded in 1985, Comic Relief supports partner organisations in the UK and around the world. We focus on early childhood development, gender justice, mental health, homelessness and insecure housing, and forced migration.

1. Introduction

Through the Rise and Shine funding programme, Comic Relief supports 21 charities around the UK working on early childhood development. Partner organisations focus on a number of different areas, such as family support in deprived communities, early years work for children with disability, and children experiencing trauma or adverse childhood experiences. This summary highlights learning from the work of these charities and their implementation partners during 2020.

The learning was captured during telephone conversations with each funded partner and a subsequent online learning event in autumn 2020, which 18 organisations participated in.

Despite the significant challenges of the COVID-19 pandemic, organisations have worked tirelessly to find ways to reach out to families and to provide support and advice. This short report shares examples of their achievements including opportunities to create and innovate, and how challenges have been addressed.

Learning has been grouped under three themes, which emerged from earlier contact with the organisations in July ([summarised in this blog](#)).

These are:

- i) meeting basic needs and identifying new ones**
- ii) using technology for online support**
- iii) partnerships and collaboration**



2. Meeting Basic Needs and Identifying New Ones

Plans to address the needs of families and their children have, by necessity, been redrawn in line with lockdown and practical restrictions. Many organisations prioritised practical support by helping to meet families' basic needs.



These included weekly deliveries of food parcels, well-being packs, household items and "essentials", which also allowed staff time for "a quick doorstep chat". During summer, lunches were delivered to children and weekly calls made to families to check-in, as "many just needed someone to talk to". School uniforms, activity bags and play kits have been provided. Other learning resources include books and materials for pre-school families, which have been used as an opportunity for organisations to connect.



Many of the Rise and Shine funded partners report that demand for food and financial support is significant, and has been exacerbated by the restrictions and economic shocks associated with COVID-19. Families have been brought together outdoors; encouraged to access play equipment and "have a laugh together". Similarly, outdoor activities in parks and gardens are on-going – where restrictions allow – and will be adapted during the winter months so that these can continue.



Referrals for mental health support have increased with new parents who have struggled during lockdown. Health visitors who have a back-log of cases have also made referrals for new parents. More families have been seeking services with one organisation reporting 47 new referrals in three months, more than they would usually receive in one year.



Services have been adapted to suit the context, for example, providing families with support team workers rather than specialist attachment workers where this is felt to be more appropriate. One project had been helping families practically to navigate and access services, including helping to take children to appointments by trusted (funded partner) staff.



2. Meeting Basic Needs and Identifying New Ones



Tools and resources have been used to help families to “open up conversations” including mini kit bags with puppets, mindfulness/presence/feeling cards which help families “open up as a unit, solve problems together and talk more”. Elsewhere parents have been encouraged to observe what their child is trying to communicate with their behaviour and parents have responded and started to recognise that behavioural issues can be related to the environment.



Women in prison are receiving less support from the funded partner, as well as fewer visits from their children due to the pandemic. Women feel that visits from their children when they are unable to touch or hug them are too painful. Women are requesting practical help to liaise with and respond effectively to social services about their children and their well being. This includes assistance in form filling and letter writing as well as phone cards.

What emerged strongly is that organisations have adapted their services to meet needs, and at the same time have risen to the challenge of meeting new needs; using or developing tools and resources to offer creative solutions to communicate with families and provide them with the capacity to strengthen their own problem solving within the family unit.

Photo by: SeppH



3. Using Technology for Online Support

Funded partners have responded creatively in finding ways to reach the communities they serve. Technology, particularly online support sessions of various kinds have provided a vital link with families. Consequently, offering services online may remain a key part of future service provision. Transferring everything online has been “the biggest achievement so far”, enabling more people to be seen and leveraging more support from volunteers.



Various online sessions have been delivered including cookery, puppet shows, seasonal events, baby massage and yoga, with live story time with parenting programmes also moving online. Activities and ideas are shared and posted on Facebook and children are asked to interact and comment via Facebook on available resources.



Online provision has provided flexibility concerning what can be offered and when. Children and families have had appointments online with hospital consultants reducing travel costs and time. While some families prefer face-to-face contact and the opportunity this provides for more personal contact, they are more accepting of online help. While Zoom is “tricky” for many parents at home with young children, some sessions have been offered in the evening after children have gone to bed. Fathers have felt more able to join in Zoom sessions, as this doesn’t involve them having to travel to a venue after a day at work.

One project recorded songs with parents’ input to use at home. Another approach has been to record sessions and then move to live sessions online.



3. Using Technology for Online Support



For some, online engagement has outweighed expectations; children in particular have adapted well – “they’re so in the moment...they just go with it”. Working with adoptive families, due to generally having more disposable income for equipment and experience of technology, means they tend to be well set up to use online platforms comfortably. As well as being able to spend more time with each child during an online session, children can bring their own toys. Being able to reach more people has been a positive outcome, and parents are more engaged.

One project had trained staff to use video interactive guidance (VIG), which focuses on the positive interactions between the parent and child. It is an empowering intervention for the family and the workers.



While there are positive outcomes from online service provision there have been challenges. Online services don’t adequately meet the high needs of some families and there are barriers around privacy where IT has to be shared. Convincing reluctant families that online services can work for them and recognising that for some families this won’t work is “quite saddening”. Fewer people can be trained on digital platforms than face-to-face. Teams have been creative in gaining funding for tablets and devices but have also had to find funding for staff working at home. Having enough skilled staff to run services online can also be difficult. There is a need to make the digital offer more attractive as some parents have “Zoom fatigue” and are dropping out. However, families are being consulted about their needs and preferences around online support.



4. Partnerships and Collaborations

A key achievement is improved partnership working and “getting other people on board” including other ECD and related agencies. The divide between the third sector and local authority has become less prominent; it is more a matter of who is best placed to respond and provide services. There is increased multi-agency team working leading to better referrals for children at risk.



Local authority support is described by some as “great”, particularly those working in partnership with third sector organisations to identify families in need. Local authorities are relying more on third sector provision as the pressure on social workers has increased. There is lots of sharing of practice, particularly around parent/infant mental health and linking with BAME networks and maternity steering group. Some funded partners are planning to engage others to work on projects, for example, nutritionists.



Other organisations have offered to run courses and activities online to support project goals including baby weaning, Makaton and first aid. Interactive sessions with the [clown doctors](#) (professional arts practitioners who are trained to work with vulnerable people) have been made available, and “have worked very well”, after developing a partnership with Hearts and Minds.



Links and partnerships have also been developed to improve connections around services e.g. with health visitors and accessing resources, including working with food banks and being nominated as the local Sainsbury’s charity. At the same time organisations have reciprocated, for example, offering buildings for use by key workers free of charge during lockdown. Other links include working with local children’s centres to offer socially distanced sessions for women on domestic violence recovery. In some instances, a hub and spoke model is used to connect families to other providers and maintain these relationships and support networks. Working with the police is also cited as a new partnership where training will be offered to funded partners to handle difficult and complex situations such as “finding a house in a state where you could not keep children” and knowing what immediate action to take.



4. Partnerships and Collaborations

There are good examples of influencing and sharing good practice. For example, the approach of working with children in refuges has been shared with the All Party Parliamentary group (APPG) for Violence against Women and Girls strategy (VAWG)¹. Best practice standards have been shared to achieve more sustainable outcomes. Having open and honest conversations with partners is important as well as taking a solution focussed approach to find mutual ways to improve practice. One programme focussing on observations of children in different environmental settings has been endorsed by the occupational service and is of interest to other child health professionals based in children's centres.

1. <https://www.gov.uk/government/news/government-sets-out-key-measures-to-tackle-violence-against-women-and-girls>



Photo by: PexelsBoy

5. Summary

Due to the pandemic, activities have not been delivered as planned but it is clear that organisations have worked hard, and been successful, at creating new ways of reaching families under the restrictions.

While meeting basic needs would normally be part of a holistic package of care, projects have provided essential daily resources such as food and clothing and have also provided tools to facilitate psychological support and resilience. By using their expertise and knowledge of communities, these organisations have identified current needs and adapted provision, enabling them to maintain contact and build trust.

Providing services online has enabled families to be supported and some of the planned interventions have been delivered this way. While it is recognised that online provision has advantages, which may forever change how future services are planned, for some, it simply cannot provide the personal contact that some families so desperately need, and that staff require to build rapport and assess needs and family dynamics.

Partnerships have been strengthened and new partnerships forged which have created new opportunities to deliver services and bring new service providers to the projects.

It is to the credit of all the projects that they have remained so positive and continued to strive to deliver services, reach out to families in any safe way they can and adapt their budgets and skills to achieve outcomes.

GET IN TOUCH:

If you'd like to find out more about Rise and Shine, or there are themes you'd like to explore or hear more about, please email:

info@dartington.org.uk