

1. Goal

“To increase the number of babies and toddlers (aged conception to 3 years of age) in Gloucestershire who experience loving, nurturing and harm-free childhoods.”

Not only will this improve the immediate experiences of childhood and parenthood, it will also provide these children with a secure emotional and social foundation for the rest of their lives and will reduce the likelihood of those later aggressive, harmful and self-destructive behaviours that result from damaging experiences in infancy.

2. Strategies

Risk-based . fund services targeted at babies/families with high risk of harm and disordered/avoidant attachment in order to maximize impact

Funding plus model . grant making plus additional support e.g. funding advice, organisational development, network facilitation and partnership brokering.

Expert/Stakeholder Input . Trust activities, including monitoring and evaluation, informed by ongoing stakeholder input

Collaboration . work across sectors to form active partnerships, with a focus on coordinating interventions, sharing research and data, and developing joint performance measures

Needs and Gaps . undertake ongoing research in order to identify existing and emerging needs, and to identify gaps in both knowledge and service provision, inc. funding innovative approaches

Research-led . collaborate with established research bodies with relevant expertise to evaluate impact of PLCT funded programmes and disseminate learning

Campaigning . undertake activities to raise profile of early intervention agenda and the importance of infant social and emotional development, share learning and influence fund holders and practitioners

3. Principals

Early Intervention . commitment to EI as cost effective approach to address childhood wellbeing

Relationships . recognition that relationships are crucial at all levels of the Trust's work . from the principal relationship of child and primary care giver, to the network of relationships between the child, family, community, professionals, the PLCT and its partners.

Evidence-based . supporting both evidence-based practice and practice based evidence

Outcomes-focused . emphasis on funding services that make difference, demonstrating both impact and evaluating how change occurs, whilst recognising the challenges of measurement

Commitment . recognising that change will take time, and committing to the long-haul

4. Feedback and Evaluation

Stakeholder-focused . routine feedback regarding Trust activities from beneficiaries, providers, partners, practitioners and experts

Ongoing . formal quarterly monitoring, plus additional feedback channels

Responsive . feedback is responded to, data informs practice, emerging opportunities/threats and responded to quickly. Exploration of real-time client led feedback and new approaches to data collection.